RARHA
Consumer survey on communication of alcohol associated risks

RARHA - WP5

RARHA

REDUCING ALCOHOL RELATED HARM

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European Alcohol Policy Alliance

Title: Consumer survey on communication of alcohol associated risks

Author(s): Sandra Tricas-Sauras, Aleksandra Kaczmarek, Leticia San Martin

European Alcohol Policy Alliance.

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Address: info@eurocare.org

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Abstract

The European Alcohol Policy Alliance (Eurocare), in the context of the European Union Joint Action on Reducing Alcohol Related Harm (RARHA) project, gathered a snapshot of consumers' perceptions and understanding of communication about alcohol related risks.

Aim: Mapping opinions on alcohol-related communication across Europe, in order to promote and encourage a wider subsequent European consumer survey to be funded by public authorities. It is hoped this work can contribute to the development of new avenues for dissemination of alcohol related information to consumers. Eurocare wishes to spark a wider debate on the need for a better communication of alcohol associated risks to the public.

Methodology: An online survey was designed, translated into 17 languages and distributed in 21 countries by Eurocare (May-June 2015). The purpose of the survey was to map consumers' opinions on how to communicate information regarding alcohol-related risks. The survey was preceded by an informative note indicating both the rationale and purpose of the study and the guarantee of anonymity.

Results: A total of 7,950 respondents completed the survey. Data management considered a total of n=7,631 for analysis purposes. Statistical analyses were performed using SPSS v.23. Descriptive analysis and inferential analysis were also performed.

Conclusions: Data analysis highlighted differences among countries, sexes and social backgrounds. Consumers' responses stressed the need for further information regarding potential health risks and suitable sources of information. Despite earlier campaigns, the concept of standard drink still poses problems for consumers. Consumers appear willing to receive more information on the topic. Pictograms and short informative texts appear favoured by our sample as means for providing information.

Introduction

The European Union Joint Action on Reducing Alcohol Related Harm (RARHA) brings together expert organisations in public health from 30 European countries.

As part of the RARHA project European Alcohol Policy Alliance (Eurocare) has undertaken the task of gathering a snapshot of consumers' perceptions and understandings of communication about alcohol related risks.

Eurocare is an alliance of non-governmental public-health organisations working on the prevention and reduction of alcohol-related harm in Europe. Eurocare was formed in 1990 by nine organisations concerned with the impact of the European Union on Alcohol Policy in Member States. It now has around 60 member organisations across 25 countries in Europe, most of which are national or supranational umbrella organisations.

Across Europe, information on alcohol is disseminated through various means and agents, such as: producers, public health agencies, health professionals and mass media. As a result, the general public is faced with mixed messages regarding how much one can drink, and when one should not drink at all.

Some countries in the European Union (EU) have issued drinking guidelines on alcoholic beverages (e.g. the United Kingdom), others have included a warning regarding drinking during pregnancy (e.g. France), and others have health information accompanying each alcohol advert (e.g. Poland). Moreover, there are different national definitions of a 'standard drink', a measure used to quantify the amount of alcohol consumed.

Eurocare, which is not a research institute, aimed to map opinions on alcohol-related communication to encourage a wider European consumer survey to be funded by public authorities.

With these results, Eurocare hopes to spark a wider debate on the need for a better communication of risks associated with alcohol consumption.

As public-health professionals and governments search for effective policies to address alcohol related harm, better communication of alcohol-related risks to consumers stands out as an underutilised way to empower citizens to make healthy decisions about their alcohol intake.

Methodology

An online survey was designed by Eurocare in May 2015, and it was distributed in June 2015 across 21 countries. The purpose of the survey was to map consumers' opinions on how to communicate information regarding alcohol-related risks. The survey was preceded by an informative note indicating the rationale, purpose of the study and guarantee of anonymity.

Procedure

The design of the RAHRA's Consumers' Survey was led by Eurocare and supervised by RARHRA's WP5 group, who proposed adjustments until the final tool format was agreed. The original survey was designed in English and translated into 17 different languages. The English version of the survey is in the Appendix section.

Eurocare member organisations translated the survey into their respective languages and retranslation was completed accordingly, before starting data dissemination and collection. Eurocare members were asked to distribute and disseminate the survey in their countries as widely as possible. Additionally, several organisations based in Brussels were contacted to distribute the online survey using snowball technique.

Inclusion criteria for participation in this cross-sectional study were (a) consumers (b) above 18 years old (c) living in Europe, and (d) willing to complete an online survey on alcohol communication and alcohol-related risks. The survey included a total of 15 questions on the topic and additional demographic data. Participants' anonymity was guaranteed.

The RAHRA survey was distributed online in 21 countries. A separate web-link was provided for each country and a 'European' version of the survey in English was also available to participants who could not fill the questionnaire in their mother language. A variety of methods were used, including: social media, Facebook, Twitter and email lists. In some occasions, radio interviews on the topic encouraged consumers' participation. Potential participants received an email and a reminder two weeks later inviting them to complete the online survey. Emails were automatically generated and therefore anonymity and confidentiality were guaranteed.

Due to the characteristics of the online survey approach, no specific target sample size was set up for this project.

Member organisations and partners were asked to provide ‘feedback forms’ where they indicated the means of distribution used by them to disseminate the survey. The information on the forms helped researchers to gain further understanding of the respondents’ background. The names of organisations participating in the project, as well as a summary of the data, are provided the Appendix section.

Results

Descriptive analysis

A total number of 7,950 respondents completed the survey as indicated in Table 1. Statistical analyses were performed using SPSS v.23. Descriptive analysis and inferential analysis were also performed. After data treatment, 319 cases were eliminated since participants had not responded to all questions. After data management, a total sample of n=7,631 was considered for analysis purposes.

Participants by country

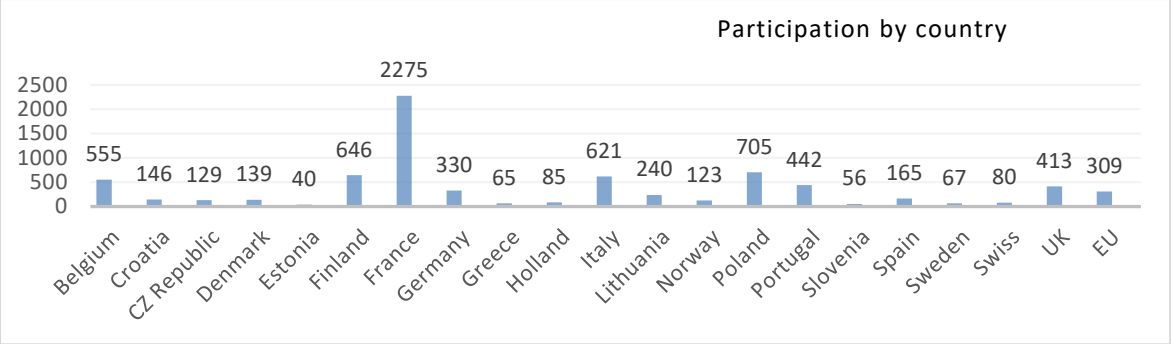
Participating countries are indicated (alphabetically) in Table 1. High participation in France, which accounts for almost 30% of the total number of participants is worth noting the. Low participation levels were in Estonia (0.5%), Slovenia (0.7%) and Sweden (0.9%).

Table 1: Number of respondents by country

Country	Frequency	Total %
Belgium	555	7.3%
Croatia	146	1.9%
Czech Republic	129	1.7%
Denmark	139	1.8%
Estonia	40	0.5%
Finland	646	8.5%
France	2,275	29.8%
Germany	330	4.3%
Greece	65	0.9%
Holland	85	1.1%
Italy	621	8.1%
Lithuania	240	3.1%
Norway	123	1.6%
Poland	705	9.2%
Portugal	442	5.8%
Slovenia	56	0.7%
Spain	165	2.2%
Sweden	67	0.9%
Swiss	80	1.0%
UK	413	5.4%
EU	309	4.0%
Total	**7,631**	**100.0%**

Figure 1 is a graphic representation of respondents by country. It should be noted that the category EU includes those participants who did not belong to any of the represented countries and therefore chose to complete the 'European' strand.

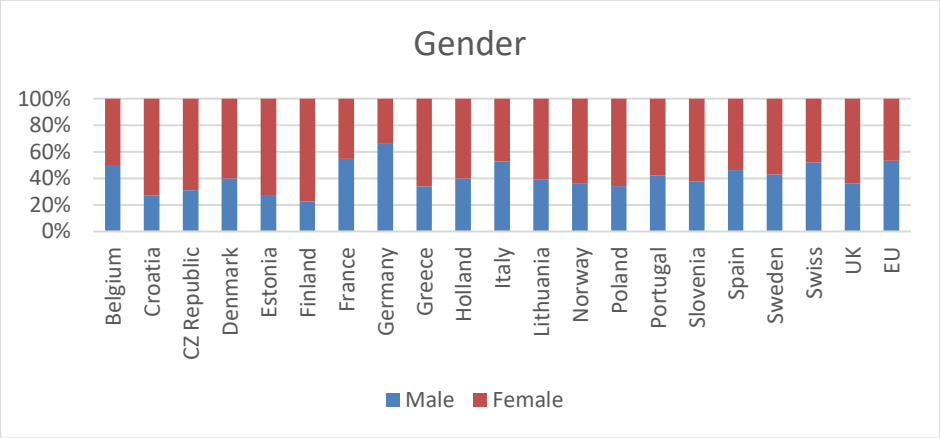
Figure 1: Number of participants by country



Demographics

Overall, 45.3% of the participants who completed the survey were male, and 54.7% female. Distribution by gender per the country of origin can be seen below in Figure 2.

Figure 2: Participants' distribution by gender



The age of the participants ranged from 18 to over 70 years old. Participants were not asked to provide their exact age, but to choose from an age range.

Table 2: Age distribution by country

	Under 18 years old		18-29 years old		30-39 years old		40-49 years old		50-59 years old		60-69 years old		Over 70 years old	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	1	0.2%	65	11.8%	130	23.6%	165	29.9%	125	22.6%	56	10.1%	10	1.8%
Croatia	34	23.4%	24	16.6%	36	24.8%	27	18.6%	15	10.3%	9	6.2%	0	0.0%
Czech Republic	2	1.6%	44	34.1%	41	31.8%	22	17.1%	11	8.5%	8	6.2%	1	0.8%
Denmark	0	0.0%	19	14.0%	32	23.5%	30	22.1%	27	19.9%	21	15.4%	7	5.1%
Estonia	1	2.5%	13	32.5%	16	40.0%	4	10.0%	5	12.5%	1	2.5%	0	0.0%
Finland	3	0.5%	86	13.4%	147	22.9%	146	22.7%	169	26.3%	78	12.1%	13	2.0%
France	1	0.0%	262	11.6%	480	21.2%	621	27.5%	591	26.1%	247	10.9%	60	2.7%
Germany	1	0.3%	40	12.3%	53	16.3%	81	24.8%	88	27.0%	56	17.2%	7	2.1%
Greece	0	0.0%	28	43.1%	20	30.8%	8	12.3%	6	9.2%	3	4.6%	0	0.0%
Holland	0	0.0%	11	12.9%	20	23.5%	16	18.8%	22	25.9%	12	14.1%	4	4.7%
Italy	1	0.2%	33	5.4%	66	10.7%	125	20.4%	192	31.3%	182	29.6%	15	2.4%
Lithuania	1	0.4%	8	3.4%	108	45.4%	67	28.2%	36	15.1%	15	6.3%	3	1.3%
Norway	0	0.0%	16	13.0%	21	17.1%	33	26.8%	29	23.6%	22	17.9%	2	1.6%
Poland	3	0.4%	222	31.5%	171	24.3%	140	19.9%	111	15.8%	50	7.1%	7	1.0%
Portugal	0	0.0%	34	7.7%	119	26.9%	163	36.9%	87	19.7%	31	7.0%	8	1.8%
Slovenia	7	12.5%	17	30.4%	8	14.3%	16	28.6%	7	12.5%	1	1.8%	0	0.0%
Spain	0	0.0%	6	3.7%	61	37.2%	50	30.5%	26	15.9%	17	10.4%	4	2.4%
Sweden	1	1.5%	5	7.5%	7	10.4%	15	22.4%	22	32.8%	10	14.9%	7	10.4%
Switzerland	0	0.0%	6	7.5%	11	13.8%	22	27.5%	22	27.5%	13	16.3%	6	7.5%
UK	0	0.0%	58	14.4%	106	26.3%	106	26.3%	84	20.8%	37	9.2%	12	3.0%
EU	1	0.3%	37	12.0%	108	35.0%	79	25.6%	55	17.8%	24	7.8%	5	1.6%
TOTAL	**57**	**0.8%**	**1,034**	**13.6%**	**1761**	**23.2%**	**1936**	**25.5%**	**1,730**	**22.8%**	**893**	**11.8%**	**171**	**2.3%**

The majority of the respondents fell between the age range of 30-59 years old, and the range age with the highest response rate was 40-49 years old. Table 3 presents a summary of the age ranges.

