Stichting van openbaar nut

Paapsemilaan 20 – 1070 Brussel
# 1. Table of contents

1. Table of contents ..................................................................................................................................... 3
2. Introduction - Project description ................................................................................................................. 4
3. Survey ....................................................................................................................................................... 5
   3.1. Methodology ....................................................................................................................................... 5
   3.2. Procedure .......................................................................................................................................... 6
   3.3. Participation ....................................................................................................................................... 6
   3.4. Analysis of the results ...................................................................................................................... 11
      3.4.1. Presentation of the results .................................................................................................... 11
      3.4.2. Analysis per question ........................................................................................................... 13
      3.4.3. Synthesis of the comments on the different questions ...................................................... 47
4. Conclusion .................................................................................................................................................. 51
5. Enclosures .................................................................................................................................................. 53
   5.1. Questionnaire ..................................................................................................................................... 53
   5.2. Collected comments of the two rounds of the Delphi survey ...................................................... 58
2. Introduction - Project description

This report is part of the "Pathways for Health Project" (PHP). The Delphi survey was carried out by CRIOC in order to generate the different views on the potential resolutions on alcohol labelling.

The PHP project is based on the conclusions of the European Council, which call for a reduction of alcohol-related harm among the whole European population and especially amongst young people. The project aims at a strengthened exchange of programmes and practices and more expertise for all those involved and interested in alcohol policy. This includes the support of the EU Member States and other European countries in the development of strategies to reduce alcohol-related harm. One of the hot topics is alcohol labelling. Already some European and national regulations enforce certain labelling requirements for food. However, at present, there is no obligation to mention any form of health warning.

The Delphi survey focused on consumer information, and in particular on warning labels on alcoholic beverages. The survey was based on the conclusions of various reviews that there is little evidence of warning labels having measurable effects on drinking behaviour. However, there is evidence that some intervening variables are affected, such as the intention to change drinking patterns (in relation to situations of heightened risk such as drunken driving). The limited impact of alcohol labels on drinking behaviour contrasts with the proven impact of tobacco labels, which then again may be triggered by the nature of the labels.

With regard to the questionnaire, we started from the working hypothesis that labelling can be understood as one measure in a more general comprehensive approach to reduce alcohol-related harm. Only by better information consumers are able to make informed, environmentally and socially responsible choices. Adequate consumer protection should result in improved decision-making on health and consumer interests and in the integration of health and consumer protection interests in all Community policies.

A large consensus exists on the importance of consumer information. However, the measures to be taken to optimise the effectiveness of this information are subject to lively debate. In 2006 the European Commission launched a dialogue with the key stakeholders and a public consultation on the review of the labelling issue. The positions taken are very divergent: what is essential information? How much information is required and how detailed should it be? What information should be mandatory? How important is the presentation and format of the information? How should the information be provided? Are there alternative ways and formats... It is very difficult to give a clear opinion on all these aspects because the debate is still ongoing and marked by very opposite tenors.

Moreover, the issue is hard to tackle because it implies competences dispersed over various decision-making levels and different domains of competence (internal market, consumer protection, communication, health...).

This report aims to facilitate the debate on alcohol labelling in a context of the reduction of alcohol-related harm:

- by exposing all the different options and opinions regarding alcohol labelling and the principal pro and con arguments for these positions;
- by creating a framework for the debate through a synthesis of the existing opinions in order to make more profound discussions possible;
• by showing the convergent and divergent opinions of the different actors with regard to the various proposals.

The report consists of 2 complementary parts:

• the processed results of the Delphi survey, for which some 200 experts were contacted;
• the enclosures with the full-text replies of the respondents.

3. Survey

3.1. METHODOLOGY

A dialectical process, Delphi involves an iterative survey of experts. The key characteristics of the Delphi method are (1) structuring of information flow, (2) feedback to the participants and (3) anonymity for the participants.¹

Each participant completes a questionnaire and has the opportunity to comment his/her answers. Then, everyone on the original list of contacts is given feedback on the whole set of responses, comments included. In this round the explanations will serve as useful intelligence for others. Disposing of all information, the respondent then fills out the questionnaire again. In addition, he (or she) may change his/her opinion, based on his/her evaluation of new information provided by other participants. This process is repeated as many times as is useful. The idea is that the entire group can weigh dissenting views that are based on privileged or rare information. Theoretically, this step can be repeated as long as is necessary to reach a consensus.

A variation of the classical Delphi is the 'Policy Delphi', the main goal of which is to expose all the different options and opinions regarding an issue and the principal pro and con arguments for these positions. This way the subject can be studied and all pertinent elements can be put forward. In the Policy Delphi, generating a consensus is not the prime objective. The conclusion can also be that there are different points of view and an identification of the reasons can be given. In the next phase(s) the participants are confronted with each other's points of view and here too they can reconsider and reformulate their own opinion on that matter. E.g.: do they find the thesis relevant, not feasible...? Theoretically, this step can be repeated as many times as is necessary.

In this project the subject of the questionnaire is "consumer information concerning alcoholic beverages". The survey was conducted via mail. In the survey the process was repeated twice. While the Delphi method was not used primarily to reach a consensus about the subject, it is to be called a Policy Delphi. The aim was to have a group of educated experts able to present all their points of view with the underlying arguments.

The operational aims of the applied Delphi method are:

- To assure that all the points of view can be presented;
- To go deeper into all the reasons for these different views.

Our overall goals were:

- To determine the impact and the consequences of a certain point of view;
- To examine and evaluate the acceptability of each opinion;
- To know all potential policy choices.

In a final phase of reporting, a synthetical problem analysis is put forward.

3.2. PROCEDURE

The survey was carried out in two consecutive phases in June 2007.

In the first phase, the participants' opinions were collected by means of a questionnaire (see enclosure). A score ranging from 1 to 5 was to be given to a number of statements. 1 stood for "I totally agree"; 5 meant "I strongly disagree". A category "not qualified" was added for those who did not consider themselves expert in that topic. Moreover, each participant had the possibility to give further comments.

In the second phase, the questionnaire was sent to them again, accompanied by the results of the first round. Thereafter, each participant had the opportunity to change or confirm his (or her) earlier replies.

The anonymity of the participants was guaranteed during all the rounds.

The questionnaires are analyzed so that for each statement all arguments are exposed. At the end the hypotheses for which a (positive or negative) consensus exists, are put together and separated from the more divergent opinions. The results are also processed by taking the balance between the various participants in this social dialogue into account. In case of fundamental differences, the underlying arguments are analysed.

3.3. PARTICIPATION

The 212 experts we contacted belong to the different stakeholders in alcohol policy. They have the common characteristic to be directly involved in the societal aspects of consumer information. The groups are: producers of alcohol beverages, catering, distributors, non-governmental organizations for the prevention of alcohol addiction, or active in the field of the reduction of alcohol-related harm on the road... as well as the media, academics, consumers’ representatives and governmental institutions active in public health or trade.

The total number of active responses to the first round was 38 on a total of 212 contacted institutions, i.e. 18%.
In the second round, 17 participants confirmed their choice and made no further remarks. Sixteen made supplementary comments and/or adapted their attitudes. Eight out of these sixteen persons did not send in a form in the first round).

The total number of active responses to both rounds is 46, with 38 from the first round and 8 new participants in the second round. This equals a response rate of 22%. The following graphs show the division of the replies among the various sectors.
The sample

In order to completely understand and interpret the results, a clear view on the composition of the groups is indispensable. With respect for the anonymity, we therefore briefly explain who exactly received the questionnaire.

To make the sample representative, on the one hand we contacted professionals from the alcohol producers and related industries including caterers and distributors (henceforth called the offering side), as well as the demanding side, i.e. the consumer representatives. On the other hand, we also contacted public services at the European and the international level as well as in several European member states. Moreover, we sent the questionnaire to the sector of the Non Governmental Organisations that are active in the prevention of alcohol-related harm and to some media on European level.

<table>
<thead>
<tr>
<th>Group</th>
<th>Total Contacts</th>
<th>1st</th>
<th>2nd</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Producers alcohol beverages</td>
<td>21</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Catering &amp; Distribution</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Non-governmental Organizations</td>
<td>51</td>
<td>7</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Consumers’ Organizations</td>
<td>47</td>
<td>7</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Government Dept. Health</td>
<td>60</td>
<td>13</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Government Other</td>
<td>23</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>212</strong></td>
<td><strong>38</strong></td>
<td><strong>33</strong></td>
<td><strong>46</strong></td>
</tr>
</tbody>
</table>

The group of producers and distributors of alcohol beverages and the catering sector: [1]

21 firms and professional federations active in the production of beer, distilled and other alcoholic beverages were contacted.

9 firms and federations participated. Most of them are active in the beer industry.

Out of the 2 distribution chains and the 2 catering businesses which were contacted, 2 representatives responded.

The group of the NGO: [2]

51 NGO active in the field of consumer protection, alcohol prevention, protection of the environment, sustainable development, ethical development, criticism on publicity, as well as 6 trade unions and 1 health insurance fund were contacted. Since the scientific contacts who did respond classified themselves as NGO, they were also included in this category.

In total 7 of them participated.

---

2 In the report, we will use this numbering after mentioning the quotes. We will put the category to safeguard the anonymity of the respondents.
Governmental services [3]:

83 persons were contacted within the European institutions and the international health organisation, as well as persons from 27 different European member states. For the latter, we selected people responsible in the field of public health as well as in the field of economic activities (trade, agriculture and transport).

15 representatives of public authorities for public health and 3 people from other fields of competence also participated in the survey.

Consumer organizations [4]:

47 consumer organisations in 27 European member states were contacted: 7 responded.

Others: the group of the media:

6 media on European level were contacted but none of them reacted. Therefore, they are not included in the next chapters.
3.4. ANALYSIS OF THE RESULTS

3.4.1. Presentation of the results

The results are at first presented for each question separately.

The remark was made that some statements were ambiguous and made many responses possible. The researchers were aware of this complexity from the beginning. But since the aim of the survey was exactly to generate a greater understanding of the issue, the concerns, priorities and solutions, the formulations were not considered to bias the answers, and on the contrary seemed very effective to encourage comments.

The first chart shows the results of all questions ranged according to the degree of agreement for all 46 respondents (from dark green to white): (5) strongly agree; (4) agree, (3) neutral; (2) disagree, (1) strongly disagree, (0) not qualified and (-1) not answered. The statements with which most people strongly agree or agree are classified on top.

In the following chapter the answers to each question are presented in a chart completed with an abstract of the comments made by the respondents.

- In the different charts the opinions are divided according to 4 groups. Depending on the classification made by the respondents themselves, we split up the respondents in the following categories: (1) the offering side composed of producers and distributors of alcohol beverages and the catering sector; (2) the demanding side represented by consumer associations; (3) the official public services and (4) the non-governmental organisations.

  Regardless of the number of answers, the results are given on a scale of 10.

- As it was a Policy Delphi, the method was not used primarily to reach a consensus on the subject. The survey aimed at an outline of the different well-argmented points of view of a balanced group of experts. Each chart will be followed by an outline of the different arguments mentioned by the respondents.

The comments, given by the respondents to clarify their positions, are summarized in the analysis. In order to avoid any doubt on the objectivity, all complete comments are added in annex.

In a next chapter, these presentations are followed by a listing of statements according to agreement and disagreement.

In a final part the results are resumed in order to point out some conclusions.
## Consultation on alcohol labelling

<table>
<thead>
<tr>
<th></th>
<th>All the way through their education youngsters need to be clearly informed about the risks and responsible use of alcohol.</th>
<th>5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 2 2 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Advertisements may not target youngsters between 12 and 18 years old or use communication channels regularly frequented by this group.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 2 2 2</td>
</tr>
<tr>
<td>9</td>
<td>Children under the age of 12 have to be legally protected from alcohol advertisements and distribution.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 2 2 2</td>
</tr>
<tr>
<td>20</td>
<td>Pubs and the catering business has a responsibility in the prevention of harmful alcohol use.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 2 2</td>
</tr>
<tr>
<td>1</td>
<td>The government is responsible for the protection of the consumer. This responsibility includes regulating the communication concerning alcohol products.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>13</td>
<td>Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 3 3 2 2 2</td>
</tr>
<tr>
<td>4</td>
<td>Every container holding an alcoholic beverage needs to have a label with a health warning.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>7</td>
<td>Health warnings on labels of alcohol products are a necessary element in a global strategy to prevent harmful alcohol use.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>11</td>
<td>Every form of communication (radio or TV spot, advertising in written and electronic press ...) on alcohol drinks needs to be accompanied by a clear health warning.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>17</td>
<td>Additional information concerning substances that could induce allergic reactions needs to be written on the label.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>15</td>
<td>The consumers need to be mainly sensitized through education and public information campaigns, in order to promote wise alcohol use.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>12</td>
<td>When a new policy is to be outlined, alcohol pops and other alcohol products, known to be popular drinks amongst youngsters, should be prioritized.</td>
<td>5 5 5 5 5 5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 3 3 2 2</td>
</tr>
<tr>
<td>5</td>
<td>Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated.</td>
<td>5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>18</td>
<td>Alcohol labels should mention a list of ingredients and nutritional properties of the beverage.</td>
<td>5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>2</td>
<td>Health warnings on alcohol containers have a negligible effect on public drinking behaviour and will not reduce harmful drinking.</td>
<td>5 5 5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>16</td>
<td>Alcohol publicity must be forbidden.</td>
<td>5 5 5 5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>19</td>
<td>Pictograms or photographs are valid alternatives for textual health warnings.</td>
<td>5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>10</td>
<td>Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks.</td>
<td>5 5 4 4 4 4 4 4 4 4 4 4 4 3 3 3 3 3 3 3 3 3 3 2 2</td>
</tr>
<tr>
<td>12</td>
<td>Alcohol consumption is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings.</td>
<td>5 5 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
<tr>
<td>14</td>
<td>Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women.</td>
<td>5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 3 3</td>
</tr>
</tbody>
</table>
3.4.2. Analysis per question

**Question 1**

1. The government is responsible for the protection of the consumer. This responsibility includes regulating the communication concerning alcohol products (advertising, public information campaigns, presentation in catering, pubs and shops...)

Most respondents agree that the government is responsible for the protection of consumers which includes the protection of public health and/or consumer education. The fundamental argument lies within the legitimizing position of the authorities. Some participants refer to the European treaty or to their national constitution.

On the extent of this responsibility however, the point of views of the participants are more divergent. Some respondents mention the content of the measures (focusing on advertising, marketing, availability, tax and prices...), others point out the role of the government (as legislator, as enforcement body, as organiser of public information campaigns).
Other arguments are linked to:

- The nature of the product:
  - *Alcohol is no ordinary commodity with many adverse consequences also on third parties.* [3]
  - *Alcohol creates significant costs to the society.* [3]

- The (non) effectiveness of consumer communication:
  - *Alcohol marketing can have an effect on the drinking behaviour of (young) people.* [3]

- The confidence in industry:
  - *Consumers are manipulated by industry and trade communication according to their interests.* [2]

Several respondents mention the shared responsibility of all stakeholders.

It will not surprise that representatives of the offering side stress more explicitly the responsibility of the individual consumers for themselves, their family and their actions.

- *Ultimately, it is the consumer who is responsible for choosing what he/she should eat and drink (or smoke). This corresponds to the jurisdiction of the ECJ which established the definition of the “average reasonably well-informed, reasonably observant and circumspect consumer”.*

NGO and consumers do not believe in the functioning of self-regulation.

The mutual responsibility with regard to consumer protection is not simply a question of regulation but also one of investment in research, campaigns promoting responsible behaviour and targeted intervention schemes. In this way, the extent of measures to implement is controversial.

- *Public information campaigns should be cooperated with public health organisations and NGO-s.* [2]

- *The “regulation” must be just appropriate.* [4]

- *Before considering putting into place new legislation, Member States should enforce the existing ones which are dealing with the problems of alcohol abuse.* [1]
Question 2

2. Health warnings on alcohol containers have a negligible effect on public drinking behaviour and will not reduce harmful drinking.

Respondents react divergently to this question, from strongly agreeing to strongly disagreeing. As many people are in favour as against the statement. Several are neutral.

Classified per category a distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. The former generally strongly agrees whereas the latter disagrees.

The reasons mentioned are related to the potential (non)-effects of health warnings. Many respondents agree that health warnings have an impact on awareness raising but no impact on drinking behaviour. Nevertheless, the consequence of the reasoning differs along the category, especially situated in a larger context e.g. as part of a comprehensive alcohol control policy.

