

EUROCARE POSITION ON THE COMMISSION PROPOSAL¹ ON THE PROVISION OF FOOD INFORMATION TO CONSUMERS

EUROCARE (The European Alcohol Policy Alliance) is an alliance of some 50 voluntary and non-governmental organizations across 20 European countries working on the prevention of alcohol related harm in Europe. Member organisations are involved in research and advocacy, as well as in the provision of counselling services and residential support for problem drinkers, workplace and school based programmes and information to the public.

Eurocare welcomes that the proposal from the European Commission is taking into account consumers' needs for information regarding alcoholic mixed beverages (alcopops). Eurocare regrets however the decision to exempt beer, wine and spirits from the requirement to bear a list of ingredients and nutritional values, that applies to the rest of foodstuffs.

Indeed alcopops possess some characteristics that would warrant them heightened attention in the legislation on consumer information; they are highly appealing to young people and can contribute both to heavier drinking and to lowering the age of onset of drinking², they contain artificial, candy-like colourings and flavours (that conceal the taste of alcohol) and high sugar levels. Some also contain stimulants such as caffeine, ginseng, taurine or guarana.

However, it should not be forgotten that the largest part of alcohol beverage is consumed in the form of beer, cider, wine and spirits and that in most European countries³, beer is still the most popular drink, also among young people.

By exempting these other categories of alcoholic beverages from the requirement to list their ingredients and provide nutrition information on their labels, the proposal fails to protect the health of the majority of alcohol consumers and deprives them of their right to information, failing to fulfil its obligation under articles 95⁴ and 153⁵ of the EC Treaty to protect the health and safety of consumers and to promote their right to information.

Furthermore, these exemptions are in contradiction to the what is stipulated in the EU Alcohol Strategy⁶ “*Citizens have the right to obtain relevant information on the health impact and in particular on the risks and consequences related to harmful and hazardous consumption of alcohol, and to obtain more detailed information on added ingredients that may be harmful to the health of certain groups of consumers*”.

Eurocare believes all alcoholic beverages; including beer, wine and spirits should be required to state on their labels: their ingredients, any substances with allergenic effect, relevant nutrition information (e.g. energy value), and alcoholic strength, as well as include a health / safety warning. Such information would in our opinion enable consumers to make informed choices about their alcohol consumption.

ALCOHOL NOT AN ORDINARY COMMODITY

Apart from being a drug that can lead to dependence, alcohol is a toxic substance that can harm almost every organ and system of the human body and a cause of some 60 diseases and conditions (including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases or reproductive disorders)⁷.

Alcohol is also a cause of harm to others than the drinker, including harm to the unborn child and 10,000 traffic deaths to people other than the drunk driver each year. Alcohol is also a significant contributory factor in the incidence of abuse and violence: one in six cases of child abuse are related to alcohol, and over 7 million children live in families suffering problems as a consequence of alcohol. Alcohol also plays a role in up to 2 in 5 cases of domestic violence inflicted on women, and is thought to be involved in two fifths of all cases of homicide.

Alcohol is a key health determinant, responsible for 7.4% of all ill-health and premature death in the European Union, which makes it the third leading risk factor, after high blood pressure and tobacco⁸. It can be estimated that alcohol causes nearly 195,000 deaths in the EU each year (over 25% of male deaths in the age group 15-29 years are caused by alcohol)⁹.

INGREDIENT LISTING: Information to consumers – health protection

Specific EC rules for labelling the ingredients in alcoholic beverages have been long due. Both the first labelling Directive 79/112/EEC¹⁰ and the subsequent Directive 2000/13/EC¹¹ called for the EU Institutions to determine the rules for the labelling of ingredients by 22 December 1982, Eurocare believes a further delay in the adoption of such rules is not justified.

Today, consumers are virtually in the dark when it comes to assessing the difference in ingredients among beers, wine and spirits. Ingredient disclosures can help consumers gauge the quality of products and assist in making choices among them.

Eurocare therefore calls for the deletion of article 20 (e) which exempts wine, beer and spirits from the requirement to bear a list of ingredients.

More importantly, certain ingredients or other substances used in the production of foods and still present in the final product can cause allergies or intolerances in consumers some of which constitute a danger to the health of those concerned. It is therefore necessary to provide appropriate information to consumers about any additives, processing aids and other substances with allergenic effects in order to help them to avoid potentially dangerous physical reactions.

The proposal from the Commission amends the list of allergens in Directive 2000/13/EC to exempt all cereals containing gluten, whey and nuts “used for making distillates or ethyl alcohol of agricultural origin for spirit drinks and other beverages containing more than 1,2 % by volume of alcohol” from the requirement to be indicated on the labels of the alcoholic beverages¹².

Eurocare thus calls for the deletion of point 1 (d), 7 (a) and 8 (a) in Annex II which state the aforementioned exemptions.

In the absence of EU comprehensive rules on the labelling of ingredients in alcoholic beverages, Directive 2000/13/EC constituted an important step forward towards consumer protection. However, some people have allergies to ingredients other than those listed in the Directive (e.g. caramel, which is used in beer): If the full list of ingredients is not a mandatory requirement, consumers will not be able to avoid ingesting such ingredients which could be harmful.

NUTRITION INFORMATION

The Commission proposal in its article 29.1 requires that the energy value, the amounts of fat, saturates and carbohydrates with specific reference to sugars and salt content per 100ml/g or per portion of the product are displayed clearly on the front of the packet. However alcoholic beverages, with the exception of alcopops, are exempted from this requirement.

