



An update from the World Health Organization with a focus on labelling

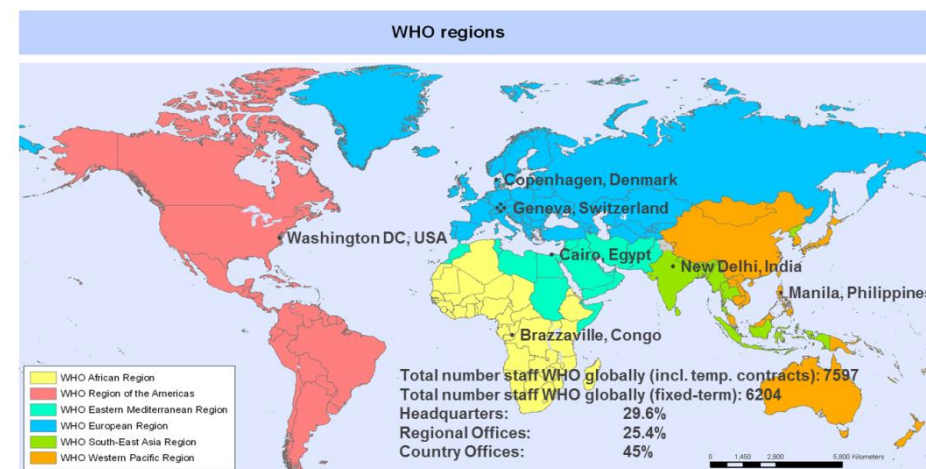
Dag Rekve, Senior Technical Officer

Who is WHO?

- UN specialized agency for health (1948)
- The directing and co-ordinating authority on international health work
- 194 countries (Ministries of Health)
- Headquarters in Geneva, 6 regional offices, 151 country offices



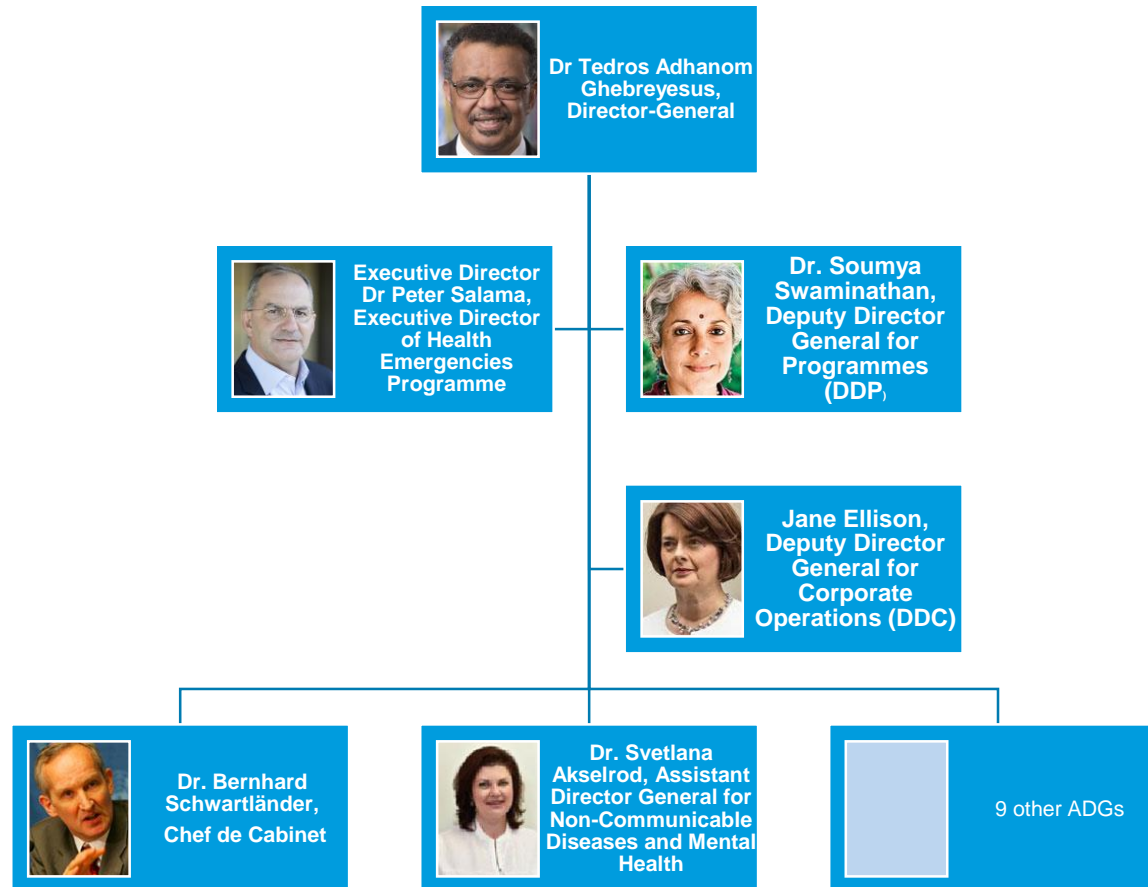
Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its borders or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Public Health Information and Geographic Information Systems (GIS)
World Health Organization

New leadership in HQ



What will WHO do differently?

1. Focus on outcomes and impact
2. Align with and drive progress towards the Sustainable Development Goals (SDGs)
3. Set priorities. (health emergencies, universal health coverage; women, children and adolescent health; climate and environmental change; and transforming WHO)
4. Become more operational
5. Place countries squarely at the centre of WHO's work
6. Provide political leadership

General Programme of Work 2019-2023

Article 28(g) of the WHO Constitution provides that the Executive Board will “submit to the Health Assembly for consideration and approval a general programme of work (GPW) covering a specific period.

Relevant dates

25 August: Posting of the *Draft concept note towards WHO’s 13th General Programme of Work 2019–2023* on the WHO website.

28 August to 13 October: Open period for feedback through regional committees and informal web-based consultation.

1 November: Posting of the *Draft 13th General Programme of Work (GPW13)* on the WHO website.

22–23 November: Special session of the Executive Board to consider the Draft GPW13 (subject to the session being requested).

