

Contribution to the TRIS notification 2022/441/IRL of Draft Regulations under Section 12 of the Public Health Alcohol Act, 2018.



Who are we?

Alcohol Action Ireland (AAI) is the national independent advocate working to reduce harm from alcohol.

We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of the Public Health (Alcohol) Act.

AAI support the work of the HSE Alcohol Programme, informing strategic alcohol initiatives as an instrument of public health planning. AAI is a member of the Public Health Alcohol Research Group established by the Minister for Health in Ireland to advise on evaluation research.

We act as the secretariat to the Alcohol Health Alliance Ireland, as its co-founding member, and serve on the Board of Eurocare – European Alcohol Policy Alliance, Brussels.

Executive Summary

AAI strongly supports the Irish government's legislation on labelling of alcohol products, and the modalities of the Draft Regulations, with consumer and product information and health warnings both on-product and alcohol licensed premises.

Our reasons include:

1. The consumer has the right to accurate health information so that they can make informed decisions about the risk of alcohol use and the impact to their health and wellbeing from the product they may purchase. This principal resonates and is supportive of a future direction that lies within a revision of the EU Regulation No.1169/11 and the policy proposal emanating from Europe's Beating Cancer Plan.
2. Ireland has specific issues around patterns of alcohol use which give rise to high levels of alcohol harms. The Irish parliament, and its elected government, has democratically enacted legislation which provides a proportionate response, mindful of minor commercial inconveniences, to improve health literacy, among the drinking population, on the risk from alcohol use.
3. A recognition of a Member State's competency to adopt measures requiring mandatory particulars to on-product alcohol labelling on grounds of the protection of public health.

There has been significant opposition by the global alcohol industry to Ireland's progressive public health initiative to reduce alcohol use. However, given the significant burden to individuals, families and communities, and the public purse, of alcohol harm in Ireland, it is now imperative that this Member State public health measure is commenced, nearly a decade after it was approved.

What is proposed?

The Public Health Alcohol Act, 2018 is a broad public health evidence-based policy response to Ireland's persistent societal difficulty with alcohol use and related harm. It endeavours to establish a set of coherent controls on alcohol price, promotion and placement to aid a whole of population reduction in alcohol use. In addition, it seeks to improve health literacy among the drinking population who research shows have limited awareness and understanding of the inherent risk to their health and wellbeing from alcohol use.

Section 12 of the Public Health (Alcohol) Act states that labels on alcohol products will have to detail:

- A warning to inform the public of the danger of alcohol consumption.
- A warning to inform the public of the danger of alcohol consumption during pregnancy.
- A warning to inform the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the product.
- The energy value expressed in kilojoules and kilocalories.
- Details of a website, providing public health information in relation to alcohol consumption.

In addition, these provisions also provide that those selling alcohol in on-licensed premises will be required to display a notice containing the same health warnings, a link to the public health website and an indication to the customer of the alcohol and calorie content of all drinks is available.

The notified draft regulations - 2022/441/IRL, details the technical details of implementation.

Policy context

IRELAND

In 2012, the Department of Health, published the National Substance Misuse Strategy's steering group report, which proposed a set of recommendations that 'will help to significantly and positively alter Ireland's relationship with alcohol.' These recommendations formed the foundation of the legislative framework that has been enacted with the Public Health Alcohol Act which became law in October 2018 and included a specific recommendation on:

Labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings¹

The Irish Parliamentary Committee who scrutinised the General Scheme of the Public Health (Alcohol) Bill in June 2015 supported the proposed labelling measures, stating:

"Alcohol labelling should be treated in a similar fashion to tobacco legislation, to include the following:

- Clear health warnings to be included on alcohol products, indicating that alcohol causes disease;
- the Minister should also consider ensuring that warnings be given prominence with an emphasis on visual, graphic designs for maximum effect;
- labelling should be standardised, taking into account best practice on design guidelines"²

On introducing the legislation to Parliament in December 2015, the Minister for Health, Leo Varadkar TD., outlined in respect of the labelling provisions proposed:

"The provisions aim to ensure consumers are provided with health information on alcohol products, regardless of the manner of purchase, be it in a shop, in a pub or online. Labels on alcohol products, websites where alcohol is sold online and documents with kegs or casks must contain the following information: health and pregnancy warnings, the quantity of alcohol in grams, the energy value, and details of an alcohol public health website"³

The legislative framework, the Public Health Alcohol Act, was enacted in October 2018.

