



# **State of play in the use of alcoholic beverage labels to inform consumers about health aspects**

*Action to prevent and reduce harm from alcohol*

Written by *GfK Belgium*



*Health and  
Consumers*

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## **Executive Summary**

### **Purpose**

This study audited the use of health-related messages on alcoholic beverage labels. It aims to further inform the current EU strategy to support Member States in reducing alcohol related harm by addressing a lack of existing information on the extent to which alcohol labelling is implemented,.

Following research into the variation in labelling practices across EU Member States (undertaken by the 2011 PROTECT project), five health health-related messages were audited:

1. Messages warning about drinking during pregnancy;
2. Information about alcoholic strength in units or grams;
3. Information about legal age limits for purchasing alcohol;
4. Messages about drinking in moderation; and
5. Messages warning against drinking and driving.

The messages were, amongst other things, assessed in terms of their visibility, clarity, layout and relative size – all of which are considered to potentially affect consumer behaviour.

In addition, where products carried health-related messages, assessments were made of the supply and market shares for alcoholic beverage categories and for other relevant groupings (e.g. domestic vs. imported products).

### **Methodology**

A sample of alcoholic beverage labels was collected from 15 Member States: Belgium, Czech Republic, Denmark, France, Germany, Greece, Ireland, Italy, Latvia, the Netherlands, Poland, Portugal, Romania, Spain and the UK. The countries selected cover 89% of the EU population and have all made a number of commitments under the European Alcohol and Health Forum. These countries also represent a good geographical and cultural cross-section of the EU population.

Data was collected on alcoholic beverages within the 3 main alcohol categories – beer, wine and spirits. In order to ensure an appropriate spread of data, 4 retailers of differing sizes were audited in each country.

All package sizes and types were included in the audit to include brands with high, medium and low market shares in each country. Thus care was taken not to bias the sample in favour of brands from larger manufacturers so that all labelling practices were represented.

In order to ensure that the data collection procedure was valid and reliable, a two-step approach was employed. This included an initial pilot fieldwork phase organised in the UK and the Netherlands during which the assessment procedure was verified. Subsequently, fieldwork was completed in all countries between June and August 2013.

## **Data analysis**

The data collected has been analysed at the aggregate level for the 15 EU countries as well as for each individual country.

In addition, a market share analysis was completed to examine the proportion of the top 5 beers and top 5 spirits sold, that included a health-related message, in each of the 15 countries.

## **Main findings**

### **Presence of health-related messages**

A total of 25,730 beverage packages were audited across the 15 European countries – around half were wines, a quarter spirits and a quarter beers. Less than 5 per cent were alcohol pops and ciders (the 'other' category).

Overall, fewer than one in five alcohol labels (17%) contained a health-related message in addition to the alcohol content information mandatory in each country. Wine labels most often carried health-related messages (19%), with messages less frequently found on spirits (15%) and beers (14%).

Some variations were evident between countries. In France, due to legislation that requires all alcohol labelling to contain a warning about drinking during pregnancy, all beverages contained health-related messages. In all other countries studied, there is no legal compulsion for alcohol labels to include any health-related messages. Substantial variations in the presence of health-related messages exist between these countries. The countries with the highest proportion of labels with messages were Belgium (35%), Portugal (30%), the Netherlands (29%) and Germany (21%). In contrast, Greece (5%), Ireland (5%), Romania (6%) and the UK (7%) have the lowest rates of health-related messages.

### **Types of messages**

The most common health-related message on labels was a warning about drinking alcohol during pregnancy; 17% of all labels included this message. All other message types were present on less than one in twenty labels (5%).

The message types least likely to appear on labels were legal age limits for purchasing or consuming alcohol and warnings against drinking and driving (both present on 1% of all labels).

Some alcohol labels contained two or more messages. Beer labels had the highest rate of messaging with an average of 1,38 messages. There were an average of 1,27 messages on spirits labels, and 1,25 messages on wine labels.

### **Additional nutrition information**

In the EU, alcohol is exempt from the obligation to list its ingredients and provide nutritional information. However, over four in five (82%) of beer labels 39% of spirits and 32% of wines (containing one or more health-related message) had an ingredients list on the label.

Information on sulphites was present on almost all beers and spirits containing messages, and on over half of wines. Information on calories was rare (present on only 6% of beer packaging, 3% of spirits and 1% of wine) and no vitamins information at all was found on any labels in the sample.

### **Visibility and clarity of messages**

When assessed, the majority of messages were judged to be clearly visible. Warnings for pregnant women were judged to be clearly visible on over three-quarters of the packaging on which they were present. All types of messages are least likely to be clearly visible on beer packaging than the other main alcohol categories. The widest variation occurs with messages about legal age limits, which were clearly visible on all wine packages, but under two thirds of beer packages.

The vast majority of messages were judged to be easy to understand. At least 80% of labels were assessed as clearly understandable across all alcohol categories and message types. The highest ratings were for messages concerning legal age limits (over 95% were assessed as understandable) and warnings for pregnant women (over 90%). These findings are perhaps not surprising since the legal age for consuming alcohol is a fairly straightforward fact, easy to convey clearly in a number, and pregnancy messages were most often conveyed using a conventional logo.

### **Layout of messages**

The audit recorded the placement of messages (location on the package), their form (a logo, text or both) and their framing (whether or not they were set in a frame).

