

## Health warnings

This is a snapshot of alcohol policies in twenty five member states<sup>1</sup> of the European Union as at 31 December 2007. The data were collected as a joint initiative between the World Health Organization and the European Union as part of the World Health Organization's global alcohol database. Further information was taken from and is available in two publications of the World Health Organization: Evidence for effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm [<http://www.euro.who.int/document/E92823.pdf>], and handbook for action to reduce alcohol-related harm [<http://www.euro.who.int/Document/E92820.pdf>].

The Alcohol Policy Series includes the following ten fact sheets documenting the state of the European Union's member state alcohol policy:

1. Infrastructures for alcohol policy
2. Price and tax measures
3. Awareness raising activities
4. Counselling and treatment
5. Availability regulations
6. Drink driving legislation
7. Health warning labels
8. Alcohol advertising
9. Alcohol sponsorship
10. Monitoring and evaluation.

The present fact sheet deals with health warnings and considers three issues:

1. The evidence for the impact of health warnings
2. The current situation
3. Considerations and next steps

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<sup>1</sup> Austria; Belgium; Bulgaria; Cyprus; Czech Republic; Denmark; Estonia; Finland; France; Germany; Hungary; Ireland; Italy; Latvia; Lithuania; Malta; Netherlands; Poland; Portugal; Romania; Slovakia; Slovenia; Spain; Sweden; and United Kingdom

## **1. EVIDENCE BASE**

Evaluation of the impact of the mandated health warnings on alcohol product containers that were introduced in the United States did not demonstrate that exposure produced a change in drinking behaviour, although some intervening variables were affected, such as intention to change drinking patterns. Since 2007, a health warning has been placed on alcoholic drinks packaging in France in order to promote abstinence during pregnancy, supported by a press campaign and extensive media coverage. Two telephone surveys were conducted in 2004 and 2007 among two independent representative quota samples of the French population aged 15 year and over (approximately 1000 people interviewed in each survey). It was found that the recommendation that pregnant women should not drink alcohol was better known after the introduction of the health warning (87% of the respondents) than before (82%) ( $p < 0.001$ ). After the introduction of the label, 30% thought that the risk for the foetus started after the first glass compared with 25% in 2004 ( $p < 0.01$ ). These rather modest results contrast with evidence from tobacco, where there is evidence of impact, but this may reflect the nature of the warning labels, since it seems that the introduction of more graphic and larger warnings for cigarettes, with rotating messages, has affected behaviour. Nevertheless, warning labels are important in helping to establish a social understanding that alcohol is a special and hazardous commodity.

## **2. PRESENCE OF WARNING LABELS**

Seven out of 25 countries (28%) required health warning labels on alcohol advertisements at the national or sub-national level, of which six were determined by the ministry of health. A further three countries had a voluntary agreement for warning labels. Four countries (16%) required health warning labels on alcohol beverage containers at the national or sub-national level, of which one was determined by the ministry of health. A further three countries had a voluntary agreement for warning labels. Seven countries (28%) stated that they provided consumer information at the point of sale.

## **3. CONSIDERATIONS AND NEXT STEPS**

It is reasonable to say that warning labels are not used. This is in contrast to public opinion. According to a Eurobarometer survey, three quarters (77%) of the population of the EU, including 79% from Italy and 84% from Spain, agreed with putting warnings on alcohol bottles and advertisements, to warn pregnant women and drivers of the dangers of drinking alcohol. In all the countries surveyed, the majority of respondents would support such a concept, with the lowest support in Finland (45%), Denmark (41%) and the Netherlands (38%). Seventy-five per cent of alcohol consumers and 72% of those considering the protection from alcohol-related harm to be the responsibility of individuals supported warnings on bottles and advertisements, compared with 83% of those who had not drunk alcohol in the previous 12 months, and 84% of those who think public authorities have to intervene to protect individuals from alcohol-related harm.

### **Options for action**

- **Maintain the status quo**

Awareness of the health risks of alcohol remains fairly low, particularly the risks of drinking during pregnancy (many women give up alcohol when pregnant, however, 25%-50% continue

to drink, some to harmful levels). Furthermore, a number of European policies and strategies emphasise the consumer's right to information in order to make informed choices and it is an obligation of the EU to ensure this right is supported.

The health and economic impacts of alcohol are broad and significant and failure to take comprehensive action to address this would result in these problems continuing to increase and to negatively impact the lives of individual EU citizens.

- **Introduce labels with a health/risk message supported by a comprehensive strategy**

Providing consumers with information allows them to make informed choices and is the right of all consumers. Clear, simple messages such as those used in tobacco e.g., "Smoking kills" and "Smoking when pregnant harms your baby" have shown a high level of recall and are likely to work best when run in parallel with a broad public health strategy. Messages such as these have shown reduction in both the number of cigarettes smoked and cessation leading to significant health gains for the population. Introduction of effective, well-designed messages on alcohol labels could contribute to a reduction in health and social harm.

- **Introduce labels which indicate alcohol content by standard unit, supported by guidelines on "safe" and "harmful" levels of drinking**

A common problem across all sectors in the EU is a lack of shared terminology. Clear, shared definitions and terminology would be useful in developing guidelines on lower and higher risk levels of drinking and assist public health professionals and policy makers in developing strategies and interventions which are more easily transferable across EU countries. While most countries informally use 20-40g alcohol /day as the upper limit of lower risk consumption, few have an official guideline provided by government or public health body. EU wide agreement on what constitutes lower and higher risk would be of great benefit. While this would support efforts to design policy and strategies to reduce the harm done by alcohol, it would be necessary to translate this into actual drinks in order for the consumer to understand how many drinks equate to lower and higher risk.

### **Bibliography**

Anderson P (2008). *Consumer labelling and alcoholic drinks*. Hamm, German Centre for Addiction Issues (DHS) ([http://dhs.de/makeit/cms/cms\\_upload/dhs/consumer\\_report.pdf](http://dhs.de/makeit/cms/cms_upload/dhs/consumer_report.pdf), accessed 17 August 2009).

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