



Quaker Action on Alcohol and Drugs

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QAAD RESPONSE TO DEPARTMENT OF HEALTH CONSULTATION **'IMPROVING INFORMATION ON THE LABELS OF ALCOHOLIC** **DRINKS TO SUPPORT CONSUMERS TO MAKE HEALTHIER CHOICES** **IN THE UK'**

Quaker Action on Alcohol and Drugs (QAAD) is a listed group of the Religious Society of Friends (Quakers). QAAD is an independent national charity that has a concern with the use and misuse of alcohol and other drugs, legal, illegal and prescribed, and with gambling. QAAD offers prevention and information services for Quakers; we also contribute to public debates and consultations on matters relating to our concern and experience. Trustees give their time to QAAD freely, and bring voluntary and statutory experience from settings that include prevention, a variety of treatment and support interventions, medical services, and criminal justice. QAAD does not represent the Religious Society of Friends as a whole, but the views we express are grounded in our Quaker principles.

Q1: Do you support legislating for a mandatory requirement on labelling (Option 3)?

We strongly support mandatory requirements for labelling. This is the only proposal that will help ensure that **all** consumers are given the facts they need to make informed choices about their drinking.

Progress on reaching the current point has been slow, and this is likely to persist if the current voluntary agreement continues. 75% seems optimistic in the timescale suggested, and all consumers have a right to be informed and protected in this way. The industry needs to receive – and disseminate - the message that health information is necessary, not optional.

Mandatory labelling is also the only way of ensuring that labels reliably contain all five elements required by the standards, and that these will be presented effectively. The levels of compliance with all elements are far too low (a fifth, optimistically), particularly considering that legibility was an issue with some labels that were classed as acceptable. The 'snapshot' study of supermarkets undertaken by Alcohol Concern (July 2009¹) revealed that only 2 out of 50 promoted alcohol products contained and complied with all five labelling elements, and the key relationship – between the amount of alcohol in the container and sensible drinking limits – was absent in more than half of instances, even in the better cases. The current situation effectively leaves decisions to

¹ *Message on a bottle* (2009) Published by Alcohol Concern

producers and sellers about how they will frame health information, and what to include or omit. This is not a situation that should persist.

The consultation document cites ONS² research which indicates that awareness about units still has a long way to go: 30% or more do not know the content of many drinks. As regards beer, the most common minority error was to assume a pint (rather than a half) contains one unit, while confusion about wine was the norm rather than the exception. It is concerning that 51% of respondents in this survey equated a small glass of wine with one unit, when the actual content is between 1.25 and 1.75 – a significant difference in relation to recommended health limits. In the absence of clear information, this confusion is likely to be even greater in the domestic setting, where measures are inexact – a consideration that applies equally to spirits and, indeed, any form of alcohol sold in larger volumes.

The ONS survey indicates that public knowledge about recommended health limits is similarly patchy, with two-thirds of respondents unsure what these limits are. Even for the well-informed, it is difficult for people to translate general knowledge about units and recommended limits into what they are drinking on a particular occasion, or over a week. Whilst we strongly support a public awareness campaign along the lines indicated by Australian evidence, clear labelling is the only effective way of enabling the public to make connections between theoretical limits and their own behaviour.

In this context we also note the recent study by Bellis et al. (2009)³ which demonstrates the large gap between surveys of consumption based on what people estimate they are drinking and the amount of alcohol that is actually consumed in the UK. We are not aware of any specific research about causal links between awareness and behaviour. However, brief interventions for ‘at risk’ drinkers have been successful in reducing intake through methods that include tools such as drink diaries, which bring consumption to the conscious and measured level. It seems reasonable to assume that a more specific awareness of units, particularly amongst the quarter of the population drinking over recommended limits, would be of great assistance in reducing health harms from alcohol. Clear and informative labelling is a vital part of this.

Q2: Are there any changes to the proposed option content that improve understanding of this information?

We agree broadly with the ‘outline content for possible regulations’ contained in Annex C of the consultation document. We are also particularly keen that the total alcohol/units in a bottle or container be a mandatory requirement. This would enable consumers to have an immediate visual index of their consumption, and the absence of this information on the vast majority of spirits and wine is notable. Information about standard measures is also extremely helpful to the public in making decisions about consumption, particularly where container volumes are large in proportion to a single drink. For that reason we think both measures should be a requirement, in the way that food packaging often gives information about overall content as well as a ‘standard serving.’

² Office for National Statistics (2010) *Drinking: adults’ behaviour and knowledge in 2009*, pp 56-57

³ Bellis, M.A., Hughes, K., Cook, P.A., Morleo, M. (2009) ‘*Off Measure*’ published by Alcohol Concern

Q3: Do you think that there should be criteria set to ensure the visibility of the proposed information and ensure that it is readable? If so, what should this be?

