

IAS response to Department of Health consultation on low alcohol product labelling

About the Institute of Alcohol Studies (IAS)

The core aim of IAS is to serve the public interest on public policy issues linked to alcohol, by advocating for the use of scientific evidence in policy-making to reduce alcohol-related harm. The IAS is a company limited by guarantee, No 05661538 and registered charity, No 1112671. For more information visit www.ias.org.uk.

Consultation response

IAS welcomes the opportunity to comment on the Department of Health's consultation on proposed research on low/lower alcohol product labelling. Few studies have examined drinkers' perceptions and acceptance of lower alcohol products and IAS welcomes proposals for research in this area. The key point IAS wishes to advocate throughout this response is any new labelling guidelines or regulations need to be based on evidence that their use will help reduce levels of alcohol related harm.

Summary themes

- Clear definitions are required as to what constitutes a 'low alcohol' product so that consumers can easily understand the level of alcohol content in the product and to ensure that descriptors are not open to interpretation.
- There is a need for regulatory clarity; this research should seek to test whether labelling is well understood and does not confuse or mislead consumers or lead to unintended behaviours (for example, drinking more low strength alcohol, more frequently).
- Evidence demonstrates that the public are largely unaware of the wider health risks associated with regular drinking and more work is required to improve understandings of these risks.¹
- Evidence shows the UK public are overwhelming supportive of better health information on alcohol labels.²
- Content and standards for new labels should be agreed independently of the alcohol industry and should be appropriately evaluated. Information on current labels, which is a voluntary initiative, lacks prominence and is therefore often unclear to the consumer. Current labels also do not contain explicit health warnings.
- There must be independent monitoring to ensure that manufacturers/retailers are complying with any new labelling regulations. Where monitoring identifies a failure to comply with such regulations, enforcement action must be taken.
- IAS advises that this research is an opportunity to test the impact of explicit health warnings on reducing both individual consumption levels and reducing alcohol-related harms.
- Testing and research should be conducted in both on-trade and off-trade to contribute to developing the currently limited evidence base.

¹ Alcohol Health Alliance (2014) Alcohol Behaviours and Attitudes Survey

² Alcohol Health Alliance (2014) Alcohol Behaviours and Attitudes Survey

Responses to stakeholder questions

- 1) **Are you content with the range of terms / descriptors identified or are there other terms that you consider would be helpful to test? Please make as many suggestions for additional terms as you wish. If necessary give an example of how this may fit into a product name.**

There is a paucity of evidence examining drinkers' perceptions and acceptance of lower alcohol products, and little data to suggest increasing the number of low alcohol products in the market leads to a 'substitution effect' of consumers switching from higher strength products³. Evidence from Finland indicates consumers are unlikely to substitute higher strength drinks for lower-alcohol alternatives unless the availability of higher strength drinks is restricted⁴. IAS therefore welcomes this research proposal and views it as an opportunity to address this gap in the evidence.

Descriptors should be based on set definitions of what constitutes 'low alcohol' etc., linked to the ABV% in a product and linked to current safer drinking guideline limits. **Any descriptor of alcohol product strength should therefore be presented in the context of the current low-risk drinking guidelines.** IAS recommends testing the descriptors alongside information about the number of 'units' in each serving size and the number of units the CMO recommends drinker should not regularly exceed.

IAS strongly recommends that **alcohol content is not the only descriptor that is related to the safety of a product.** There is evidence that the inclusion of **health warnings** on alcohol products increase consumers' knowledge and awareness of the adverse health impacts of alcohol.⁵⁶ **IAS recommends that a series of health messages are tested alongside the strength descriptors, to gauge how consumers receive and react to this information.** IAS also advises that the **size, and legibility of health information** be tested as part of this research study

Consideration should be given to consumers' understanding of terms such as 'light', which could potentially indicate nutritional attributes, such as low-calorie, low-sugar and low-fat, rather than alcohol content. Consumer research on nutrition claims on food shows that consumers fail to distinguish between fixed criteria such as 'low' and relative claims such as 'reduced'.⁷ **IAS recommends that strength descriptors are tested alongside explanatory text and nutritional information.** For example, 'Magners Light' is lower-calorie cider than 'Magners Original', but does not have a lower-alcohol content (both are 4.5% ABV), so the definition of 'light' requires supporting text. In contrast, 'Lambrini Luci' is both lower-calorie and lower-alcohol than 'Lambrini Original'. Given these examples of how perry and cider products are currently marketed, **IAS recommends that perries and ciders are also included in testing.**

From a public health perspective, IAS advises that there should be consistency of definitions in the levels of ABV strength which constitutes lower strength products. This must encompass both

³ Jones L, Bellis M A. (2012) Can promotion of lower alcohol products help reduce alcohol consumption? A rapid literature review. North West Public Health Observatory. Liverpool

⁴ Osterberg E. (2012) The effects of favouring lower alcohol content beverages: four examples from Finland. *Nordic Studies on Alcohol and Drugs*, 29, 41-56.