22–27 January 2018: 142nd session of the Executive Board to further consider and submit GPW13 to the World Health Assembly in May 2018.

Ethanol; a psychoactive substance

Alcohol consumption can harm the drinker and indirectly others by its:

- toxic effects on organs and tissues;
- Teratogenicity;
- intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;
- Dependence producing propensities, whereby the drinker's self-control over his or her drinking behaviour is impaired.

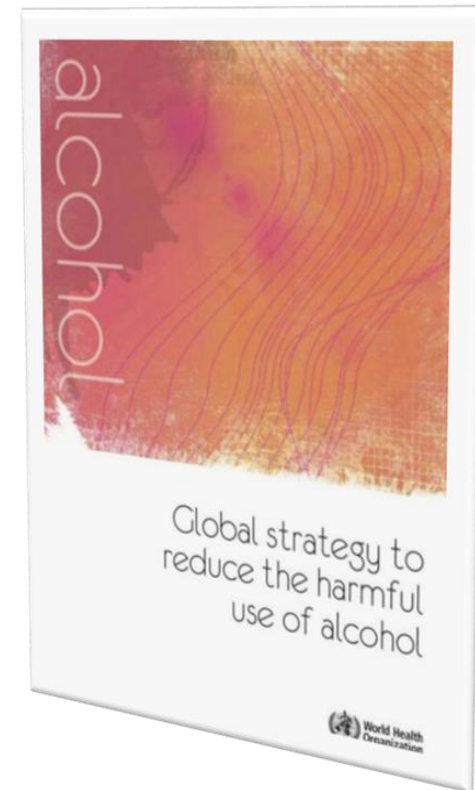
Global strategy to reduce the harmful use of alcohol

The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences.

Harmful use of alcohol is broad and encompasses the drinking that causes detrimental health and social consequences for:

- the drinker
- the people around the drinker
- society at large

as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.



What actions are needed to reduce the harmful use of alcohol?



Global, regional and national actions on:

- ✓ levels of alcohol consumption
 - ✓ patterns of alcohol consumption
 - ✓ contexts of alcohol consumption
 - ✓ wider social determinants of health
- Special attention needs to be given to reducing harm to people other than the drinker and to populations that are at particular risk from harmful use of alcohol.

WHO Global NCD Action Plan 2013-2020



Key risk factors

- Tobacco use
- Harmful use of alcohol
- Unhealthy diet
- Physical inactivity

Key cost-effective interventions (updated appendix 3, WHA70.11)

Harmful use of alcohol

- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)
- Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
- Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

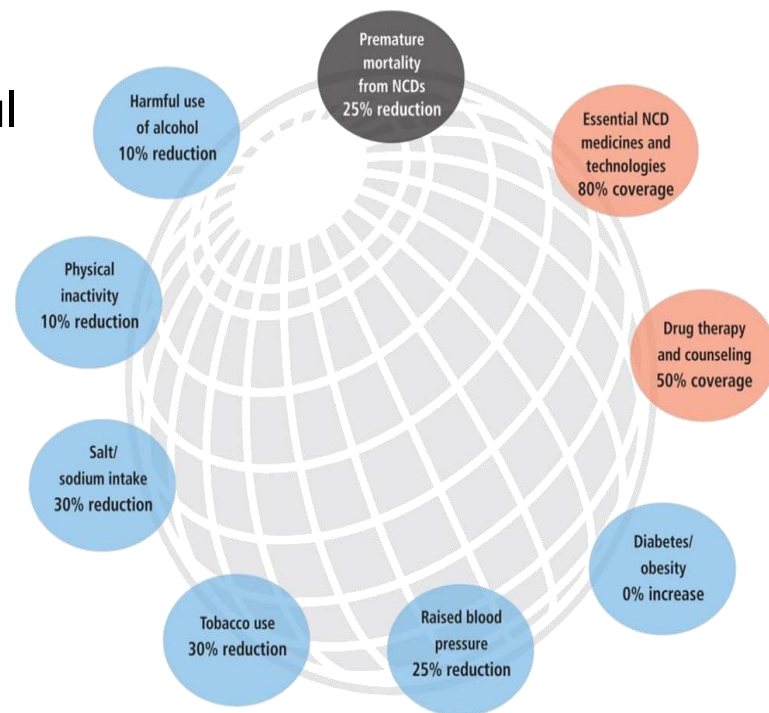
NCD global monitoring framework: alcohol-related targets and indicators

One target:

At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context by 2025.

Indicators:

- Total (recorded and unrecorded) alcohol per capita (15+ years old) consumption
- Age-standardized prevalence of heavy episodic drinking
- Alcohol-related morbidity and mortality



HEALTH IN THE SDG ERA





3 GOOD HEALTH AND WELL-BEING



3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders

3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Role of alcoholic beverage labelling in reducing the harmful use of alcohol: main issues and current practices

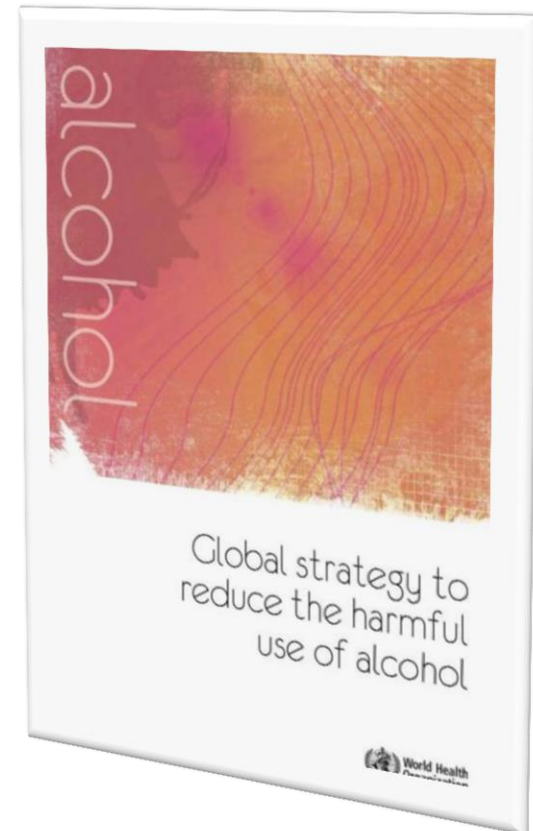
Labelling in the WHO Global strategy to reduce the harmful use of alcohol

Can contribute to one of its five objectives:

- (a) raised global awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol,...