¹ Steering Group Report on a National substance misuse strategy. Dublin: Department of Health.(2012) <https://www.drugsandalcohol.ie/16908/>

² Report on the pre-legislative scrutiny of the general scheme of the Public Health (Alcohol) Bill 2015. <https://www.drugsandalcohol.ie/24180/>

³ <https://www.oireachtas.ie/en/debates/debate/seanad/2015-12-17/11/>

EUROPEAN UNION

The EU Commission's communication on An EU strategy to support Member States in reducing alcohol related harm in 2006, outlines Good practice and states in Aim 7: to provide information to consumers to make informed choices.

Action to improve consumer information, at point of sale or on products, on the impact of alcohol abuse on health and work performance. As part of consumer information, some Member States have introduced, or are considering introducing labelling to protect pregnant women and the unborn child.⁴

The 2017 report from the Commission to the European Parliament and the Council regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages, states:

the Commission has not identified objective grounds that would justify the absence of information on ingredients and nutrition information on alcoholic beverages⁵

The 2021 European Commission's action plan 'Europe's Beating Cancer Plan' outlines a 'political commitment to leave no stone unturned to take action against cancer' and under the proposed prevention actions: 'Saving lives through sustainable cancer prevention', it outlines the need to 'give people the information and tools they need to make healthier choices' and in recognizing that 'Alcohol-related harm is a major public health concern in the EU. In 2016, cancer was the leading cause of alcohol-attributable deaths with a share of 29%, followed by liver cirrhosis (20%), cardiovascular diseases (19%) and injuries (18%)' it proposes:

'the Commission will review its promotion policy on alcoholic beverages and in addition propose a mandatory indication of the list of ingredients and the nutrition declaration on alcoholic beverage labels before the end of 2022 and of health warnings on labels before the end 2023.'⁶

AAI welcome moves in the EU to revise the Regulation on Food Information to Consumers to provide for nutritional information on alcohol products. We also warmly endorse the EU Beating Cancer plan with its proposal to have health warning labels before the end of 2023.

Ireland's PHAA labelling regulations are in keeping with these proposals. Given the high levels of alcohol harm in Ireland as outlined in this submission it is essential that there is no further delay in progressing their implementation.

⁴ <https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52006DC0625&rid=1>

⁵ REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL regarding the mandatory labelling of the list of ingredients and the nutrition declaration of alcoholic beverages [https://ec.europa.eu/transparency/documents-register/detail?ref=COM\(2017\)58&lang=en](https://ec.europa.eu/transparency/documents-register/detail?ref=COM(2017)58&lang=en)

⁶ https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

Presence of nutritional and health information in alcohol labelling legislation in the WHO European Region, overall and by EU membership

Countries/Region	Ingredients		Nutritional values*		Health information		All three	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
	WHO European Region (overall)	21	40	10	19	15	28	9
EU Member States (28)	9	32	1	4	4	14	1	4
Non-EU Members States (25)	12	48	9	36	11	44	8	32

* All countries with legislation on including nutritional values also had legislation on including an ingredients list.⁷

In April 2022, the Norwegian Directorate of Health recommended that alcoholic beverages be marked with a cancer warning.⁸

GLOBAL

The World Health Organisation's Global strategy to reduce the harmful use of alcohol 2010: Area 8. Reducing the negative consequences of drinking and alcohol intoxication recommended policy options and interventions include:

*providing consumer information about, and labelling alcoholic beverages to indicate, the harm related to alcohol.*⁹

The European action plan to reduce the harmful use of alcohol 2012–2020 produced by the Regional Office for Europe of the World Health Organization in addressing strategies and actions to reduce the negative consequences of drinking and alcohol intoxication proposed:

Health warning labels should be placed on all alcoholic beverage containers as part of broader communication and point-of-purchase health campaigns to reduce the harmful use of alcohol. Once phased in, alcohol warning or information labels cost very little and, at the very least, remind consumers and society at large that alcohol is no ordinary commodity.