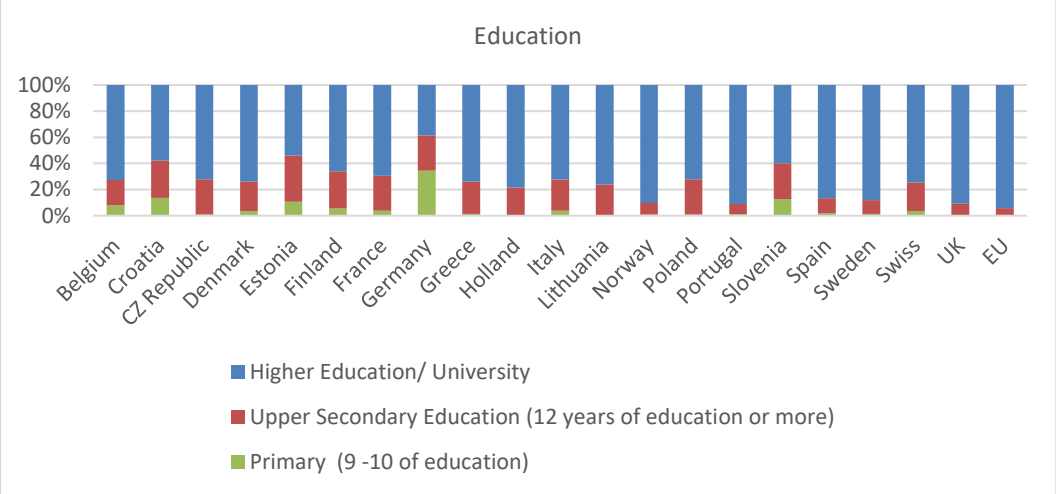
Table 3: Summary of age range distribution

	Under 18 years old		18-29 years old		30-39 years old		40-49 years old		50-59 years old		60-69 years old		Over 70 years old	
TOTAL	57	0.8%	1,034	13.6%	1,761	23.2%	1,936	25.5%	1,730	22.8%	893	11.8%	171	2.3%

Level of formal education

Data analysis indicated that most of the respondents participating in this survey had completed higher education. Overall, 73% of the participants reported having completed higher education or university. It is worth noting that the sample corresponding to 'EU' responses indicated 94.1% of the former category, while countries with reported lower qualifications were Estonia (54.1%) and Germany (38.7%).

Figure 3: Education completed by country

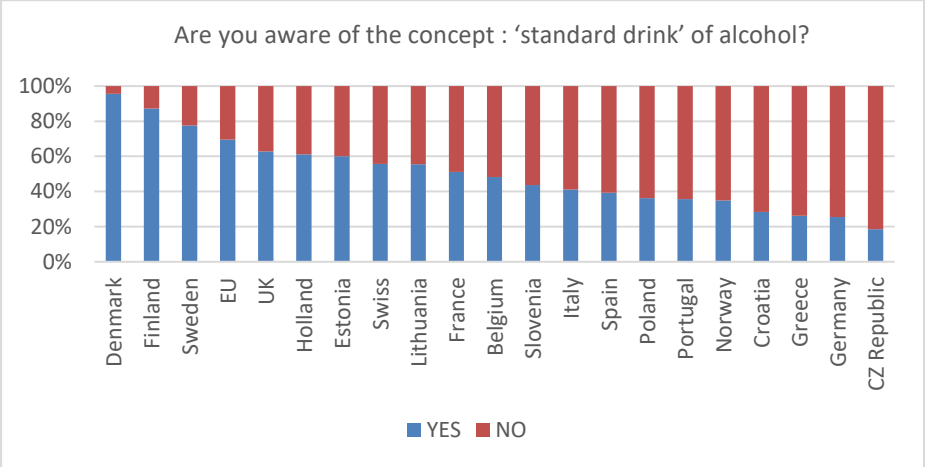


1. The 'standard drink' concept

Participants who reported not being familiar with the concept of a 'standard drink' accounted for almost half - 49.2%. The qualitative analysis of the responses from those who indicated 'being aware of the standard drink concept' and who were subsequently asked to provide a definition for it, suggested an irregular array of descriptions regarding the concept itself. These responses are described in greater detail later in this document.

Denmark, Finland and Sweden reported higher percentages in relation to 'standard drink' awareness. Those reporting a lower awareness of the 'standard drink' concept were: Czech Republic, Germany and Greece.

Figure 4: Awareness regarding 'standard drink' concept

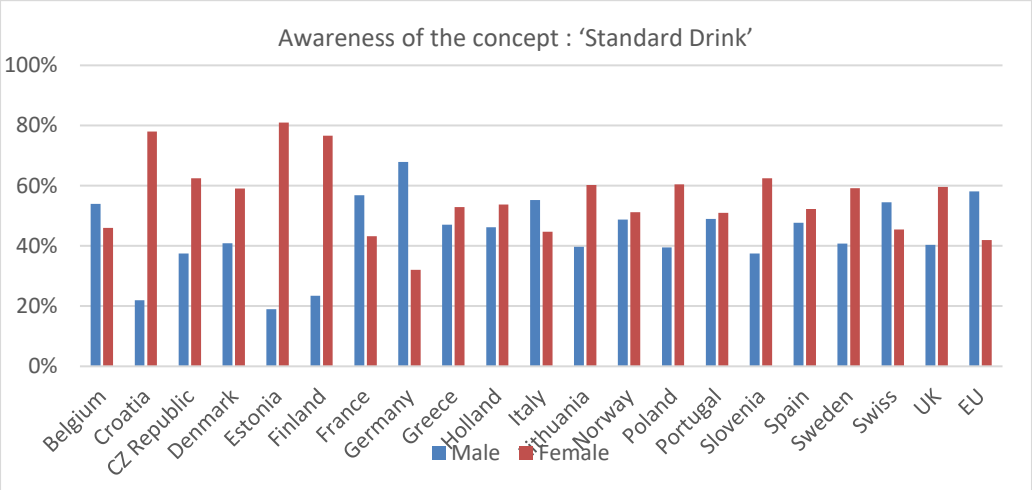


In terms of gender differences regarding awareness of the 'standard drink' concept, 46.8% of males responded affirmatively, in contrast with a slightly higher 53.2% of females. This difference was particularly visible in certain countries, such as in Croatia, where 78% of females indicated being aware of the 'standard drink' concept, Estonia with 81.0%, and Finland with 76.6%. Except for Belgium, France, Germany and 'EU' samples, in most cases, women appeared to be more aware than men of the definition of a 'standard drink'. Further information can be found in Table 4.

Table 4: Summary totals for awareness on the 'standard drink' concept by gender

	YES				NO			
	Male		Female		Female		Male	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**1,759**	**46.8**	**1,997**	**53.2**	**1,592**	**43.7**	**2,051**	**56.3**

Figure 5: Awareness of the concept: 'Standard Drink' by country by gender



Older respondents seemed to be more aware of the concept of 'standard drink'. This trend, however, seemed to decrease for respondents older than 60.

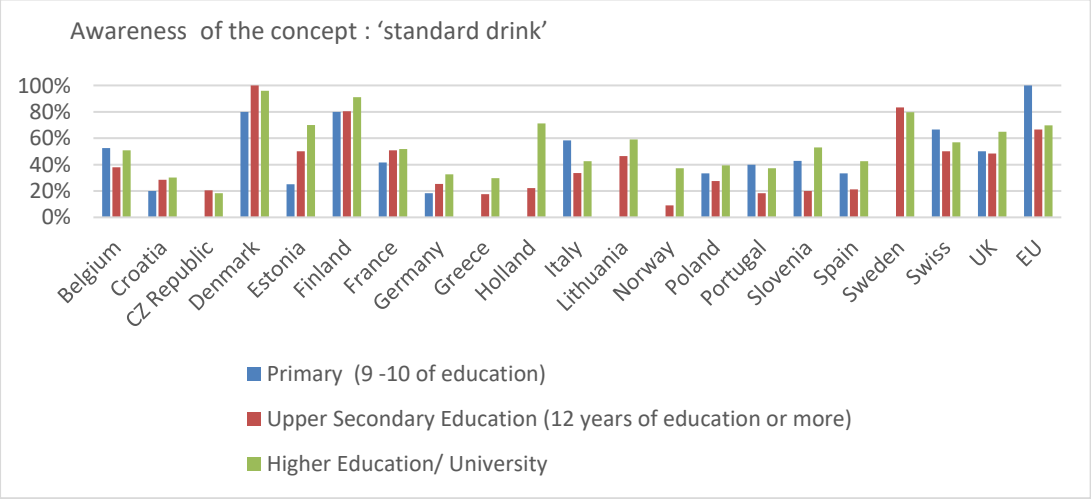
In terms of education, the totals indicated a correlation between awareness and higher levels of education - people with higher education tend to be more aware of the concept (Table 5).

Table 5: Number of attempted definitions and some examples.

	Primary (9 -10 of education)				Upper Secondary Education (12 years of education or more)				Higher Education/ University			
	YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**139**	**39,4**	**214**	**60,6**	**740**	**45.2**	**897**	**54,8**	**2,911**	**53,3**	**2,553**	**46,7**

An explanatory graph in Figure 6 illustrates awareness in relation to 'standard drink' as defined by education and by country.

Figure 6: Standard drink awareness by education and country



2. Individuals' definitions of a 'standard drink'

Individuals who indicated that they were familiar with the concept of 'standard drink', were also asked to define the concept. Responses in the majority of cases were not fully correct, if compared, for example, to the definition provided by the WHO. Responses were examined by country, and a qualitative account of some examples is provided below. A thematic content analysis was conducted by country, and a cloud representation of the analysis by country can be found in Table 7.

It should be noted that often, when defining what a standard drink was, respondents would indicate the type of drinks they usually consume themselves, e.g. vodka and coke, vodka and lemonade, a bottle of vodka or a cocktail. Other responses referred to alcohol grams, but with a variety again in the responses, for instance "porcja zawierająca 10g alkoholu etylowego", "50mg alkoholu", "alcohol 40%", "jedno małe piwo, jeden kieliszek wina lub 25 g wódki", "corrisponde a 12 grammi di etanolo" "Aquellas bebidas de menos de 14º alcohol" and "bebida popular tradicional".

Examples of responses regarding the definition of a ‘standard drink’:

- *Polish respondent 3: “a glass of wine, a glass of beer”*
- *Italian respondent 18: “quantità di etanolo contenuta in un bicchiere di vino/birra/cocktail”*
- *Italian respondent 37: “unita' con pari contenuto di alcol”*
- *Italian respondent 41: “quantità di alcool contenuto in un bicchiere di vino, in un barattolo di birra o in un bicchierino di superalcolici”*
- *Italian respondent 44: “In base alla corporatura e al sesso compreso lo stato di salute”*
- *French respondent 21 : “une boisson qui contient 10g d'alcool”*
- *French respondent 254 : “une boisson non alcoolisée”*
- *French respondent 300 : “même g alcool ds un verre”*
- *French respondent 321 : “sans alcool”*
- *French respondent 423 : “c'est la quantité d’alcool pur, en grammes, contenue dans une boisson”*
- *French respondent 613 : “une boisson standard correspond à une boisson qui sert à se désaltérer”.*
- *Portuguese respondent 22 : “10g de álcool puro”*
- *Portuguese respondent 43 : “1 bebida padrão= 15g alcool”*
- *Portuguese respondent 97 : “bebida de alcool aconselhada pela OMS”*
- *Portuguese respondent 102 : “Uma medida certa, tendo em conta o teor alcoólico da mesma”*
- *Portuguese respondent 111:“Embora as bebidas alcoólicas tenham diferentes graduações, os copos habitualmente mais usados para as diferentes bebidas têm quantidade idêntica de álcool, o que corresponde a uma unidade bebida padrão com cerca de 10 a 12 gramas de álcool puro. Este facto permite fazer a quantificação por unidades de bebidas ingeridas, o que facilita os cálculos do total de bebidas consumidas diária ou semanalmente”.*

A Spanish respondent illustrated what it could be considered as the trend for this answer: “una unidad, pero no sé cuánto es la medida exactamente” which could be translated as “one unit, but I am not sure about the exact measure”.

Respondents may be aware of the concept of ‘standard drink’, but in reality, they face difficulties to understand what it is, and, therefore cannot apply it to their alcohol consumption.

