



**Empowering consumers to make informed, responsible choices:
evidence-based, proportionate and meaningful ways to raise health
awareness and health literacy about alcoholic beverages**

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The misuse or abuse of alcohol can be harmful to health. In the EU, the vast majority of consumers of alcoholic beverages consume alcohol in moderation.ⁱ Citizens across Europe are well aware that excessive consumption of alcohol increases the risk of serious illness: according to surveys, up to 96% of citizens know that excessive alcohol consumption is bad for health.ⁱⁱ

This paper discusses which evidence-based, proportionate and meaningful tools can be deployed to raise health awareness and health literacy further to empower consumers to make informed, responsible choices. It examines the potential role and contribution of Health Warning Labels (HWLs) which may, at first sight, appear as a feasible solution in this regard. However, scientific evidence tells us that reality is much more complex. In particular:

1. Evidence demonstrates that HWLs do not induce direct changes in behaviour or trigger a direct reduction of harmful alcohol consumption
2. Health information must accurately communicate on risks and the corresponding mitigation strategies in context (in line with the principles of responsible risk communication)
3. Text-based HWLs come with several practical limitations – which is why less disruptive and more proportionate interventions must be considered

1. Evidence demonstrates that HWLs do not induce direct changes in behaviour and do not trigger a direct reduction of harmful alcohol consumption

Evidence indicates that HWLs do not directly change behaviour and therefore cannot be considered particularly effective or necessary tools to reduce alcohol-related harm.ⁱⁱⁱ Real-life evidence shows that HWLs have little impact on improving knowledge about potential risks associated with drinking. Especially heavy drinkers appear to be unresponsive to HWLs or even react more negatively to warnings on alcohol beverage labels.^{iv}

At best, evidence on HWLs on alcoholic beverages suggests that they may increase some consumers' awareness of health advice. However, increased awareness does not always translate into action and change in behaviour. There is also evidence that increasing the public's exposure to warning labels may desensitize people to their content, or even lead to counterproductive changes in behaviour among some consumers.^v

Alternatively, consumption guidance can, in some cases¹, be conveyed in a clear and meaningful manner in the form of pictograms. This is particularly true in the case of binary advice and for specific demographics, for instance in situations when individuals should not drink at all (e.g. during pregnancy, when driving, when underage). By contrast, complex health-related information relating to risk representation at various levels of consumption cannot be represented in the form of a brief, general text or a pictogram.

2. Health information, must accurately communicate on risks and risk mitigation strategies in context (in line with the principles of responsible risk communication)

Public health is about providing accurate information, in context, to empower individuals to make appropriate consumption decisions for their lifestyle and general health situation. Like any other public health intervention, guidance given to consumers about responsible drinking and/or health risks from

¹ Not all members of spiritsEUROPE support the provision of consumption guidance via pictograms.



misuse of alcohol must be provided in line with the principles of public health ethics and responsible risk communication.^{vi}

The principles of responsible risk communication require caution on how risk is communicated to consumers. Risk is a statistical concept that is often identified with danger or harm and can provoke strong feelings of anxiety. According to the WHO, the purpose of risk communication is to enable people at risk to make informed decisions to mitigate the effects of a hazard and take protective and preventive measures.^{vii} Communicating risk therefore requires that authorities provide consumers with comprehensive information (including absolute and relative risk) and a balanced indication on likelihood of harm as well as actionable risk mitigation strategies to equip them to make their own decisions.^{viii}

Responsible risk communication must not deploy fear, uncertainty or doubt to make consumers feel bad, guilty or nervous or stigmatize products. HWLs which employ fear, anxiety or shame to influence the public must therefore be rejected. **A warned consumer is not necessarily an informed consumer**, and decisions made under the spectre of possible harm are not informed decisions.

Public health guidance should make consumers go away with a more educated mindset and awareness on consumption patterns. HWLs often tend to be overly simplistic in this regard, as they frequently fail to distinguish between responsible drinking and harmful drinking patterns.

Consumer information should also provide actionable guidance on risk mitigation, an important aspect that is often insufficiently addressed by HWLs. Also, HWLs typically fail to take account of the differences between individuals and their specific vulnerabilities to drinking, whether sex, diet, weight or medical conditions. At the same time, conveying such nuance of risk would usually require more space than what is available on-pack.

For general consumption guidance, it is essential that consumers have access to responsible drinking guidelines and understand the concept of standard drinks, in order measure their drinking patterns and modulate their behaviour.

spiritsEUROPE members are fully committed to doing so, by providing a weblink to a consumer information website (e.g. www.responsibledrinking.eu) where consumers can access their government low-risk drinking guidelines and/or a responsible drinking message (e.g. 'Enjoy responsibly') on-pack. In addition, producers may choose to provide, via a product-specific e-label, detailed information on local government low-risk drinking guidelines and standard drinks (where such guidelines exist), which are provided to consumers in a tailored, geo-localized way.