Measures could be taken to introduce a series of warning or information labels on all alcoholic beverage containers and on all commercial communication materials for alcoholic beverages. The content of the messages can usefully be advised by public health bodies. The focus of such messages might be to address issues of immediate

⁷ <https://www.ncbi.nlm.nih.gov/books/NBK558554/table/ch2.t1/?report=objectonly>

⁸ <https://www.alcoholandcancer.eu/post/norwegian-directorate-of-health-recommends-that-alcoholic-beverages-be-marked-with-a-cancer-warning>

⁹ Global strategy to reduce the harmful use of alcohol. World Health Organization 2010.

concern such as drinking during pregnancy or while driving, or to cover the long-term risks of alcohol use, such as high blood pressure and cancer.¹⁰

The World Health Organisation's draft action plan (2022–2030) to effectively implement the Global Strategy to reduce the harmful use of alcohol as a public health priority, agreed at the 150th session of the Executive Board, in 2022, outlines Proposed Actions for Member States in Area 2: Advocacy, Awareness and Commitment:

Ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings.¹¹

Pregnancy warning labels will be mandatory on alcoholic beverages under recommendations agreed in 2020 by the Australian and New Zealand Ministerial Forum on Food Regulation. Manufacturers have three years to implement the “PREGNANCY WARNING” label across all alcoholic beverages.¹²

South Korea requires warnings on alcohol containers about liver cancer and other liver diseases.

¹⁰ European action plan to reduce the harmful use of alcohol 2012–2020, WHO Regional Office for Europe.

¹¹ https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf

¹² <https://www.foodstandards.gov.au/industry/labelling/Pages/pregnancy-warning-labels.aspx>

Why is Ireland implementing such regulations?

A. PERSISTENT HIGH LEVELS OF ALCOHOL HARM

Alcohol Action and University College Cork (UCC) School of Public Health in February 2022, published a research paper that provides greater analysis on the accurate levels of alcohol related death and illnesses in Ireland.

Working with the most up-to-date datasets from the Global Burden of Diseases (GBD), which is based at the Institute for Health Metrics and Evaluation (IHME) the Ireland lead investigator at the UCC School of Public Health demonstrated that existing data (2017) under-reports the likely death rate by over 40%.

Using the most recent datasets (2019) researchers have now estimated the new annual alcohol related deaths at 1,543, which was previously observed at 1094 (2017) based on HRB analysis; this suggests that four people will die every day in Ireland from alcohol related harm and illness.¹³

These premature deaths translated into losing a total of approximately 62,237 Disability-Adjusted Life-Years (DALYs) attributable to alcohol in 2019, the young and middle-aged disproportionately losing more DALYs and loss of productivity. There are a variety of causes for these alcohol related deaths, namely liver cancer, cirrhosis and other chronic liver disease along with other significant conditions included pharyngeal, lip and oral cavity, oesophageal and breast cancers, as well as alcohol use disorders, respiratory and heart diseases.