- As a consequence health warnings can not contribute to reduce alcohol-related harm. [1]

- If used within a comprehensive alcohol policy framework, in conjunction with other measures aimed at reducing alcohol-related harm, they will contribute to reducing harmful drinking. [3]

- Health warnings can inform the consumer. They are not the answer in themselves but can have an impact if part of a co-ordinated campaign of information and education. [1]
People have the right to know that the product they consume is harmful for their health. This is a consumer right. [3]

So "Labelling should be carried out combined with other measures (tax, advertising rules, promote healthier drinking habits etc)." [3] versus "More effective means of altering harmful drinking are available." [1]

Several experts already run ahead of other statements and enter into detail about the format, about the relationship with special problems of excessive drinking during pregnancy or while driving a car. For they will be repeated in due course, we do not resume them here.

With some arguments, the offering side stands in a very isolated position compared to the other groups.

- Alcohol, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. [1]
- Health warnings stigmatise the product. [1]
- The primary goal of food labelling is to provide consumers with the necessary information to enable them to make informed choices. Therefore, unnecessary information would only contribute to consumer confusion and dilute the effect of the different pieces of information on labels. [1]
Question 3

3. The consumers need to be mainly sensitized through education and public information campaigns, in order to promote wise alcohol use.

About half of the respondents agree with the statement. The others mostly disagree.

Controversial opinions are found in all categories of groups; with about half of the NGO disagreeing and half of the offering side strongly agreeing. The authorities are almost equally divided over all answer possibilities.

More expressive than the overall reactions are the arguments put forward. Agreeing respondents as well as non-agreeing respondents stress that education alone, without a broader comprehensive approach, is ineffective. Education is considered necessary but not sufficient. Consumers will not be sensitised only through one strategy. There is also a role for relevant enforced legislation, a modification of the drinking context, etc...

- It is only once messages around health and alcohol are understood and accepted by the public, that labelling to help customers make responsible choices will be effective. [1]

- The attitude to alcohol in families and among drinkers' peers is important. [4]

- Education should take into account cultural differences related to alcohol consumption in the different Member States. [1]
Question 4

4. Every container holding an alcoholic beverage needs to have a label with a health warning.

More than half of the respondents strongly agree on the need for labels with a health warning. Since alcohol consumption is a problem for public health and it is important that people are aware of the harmful effects of alcohol on the health of individuals and of the risks during pregnancy and drunken driving... agreeing respondents wonder why alcoholic beverages should not carry warnings on health risks. One of the agreeing respondents concludes as follows: “Even though the effect is possible minimal for changing behaviour it should be carried out.” [3] Another one adds “As part of an overall-strategy helpful.” [4]

Classified per category a clear distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. While the latter agree and strongly agree, the former generally strongly disagrees referring to the ineffectiveness of labels in terms of attitude changing.

With the following arguments the offering side stands very isolated compared to the other groups.

- *It is before the act of buying that consumers should be informed/educated.* [1]
- Warning is wrong way to communicate. It can even have an opposite effect than the purpose. Education on responsible drinking is more efficient. Container is anyway a wrong media to educate/warn. [1]

- Health warnings only stigmatise the product. [1]

- We can not criminalise the product per se but the abuse/misuse of it. [1]

- The moderate consumption of products (like beer and wine) by healthy adults has benefits on our bodies due to the properties. [1]

- Harmful alcohol use and health effects are too complex to define and convey accurately through the limited space of a label as harm caused can depend on the person, the context and the pattern of drinking. [1]
Question 5

5. Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated, randomly chosen from a predefined pool of warnings.

More than half of the respondents agree with the statement. One fourth disagree. Strong agreements and strong disagreements are rather exceptional. The latter come mostly from the offering side.

Classified per category a clear distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. The former strongly disagree, whereas the latter mainly agree and some strongly agree.

The respondents who are in favour of health warnings ask for rotating warnings, showing the widest range possible of messages, in order to avoid them to lose their information value and consumer habituation.

Warnings should focus on the specific threats.

- For instance the effect for unborn child. Specific warnings will appeal specific audiences. [2]

- There should be a mandatory constant EU-wide message re alcohol and pregnancy. [2]

The offering side is opposed to the idea because of the following arguments: non-effectiveness of health labels, especially when they are generic and abstract; the technical impossibility to put alternating messages
on e.g. a can; the stigmatisation of products, which have also positive characteristics instead of the criminalization of their abuse/misuse...

- They need to be carefully constructed as alcohol is not in itself an inherently dangerous product; it is the way that alcohol is consumed that is important rather than the product. [1]

- The general message on the warning labels should be ‘the less the better’. [1]

- Health warnings need to be balanced and consistent, building on consumers’ knowledge of the issue. [1]

- Health messages shall be communicated as part of general education such as on flyers etc. but not on the product itself. [1]
Question 6

6. All the way through their education youngsters need to be clearly informed about the risks and responsible use of alcohol.

On this statement, a general consensus exists. Nearly all respondents strongly agree and agree with the crucial role of education but plead to consider it in a broad perspective. The comments detail how this education should be understood and worked out.

Since the family and peers appear to be the most powerful actors in shaping beliefs and attitudes on drinking, the comment is made that not only schools but also parents have an important educational role to play. Consequently, parents need to be supported and provided with correct information.

Respondents plead for a differentiation of the information according to the age groups. Several of them ask to start the education process very early. Others emphasize training skills and ask for the restriction of contradictory messages on the positive effects of alcohol beverages. Others highlight the importance of objective information according to science data.

Respondents contradict on the role of the industry: some state that the offering side has no business in this field; others put forward that a holistic approach also includes industry and that they do have a preventive role to play.

The persons who do not agree with the crucial role of education are opposite to the idea of educating youngsters on ‘responsible use’ of alcohol. One of them explicitly pleads for a larger approach and for youngsters to get the same messages in different settings and repeats the call for other measures.
**Question 7**

7. Health warnings on labels of alcohol products are a necessary element in a global strategy to prevent harmful alcohol use.

In global more than half of the respondents agree with the statement. One fifth strongly disagree. Most of them belong to the offering side.

Most respondents agree on the limited effect of health warnings on consumer behaviour, as shown by the available scientific evidence. Several ones position this measure in the context of a global strategy.

Those arguing in favour of the statement however look at the potential in a positive way: “can be helpful”. [3] Someone concludes that there is “no reason why they should not be included as one element”. [3]

Several respondents dispute the statement just because of the marginal effect of health warnings. “It is only a superficial measure that does nothing to apply solutions.” [1] and “They present alcohol as an essentially hazardous product and leave no room for the concept of balance and moderate consumption.” [1]

Classified per category a clear distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. The former disagree and strongly disagree whereas the latter mainly agree and strongly agree.

The offering side also questions “the appropriateness of placing health warning labels on alcoholic beverages while they consider that their products, consumed in moderation on the vast majority of
occasions, can form part of a healthy lifestyle.” [1] They are opposed to the criminalising process of the product and point out that the abuse/misuse of alcohol is much more important to deal with.
Question 8

8. Advertisements may not target youngsters between 12 and 18 years old or use communication channels regularly frequented by this group (no ads during youth programs on radio or TV, no ads in youth magazines, no ads on websites that are regularly frequented by youngsters).

This statement is the second one for which also a general consensus exists. Almost all respondents strongly agree and some agree on the protection of youngsters from advertisements.

- "Alcohol advertising should not target under age consumers." [1]

Respondents here refer to existing legislation (e.g. the Television without Frontiers directive) and industry self-regulatory codes of conduct or guidelines in which this is a fundamental principle.

Most discussion is induced by the age limits in the statement “between 12 and 18”. Many respondents stress that also under the age of 12 children should not be targeted by advertisements. Some respondents refer to the legal purchasing age and consequently prefer the ‘under age’ formulation.
Some particular remarks:

- Some respondents ask if this statement is realistic and feasible.
- Efforts to regulate adcontent have a poor track record. Regulating communication channels is more effective. [3]
- There is a need for evidence on how this category of age is affected by advertisements. [1]
Question 9

9. Children under the age of 12 have to be legally protected from alcohol advertisements and distribution.

More than half of the respondents strongly agree with this statement and another tenth of them agree.

Like in statement 8 here too most discussion is induced by the age limits in the statement “under the age of 12” and that it should be increased up to 16 or even to 18.

When they agree less with the statement, the questions mostly arise on the implementation, but strangely enough, directly refer to existing legislation and self-regulation concerning advertisement, distribution and under-age drinking. We find these opposite views particularly in the group of the offering side.

- This statement is most unclear, particularly as to how it would be implemented. [1]

- How shall that be working? [1]

This remark is probably linked to the discussion put forward by one respondent, namely how to ensure that 100% of the children will never be exposed to advertisements and/or alcohol products. [1]
Question 10

10. Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks.

For this statement almost a general (negative) consensus exists. Half of all respondents strongly disagree and about one fifth disagree with the functioning of voluntary codes of conducts. Another fifth agree.

Classified per category here again a very clear distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. Indeed, those who are in favour of the statement almost exclusively belong to the offering side.

The assessment of the functioning is really opposite:

- Independent monitoring of industry advertising self-regulation reveals a compliance rate of 96% for the last three years. The results demonstrate that self-regulation can and do work. [1]

- Voluntary codes of conduct do not work. There is a strong conflict of interest in different functions covered by the same institutions that have the interest to promote the products. Who controls, monitors the enforcement codes? [3]
More balanced opinions put the extreme views into perspective:

- Voluntary codes of conduct are effective tools if independent mechanisms of enforcement are guaranteed and they are combined with regulatory and educational measures by the authorities. [1]

- The reality, however, in most if not all Member States, is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. [1]
Question 11

11. Every form of communication (radio or TV spot, advertising in written and electronic press...) on alcohol drinks needs to be accompanied by a clear health warning.

In global about two fifth of the respondents strongly agree with the statement and about one fifth agree. About one third is divided between strongly disagreeing and disagreeing. They mostly belong to the offering side.

Classified per category once again a distinction appears between the groups. The last third part is almost completely found in the group of the offering side.

The respondents in favour of the statement do not see the point of advertising in general:

- I don’t see any reason or excuse for alcohol advertising, but if it exists, then it should have also warning with it. [2]

The respondents who disagree with the statement refer to the ineffectiveness of health warnings on behaviour and state that other measures are more appropriate, one participant adds “since it does not seek to stigmatize the vast majority of consumers who drink responsibly”:

- Instead of proposing solutions that failed to achieve results; it would be interesting to test other approaches that would really give consumers individual information for them to make an informed choice. [1]
Question 12

12. Alcohol consumption is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings (on labels, in advertisements...).

For this statement, almost a general (negative) consensus exists. Almost half of all respondents strongly disagree and another fifth disagree with the statement. Only one fifth agree or strongly agree and several participants stay neutral.

 Classified per category a slight distinction appears between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. Most of the respondents who agree and question the appropriateness of health warnings are found inside the group of the offering side, but this group is more divided.

The main arguments for disagreement are the harmful risks related to the product, the non-effectiveness of health warnings and the fact that they can inform consumers and should be considered as health information, not as stigmatization tools. In this way, someone proposes to opt for ‘additional information’ instead of using the word ‘warnings’.

- We do not see any form of “stigmatization” – it is information according to scientific proven facts. Maybe it would be helpful to avoid the expression “warning” but call it “additional information” or similar. [4]

- Signposting to warn on dangers is a must in society. [2]
Here too, arguments for agreement refer to the non-effectiveness of warnings and the fact that misuse of alcohol is the main problem and not the product itself. They add that there are also positive effects related to moderate alcohol consumption. At the same time, some respondents stress that a majority of people consumes alcohol regularly without experiencing harm.

- Alcohol consumption should not be stigmatised since it is alcohol misuse that is the problem. Main reason for not using health warning labels is that they don't seem to work, more research is needed. [1]

- The vast majority of consumers enjoy alcohol responsibly, without causing harm to themselves or others. [1]

- Health warnings on labels are not a useful means of communicating on alcohol misuse. [1]

- Informing them of the positive health effects is also part of the overall information they deserve. [1]

Both opposite reactions recognize however that 'what is at stake is to identify the efficient means to provide consumers information' [1] and that health warnings, in any way 'should be accompanied by targeted prevention programmes and/or education'. [1]
Question 13

13. Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label.

About one third of the respondents strongly agree with this statement and as many agree. This means also that about one fourth disagrees.

Classified per category appears once more a distinction between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand. Most of them that do disagree belong to the group of the offering side.

The reasoning behind both views is linked to the effectiveness of such labels.

For those in favour of health warnings they should be ‘easily distinguishable as warnings and easily readable’. [3] Someone says that ‘a red traffic-light seems to better meet consumers’ needs than a written health warning’. [4]

For those who oppose, the fact that health-warning labels do not work means that there is no point in them being distinguishable and preventing the consumer from seeing the information that he/she wishes to see. These last ones repeat the stigmatisation they associate with such warnings. Someone even states ‘that seeing threatening messages at the table could have rather distressful effects’. [2] According to the same expert: ‘People should be also able to ignore the labels once they have read them, therefore it seems better to have them on the back of the bottle’. [2]
'Where health warnings need to be present on the label’, the same person is asking that ‘the technical manner of placing such information may be subject to consultation with the representatives of the industry in order to avoid e.g. the need to increase the costs of production of alcoholic beverages containers’. [2]
Question 14

14. Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women.

For this statement, a general (negative) consensus exists for all groups. More than two third of all respondents strongly disagree and disagree with the statement that health warnings should only focus on high risk groups. One seventh of the respondents agree or strongly agree and several stay neutral.

The reasoning is however very opposite. On the one hand, we find arguments saying that limited target groups are not desirable because ‘alcohol use may be a threat to everyone’. [2] On the other hand, arguments as ‘there are other ways to inform’ [1] and ‘health warnings will not reduce alcohol misuse and harmful drinking’ come back. [1]

Someone stresses that ‘in the absence of evidence, consideration should be given to adopting different approaches. Careful advice and assessment is necessary.’ [1], and that ‘concurrent evidence based prevention measures are to be put in place’. [1]
Question 15

15. When a new policy is to be outlined, alcohol pops and other alcohol products, known to be popular drinks amongst youngsters, should be prioritized.

The reactions to this statement are divergent. Quite more than half of all respondents are in favour and one third opposes. Most of the respondents who disagree belong to the group of the offering side. Once again, the views of the groups of the offering side are opposite to those of the groups enclosing government, NGO and consumers.

The respondents defending the measure ask to ban these products and to limit their marketing, or they underline the importance of focusing policy on youngsters.

Those opposing reject the idea of targeting only one population group and react to the stigmatisation of a certain type of product. The argument that 'misuse should be target, not certain products' [1] is repeated.
Question 16

16. Alcohol publicity must be forbidden.

The reaction to this statement is very mixed. All answer categories are almost equally ticked. Classified per category, however, the group of the offering side is isolated from the groups enclosing government, NGO and consumers. All respondents belonging to this category disagree.

The participants in favour of the measure rarely put forward arguments. A respondent defends it because 'more effective in handling than allowing it with restrictions, as the later is more difficult to control and always retro-active' [1], others are more balanced by saying 'May be not forbidden, but it should be strictly regulated.' [3] and 'some form should be banned, targeting youngsters and glorifying alcohol'. [3]

Some respondents repeat 'but not objective information'. [1]

The experts opposing the statement use miscellaneous arguments:

- A total ban on alcohol advertising is not feasible, due to legal reasons and due to difficulty of enforcement, and would make it too difficult for producers and sellers to give information about alcohol products and for “consenting adults” to get information about the products. Using regulation to reduce the volume of advertising and the channels used would be a more feasible and justifiable approach. [3]

- Alcohol can be part of a healthy lifestyle if consumed in moderation. [1]
• Restrictions on TV and radio advertising on spirits are in already in place in most EU-Member States. [1]

• The sector has a commitment in order to be responsible on all its commercial communications. Beside the legislation in force, we are limited in a stricter way through our self-regulation code. [1]

• There is no evidence that prohibitive measures in publicity will change consumers' attitude towards alcohol. [1]

• Evidence shows that alcohol advertising does not increase overall consumption, and has minimal influence on young people's perceptions of alcohol compared with that of peers, family, personality and the environment. [1]

• It has not been demonstrated that the publicity has a direct effect on the increase or variation on the patterns of consumptions of alcohol. If fact, the majority of alcohol consumed, mainly by young people, has never been advertised. [1]

• Alcohol marketing strategies aim to increase market share for individual brands rather than to promote overall drinking. [1]

• Alcohol can be part of a healthy lifestyle if consumed in moderation. [1]
**Question 17**

17. Additional information concerning substances that could induce allergic reactions needs to be written on the label.

The reactions to this statement are not very pronounced. Quite more than half of the respondents agree with the statement and the rest is neutral or does not feel qualified.

Those who ticked ‘strongly agree’ refer to the existing legislation on food labelling already in force.