We welcome a requirement for 'clear legibility' given that much current labelling is extremely small. However, 'legibility' could be open to dispute as regards letter size and images, so a minimum would be more effective. Alcohol Concern recommends 3mm, and we endorse this, as we do the other recommendations they make to ensure that the layout is effective. The comparative size of safety information sends out an implicit message about its significance.

We note with concern that Camden BRI found a lack of clarity as regards pregnancy information, which reflects the lack of specific guidelines. Minimum lettering size should apply, whilst the colour of the bar on the commonly used image should be red on a black figure/white background, to make the symbol instantly understandable in terms of the other signage it references. The largest signs found seem to have been little more than 1 cm, which is easily overlooked; 3mm should again apply - as it should to the other visual graphics that are used to convey unit content.

Q4: Whether or not you support a mandatory requirement, are you content that the content of possible regulations on the labelling of alcoholic drinks outlined below is both reasonable and proportionate? If not, what amendments would you like to see made and why?

We do agree that the content of the outline regulations is both reasonable and proportionate. However, the 'good practice' guideline (of the five elements being grouped together inside a border) should also be mandatory. This would ensure that the information is prominent, and that consumers are able to inter-relate the different elements involved, particularly alcohol content in relation to recommended limits. If the information is presented in a common format, it would also help people to get into a pattern of assimilating it more readily.

Q5: Are there any other additions, amendments or deletions you would like to see made to the proposed content? If so, what changes would you like to be made and why?

We accept that current responsible drinking messages may be too general. However, rather than make them optional, we believe the way forward is to be more specific. Alcohol Concern suggests that safety messages be developed in conjunction with the Department of Health along the lines of 'Drinking above sensible limits puts you at risk of throat, mouth and larynx cancer.' We would endorse this, particularly in view of the recent European study which showed that a third of a UK sample did not believe, or did not know about the increased risk of some cancers associated with alcohol consumption (Eurobarometer Study, 2009⁴). The UK was listed as 23rd of the 28 countries in terms of this awareness. It is also significant to note in terms of the public education task, that those who do drink were less likely to consider alcohol played a role in some cancers than those who do not. (This seems to be a survey-wide observation).

⁴Eurobarometer Study 72.3 'EU Citizens' Attitudes towards Alcohol' 2009, p 48
http://ec.europa.eu/public_opinion/archives/ebs/ebs_331_en.pdf

We have strong concerns about daily limits being shown without weekly recommendations also being included. This is helpful in militating against binge drinking, but the absence of weekly information could imply that daily drinking is low risk. It does not reflect the fact that drinking up to recommended limits on a daily basis would bring men and women into the medium risk category, which has particular relevance in relation to illnesses such as cancer. Many other jurisdictions (e.g. Australia) recommend at least one or two alcohol-free days because of the data about lifetime drinking occasions (see Australian Guidelines' 2009:36 for summary⁵) - or else give weekly limits (e.g. Canada). In view of this data and the potentially misleading impact of daily information alone, we believe it should be mandatory for labels to include both daily and weekly limits.

We agree that calorie information would be useful in general consumer terms, and particularly in relation to the evidence suggesting that alcohol should not be more than one tenth of total calorie intake for older people (incorporated in Italian guidelines).

General questions

Q1: Considering all options presented, which do you believe would be the most proportionate way of the Government achieving its objective of ensuring that a majority (at least 50%) of labels carry unit and health information in the near term (2012) and a vast majority (at least 75%) in the medium term (2014)?

We believe that mandatory labelling is the most proportionate way of the Government meeting its immediate objectives, as well as its longer term goals. The industry has already had some years to make progress on labelling; whilst sections of it have made efforts, the response has been patchy both in terms of letter and spirit. We appreciate that parts of the industry may need a certain amount of time to respond if labelling becomes mandatory, and suggest a reasonable but brisk time-frame for this to be achieved. Essentially, this is a public health issue, and it is appropriate and proportionate for the government to take responsibility for ensuring that goals are achieved.

Mandatory labelling is a proportionate response to the scale of alcohol-related harm experienced by individuals and communities, and to the high numbers of people drinking over sensible limits. As a society we need effective and accessible information if we are to make healthier choices.

We are pleased to have had the opportunity to contribute to this review and wish the consultation team well in its work.

May, 2010

⁵ 'Australian Guidelines to Reduce Health Risks from Drinking Alcohol' (2009) published by the National Health and Medical Research Council. www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/ds10-alcohol.