An intervention listed under the area “Reducing the negative consequences of drinking and alcohol intoxication”

- (f) providing consumer information about, and labelling alcoholic beverages to indicate, the harm related to alcohol.



Update of the list of effective measures (Appendix 3) on alcohol for the Global NCD Action Plan (endorsed by WHA70 in 2017)



Increase excise taxes on alcoholic beverages

Carry out regular reviews of prices in relation to level of inflation and income

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Establish minimum prices for alcohol where applicable

Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced density of retail outlets and reduced hours of sale)

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages

Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints

Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people

Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services

Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol.

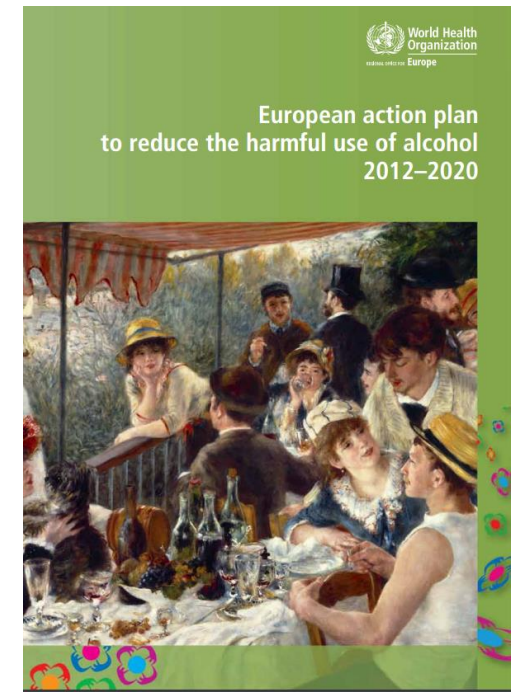
WHO European Region

Strategies

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.

In line with the provision of information on ordinary foodstuffs, alcoholic beverage labels should state the alcohol content in an easily understood manner and state the Member State's guidelines for men and women.



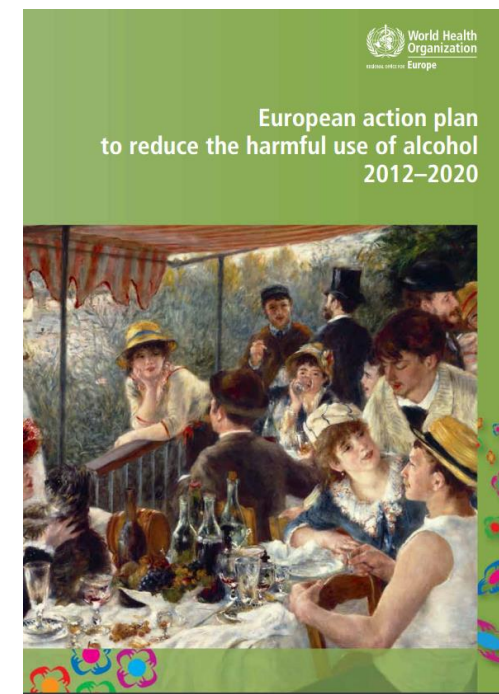
WHO European Region

The ingredients relevant to health, including the calorie content, should be listed and in general labelling should be introduced like that used for other foodstuffs,

in order to ensure that consumers have access to complete information on the content and composition of the product for the protection of their health and interests.


Options for action

Product labelling similar to that used for foodstuffs, including alcohol and calorie content, additives, allergens etc, can be introduced where possible.



Download URL: <http://bit.ly/wholabel>



**World Health Organization**
REGIONAL OFFICE FOR Europe

English Français Deutsch Русский


Search


HomeHealth topicsCountriesPublicationsData and evidenceMedia centreAbout us


Health topics > Disease prevention > Alcohol use > Publications > Alcohol labelling - A discussion document on policy options (2017)

Alcohol use
[News](#)
[Events](#)
[Policy](#)
[Activities](#)
[Country work](#)
[Data and statistics](#)
[Publications](#)
[Partners](#)
[Contact us](#)

Alcohol labelling - A discussion document on policy options (2017)
Download
English (PDF, 2.1 MB)
This discussion document presents an analysis of the policy options available for introducing warning and product labelling on alcoholic beverage containers. It outlines the existing legal and policy frameworks and the current level of implementation in the WHO European Region. Some components that could be considered when developing effective health warning labels are described.







Alcoholic beverages are prohibited from bearing health claims; the only nutritional claims that are permitted are ones referring to low alcohol levels and reduction of alcohol or energy content. (EC1924/2006)

The EU Regulation on the provision of food information to consumers (1169/2011) which became applicable in December 2014 includes rules on listing ingredients and providing a nutrition declaration. These rules are mandatory for all foods, including alcoholic beverages. There is an exemption, however, for beverages containing more than 1.2% alcohol per volume.

The industry should propose within a year (March 2018), a harmonised approach aiming to provide consumers with information about the ingredients present in alcoholic beverages and the nutritional value of alcoholic beverages. COM(2017)

Existing work of CODEX



Codex has developed standards for additives (CODEX STAN 192-1995) and codes of practice to reduce contaminants in alcoholic beverages (CAC/RCP 63-2007).

Codex has also set labeling provisions for all pre-packaged foods (CODEX STAN 1-1985), as well as guidance on nutrition and health claims (CAC/GL 23-1997) which also apply to alcoholic beverages though they are not explicitly mentioned.

Codex has never set a commodity standard for an alcoholic beverage.