In general, consumers are not aware of the potential contribution of alcoholic beverages to their energy intake. Therefore, it is appropriate to ensure that information on the energy content of alcoholic beverages is provided. Alcohol provides 7.1 g/kcal which represent a significant amount of calories (i.e. just short of the nine calories found in a gram of fat)¹³. Information about calories would assist consumers in better understanding how their consumption of alcohol fits into their daily diet. Such knowledge could help consumers maintain a healthy weight or reduce weight, if desirable.

In contrast, listing protein and fat content, which are essentially irrelevant for most alcoholic beverages, provides little value and may even do harm. Consumers may infer from that information that the product is akin to food and represents an ordinary source of nutrients or that is somehow in the category of healthy foods.

Listing of carbohydrates may be of help to consumers that need to follow special dietary requirements such as people suffering from diabetes.

ALCOHOLIC STRENGTH

The Directive requires alcoholic beverages to state their actual alcoholic strength by volume in their labelling. This should be indicated by a figure to not more than one decimal place. It shall be followed by the symbol ‘% vol.’ and may be preceded by the word ‘alcohol’ or the abbreviation ‘alc’.

Eurocare believes this information alone is of little use to the consumers in managing their consumption. In order to make it easier for people to keep track of their alcohol intake and follow health advice about low risk drinking guidelines, the total grams of pure alcohol pr 100 ml or units should be stated on the label.

FORMAT, SIZE AND CONTAINER LOCATION

Eurocare welcomes the European Commission’s proposal stating that mandatory information must be printed in a minimum size (3 mm), with a significant contrast between writing and the background. Voluntary information (e.g. slogans or claims) must not be presented in a way that adversely affects the presentation of mandatory information.

Eurocare believes that alcohol labels should have a standard format and design and be placed in a standard location on the container. They must be visible, readable, understandable and non-promotional. Must appear parallel to the base of the container, be in a box, appear on a contrasting background (black on white) and separate and apart from other information on the label.

The sizing of the label should be determined by a minimum percentage of the size of the container.

The information provided to consumers on the labels must be clear and not misleading and in a language easily understood by the consumer, (i.e. the official language(s) of the country in which the product is marketed).

The layout and location of the labels affect its utility to consumers.

Information on alcohol labels should be: **Indelible:** Printing that under normal conditions of use and storage does not fade, run, or is not rubbed off. **Distinct:** Decorations and embellishments such as logos should not interfere with the legibility of the words on the label. Text printed on complex or pictorial or otherwise multicoloured backgrounds is unlikely to be adequately legible in many cases. **Easy to read:** Statements in sentence or title case are usually easier to read than statements in upper case or in mixed case.

¹ 2008/0028 (COD) Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on the provision of food information to consumers

² In Wales, alcohol consumption matched the entire increase in weekly drinking of alcohol between 1994 and 1996 among 11 and 12 year olds, half the increase for 13 and 14 year-olds, and most of the increase for 15 and 16 year old girls (Roberts *et al.* 1999). Similar findings are reported from Sweden (Romanus 2000).

³ Beer and spirits are the most popular drinks for young people overall, with beer accounting for over half of the total in 11 countries (5 in the non-EU study countries and 6 in the EU25) (see also Hupkens, Knibbe, and Drop 1993). Spirits are slightly more popular than beer in only three countries (Norway, Italy and Portugal), while alcohol is not the most popular drink in any country (Hemström, Leifman, and Ramstedt 2001).

⁴ Article 95.3. "The Commission, in its proposals envisaged in paragraph 1 concerning health, safety, environmental protection and consumer protection, will take as a base a high level of protection, taking account in particular of any new development based on scientific facts. Within their respective powers, the European Parliament and the Council will also seek to achieve this objective.

⁵ Article 153 1. In order to promote the interests of consumers and to ensure a high level of consumer protection, the Community shall contribute to protecting the health, safety and economic interests of consumers, as well as to promoting their right to information, education and to organise themselves in order to safeguard their interests.

⁶ Point 5.4.1, COM (2006) 625 Communication from the Commission An EU strategy to support Member States in reducing alcohol related harm

⁷ Anderson, P. & Baumberg, B. (2006) Alcohol in Europe. London: Institute of Alcohol Studies.

⁸ Rehm, J., R. Room, M. Monteiro, G. Gmel, K. Graham, N. Rehn, C. T. Sempos, U. Frick, and D. Jernigan (2004). "Alcohol." *Comparative quantification of health risks: Global and regional burden of disease due to selected major risk factors*, Edited by M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray. Geneva: WHO.

⁹ Rehm, J., R. Room, M. Monteiro, G. Gmel, K. Graham, N. Rehn, C. T. Sempos, U. Frick, and D. Jernigan (2004). "Alcohol." *Comparative quantification of health risks: Global and regional burden of disease due to selected major risk factors*, Edited by M. Ezzati, A. D. Lopez, A. Rodgers, and C. J. L. Murray. Geneva: WHO.

¹⁰ Article 5.3 of Council Directive 79/112/EEC of 18 December 1978 on the approximation of the laws of the Member States relating to the labeling, presentation and advertising of foodstuffs "In the case of beverages containing more than 1,2 % by volume of alcohol, the Council, acting on a proposal from the Commission, shall before 22 December 1982, determine the rules for the labeling of ingredients".

¹¹ Directive 2000/13/EC of the European Parliament and of the Council of 20 March 2000 on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs.

¹² Directive 2000/13/EC on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs, was amended by Directive 2003/89/EC as regards indication of the ingredients present in foodstuffs with the aim to provide consumers, especially those suffering from food allergies or intolerances, with fuller information on the composition of products through more exhaustive labelling. This directive establishes a list of allergens which must appear on the labelling of foodstuffs, including alcoholic drinks (Annex IIIa).

¹³ Examples are; 500 ml beer accounts for around 185 kcal and 150 ml red wine is 100 kcal.