There has been a general upward trend in the number of alcohol-related hospitalisations in Ireland since 1995. The number of wholly alcohol-related discharges increased from 9,420 in 1995 to 18,348 in 2018, an increase of 94.8%. From 1995 to 2018, the number of bed days accounted for by alcohol-related conditions increased by 216%, from 56,264 to 177,892. The length of stay for alcohol-related conditions increased by 71.6%, from a mean of 6.0 days in 1995 to a mean of 10.3 days in 2018. This indicates that presentations of alcohol-related conditions may be becoming more complex and taking longer to treat.¹⁴

¹³ Global Burden of Disease Estimates of alcohol use and attributable burden in Ireland
https://alcoholireland.ie/wp-content/uploads/filebase/reports/21883_AAI_ICC_GBD_Policy_Paper_v4_online.pdf

¹⁴ O'Dwyer C, Mongan D, Doyle A and Galvin B (2021) Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 11. Dublin: Health Research Board.
https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2021_publications/2021_HIE/Evidence_Centre/HRB_Alcohol_Overview_Series_11.pdf

A.1. PREVALENCE OF ALCOHOL-RELATED LIVER DISEASE

The rate of alcoholic liver disease (ALD) per 100,000 persons from 1995 to 2018 has increased steadily over the past 23 years, with the rate of ALD discharges in 2017 reaching the highest it has ever been since recording began, at 102.3 discharges per 100,000 persons, representing a 261% increase from 1995.¹⁵ While mortality from liver disease in Ireland has increased 400-fold since 1970; 452 per cent increase in liver deaths seen between 1971 and 2012.¹⁶

In terms of age, this increase was most pronounced, among those aged 15–34 years (211%). ALD discharges increased among males from 37.3 discharges per 100,000 in 1995 to 129.3 per 100,000 in 2018, an increase of 247%. Female discharges increased by 175% during this time, from 19.5 discharges per 100,000 in 1995 to 53.7 per 100,000 in 2018.¹⁷

B. PREVALENCE OF FOETAL ALCOHOL SPECTRUM DISORDER (FASD) AND FOETAL ALCOHOL SYNDROME (FAS)

Foetal Alcohol Spectrum Disorder (FASD) and its most severe form Foetal Alcohol Syndrome (FAS) are serious lifelong neuro-developmental conditions which arise from pre-natal exposure to alcohol.

A 2017 systematic review and meta-analysis of FASD estimated that the global prevalence of FASD among children and youth is 7.7 per 1,000 population. The WHO European Region had the highest prevalence (19.8 per 1,000 population), and the study estimated that Ireland had the third-highest rate of FASD globally, at 47.5 per 1,000 population.¹⁸

According to Dr Mary O’Mahony, a Specialist in Public Health Medicine in Ireland, this means that an estimated 600 Irish babies are born each year with FAS, and more than 40,000 Irish people live with the condition.¹⁹

¹⁵ *ibid*

¹⁶ <https://www.imt.ie/clinical/preview-role-mdt-alcohol-care-teams-addressing-alcohol-crisis-explored-04-02-2021/>

¹⁷ O’Dwyer C, Mongan D, Doyle A and Galvin B (2021) Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 11. Dublin: Health Research Board. https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2021_publications/2021_HIE/Evidence_Centre/HRB_Alcohol_Overview_Series_11.pdf

¹⁸ The most severe form of disability arising from alcohol exposure is Foetal Alcohol Syndrome which occurs at a rate of about 1 in 10 cases of FASD. Lange S, Probst C, Gmel G, et al. Global prevalence of fetal alcohol spectrum disorder among children and youth: a systematic review and meta-analysis. *JAMA Pediatrics*. 2017;171(10):948-56.

¹⁹ Estimation of national, regional, and global prevalence of alcohol use during pregnancy and foetal alcohol syndrome: a systematic review and meta-analysis (2017) [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30021-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30021-9/fulltext)

A range of studies have found evidence of significant levels of drinking in pregnancy in Ireland. For example, a comprehensive study, carried out in Ireland, Australia, the UK and New Zealand (2017), found that Ireland emerged as the country with the highest rates of drinking, both before (90%) and during (82%) pregnancy, and of binge drinking, before (59%) and during (45%) pregnancy.²⁰

A US study (2020) found that each additional week of alcohol exposure during the first trimester increases risk of spontaneous abortion, even at low levels of consumption and when excluding binge drinking.²¹