In other cases, they would define alcohol formulas and, in fewer cases, would provide a book definition of standard drink. Confusion regarding the concept was still patent, and hesitation as to the volume, grams or presentation of the drink could be identified in the responses. Table 6 provides an overview of the total number of attempted definitions and some examples.

Table 6: Number of attempted definitions and some examples

Country	Number of definitions by country (region) indicating awareness of Standard Drink concept n˚/Total responses	Examples by qualitative cloud analysis summaries
Belgium	German 30/99 Flemish 45/91 French 200/394	Alcohol Mængden Snaps Glass Genstand Køre Bil Gram Alkohol Svarer til 1 øl Ren Alkohol Normal Glas Vin Glas Rødvin cl Alkohol 12gram g Alkohol Kvantum Almindelig øl Svarende 2cl Flaske Vin
Croatia	Croatian 41/150	Promila Umjereno Vina Dnevno Alkoholna Pića Vina Ili Znam Alkohola Pića Koja Pivo Vrsti Količina
CZ Republic	Czech 25/133	Pro Muže Každého Cca Dávka Vína Dávky Doporučené Pití Druhu Množství Konzumace Čistého Alkoholu
Denmark	Danish 125/143	Alcohol Mængden Snaps Glass Genstand Køre Bil Gram Alkohol Svarer til 1 øl Ren Alkohol Normal Glas Vin Glas Rødvin cl Alkohol 12gram g Alkohol Kvantum Almindelig øl Svarende 2cl Flaske Vin
Estonia	Estonian 21/37	Absoluutalkoholi Päevas Kogus Tunni Jooksul Lagundada g Absoluutset Alkoholi Grammi g Puhast Alkoholi Kanget Alkoholi
Finland	Finnish 548/669	Tölkki Viini 12 cl Tietty Määrä Alkoholia Esimerkiksi Yksi Puhdasta Alkoholia 4cl 40% Alkoholia Pullo Olutta Alkoholia Sisältävä 12cl Viiniä g Absoluuttista Alkoholia Pullo Keskiolutta Vastaava Määrä cl Viiniä Viinilasi Olut Joka Sisältää
France	French 1215/2389	Quantite D'alcool Taux D'alcool Eau Jus cl de Vin Cela 10g D'alcool Boisson Courante Volume C'est un Verre Standart Unité D'alcool Degré D'alcool Alcool Consommation Boisson Alcoolisée Contenue C'est un Verre Standard

Germany	German 82/336	Wasser Immer Standardgetränk Etwas Alkohol 3dl Bier Getränk Bzw Wein Weiss Glas Bier Getrunken Sekt Reinalkohol
Greece	Greek 65/70	ΔΕ Γνωρίζω Όχι Alcohol Αλκοόλης Δεν ΔΕ Γνωριζω OXI Καθαρής Αλκοόλ 10gr Αλκοολ
Holland	Dutch 52/86	Voor Qua Standaard Glas Tot Bier Specifieke Drank Hoeveelheid Alcohol Consumptie Gram Alcohol Promilage Het Glas Liter Een Standaardglas
Italy	Italian 248/649	g di Etanolo Etanolo Contenuto in una Bevanda gr di Alcol Dell'alcol Misura Bicchieri Alcool Rapporto Bicchiere di Vino Drink Grammi Alcolici Unità 12gr di Alcol Bevanda Alcolica Bevande Alcooliche g di Alcol Bottiglia gr di Etanolo Dovrebbe
Lithuania	Lithuanian 129/245	g. Gryno Alkoholio Gėrimuose Gramų Gryno Alkoholio Kiekio ml Gryno Alkoholio Suvartoto Alkoholio 10g Gryno Alkoholio Etilo Spirito g Gryno Alkoholio 10ml Gryno Yra gr Gryno Alkoholio Gryno Alkoholio Kiekis
Norway	Norwegian 44/129	Alkoholenhet Mye Alkohol Måleenhet Glass Vin Enhet Brennevin Drikke dl Vin
Poland	Polish 249/733	g Wódki C2H5OH Sokiem g 100% Napoju Alkoholowego Woda Alkohol Jedno Piwo Porcja Alkoholu Zawartość Drink 40ml Czystego Alkoholu Soku ml Wódki 50ml Wódka 10g 100% Alkoholu Etanolu 25g Kieliszek Wina g Spirytusu Gramów
Portugal	Portuguese 153/457	Cerveja Pode Copo de Vinho Beber Bebida Padrão Contém Álcool Puro Não Quantidade de Álcool Equivalente Uma Bebida g de Álcool Consumo Ingerida por Dia Unidade de Bebida VodKa

Slovenia	Slovenian 23/58	dl Piva Zenske Alkohola Merici Vina Ali Kozarec Vina Dcl Piva Ena Standardna
Spain	Spanish 63/168	Consumo de Alcohol Creo Cantidad Media Cerveza Determinada Bebida País Gramos de Alcohol Puro Ingesta Contiene UBE
Sweden	Swedish 52/69	cl Starksprit Varierar Mängd Alkohol Ihåg g Alkohol Olika Beroende på Land Gram Alkohol dl Vin cl Vin Minns Glas Vin Sverige Vet cl Starköl
Swiss	German 35/55 French 9/22 Italian 3/9	Getränke 10g Glas Wein Glas Bier Alcohol dl Wein Drink Alkohol Alkoholmenge Boisson Standard Vin Quantité D'alcool Verre
UK	English 255/433	Abv Specific Amount 10ml 8gms Pint 10g Drink Liquor Unit of Alcohol Safe Glass of Wine Aware Measure Depends on the Country Ethanol
EU	English 309/326	Containing 10 gr Size 14g of pure Alcohol Measure of Alcohol According Unit of Alcohol Roughly Beer Quantity Drink 10g of Alcohol Glass of Wine 40ml Grams of pure Alcohol Idea Country Means Answered Half Pint
Total:	4021	

3. Understanding 'Low risk' drinking

Participants were asked to define how they understood 'low risk drinking'. In order to facilitate their responses, five different categories were proposed. These had been agreed by the research team based on literature review. The possible responses were:

- 'limiting drinking to a certain average level of alcohol per day or week'
- 'not drinking to drunkenness'
- 'drinking mainly with meals'
- 'not drinking and driving'
- 'other'

Additionally, participants could specify how they understood the concept. Responses were then examined qualitatively; some examples are provided further in this document.

In general, most respondents (62.1%) noted that they considered 'low risk' drinking as 'limiting the alcohol intake to a certain level per day or week'. Almost 16% of the participants noted 'other' ways of understanding 'low risk' drinking, and they provided explanation. 8.8% of the sample selected the response 'not drinking while driving', followed by 7.0%, who selected 'not drinking to drunkenness', and 6.7%, who selected 'mainly drinking with meals'.

Table 7: Total responses regarding respondents understanding of 'low risk' drinking.

	Limiting drinking to a certain average level of alcohol per day or week		Not drinking to drunkenness		Mainly drinking with meals		Not drinking in conjunction with driving		Other (please specify)	
	Fr.[1]	**%**	**Fr.**	**%**	**Fr.**	**%**	**Fr.**	**%**	**Fr.**	**%**
TOTAL	**4,595**	**62.1**	**521**	**7.0**	**495**	**6.7**	**650**	**8.8**	**1,143**	**15.4**

Responses were also explored by reported level of education. Although overall, most respondents selected 'limiting drinking to a certain average', when questioned regarding 'low risk drinking' a slight higher proportion of respondents in the primary education range would choose 'not drink-driving' (17.0%) and "mainly drinking with meals" (12.7%) and "not drinking to drunkenness" (12.7%).

[1] *Fr. stands for Frequency throughout the whole document*

Table 8:Total responses regarding respondents understanding of 'low risk' drinking by Education

	Limiting drinking to a certain average		Not drinking to drunkenness		Mainly drinking with meals		Not drinking in conjunction with driving		Other (please specify)	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Primary	168	48.4	44	12.7	44	12.7	59	17.0	42	12.1
Upper Secondary	896	55.9	161	10.0	161	10.0	188	11.7	232	14.5
Higher Education/ University	3486	64.9	312	5.8	312	5.8	389	7.2	860	16.0
TOTAL	**4550**	**62.1**	**517**	**7.1**	**517**	**7.1**	**636**	**8.7**	**1134**	**15.5**

As seen in Table 9, both male and female respondents selected 'limiting drinking to a certain average level', but this percentage appears slightly higher for males (64.5%) than for females (60.4%). Females appeared to favour 'other' options (17.7%), 'not drinking and driving' (8.1%), 'avoiding drunkenness' (7.7%), and 'drinking with meals' (6.1%). Some examples are also provided next, as an illustration of the category 'other' understanding of low risk drinking. Although there is no suggestion that the data is a representative snapshot of the population, the selection provided is representative of the sample, according to thematic analysis:

- *"Ensuring that you stay in control, don't drink and drive, don't drink to excess (binge drink); if pregnant don't drink"*
- *"Drinking in moderation based on gender and body size"*
- *"Drinking aware: e.g. alternate days, limiting volume, considering health implications, drinking responsibly"*
- *"Remaining mindful of consumption - trying to have days off alcohol, avoiding binging when consuming alcohol"*
- *"Women no more than 2-3 units a day men no more than 3-4 units a day Not every day"*
- *"Limiting drinking to "within" a certain average level of alcohol per day or per week. It is a misunderstanding to think that official advice is to stick only to a certain level or to drink up to that level. Any guideline should be accompanied by advice making clear the risks of alcohol, including risks of drinking within the guidelines."*
- *"Drinking within current guidelines - recommended daily intake shouldn't be more than 2-3 units for a woman and 3-4 units for a man"*
- *"Drinking fewer than 3 units per day with 2 alcohol free days per week"*

Table 9: Understanding of 'low risk' drinking by gender

	Limiting drinking to a certain average level		Not drinking to drunkenness		Mainly drinking with meals		Not drinking in conjunction with driving		Other (please specify)	
	Fr.	**%**	**Fr.**	**%**	**Fr.**	**%**	**Fr.**	**%**	**Fr.**	**%**
Male	2,135	64.5	206	6.2	236	7.1	313	9.5	422	12.7
Female	2,394	60.4	307	7.7	241	6.1	320	8.1	702	17.7
TOTAL	4,529	**62.2**	513	7.1	477	6.6	633	8.7	1,124	15.4

Interestingly, when the understanding of 'low risk' behaviour related to alcohol was explored by age range, the data suggested that almost half of the under 18 year olds would choose the option of 'not drinking to drunkenness' (in relation to 'low risk drinking'), followed by 'limiting average levels' or 'not drink-driving'. These results appear somehow quite different than participants over 18, as shown in Table 10.

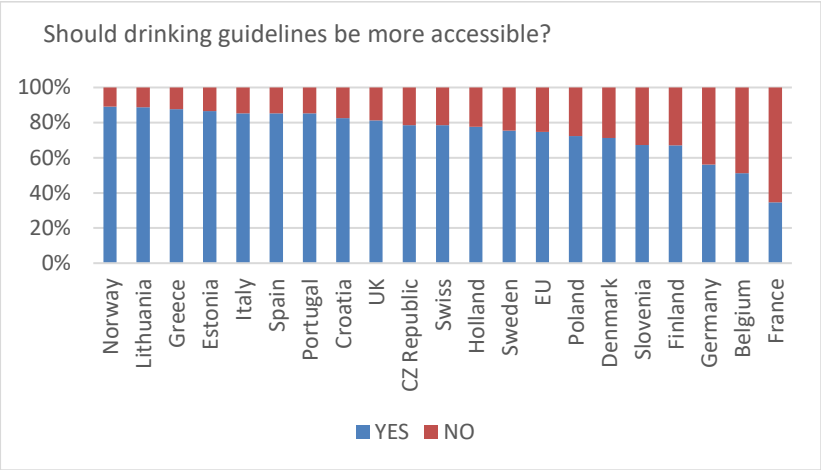
Table 10:Understanding of 'low risk' drinking by gender

	Limiting drinking to a certain average level		Not drinking to drunkenness		Mainly drinking with meals		Not drinking in conjunction with driving		Other (please specify)	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Under 18 year-olds	13	24.1	25	46.3	6	11.1	7	13.0	3	5.6
18-29 year-olds	551	55.1	154	15.4	55	5.5	102	10.2	138	13.8
30-39 year-olds	1,117	65.0	153	8.9	88	5.1	109	6.3	252	14.7
40-49 year-olds	1,247	66.2	80	4.2	123	6.5	144	7.6%	290	15.4
50-59 year-olds	1,060	62.9	83	4.9	119	7.1	166	9.9	256	15.2
60-69 year-olds	522	60.3	22	2.5	76	8.8	83	9.6	162	18.7
Over 70 year-olds	68	41.5	3	1.8	24	14.6	34	20.7	35	21,3
TOTAL	**4,578**	**62.1**	**520**	**7.1**	**491**	**6.7**	**645**	**8.8**	**1,136**	**15.4**

4. Drinking guidelines

Participants were asked about accessibility of 'drinking guidelines', the majority (62.5%) indicated that they wished to have guidelines regarding alcohol consumption more accessible than they currently are. Country specific distribution regarding this question can be seen in Figure 7.