A new work proposal from the Republic of Korea (if approved, developed and adopted) would set a precedence for future Codex standards for alcoholic beverages.

Why alcohol labelling is important for consumers of alcoholic beverages and those who buy or serve them



Alcoholic beverages are not neutral to health of consumers due to inherent properties of ethanol/alcohol, though the risks of health consequences depend on the level, patterns, contexts of drinking, individual characteristics and social determinants of health

- Can lead to intoxication that is critical for risks of injuries, violence and risk behaviors
- Can lead to liver disease and around 200 other diseases and health conditions due to its effects on tissues and organs (toxicity and carcinogenicity)
- In high doses can lead to alcohol poisoning and death, particularly in "under-age" and "alcohol-naive" individuals, and those who take medications with potential of respiratory depression
- Can lead to Fetal Alcohol Syndrome when used during pregnancy (teratogenicity)
- Can lead to alcohol dependence and individual risk is difficult to assess and predict
- There is clear dose-response relationship with health consequences

Some alcoholic beverages contain substances that can lead to allergy-like symptoms, including sulphites, egg and egg-like products, and milk and milk-based products

Alcoholic beverages have caloric value

Alcoholic beverages are energy dense products



In human body metabolism of 1 gram of ethanol produces 7.1 calories which is less only for fats (9.0) and almost 2 times higher than for proteins or carbohydrates (4.0)

A small bottle of beer of normal strength (5%) contains around 140 calories, a glass of wine (175 ml) – 160, and a serving of spirits (40 ml at 40% ABV) – 95, but can be doubled if consumed with a mixer

Alcohol has been found to account for approximately 10% of adult drinkers' total energy intake in the UK and 16% in the US (Lukasiewicz et al, 2005), and four out of 10 unaware of energy value of alcoholic beverages (Drinkaware, 2017).

Why alcohol content labelling is important for health system responses



Public health messages on alcohol and health depend on the extent of knowledge of consumers about alcoholic beverages, and labelling has unique potential to provide accurate and reliable information to consumers at the points of sales and consumption

All information about dose-response relationship of alcohol consumption and major health conditions is available for particular thresholds of alcohol consumption (e.g. 20 grams per day or less, 20-40 grams per day), which is the basis of national drinking guidelines where they exist

Compliance with "drinking guidelines" depend on understanding of product information by consumers, and particularly on the amount of alcohol consumed

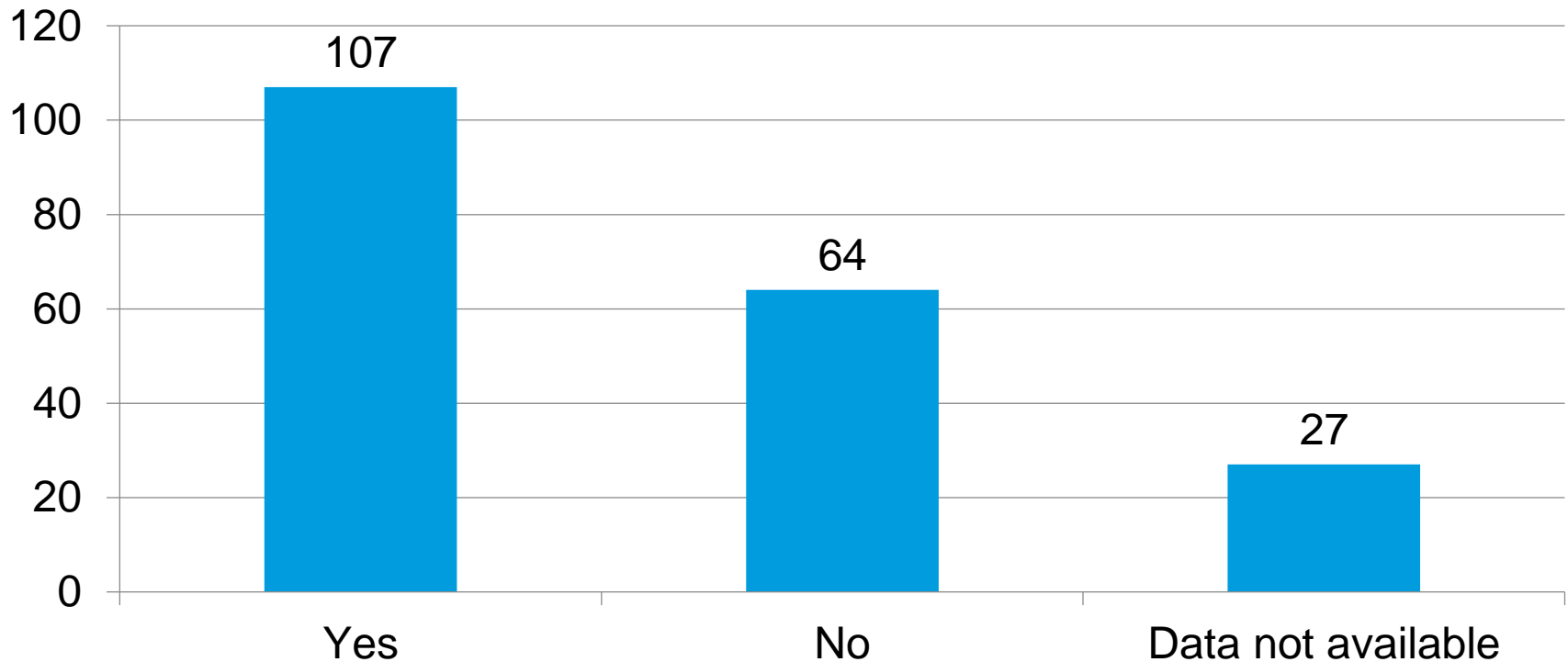
Screening and brief interventions for hazardous and harmful drinking is one of the most effective and cost-effective strategies in health systems to reduce the harmful use of alcohol, and screening depends on the assessment of alcohol consumed in "standard drinks" or grams of pure alcohol, and intensity of intervention depends on extent of knowledge of a patient about alcohol and its health effects.

