

# Food labelling - revision of rules on information provided to consumers for alcoholic beverages

## EuroHealthNet's vision contributing to the European Commission's public consultation

EuroHealthNet welcomes the opportunity to contribute to this public consultation in a hope that our health equity-focused input will strengthen the legal provisions for Member States' disposal to improve their food systems. In laying out the vision for facilitating healthier food choices, EuroHealthNet aims to bring to the attention of the European Commission the importance of addressing the societal roots of health inequalities related to alcohol consumption within a legal remit of the EU health and social policies.

In our work, we address the systemic factors that determine people's choices along a social gradient – poverty and income deprivation, social exclusion – and we focus on implementing evidence-based policies and good practices that promote healthy choices for all with an intensity according to the need and the level of disadvantage. This entails adopting a view for which unhealthy behaviours are not 'just' the result of individual choices, but they are influenced by societal factors. In a nutshell, the healthy choice must be the easy and default choice for all and not just for some.

EuroHealthNet welcomes the European Commission intention to introduce the indication of the list of ingredients and the nutrition declaration for all alcoholic beverages, as alcohol consumption constitutes one of the key risk factors for poor health and societal wellbeing, and it contributes to significant gaps in health outcomes across the life course, between and within EU Members States.<sup>1</sup>

Despite the fact that any level of alcohol consumption, regardless of the amount, leads to loss of healthy life,<sup>2</sup> 55 million adult Europeans are estimated to drink alcohol at levels considered harmful to health. Alcohol consumption is common not only for adults, but also amongst minors, with two in three adolescents aged 15 years old having tried alcohol at least once in their life.<sup>3</sup>

As a result of alcohol overconsumption, approximately 195 000 people die each year as a result of associated non-communicable diseases (liver cirrhosis, some cancers and cardiovascular diseases) and injuries resulting from violence and road traffic.<sup>4</sup> Moreover, alcohol abuse leads to a range of mental and behavioural disorders (alcohol dependence), and negative social consequences, as the fact that for between 5 and 9 million children family alcohol use contributes to adverse childhood experiences (ACE) and that alcohol may lead to poverty, unemployment issues, and other social disadvantages.<sup>5</sup>

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<sup>1</sup> <https://www.who.int/en/news-room/fact-sheets/detail/alcohol>

<sup>2</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31571-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31571-X/fulltext)

<sup>3</sup> Inchley, J. et al. (2020), Spotlight on adolescent health and well-being: Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada, International report, Vol. 2, Key data, WHO Regional Office for Europe, Copenhagen.

<sup>4</sup> [https://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/alcohol\\_factsheet2\\_en.pdf](https://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_factsheet2_en.pdf)

<sup>5</sup> Cerdá, M., Diez-Roux, A. V., Tchetgen, E. T., Gordon-Larsen, P., & Kiefe, C. (2010). The relationship between neighborhood poverty and alcohol use: estimation by marginal structural models. *Epidemiology* (Cambridge, Mass.), 21(4), 482–489. <https://doi.org/10.1097/EDE.0b013e3181e13539>

The levels and patterns of alcohol consumption and the magnitude of alcohol-related problems are not equal amongst the population, but they are influenced by societal factors such as economic development, culture, availability and social visibility/acceptability of alcohol, and the levels of implementation and enforcement of alcohol policies. In particular, there is a profound social gradient and inequalities in how and who is most affected by alcohol policies and regulations, or lack thereof.

Individuals with lower socio-economic status (SES) experience disproportionately greater alcohol-attributable health harm than individuals with higher SES from similar or lower amounts of alcohol consumption.<sup>6</sup> While alcohol affects the whole society, and while there is no dominant factor leading to alcohol abuse, the more socially vulnerable an individual is, the more likely s/he will be to be impacted and affected.

For this reason, we believe that the option in the consultation that bring about best results would be **“Option 2 Revise the rules for all alcoholic beverages: revoke the exemption and require all indications on-label”**.

Over the last decade, food and beverage industries have committed to self-regulate concerning unhealthy foods and beverages, but the standards they used to define what was healthy or not have often been too lenient compared to those of the WHO.<sup>7</sup> A policy framework that only partially regulates alcohol labelling or leaves it up to industry-level self-regulatory initiatives (such as codes of conduct, charters or pledges) would thus continue to encompass too many blind spots that commercial operators could exploit to

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<sup>6</sup> [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30119-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30119-5/fulltext)

<sup>7</sup> Galbraith-Emami S, Lobstein T. The impact of initiatives to limit the advertising of food and beverage products to children: a systematic review. *Obes Rev.* 2013;14(12):960–74.

pursue corporate behaviours that prioritise profits over consumers and citizens' health and wellbeing.

Therefore, there is the need for a clear and defined policy framework that revokes the current exemption under the FIC Regulation, and that requires mandatory indications **on labels** of the list of ingredients and a nutrition declaration for all alcoholic beverages. This is opposite to the industry-preferred on-line and digital labelling, since this latter would provide information only those willing and capable to retrieve from the digital platform the information needed. In this way, those on the lower side of the social spectrum would be once more in a disadvantaged position, since they lack time, means (smartphone, functional internet connection), and the literacy or skills necessary to be able to check this sort of information at the point of sale.

To conclude, European citizens have the right to be properly informed about the products they are consuming, and information should be delivered to them in the easiest and most understandable way possible. Therefore, even though with alcohol consumption no choice cannot be completely conceived as a “healthy choice”, offering clear information on the label could help consumers – especially vulnerable groups – at least mitigating heavy drinking patterns, which have proven to be the most damaging alcohol-related behaviours.<sup>8</sup>

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<sup>8</sup> Livingston M, Chikritzhs T, Room Rv (2007), “Changing the density of alcohol outlets to reduce alcohol-related problems”, *Drug Alcohol Rev*, 26, 557-566