Figure 7: Accessibility of drinking guidelines



Data were analysed by gender, age and education. Overall, data analysis suggests that females (61.2%) are favourable to making 'drinking guidelines' more accessible. Results appear coherent across the sample with the exception of Switzerland, Italy and Germany, where slightly higher percentages were found for males. It is worth noting that, so far, the UK is the only country where producers provide drinking guidelines on the labels. Further info can be found in Table 11.

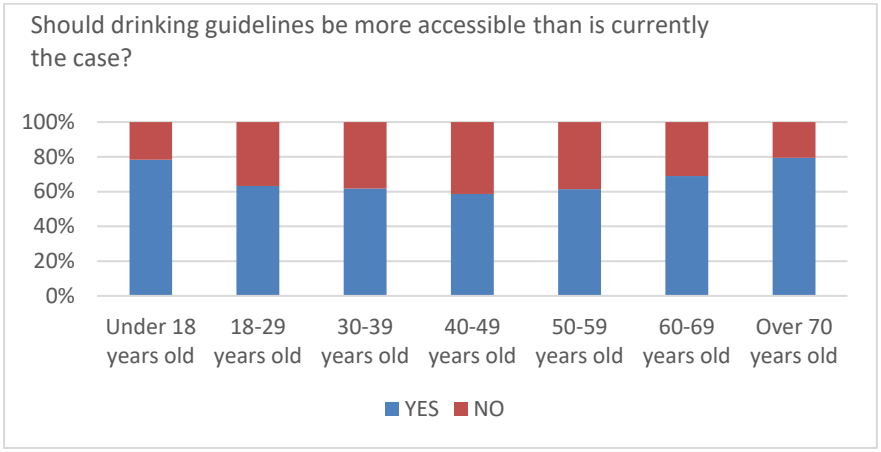
Table 11:Should drinking guidelines be more accessible than is currently the case? By gender

	YES				NO			
	Male		Female		Male		Female	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	107	40.1	160	59.9	151	58.5	107	41.5
Croatia	28	25.0	84	75.0	11	45.8	13	54.2
CZ Republic	21	21.2	78	78.8	19	70.4	8	29.6
Denmark	39	42.4	53	57.6	14	36.8	24	63.2
Estonia	9	31.0	20	69.0	1	20.0	4	80.0
Finland	70	16.9	343	83.1	69	33.8	135	66.2
France	320	43.1	423	56.9	864	60.9	555	39.1
Germany	93	55.7	74	44.3	102	79.7	26	20.3
Greece	17	29.8	40	70.2	5	62.5	3	37.5
Holland	22	33.3	44	66.7	12	63.2	7	36.8
Italy	269	53.6	233	46.4	43	48.9	45	51.1

Lithuania	79	38.7	125	61.3	10	38.5	16	61.5
Norway	38	37.6	63	62.4	5	38.5	8	61.5
Poland	148	31.4	323	68.6	68	38.2	110	61.8
Portugal	150	40.9	217	59.1	33	52.4	30	47.6
Slovenia	13	35.1	24	64.9	8	44.4	10	55.6
Spain	62	45.6	74	54.4	11	45.8	13	54.2
Sweden	21	45.7	25	54.3	6	37.5	10	62.5
Swiss	33	54.1	28	45.9	8	47.1	9	52.9
UK	102	32.8	209	67.2	37	51.4	35	48.6
EU	108	47.6	119	52.4	53	68.8	24	31.2
TOTAL	**1,749**	**38.8**	**2,759**	**61.2**	**1,530**	**56.2**	**1,192**	**43.8**

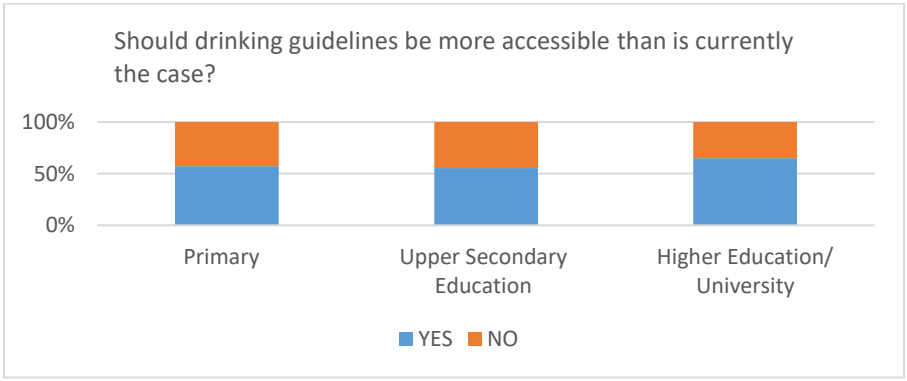
As for responses distribution by age range both younger and older individuals are more supportive of drinking guidelines being more accessible (Figure 8). Full data on this question can be found in the Appendix section.

Figure 8: Should drinking guidelines be more accessible than is currently the case? By age range



Data compared by educational level suggested that individuals reporting a higher level of education appear more supportive of this initiative as illustrated in Figure 9.

Figure 9: Should drinking guidelines be more accessible than is currently the case? By level of education



5. Searching for information concerning alcoholic beverages online

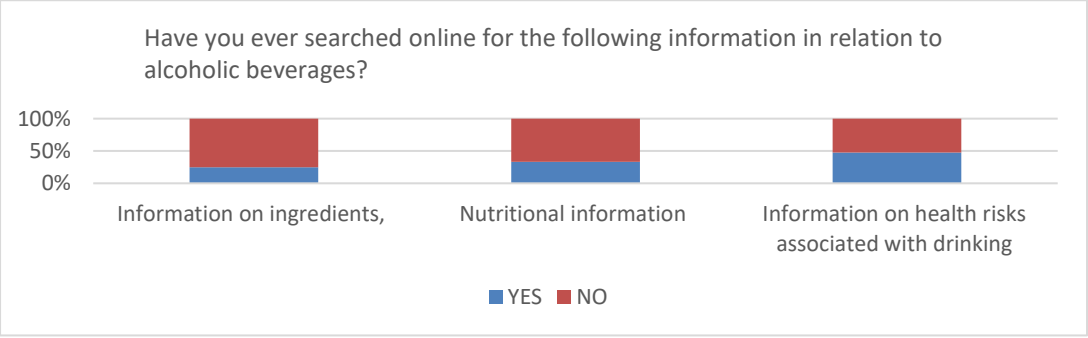
Overall, participants in this study seemed to have an interest in the content of alcoholic beverages and they actively looked for further information.

Almost half of the sample (47.7%) indicated having searched for information regarding health risks associated with drinking, such as drinking during pregnancy, development of cancer, liver cirrhosis or driving under the influence of alcohol. Additionally, 33.4% of the individuals searched for nutritional information (e.g. calories, proteins and carbohydrates). Finally, 24.7% of the sample had searched for information regarding ingredients or additives in the field of alcoholic beverages. A summary of the total percentages can be seen in Table 12 and Figure 10.

Table 12: Active online searching of information regarding alcoholic beverages

	Information on ingredients, (this includes also additives, artificial sweeteners or colourings)				Nutritional information (e.g. calories, proteins, carbohydrates)				Information on health risks associated with drinking (for example drink driving, drinking during pregnancy, development of cancer, liver cirrhosis)			
	YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**1,811**	**24.7**	**5,529**	**75.3**	**2,373**	**33.4**	**4,742**	**66.6**	**3,511**	**47.7**	**3,857**	**52.3**

Figure 10: Searching online information in relation to alcoholic beverages



Figures below presents data regarding participants who actively searched for information on: (i) ingredients of alcoholic beverages, (ii) nutritional information, (iii) health risks associated with consumption, (iv), by age range. Complete data and tables can be found in the Appendix section.

Figure 11: Searching online information regarding ingredients' information

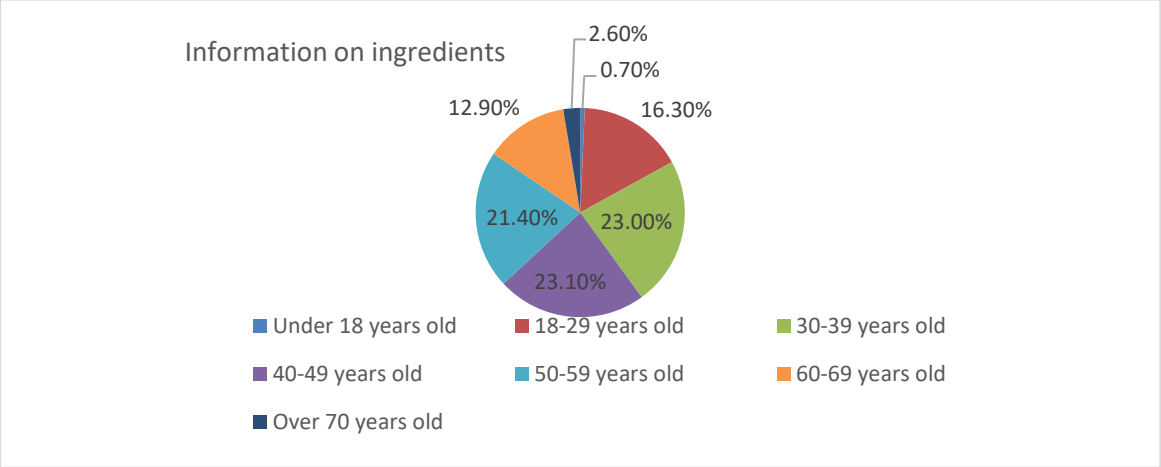


Figure 12: Searching online information regarding nutritional information

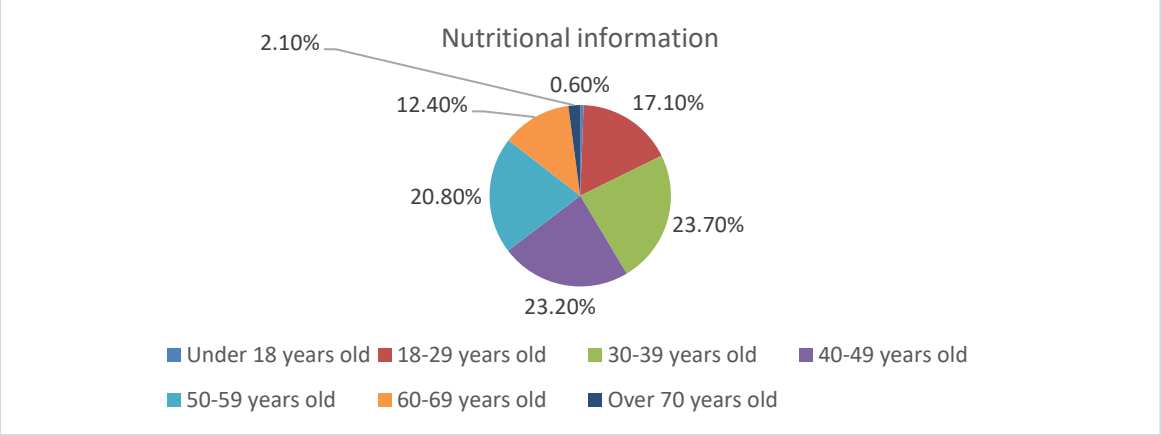
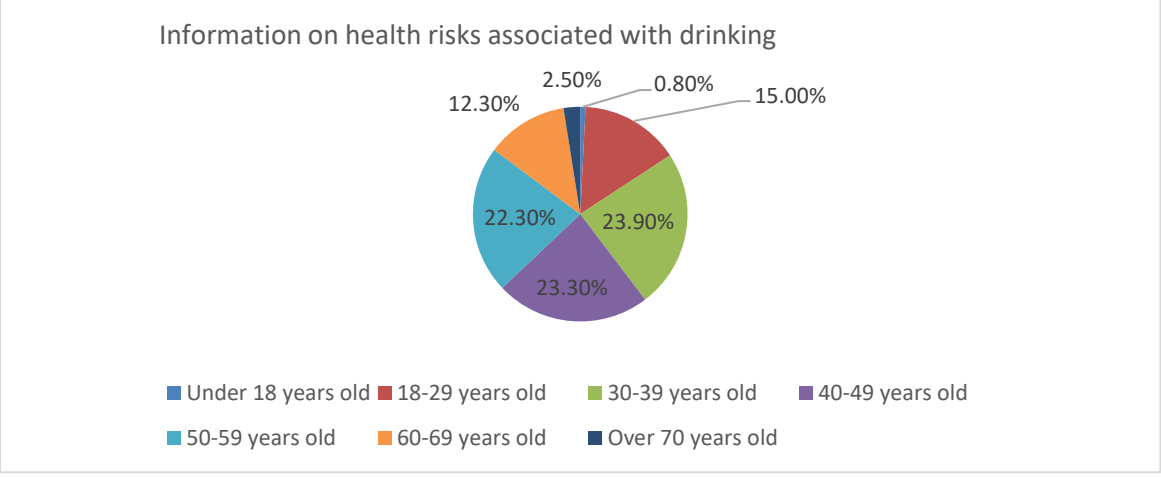


Figure 13: Searching online information regarding health risks associated to drinking



Interestingly, smallest percentage of people looking online or information are young people, this could be due to their general lack of interest in the topic. However, this changes in young adults (18-29 years old) who constituted o average1/5 of the positive responses.