Definition of an alcoholic beverage

(Preliminary findings from the 2016 WHO Global Survey on Alcohol and Health)



Standard legal definition of an alcoholic beverage that is used by government, number of countries

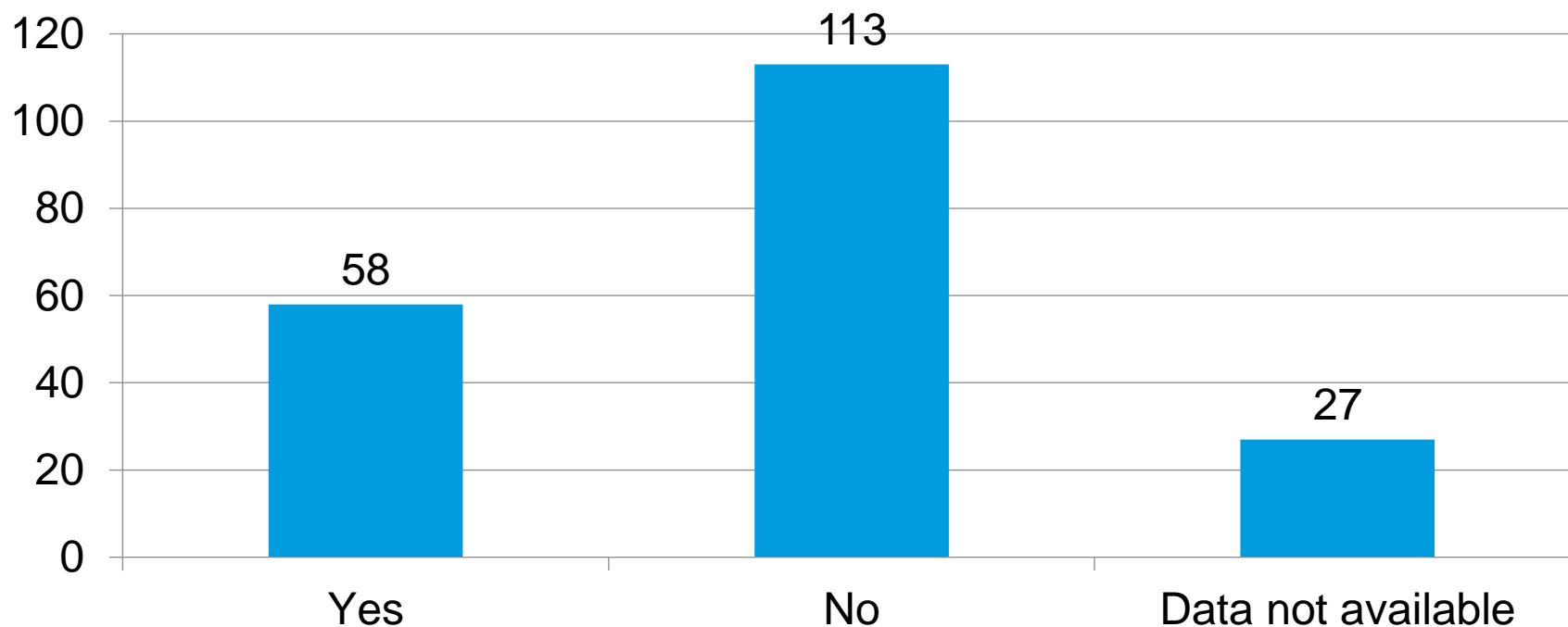


Definition of a standard drink

(Preliminary findings from the 2016 WHO Global Survey on alcohol and health)