⁵ Wilkinson, C., & Room, R. (2009). Warnings on alcohol containers and advertisements: international experience and evidence on effects. *Drug and Alcohol Review*, 28(4), 426-435.

⁶ Agostinelli, G., & Grube, J. W. (2002). Alcohol counter-advertising and the media. *Alcohol Research & Health*, 26(1), 15-21.

⁷ COI Communications 2007. Review and analysis of current literature on consumer understanding of nutrition and health claims on food. UK Food Standards Agency: London

the absolute and relative descriptors. **IAS suggests the descriptors currently used by HMRC linking strength to taxation status could be considered for testing.** For example, currently there is an additional rate of duty of 25% applied to beers over 7.5% ABV and a 50% reduction in the general rate of duty for beers with less than 2.8% ABV. Descriptors for these two products could be **“high/low strength excise duty applies to this product”**.

2) Are you content with the proposals for defining the product descriptors, bearing in mind that the definitions are for the purposes of this research only and are not fixed?

IAS welcomes the fact this research seeks to investigate if labelling products as ‘lower’ alcohol (or similar) is likely to reduce the overall number of units consumed. It is important to ensure that the stated concern from the alcohol industry that labelling regulations are currently ‘restricting attempts to grow this market category’ are not translated into action that would encourage drinkers to consume more alcohol overall.

3) Do you have any evidence / research that describes how consumers differentiate between descriptors e.g. test whether consumers are able to differentiate between similar terms such as “low” and “lower” or “lite” and “reduced”?

More research is needed to help us understand how consumers differentiate between descriptors. Of the limited research available, evidence suggests that beer drinkers find it difficult to differentiate between regular and low strength beers in terms of taste and packaging.⁸⁹ In relation to wine, research suggests that consumers were generally unfavourable towards the taste of reduced alcohol wines in comparison to regular wine.¹⁰

4) Are there other aspects of consumer appeal that you consider would be helpful to investigate? Please provide the reasoning behind these suggestions and any previous evidence or research that may support.

As above, IAS strongly recommends that research should consider if and how health information on alcohol labels impacts on consumer choice. Opinion poll data shows there is overwhelming public support for the inclusion of health information on alcohol product labels.¹¹ Evidence from tobacco research suggests that explicit health warnings have an impact on smoking behaviour,¹² and IAS would strongly welcome equivalent research into health information on alcohol labelling. In addition to this, there is an opportunity to test the impact of advertising and marketing on consumer choice and the selection of lower strength products.

5) Are there other label information points that you consider should be included due to their impact on consumer choice (e.g. country of origin)? Please explain the reasons for your suggestions.

⁸ McLaughlin K. (1988), An investigation of the ability of young male and female social drinkers to discriminate between regular, calorie reduced and low alcohol beer. *British Journal of Addiction*, 83, 183-187.

⁹ Segal DS, Stockwell T. (2009) Low alcohol alternatives: a promising strategy for reducing alcohol related harm. *International Journal of Drug Policy*, 20, 183---187

¹⁰ Schmidtke LM, Blackman JW, Agboola SO. (2011) Production technologies for reduced alcoholic wines. *Journal of Food Science*, 71, R25-R41.

¹¹ Alcohol Health Alliance (2014) Alcohol Behaviours and Attitudes Survey

¹² Hammond, D. (2011). Health warning messages on tobacco products: a review. *Tobacco control*, tc-2010.

In addition to the recommendation to include research into the impact of health warnings on labels, **IAS strongly advocates research into if and how the inclusion of calorie and nutritional information on alcohol labels impacts on consumer behaviour.** As previously stated, including information relating to units per serving and current CMO low-risk drinking guidelines will be useful to place strength descriptors into context of health risk.

Researching the impact of information presented in the on-trade setting will also prove useful. Information on drinks menus and beer taps may help to inform consumers who wish to moderate their alcohol intake due to driving responsibilities or for other reasons.

Several alcohol brands use certain colours to denote the 'lower' ABV and/or lower calorie products. IAS recommends that more research is conducted into consumer responses to how labels are presented, including colours used in labelling.

6) Should prices reflect the on- and/or off-trade environments, in your view? While low / non-alcoholic drinks are often cheaper than their alcoholic counterparts in the off-trade the opposite is often true of the on-trade. Would it be appropriate for both to be reflected and, if so, how might this best be done? Please explain your reasoning.

There is overwhelming evidence that price and affordability have a significant impact on levels of consumption.¹³ IAS recommends that prices in the research should focus on testing in both on and off-trade contexts. In using existing descriptors applied by HMRC (as outlined above) information could be presented in a common way across all retail settings.

Additional points

IAS welcomes the proposals for this research. IAS strongly advocates that any future detail around labels should be developed independently of the alcohol industry in order to avoid conflicts of interest between economic objectives and public health goals.

Alongside the proposed research into the impact of alcohol labelling, we strongly advocate for the introduction of evidence-based interventions in relation to price, availability and advertising, which have been shown to be effective in reducing the health harms and economic cost of alcohol.

Contact details

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**Institute of Alcohol Studies
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¹³ University of Stirling. Health First: An evidence based alcohol strategy for the UK. March 2013.