Someone expresses the principle behind labelling: "The primary goal of food labelling is to provide consumers with the necessary information to enable them to make informed choices." [1]
**Question 18**

**18. Alcohol labels should mention a list of ingredients and nutritional properties of the beverage.**

Almost half of the respondents agree with the statement. One fourth disagree and the other fourth remain neutral. Extreme views such as strong agreements and strong disagreements are exceptional. It is again remarkable that almost all opposed respondents belong to the group of the offering side.

In the arguments, we find very opposite opinions, in particular on what is felt as most relevant information:

- Someone questions ‘Why should alcohol be an exception?’ while another one is stating ‘Alcoholic Beverages have not to be considered food.’ [3]

- ‘Ingredients should be mentioned but not necessarily nutrition’ versus ‘Most alcoholic beverages are composed of one single main ingredient; therefore there is little added value for the consumer to know the ingredient list.’ [3]

- ‘Regarding nutrition information: in the context of the obesity debate, only the energy value may be relevant.’ and ‘Given that alcoholic beverage labels at present carry very little information about the products, a good way to start would be to give the most relevant information, i.e. information relating to health risks and information on energy content and quantity of sugar or carbs’. [1]

And some people add: ‘Information on most other ingredients can be found elsewhere when needed.’ [3] and ‘There are other means of conveying information on ingredients and nutrition, e.g. via websites’. [1]
**Question 19**

19. Pictograms or photographs are valid alternatives for textual health warnings

The reaction to this statement is very mixed. All answer categories are ticked. Almost the largest group remains neutral. However, about half of the respondents do not agree with the statement. Classified per category, only in the consumer group no negative responses are registered.

The arguments vary from very negative to positive:

- 'Pictograms are inadequate for a balanced information on health and disease.' [3] and 'They are nor clear messages, and ambiguity can convey an opposite meaning.' [2]
- 'Low educated persons profit most from pictograms / photographs and are one of the most vulnerable groups with respect to bad drinking (and eating) habits' [4] and 'Images always have a more direct impact, yet they can be found disturbing and intrusive.' [2]

Many people put forward some nuances and conditions:

- In case of health warnings as part of an educational program, yes, if clear and self-explanatory. [1]
- Research shows that when awareness was raised (i.e., level of remembrance of the information and discussion about it), it was when symbolic labelling was used rather than textual information. In any case, any decision should be based on research among consumers. [1]
- Like in the case of France. I do not know evidence on that issue but I assume they are equally effective. [3]

- Pictograms should not be considered as an alternative to written health warnings. Some very simple and easy-to-learn symbols, such as the red triangle used on medicinal drugs likely to affect ability to drive, could perhaps be used along with a written warning. [3]

As for other statements some participants question once more the use of health warnings in general for repeated reasons.

- We questions the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. [1]

- Health warnings do not impact drinking behaviour. [1]

- We can not criminalise the product per se but the abuse/misuse of it. [1]
Question 20

20. Pubs and the catering business have a responsibility in the prevention of harmful alcohol use.

On this statement, a general consensus exists. Nearly all respondents agree and strongly agree that also pubs and catering business have a responsibility. Moreover, someone specifies their role:

- All stakeholders should play a role in the prevention and tackling alcohol misuse. [1]

- Pubs and the catering business have, for instance, responsibility to ensure that alcoholic drinks are not sold or served to minors, to discourage rather than encourage drunkenness, to ensure that the physical environment contributes to minimizing rather than increasing risk of harm, and to protecting the safety and health of the personnel, taking into account the risks involved in working in a pro-drinking environment. [3]

Some respondents stress the need for an efficient system of control.

- There is a need to introduce an efficient system for supervision and monitoring of trade in alcoholic beverages. [2]

However, someone questions the effectiveness and someone else asks understanding for the situation.

- I am sceptical about the efficacy of this approach. [3]
- It is very hard for catering business [4]
3.4.3. Synthesis of the comments on the different questions

As we opted for a Policy Delphi survey, the main goal was not to reach a consensus on the subject. The aim was to have the different points of view of a balanced group of experts with all the arguments why they uphold these opinions. However, for some statements a large consensus exists whereas for others the reactions were much more divided. Therefore, we have grouped the statements according to agreement and disagreement.

Depending on the opinions formulated for the different statements, these statements are classified in three groups:

1. Statements for which almost a general consensus exists
2. Statements for which very opposing views exist between the groups
3. Statements for which very opposing views exist inside the groups

3.4.3.1. Questions for which almost a general consensus exists

For the following statement a clear general and positive consensus exists.

• Q6. All the way through their education, youngsters need to be clearly informed about the risks and responsible use of alcohol.

• Q8. Advertisements may not target youngsters between 12 and 18 years old or use communication channels regularly frequented by this group (no ads during youth programs on radio or TV, no ads in youth magazines, no ads on websites that are regularly frequented by youngsters).

• Q9. Children under the age of 12 have to be legally protected from alcohol advertisements and distribution.

• Q20. Pubs and the catering business have a responsibility in the prevention of harmful alcohol use.

Whereas for the first statement this consensus goes for all groups, it is not so clear for the three others. We are well aware of the relativity of the classification in groups, because of the small number of respondents. However, it gives some indication about the divergence in views and the potential obstacles which can jeopardize a discussion. In this way, when the answers are classified per category, the group of the offering side is more divided as to the three latter statements.

Even when fewer people are strongly agreeing (or disagreeing), almost a general consensus exists in all groups for the following statements:
For the following statements almost a general negative consensus in all groups exists

- Q14. Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women.

3.4.3.2. Questions for which opposing views exist between the groups

Many divergences in views between the different opinions are quite classical and almost predictable: They appear mostly between the groups of the offering side on the one hand and the groups enclosing government, NGO and consumers on the other hand.

For several statements, the offering side stands very isolated compared to the other groups. Other divergences are less comprehensible. No statement isolates one of the other groups.

For two statements, an almost general positive consensus exists, but extreme divergences are however noticed between government, NGO, consumers’ organisations and the group of the offering side (producers, distributors and catering.), which isolates this group.

- Q1. The government is responsible for the protection of the consumer. This responsibility includes regulating the communication concerning alcohol products (advertising, public information campaigns, presentation in catering, pubs and shops...)

- Q13. Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label.

For two other statements, an almost general negative consensus exists, but again extreme divergences in views are noticed between government, NGO, consumers’ organisations and the group of the offering side (producers, distributors and catering).

- Q10. Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks.

- Q12. Alcohol consumption is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings (on labels, in advertisements...)

For several statements, in general the reactions are much more mixed. Nevertheless, sometimes here too extreme divergences of views isolate one group, namely the offering side.

- Q4. Every container holding an alcoholic beverage needs to have a label with a health warning.

- Q5. Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated, randomly chosen from a predefined pool of warnings.
• Q7. Health warnings on labels of alcohol products are a necessary element in a global strategy to prevent harmful alcohol use.

• Q11. Every form of communication (radio or TV spot, advertising in written and electronic press...) on alcohol drinks needs to be accompanied by a clear health warning.
3.4.3.3. Questions for which opposing views exist inside the groups themselves

Many divergences in views between the different opinions appear not only between the groups but also inside the groups. No opinion dominates and we find the same opinions in different groups.

- Q17. Additional information concerning substances that could induce allergic reactions needs to be written on the label.
- Q18. Alcohol labels should mention a list of ingredients and nutritional properties of the beverage.
- Q19. Pictograms or photographs are valid alternatives for textual health warnings.

3.4.3.4. Questions for which no clear consensus exists

For the remaining statements as much divergences in views appear between the groups as well as inside the groups. However, still a slightly divergence isolates the group of the offering side from the groups enclosing government, NGO and consumers. Nevertheless, this divergence is much less clear.

- Q2. Health warnings on alcohol containers have a negligible effect on public drinking behaviour and will not reduce harmful drinking.
- Q3. The consumers need to be mainly sensitized through education and public information campaigns, in order to promote wise alcohol use.
- Q15. When a new policy is to be outlined, alcohol pops and other alcohol products, known to be popular drinks amongst youngsters, should be prioritized.
- Q16. Alcohol publicity must be forbidden.
4. Conclusion

Consumer information concerning alcoholic beverages is a hot issue, subject to a lot of societal discussion. The many comments we received in this process demonstrate the lively ideas and the numerous, sometimes very opposing, views.

This survey was a Policy Delphi. In this way, the method did not aim at reaching a consensus about the subject. The operational aim was to have the different points of view of a balanced group of experts with all the arguments why they uphold these opinions. Indeed, by exposing all the different options and opinions regarding the issue and the principal pro and con arguments for these positions, the subject can be studied and all pertinent elements can be put forward. The overall goals of the applied Delphi method are thus multiple: We wanted to determine the impact and the consequences of a certain point of view; to examine and analyse the acceptability of each proposal; and finally to know all the possibilities for a possible policy choice. We opted for the Policy Delphi method to assure that the majority of the occurring points of view could be presented and to allow participants to go deeper into all the reasons for the different views. That is why we gave feedback to all respondents during the process: in a second round, we confronted them with all comments we had received before. With all the information in hand, the respondents could maintain or reconsider their opinion, based on the evaluation of new information provided by other participants. The idea is that the entire group could weigh dissenting views.

The survey was carried out in two consecutive phases in June 2007. We contacted 212 experts belonging to the different groups of stakeholders. We received 46 responses.

The results show how the issue is experienced and how different interests are at stake. Especially the numerous comments reveal how delicate the discussion is.

The results are not totally unexpected. A large consensus exists on the right of objective consumer information and its importance. However, the definition of what is 'correct' and 'essential' information as well as the measures to be taken to optimise the effectiveness of this information are subject of debate. The results confirm, at least in part, the traditional breaches between the different stakeholders. For instance, about the use of health warnings, and on what information should be mandatory, the respondents are much divided. The same divergence is noticed concerning the functioning of voluntary self-regulatory codes. On the contrary, an overall convergence on the protection of minors from alcohol advertising reveals the need for a global approach for the prevention of alcohol misuse, for the important role of education, for a shared responsibility of all stakeholders...

The report aims to facilitate the debate on alcohol labelling in a context of reduction of alcohol-related harm. Therefore we hope that by exposing all the different options and opinions regarding the issue of alcohol labelling and the principal pro and con arguments for these positions we have set out beakers for the debate, so that more profound discussions are possible without having to start all over every time. Moreover, we quote that much more convergent opinions are shared and that sometimes certain statements are less disputed than often thought. According to us, a good basis for a potential discussion exists. However, for some statements, the reactions are more opposite and the arguments divide the stakeholders more strongly. The conclusion that three out of the four stakeholders groups share the same opinions makes progress possible.
A large group of statements still divides the groups and respondents. They invite for more specific actions: a search for new cooperation, new alliances which narrow traditional breaches but at the same time leave room for an evolution in the social reflection.

It is very difficult to give one explicit conclusion on all the aspects linked to the issue. Nevertheless, as long as everyone is receptive to an ongoing debate there is always a chance to bring the opposite tenors together. Like several respondents stated: “all stakeholders have a role to play”. We are all together responsible.
5. Enclosures

5.1. Questionnaire

Why this enquiry?

This enquiry aims to clarify the points of agreement and conflict between different parties and member states involved in the social dialogue on the role of alcohol labelling and health warnings. Both stakeholders and participants of this project will receive a final report on our findings.

Context of this research

This research is part of the "Pathways for Health" project on binge drinking, drink driving and health labelling and is funded by the European Commission. For the European Commission the reduction of alcohol-related harm is one of its priorities. The Commission needs a lot of input for its actions and this project aims to deliver experiences of best practice and expert opinions.

The main partner of the project is the Deutsche Hauptstelle für Suchtfragen (DHS), responsible for the management and organization. The Institute of Alcohol Studies in England, the European Transport Safety Council, TISPOL (European Traffic Police Network), CRIOC (Consumer safety organization), European Youth Forum and the University of Bergen in Norway all play an important role in the project, in addition to the country members of the Bridging the Gap Project (BtG) (now Building Capacity).

How will this enquiry take place?

This enquiry is loosely based on the consensus seeking Delphi method. The inquiry will be split into two phases.

During the first phase, the opinions and remarks resulting from a list of statements will be collected. The participants will be able to rank their opinion on a scale from 1 "I totally disagree" to 4 "I totally agree". Each participant can also give remarks on each statement.

The results will then be grouped and visualized with pie charts in order to clearly show a positive/negative consensus or the points of conflict. Results will also be grouped according to the balances between the different elements of the social dialogue.

During the second phase, these results will be communicated to give the participants the opportunity to adjust their opinions or react on the results and remarks made by other participants.

The results from the first and second round will be analyzed. Conclusions and recommendations will be distilled and a final report will be written. This report will be sent to all participants and stakeholders of the project.
During each phase of the project, anonymity of the participants will be guaranteed.

**Practical data**

The enquiry starts in the last week of May by launching the questionnaire of the first round. Questionnaires are sent by e-mail and answers should be returned by e-mail. Questionnaires of the first round should be returned before the 5th of June. Next round will start on the 11th of June and end the 24th to give the participants additional time to evaluate the intermediate results of the first round. Final report is expected in the second half of July.

All questionnaires can be returned to the following e-mail address: joost.vandencruyce(at)crioc.be.

Further information can always be obtained by calling Joost Van den Cruyce on the following number: +32 (0)2 547 06 63.

**Questionnaire**

Please underline the most suited description of your organisation:

- Consumer organization, country level
- Consumer organization, European level
- Public health organization, NGO, country level
- Public health organization, government, country level
- Public health organization, NGO, European level
- Public health organization, government, European level
- Alcohol industry, producer
- Alcohol industry, retailer
- Alcohol industry, association of producers
- Alcohol industry, association
- Media industry
- Other (please specify):
You can **evaluate following statements with a number from 1 to 5**, where 1 represents "I Strongly disagree", 2 "I disagree", 3 "neutral", 4 "I agree" and 4 means "I strongly agree". You can indicate your choice by changing the font of the appropriate number to bold. If you find yourself not qualified to express an opinion on certain statements, please write NQ (= Not Qualified) in bold.

We also encourage you to give **Comments** on each statement, explaining your opinion.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NQ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
<td>Not qualified</td>
</tr>
</tbody>
</table>

1. The government is responsible for the protection of the consumer. This responsibility includes regulating the communication concerning alcohol products (advertising, public information campaigns, presentation in catering, pubs and shops...)

Your comment:

2. Health warnings on alcohol containers have a negligible effect on public drinking behaviour and will not reduce harmful drinking.

Your comment:

3. The consumers need to be mainly sensitized through education and public information campaigns, in order to promote wise alcohol use.

Your comment:

4. Every container holding an alcoholic beverage needs to have a label with a health warning.

Your comment:

5. Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated, randomly chosen from a predefined pool of warnings.

Your comment:

6. All the way through their education youngsters need to be clearly informed about the risks and responsible use of alcohol.

Your comment:
<table>
<thead>
<tr>
<th>Your comment:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Health warnings on labels of alcohol products are a necessary element in a global strategy to prevent harmful alcohol use.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Advertisements may not target youngsters between 12 and 18 years old or use communication channels regularly frequented by this group (no ads during youth programs on radio or TV, no ads in youth magazines, no ads on websites that are regularly frequented by youngsters).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Children under the age of 12 have to be legally protected from alcohol advertisements and distribution.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Every form of communication (radio or TV spot, advertising in written and electronic press...) on alcohol drinks needs to be accompanied by a clear health warning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Alcohol consumption is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings (on labels, in advertisements...).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. When a new policy is to be outlined, alcohol pops and other alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
products, known to be popular drinks amongst youngsters, should be prioritized.

Your comment:

16. Alcohol publicity must be forbidden.  

| 1 | 2 | 3 | 4 | 5 | NQ |

Your comment:

17. Additional information concerning substances that could induce allergic reactions needs to be written on the label.

| 1 | 2 | 3 | 4 | 5 | NQ |

Your comment:

18. Alcohol labels should mention a list of ingredients and nutritional properties of the beverage.

| 1 | 2 | 3 | 4 | 5 | NQ |

Your comment:

19. Pictograms or photographs are valid alternatives for textual health warnings.

| 1 | 2 | 3 | 4 | 5 | NQ |

Your comment:

20. Pubs and the catering business have a responsibility in the prevention of harmful alcohol use.

| 1 | 2 | 3 | 4 | 5 | NQ |

Your comment:

Thank you for your contribution.
5.2. COLLECTED COMMENTS OF THE TWO ROUNDS OF THE DELPHI SURVEY

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Neutral</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td>Not Qualified</td>
</tr>
<tr>
<td>+++</td>
<td>+</td>
<td>0</td>
<td>-</td>
<td>- -</td>
<td>NQ</td>
</tr>
</tbody>
</table>

**Question 1**

1. The government is responsible for the protection of the consumer. This responsibility includes regulating the communication concerning alcohol products (advertising, public information campaigns, presentation in catering, pubs and shops...)

