



Response to the consultation ‘Options for improving information on the labels of alcoholic drinks to support consumers to make healthier choices in the UK.’

Prepared for:

Department of Health and Devolved Administrations

by:

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Alcohol Focus Scotland supports the following statement

“Alcohol is a poison – too much in one go can be lethal, too much week after week kills you more slowly”. Dr Vivienne Nathanson, British Medical Association’s Head of Science and Ethics

Labelling consultation

Questions relating to Option 3.

Q1: Do you support legislating for a mandatory requirement on labelling (Option 3)?

Yes, unequivocally.

It is very disappointing that only 15% of product labels comply with the labelling agreement and we therefore believe that, after more than 2 years of the voluntary agreement on labelling, the Government now needs to intervene.¹

Q2: Are there any changes to the proposed option content that improve understanding of this information?

A co-ordinated UK wide approach with a mandatory labelling message would be beneficial in providing a clear and consistent message to members of the public. Findings from the Campden BRI² report highlighted that some labels “altered the wording of Government’s lower risk drinking guidance in ways that change its meaning or risk confusion to the public”, in addition a “significant” number of labels were found to be of a poor standard of legibility or clarity.

Wine & Spirit Association as well as others within drinks industry, have offered education as an alternative to pricing policy measures, yet only 9% of wine labels had all five elements ‘within the spirit’ of the Memorandum of Understanding (MoU) – wine was the product sector with the lowest level of labelling.

This resistance taken by some sections of the drinks industry on this issue is inconsistent with that on raising awareness / education which it promotes as an alternative to pricing policy measures. Awareness surely is informed by information on labels so it is difficult to imagine why there is such a reluctance to use labels to convey health messages.

We mainly agree with the outline provided within Annex C of the proposal. Points or changes that we would like to make are:-

- the proposed label format in Annex A, highlights that for wine and spirits, it would be preferable to show units for both the glass and bottle. We support this and also recommend that glass sizes shown should be 175ml – this is the standard glass size used in many pubs, and home poured measures tend to be around this size. The 125ml glass size should not be used as an example.
- Insert - Men should not exceed 21 units per week in total and women should not exceed 14 units per week in total.
- Insert - Have at least two alcohol free days per week.

Five elements – we do not consider Drinkaware an independent charity. We propose that a more transparently independent charity is listed here.

¹ Summary findings of the second stage independent monitoring conducted by Campden BRI – Department of Health, 2009.

² *ibid*

Q3: *Do you think that there should be criteria set to ensure the visibility of the proposed information and ensure that it is readable? If so, what should this be?*

The information provided by the Food Standards Agency (FSA) is very helpful and should be the benchmark for good practice. Avoiding use of ornate fonts, getting the contrast right between text and background and avoiding watermarks etc. is sound advice.

The FSA carried out research in 2005, to assess the extent of their previously issued best practice advice on clear labelling of mandatory information. The research highlighted that 89% of products surveyed were using a font size smaller than the recommended size for mandatory information. In addition to this, they discovered that a number of products were assessed to have “undue emphasis given to features such as brand information at the expense of essential information”.

Alcohol Focus Scotland believes that this compelling research highlights the need for setting criteria to ensure the industry does not simply ignore recommendations and that by ensuring the visibility of the proposed information, this will avoid any confusion to the public.

To ensure clarity and given the high level of numbers appearing within the proposed labelling information, we do not think it unreasonable to request a size 10 font in Arial with black text on lighter backgrounds and white text on dark backgrounds.

Q4: *Whether or not you support a mandatory requirement, are you content that the content of possible regulations on the labelling of alcoholic drinks outlined below is both reasonable and proportionate? If not, what amendments would you like to see made and why?*

Alcohol Focus Scotland not only agrees that this is both reasonable and proportionate, but indeed a fundamental right in terms of consumer choice and public health.