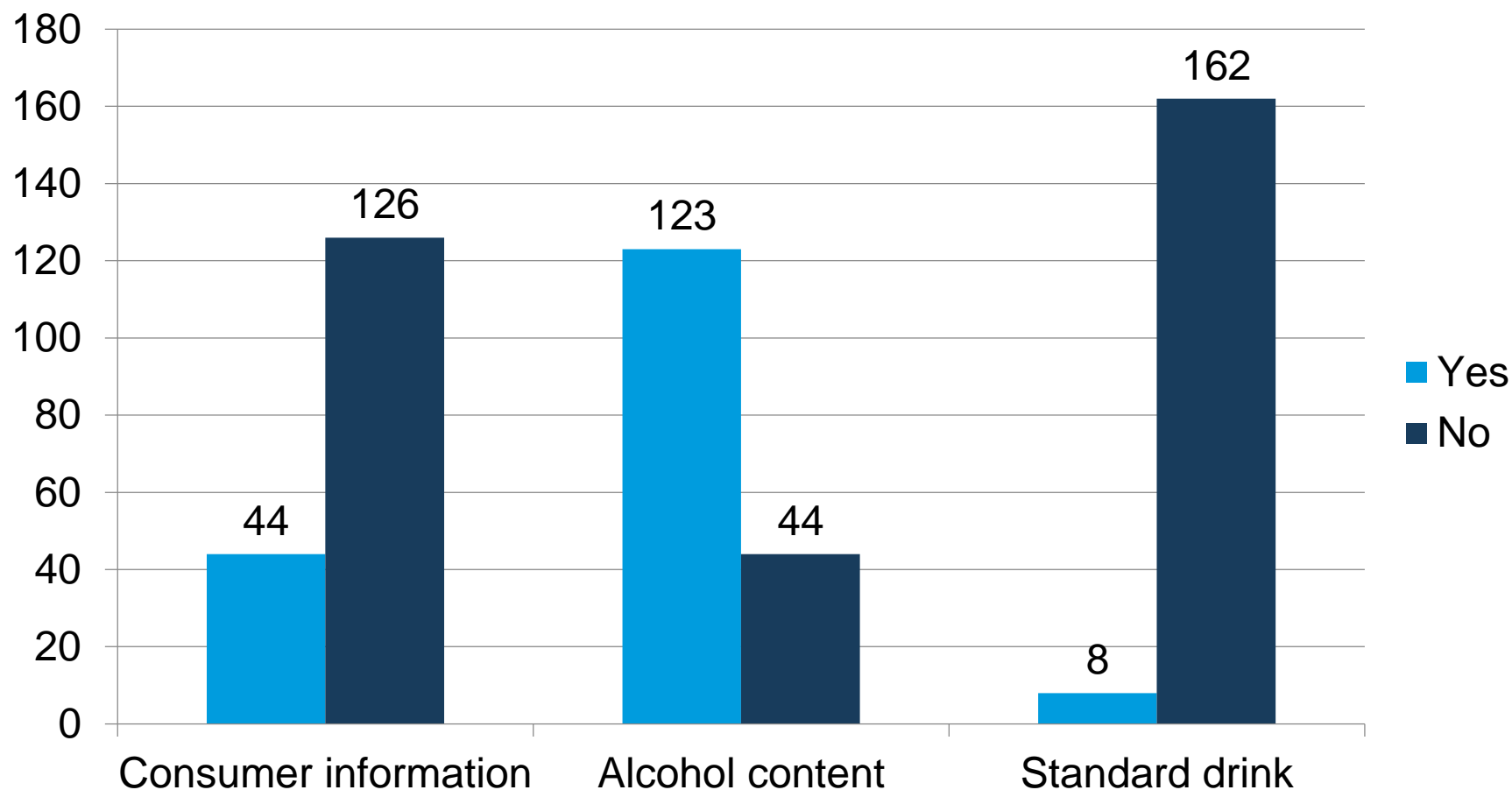


Is there a definition of a standard drink at the national level? Number of countries



National legal requirement for labelling on beer containers

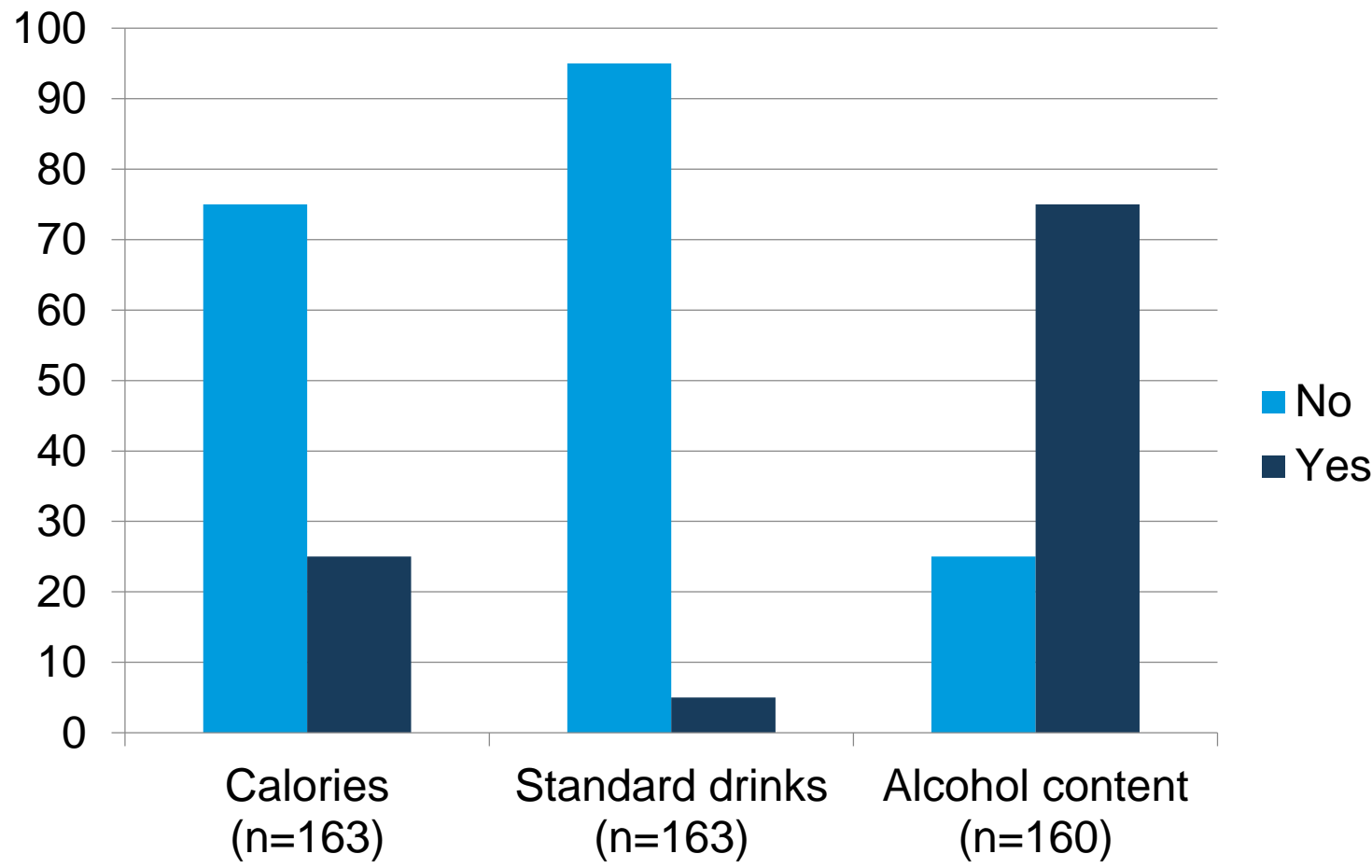
(Preliminary findings from the 2016 WHO Global Survey on alcohol and health)



Consumer information (%) on the labels of alcohol containers (national legal requirements)