C. PREVALENCE AND RISK OF ALCOHOL-RELATED CANCERS

Alcohol is classified as a group 1 carcinogen by the International Agency for Research on Cancer (IARC) as there is a proven, causal link between alcohol and several types of cancer.²²

For cancer prevention it's best not to drink alcohol. There is strong evidence that consuming alcoholic drinks INCREASES the risk of mouth, pharynx and larynx cancers, oesophageal cancer (squamous cell carcinoma) and breast cancer (pre and post-menopause) two or more alcoholic drinks a day (30 grams or more) INCREASES the risk of colorectal cancer while three or more alcoholic drinks a day (45 grams or more) INCREASES the risk of stomach cancer and liver cancer²³

All alcohol-related cancers show a dose-response relationship with alcohol use on an exponential scale, i.e. the risk of developing cancer increases with increasing volume of alcohol consumed.

The cancer risks from alcohol are the same, regardless of the type of alcoholic beverage consumed (e.g. wine, beer or spirits). It has been established that ethanol, and not any other ingredients of alcoholic beverages, is the ingredient that mainly causes cancer, with

²⁰ Prevalence and predictors of alcohol use during pregnancy: findings from international multicentre cohort studies. <https://bmjopen.bmj.com/content/5/7/e006323>

²¹ Week-by-week alcohol consumption in early pregnancy and spontaneous abortion risk: a prospective cohort study. [https://www.ajog.org/article/S0002-9378\(20\)30725-0/fulltext](https://www.ajog.org/article/S0002-9378(20)30725-0/fulltext)

²² International Agency for Research on Cancer IARC monographs on the evaluation of carcinogenic risks to humans volume 100E. Personal habits and indoor combustion. <https://publications.iarc.fr/Book-And-Report-Series/Iarc-Monographs-On-The-Identification-Of-Carcinogenic-Hazards-To-Humans/Personal-Habits-And-Indoor-Combustions-2012>

²³ World Cancer Research Fund. <https://www.wcrf.org/diet-activity-and-cancer/risk-factors/alcoholic-drinks-and-cancer-risk/>

acetaldehyde (a toxic chemical produced when our bodies break down alcohol) likely to be the most important biological carcinogen.

A recent global Lancet study found that in 2020 there were approximately 1000 alcohol related cancer cases in Ireland – 670 in men and 380 in women.²⁴

According to the Health Research Board, between 2012 and 2017, there were 55,097 discharges from Irish hospitals due to alcohol-related cancers.²⁵

However, the magnitude of the risk varies by cancer site. There is evidence that alcohol may increase risk of cancer even at very low levels of consumption. For example, women are at greater risk of developing breast cancer from consuming <21 g of pure alcohol (approximately two standard drinks or more) per day.²⁶

A recent study (2022) that analysed adult beneficiaries in the Korean National Health Insurance Service found the increased alcohol-related cancer incidence was associated with dose; those who changed from nondrinking to mild or heavy drinking levels had an associated higher risk than those who did not drink. It concluded that alcohol cessation and reduction should be reinforced for the prevention of cancer.²⁷

D. PREVALENCE OF ALCOHOL USE DISORDER

The publication of the 2019-20 Irish National Drug and Alcohol Survey by the Health Research Board provides a detailed description of alcohol use in Ireland and the harms associated with alcohol use, an estimation of the prevalence of alcohol use disorder and presents a range of perceptions and attitudes of people towards alcohol and other drug use.

The main findings from the 2019–20 National Drug and Alcohol Survey regarding alcohol use include the following:

- 74.2% of respondents reported having consumed alcohol in the last 12 months (defined as current drinking), corresponding to 2,904,000 of the general population in Ireland aged 15 years and older.