**Strongly Agree**

- to strongly regulate Advertising, Publ Info Camp, Availability, Tax (prices indirectly) is the responsibility of the government. As this is an elected body, governments represent the will of the majority of people. AND they can be made accountable for what they decide. Voluntary Codes of Practise don't work!! This has often been shown – for example the advertisers self-restriction regarding portion sizes in fast food spots (Spanish advertisers committed themselves not to promote XL-portions – 2 month after the agreement was signed, a big fast food company started a campaign in with big burgers were one of the main topics)

- According to the Finish constitution, the government has an obligation to protect public health. This naturally includes protecting consumers, which naturally includes regulating commercial communications. This naturally encompasses alcoholic beverages and products.

- Alcohol is no ordinary commodity with many adverse consequences also on third parties.

- Alcohol marketing can have an effect on the drinking behaviour of (young) people (more harmful drinking partners, lower age of onset). The government has to put in place effective regulation of marketing and control on this legislation. Research points out that self-regulatory codes of the industry aren't effective to restrict alcohol marketing.

- As the alcohol as a product is potentially harmful not only to the consumer itself but also for the others and creates significant costs to the society and as the state has the obligation to protect the health of the population (as stated in the Amsterdam Treaty) therefore also the ways to promote the consumption and the product itself with potentially adverse effects has to be under control of the government

- Consumers are manipulated by industry and trade communication according to their interests
• It is responsible but the extend of measures to implement are controversial

• The Government of the Republic of Poland is responsible for the protection of the consumer. This responsibility includes regulating (restricting) the communication concerning alcohol. The communication concerning alcohol drinks should be subject to limitations following from legislation in force. The limitations should be mainly aimed at the protection of the consumer from the effects of alcohol use.

Agree

• Public information campaigns should be cooperated with public health organisations and NGO-s.

• Although individuals are responsible for their actions, governments also have responsibility

• But the “regulation” must be just appropriate

• For [us] the responsibility for dealing with the problem of alcohol abuse must be shared between the individual consumer, local and national governments and a range of other stakeholders. A number of policies on this issue already exist in Member states. However, these policies are not always being well implemented. Before considering putting into place new legislation, Member States should enforce the existing ones.

Neutral

• The government is responsible for educating consumers and therefore protecting consumers but cannot regulate on everything. Ultimately, it is the consumer who is responsible for choosing what he/she should eat and drink (or smoke).

• The government’s responsibility via regulation is limited however. The ultimate responsibility for choosing what to eat / drink or smoke lies with the educated and informed consumer. This corresponds to the jurisdiction of the ECJ which established the definition of the “average reasonably well-informed, reasonably observant and circumspect consumer”

• While government definitely has the lead in strategy and is responsible for protecting and educating consumers, other parties such as retailers could play a part in communication. By working with partners in industry it removes the need for excessive regulation. Ultimately, it is the consumer who is responsible for choosing what he/she should eat and drink (or smoke).

Disagree

• Consumer protection is not a responsibility solely of the government. The reality in most if not all Member States is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. In addition, this mutual responsibility with regard to consumer protection is not simply a question of regulation but also one of investment in research, campaigns promoting responsible behaviour and targeted intervention schemes.
This is a shared responsibility between consumers, the alcohol industry and government. There is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. In addition, this mutual responsibility with regard to consumer protection is not simply a question of regulation but also one of investment in research, campaigns promoting responsible behaviour and targeted intervention schemes.

"Comment: Disagreement lies mainly on the way the question is formulated rather than content.

- The Government is responsible for the protection of the consumer but is not the only one. Consumers, provided they receive the right level of information are also responsible for themselves and their family. All relevant stakeholders have a role to play in helping address issues surrounding alcohol-related harm and it is essential that these stakeholders work together towards common goals.

- The question lacks reference to the role of Government to invest further in targeted prevention programmes – directed at those with risky drinking patterns, rather than simply regulating.

Consumer protection is a complex issue. It is not a responsibility solely of the government. Individuals are also responsible for protecting themselves from alcohol related harm by drinking in moderation, responsibly. In most of the Member States there is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. In addition, this mutual responsibility with regard to consumer protection is not simply a question of regulation but also one of investment in research, campaigns promoting responsible behaviour and targeted intervention schemes. In Poland, there is a restricted law and beer industry has imposed voluntary restrictions on its marketing activities.

- Consumers are responsible for protection themselves till to a certain degree, but the government has to support consumer protection with legislation and subsidizing to organise information campaigns, trainings, etc.

- The government is responsible for overseeing the establishment of consensus between consumers and producers

**Strongly Disagree**

- All stakeholders have a role to play in protecting consumers, including in communication concerning alcohol products.

- All stakeholders have a role protecting and educating consumers, including in communication concerning alcohol products.

- The statement “The government is responsible for the protection of the consumer” implies a setting of restricted information and regulated communication, and it evokes immature consumers. This approach has been inefficient anywhere applied. The current clinical practice is based on the awareness and responsibility of the patient, and therefore adherence has replaced the obsolete idea of compliance. The words “education”, “guidance”, and “warning” refer here to a regulated knowledge of the risks. The government encourages and promotes independent and unbiased information of the potential health benefits of the physiologic use of alcoholic beverages and of the risks of alcohol abuse.
**Question 2**

2. Health warnings on alcohol containers have a negligible effect on public drinking behaviour and will not reduce harmful drinking.

**Strongly Agree**

- As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels. (http://www.thebrewersofeurope.org/docs/publications/Health%20Warning%20Labels%20on%20Drinks%20Containers.pdf)

- Most literature reviews –mainly from the US- conclude that health warnings have an impact on raising awareness but no impact on drinking behaviour and problems associated with excessive drinking. As a consequence health warnings can not contribute to reduce alcohol-related harm.

- We question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them (Grube J.W. and Nygaard P. (2001). «Adolescent drinking and alcohol policy». Contemporary Drug Problems, 28: 87-131.; Agostinelli G. and Grube J. (2002). "Alcohol counter-advertising and the media: A review of recent research". Alcohol Research and Health, 26: 15-21.). In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers (Andrews J.C. (1995). «Effectiveness of alcohol warning labels: A review and extension». American Behavioral Scientist, 38: 22-32) or pregnant women (Hankin JR, Firestone IJ, Sloan JJ et al. (1996). "Heeding the Alcoholic Beverage Warning Label during pregnancy: Multiparae versus Nulliparae". Journal of Studies of Alcohol, 57:171-177).

- Health warning labels on alcohol containers may inform but will not reduce harmful drinking. A label never will capture the situation by whom / in which circumstances the product is consumed. Therefore, stigmatizing a group of products/categorizing in “good” and “bad” food cannot be in the interest of retail or government and does not bring any benefit in terms of the common goal of reducing harmful drinking.

- The vast majority of existing evidence clearly concludes that health warnings have no impact on drinking behaviour.

- Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

- Most literature reviews –mainly from the US- conclude that health warnings have an impact on raising awareness - although it is not the most effective means given the size available of the label-but have no impact on drinking behaviour and problems associated with excessive drinking. As a consequence health warnings can not contribute to reduce alcohol-related harm.
Agree

- Health warnings can inform the consumer, but rarely have an effect on consumer behaviour. They are therefore not the answer in themselves but can have an impact if part of a co-ordinated campaign of information and education.

- Health warnings only stigmatise the product, but rarely have an effect on consumer behaviour

- Alcohol warnings are not effective to change drinking behaviour (Anderson & Baumberg, 2006). Nevertheless, people have the right to know that the product they consume is harmful for their health. This is a consumer right.

- Should be carried out combined with other means

- For more effective means of altering harmful drinking behaviour are available

- Mere warnings and prohibitions became a challenge for high risk individuals and adolescents.

Neutral

- As single measure no big impact. Other measures (tax, advertising rules, promote healthier drinking habits etc) must accompany warnings. Better than a written warning would be a simple signposting on nutrition value of an alcoholic drink (a red traffic light for example for calories)

- The direct effects as well as health warnings alone will have small effects. But the situation may be different in the long run and as part of a comprehensive alcohol control policy.

- Although not a stand-alone solution to reducing harmful drinking, it is another means that can make consumers more aware of the harmful effects of alcohol drinking.

- Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the scientific evidence available. Other forms of communication would be more appropriate for informing consumers about the effects of harmful alcohol consumption. In addition, the primary goal of food labelling is to provide consumers with the necessary information to enable them to make informed choices. Therefore, unnecessary information would only contribute to consumer confusion and dilute the effect of the different pieces of information on labels.

- The question is a not clear: “have a negligible effect” Yes, I agree on the short term. I am not sure of the effects on long term. “Will not reduce”. I disagree because even a small reduction is a reduction.

Disagree

- I understand that research shows that warnings don’t make a miracle, but they definitely have their part in preventing problematic drinking.
• Evidence shows that even though the health warnings don't reduce the consumption of alcohol in general, it has positive effect of the reduction of harmful drinking practices like drinking during pregnancies and drinking and driving.

• Research evidence shows that health warnings can have an impact on public knowledge levels and even some effect on drinking behaviour. If used within a comprehensive alcohol policy framework, in conjunction with other measures aimed at reducing alcohol-related harm, they will contribute to reducing harmful drinking.

• There are two parts to this question. I believe that health warnings will have an impact on public attitudes and behaviours. However, I am less sure that they will reduce harmful drinking.

Strongly Disagree

• As long as the industry opposes them, the evidence of their health effect is assured.

• Not only but specially to protect foetus from mother drinking and car accidents.

• The U.S. has mandatory labelling for the last twenty years re consuming alcohol in pregnancy - as a result, only 22% of pregnant women drink while pregnant. However, there is no labelling yet in either Ireland or the U.K., and in those two jurisdictions countries 60% of pregnant women self-report as drinking alcohol.

Not Qualified, not responded

• We do not directly make studies on efficiency.

• Health warnings on alcohol containers have no effect on public drinking behaviour and do not reduce harmful drinking. Public information both disseminated at social campaigns, and directly addressed to the consumer undoubtedly contributes to an increase in the society's awareness of a given issue. For example, as a result of the introduction in Poland of inscriptions informing and warning of damage to health caused by tobacco smoking, 4% of smokers (i.e. 300 thousand people) gave up smoking, and further 16% made an attempt to cut down on smoking. It turned out that the inscriptions have had a particularly strong influence on children, youngsters, poorly educated people, and the so-called social smokers. The analysis of impact of individual inscriptions showed that the inscription: SMOKING KILLS (PALENIE ZABIJA), which is short, simple, formulated on the basis of scientific research, and emotionally charged (data from the Institute of Oncology in Warsaw), had the greatest effect.

Question 3
3. **The consumers need to be mainly sensitized through education and public information campaigns, in order to promote wise alcohol use.**

**Strongly Agree**

- Education and public information campaigns have a prominent role in promoting the sensible use of alcohol.

- To strongly regulate Advertising, Publ. Info Camp, Availability, Tax (prices indirectly) is the responsibility of the government. As this is an elected body, governments represent the will of the majority of people. AND they can be made accountable for what they decide. Voluntary Codes of Practise don't work!! This has often been shown – for example the advertisers self-restriction regarding portion sizes in fast food spots (Spanish advertisers committed themselves not to promote XL-portions – 2 month after the agreement was signed, a big fast food company started a campaign in with big burgers were one of the main topics). As single measure no big impact. Other measures (tax, advertising rules, promote healthier drinking habits etc) must accompany warnings. Better than a written warning would be a simple signposting on nutrition value of an alcoholic drink (a red traffic light for example for calories).

- In terms of effective strategies to tackle alcohol-related harm, there is also a role for relevant enforced legislation, e.g. age limits and drinking and driving. However, question 3 concerns the sensitization of consumers, where education, guidance and information play a crucial role with a view to changing attitudes and behaviour.

- Education is fundamental to achieve a change in consumer behaviour

- Education is a key! As to underage access to alcohol or drink and driving, enforcement of legislation also plays important role.

- Education is fundamental to allow consumers to change behaviour. It is only once messages around health and alcohol are understood and accepted by the public, that labelling to help customers make responsible choices will be effective.

- We would add that very important the attitude to alcohol in families

- Education is fundamental to allow consumers to change behaviour.

- When abuse becomes generally unacceptable behaviour among drinkers peers, this problem will be resolved.

**Agree**

- Education and information are key elements in reducing the health problems associated with alcohol abuse. Education and raising awareness have an influence on individual and collective behavior and in this sense could lead to a long-term positive impact on the health of society as a whole. Education should take into account cultural differences related to alcohol consumption in the different Member States.
Neutral

- Education is necessary but not sufficient
- Legislation regulating use is a more effective means of bringing about change in the desired direction

Disagree

- We are forced to disagree with this assertion because consumers will not be sensitised only through one strategy. The most effective strategies for achieving sustained harm reduction are likely to be a combination of effective enforcement of legislation, a focus on attitudes and behaviour as well as a modification of the drinking context. Education and information campaigns have therefore a role to play and should not be viewed in isolation. Its effectiveness will dependent on its ability to integrate many components, to be flexible and realistic.
- As shown by the Alcohol in Europe report, such campaigns have only a limited efficiency compared to other measures.
- Educating and campaigning should have their place but not as an alternative for the governmental regulation.
- Education campaigns are needed to support other more effective measures
- The consumers should know the risks of alcohol consumption and have the skills to avoid drinking, but without any comprehensive approach which includes supportive environment (e.g. limited availability) the health education strategy is not only very expensive but it shows little effect also. In addition with alcohol consumption the negative effect of alcohol on the adequate risk assessment has to be taken into account that lessens the impact of any previous health educational efforts
- These campaigners are of little effect but they are important to make the public to accept other legal and more efficient strategies to reduce alcohol harm on health
- Not mainly but also
- The consumers need to be mainly sensitized through education and social campaigns, in order to promote (popularize) wise alcohol use.

Strongly Disagree

- Only relying on education and information does not lead to wise alcohol use
- There is plenty of research evidence on the relative ineffectiveness of the educational approach, whether positive or negative in its tone. Public education about alcohol is necessary, since people cannot make informed decisions without information, and information giving should be part of a
A comprehensive policy to reduce alcohol-related harm, but public education about alcohol cannot be relied upon as a sole approach.

- When implemented isolated education and information campaigns aren’t effective to tackle alcohol-related harm. They have to be integrated in a broader policy that also includes regulation of the alcohol market, a restriction of the availability of alcohol, proper taxation measures and also treatment that is accessible and tailor made for different levels of problems (stepped care).

- The consumers need evidence-based information on the nutritional behaviour, which includes the use of alcoholic beverages, in order to promote wise use of them.

Not Qualified, not responded

- In combination with other measures, education and information campaigns have an important role to play in raising consumer awareness.

Question 4

<table>
<thead>
<tr>
<th>4. Every container holding an alcoholic beverage needs to have a label with a health warning.</th>
</tr>
</thead>
</table>

Strongly Agree

- Foodstuffs are required to carry warnings about health risks; there is no reason why alcoholic beverages should be exempted from this requirement.

- Of course, alcohol consumption is a problem for public health

- Reference to amount of units also

- Not only but specially to reduce alcohol consumption during pregnancy and traffic accidents

- Scarcely that all people using alcoholic beverages have reflected on damages of health due to alcohol. But let’s hope a label with a health warning is better than nothing- without a label the realising will never come.

- All alcohol reaches the foetus and there is no proven safe time for, nor no proven safe amount of alcohol in pregnancy. Alcohol kills off healthy cells and interferes with the optimal development of the foetus. Zero alcohol = zero risk.

Pregnancy is your chance to give the best possible gift to a baby, i.e. A fair start in life.

What a pity that the EU still classifies alcohol as a food, way past its having being distilled or fermented. Alcohol is also a poison, a teratogen, and, some would argue, a mutagen.
• Citizens are entitled to be informed on risky products they consume

• Every container holding an alcoholic beverage needs to have a label with a health warning. It should definitely be recommended that containers of all alcoholic beverages should be marked, mainly because of the fact that each alcoholic beverage contains alcohol, although the alcohol content may vary.

• I don’t adapt my opinion. I correct it. I had chosen strongly disagree instead of strongly agree in the first round

Agree

• Even though the effect is possible minimal it should carried out

• especially hard liquors

• Although this measure isn’t very effective to change public drinking behaviour it is important that people are aware of the harmful effects of alcohol on the health of individuals (cancer, hart diseases, …) for the unborn child, …

• As part of an overall-strategy helpful. Therefore changing opinion from neutral to agree.