Figures 14, 15 and 16 present results regarding online searches of information on alcohol beverages according to educational level.

Figure 14: Active searches regarding 'information on ingredients' by education level.

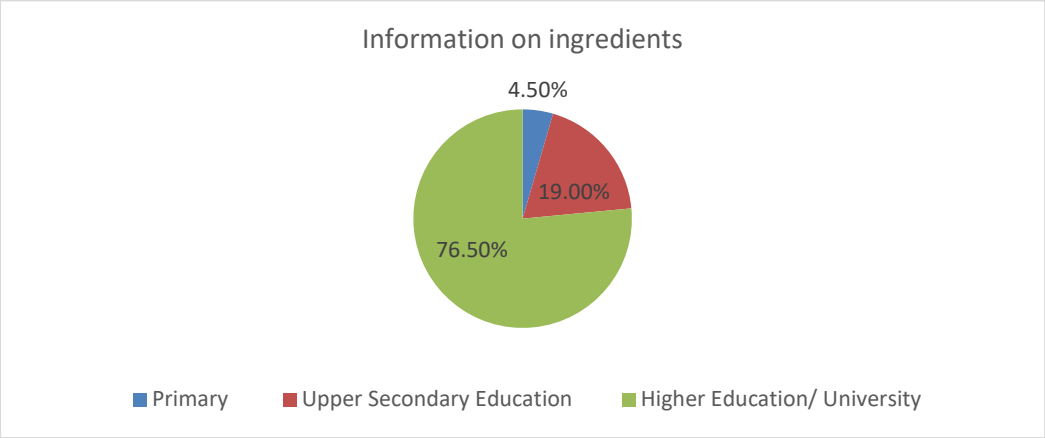


Figure 15: Active searches regarding 'nutritional information' by education level.

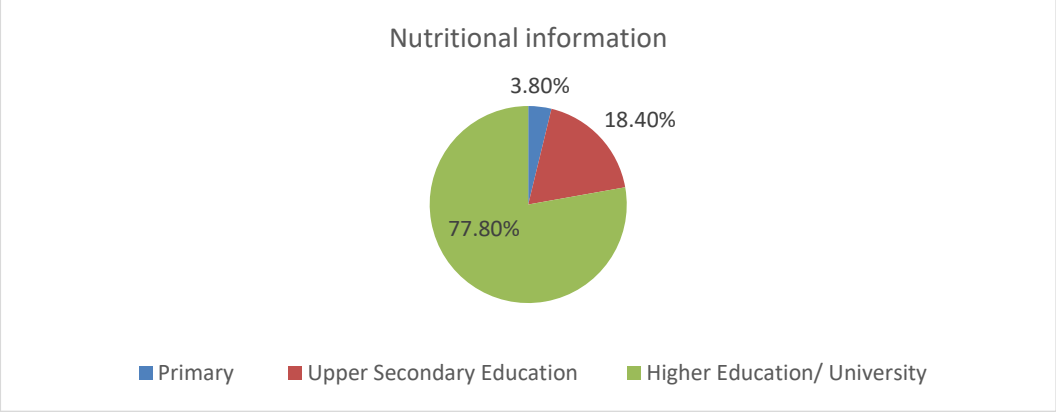
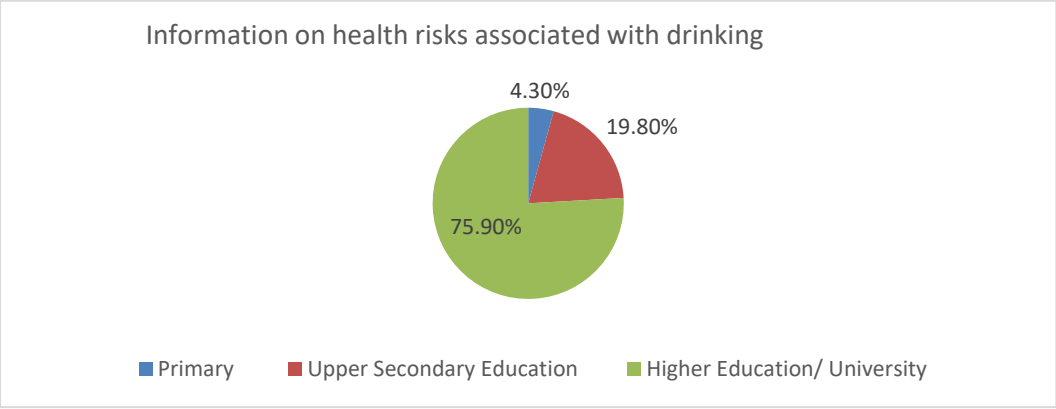


Figure 16: Active searches regarding 'health risks associated with drinking' by education level.



As with previous results, people with higher education levels tend to search online regarding ingredients listing, nutritional information and health risks.

6. Types of information related to alcohol

The survey asked individuals if they wished to have more detail regarding nutritional information, calorie content, ingredient listings, and health risks or drinking guidelines. In most cases, the answer was positive, indicating the need to provide more information on these topics. This is particularly visible for health risks, drinking guidelines, ingredient listings, calorie content and nutritional information, as shown in Table 13. Additionally, Figure 17 provides a graphic representation of the data in this respect.

Table 13: Consumers' information preferences

	Health risks	Drinking guidelines	Ingredient listing	Calorie content	Nutritional information
Totals YES	54.8%	54.6%	50.4%	43.2%	37.9%

Figure 17: Consumers' information preferences

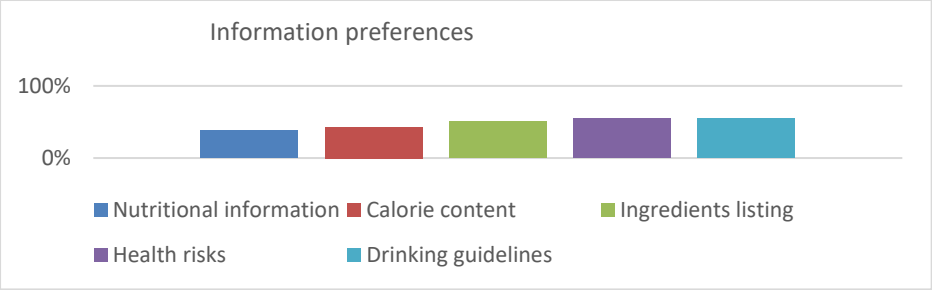


Table 14, 15 and 16 provide total percentages regarding participants' requests for alcohol related information compared by gender, age range and education level, respectively.

Table 14: Consumers' information preferences by gender

	Nutritional information		Calorie content		Ingredients listing		Health risks		Drinking guidelines	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Male	969	36.7	1,062	35.5	1,352	38.4	1,449	38.0	1,461	38.4
Female	1,671	63.3	1,930	64.5	2,168	61.6	2,368	62.0	2,343	61.6

In all cases, females more than males to wanted to have information regarding nutritional values, ingredients listing, calorie content, health risks and drinking guidelines.

Table 15: Consumers' information preferences by age range

	Nutritional information		Calorie content		Ingredients listing		Health risks		Drinking guidelines	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Under 18 year-olds	15	0.6	24	0.8	25	0.7	35	0.9	30	0.8
18-29 year-olds	446	16.7	478	15.7	595	16.7	600	15.5	557	14.4

30-39 year-olds	637	23.8	704	23.2	868	24.3	940	24.3	955	24.7
40-49 year-olds	634	23.7	756	24.9	884	24.8	931	24.0	937	24.3
50-59 year-olds	570	21.3	666	21.9	717	20.1	823	21.2	839	21.7
60-69 year-olds	319	11.9	344	11.3	403	11.3	453	11.7	451	11.7
Over 70 year-olds	56	2.1	65	2.1	78	2.2	92	2.4	94	2.4

Overall, it could be said that those individuals with age ranging from 18 to 69 appear more interested in obtaining information regarding alcohol. In particular, the age range 30-59 includes a bigger percentage of positive responses.

Table 16: Consumers' information preferences by level of education (positive responses)

	Nutritional information		Calorie content		Ingredients listing		Health risks		Drinking guidelines	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Primary Education	81	3.0	97	3.2	127	3.6	131	3.4	137	3.6
Upper Secondary Education	462	17.3	539	17.8	669	18.8	754	19.6	707	18.4
Hg-Education University	2,122	79.6	2,388	79.0	2,759	77.6	2,966	77.0	2,999	78.0

In a similar distribution, individuals who reported having completed higher education appear to be more interested in receiving information regarding alcohol.

7. Sources of Information regarding Alcohol Beverages and risks

Survey participants indicated that they wished to have access to more information in relation to alcohol and related risks. Individuals were asked for their preferences regarding best sources of information. Data analysis (mean and SD calculations) showed a preference for public-health authorities, health professionals, health and nutrition websites, products, labels and in-store communication, as seen in Table 17 and Figure 18. Further details can be seen in Appendix section.

Table 17: Preferred source of information

	Labels		Health professionals		Product/brand-related websites		Public health authorities' websites		Health and nutrition websites		In-store communication	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
TOTAL	3.23	1.67	3.82	1.27	3.43	1.34	4.00	1.21	3.75	1.20	3.04	1.50

Figure 18: Preferred source to find information on alcohol health related risks by gender

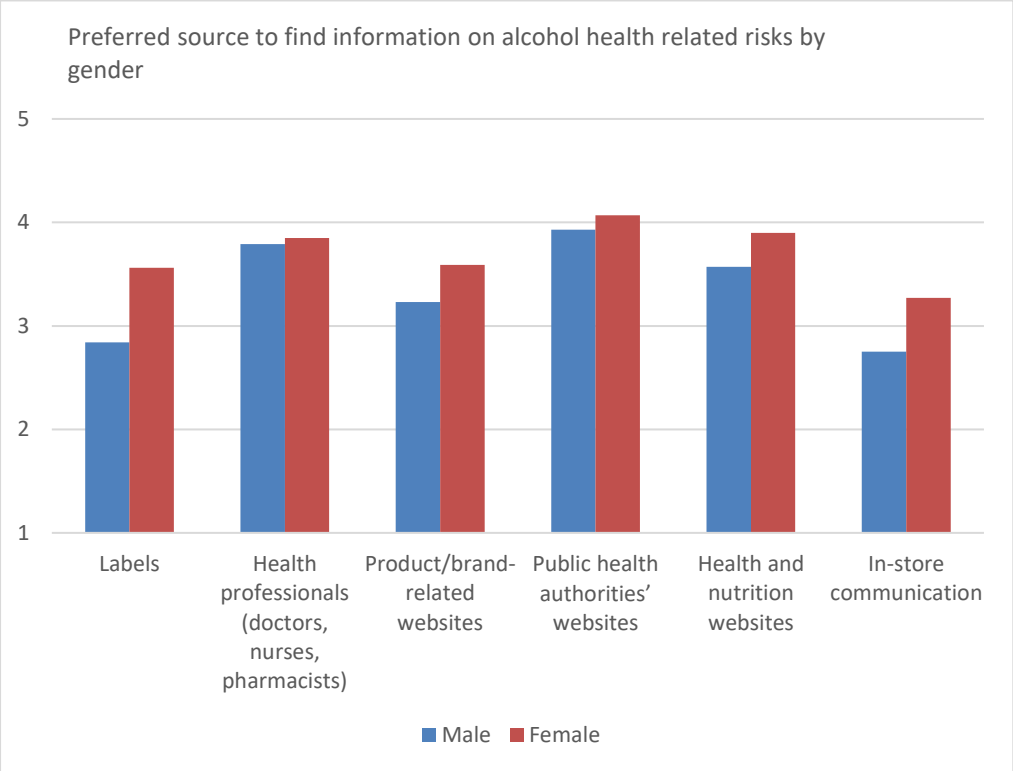


Figure 19: Preferred source to find information on alcohol health related risks by age