²⁴ Global burden of cancer in 2020 attributable to alcohol consumption: a population-based study
[https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(21\)00279-5/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(21)00279-5/fulltext)

²⁵ Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. Dublin: Health Research Board. HRB Overview Series 11.

https://www.hrb.ie/fileadmin/2._Plugin_related_files/Publications/2021_publications/2021_HIE/Evidence_Centre/HRB_Alcohol_Overview_Series_11.pdf

²⁶ Alcohol Intake and Breast Cancer Risk: Weighing the Overall Evidence
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3832299/>

²⁷ Association Between Changes in Alcohol Consumption and Cancer Risk
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795595>

- The median age at which 15–24-year-olds initiated alcohol consumption has increased from 16 years to 17 years since 2002–03.
- One-third (34.1%) of current drinkers typically consume at least 6 standard drinks per drinking occasion; this increases to one-half for male drinkers.
- Two-fifths (39.9%) of drinkers engaged in heavy episodic drinking (HED) at least once per month.
- The proportion of the adult population aged 15–64 years who have consumed alcohol in the last year has decreased since the 2002–03 survey, from 83.8% to 77.7% in 2019–20.
- The prevalence of alcohol use disorder (AUD) in the general population was found to be 14.8%, corresponding to one in every seven or 578,000 adults in Ireland.
- The highest prevalence of alcohol use disorder was observed among female drinkers aged 15–24 years (38%) while young males were most likely to have hazardous or harmful drinking patterns. Among male drinkers aged 15–24 years, 63.1% engaged in monthly HED.

Alcohol-related harm is most common among those with problematic drinking patterns. Those with Alcohol Use Disorder are thirteen times more likely than low-risk drinkers to experience any of the following harms – health issues, being involved in an accident or in a fight, experiencing role impairment, or negative impacts on their home life.

The likely loss of so much human potential – creative, entrepreneurial and innovation, from such alcohol use, has a profound impact on our economy and society.

E. PROVISION OF ACCURATE PUBLIC HEALTH GUIDANCE

It is important that citizens and consumers alike are aware of the inherent risk to their health and wellbeing and that information can be sourced from a trusted and objective source, free from commercial imperatives that seek to normalise alcohol use. The labelling regulations provide for a link to a government health service website which provides such information.

Recent research has highlighted that information disseminated to the public through alcohol industry funded 'social aspects and public relations organizations' and related bodies was found to misrepresent the evidence about the association between alcohol and

cancer.²⁸ Further studies have shown that warnings about link between alcohol and cancer are effective at reducing alcohol use.²⁹

F. THE ECONOMIC COST OF IRELAND'S PERSISTENT HIGH LEVELS OF ALCOHOL HARM

The OECD has estimated, based on Ireland's current use of alcohol, that the burden of health care costs alone will consume 4.1% of our health expenditure and that, consequently, Ireland's GDP is likely to be 1.9% lower on average between now and 2050.³⁰

Alcohol-related inpatient care alone currently costs an estimated €37.5m every week in Ireland; 11% of all current public healthcare expenditure (2019: €17.736bn³¹): an estimated €1.95bn annually.

A recent paper prepared by IGEES staff in the Department of Health and the Department of Public Expenditure and Reform³², states:

“Previous estimates of the societal cost of problem alcohol use have produced estimates ranging from €2.4 to €3.7 billion per year, with annual healthcare costs alone having been estimated at between €0.8 and €1.5 billion.”

G. PUBLIC SUPPORT FOR ON-PRODUCT LABELLING INTERVENTIONS

A three question poll conducted on behalf of Alcohol Action Ireland;
Date of Survey: 6 - 7th August, 2022. Sample size: 1,180. Margin of Error: +/-2.9 per cent.

[Q1] Strong majority support information on alcohol products

How strongly, if at all, do you support/oppose the following?

“Consumers have a right to be informed on the product and in advertising of the health risk from alcohol use”

Strongly support: 41%. Tend to support: 31%. Neither support nor oppose: 18%.