Neutral

• As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.
  (http://www.thebrewersofeurope.org/docs/publications/Health%20Warning%20Labels%20on%20Drinks%20Containers.pdf)

Disagree

• it depends on the message used as a warning and evidence on the effectiveness should be followed

• A health warning can inform the consumer, but there is no proof that it is effective in terms of changing attitudes towards alcohol. It is before the act of buying that consumers should be informed/educated. If labelling is to be used it needs to be consistent across a range of products so it can drive cultural change, but there are obvious limitations in terms of the size or sale of products that will make it more difficult to use a label.

• Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.
The question fails to highlight the objective of such a requirement. As stated above, health warning labels have no impact on drinking behaviour and problems associated with excessive drinking. As a consequence health warnings can not contribute to reduce alcohol-related harm. Health warning labels can play a role in raising awareness but they are not the most effective means to do so. Harmful alcohol use and health effects are too complex to define and convey accurately through the limited space of a label as harm caused can depend on the person, the context and the pattern of drinking.

Attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention.

Every container holding a dietary component, from wine to pasta or fish, can have an appropriate label on the nutritional value.

Strongly Disagree

As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.

Warning is wrong way to communicate. It can even have an opposite effect than the purpose. Education on responsible drinking is more efficient. Container is anyway a wrong media to educate/warn.

"We can not criminalise the product per se but the abuse/misuse of it. There is scientific evidence that demonstrates the moderate consumption of fermented products (like beer) by healthy adults has benefits on our bodies due to the properties given because of its low alcohol content and the raw materials used in their production (barley, hops and water).

[We] question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them. In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers or pregnant women (Grube J.W. and Nygaard P. (2001). «Adolescent drinking and alcohol policy». Contemporary Drug Problems, 28: 87-131.; Agostinelli G. and Grube J. (2002). “Alcohol counter-advertising and the media: A review of recent research”. Alcohol Research and Health, 26: 15-21.). In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers (Andrews J.C. (1995). «Effectiveness of alcohol warning labels: A review and extension». American Behavioral Scientist, 38: 22-32) or pregnant women (Hankin JR, Firestone IJ, Sloan JJ et al. (1996). “Heeding the Alcoholic Beverage Warning Label during pregnancy: Multiparvae versus Nulliparvae”. Journal of Studies of Alcohol, 57:171-177).

Health warnings will not reduce alcohol misuse and harmful drinking. They have a negligible effect on public drinking behaviour.

Health warnings only stigmatise the product. They do not provide the consumer with the necessary information and there is no evidence for the effectiveness of a label in changing consumers’
attitudes towards alcohol. Consumers should rather be informed / educated by other means of communication.

- Alcohol is alcohol is alcohol

- We consider that targeted approaches through education, interventions by health professionals and websites are more effective than blanket labelling.

- Health warnings have no impact on drinking behaviour.

- The question fails to highlight the objective of such a requirement. As stated above, health warning labels have no impact on drinking behaviour and problems associated with excessive drinking. As a consequence health warnings can not contribute to reduce alcohol-related harm.

  Additionally, harmful alcohol use and health effects are too complex to define and convey accurately through the limited space of a label as harm caused can depend on the person, the context and the pattern of drinking.

- Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

- The question fails to highlight the objective of such a requirement. As stated above, health warning labels have no impact on drinking behaviour and problems associated with excessive drinking. As a consequence health warnings can not contribute to reduce alcohol-related harm.

  Health warning labels can play a role in raising awareness but they are not the most effective means to do so. Harmful alcohol use and health effects are too complex to define and convey accurately through the limited space of a label as harm caused can depend on the person, the context and the pattern of drinking.

**Not Qualified, not responded**

- this decision will be taken by the national plan against alcohol abuse which is in preparation
Question 5

5. Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated, randomly chosen from a predefined pool of warnings.

Strongly Agree

- Yes, but every warning can include more than one negative effect for individual or public health.

- Research evidence shows that generic and abstract warnings are ineffective. To increase knowledge levels, health messages need to give specific information on something that is not already widely known. A warning that remains the same will lose its information value. Therefore rotating warnings, chosen from a predefined pool of warnings, are more effective. Some system is needed to ensure that producers and bottlers do not favour some warnings over others – either the random based method or some other.

- Information must be complete even if present alternatively in different containers.

- Health warnings need to stipulate the various negative effects on health from harmful alcohol use. Alternating messages should be communicated (placed on the containers of alcohol drinks), randomly chosen from a predefined pool of warnings. Messages addressed directly to consumers should show the widest possible range of potential negative effects on health of harmful alcohol use, therefore we agree with the above statement. Nevertheless, it needs mentioning that the solution should be specified in detail in legislation, and not only based on the random selection of information.

- My change of opinion is influenced by the response of consumer organisations.

Agree

- if one decides to make warnings, different “formulas” need to be used to avoid getting used to and upset of warnings.

- Health warnings shouldn’t mention the amount of alcohol that is harmful/ not harmful because there are differences between individuals. The general message on the warning labels should be ‘the less the better’. If the “authorised amount” of alcohol is mentioned in the health message it could make (young) people drink more then is healthy for them. (egg. When saying 2 drinks / day is not a problem this is a wrong message - 2 drinks a day is not ‘healthy’; certainly not for young people).

- Warning should stress the specific threats. For instance the effect for unborn child. Specific warnings will appeal specific audiences.

- generates belief to health warnings.
Neutral

- Health warnings need to be balanced and consistent, building on consumers’ knowledge of the issue. They need to be carefully constructed as alcohol is not in itself an inherently dangerous product, it is the way that alcohol is consumed that is important rather than the product.

Disagree

- If health messages shall be communicated then as part of general education such as on flyers etc. but not on the product itself Health warning labels on alcohol containers may inform but will not reduce harmful drinking. A label never will capture the situation by whom / in which circumstances the product is consumed. Therefore, stigmatizing a group of products/categorizing in “good” and “bad” food cannot be in the interest of retail or government and does not bring any benefit in terms of the common goal of reducing harmful drinking.

- Health warning messages can only have a role to play in raising awareness about unknown harmful alcohol use. The message has to provide new and believable information. In other words, consumers do not need warning labels to tell them – badly – what they already know. Research at national level is needed on levels of awareness and best means to communicate such information to consumers.

- Attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention. In addition, while alcohol misuse has negative effects on health, moderate wine consumption has positive effects on health. Scientific studies have shown that moderate wine consumption is a means of avoiding a number of illnesses, in particular coronary disease and diabetes in adults.

- There should be a mandatory constant EU-wide message re alcohol and pregnancy. There are two purposes for this,
  (a) to prevent harm to the foetus, and
  (b) to protect the tax payers from having to foot the bill for possible lawsuits re perceived institutional negligence and/or complicity taken against Member State governments and/or the EU.

Strongly Disagree

- As shown by the available scientific evidence. See the industry position on health warning labels.

- Alternating messages are technically almost impossible to have in can production

- Targeted interventions are more effective - As shown by the available scientific evidence. See 'The Brewers of Europe' position on health warning labels.
  (http://www.thebrewersofeurope.org/docs/publications/Health%20Warning%20Labels%20on%20Drinks%20Containers.pdf)
• Health warnings will not reduce alcohol misuse and harmful drinking. They have a negligible effect on public drinking behaviour.

• "We can not criminalise the product per se but the abuse/misuse of it. There is scientific evidence that demonstrates the moderate consumption of fermented products (like beer) by healthy adults has benefits on our bodies due to the properties given because of its low alcohol content and the raw materials used in their production (barley, hops and water)."

• [We] question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them. In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers or pregnant women.

• Health warnings have no impact on drinking behaviour.

• Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

• Warnings on negative effects are largely ineffective. The consumer anaesthesia occurs also with alternating messages.

Not Qualified, not responded

• this decision will be taken by the national plan against alcohol abuse which is in preparation

Question 6

6. All the way through their education youngsters need to be clearly informed about the risks and responsible use of alcohol.

Strongly Agree

• It is important to note that education is not only the role of schools but primarily of parents which have an important role to play and some need to be supported in this task. Studies show that family and peers appear to be the most powerful factors in shaping beliefs and attitudes about drinking.

• The information will be adapted to the age but always objective and according to science data.

• Alcohol education at home and at school often starts too late, when kids are already experimenting with alcohol. So long as alcohol is a “legal drug”, people should be given information both about the
risks involved in its use and about ways to avoid harm when using it. This applies to both adults and young people. Educating young people about alcohol should be the responsibility of parents, the school and health authorities. The alcohol industry has no business in this field.

- The most important influences on young people's drinking behaviour are parents and peers. Education, in its broadest sense, is the most effective way to communicate with these target groups.

- AND contradictory messages like such dealing with positive effects of wine or beer on health need to be restricted.

- Education is fundamental and should start as early as possible. A holistic approach is crucial which includes all parts of society – parents, schools, authorities, industry etc.

- Not only youngsters but also parent, teachers,... should be correctly informed.

- The drinking is usually motivated by the expectations of immediate positive effects of alcohol without taken into account the harmful effects in the long run

- With regard to school education, this should be discussed from an age when other such life skills issues are addressed. However, education also has a much broader scope than just schools, e.g. within the family environment, even from the child’s early age, the parents’ drinking behaviour and guidance have a major influence.

- Yes. Education is fundamental and should start at an early stage.

- Youth drinking is a social, complex problem. All, parents, teachers, educators, government, community groups, producers and obviously youth have a role to play in prevention – education is crucial.

- Youngsters are very open-minded to new ideas and knowledge. Very clearly presented information about the health dangers connected with using of alcohol may rescue some informed young people from alcohol abuse in the future

- As an additional measure messages like such dealing with positive effects of wine or beer on health need to be restricted.

- If even the industry strongly agrees, then I will harden my own opinion.

- The family is the most powerful factor in shaping the behaviour of adolescents. Campaigns on nutritional information of the parents should include “no alcohol before 16 years”.

- Yes. Education is fundamental and should start at an early stage and must include a much broader scope than just schools, e.g. within the family environment, even from the child’s early age, the parents’ drinking behaviour and guidance have a major influence.

- Youngsters need to be clearly (transparently) informed about the risks related to alcohol use.

It seems that in particular information addressed to the youth should not “scare off” the target reader due to its complexity, and at the same time should transmit important message in a concise and clear way.
Agree

- It should though differ/vary for different age groups

- If in our country alcohol use is forbidden under the age of 18, then I'm not quite sure how would it be possible to educate them about the responsible use of alcohol. In an idealistic view, if a young person is informed about the risks of alcohol use, he/she is personally strong in making his/her own choices; there is no need in educating him/her about any kind of alcohol use. So I would stress the need to inform about the risks of alcohol use.

- With regard to school education, this should be discussed from an age when other such life skills issues are addressed. However, education also has a much broader scope than just schools, e.g. within the family environment, even from the child's early age, the parents' drinking behaviour and guidance have a major influence.

- Perhaps "All the way" is too strong because the education has to be adapted to the age of youngsters. Neither need they be informed of the (responsible) use of alcohol.

- Young people need to be educated on both the risks of alcohol misuse and the responsible use of alcohol. Information must be complete, consistent, and professional and based on scientific fact.

Disagree

- The goal for children and youngster should be to postpone the age of onset of alcohol use. To achieve this a package of measures should be taken:
  - Children in basic and secondary school should receive education that strengthens their social skills, they have to learn to say no to alcohol (and other drugs) (give education in group, the use of values and norms are some important aspects of this education).
  - Young people need to get the same messages in different settings. At school, at home, in their leisure time. These messages should contain values and norms on alcohol use.
  - The availability of alcohol should be restricted. Young people under 16 shouldn't be able to buy alcohol (in pubs or stores) (on or off premise). There should also be a proper control on these laws.
  - Marketing of alcohol should be restricted. Marketing has a great influence on the drinking behaviour of young people (Anderson & Baumberg, 2006, Alcohol in Europe).

(Responsible) use of alcohol is certainly not something that should be learned. The goal is: to postpone the use of alcohol as long as possible. It should never be “to learn young people how to drink (in a responsible way)”. People who start to drink at young age have more risk to have alcohol related problems when they are older. Alcohol use at young age can also damage the brain –in full development- of young people.

- The youngster should be informed about the risks, but the informing about the responsible use of alcohol is very controversial point that shouldn't be promoted in any way to youngster, also life skills should be thought how to cope in the society. The consumers should know the risks of alcohol consumption and have the skills to avoid drinking, but without any comprehensive approach which includes supportive environment (i.e. limited availability) the health education strategy is note only very expensive but it shows little effect also. In addition with alcohol
consumption the negative effect of alcohol on the adequate risk assessment has to be taken into account that lessens the impact of any previous health educational efforts. The messages in the curriculum should be tailored to the specific ages and to avoid the indirect promotion of alcohol consumption.
Question 7

7. Health warnings on labels of alcohol products are a necessary element in a global strategy to prevent harmful alcohol use.

Strongly Agree

- Sure if we are coherent with the health promotion objectives as a state of individual, family and social holistic well-being. The principle must be applied to any global strategy.

- Yes because even if the effects would be small they are in the positive direction and are in any case doing no harm.

- Health warnings on labels of alcohol products should be a necessary element in a global strategy to prevent harmful alcohol use. Informing of harmful effects by means of labels on alcohol beverages may be an important element of the strategy under review. The Public Health Department is of the opinion that the method under review extends, to a significant extent, the range of target readers of the information, and that it reaches mainly consumers, i.e. persons who are potentially at the greatest risk of harmful alcohol use.

Agree

- Health warnings are not the most important element, and a good strategy might do without them, but there is no reason why they should not be included as one element, since they have proven to be helpful, cost-effective and relatively easy to implement.

- The consumer has the right to be informed, but health warnings are not very cost-effective.

- When all countries have the same elements the messages are more likely to be clear and have more impact.

- Our opinion that health warnings on labels of alcohol are to protect of consumers health, but it is indeed a necessary element to prevent harmful alcohol use in the future.

- They are important but not indispensable

- Warnings can be or at least should be part of an overall strategy to prevent harmful alcohol use.

Neutral

- Health warnings can inform the consumer but there is no proof that it is effective in terms of changing attitudes towards alcohol.
• Although this measure isn’t very effective to change public drinking behaviour it is important that people are aware of the harmful effects of alcohol on the health of individuals (cancer, heart diseases, …) for the unborn child, …

• when compared with other alcohol control measures, the impact of warning labels is to some extent marginal and cannot replace f. inst. regulations on availability and advertising

Disagree

• Health warnings are not a necessary element. They have proven to be ineffective at changing behaviour. It is only a superficial measure that does nothing to apply solutions. They create a false feeling that the problem has been dealt with and serve as an excuse to do nothing. They present alcohol as an essentially hazardous product and leave no room for the concept of balance and moderate consumption. Governments must focus their efforts in those areas where they alone have the power to act: by studying, understanding and reaching out to consumers at risk, those whom we cannot reach or convince. In this area, there is a lot of work to do and only governments can do it.

• When there are limited resources priority should be given to other measures than health warnings such as ‘regulation of the alcohol market, restriction of the availability of alcohol, tailor made brief intervention and treatment programmes, …

• Labelling is a market tool which should be seen as an integral part of communication but not as the only means of communication. Education, information and the involvement of all stakeholders (family, school, farmers, industry, etc) is highly important to solving the problem of alcohol misuse. In addition, it has been demonstrated that attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention.

Strongly Disagree

• As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.

• Health warnings will not reduce alcohol misuse and harmful drinking. They have a negligible effect on public drinking behaviour.

• Health warnings have no impact on drinking behaviour.

• This also has nothing to do / does not bring any benefit in terms of a global strategy.

• We can not criminalise the product per se but the abuse/misuse of it. There is scientific evidence that demonstrates the moderate consumption of fermented products (like beer) by healthy adults has benefits on our bodies due to the properties given because of its low alcohol content and the raw materials used in their production (barley, hops and water).
• [We] question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them. In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers or pregnant women.

• Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

• Warnings for alcohol abuse represent an inefficient approach. A “global strategy” should include information on lifestyle, nutrition and alcoholic beverages.

Not Qualified, not responded
• this decision will be taken by the national plan against alcohol abuse which is in preparation

Question 8

8. Advertisements may not target youngsters between 12 and 18 years old or use communication channels regularly frequented by this group (no ads during youth programs on radio or TV, no ads in youth magazines, no ads on websites that are regularly frequented by youngsters).

Strongly Agree
• Alcohol advertising should not target under age consumers. This is a fundamental principle of all existing industry codes of conduct and enshrined in existing legislation (e.g. the Television without Frontiers directive).

• Instead of may not they must not because alcohol is not a common commodity but a commodity which can be as more harmful as people are younger.

• Is this feasible (cf internet, sport events…)

• Isn’t this clear even for the industry.

• Most EU Member States have introduced either legal bans on TV and radio advertising on spirits or prohibit advertising targeted at minors by self-regulatory codes and guidelines.