Considerable differences were found in the placement of messages on beer labels compared to both wine and spirit labels. On beer labels, around half of messages were located on the back, but significant proportions were on the sides or top of packages. Large differences were further found between the types of beer packaging: the majority of beer bottles carried labels on the back (62%); the majority of beer cans had labels on the sides (57%); and the majority of beer cartons/boxes contained labels on the top (52%). For wines and spirits (all packaged in bottles) the vast majority of health-related messages were on the back (over 90%).

The majority of messages were in the form of either logo or text – this was the case for the majority of beverage categories. There was, however, a notable exception for age limit information on beers – well over half of these messages (61%) were presented with both a logo and text. Messages about drinking in moderation were more likely to be presented in text than logo form. Perhaps this is not surprising since such a message does not easily lend itself to graphical representation. Warnings about drinking during pregnancy were more likely than others, across all beverages to be presented as a logo only. Messages about drinking and driving were more commonly presented using solely texts on wine, and solely logos on spirits.

Overall, health-related messages were not often set in frames. Less than one in five (18%) of messages on spirits were framed, with only a slightly higher proportion of messages framed on wine labels (21%). Messages on beers were most often framed with this most often the case on cartons/boxes (43%). Across all alcohol categories, messages referring legal age limits were most often framed and warnings for pregnant women least often framed.

### **Size of messages and labels**

For each of the alcohol beverage containing a health related message, the size of the label was assessed in relation to the size of the packaging. Subsequently, the size of the message was assessed in relation to the size of the label.

Alcohol labels generally cover less than a tenth of the overall size of the packaging. This varies very little across alcohol categories – the median size of the label on all beers, wines and spirits was 7% of the package. Slightly more variation in the relative size of labels can be observed when looking across the different type of packages. Beer cans and vessels (kegs) tend to have a large label relative to the packaging – both with a median of 10%. This contrasts with bottles, which have a median of 6.5% of the total package size.

Health-related messages usually cover around a fifth of the overall label size. However, messages on spirits tended to be slightly larger, covering almost a tenth (9%) of the label. When we consider the specific messages per type of alcohol, there is some variation, as warnings about drinking during pregnancy are more often proportionally larger on beer labels than on wine or spirit labels. In contrast, messages informing consumers about units and grams are generally smaller, in relative terms, on beer and wine labels, compared to spirit labels.

### **Market share analysis for beers and spirits**

In each of the 15 countries, the messaging on the top five most purchased beers was assessed. This market share analysis highlighted sharp country differences in the labelling of the top selling beers: in Belgium, Spain, France, Ireland and Poland all top selling beers included a health-related message and in Portugal 95% did. In contrast, none of the most popular beers in Greece contained a health-related message, and less than two-thirds in Italy (55%) and Denmark (60%) carried such messages.

In each country assessed, the market for spirits is more highly distributed, meaning that in none of the countries did the top five spirits combined have a market share of above 50%. As a consequence, the proportion of spirits that carried a health-related message refers to less of the total market than the top five beers. The results of the analysis show that the top 5 spirits containing a health-related message varied from none in Latvia and Romania to 83% in Belgium. Thus in no country did every top 5 spirit assessed carry a health-related message. In 9 out of the 15 countries, less than half of the top 5 spirits carried a health-related message.

## Conclusion

This research has highlighted the limited presence of health messages on alcohol labelling. Any standardisation or guidelines for messaging will have limited impact if, as is currently the case, less than one in five alcohol labels carry messages. The possible means to increase the proportion of beverage labels including health related messages should therefore be explored; legal requirements for messages on alcoholic beverages are the ultimate means of doing this.

The research has also revealed wide divergence in the type and form of health-related messages on alcohol labelling across Europe. Thus, there may be a need for the development of guidelines or standardisation for each of the five types of health-related messages studied. Any such guidelines/standards would need to provide the industry with clear parameters for message placement, form, framing, relative size, language, etc. In light of the huge variety of alcohol labels in the market – and the considerable impact that standards could have on labelling – it is recommended that the alcohol industry be closely consulted throughout any process of developing guidelines for message standardisation.

The process for developing such guidelines would need to further explore the impact of messaging on demand i.e. how can messages best be presented to have the greatest impact consumer behaviour? And, what would be the impact of such messaging on alcohol consumption and sales?

It is recommended that the development of guidelines should be informed by consumer behaviour research, such as behavioural experiments and consumer surveys. Such methods would enable empirical testing of the impacts of messages on consumer attitudes and behaviours i.e. how do consumers respond to messages? Do messages influence consumers' consumption or purchasing behaviour? Do consumers' attitudes change when they are aware of the health-related messages on the alcoholic beverages they buy in stores? What are the differential effects of logos versus text messages (or a combination of the two) on consumer behaviour?

In addition, further supply-side research could use the audit data provided by this research to explore questions relating to suppliers and producers of alcoholic beverages i.e. are there public-private agreements? If so, do these agreements affect the behaviour of other suppliers and producers? What are the impacts of cross-border trade on alcohol labelling?

Continued research could also examine remaining questions in relation to alcohol labelling policy i.e. what is the most effective policy mechanism for implementing alcohol labelling? Regulation or public-private partnership? What impacts would the presence of any labelling requirements have on Member State policy?