²⁸ How alcohol industry organisations mislead the public about alcohol and cancer
<https://pubmed.ncbi.nlm.nih.gov/28881410/>

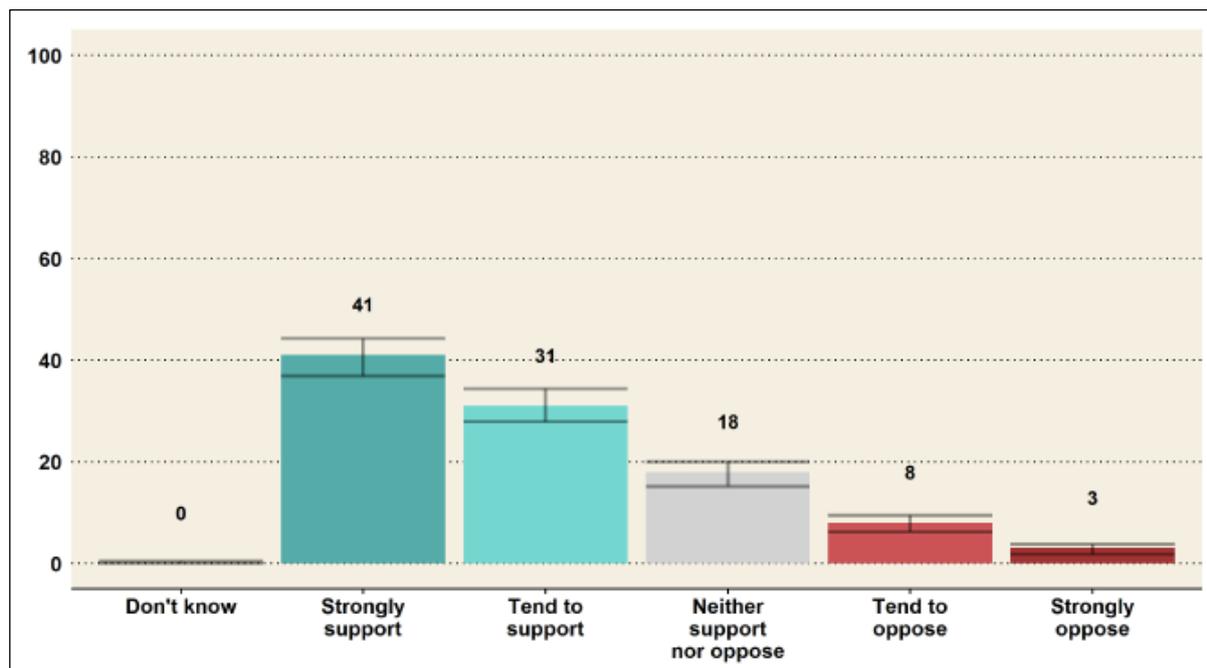
²⁹ Effects of strengthening alcohol labels on attention, message processing, and perceived effectiveness: A quasi-experimental study in Yukon, Canada
<https://www.sciencedirect.com/science/article/abs/pii/S0955395920300074?via%3Dihub>

³⁰ Preventing Harmful Alcohol Use. OECD (2021). <https://www.oecd.org/publications/preventing-harmful-alcohol-use-6e4b4ffb-en.htm>

³¹ https://www.cso.ie/en/releasesandpublications/ep/p-sha/systemofhealthaccounts2019/healthexpenditureinireland2019/#:~:text=Ireland's%20current%20expenditure%20on%20healthcare,or%2011.1%25%20of%20GNI*

³² Spending Review 2021; Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and performance in the area of drug and alcohol misuse. <https://www.drugsandalcohol.ie/34729/>

Tend to oppose: 8%. Strongly oppose: 3%.



[Q2] Majority support implementation of health warnings on alcohol products, few oppose

How strongly, if at all, do you support/oppose the following?

“Alcohol products must display health warnings that clearly identifies the risk to pregnancy, of liver disease and fatal cancers from alcohol use”

Strongly support: 38%. Tend to support: 24%. Neither support nor oppose: 22%.

Tend to oppose: 9%. Strongly oppose: 6%.

[Q3] Strong support for calorie information on alcohol products

How strongly, if at all, do you support/oppose the following?

