



ALCOHOL
HEALTH
ALLIANCE

Contents unknown:

How alcohol labelling
still fails consumers

June 2022



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One in three labels do not display the up-to-date CMOs' drinking guidelines

Introduction

This report is a follow-on to the Alcohol Health Alliance's 2020 report *Drinking in the dark: How alcohol labelling fails consumers*.¹ It looks at whether essential information, such as the low-risk drinking guidelines, ingredients, calories and other health information, is provided on alcohol labels.

Alcohol is linked to over 200 health conditions and diseases, including seven types of cancer and heart disease.² It has become the biggest risk factor for death, ill health and disability among 15-to-49-year-olds in the UK.³ Alcohol also contributes significantly to calorie intake: of adults who drink, nearly 10% of their daily calorie intake comes from alcohol.⁴

Yet, people are unaware of the harm alcohol can cause. Just a quarter of Brits know that alcohol is a causal factor in breast cancer and only a fifth can correctly identify the Chief Medical Officers' (CMOs') low-risk drinking guidelines. Moreover, only one in five people know how many calories are in a pint of beer.⁵

Unlike other food and drink products, alcohol labels are not required to display this information. They only need to show the volume of the container, the drink's strength (alcohol by volume, ABV) and whether any of the 14 most common allergens are present. All other information is included voluntarily. This means that there is currently more product information on a bottle of orange juice than on a bottle of beer.

People have a right to know this information, as it enables them to make informed choices about their health, through deciding what and how much they drink. Providing more information on alcohol labels is an easy and effective way to increase awareness about the risks associated with alcohol.⁶ There is wide public support for improved alcohol labelling, with more than half of the British population wanting units, sugar and calorie information on alcohol labels.⁷

1 Alcohol Health Alliance UK (2020). [Drinking in the dark: How alcohol labelling fails consumers](#).

2 World Health Organization (September 2018). [Fact sheets: alcohol](#).

3 VizHub - GBD Results (2019). [Global Health Data Exchange](#), Institute for Health Metrics and Evaluation, University of Washington.

4 Bates, B. et al. (2014). [National Diet and Nutrition Survey: Results from Years 1, 2, 3 and 4 \(combined\) of the Rolling Programme \(2008/2009-2011/2012\)](#).

5 Alcohol Health Alliance UK (2018). [How we drink, what we think](#). Alcohol Health Alliance UK (2021). [Just one in five Brits know how many calories are in a glass of wine](#).

6 Hobin, E. et al. (2022). [Enhanced Alcohol Container Labels: A Systematic Review](#). Canadian Centre on Substance Use and Addiction.

7 Alcohol Health Alliance UK (2021). [Great British public and leading health experts back changes to alcohol labelling](#).

Methodology

This research follows on from the AHA's 2020 report *Drinking in the dark: How alcohol labelling fails consumers*. It aims to understand if and how alcohol product labels display health and nutritional information in 2022.

Photographic data was collected between 2 March and 4 April 2022 by staff from AHA member organisations. Data collection took place at 29 large and small supermarkets and off-licences across the UK. Each data collector was asked to photograph the labels of 15-20 products of a specific beverage category. The categories included beer, cider, red wine, white wine, sparkling wine/prosecco, ready-to-drink beverages (RTDs), spirits and liqueurs.

Labels were assessed based on the inclusion or omission of the following information:

- > **up-to-date UK Chief Medical Officers' low-risk drinking guidelines**
- > **outdated or foreign drinking guidelines**
- > **general health warning**
- > **specific cancer warning**
- > **full list of ingredients**
- > **full nutritional information**
- > **calorie information**
- > **sugar content**
- > **unit information**
- > **warnings about pregnancy, drink-driving and age (either in text or pictogram format)**
- > **signposting to Drinkaware**

Data collectors were also asked to give an assessment of the legibility and presentation of the labels. As these assessments were subjective, the data was analysed for common themes, which are reported below.

This sampling approach resulted in 400 alcohol product labels. Following the removal of duplicate products – the same products with the same labels – 369 products were carried forward for analysis. Products of the same beverage, but with different labels or varying packaging – for example, a can and a glass bottle – were included in the analysis.

Results

The results of the analysis are reported in Table 1. They show a mix of levels for the inclusion of various alcohol label elements. Figures from the previous AHA report – for which data was collected in 2019 – have also been included for reference.