• Such a provision is already covered by law. Article 3d-1 (e) of the revised TVWF directive (Audiovisual Media Services Directive) clearly stipulates that audiovisual commercial...
communications for alcoholic beverages must not be aimed specifically at minors and may not encourage immoderate consumption of such beverages (to be read in conjunction with Article 15). EFRD Common Standards have clear rules on minors stating that: 1) Commercial Communications should not be aimed at minors nor show minors consuming Beverages; 2) Commercial Communications should only promote Beverages in print and broadcast media for which at least 70% of the audience are reasonably expected to be adults 18 years or older. They should not promote Beverages in print and broadcast media, or events for which more than 30% of the audience is known or reasonably expected to be minors; 3) Minors can be defined for these Standards as: “Young people below 18; or higher when national legal purchase age requires”.

- Youngsters between 12 and 18 are very open-minded to good and bad challenges. Advertisements on alcohol drinks usually are very attractive and may effect on youngsters.

- Alcohol advertisements may not target youngsters between 12 and 18 years old or use TV channels (programmes) or radio programmes targeted at this group, youth magazines, or websites that are regularly frequented by youngsters.

- Alcohol advertising should not target under age consumers.

- Absolutely crucial point, the normalisation of the potentially harmful production among children and adolescence cannot occur, if we want anyhow tackle the alcohol related harm

Agree

- The legal purchasing age for beer is 16 in many countries so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. The Belgian Brewers had their Code of Conduct (mid 1990’s) and since May 2005, they signed ‘the Covenant on practice and advertising for alcoholic beverages.

- In Finland the legal purchasing age is 18 – in other countries there might be different restrictions because of cultural reasons. (http://www.brewersofeurope.org/docs/publications/guidelines.pdf)

- It’s the “or” I do not agree with. No advertiser admits targeting minors, especially as targeting minors is in many countries forbidden by law. In practice, targeting happens through the choice of communication channels and through advertising content appealing to minors. Efforts to regulate adcontent have a poor track record. Regulating communication channels is more effective. This could be done for instance by banning alcohol advertising from any medium whose readership, viewership or usership includes considerable numbers of minors, “considerable” meaning for instance more than their percentage in the population.

- The legal purchasing age for beer is 18 years in Spain so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. We are strongly committed on this matter and we do not do any of the things described on the question (See: Cerveceros de España’s Self Regulation Code).

- The Polish law imposes an unconditional ban on targeting advertisement and promotion activities at youngsters, as well as an unconditional ban on sales of alcohol beverages to persons under 18.

- Underage people need to be protected.
Neutral

- See ‘The Brewers of Europe’ Guidelines for Commercial Communications for Beer.

- The legal purchasing age for beer is 16 in many countries so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. See ‘The Brewers of Europe’ Guidelines for Commercial Communications for Beer.

- There is a need for evidence on how this category of age is affected by advertisements. Generally spoken though, alcohol advertisement shall obviously not target youngsters.

Disagree

- The law age in Poland for beer is 18. The regulation in this regard is very restrictive. No advertisement may target underage – it’s law and self-regulation that beer industry has imposed on marketing activities voluntary.

- To segregate the adolescents from the general advertising should be unrealistic in European countries. I agree on the opportunity of no ads in magazines and media programs devoted to adolescents.

Question 9

9. Children under the age of 12 have to be legally protected from alcohol advertisements and distribution.

Strongly Agree

- age should be increased up to 16 years

- As far as “advertisements” are concerned, we interpret the question in the sense that specifically targeted alcohol advertisement for children under 12 is meant. In the case of “distribution” legal protection is already in place in most, if not all EU-Member States.

- I certainly agree that children under the age of 12 should be protected from this. This age limit is far to low though. Also young people under the age of 18 should be protected from alcohol advertisements and distribution.

- Not only under of 12, but under 18
• Alcohol advertising should not target under age consumers. This is a fundamental principle of all existing industry codes of conduct and enshrined in existing legislation (e.g. the Television without Frontiers directive as well as existing national legislation on minimum purchase age.

• Specially though their parents and through alcohol free environments and children beverages containers imitating alcohol beverages ones.

• We think age level should be higher – 16 years!

• - As stated above children are already protected by law and through self-regulation. - Regarding distribution, such legal protection is already in place in all EU countries which have introduced a legal purchasing age which varies between 16 and 18 years old depending on products and countries. The strategy to curb underage drinking should therefore aim at a stricter enforcement of such rules.

• no off-licence and alcohol advertisements near schools

• But I think the age has to be raised until 16.

• Children under the age of 12 should be legally protected from alcohol advertisements and distribution.

• The Polish law imposes an unconditional ban on targeting advertisement and promotion activities at youngsters, as well as an unconditional ban on sales of alcohol drinks to persons under 18.

• With regard to advertising, the ‘Television without Frontiers’ Directive stipulates that commercial communications for alcoholic beverages should not be aimed at minors. With regard to distribution, there are in all Member States laws governing purchasing age.

• absolutely crucial point, the normalisation of the potentially harmful production among children and adolescence cannot occur, if we want anyhow tackle the alcohol related harm

Agree

• Children under 12 may not yet be discerning enough.

• I still have some doubts what “legally” means but if it means banning alcohol advertisement in TV during the times kids usually are watching TV it OK for me. But then I prefer saying “by legal measures”.

• It is extremely important to protect young people and to educate them on both the risks of alcohol misuse and responsible patterns of alcohol consumption.

Neutral

• How shall that be working? Legal protection? (National) Legislation forbidding under-age drinking is already in place. Self-obligation of the market might be just as effective.
• It is not clear how this would be implemented.

• Minors should be legally protected from alcohol ads and distribution.

• This statement is most unclear, particularly as to how it would be implemented. With regard to advertising, there are in all Member States laws (particularly those transposing the 'Television without Frontiers' Directive) and self-regulatory codes stipulating that commercial communications for alcoholic beverages should not be aimed at minors. With regard to distribution, there are in all Member States laws governing purchasing age.

• With regard to advertising, in Belgium we have the self-regulatory codes stipulating that commercial communications for alcoholic beverages should not be aimed at minors. The legal purchasing age for beer is 16 in many countries so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. The Belgian Brewers had their Code of Conduct (mid 1990’s) and since May 2005, they signed the Covenant on practice and advertising for alcoholic beverages. With regard to distribution, there isn’t any law governing purchasing age.

• As stated above children are already protected by law and through self-regulation. Regarding distribution, such legal protection is already in place in all EU countries which have introduced a legal purchasing age which varies between 16 and 18 years old depending on products and countries. The strategy to curb underage drinking should therefore aim at a stricter enforcement of such rules.

However, if the question is to be understood as “100% of children below 12 years should never be exposed to alcohol products in on and off-trade or to any alcohol advertising and marketing”, [our] answer would be different. There is no scientific evidence to suggest that exposure to responsible brand advertising is automatically dangerous for the under 12s. Secondly, how could this be implemented in practice? As described above, [we] can ensure that at least 70% of an audience “exposed” to alcohol advertising and marketing are above 18 years old but no-one could guarantee 100%. In addition, if they are also to be protected from ‘distribution’, does that mean that all venues where adults could potentially consume/buy alcohol will have to ban children from the premises?
To conclude, the question is too vague and ambiguous and should be withdrawn

Disagree

• In many countries children under 12, and even teenagers, are already legally protected but nevertheless exposed to alcohol advertisements and other commercial pressures to drink, and can fairly easily obtain alcoholic beverages. So, all minors should be protected, not just smaller children, and the protection should be more efficient that it is now. Besides, even adults should be protected from ubiquitous commercial pressures to drink.

• With regard to advertising, there is a law and self-regulatory code stipulating that commercial communications for alcoholic beverages should not be aimed at minors. With regard to distribution, there is a law governing purchasing age.

• Adolescents under the age of 16 have to be informed about nutrition and life style including physical activity, overweight and avoid alcoholic beverages.
10. Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks.

Strongly Agree

- Independent monitoring of industry advertising self regulation reveals a compliance rate of 96% for the last three years.
With regard to advertising, in Belgium we have the self-regulatory codes stipulating that commercial communications for alcoholic beverages should not be aimed at minors. The legal purchasing age for beer is 16 in many countries so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. The Belgian Brewers had their Code of Conduct (mid 1990’s) and since May 2005, they signed the Covenant on practice and advertising for alcoholic beverages. With regard to distribution, there isn’t any law governing purchasing age. A recent independent survey of beer advertisements in Europe shows that almost 97.5% successfully comply with the content provisions of voluntary codes of conduct intended to ensure responsible commercial communications that, among other things, do not target minors. Although the brewing sector recognises that this still leaves room for further improvement, this result demonstrates that self-regulation can and does work.

In the UK there is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. A recent independent survey of beer advertisements in Europe shows that almost 97.5% successfully comply with the content provisions of voluntary codes of conduct intended to ensure responsible commercial communications that, among other things, do not target minors. Although the brewing sector recognises that this still leaves room for further improvement, this result demonstrates that self-regulation can and does work.

The legal purchasing age for beer is 16 in many countries so the issue should be one of not targeting “under age”. Under 12s should therefore not be targeted either. The Belgian Brewers had their Code of Conduct (mid 1990’s) and since May 2005, they signed the Covenant on practice and advertising for alcoholic beverages. The results demonstrate that self-regulation can and does work.

The reality, however, in most if not all Member States, is a multi-stakeholder approach involving partnerships and a combination of regulation and self-regulation. A recent independent survey of beer advertisements in Europe shows that almost 97.5% successfully comply with the content provisions of voluntary codes of conduct intended to ensure responsible commercial communications that, among other things, do not target minors. Although the brewing sector recognises that this still leaves room for further improvement, this result demonstrates that self-regulation can and does work.

Voluntary codes of conduct are effective tools if independent mechanisms of enforcement are guaranteed and they are combined with regulatory and educational measures by the authorities.

- Voluntary codes of conduct are sufficient but as stated above, self-regulation does not operate in vacuum but within legislative framework already in place in all the EU-27.
- The revised TWF Directive stipulates that “Member States shall encourage co- and/or self-regulatory regimes at national level in the fields coordinated by this Directive to the extent permitted by their legal systems. These regimes shall be such that they are broadly accepted by the main stakeholders in the Member States concerned and provide for effective enforcement.
- Independent compliance monitoring of self-regulation across 13 European countries on TV and print ads reveals a compliance rate at 96% for the last three years. This is proving that self-
regulation, within a general legal framework is effective, while saving public money for court decisions.

• Voluntary codes are effective tools if mechanisms of enforcement are in place.

Neutral

• Codes based on scientific evidence should be formulated by industry, medical associations and governments, in order to obtain an informed and responsible use of alcoholic beverages.

[We] believe that self-regulation has a role to play in communication issues. Self-regulation or codes of best practices should not, however, become the rule for all different types of communication.

Disagree

• Unfortunately they are not, the conflict of interests makes industry claims very little reliable

• Usually it is just piece of paper which is not implemented in practice as it should be. Legal measures are more efficient (e.g. licensing, regular inspection etc.)

• They are not because the conflicting of interests makes the codes inefficient

Strongly Disagree

• Alcohol industry is not trustworthy in this context because of its interest in making profits with alcoholic beverages

• As proven in several studies these codes of conduct aren’t sufficient at all to effectively reduce alcohol marketing.

• They are not.

• Voluntary codes don’t work!

• Voluntary codes have proven to be ineffective. They are usually not too ambitious regarding the level of responsibility aimed at, and fail to meet even their own goals.

• Self-regulation and voluntary codes alone by the alcohol and entertainment industry will not be effective due to the obvious motive that such industries exist for profit.

• It doesn’t work. There is a strong conflict of interest in different functions covered by the same institutions that have the interest to promote the products. Who controls, monitors the enforcement codes?
Not Qualified, not responded

- "Voluntary codes of conduct formulated by the alcohol industry are sufficient to enforce a responsible communication strategy for alcohol drinks. Bans and restrictions on advertising alcoholic beverages mainly with the view to protection of children and youngsters require solutions consisting in the introduction of common legal regulations. Voluntary codes may prove insufficient in this case. Voluntary codes are really necessary, but only as a subsidiary measure, complementing legal regulations in force. There is the Code of Advertising of the Polish Brewery Industry in force in Poland. It was adopted by the Polish Brewing Industry Association on 8 June 2005.

---

**Question 11**

11. Every form of communication (radio or TV spot, advertising in written and electronic press...) on alcohol drinks needs to be accompanied by a clear health warning.

**Strongly Agree**

- Advertising should be banned, but it should be taken to consideration that there are different kinds of advertising. Some targeting young people more than others and glorifying alcohol.

- I don't see any reason or excuse for alcohol advertising, but if it exists, then it should have also warning with it.

- in addition a 9 p.m. watershed should be installed – no alcohol-advertising in TV earlier, as many children watch TV (not only kids- or youngsters-programmes) during the day and the early evening hours and watching TV is one of the main things kids and youngsters do in their leisure time nowadays.

- In the first place, these advertisements and spots should be restricted in amount and content. Health warnings only come in the second place.

- we would like to require it, but producers of alcohol drinks explain how healthy these products are

- Because they deal with a risky substance.

- "Every form of communication (radio or TV spot, advertising in written and electronic press...) on alcoholic beverages needs to be accompanied by a clear health warning.

- The solution accepted by the Polish legislation obliges entities advertising beer to place signs informing about the harmfulness of alcohol consumption and threats to drivers and pregnant women on the posters or fixed and mobile advertising space. The information in question must be visible and cover at least 20% of the advertising space."
Yes, but the priority should be to use legislation to prohibit the most obtrusive forms of advertising, such as TV, radio and billboards, and to limit commercial communication on alcoholic drinks on the internet to product information only.

I remain a bit uncommitted because of implementation concerns.

Communication on alcoholic beverages should include potential benefits and risks.

Since it is not alcohol consumption but alcohol abuse that has harmful effects on health, these health warnings should only target patterns of consumption.

Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

I suppose “communication” means “commercial communication”. Since health warnings on containers do not reach all consumers and do not reach non-consumers such as children and young people, such warnings should be mandatory also in those commercial communications that are allowed by law. The priority should be, however, to reduce the volume and channels of commercial communications about alcohol.

It would be better if there would be no alcohol advertising at all.

Since this is more on the education side this statement can prove effective.

Yes, as a way to reduce the advertising manipulative effect.

This would not be necessary should they comply with the Council Recommendation.

This is not necessary, the crucial issue is to raise the awareness that the wrong consumption of alcohol can be a problem, but the correct consumption of a product does not lead to health problems and this would therefore be excessive.

- As stated above health warning messages have no impact on consumer behaviours and countries where such provisions are already in place, like in France with the Loi Evin, is no exception. NGOs in France although willing to promote this regulation throughout Europe are saying that this is merely for a symbolic purpose....
- Instead of proposing solutions that failed to achieve results; it would be interesting to test other approaches that would really give consumers individual information for them to make an informed choice. Commercial communications promoting responsible drinking messages and directing
consumers to places where they can find such individual information should be instead encouraged and evaluated.

**Strongly Disagree**

- As far as health warnings are concerned, we disagree; as far as our slogan “Beer brewed carefully, to be consumed with care” concerns, it accompanies every advertising about beer (on TV, radio, newspapers…) according to the Covenant on practice and advertising for alcoholic beverages. As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels. [link](http://www.thebrewersofeurope.org/docs/publications/Health%20Warning%20Labels%20on%20Drinks%20Containers.pdf)

- As shown by strong, available evidence, consumers’ opinion, Health warnings will not reduce alcohol misuse and harmful drinking. They have a negligible effect on public drinking behaviour.

- As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.

- Health warnings are not efficient. Targeted education is needed.

- Health warnings do not have an impact on drinking behaviour.

- [We] have however agreed to include responsible drinking messages in advertising. We believe that this constitutes responsible industry behaviour. It is also a more appropriate form of communication since it does not seek to stigmatize the vast majority of consumers who drink responsibly.

- The question lacks differentiation: the various forms of communication need different approaches. A single solution for all means of communication is practically not feasible. Providing the consumer with objective information before his/her decision to buy could prove to be useful.

- Health warnings doesn’t justify the advertising, they doesn’t make the promoting effects to be diminished, it has no effect on alcohol consumption in general nor on the harmful drinking patterns,

**Not Qualified, not responded**

- this decision will be taken by the national plan against alcohol abuse which is in preparation

---

**Question 12**

12. Alcohol consumption is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings (on labels, in advertisements…).
Strongly Agree

- Alcohol consumption should not be stigmatised since it is alcohol misuse that is the problem. Main reason for not using health warning labels is that they don’t seem to work, more research is needed.