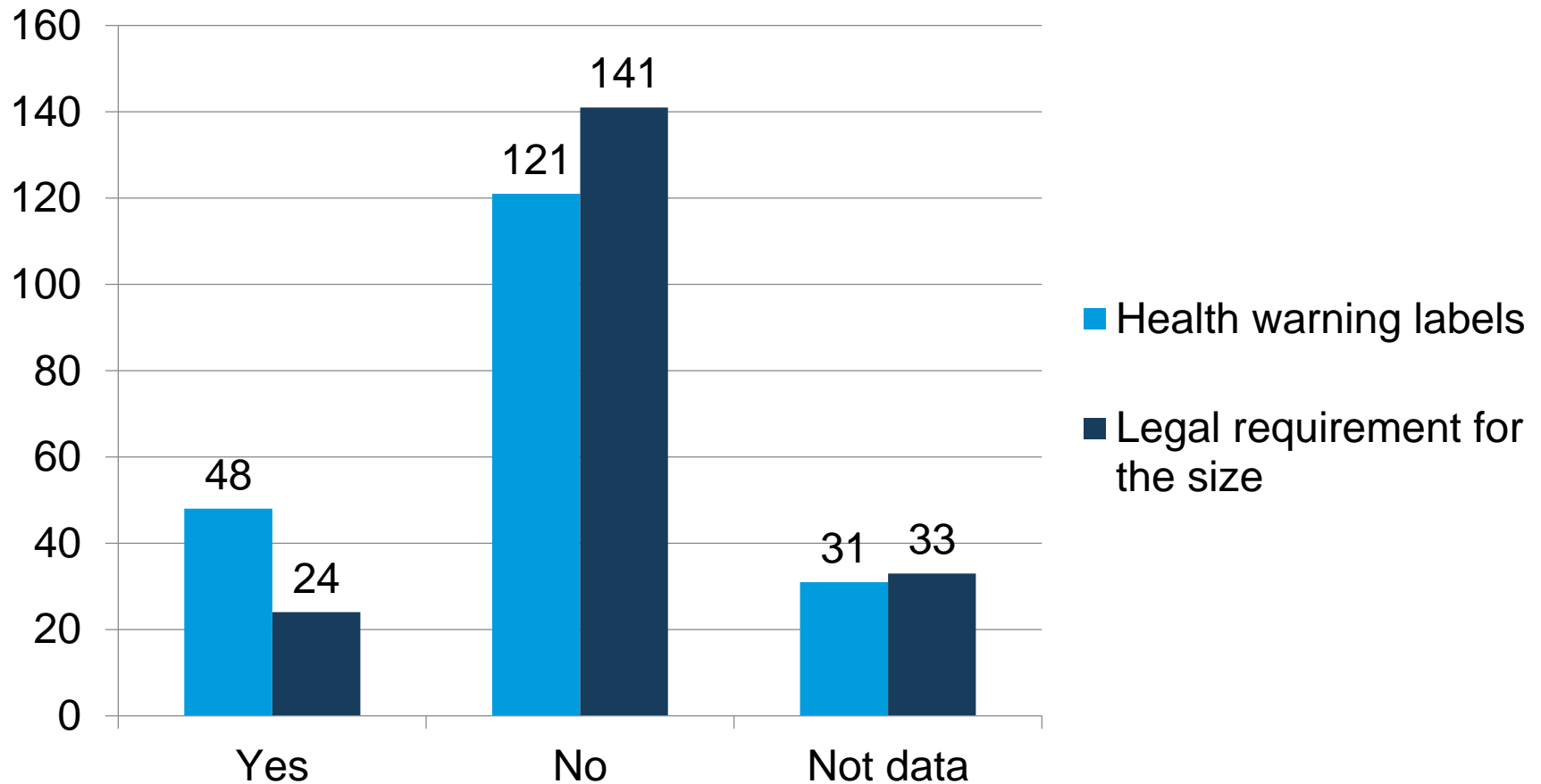


Preliminary results of the WHO Global Survey on Alcohol and Health



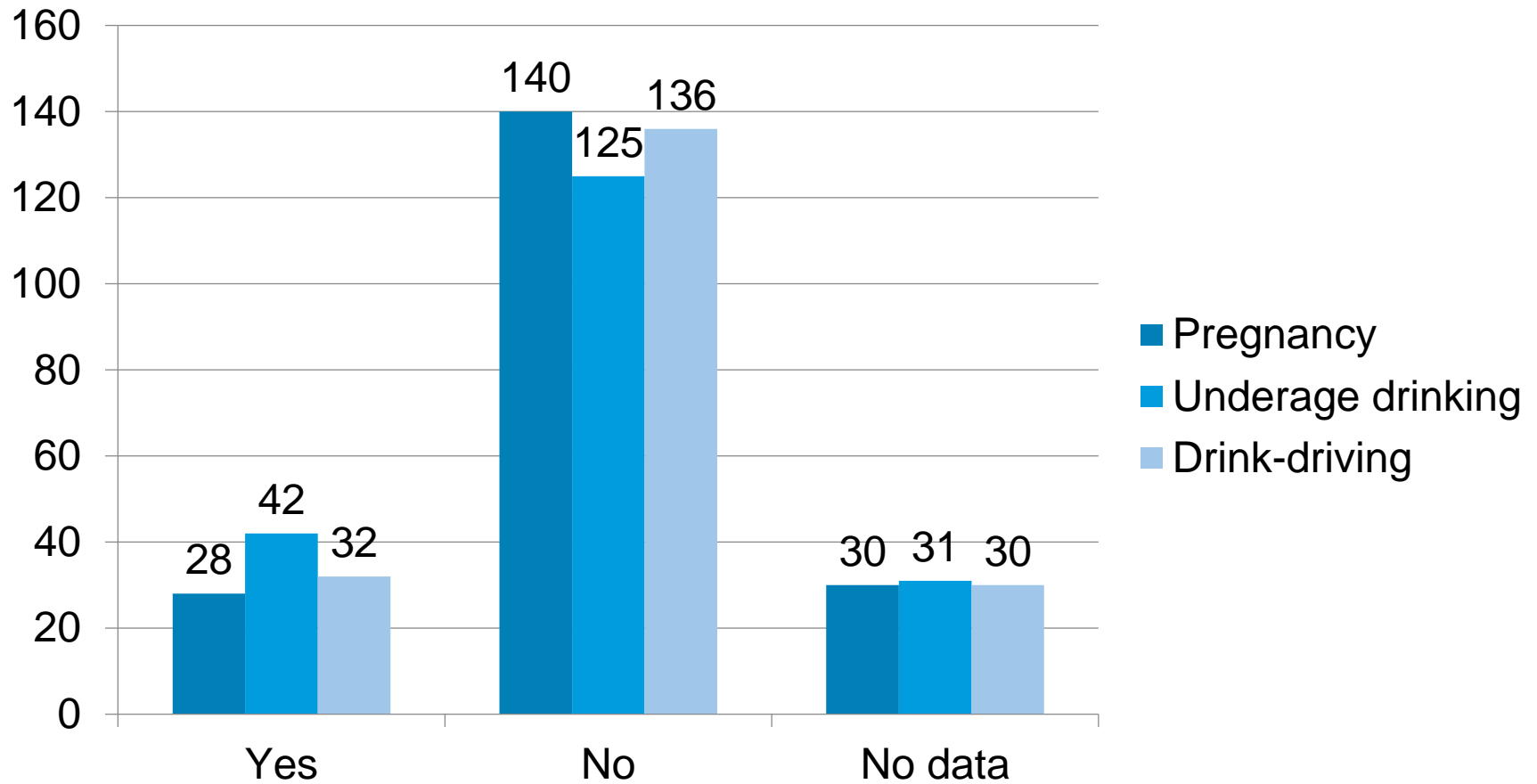
National legal requirement for health warning labels

