**Alcohol Policy Coalition Position Statement**
July 2009

**HEALTH INFORMATION AND WARNING LABELS ON ALCOHOL BEVERAGE CONTAINERS**

**The issues**
Alcohol has health and safety risks when consumed inappropriately. Access to information on how to use alcohol is crucial for the consumer and should accompany the sale and supply of all alcohol products as a basic consumer right.

The introduction of health information and warning labels on alcohol products has the potential to increase the awareness of alcohol as a potentially harmful product and should be an important component of a comprehensive public health strategy to educate the community on safer alcohol consumption. Placing health information and warning labels on alcoholic drinks and containers targets the appropriate audience (the drinker) at the appropriate time, when purchasing and using the product.

Health information labels can assist to reinforce and complement messages, information and education delivered through other strategies such as media campaigns, and school and community education programs.

In Australia, Standard 2.71 of the Food Standards Australia New Zealand (FSANZ) Act 1991 “Labelling of Alcoholic Beverages and Food containing alcohol” stipulates that all alcohol labels are to include alcohol by volume (expressed in ml/100g or % alcohol) and the estimated number of standard drinks contained. However the size and legibility of this information varies greatly between products. Also, the packaging of alcoholic beverages, unlike that of non-alcoholic beverages, is not required to display a list of ingredients or nutritional information, such as the amount of sugar, calories or any preservatives contained in the drink. In March 2008, the Australia New Zealand Food Regulation Ministerial Council asked FSANZ to consider mandatory health warnings on packaged alcohol but at this stage FSANZ has not made any recommendations.

Internationally, a number of countries have introduced mandatory health warnings on the labels of alcoholic beverage containers. In 1997, the International Center for Alcohol Policies identified nine countries that had some kind of mandated alcohol warning labels and since then at least eight other countries, or jurisdictions within countries, have passed laws requiring some form of alcohol warning labels.

The current absence of consistent, well designed health information and warning labels limits verifiable evidence as to their success in changing behaviour. There is evidence to suggest a degree of increased awareness of alcohol related harms due to advisory labels. A study of the US warning labels showed that warning labels had an impact on cognitive or behavioural stages necessary for behavioural change, such as intention to change drinking patterns, having conversations about drinking and willingness to intervene with others who are seen as hazardous drinkers. Given the relatively small size, the obscurity and lack of variation in the labels, it was noted that it was remarkable that any effects were demonstrated. Other studies have shown that warning labels have the potential to influence behaviour but this depends on their design, the content of the messages, and how well they are targeted at their intended audience. There is acknowledgement that achieving behavioural change is a complex process and health information
warning labels need to be just one part of the equation in informing people about the harms of alcohol.

The tobacco labelling experience offers the strongest evidence that health information and warning labels can be effective not only in increasing information and changing attitudes, but also in changing behaviour. In Australia, cigarette packages have required graphic health warning information labels since 2006 which includes rotating, picture and text warnings that take up 30% of the front and 90% of the back of the packaging. If alcohol health information and warning labels could be displayed on alcohol beverage labels to the same proportion as required on cigarette packages, the outcomes could be similar.

A recent VicHealth survey has measured public support for specific types of information that labels could contain. (See table 1).

Table 1. Proposed content of information and warning labels, and proportion of survey respondents who indicated support or strong support.

<table>
<thead>
<tr>
<th>Information</th>
<th>Percentage of respondents who indicated support or strong support</th>
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<tbody>
<tr>
<td>Recommended daily guidelines for low risk alcohol consumption</td>
<td>85%</td>
</tr>
<tr>
<td>Advice that exceeding daily guidelines may be harmful</td>
<td>89%</td>
</tr>
<tr>
<td>Targeted advice for specific groups</td>
<td>91%</td>
</tr>
<tr>
<td>Nutritional information</td>
<td>76%</td>
</tr>
<tr>
<td>List of ingredients</td>
<td>86%</td>
</tr>
<tr>
<td>Number of standard drinks (displayed in a uniform way)</td>
<td>95%</td>
</tr>
<tr>
<td>Alcohol content (alcohol by volume)</td>
<td>96%</td>
</tr>
</tbody>
</table>