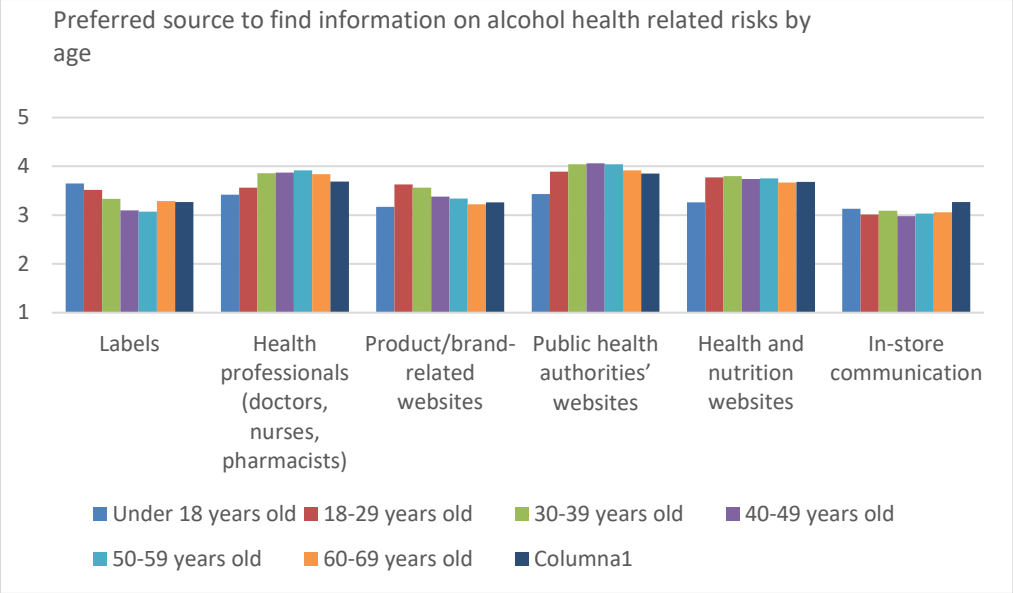
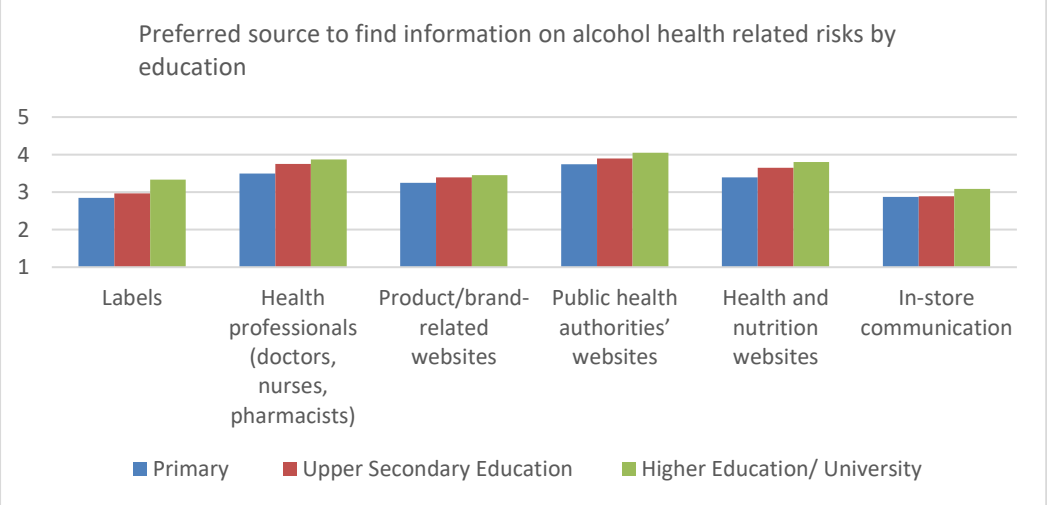


Figure 20 illustrates consumers' preferences regarding information by education level, similar trends can be observed across the education level spectrum, almost regardless of the item in question. More data regarding this topic is in Appendix section.

Figure 20: Preferred source to find information on alcohol health related risks by type of education

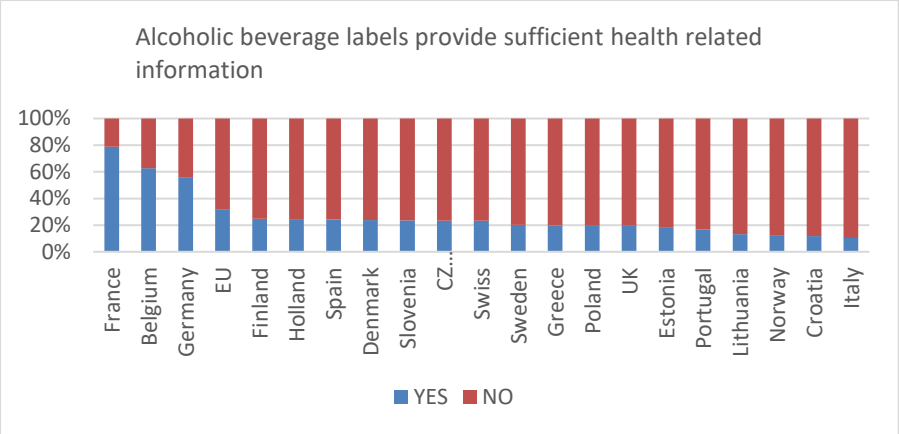


8. Current information provided by beverage labelling

Overall, the data suggested that labelling information currently provided is not sufficient. Almost 60% of the total sample noted that, currently, labels do not provide enough information regarding beverage content. Nevertheless, by country, we could identify a variety of trends.

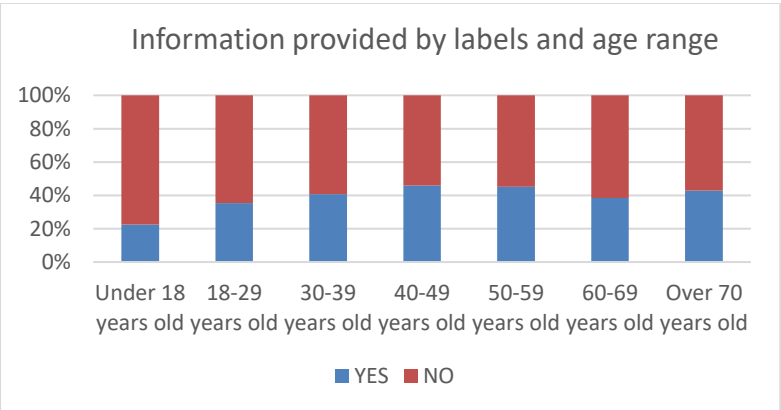
However, in the cases of Germany, Belgium and France, the data suggested that the labels are providing sufficient information. This specific point would need to be clarified through further studies, to elucidate the level of discordance across countries. Total results by country, can be found in Appendix section, Figure 21 is a graphic representation of the data.

Figure 21: Information provided by labels by country



The answers as to whether sufficient information is provided on labels was analysed by age range and country. All age groups agreed that not enough information was provided, with the 60-69 years old age group was the most dissatisfied, as shown in Figure 22.

Figure 22: Agreement to sufficient information provided by alcoholic labelling by age range. Total percentages



When the answers regarding information provision on labels was analysed through the level-of-education category, the data showed differences between groups (totals can be seen in Table 18). 60.8% of individuals reporting higher levels of education indicated that beverage levels do not provide sufficient health-related information, compared to 44.5% of those reporting lower levels of education.

Table 18: Do you think that alcoholic beverage labels currently provide sufficient health related information? By Education

	Primary (9 -10 of education)				Upper Secondary Education (12 years of education or more)				Higher Education/ University			
	YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**172**	**55,5**	**138**	**44,5**	**730**	**48,9**	**763**	**51,1**	**2,028**	**39,2**	**3,146**	**60,8**

When these answers were further analysed, according to gender, the total responses suggested that a higher percentage of males (59.1%) believe that enough information is provided on the labels when compared to females (40.9%), as shown in Table 19. The full data can be found in the Appendix section. This corresponds to trends already seen in previous sections, where females are more interested in health information related

Table 19: Do you think that alcoholic beverage labels currently provide sufficient health related information? By gender

	YES				NO			
	Male		Female		Male		Female	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**1,724**	**59.1**	**1,193**	**40.9**	**1,428**	**35.6**	**2,588**	**64.4**

The data suggested that, most participants did not agree with the notion that labels are providing sufficient health-related information currently.

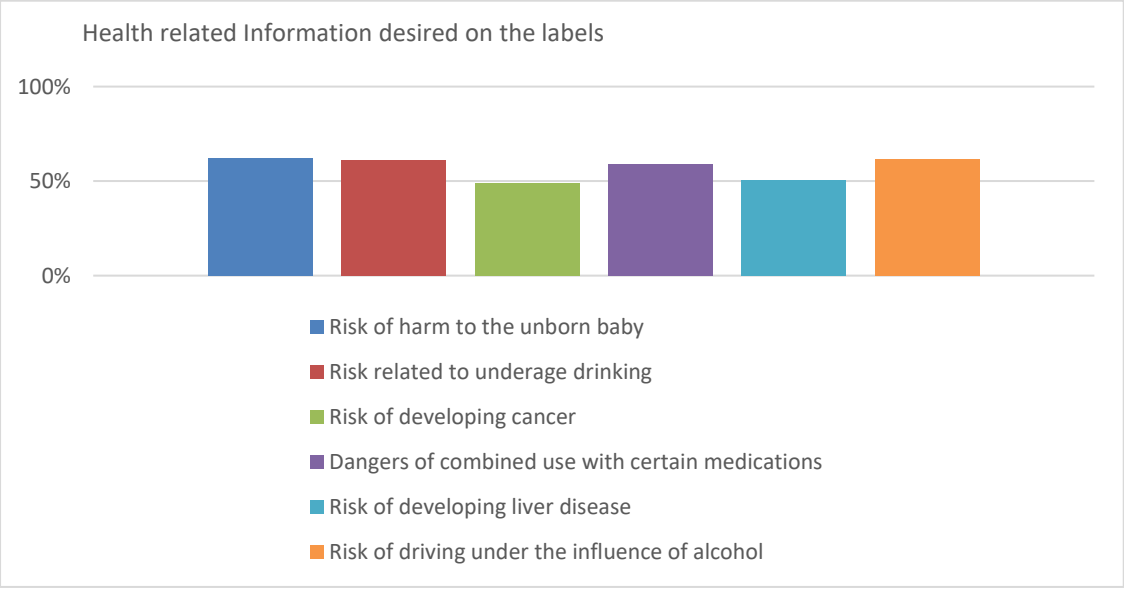
9. Risks related to alcohol consumption and information requirements

Participants were also asked about the need for further information on alcohol-related risks to appear on labels. A list of risks related to alcohol consumption, was presented to the participants. The responses indicate that the following would be most desired to appear on labels of alcoholic beverages:

- risk of harm to the unborn baby (62.2%)
- risk of driving under the influence of alcohol (61.8%)
- risk of underage drinking (60.8%)
- risk of combining alcohol with medication (58.9%)
- risk of developing liver disease (50.4%)
- risk of developing cancer (49%)

Full data can be found in the Appendix section. Figure 23 provides graphic representation of total responses regarding the information that should be present on the label.

Figure 23: Health related information preferred to appear on labelling



As can be observed, nearly all alcohol related risks are considered of the same importance.

10. Format of information provision regarding alcohol-related health risk on labels of alcoholic beverages

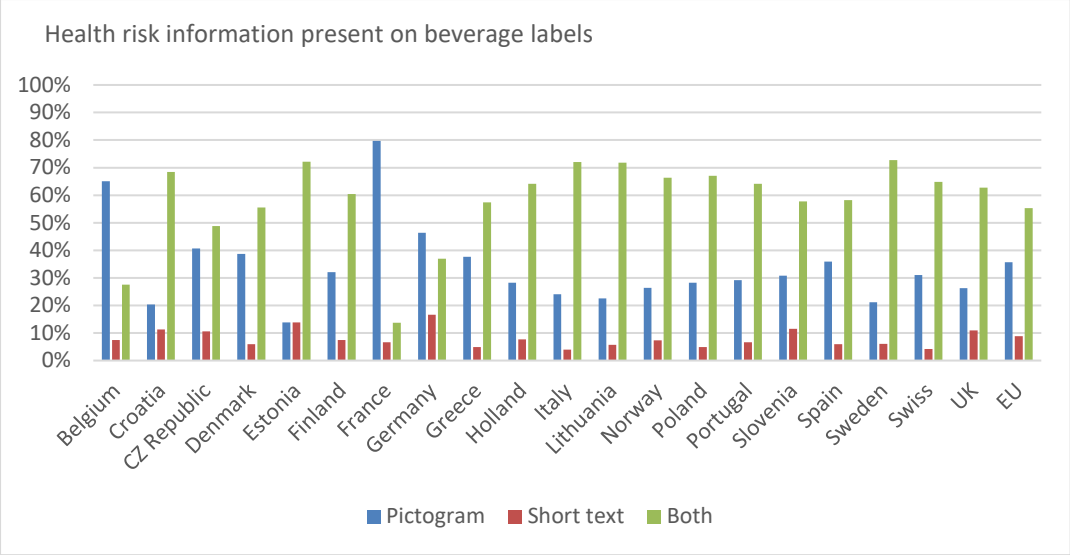
In order to provide further information regarding alcohol-related health risks, individuals indicated that pictograms and short texts (i.e. brief explanatory text related to alcohol risks) are most favoured. However, the preferred option was either having a pictogram (47.2%) or both (45.5%) rather than single informative texts (7.3%). General data by country can be seen in Table 20.