Table 1: Survey results

Labelling element	2022*	2019
Up-to-date CMOs' guidelines	65%	29%
No guidelines	29%	
Old CMOs' guidelines	4%	
Foreign CMOs' guidelines**	1%	
General health warning	3%	<i>Only one product</i>
Specific cancer warning	<i>Only one product</i>	
Full list of ingredients	20%	28%
Calories	41%	37%
Sugar content	6%	
Full nutritional information	5%	7%
Unit information	85%	95%
Pregnancy warning	97%	97%
Drink drive warning	24%	26%
Age warning	16%	7%
Signposting to Drinkaware	76%	

* Figures within a labelling element category might not add up to 100% due to rounding.

** Four products displayed both foreign guidelines as well as the up-to-date CMOs' guidelines. These were excluded from this count and included in the up-to-date CMOs' guidelines count.

Chief Medical Officers' guidelines

The current Chief Medical Officers' (CMOs') guidelines – which recommend not regularly drinking more than 14 units per week – were present on only 65% of products. Worryingly, 5% of products gave consumers wrong information by displaying old or foreign guidelines.

Over a third of products are not giving consumers accurate information about the drinking guidelines. This is despite agreements between the Government and the alcohol industry that labels would reflect the current CMOs' guidelines by September 2019.⁸

⁸ Food Standards Agency (September 2017). [ALCOHOLIC DRINK VOLUNTARY LABELLING UPDATE letter to Heads of Environmental Health Service and Directors of Trading Standards Services.](#)

While there has been some improvement in including the guidelines on labels since our previous report, this improvement is markedly lower than the figures reported by the industry-funded Portman Group in November 2021.⁹

It is unacceptable, that almost three years after the deadline agreed by the Government and alcohol industry, one in three products still fail to display the CMOs' guidelines. Self-regulation is not working. It is time for the Government to set clear requirements to ensure that consumers are given the correct drinking guidelines on every alcohol product they see.

Health warnings

General health warnings or warnings about specific diseases and conditions associated with alcohol consumption are rarely included on alcohol labels, despite alcohol being classed as a Group 1 carcinogen.¹⁰ Just 10 products (3%) showed a general health warning and only one product had a specific cancer warning. At the same time, tobacco products, also classed as Group 1 carcinogen, are required to display written and graphic health warnings, with requirements for minimum size and positioning.¹¹

Nutritional information

Very limited information was provided about product ingredients and nutrition. Just 20% of products displayed a full list of ingredients. Concerningly, only 5% of products displayed full nutritional information. 41% of products reported information on calorie content. Without this information available at the point of purchase, consumers are unable to make informed decisions about their consumption and their health.

Just 6% of products included sugar content on their labels. Alcoholic drinks can be very high in sugar and with no legal requirement to display sugar content on alcohol labels, drinkers may unwittingly surpass their daily sugar intake. Recent research by the Alcohol Health Alliance found a wide range of sugar content in different varieties of wine: from 0 to 15 teaspoons per bottle.¹² Similarly wide ranges have been detected in other alcoholic products, such as RTDs.¹³ With no two products exactly alike, it is evident that having sugar content, as well as other nutritional information, on product labels is highly important. This information is a requirement for other food and drink products and there is no reason why it should not be on alcoholic products too.

9 The Portman Group (2021). [Informing alcohol consumers: 2021 UK Market Review](#).

10 International Agency for Research on Cancer (2022). [List of Classifications](#).

11 Department of Health and Social Care (2021). [Tobacco packaging guidance](#).

12 Alcohol Health Alliance (2022). [Sugar content in wine revealed: Health experts deem alcohol labelling 'woefully inadequate'](#).

13 Action on Sugar (2020). [Sugar content of ready-to-drink alcoholic beverages](#).

Unit information

Just 85% of products included unit information on their labels. Having unit information on labels is crucial for consumers to put the CMOs' guidelines into context and to enable them to monitor their consumption. There is also wide support for the measure, with 75% of the British public wanting the number of units on product labels.¹⁴

Other warnings

There has been little change with regards to pregnancy and drink drive warnings. Pregnancy warnings were present on 97% of labels. Drink drive warnings were included on 24% of labels. Age warnings – reminders of the legal drinking age – are now present on 16% of labels. This is nowhere near high enough to reliably inform consumers of the law and the additional dangers of drinking in some contexts.

Moreover, data collectors found discrepancies in the inclusion of these elements on labels of the same product. Several products were identified that had almost the same label design, but on closer inspection one or more elements were present on one version of the label but missing on the other. Often, this did not seem to be due to a lack of space on the packaging. Instead this space was left empty (see pictures 1 and 2).