These survey results corroborate the findings of other Australian surveys. More than two thirds of respondents in the past three National Drug Strategy Household Surveys (71.0% in 2001, 69.9% in 2004 and 70.9% in 2007) have indicated support for health advisory labels. A recently published survey of university students also found that more than three-quarters of those sampled would like ingredient and nutritional information (i.e. health information) displayed on alcoholic beverage packaging. In addition, a public opinion poll of Victorians, found that 68% supported the idea of all alcohol products, by law, carrying health warnings and 13% said they would buy less alcohol if warnings were on products.

The cost and process considerations of the introduction of health information and warning labels are considered low and no negative consequences have been demonstrated. Australian wine producers and manufacturers that export their alcohol products to the US already label their products with a health warning to meet the requirements of the US Government, and alcohol products often change their labels to support promotions or different types of ‘one off’ or limited marketing strategies.

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1 The VicHealth Community Attitude Survey to Alcohol Policy was a state-wide telephone survey to a random sample of 1523 Victorians aged 16 years and over. Respondents were asked a series of questions about their views on alcohol policy. The survey was conducted between February and March 2009.
The Coalition’s recommendations

1. Health information and warning labels should be introduced on all alcohol products so consumers can be informed that the product they are purchasing or consuming can have a serious impact on their health and wellbeing.

2. Health information and warning labels should be made mandatory under the Australian New Zealand Food Standards Code rather than through a voluntary system implemented by the alcohol industry.

3. Health information and warning labels should contain:
   a. at least one of the NHMRC Guidelines to Reduce Health Risks from Drinking Alcohol
   b. advice that exceeding the guidelines may be harmful
   c. targeted advice for specific group/s
   d. nutritional information
   e. a list of ingredients
   f. the number of standard drinks, displayed in uniform way (consistent size and position).

4. Health information and warning labels should exclude any reference to apparent health benefits of alcohol (such as a reduction of cardiovascular risk), due to the caveats that circumscribe such claims.

5. To maximise impact, health information and warning labels should follow strict guidelines in relation to wording, format, legibility and colours used. Their contents should be:
   a. placed on the main label (as opposed to the neck label)
   b. boxed
   c. textual and graphic
   d. attention-getting
   e. full colour to ensure written messages stand out eg. black writing on white background
   f. occupying a considerable portion of the package surface, with the minimum size of labels stipulated
   g. rotated with different messages; and
   h. easy to comprehend by people with low English or health literacy

6. Health information and warning labels should be updated as new evidence and other information becomes available.

7. The implementation of health information and warning labels should be evaluated from the outset.

8. The alcohol industry should be given a clear timeframe for implementation.

9. Health information and warning labels should be complemented with signs, posters and other media, especially in licensed premises where people are served drinks in glasses and are not exposed to product labels.
10. The introduction of health information and warning labels should form part of a broader, comprehensive and evidence based strategy to prevent alcohol-related harm.

**About the Alcohol Policy Coalition**

A new Coalition of health agencies who share a concern about the level of alcohol misuse and the health and social consequences in the community have come together to develop and promote policy responses that are evidence-based and known to be effective in preventing and reducing alcohol related problems.

Members of the new Coalition, which include the Australian Drug Foundation, the Cancer Council Victoria, Turning Point Alcohol and Drug Centre, and VicHealth, have a strong track record in tackling major health issues in the community.

The impetus for the Coalition is the need for a consolidated and coordinated approach and effort by key agencies in preventing and reducing alcohol related problems.

The Coalition believes that finding a solution to the problem of alcohol misuse requires governments, the community, individuals and the alcohol industry to all play a part.

The Coalition’s long-term goal is to promote a safer drinking culture in the community.

**REFERENCES**