Table 20: Information provision of health risk information on drinks

	Pictogram		Short text		Both	
	Fr.	%	Fr.	%	Fr.	%
Belgium	310	65.1%	35	7.4%	131	27.5%
Croatia	27	20.3%	15	11.3%	91	68.4%
Czech Republic	50	40.7%	13	10.6%	60	48.8%
Denmark	46	38.7%	7	5.9%	66	55.5%
Estonia	5	13.9%	5	13.9%	26	72.2%
Finland	192	32.1%	45	7.5%	361	60.4%
France	1,621	79.7%	134	6.6%	278	13.7%
Germany	123	46.4%	44	16.6%	98	37.0%
Greece	23	37.7%	3	4.9%	35	57.4%
Holland	22	28.2%	6	7.7%	50	64.1%
Italy	133	24.1%	22	4.0%	398	72.0%
Lithuania	51	22.5%	13	5.7%	163	71.8%
Norway	29	26.4%	8	7.3%	73	66.4%
Poland	174	28.2%	30	4.9%	414	67.0%
Portugal	119	29.2%	27	6.6%	261	64.1%
Slovenia	16	30.8%	6	11.5%	30	57.7%
Spain	55	35.9%	9	5.9%	89	58.2%
Sweden	14	21.2%	4	6.1%	48	72.7%
Swiss	22	31.0%	3	4.2%	46	64.8%
UK	101	26.3%	42	10.9%	241	62.8%
EU	104	35.7%	26	8.9%	161	55.3%
TOTAL	**3,237**	**47.2%**	**497**	**7.3%**	**3120**	**45.5%**

Figure 24 provides a clearer view of the respondents' preferences in terms of communication methods. While most countries would favour information to be provided by both pictograms and short informative text, countries such as France and Belgium would appear to favour pictograms.

Figure 24: Information provision of health risk as indicated on beverage labels



The answers also showed that, in general, both males and females appear to share their preferences in relation to pictograms and short text as a means of providing useful information. Females (63.6%) would be more prone to have both, compared to males (36.4%).

Table 21: Format preferences regarding alcohol related health risks

	Pictogram				Short text				Both			
	Male		Female		Male		Female		Male		Female	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**1,659**	**52,0%**	**1,529**	**48,0%**	**249**	**50,8%**	**241**	**49,2%**	**1,117**	**36,4%**	**1,952**	**63,6%**

For more data please see Appendix section.

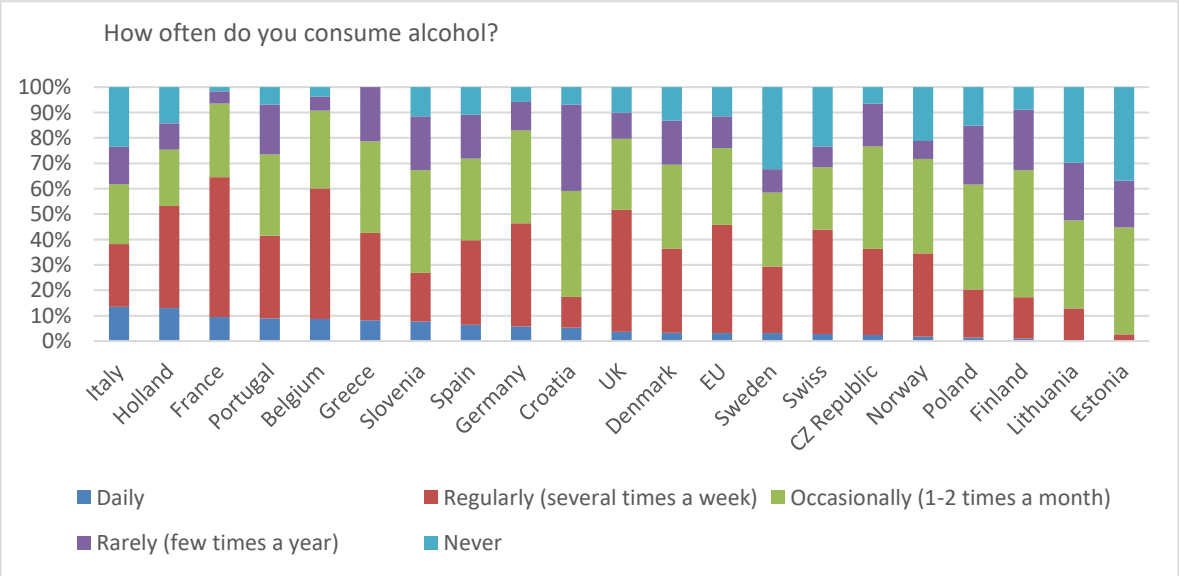
11. Participants' alcohol consumption

Respondents were asked to report their own alcohol consumption, and the answers showed that 6.5% of the sample drink on a daily basis, 38% drink regularly (several times a week), 33.1% drink occasionally (1-2 times per month), 13% drink rarely (a few times a year), and 9.4% never drink. This is shown in Table 22 and Figure 25.

Table 22: Frequency of respondent's alcohol consumption

	Daily		Regularly (several times a week)		Occasionally (1-2 times a month)		Rarely (a few times a year)		Never	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
TOTAL	**459**	**6.5%**	**2,662**	**38.0%**	**2,319**	**33.1%**	**914**	**13.0%**	**660**	**9.4%**

Figure 25: Frequency alcohol consumption by country



Consumption by gender analysis, as seen in Table 23, suggested that males tend to drink more frequently than females.

Table 23: Consumption frequency: males and females

	Daily		**Regularly (several times a week)**		**Occasionally (1-2 times a month)**		**Rarely (few times a year)**		**Never**	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Male	350	11.2%	1,480	47.2%	796	25.4%	206	6.6%	303	9.7%
Female	98	2.6%	1,139	30.3%	1,490	39.6%	691	18.4%	345	9.2%
TOTAL	**448**	**6.5%**	**2,619**	**38.0%**	**2,286**	**33.1%**	**897**	**13.0%**	**648**	**9.4%**

When consumption was compared by age, in most cases respondents would drink several times a week or occasionally (several times a month), and 8.7% of the participants under 18 years old reported drinking alcohol daily.

Similarly a percentage of 8.5% of participants in the age group of 50-59 years-old also drank daily. These figures substantially increased in the age range of 60 years old and over as showed in Table 23. This was particularly clear for consumers over 70 years old, of whom almost 21% reported drinking on a daily basis.

Table 24: Consumption frequency: age

	Daily		Regularly (several times a week)		Occasionally (1-2 times a month)		Rarely (few times a year)		Never	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Under 18s	4	8.7	6	13.0	17	37.0	15	32.6	4	8.7
18-29 year-olds	22	2.3	385	40.8	357	37.9	138	14.6	41	4.3
30-39 year-olds	50	3.0	650	39.4	583	35.3	246	14.9	122	7.4
40-49 year-olds	116	6.4	687	37.7	661	36.2	206	11.3	154	8.4
50-59 year-olds	134	8.5	625	39.5	465	29.4	179	11.3	181	11.4
60-69 year-olds	102	12.8	267	33.6	201	25.3	105	13.2	119	15.0
Over 70 year-olds	30	20.8	35	24.3	25	17.4	18	12.5	36	25.0
TOTAL	**458**	**6.6**	**2655**	**38.0**	**2309**	**33.1**	**907**	**13.0**	**657**	**9.4**

Consumption was also examined according to the education-level category, as seen in Table 25. Similar trends were identified across the three groups. Nevertheless, slightly higher levels for daily consumption were more evident for consumers who had completed primary education. It should be noted that this group also had higher percentages (than the other groups) for individuals drinking ‘rarely’ and ‘never’. In the sample, consumers with higher education levels tended to drink more ‘regularly’ (39.0%) and ‘occasionally’ (33.5%) than other groups. The majority of non-drinkers had completed only primary education

Table 25: Consumption frequency: education level

	Daily		Regularly (several times a week)		Occasionally (1-2 times a month)		Rarely (few times a year)		Never	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Primary Education	29	9.5	104	34.2	81	26.6	47	15.5	43	14.1
Upper Secondary Education	90	6.0	518	34.8	486	32.7	197	13.2	197	13.2
HgEducation/ University	337	6.5	2,009	39.0	1725	33.5	662	12.9	416	8.1

Discussion

The survey provides a snapshot of the topic explored, acknowledging the methodology selected for the exercise, and taking into account the challenges that such a survey encompasses.

Further research needs to be funded by public authorities, and attention is required regarding the concept of ‘standard drink’ and the actual understanding of it by the general public. In the sample, out of the total 7,950 participants, only 4,021 attempted to provide a definition of the concept, and in very few cases a correct definition was obtained. Further consideration should be paid to how individuals understand the concept, and whether enough has been done to translate it into daily life messages. The scientific definition and the one used by consumers in general, do not seem to match. For the respondents of this survey, the concept of ‘standard drink’ still remains confusing. This appeared particularly relevant for certain countries as shown before.

Another relevant aspect is the concept of ‘low risk drinking’. Confusion regarding ‘low risk drinking’ is evident across countries according to the data. The scientific literature has underlined the fact that, in terms of alcohol, there is no ‘safe limit’ (WHO, 2014). Most participants in this study indicated that they understood it as limiting their drinking to a certain average per day or per week, which, of course, does not guarantee that it would be a ‘safe’ volume. In this sense, information should be easily available, and, so informed choices may be made by consumers. As earlier indicated, in our total sample most individuals were favourable to have drinking guidelines available, or at least for them to be more accessible than they currently are. This fact should be acknowledged by public-health authorities.

Results also showed participants’ concerns regarding information on alcoholic beverages, with almost half of the sample actively searching online information on health risks related to alcohol consumption. Nutritional information (33.4%) and ingredients (24.7%) received attention from consumers. This suggests that more information is required by consumers, it should be provided to them in an easily accessible manner.

Consumers were favourable to receive more information regarding a variety of topics related to alcohol (mainly health risks and drinking guidelines). In the sample, public-health authorities and health professionals were chosen as the preferred sources of information. 60%

of the sample considered that, at present, labels do not provide enough information. While overall, 60% of the participants felt that health information provided on labels is insufficient, for the French participants, out of 1,679 respondents, only 21.1% of the sample thought that information on the labels was insufficient. This could be because France is the only country so far in the EU that has provided for the last decade information regarding drinking during pregnancy. French alcohol adverts are also including a warning message which could indicate that French respondents feel that they already are informed about health risks relating to alcohol. This should be further explored by research.

The majority of the respondents appeared in favour of including further labelling information regarding risk of harm to the unborn baby (62.2%), dangers of combining alcohol and medication (58.9%), driving under the influence of alcohol (61.8%), risk of developing cancer (49.0%) and risk of developing liver disease (50.4%).

The survey data also suggests that the provision of information should be done by both incorporating pictograms and short informative texts concerning alcohol related risks. Further research is required to find the balance between providing accurate information and finding the best format. Differences across countries should be taken into account when finding the formula to provide labelling information. In certain countries, such as France, health-labelling information on alcohol products is already compulsory. *Eurobarometer* (2010), the survey of the European Commission, reported high levels of public support for warning labels on alcoholic beverages.

A number of points should be further explored in detail across Europe to contrast the results and provide further information on the subject. Despite a considerable number of responses obtained, challenges still remain in relation to specific particularities across countries and certain concepts.

The Appendix section provides informative tables where further information can be found. Data gathered in this survey identifies the increasing need for communication of alcohol risks across Europe.

The survey aimed at complementing the ongoing work across Europe which looks at alcohol labelling and is a call for further studies and actions. Back in 2014, European Commission ordered GfK to examine the state of play in the use of alcoholic beverage labels to inform consumers about health aspects. GfK research highlighted the limited presence of health messages on alcohol labelling. The possible means to increase the proportion of labels

including health related messages should therefore be explored; legal requirements for messages on alcoholic beverages are the ultimate means of doing this.