“Alcohol products must display calorie information on all alcohol products”

Strongly support: 31%. Tend to support: 30%. Neither support nor oppose: 28%.

Tend to oppose: 7%. Strongly oppose: 4%.

H. PUBLIC SUPPORT FOR STATE INTERVENTIONS TO REDUCE ALCOHOL USE AND RELATED HARM.

An opinion poll was commissioned by Alcohol Health Alliance Ireland and conducted by Ireland Thinks (2017) demonstrated overwhelming public support for Government adopting the Public Health (Alcohol) Bill, and all its provisions:

- 92% agree alcohol consumption is too high
- 78% are concerned about children and their exposure to alcohol
- 74% support Government intervention to reduce alcohol consumption and to protect people from alcohol-related harm
- 82% support Government action to curb alcohol marketing that appeals to young people³³

I. PUBLIC AWARENESS OF THE RISK OF HEALTH HARM FROM ALCOHOL USE

The 'Healthy Ireland' Department of Health survey, an annual survey conducted with a representative sample of the population aged 15 and older living in Ireland, highlights that

- 7% of respondents believed it to be safe to consume a small amount of alcohol while pregnant and 9% did not know.³⁴
- 79% were unaware of the risk of breast cancer associated with drinking more than recommended amounts and 60% were unaware of the bowel cancer risk.³⁵
- 52% were unaware of the increased risk of stomach ulcers and 49% were unaware of a relationship between alcohol consumption and high blood pressure.³⁶
- Among all who consume 6 or more standard drinks on a typical drinking occasion, 33% describe their drinking behaviour as moderate drinkers, 14% as Light and sometimes binge, while 22% as Light drinkers.³⁷

³³ <https://alcoholireland.ie/members-of-the-alcohol-health-alliance/900-days-since-public-health-alcohol-bill-began-legislative-journey-still-no-end-sight/>

³⁴ Healthy Ireland Survey 2021. <https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/>

³⁵ Healthy Ireland Survey 2016 Summary of Findings.

<https://www.gov.ie/en/publication/efb273-healthy-ireland-survey-2016-summary-findings/>

³⁶ *ibid*

³⁷ *ibid*

How: Proposed Regulations

In our view, the Department of Health (IRL) have devised a simple labelling regime that is both proportionate and effective, ensuring a balance is accommodated between on-product marketing hyperbole and conspicuous health warnings and information.



These on-product labels support the consumer in making an informed decision and Ireland’s public policy objective of reducing alcohol use and the related harm.

It affords citizens the ‘Right To Know’ the inherent risk from alcohol use.

When?

If commenced by the Minister for Health, the regulations will apply on alcohol products and in all on-licensed premises, within three years of Ministerial Order being signed.

Conclusion

Alcohol Action Ireland recognise the fundamental impact conspicuous and prominent health warnings and information placed on product labels can have on recalibrating the consumer's engagement with alcohol use and enhancing health literacy on the inherent risk from alcohol use. We welcome that the EU Commission acknowledges this impact within its 'Europe's Beating Cancer Plan' (2021).

Equally, we appreciate that the alcohol industry, protective of its revenues and profitability, recognise this impact too³⁸, but wishes to continue to hide material information and obfuscate its duty to the average consumer by omitting such information central to a transactional decision that they may not otherwise take.

We believe these measures are compatible and supportive of the EU Commission's potential revision of alcohol labelling and the ambition of the Beating Cancer Plan.

We support the Irish government's action – democratically determined by Parliament (Oireachtas), to adopt these mandatory measures of on-product health warning and information for alcohol products, and in-premises for all on-licensed premises, and its legitimacy as a Member State to act to protect public health.

To obstruct such action is to deny consumers' right to know - rights underpinned by Charter of fundamental rights of the European Union, and a failure to advance better public health outcomes.

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³⁸ Industry influence over global alcohol policies via the World Trade Organization: a qualitative analysis of discussions on alcohol health warning labelling, 2010–19:

[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00570-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00570-2/fulltext)