Picture 1



Picture 2

¹⁴ Alcohol Health Alliance (2021). [Great British public and leading health experts back changes to alcohol labelling.](#)

Signposting to further information

Data collectors were asked to record whether labels directed consumers to the alcohol-industry funded organisation Drinkaware for further information - 76% of products did so. This is concerning as there is significant evidence showing that alcohol-industry funded organisations are not always reliable sources of information. Research has found that some alcohol-industry funded organisations have misrepresented information about alcohol-related risks in the past and have used various techniques to place positive messages about drinking above alcohol harms.¹⁵ The AHA believes that labels should instead refer people to independent and evidence-led websites, such as the NHS Alcohol Advice website or the Alcohol Change UK website.

Legibility and presentation

It is not enough for these elements to just be on labels: their presentation matters as well. Our 2020 report included a detailed analysis of presentation, including on elements such as legibility, font sizes and colours. Rather than replicating this comprehensive analysis for this report, data collectors were asked for their subjective opinions and to note down particularly noteworthy examples.

Data collectors reported a wide range of positive and negative examples: some products featured health information in a separate and prominent area of the label, using large fonts and colour combinations that clearly separated it from the rest of the product design. At the other end of the spectrum, there were labels on which information and warnings were very difficult to see as they blended in with the rest of the packaging, used difficult to read colour combinations (such as black font on a blue background), or were mixed in with recycling symbols (see picture 3). In line with previous findings from 2020, the label sizes were commonly identified as too small to be legible.



Picture 3

¹⁵ Petticrew, M. et al. (2017). [How alcohol industry organisations mislead the public about alcohol and cancer](#). Lim A. et al. (2019). [Pregnancy, Fertility, Breastfeeding, and Alcohol Consumption: An Analysis of Framing and Completeness of Information Disseminated by Alcohol Industry-Funded Organizations](#). Petticrew, M. et al. (2020). [Dark Nudges and Sludge in Big Alcohol: Behavioral Economics, Cognitive Biases, and Alcohol Industry Corporate Social Responsibility](#). Peake, L. et al. (2021). [Analysis of the accuracy and completeness of cardiovascular health information on alcohol industry-funded websites](#).

Some labels had a mixture of positive and negative elements: for example, one product had a separate box for the CMOs' guidelines and a general health warning, but the drink driving and pregnancy warnings blended in with the rest of the green can colour. From a distance and in certain lights, it was unclear what the symbols were (see picture 4).

These examples show that in addition to specifying which elements should be on alcohol product labels, provisions will also have to be made about how these are presented, to ensure that they are effective in informing consumers.



Picture 4

Conclusion

Better alcohol labelling is urgently needed to provide consumers with the information they both want and need to make informed choices about their health, as well as to increase awareness of the harm alcohol causes.

Industry self-regulation has continued to fail to provide this information. In line with findings from 2020, the inclusion of crucial labelling elements has remained insufficient:

- > More than a third of alcohol product labels fail to inform consumers of the UK Chief Medical Officers' low-risk drinking guidelines.
- > Only a fifth of products provide full ingredients lists.
- > Just 2 in 5 products include calorie information.
- > Only 6% of products include sugar content.
- > 15% of products do not include unit information.

It is clear that accurate and consistent labelling cannot be guaranteed as long as there are no requirements for these elements to be included on all labels. For all alcohol products to have consistent labelling, the Government needs to step in – like it did for food, non-alcoholic drink and tobacco products – and require alcohol products to display this information on the label.

The AHA recommends that:

- 1. The UK Government and devolved administrations must give a new or existing independent agency appropriate powers to require, monitor and enforce what appears on alcohol labels, working in the interests of public health and consumer rights and free from influence or interference from corporate interests.**
- 2. The labelling requirements set by this agency should be guided by the considerations and best practice laid out in the World Health Organisation's major European review of alcohol labelling. In particular, label content and design should be specified, according to evidence of effectiveness of messaging, presentation (size, colour, etc.), and positioning on the container.**

The Alcohol Health Alliance welcomed the Government's announcement to consult on alcohol product labelling in 2020. Given the findings of this report, we urge the Government to publish the consultation without further delay. For labels to be most effective, the consultation must include all the labelling elements outlined in this report.





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About us

The Alcohol Health Alliance UK (AHA) is a coalition of more than 60 organisations working together to reduce the harm caused by alcohol. Our members include medical royal colleges, charities and treatment providers.

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