# WHO should not support alcohol industry co-regulation of public health labelling

*The World Health Organization (WHO)'s proposal for an action plan on alcohol for 2022–30 envisages that the alcohol industry be a co-regulator with government of consumer information, including health warnings, on alcoholic beverage labels. From a public health perspective, there are cogent reasons why industry co-regulation of alcohol labelling is very unwise.*

The World Health Organization (WHO) is undertaking important work to develop a new action plan on alcohol for 2022–30. However, the WHO's published proposal for the action plan envisages that the alcohol industry be a co-regulator with government of consumer information, including health warnings, on alcoholic beverage labels [1]. From a public health perspective, industry co-regulation of alcohol labelling is unwise. Product labelling is a strategy with the potential to contribute to reducing consumption and harms from alcohol—but not when labelling is in the hands of the alcohol industry. Alcohol industry labelling schemes have been plagued with problems, and the industry is on the public record opposing effective health labelling. Public health labelling of alcohol should be designed in accordance with the evidence, administered and enforced by government to maximize the benefits for the public.

The WHO's proposal that the industry co-regulate alcohol labelling arises in the context of the WHO Executive Board decision, in February 2020, to develop an action plan to strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (Global Strategy) [2]. The WHO Executive Board decision followed its finding that, despite the existence of the Global Strategy since 2010, the burden of alcohol-related harm remained 'unacceptably high' [3]. In 2016, alcohol caused 3 million deaths (5.3% of all deaths) and 132.6 million disability-adjusted life years (DALYs) (5.1% of all DALYs) world-wide [1]. The health harms from alcohol include non-communicable diseases, mental health disorders, injuries, communicable diseases (e.g. tuberculosis) to the drinker or others.

The WHO's creation of an action plan on alcohol represents a real opportunity to improve the global governance of alcohol and to support states to implement better alcohol policies. However, the success of the current work depends critically upon removing the alcohol industry from a position of influence, both in terms of drafting the action plan and in terms of the public health measures which the action plan promotes. The WHO's proposal for the action plan makes some attempt to ring-fence alcohol policy from interference by the alcohol industry ([1], p. 12). However, very concerningly, the WHO invites the industry to 'ensure, within co-regulatory frameworks, the availability of easily-understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warning and contraindications for alcohol use)' ([1], p. 14).

Co-regulation is a form of industry self-regulation, where the government and the industry share the regulatory roles. The government might design the rules and the industry might administer and enforce them—or vice-versa [4]. The endorsement by the WHO of a co-regulatory approach to alcohol labelling is misguided for (at least) the following three reasons.

First, the effectiveness of labels as a public health intervention depends upon their content and design, and it is highly unlikely that the industry would follow the emerging evidence base in creating a co-regulatory alcohol labelling regime. Labels can inform consumers about the risks of harm and influence their drinking behaviours, not only directly but also indirectly, by changing the 'psychosocial availability' of alcohol [5]. There is evidence that such health warning labels can contribute to increased awareness about the health risks of alcohol consumption [6], the formation of intentions to reduce consumption [7] and the creation of support for other public health policies on alcohol [8]. The US alcohol warnings, despite their design deficiencies, have shown effects on generating public consciousness and discussion of the issues raised by warnings, and perhaps also on individual behaviours, such as refraining from drink driving [9]. There is evidence, emerging from an evaluative study of colourful labels using graphics and text to inform about cancer risks, low-risk drinking guidelines and standard drinks, that labelling contributed to reductions in consumption [7,10]. A recent experimental study has also shown that health warning labels reduced the likelihood of selecting an alcoholic beverage over a non-alcoholic one [11]. Provision of accurate information about the risks of alcohol consumption supports a consumer's 'right to know' about the nature of the products they are ingesting, especially when such risks are serious and not well known (e.g. cancer).

Secondly, our concerns about the industry rest on its poor track record of operating self-regulatory arrangements for alcohol health warning labels. In Australia, when warning labels had come on the political agenda, the alcohol industry organization, DrinkWise, launched a

voluntary labelling scheme as an alternative. When evaluated after 6 years by independent consultants commissioned by the Australian Government, only 47.8% of packaged alcoholic beverages were found to bear the drinking and pregnancy logo ([12], p. vii). The failure of the DrinkWise scheme led the Australian Government to pass a law mandating alcohol and pregnancy warnings in 2020 [13]. In New Zealand, a review of voluntary labelling efforts found that the health information was 'difficult to distinguish against the label background', due to the text and colours used ([14], p. 623). In the United Kingdom, the industry organization, the Portman Group, removed the Chief Medical Officers' low-risk drinking guidelines from the mandatory information that members were required to include on product labels when the guidelines were revised to reduce recommended alcohol consumption levels [15]. Alcohol industry interference with alcohol policy has also been found in five African countries [16].

Thirdly, there is illogicality in entrusting labelling regulation to an industry which publicly opposes effective health labelling. In 2018, the Brewers Association of Australia told a government consultation that: 'there is no shortage of health/nutritional information for consumers. Through mobile devices consumers can scan barcodes or QR codes to have all the information they could ever want literally at their fingertips. The label is simply out-dated' ([17], p. 42). At the international level, the industry has opposed the development of a new Codex Alimentarius alcohol labelling standard [18]. The industry has also not been shy about making legal threats to challenge new alcohol labelling measures [19].

Health labelling is a good policy option for states seeking to reduce alcohol-related harm if the state sets and enforces the rules. However, the WHO's proposal threatens the effectiveness of health labelling and allows the alcohol industry to continue to use the label for spreading health misinformation and for marketing purposes.

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**Author contributions**

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