- The vast majority of consumers enjoy alcohol responsibly, without causing harm to themselves or others.

- Although alcohol consumption should not be stigmatised since it is alcohol misuse that is the problem.

- Confusion often arises between alcohol consumption and alcohol abuse. Alcohol has been consumed for thousands of years and most European adults consume alcohol regularly in a responsible manner. However, while consumption habits for the majority of the European population do not lead to negative effects on health, a segment of the European population has unhealthy and damaging alcohol consumption habits. Any action in the field of prevention and addressing the problem should make this important difference and take into account what the real problem is.

  [We] wish to recall that wine-producing regions traditionally have the least risky drinking patterns in Europe. In addition it has been scientifically proven that moderate wine consumption is a means of avoiding a number of illnesses, in particular coronary diseases and diabetes in adults.

  Finally, health warnings on labels are not a useful means of communicating on alcohol misuse.

Agree

- "We can not criminalise the product per se but the abuse/misuse of it. There is scientific evidence that demonstrates the moderate consumption of fermented products (like beer) by healthy adults has benefits on our bodies due to the properties given because of its low alcohol content and the raw materials used in their production (barley, hops and water).

- [We] question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them. In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers or pregnant women.

- 90% of healthy adult EU citizens willing to consume alcohol do so, in a responsible way, as part of their social life and without experiencing harm. Having said that, informing consumers about risk of abuse or misuse of a product is not a stigmatization of that product but a consumer right to make an individual informed choice. Informing them of the positive health effects is also part of the overall information they deserve. The question is therefore wrongly formulated because what is at stake is to identify the efficient means to provide consumer information in order to promote responsible drinking and discourage risky drinking patterns. As said before, health warning messages have a
minimal role to play in such information if not accompanied by targeted prevention programmes aimed at reducing risky drinking patterns.

Neutral

- Although alcohol consumption should not be stigmatised since it is alcohol misuse that is the problem, the main reason for not using health warnings is that they don’t work. As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.

- The point is that not alcohol per se is a problem, but the alcohol misuse and the real concern of all stakeholders."

- Health warnings can inform the consumer without stigmatizing if it is part of an education process. Therefore one needs to differentiate between plain health warning labels and explanatory health warnings on ads etc.

- Moderate alcohol consumption is a traditional component of the adult diet in Europe. No adverse effects have been shown, and relevant benefits on vascular risk etc have been demonstrated. It should therefore not be stigmatized.

- The vast majority of consumers do not have any problem in using alcohol safely

Disagree

- Alcohol is an important factor, but at the same time it is a commodity that can cause social-and individual harm, and should therefore be stigmatized at some level

- Health warnings can inform the consumer without stigmatizing. But once again, there is no proof that it is effective in terms of changing attitudes towards alcohol. It is more effective to work with the industry to agree the promotion and support for agreed labelling without resorting to mandatory legislation. This leads to a positive approach where all parties will use the most effective mechanism to communicate an agreed message rather than rigidly following a legal regulation

- There should be a balanced way of introducing health warnings while still respecting the social role of alcohol.

- Consumption of alcohol is for many people dependence illness and illness should need even treatment; health warning is discreet mean.

- Alcohol is a mood-altering addictive drug, a poison, a teratogen and a mutagen, in fact a wolf in sheep’s clothing, the producers of which are ever seeking to achieve brand loyalty by looking to younger markets and to supply a soft alternative to youngsters, from which they will wean on to harder products. Competition is so fierce that even intra-company internecine wars are declared for profit, to sate the shareholders, the main recipient of corporate and social responsibility.

- Health and its defence come first.
We don't see any form of "stigmatization" – it's information according to scientific proven facts. Maybe it would be helpful to avoid the expression "warning" but call it "additional information" or similar.

Should the alcohol consumption be so important factor in life that taking into account the significant number of lives that are lost and ruined by it every year and in most of the societies?

**Strongly Disagree**

- Alcohol has also important harmful effects.
- Health warnings are not efficient. Targeted education is needed.
- If it were not a factor in social life, it would not be a major risk factor for public health. If and when comprehensive alcohol policies do work, they do not work because of coercion but because they succeed in changing societal and cultural attitudes towards alcohol. Health warnings can contribute to that.
- It's health information, no stigmatization – therefore on should not speak of "warning" but call it "additional information" or similar.
- Not stigmatised but the signposting it to warn on its dangers is a must in society. Even in the roads are signposted to reduce accidents.

**Neutral**

- This decision will be taken by the national plan against alcohol abuse which is in preparation.

**Not Qualified, not responded**

- "Alcohol use is an important factor in social life and should therefore not be stigmatized by means of mandatory health warnings (on labels, in advertisements...) One must agree with the statement that alcohol use is one of the moral elements of social life, however it should be borne in mind that alcohol consumption is also the factor resulting in a number of social problems and health losses. For example, it affects the increase of crime and decrease of public safety, domestic violence, social and economic degradation of persons abusing alcohol, and as a result it may also lead to alcohol addition.

**Question 13**
13. Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label.

Strongly Agree

- I would say not only in the front but also in very visible typing to make reading easy
- What's not on the front side is not read and mostly even not recognized – and again: a red traffic-light (for “consume less” and spelling the amount of calories, an alcoholic drink has) seems to better meet consumers needs than a written health warning
- Where health warnings need to be present on the label, they should be on the front of the label and easily distinguishable from other information on the label. Should it be decided to place warnings on the labels of alcoholic beverages, they will fulfill their task only when they are visible to the addressee (consumer). The technical manner of placing such information may be subject to consultation with the representatives of the distilling industry in order to avoid e.g. the need to increase the costs of production of alcoholic beverages containers.
- If already on the label then in order to be effective and make the difference they have to be clearly visible
Agree

- They should be easily distinguishable as warnings and easily readable. Whether they are on the front label or on the back label or even on a separate label makes no difference.

- On the front of the label. Then the probability is bigger than user of alcohol beverage will notice it and may occur that meaning of health warning gets the point.

Disagree

- Front of label warnings on the contrary may be stigmatizing. Furthermore, many customers who buy alcohol, pick up the product to read about the provenance and production of it (wine being an obvious example) therefore the more effective position is on the back of the label - it is more about a consistency across the drinks industry in the presentation of the label so all customers become familiar with the layout and message regardless of product.

- Unlike tobacco, alcohol is often consumed with food; seeing threatening messages at the table could have rather distressful effects. People should be also able to ignore the labels once they have read them, therefore it seems better to have them on the back of the bottle/can/package, alongside with the brand information, ingredients, etc.

- Attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention. Wine is quite rightly documented as a product which is associated with quality as well as having a positive impact on health. Placing information on abusive and/or immoderate alcohol consumption on the label of a high-quality and well-regulated product could serve as a source of confusion for consumers.

- Health information should be always understandable, but it cannot be regulated in term of square centimetres and details.

Strongly Disagree

- Health warnings are not efficient. Targeted education is needed

- Health warnings have no impact on drinking behaviour.

- Such a distinguish has no sense, health warnings do not work simply. Please refer to DG SANCO research showing what information is preferable and requested by consumers.

- The fact is that health warning labels do not work so there is no point in them being distinguishable and preventing the consumer from seeing the information that he/she wishes to see (e.g. alcoholic strength by volume, beer style, brand name, gustatory quality etc., as shown by research conducted on behalf of DG SANCO on that matter). [http://www.eco.public.lu/attributions/dg2/d_consommation/conference/conference_contenu/synthese.pdf](http://www.eco.public.lu/attributions/dg2/d_consommation/conference/conference_contenu/synthese.pdf)
• Health warning labels do not work so there is no point in them being distinguishable and preventing the consumer from seeing the information that he/she wishes to see (e.g. origin, gustative quality etc.,) as shown by research conducted on behalf of DG SANCO on the matter.

---

**Question 14**

14. Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women.

**Strongly Agree**

• The long-term and often unacknowledged secondary effects of prenatal exposure to alcohol are listed in Streissguth 1996. Europe doesn't know the half of it.

**Agree**

• Health warnings must be quite short and evidence based. Therefore risk groups or risk situation may be the easiest way but if possible general population should also be warned.

• It is important to identify the categories of consumers which are the most at risk, but education campaigns need to precede/accompany these warnings.

• Yes and also very importantly under-age drinking but again, education campaigns need to precede/accompany these warnings.

• We think health warnings should be only for pregnant women. Pregnancy is occurring only about 3-6 times a life and therefore let’s speak to women about damages by using alcohol drinks during pregnancy.

• “Pregnant women who know liability and want to have a healthy and genuine family probably will notice the health warning on the bottle of drink.

• there is evidence of the effectiveness of warning labels on those risk groups in particular, therefore the implementation of that measure is more justified that introducing the labels for just consumption in general

**Neutral**

• It should also include other risk groups, e.g. young people

• Not only. Alcohol use may be threat for everyone.
• There are other ways to inform those groups (e.g. sensibilisation through the gynaecologists…).

• Driving and pregnancy are in "0 tolerance area" for alcohol use. Information campaigns addressed to the general population should include these topics. Specific campaigns on driving should be agreed with industry.

Disagree

• All risk groups, especially young people should be addressed with specific messages appearing on random basis.

• No, they have to focus these and other dangers increased by alcohol consumption, such as, family violence, raping, child abuse, low productivity.

• Not only but it is a good start

• An effective protection of high risk groups will be achieved best by means of specific and targeted education and information campaigns and not necessarily via health warnings.

• - Should such health warning messages be introduced, they should indeed aim at raising awareness on unknown risky drinking behaviour and not be general statements that provide no information to consumers. Once again, they would have no impact if not accompanied by concurrent evidence-based prevention measures to be put in place to decrease harmful consumption.
  - Regarding specifically pregnant women, France has already introduced a logo considering that the women population was not familiar enough with such health risk. The launch of the logo was accompanied by public information campaigns and reinforcement of brief interventions by gynaecologists.
  - There is no example of logo for drink-driving in the EU and yet, in many EU countries, road mortalities/injuries have decreased since 2001, including those under alcohol influence. The risk is largely known to everybody, and clearly the most efficient strategy is a combined approach of enforcement of current BAC limits and education campaigns. Designated driver campaigns for instance are proving to be effective at reducing the number of people. Introducing a warning label for drunk-driving risks would have no added value on consumer information and behavioural changes.

"Correctly identifying this important problem is the first step towards addressing it. Since they are specific, health problems linked to alcohol abuse need specific solutions. High-risk groups should be at the centre of action aimed at tackling this problem.

• However attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention.

• "Health warnings need to focus only on high risk groups, e.g. drivers and pregnant women. As stressed before, one of the most significant objectives of the social campaigns and informing by means of labels on alcoholic beverages is prevention, which is why the circle of addressees of these measures should be as wide as possible. Information may present the outcome of alcohol consumption by example social groups (drivers or pregnant women); however the limitation of measures solely to these groups will considerably limit the nature of the problem. Attention should
be paid to a number of other losses resulting from alcohol use (health losses, domestic violence, and increase of crime).

- the target are all the consumers.

**Strongly Disagree**

- Alcohol can harm your health (general population)
- "Any initiative should be judged on the extent to which it actually contributes to reducing misuse. In the absence of evidence that health warning labels are effective in reducing alcohol misuse, regulators and industry should concentrate their efforts on other, more effective approaches that encourage behavioural changes and promote responsible consumption, rather than warning the consumer about the product per se. Consideration should be given to adopting different approaches for the provision of consumer information and interventions targeted towards individuals at risk, such as pregnant women and drink drivers. Such initiatives will be key to reducing alcohol misuse in the long term. Careful advice and assessment is necessary and abstinence may be advisable for pregnant women. Such information may be best provided by the General Practitioner and midwives.

The brewing sector does though acknowledge that it has a responsible role to play. It therefore acknowledges, applauds and generally supports initiatives taken by authorities to build awareness about responsible and harmful consumption patterns in general or targeted interventions regarding drinking and pregnancy in particular.

- As shown by strong, available evidence, consumers’ opinion, Health warnings will not reduce alcohol misuse and harmful drinking. They have a negligible effect on public drinking behaviour.
- As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.
- Education should be focused, but health warnings are not efficient.
- Health warnings should focus on all...it is not a gender issue.
- Health warnings should give objective information on alcohol. The messages should be aimed at the whole population and at specific targets groups and should make clear that alcohol is a toxic product that can cause different kinds of illnesses (cancer) and that can damage the brain of young people, and harm the unborn child, ...
- Most of the harm is suffered or caused by people who do not consider themselves – or who are objectively not - at high risk. Effective reduction of alcohol-related harm necessitates prevention of high risk, whether due to continued heavy drinking or to drinking in particularly risky situations. Therefore strategies focussed on high risk groups only will remain relatively ineffective.
- Health warnings have no impact on consumer behaviour. Interventions between medical professionals and high risk groups have been shown to be more effective in addressing behaviour.
- warnings, if one decides to use them, should be consistent all over groups
• Alcohol also affects the quality of the sperm. I really don’t think that pregnant women should be isolated.

• Health warnings can inform the consumer, but they do not have an effect on consumer behaviour, as shown by the available scientific evidence.

• It is better to educate the consumer than to place general or specific health warnings on products.
Question 15

15. When a new policy is to be outlined, alcohol pops and other alcohol products, known to be popular drinks amongst youngsters, should be prioritized.

Strongly Agree

- Comprising not only the beverage itself but the way it is promoted, marketed, etc.
- These types of products should be banned.
- Trendy products change very fast! It is needed but questionable if this is feasible at all.
- Yes, these products are designed to appeal precisely to youngsters and even to children for them to become clients for life
- Alcohol is a mood-altering addictive drug, a poison, a teratogen and a mutagen, in fact a wolf in sheep’s clothing, the producers of which are ever seeking to achieve brand loyalty by looking to younger markets and to supply a soft alternative to youngsters, from which they will wean on to harder products. Competition is so fierce that even intra-company internecine wars are declared for profit, to sate the shareholders, the main recipient of corporate and social responsibility.
- “When a new policy is to be outlined, alcohol pops and other alcohol products, known to be popular beverages amongst youngsters, should be prioritized (to limit their availability). Health and development of youngsters should be specifically protected by the state. Therefore, when a policy towards alcohol is outlined and then implemented, one of its priorities should be the reduction of the availability of alcohol for youngsters.
- the widening of the consumer base on account of youngsters should be hindered

Agree

- It is indeed important to identify the categories of consumers that are the most at risk and their drinking patterns. An overall strategy though needs to take into account all alcohol products.
- If the policy will make choices, then alcopops should be first priority.
- to focus on youngsters makes sense as in this period of life one adopts (drinking) habits and therefore measures to allow adopting healthier drinking habits are the most effective measures on the long run (sustainability)
- “Addressing harmful alcohol consumption amongst young people should be a priority in any strategy aimed at tackling alcohol misuse. Correctly identifying this important problem is the first step towards addressing it. In this context, it is necessary to obtain accurate, complete and updated data on alcohol consumption. This information should include a broad number of variables, such as the country, the type of consumer and their consumption patterns, the type of alcohol consumed, etc. It should be updated regularly in
order to follow the developments in alcohol misuse and the impact of the measures being implemented to tackle it.

- Most alcohol pops and cocktails offered to adolescents in the afternoon need a strict supervision.

Neutral

- All alcohol should be treated in the same way. It is not only alco-pops that are popular with the young.
- All alcoholic beverages are unhealthy. The level of alcohol-related harm in a society cannot be reduced through measures targeting young people only. To be effective alcohol policies should target all population groups and all beverage categories. If prioritizing cannot be avoided, targeting beverage categories favoured by the young is justifiable. In many European countries this would not mean alcopops but beer.
- Target the population and not just one group. Adults need to be included

- This, again, would only stigmatise a certain type of product without applying an objective effective approach (alcohol pops might also be consumed by older consumers, for example). The focus of any new policy should remain the fight against the abuse of alcohol in general.

- The question is badly formulated which make it difficult to answer: what is covered under "new policy" and what “prioritized” means?
  - In the absence of further clarification we can only comment that young people are likely to drink any product and therefore, strategies to curb underage drinking and reduce alcohol-related harm should not be product specific.
  - Specifically on alcopops, a Swiss study looked at whether there is a link between “alcopops” and specific riskier drinking patterns in young people. In February 2004, Switzerland had increased taxation on “alcopops” by 300% which resulted in a sharp decline in sales. However, to date, there is no indication as to whether this resulted in any decrease in alcohol consumption among adolescents or in any reduction in alcohol-related harm. There is also data from Germany looking at this topic but it has not been peer reviewed.
  - EFRD Common Standards apply to any form of marketing communications including naming, packaging and labelling of products which are covered by the “minors rules”, i.e., no appeal to people under 18 years old.