People with specific questions about their drinking are encouraged to consult a healthcare professional. Together, they can determine what is best for that individual, based on individual risk factors, including family history, genetics, and lifestyle. For some people, the better choice may be to not drink at all.

Such efforts should be pursued as part of a broader strategy to build a comprehensive infosystem about alcohol and health that helps consumers improve their health awareness and literacy by a variety of tools such as broadcast messages, printed materials (brochures at the point of sale) or digital tools (government agency websites, e-labels) as well as professional interventions.



3. Text-based HWLs come with a number of practical limitations – hence other, less disruptive and more proportionate interventions should also be considered

Given the inherently complex relationship between alcohol consumption and potential health effects, extensive text-based statements are needed to convey the nuance of risk in an adequate manner. Due to the constraints of space available on the pack, physical labels are not well-suited to convey complex health-related messages, in context, in an evidence-based, proportionate, and meaningful way for everyone.

In addition, given the multilingual nature of the EU's Single Market, text-based HWLs on-pack pose significant concerns for the free movement of goods across the EU and are an ill-suited tool from a practical point of view. It is impossible for a physical label to carry lengthy text-based health information and responsible drinking guidance in multiple (and up to 24) different languages.

By contrast, visual guidance symbols are language-free and thus present no impediment to free circulation of goods in the EU's Single Market. Importantly, when provided on-pack, the instant information provided by text-free visual guidance symbols can be meaningfully expanded and complemented via additional information on an e-label where complex health-related information relating to moderate and harmful consumption can adequately be provided and contextualised.

There are a number of less disruptive and more informative interventions at hand to deliver health literacy for consumers, such as public awareness campaigns in the media, targeted education programs, or point-of-sale information, which can convey accurate, comprehensive and actionable guidance to consumers and should thus be considered as part of broader efforts to promote moderation and tackle abuse of alcoholic beverages.^{ix}

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ⁱ Eurobarometer Attitudes of Europeans towards Alcohol, 2010.

ⁱⁱ Appinio consumer [survey](#) in five European countries, September 2022.

ⁱⁱⁱ Stockley, C. 2001. The effectiveness of strategies such as health warning labels to reduce alcohol-related harms an Australian perspective. *International Journal of Drug Policy*, 12(2): 153-166; Babor T. et al. 2003. *Alcohol: No ordinary commodity* – research and public policy. Oxford: Oxford University Press, p193; Stockwell, T. 2006. *A Review of research into the impacts of alcohol warning labels on attitudes and behaviour*. University of Victoria, Canada.

^{iv} Andrews, J.C. 1995. The effectiveness of alcohol warning labels: A review and extension. *American Behavioral Scientist*, 38(4): 622-632. 13. Thomas, G., Gonneau, G., Poole, N., & Cook, J. (2014). The effectiveness of alcohol warning labels in the prevention of Fetal Alcohol Spectrum Disorder: A brief review. *International Journal of Alcohol and Drug Research*, 3(1), 91-103

^v Ringold, D.J., Boomerang effects in response to public health interventions: Some unintended consequences in the alcoholic beverage market. *Journal of Consumer Policy*, 2002. 25(1): p. 27-63

^{vi} Marckmann G, Schmidt H, Sofaer N, Strech D. Putting public health ethics into practice: a systematic framework. *Front Public Health*. 2015 Feb 6;3:23. doi: 10.3389/fpubh.2015.00023. PMID: 25705615; PMCID: PMC4319377. Abbasi M, Majdzadeh R, Zali A, Karimi A, Akrami F. The evolution of public health ethics frameworks: systematic review of moral values and norms in public health policy. *Med Health Care Philos*. 2018 Sep;21(3):387-402. doi: 10.1007/s11019-017-9813-y. PMID: 29124449. Braithwaite RS. Are healthful behavior change policies ever unethical? *J Public Health Policy*. 2022 Dec;43(4):685-695. doi: 10.1057/s41271-022-00372-8. Epub 2022 Oct 26. PMID: 36289325; PMCID: PMC9750897. Schröder-Bäck, P., Duncan, P., Sherlaw, W. et al. Teaching seven principles for public health ethics: towards a curriculum for a short course on ethics in public health programmes. *BMC Med Ethics* 15, 73 (2014).

^{vii} World Health Organisation, [Risk communications \(who.int\)](#)

^{viii} [How to communicate risks in articles in an understandable way \(sciencemediacentre.es\)](#)

^{ix} European Food Safety Authority (EFSA) [Risk Communication Guidelines](#), Salt Campaign p40-42