Feedback to the European Commission’s Roadmap on the
‘Proposal for a revision of Regulation (EU) No 1169/2011 on the provision of food information to consumers, for what concerns labelling rules on alcoholic beverages’

The European Public Health Association strongly objects to options 0 and 1 of the Initial Impact Assessment and, within the narrow scope of the document, supports option 2.

Alcohol consumption is a significant public health concern

Alcohol consumption is associated not only with non-communicable diseases but also injuries and infectious disease. There is a direct relationship between higher levels of alcohol consumption and developing some cancers, liver diseases and cardiovascular diseases; and the level and pattern of drinking has a relationship with ischaemic heart and cerebrovascular diseases. Alcohol is a psychoactive substance which has dependence-producing properties, and the excessive consumption of alcohol ranks among the top risk factors for disease, disability and mortality. It is a causal factor in more than 200 disease and injury conditions.

Current ingredient and nutrition labelling on alcohol does not inform consumers

Alcohol commonly contains a variety of ingredients, such as wheat, barley, corn, rye, grapes, hops, histamine, sulphites and brewer’s yeast. One gram of alcohol contains seven calories, and together with sugar, heavy intake can significantly contribute to overweight and obesity.

There is increasing evidence that there is a deficit in consumer knowledge and understanding of the nutritional content and ingredients of alcoholic beverages as well as the consequences of alcohol consumption. Across the EU, consumers are interested in alcohol labelling.

In its 2006 Alcohol Strategy, the EU specifically aimed to ‘provide information to consumers so that they can make informed choices’ and to inform consumers about ‘the impact of harmful

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and hazardous alcohol consumption on health'. This is in line with the long held view the EU that well-informed consumers are empowered to make healthy purchasing and consumption decisions. As the Commission has plainly acknowledged in its Report regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages in 2017, there are no objective reasons for the exemptions.

**Ingredient and nutrition labelling would promote high level of consumer and public health protection and promote the functioning of the internal market**

It is extremely concerning indeed that alcoholic beverages containing more than 1.2% by volume of alcohol are exempt from the requirement of displaying a nutrition declaration and ingredients list. Once again, nothing justifies such an exemption on such harmful commodities.

Even when a nutrition declaration is provided on a voluntary basis, it can be limited to an energy-only declaration. This is insufficient. Effectively implemented nutrition and ingredients labelling would inform consumer about the content of alcoholic beverages and contribute to empowering consumers to make healthier alcohol purchasing and consumption decisions. This is particularly important bearing in mind the evidence referred to above regarding, firstly, the deficit of consumer information on alcoholic beverages and the appetite for such information, and secondly, the relationship between alcohol consumption and a wide range of diseases.

Moreover, several Members State have proposed or introduced measures acting on the derogation for ingredients labelling in Regulation (EU) No 1169/2011 on the provision of food information to consumers, as well as measures on nutrition labelling. Bearing in mind that alcoholic beverages are traded extensively within the internal market, there is a compelling rationale for the adoption of an EU-wide harmonised approach to the regulation of nutrition and ingredients labelling of alcoholic beverages to reduce market fragmentation.

**On-label information is far more useful to consumers**

It is well-established that, to be able to effectively inform consumers, information should be easily available, salient and well-perceived by consumers. On-label information is more readily accessible for consumers, particularly within in-store environments. Bearing in mind that consumers do not always search for nutrition and ingredient labelling, on-label information is more likely to be seen and read, which is particularly true for members of lower

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7 Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions an EU strategy to support Member States in reducing alcohol related harm (COM/2006/0625 final), paras 5.3 & 5.4.

8 M Friant-Perrot and A Garde, ‘From BSE to Obesity – EFSA’s Growing Role in the EU’s Nutrition Policy’ in A Alemanno and S Gabbi, New Perspectives in EU Food Law – Ten Years of European Food Safety Authority (Ashgate, 2013).

9 Report from the Commission to the European Parliament and the Council regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages COM(2017) 58 final, 12.


This has been reflected in EU food law since the EU began regulating food information in the late 1970s. There is no reason to treat alcoholic beverages more leniently than other foods.

Option 2 of the Initial Impact Assessment is the only evidence-based option to meet the EU’s objectives of promoting a high level of consumer protection and public health.

The EU should also introduce other effective labelling, including front-of-pack labelling, to help empower consumers

The envisaged measures of back-of-pack nutrition labelling and ingredients labelling are just two forms of labelling to help inform consumers. To empower consumers to make healthier decisions, the EU should also develop proposals for mandatory front-of-pack labelling, mandatory serving size recommendations and per portion nutrition information, guidance on moderate levels of drinking and warnings on the health effects of consuming alcohol. The Commission’s intention in the EU’s Beating Cancer Plan to make proposals on health warnings on alcohol labels by the end 2023 are supported. Not only does the WHO European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 calls for ‘labelling similar to that used for foodstuffs, including alcohol and calorie content’ but also health warning. Moreover, empowerment by information can only be successful if voluntary forms of information and marketing are also regulated.

Over the years, the EU’s response to alcohol related harms has been substandard and it is high time that it rectified this failure through the adoption of evidence-based measures intended to limit the appeal, the acceptability and the affordability of alcoholic beverages. It is only then that it can claim that it has indeed complied with the obligation it derives from the EU Treaties and the EU Charter of Fundamental Rights and Freedoms to ensure a high level of public health protection in the development and implementation of all its policies, including its internal market and consumer protection policies.

July 2021

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The European Public Health Association, or EUPHA in short, is an umbrella organisation for public health associations in Europe. Our network of national associations of public health represents around 20’000 public health professionals. Our mission is to facilitate and activate a strong voice of the public health network by enhancing visibility of the evidence and by strengthening the capacity of public health professionals. EUPHA contributes to the preservation and improvement of public health in the European region through capacity and knowledge building. We are committed to creating a more inclusive Europe, narrowing all health inequalities among Europeans, by facilitating, activating, and disseminating strong evidence-based voices from the public health community and by strengthening the capacity of public health professionals to achieve evidence-based change.

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This activity received co-funding under an operating grant from the European Union’s Health Programme (2014-2020).

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