Q5: *Are there any other additions, amendments or deletions you would like to see made to the proposed content? If so, what changes would you like to be made and why?*

The World Health Organisation has stated that warning labels are important in helping to establish a social understanding that alcohol is a special and hazardous commodity.³

Alcohol Focus Scotland support this and believe that additional information on the consequences / health warnings could also be beneficial. For example – regularly drinking above limits carries health risks such as heart disease or liver problems and also highlighting problems associated with drunkenness etc. Being drunk is unattractive and foolish and reminding people of this could only be helpful. Refreshing messages regularly, like cigarette packets, could also be beneficial.

³ Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. Page 31. World Health Organisation, 2009.

Q9: *Are you content with the suggested implementation period for Option 3 (two years from making regulations)? If not, please explain what difficulties may arise from this length of transitional period.*

Yes.

Q10: *Are any exemptions or modifications needed for labels on particular classes of alcohol product or for particular alcohol businesses such as small producers (e.g. for small packages or specific products)? If so, please explain how these should operate.*

Alcohol Focus Scotland suggests that any product not large enough to cover the proposed information on the container label, could have a 'ticket' containing the relevant information attached to the neck of the container.

We believe that there should be no exemptions – even small cigarette packets must comply and carry health warnings.

Q12: *If you are a consumer or a group representing the interests of public health or consumers, would there be any benefits or disadvantages to you or the people you represent as a result of the proposed requirements under Option 3 on the labelling of alcoholic drinks? Please provide details.*

The principle question to be addressed is, why is there a need for product labelling? Consumption and harm has been rising steadily as indicated within your consultation paper. The background paper accompanying this document, quite rightly highlighted the very low percentage of people who are able to state the Government guidelines for drinking within recommended limits and how this relates to particular drinks. Many people are grossly exceeding what is considered to be the acceptable 'safe' limit due to factors such as:

- strength of products increasing. What was once a standard strength for beer or lager has now disappeared to make way for premium beers which have an increased alcoholic strength.
- measure size, particularly in the case of wine. Many pubs now serve 175ml glasses or even bigger (250ml).

There is a lack of proper understanding of how specific products relate to the recommended limits, so clearly labelling drinks within the context of recommended limits will assist people in understanding how much they could consume and the implications for their health.

There is confusion about the alleged health benefits of alcohol which are often drawn from small research samples and are age specific, furthermore it is the case that there are no additional benefits from drinking alcohol which could not be achieved from a healthy, well balanced diet. This myth needs to be addressed.

What are the risks with unit labelling?

There is a risk that unit labelling informs certain drinkers of the alcohol content of products and could encourage them to purchase these products purely because of the alcohol content. However, we do believe that this is a minority of consumers and this phenomenon would need to be closely monitored. We feel that the benefits outweigh this risk as the public need to be better informed about the potential harm to their health by remaining clear about their consumption.

Alcohol Focus Scotland calls for all alcoholic products to clearly show:

1. units contained in product set against context of recommended levels
2. health warnings for everyone including targeted messages for at risk groups e.g. pregnant women

General Questions

Q1: *Considering all options presented, which do you believe would be the most proportionate way of the Government achieving its objective of ensuring that a majority (at least 50%) of labels carry unit and health information in the near term (2012) and a vast majority (at least 75%) in the medium term (2014)?*

Alcohol Focus Scotland believes that Option 3 is the most appropriate way forward. We need regulation to ensure that products should not be sold unless they carry basic standardised wording.

It is illegal for food manufacturers to make food products available without providing information on levels of fat, sugar etc., and how these relate to recommended daily amounts; yet drinks manufacturers are treated cautiously about whether or not we should provide alcohol awareness information to the public. Many manufacturers provide a helpline for foodstuffs on packaging, yet, alcohol as a psychoactive drug we are pondering whether or not to make voluntary or mandatory arrangements around labelling.

If a future EU requirement to carry calorie labelling on alcohol labels, then adjustments to labelling are going to be necessary – this would surely be an appropriate time to make this one off adjustment to labelling to ensure all health and calorific information is adequately contained on labelling.

“It is not infrequent to find patients with fatty liver in their 30s and 40s, and when asked about previous alcohol consumption often describe heavy or binge drinking when a student in their 20s”. BMA member