(Preliminary findings from the 2016 WHO Global Survey on alcohol and health)



National legal requirement for health warning labels

(Preliminary findings from the 2016 WHO Global Survey on alcohol and health)



Proposed new work for consideration of CCFL

Potential interfaces with CODEX

Definition and standards of alcoholic beverages

Definition of a standard drink

Product information

- Alcoholic strength/content
- Number of standard drinks
- Calories value
- Ingredients

Health warnings

- Allergens
- Toxicity
- Carcinogenicity
- Teratogenicity
- Intoxicating effects
- Dependence potential
- Age limits

Restrictions on the marketing information, nutrition claims and packaging presenting risks to health.

Discussion Paper on alcoholic beverage labelling prepared by WHO for CFL



Highlights the need to inform consumers about the health risks associated with alcoholic beverages, their ingredients, allergens, alcohol strength and energy value

Argues that it may be timely for Codex to initiate the process of developing guidance on alcoholic beverage labelling and suggests several issues that can be addressed with objectives:

- Public health protection, particularly protecting health of populations at high risk of alcohol-related harm
- Potential removal of barriers to trade by introducing a common set of standards

Emphasize that appropriate alcohol beverage labelling could be considered as a component of a comprehensive strategy to reduce the harmful use of alcohol.

Outcome of CCFL

While there was broad support for work on these items, some concerns were raised on the proposed work on alcoholic beverages labelling, namely that some of the points raised in the WHO discussion paper were outside the mandate of CCFL, (e.g. health warnings on labels). These issues should be dealt with by national governments and should not be the subject of any future work.

There was already considerable work on alcoholic beverages labelling being undertaken in other international fora such as the Organisation internationale de la vigne et du vin (OIV) and the Fédération internationale des vins et spiritueux (FIVS), and Codex work was therefore not necessary at this time; and a comprehensive review of national legislation and work in international fora was needed.

Some countries from the African region highlighted the need for work on alcoholic beverages labelling due to increased availability and consumption of alcoholic beverages in their countries. The existing labelling regimes in such countries did not provide sufficient information, such as alcohol content; and that in some instances alcohol was being offered in quantities as little as 100 ml without any labelling.

The Committee noted that any work to be undertaken should be within the purview of CCFL and that information on the existing state of play would be needed to further develop any new work

Conclusions

The committee agreed to develop a discussion papers on alcoholic beverages labelling prepared by the Russian Federation with assistance of EU, Ghana, India and Senegal

The Committee further agreed that information would be sought through a Circular Letter (CL) on current practices, issues and any potential rolein the case of alcoholic beverages labelling ...where some Codex provisions already exist, any potential further role for CCFL.

Alcoholic beverages - no ordinary food commodities



Alcoholic beverages should not be considered as ordinary food commodities in view of their specific psychoactive, toxic and dependence- producing properties which determine considerable negative effect on health of populations.

"No-ordinary" nature of alcoholic beverages can not justify the current status of being exempted from international regulations and standards for food commodities, but, on the contrary, require special efforts to inform consumers at the points of sale and consumption about the products and the health risks associated with their consumption.

Main conclusions

Reduction of harmful use of alcohol is one of global public health priorities in view of significant alcohol-attributable health and social burden

Alcohol product labelling could be considered as a component of a comprehensive public health strategy to reduce alcohol-related harm

Alcoholic beverage labelling is one of policy options included in the major international policy frameworks on alcohol and prevention and control of NCDs, which contribute to achievement of SDG 2030 health targets

For consumers, the alcoholic beverage labels is the principal source of information at the point of sale, and a number of consumer organizations and public health organizations (such as WHO) have long been calling for consideration of mandatory content and nutritional labelling and health messages

Important to keep in mind that any international standards could become a ceiling and not a floor.

It may be timely for CODEX to initiate the work on alcoholic beverage labelling, if not pressure may build up for other types of international binding agreements.

Main conclusions

For consumers, the alcohol label is the principal source of information at the point of sale.

Adding alcohol content, nutritional information and health warning labels to alcohol containers is an important first step in raising awareness and establish a social understanding of the harmful use of alcohol

Alcohol product labelling could be considered as a component of a comprehensive public health strategy to reduce alcohol-related harm.

CODEX could be one potential platform for further work in this area.

First WHO Global forum on alcohol, drugs and addictive behaviours



The World Health Organization (WHO) Department of Mental Health and Substance Abuse organizes, for the first time, the global Forum on alcohol, drugs and addictive behaviours (FADAB)

The primary goal was to enhance public health actions in these areas by strengthening partnerships and collaboration among public health oriented organizations, networks and institutions in the era of Sustainable Development Goals 2030 (SDG 2030).



Thank you for your attention

Further information at:

http://www.who.int/substance_abuse/

<http://www.who.int>