



National Safety Council

Position/Policy Statement

Alcoholic Beverages Advertising

The Board of Directors of ~~t~~The National Safety Council ~~strives to~~ directs the Council's staff to work with the manufacturers of alcoholic beverages and other interested parties to find means to discourage advertising that promotes high-risk behaviors with alcohol, particularly among young and other vulnerable people individuals.

All alcoholic beverages should be labeled with an accurate numerical alcohol content (percent by volume). Labeling for consumers should also specify standard alcohol drink units per serving size or container, and its relation to acceptable connection to public health guidelines on low-risk alcohol drinking.

Comment:

The Alcohol and Tobacco Tax and Trade Bureau (TTB), within the Department of the Treasury of the United States, enforces the labeling of alcoholic beverages under the Federal Alcohol Administration Act (FAAA). This approach *"has tended to focus on ensuring that consumers receive what they believe that they purchased (type, origin and content) and that producers pay appropriate taxes on the products that they sell."* [Brunk, p.2] The labelling of numerical alcohol content of all distilled spirits in terms of percentage of alcohol by volume is required, but not for many other alcoholic beverages unless otherwise required by State law. There are a diverse range of exceptions under federal law requiring labeling of alcohol content including:

- malt beverage that contains any alcohol derived from added flavors or other added non-beverage ingredients (other than hop extract) containing alcohol;
- cider that contains not less than 7 percent alcohol by volume;
- honey wine that contains not less than 7 percent alcohol by volume;
- wine containing more than 14 percent alcohol by volume (a range is allowed).

The absence of labelling of alcohol content allowed on some alcoholic beverages does not allow consumers to consider objective product information that may affect their decision-making on consumption behavior and risk of becoming impaired.

The American Medical Association (AMA) modified their policy on “Labeling Advertising, and Promotion of Alcoholic Beverages” in 2022 that includes,

*“(1.) (a) Supports accurate and appropriate labeling disclosing the **alcohol** content of all beverages, including so-called “nonalcoholic” beer and other substances as well, including over-the-counter and prescription medications, with removal of “nonalcoholic” from the label of any substance containing any **alcohol**.”*

The FAAA has the labeling requirement of the statement on all alcoholic beverage containers of,

*“**GOVERNMENT WARNING:** (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.”*

The Food and Drug Administration (FDA), within the Department of Health and Human Services (DHHS), is responsible for regulations related to labeling over-the-counter medications and food. Such labeling “*is intended to motivate informed, healthful choices by consumers*”. [Brunk, p.2]

More helpful and detailed guidance concerning healthy or low-risk drinking behavior “*are not defined on the basis of ABV, but in “standard drinks”*” [ibid.] which “*appeals to health policy makers because it accounts for both the strength and the volume of a beverage, allowing for comparisons within and across beverage categories*”. [ibid.]

Anderson et al. (2022), reported, “*European consumers are increasingly buying and drinking lower strength alcohol products over time with some two fifths doing so to drink less alcohol.*” [Anderson, p.1]

An action plan from a high-level meeting of the World Health Organization (WHO) in 2022 included,

“Economic operators are invited to substitute, whenever possible, higher-alcohol products with no alcohol and lower-alcohol products in their overall product portfolios, with the goal of decreasing the overall levels of alcohol consumption in populations and consumer groups, while avoiding the circumvention of existing regulations for alcoholic beverages and the targeting of new consumer groups with alcohol marketing, advertising and promotional activities.” [WHO, p.21]

Blackwell et al. (2018) found that existing alcohol labeling in the United Kingdom,

“can be improved; the inclusion of unit information per serving and how these relate to low-risk drinking guidelines may be important for facilitating consumer understanding. Health warning labels should be included alongside units to provide consumers with information about the harms associated with alcohol and discourage riskier drinking behavior.” [Blackwell, p.163]

Edmunds et al. (2023) found, *“Labelling can improve awareness, particularly of health harms, but is unlikely to change behaviour. Improved comprehension was greatest for labels with unit information and LRDG”* (Low Risk Drinking Guideline) [Edmunds, p.1] and concluded,

“Alcohol labelling can be effective in improving people’s comprehension of the health risks involved in drinking alcohol enabling them to make informed consumption decisions, and perhaps thereby provide a route to changing behaviour. Thus, effective alcohol labelling is an intervention that can be added to the broader suite of policy options.” [Ibid.]

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This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.

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