- no need to prioritize any alcohol products. Prioritizing would mean for people that policy support also more popular alcohol products.

Strongly Disagree

- [We] completely condemns any product which targets under age consumers. Any product which does so, from whatever product category, should be removed from the market. That said, this must be addressed on a product by product basis since any attempt to stigmatize an entire indefinable product category will simply result in legitimate products being removed from the market.
• Combating alcohol misuse is a priority and all stakeholders should be committed to reduce the problem.

• Misuse should be target, not certain products

• Tackling alcohol misuse (whether it be by young people or drink drivers or pregnant women etc.) should be the priority.

• Policy must be generic for all alcoholic drinks, underage drinking is illegal

• Tackling alcohol misuse (whether it be by young people or drink drivers or pregnant women etc.) should be the priority. It is indeed important to identify the categories of consumers which are the most at risk and their drinking patterns.

Question 16

16. Alcohol publicity must be forbidden.

Strongly Agree

• May be not forbidden, but it should be strictly regulated. We should reach the same situation as for tobacco.

• Publicity. Even health warnings may be included in publicity. It is impossible to forbid publicity. Advertisement is another thing.

• Without a doubt!

• we shouldn’t normalise the drinking and alcohol in a society

Agree

• more effective in handling than allowing it with restrictions, as the later is more difficult to control and always retro-active (illegal publicity is on air - people know it already when mechanisms to stop it start)

• Alcohol publicity for all beverages, yes, but not some objective information for wine and beer.

• In Poland there is a ban on alcohol advertising and promotion, except for beer which may be advertised and promoted only under the statutorily specified circumstances. The advertising and promotion of other alcoholic beverages is allowed only in specific places (catering establishments, alcohol wholesale facilities, alcohol shops). The advertisements of beer and other alcoholic
beverages cannot be addressed to youngsters. The violation of the ban on alcohol advertising or promotion is a crime.

- Legislation should be used to prohibit the most obtrusive forms of advertising, such as TV, radio and billboards, and to limit commercial communication on alcoholic drinks on the internet to product information only.

Neutral

- Controlled on TV, radio, magazines... addressed to youngsters (under 18)
- There are different kind of publicity and some form should be banned, targeting youngsters and glorifying alcohol
- Yes, publicity as such but not objective information in some publications for adults

Disagree

- A total ban on alcohol advertising is not feasible, due to legal reasons and due to difficulty of enforcement, and would make it too difficult for producers and sellers to give information about alcohol products and for “consenting adults” to get information about the products. Using regulation to reduce the volume of advertising and the channels used would be a more feasible and justifiable approach.
- Only when not adhered to regulations to protect youth and others. Loi Evin is a good example.
- not at all. If there is no talk about alcohol in media people may think that there is no problem connected with alcohol.
- There is no evidence that prohibitive measures will change consumers’ attitude towards alcohol. In addition there are different types of publicity, both in terms of content and the groups of people to which they are addressed. The types of measures proposed should focus on irresponsible alcohol publicity.

Strongly Disagree

- See ‘The Brewers of Europe’ Guidelines for Commercial Communications for Beer.
- Absolutely amazing approach to the issue!!!
- Alcohol can be part of a healthy lifestyle if consumed in moderation. Restrictions on TV and radio advertising on spirits are in already in place in most EU-Member States. There is no evidence that prohibitive measures in publicity will change consumers’ attitude towards alcohol.
• Alcohol publicity is aimed at increasing market share for individual brands. Done responsibly, as is assured by compliance with voluntary industry codes, it has no impact on overall consumption.

• Moderation is the key.

• See ‘the Covenant on practice and advertising for alcoholic beverages signed On May 12th, 2005. (Belgium)

• "The sector has a commitment in order to be responsible on all its commercial communications. Beside the legislation in force, we are limited in a stricter way through our self-regulation code. The sector, for 11 years and on voluntary bases, does not emit beer ads in television before the news at night.

• It has not been demonstrated that the publicity has a direct effect on the increase or variation on the patterns of consumptions of alcohol. If fact, the majority of alcohol consumed, mainly by young people, has never been advertised. For example, in Spain there is not any publicity on cocktails and calimacho (wine with cola).

• - Alcohol marketing strategies aim to increase market share for individual brands rather than to promote overall drinking.
- Evidence shows that alcohol advertising does not increase overall consumption, and has minimal influence on young people’s perceptions of alcohol compared with that of peers, family, personality and the environment.
- Industry self-regulation within the existing legal framework can be an effective approach to ensuring responsible marketing of beverage alcohol

• Alcohol can be part of a healthy lifestyle if consumed in moderation.

• The effect of this kind of massimalistic statements is the preservation of the status quo.

---

**Question 17**

17. Additional information concerning substances that could induce allergic reactions needs to be written on the label.

**Strongly Agree**

• European and Belgian legislation is already in force on this issue.

• Food labeling rules include this already - exceptions for alcoholic drinks cannot be justified

• The European Union has legislation already in force on this issue.

• This is already a requirement under existing EU legislation.
• We have that information already.
• The European Union has legislation already in force on this issue.

**Agree**

• Yes if there is enough evidence that a substance will trigger allergic reaction to a certain part of the population.
• Yes if there is enough evidence that a substance will trigger allergic reaction to a certain part of the population. (National) Legislation on obligatory allergy labelling is in place though.
• Yes if there is enough evidence that a substance will trigger allergic reaction to a certain part of the population. Coherence with the provisions of EU Directive 2000/13 on the labelling of foodstuffs needs to be ensured.
• “Additional information concerning substances that could induce allergic reactions needs to be written on the label (of alcoholic beverages).
• I keep my comment
• Producers must inform of the content of the product: consumers should be aware of the effect the product may have on their health.

**Neutral**

• on the label there are too much information.
• Isn’t such information already required by EU and national legislations on both foodstuffs and alcoholic beverages?
• similar approach to other food stuff in this matter should be used
• Yes in cases where beverages are designed, and alien products are added it must be considered
• At least in Finland, such information is already required by law on alcoholic drinks and foodstuffs alike. Information on allergens is, however, not enough: consumers need to be informed also of the risks involved in alcohol use, of the calorie content of the drinks, of the amount of sugar/carbs contained in drinks etc.
• ”The primary goal of food labelling is to provide consumers with the necessary information to enable them to make informed choices.
  In accordance with the EU wine legislation, allergens are already labelled on wine bottles.
Disagree

- Information about allergenic compounds in alcoholic beverages should be similar to that used for all food and dietary components.

Not Qualified, not responded

- Do not feel qualified to express my opinion on this.
Question 18

18. Alcohol labels should mention a list of ingredients and nutritional properties of the beverage.

Strongly Agree

- European and Belgian legislation is already in force on this issue.
- Why should alcohol be an exception

Agree

- This would be logical, since such information is given on foodstuff packages. Given that alcoholic beverage labels at present carry very little information about the products, a good way to start would be to give the most relevant information, i.e. information relating to health risks and information on energy content and quantity of sugar or carbs.
- which could also reduce the consumption of low-quality liquors
- Yes when these ingredients are added substances which may increase some dangers to health like to obesity, diabetes, reduced awareness and others
- the list of ingredients nutritional properties of beverage would be useful information.
- “Alcohol labels should mention a list of ingredients, nutritional properties of the beverage and the volume of alcohol. The abovementioned Directive should be referred to here as well as the national legislation which provides for the obligation to mention the producer, type of beverage and volume of alcohol on the labels of alcoholic beverages.
- Information about the risks involved in alcohol use is even more important than a list of ingredients. A health warning would clearly indicate that alcoholic beverages are not just “ordinary commodities. Alcoholic drinks have very little “nutritional properties”, so on this score more important would be to indicate the energy/calorie content as well as the amount of sugar/carbs, since alcohol use is likely to contribute to overweight. ”. Information on most other ingredients can be found elsewhere when needed.
- Labels concerning both the nutritional properties and the dangers of the abuse of alcoholic beverages should by agreed between industry, medical associations and governments.
- They should be positioned around the back of the bottle/can.

Neutral
• Ingredients should be mentioned but not necessarily nutrition

• Most alcoholic beverages are composed of one single main ingredient; therefore there is little added value for the consumer to know the ingredient list. Regarding nutrition information: in the context of the obesity debate, only the energy value may be relevant.

• similar approach to other food stuff in this matter should be used

Disagree

• Alcoholic Beverages have not to be considered food.

• Brewers are keen to provide clear meaningful advice to consumers. The prime requirement of the label for beer drinkers is to provide information on brand identity, flavours and alcoholic strength by volume. Ingredients and nutrition information may be conveyed, e.g. via company websites.

• Most alcoholic beverages are composed of one single main ingredient; therefore there is little added value for the consumer to know the ingredient list. Regarding mix drinks e.g., ingredients list is obligatory by (national – German) law anyhow. Regarding nutrition information: in the context of the obesity debate, only the energy value may be relevant.

• The existing rules are sufficient (nutritional labelling where a nutritional claim is made). Discussions on ingredient listing for alcoholic beverages are ongoing with DG Sanco. If introduced, they must apply to all alcoholic beverages and be relevant for the consumer.

• [We] deem this unnecessary as consumers already have all the information they need (alcohol and allergens). In addition to this, it would be extremely difficult to list the ingredients as wine is an agricultural product, whose composition is not stable but varies according to a number of factors, such as the vintage, age of the wine, the vinification process, etc.

Strongly Disagree

• Mentioning these qualities would be equivalent to listing also the benefits of tobacco on cigarette packets

• Wine is composed of one single main ingredient; therefore there is little added value for the consumer to know the ingredient list. In addition to this, research conducted on behalf of DG SANCO on the matter shows for example that wine consumers see the prime requirement of the label as providing information on origin, flavour or millesime. There are other means of conveying information on ingredients and nutrition, e.g. via websites
Question 19

19. Pictograms or photographs are valid alternatives for textual health warnings

Strongly Agree

- like in the case of France. I do not know evidence on that issue but I assume they are equally effective.
- low educated persons profit most from pictograms / photographs and are one of the most vulnerable groups with respect to bad drinking (and eating) habits

Agree

- In case of health warnings as part of an educational program, yes, if clear and self-explanatory.
- Yes, if clear and self-explanatory but again has to be consistent. It could confuse customers if both pictorials and text are used to convey the same message.
- agree, but photographs should be exchanged from time to time
- depends on a message and picture

Neutral

- Research shows that when awareness was raised (i.e., level of remembrance of the information and discussion about it), it was when symbolic labelling was used rather than textual information. In any case, any decision should be based on research among consumers.
- Attaching health warnings to labels is not a useful means of supplying information on abusive and/or immoderate consumption of alcohol; nor is it appropriate for prevention. Wine is quite rightly documented as a product which is associated with quality as well as having a positive impact on health. Placing information on abusive and/or immoderate alcohol consumption on the label of a high-quality and well-regulated product could serve as a source of confusion for consumers.

Disagree

- I would prefer textual warnings.
- Images always have a more direct impact, yet they can be found disturbing and intrusive.
• Pictograms or photographs alone can convey only a limited amount of information. A correct reading can be expected only for very simple, stylized images such as road signs. Such images function as reminders, not as carriers of new information.

• As any other relevant stakeholder (including government, socio-economic actors and individual consumers

• Pictograms are inadequate for a balanced information on health and disease. They could be used for a given item in developing Countries.

• Pictograms should not be considered as an alternative to written health warnings. Some very simple and easy-to-learn symbols, such as the red triangle used (at least in Finland) on medicinal drugs likely to affect ability to drive, could perhaps be used along with a written warning.

**Strongly Disagree**

• They could be misinterpreted.

• Health warnings do not impact drinking behaviour.

• As shown by the available scientific evidence. See ‘The Brewers of Europe’ position on health warning labels.

• Health warning (with text or pictures) is not efficient.

• Obvious is that health warnings do not work!!

• They are not clear messages, and ambiguity can convey an opposite meaning

• We cannot criminalise the product per se but the abuse/misuse of it. There is scientific evidence that demonstrates the moderate consumption of fermented products (like beer) by healthy adults has benefits on our bodies due to the properties given because of its low alcohol content and the raw materials used in their production (barley, hops and water).

• [We] question the appropriateness of placing health warning labels on alcoholic beverages when our products, consumed in moderation on the vast majority of occasions, can form part of a healthy lifestyle. Whilst, in countries where they have been introduced, there is some increase reported in awareness of, exposure to, and recognition of warning labels on drinks containers, research has failed to demonstrate a change in drinking behaviour as a result of exposure to them. In particular, there is no evidence that warning labels are effective in preventing alcohol consumption by heavy drinkers or pregnant women.

**Not Qualified, not responded**

• On the labels NO // On Publicitary campaigns YES

• “Pictograms or photographs are valid alternatives for textual health warnings.
Pictograms and photographs may supplement the textual messages but should not be the main method to provide the information about damages to health.

**Question 20**

20. Pubs and the catering business have a responsibility in the prevention of harmful alcohol use.

**Strongly Agree**

- civil liability of bars/ pubs/ catering businesses is an important effective measure. There should also be control on these measures.

- I have some problems to understand the question. At least in the Nordic countries pubs and catering business must by Alcohol Act deny serving to intoxicated persons

- Nobody can be put aside of social and individual responsibility; a public service must be made responsible not only in food hygienics and safety but also in other health consumer aspects. Unfortunately we live a too much irresponsible fragmented society

- Pubs and the catering business have, for instance, responsibility to ensure that alcoholic drinks are not sold or served to minors, to discourage rather than encourage drunkenness, to ensure that the physical environment contributes to minimizing rather than increasing risk of harm, and to protecting the safety and health of the personnel, taking into account the risks involved in working in a pro-drinking environment.

- it is very hard for catering business

- As they make business, they have to be responsible! Therefore we change from agree to strongly agree.

- "Catering establishments which sell alcohol (pubs and the catering business) have a responsibility in the prevention of harmful alcohol use.

- The above responsibility should be connected with the ban on the sale of alcoholic beverages to specific persons. In the Polish law the ban covers the sale of alcoholic beverages to intoxicated persons and persons under 18 years of age, also on credit and on security. In addition, the entrepreneurs have an obligation not to market alcoholic beverages from illegal sources. There is also a need to introduce an efficient system for supervision and monitoring of trade in alcoholic beverages. It includes, among others, the introduction of an obligation to obtain appropriate permits for the sale of alcohol and the appropriate local policy towards alcohol, consisting in e.g. the introduction of the limit on the number of points of sale or the ban on the sale of alcohol in specific places imposed by the local authorities.
• They main and direct responsibility in preventing harmful drinking of alcohol is not to sell alcohol beverages to under-aged, already drunk, pregnant costumers and to prevent drink-driving

Agree

• Effect is indeed negligible but not zero. More and more families are planning their family life whereas also number of children. To give birth to healthy child without brain damages mothers’ has no right to use alcohol. Later it is the family who explains children how alcohol damages health. On account of these families drinking will reduce in the future.

• According to Icelandic laws, establishers have the right to refuse service when customer is drunk but are not obliged to do so.

• All stakeholders have their responsibility.

• All stakeholders should play a role in the prevention and tackling alcohol misuse.

• As any other relevant stakeholder (including government, socio-economic actors and individual consumers)

• Especially in relation to the sale to minors.

• Of course, also pubs, bars, restaurants etc. have a responsibility in terms of the prevention of alcohol misuse, especially since these businesses are serving alcohol directly to the consumer.

• On and off-trade have the responsibility to promote alcoholic beverages in a responsible way and not to serve/sell alcohol to under age or intoxicated people. To achieve these objectives, they have to ensure adequate training of their staff to raise their knowledge and skills to face such responsibility.

• One has to distinguish between off-trade (supermarkets, convenience stores) and sales in pubs, bars, restaurants. Both businesses have a responsibility in the prevention of alcohol use. But in the latter case, these businesses have a stronger responsibility as they serve consumers who directly enjoy the drinks.

• Pubs and catering business must be taken on board when deciding to do something in this area, beside supermarkets/other retail outlets (e.g. petrol stations)

• Responsible serving initiatives are welcomed and effective

• They should share part of the responsibility. In our country it is forbidden to sell alcohol to intoxicated person. So they should be law abiding persons.

• Yes, as do any other relevant stakeholder (including government, socio-economic actors and individual consumers)

• As any other relevant stakeholder (including government, socio-economic actors and individual consumers
• The responsibility for dealing with the problem of alcohol abuse must be shared between the individual consumer, local and national governments and all other stakeholders (including food chain partners).

Neutral

• Every party involved in the distribution of alcohol should satisfy and fulfil its own responsibilities
• This is a difficult question as there are so many possible responses. Everyone has a responsibility

Disagree

• I am sceptical about the efficacy of this approach.

Responsible editor
Marc Vandercammen
CRIOC
Fondation of Public Interest