Limitations

The survey has mapped opinions on alcohol related communication across Europe. In order to conduct this study, a survey design was chosen as the most suitable strategy to gather data at the lowest possible cost.

Having acknowledged the limitations of the chosen format, and that no design is exempt from of limitations, the researchers worked rigorously in the different stages of this project. The researchers welcome discussions on the survey, and make all data and analysis available upon request.

The results presented in this report respond to data gathered in the frame of this study. Although most attention has been paid to produce a systematic and rigorous data collection and subsequent analysis, generalisation cannot be made. However, we consider that our report has produced a portrait of the targeted population of this study which is framed within the RAHRA project.

The chosen questions were carefully designed with help from RAHRA partners. Another team might have chosen different questions in order to map consumers' opinions.

Some difficulties arose when using open ended questions. In particular, question 5 (Are you aware of the concept: 'standard drink' of alcohol?) where a personal definition was later expected. It could be argued that questions requiring further clarification may dissuade participants to continue responding or limit them to a specific response. Still, it had been felt that a definition by those consumers indicating being familiar with the 'standard drink' concept would have provided a valuable information.

Using qualitative open-ended questions was also a challenge, particularly when so many languages were used in a macro survey. Nevertheless, researchers used thematic content analysis to facilitate the enquiry and, they found those questions quite useful to underline the obvious difficulties that the general public may have regarding specific concepts relating to alcohol and health risks.

Finally, and due to the time and resources limitations, we chose *Survey Monkey* as the platform to gather data in this study. This could pose some questions regarding participation

and respondents, for instance excluding those who are not Internet users. Nevertheless, the demographic analysis showed that a pertinent proportion of the respondents were aged over 40 years old across the whole sample. It should be acknowledged that we had no control over the potential respondents, and that, probable, those interested in the topic would be more disposed to provide answers to the study.

Appendixes

Appendix I - RAHRA Survey

1. Some information about you
   Gender
   - Male
   - Female

2. What is your age?

   - Under 18 years old
   - 18-29 years old
   - 30-39 years old
   - 40-49 years old
   - 50-59 years old
   - 60-69 years old
   - Over 70 years old

3. Education: What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.
   - or more)
   - Higher Education/ University
   - Primary (9 -10 of education)

   Upper Secondary Education (12 years of education

4. In which country do you live?

5. Are you aware of the concept: 'standard drink' of alcohol?
   - YES
   - NO

6. If you answered YES to question 5, what is the definition of a 'standard drink'?

7. What is your understanding of 'low risk' drinking?

   - Limiting drinking to a certain average level of alcohol per day or per week
   - Not drinking to drunkenness
   - Mainly drinking with meals
   - Not drinking in conjunction with driving
   - Other (please specify)

8. Should drinking guidelines be more accessible than is currently the case?

   - YES
   - NO

9. Have you ever searched online (Internet) for the following information in relation to alcoholic beverages?

	YES	NO
• Information on ingredients, (this includes also additives, artificial sweeteners or colourings)		
• Nutritional information (e.g. calories, proteins, carbohydrates)		
• Information on health risks associated with drinking (for example drink driving, drinking during pregnancy, development of cancer, liver cirrhosis)		

10. Would you like to be provided with more information regarding? (You can choose more than one option)

• Nutritional information	YES	NO
• Calorie content		
• Ingredients listing		
• Health risks		
• Drinking guidelines		

11. From which source would you prefer to find this?

Please indicate your preference on a scale of 1 (Not preferred at all) to 5 (Very much preferred).

	1.Not preferred at all	2. Not preferred	3. Undecided	4. Preferred	5. Very much preferred
Labels					
Health professionals (doctors, nurses, pharmacists)					
Product/brand- related websites					
Public health authorities' websites					
Health and nutrition websites					
In-store communication					

12. Do you think that alcoholic beverage <u>labels</u> currently provide sufficient health related information?

- YES
- NO

13. Research has identified a number of risks related to alcohol consumption. Do you think further information regarding the following risks should be on the alcoholic beverage labels?

	YES	NO
• Risk of harm to the unborn baby		
• Risk related to underage drinking		
• Risk of developing cancer		
• Dangers of combined use with certain medications		
• Risk of developing liver disease		
• Risk of driving under the influence of alcohol		

14. Regarding the provision of alcohol-related health risk information on beverage labels, which of the following options would you find more useful?

- Pictogram
- Short text
- Both

Examples of pictograms (in circles) and short text (in a box).

15. How often do you consume alcohol?

- Daily
- Regularly (several times a week)
- Occasionally (1-2 times a month)
- Rarely (few times a year)
- Never

Appendix II - Do you think that alcoholic beverage labels currently provide sufficient health related information? Males vs Females

	YES				NO			
	Male		Female		Female		Male	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	188	59.1	130	40.9	63	33.2	127	66.8
Croatia	6	37.5	10	62.5	32	27.4	85	72.6
CZ Republic	20	69.0	9	31.0	20	21.1	75	78.9
Denmark	15	53.6	13	46.4	29	33.0	59	67.0
Estonia	1	20.0	4	80.0	9	31.0	20	69.0
Finland	54	37.2	91	62.8	79	17.8	365	82.2

France	1,001	60.7	649	39.3	145	33.0	295	67.0
Germany	129	80.6	31	19.4	58	45.7	69	54.3
Greece	9	75.0	3	25.0	13	26.5	36	73.5
Holland	11	57.9	8	42.1	20	33.9	39	66.1
Italy	36	63.2	21	36.8	266	54.1	226	45.9
Lithuania	12	40.0	18	60.0	75	38.7	119	61.3
Norway	4	28.6	10	71.4	36	38.7	57	61.3
Poland	50	41.7	70	58.3	154	31.3	338	68.7
Portugal	42	60.9	27	39.1	135	39.1	210	60.9
Slovenia	6	50.0	6	50.0	13	33.3	26	66.7
Spain	19	50.0	19	50.0	50	43.1	66	56.9
Sweden	7	53.8	6	46.2	20	41.7	28	58.3
Swiss	11	64.7	6	35.3	25	45.5	30	54.5
UK	43	60.6	28	39.4	90	29.7	213	70.3
EU	60	63.8	34	36.2	96	47.8	105	52.2
TOTAL	**1,724**	**59.1**	**1,193**	**40.9**	**1,428**	**35.6**	**2,588**	**64.4**

	40-49 years old				50-59 years old				60-69 years old				Over 70 years old			
	YES		NO		YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	107	67.7	51	32.3	79	65.8	41	34.2	32	66.7	16	33.3	9	100.0	0	0.0
Croatia	5	19.2	21	80.8	1	6.7	14	93.3	0	0.0	9	100.0	0	0.0	0	0.0
CZ Republic	7	33.3	14	66.7	6	54.5	5	45.5	2	25.0	6	75.0	0	0.0	1	100.0
Denmark	5	16.7	25	83.3	7	26.9	19	73.1	4	25.0	12	75.0	1	20.0	4	80.0
Estonia	0	0.0	4	100.0	2	66.7	1	33.3	0	0.0	1	100.0	0	0.0	0	0.0
Finland	36	26.3	101	73.7	23	14.9	131	85.1	11	15.3	61	84.7	1	9.1	10	90.9
France	476	80.4	116	19.6	446	82.3	96	17.	185	81.9	41	18.1	42	80.8	10	19.2
Germany	38	50.7	37	49.3	47	59.5	32	40.5	23	50.0	23	50.0	5	100.0	0	0.0
Greece	3	37.5	5	62.5	3	50.0	3	50.0	1	33.3	2	66.7	0	0.0	0	0.0
Holland	4	25.0	12	75.0	7	36.8	12	63.2	1	10.0	9	90.0	0	0.0	4	100.0
Italy	19	16.1	99	83.9	13	7.6	159	92.4	8	5.0	153	95.0	1	7.1	13	92.9
Lithuania	14	22.2	49	77.8	7	20.0	28	80.0	1	7.7	12	92.3	0	0.0	3	100.0
Norway	3	9.7	28	90.3	1	3.8	25	96.2	4	21.1	15	78.9	0	0.0	2	100.0
Poland	19	15.3	105	84.7	16	17.2	77	82.8	5	12.8	34	87.2	2	40.0	3	60.0
Portugal	26	16.7	130	83.3	13	16.0	68	84.0	12	41.4	17	58.6	0	0.0	6	100.0
Slovenia	5	33.3	10	66.7	2	33.	4	66.7	0	0.0	1	100.0	0	0.0	0	0.0
Spain	13	26.0	37	74.0	7	29.2	17	70.8	2	11.8	15	88.2	0	0.0	4	100.0
Sweden	3	23.1	10	76.9	3	13.6	19	86.4	3	30.0	7	70.0	1	16.7	5	83.3
Swiss	4	19.0	17	81.0	5	25.0	15	75.0	2	20.0	8	80.%	0	0.0	6	100.0
UK	24	24.5	74	75.5	19	23.5	62	76.5	8	22.9	27	77.1	1	10.0	9	90.0
EU	30	40.0	45	60.0	12	22.2	42	77.8	2	9.1	20	90.9	0	0.0	4	100.0
TOTAL	**841**	**45.9**	**990**	**54.1 %**	**719**	**45.2**	**870**	**54.8 %**	**306**	**38.5**	**489**	**61.5%**	**63**	**42.9**	**84**	**57.1**

Appendix III - Do you think that alcoholic beverage labels currently provide sufficient health related information? By Age

	Under 18 years old				18-29 years old				30-39 years old			
	YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	0	0.0%	0	0.0%	21	36.2%	37	63.8%	73	60.8%	47	39.2%
Croatia	7	23.3%	23	76.7%	2	11.1%	16	88.9%	1	2.8%	35	97.2%
CZ Republic	0	0.0%	1	100.0%	7	17.1%	34	82.9%	7	17.1%	34	82.9%
Denmark	0	0.0%	0	0.0%	3	17.6%	14	82.4%	8	33.3%	16	66.7%
Estonia	0	0.0%	1	100.0%	1	9.1%	10	90.9%	2	14.3%	12	85.7%
Finland	1	33.3%	2	66.7%	31	38.3%	50	61.7%	45	31.5%	98	68.5%
France	0	0.0%	1	100.0%	171	69.2%	76	30.8%	352	76.9%	106	23.1%
Germany	0	0.0%	1	100.0%	17	44.7%	21	55.3%	34	70.8%	14	29.2%
Greece	0	0.0%	0	0.0%	0	0.0%	25	100.0%	5	26.3%	14	73.7%
Holland	0	0.0%	0	0.0%	3	30.0%	7	70.0%	4	21.1%	15	78.9%
Italy	0	0.0%	1	100.0%	2	7.1%	26	92.9%	14	23.0%	47	77.0%
Lithuania	0	0.0%	1	100.0%	0	0.0%	7	100.0%	8	7.8%	95	92.2%
Norway	0	0.0%	0	0.0%	3	23.1%	10	76.9%	3	15.0%	17	85.0%
Poland	1	50.0%	1	50.0%	48	23.8%	154	76.2%	30	19.2%	126	80.8%
Portugal	0	0.0%	0	0.0%	3	9.1%	30	90.9%	16	14.3%	96	85.7%
Slovenia	1	16.7%	5	83.3%	2	13.3%	13	86.7%	2	25.0%	6	75.0%
Spain	0	0.0%	0	0.0%	1	20.0%	4	80.0%	15	26.8%	41	73.2%
Sweden	1	100.0%	0	0.0%	0	0.0%	5	100.0%	2	28.6%	5	71.4%
Swiss	0	0.0%	0	0.0%	3	50.0%	3	50.0%	3	30.0%	7	70.0%
UK	0	0.0%	0	0.0%	7	12.7%	48	87.3%	14	13.9%	87	86.1%
EU	0	0.0%	1	100.0%	12	33.3%	24	66.7%	38	36.9%	65	63.1%
TOTAL	**11**	**22.4%**	**38**	**77.6%**	**337**	**35.4%**	**614**	**64.6%**	**676**	**40.7%**	**983**	**59.3%**

	40-49 years old				50-59 years old				60-69 years old				Over 70 years old			
	YES		NO		YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	107	67.7%	51	32.3%	79	65.8%	41	34.2%	32	66.7%	16	33.3%	9	100.0%	0	0.0%
Croatia	5	19.2%	21	80.8%	1	6.7%	14	93.3%	0	0.0%	9	100.0%	0	0.0%	0	0.0%
CZ Republic	7	33.3%	14	66.7%	6	54.5%	5	45.5%	2	25.0%	6	75.0%	0	0.0%	1	100.0%
Denmark	5	16.7%	25	83.3%	7	26.9%	19	73.1%	4	25.0%	12	75.0%	1	20.0%	4	80.0%
Estonia	0	0.0%	4	100.0%	2	66.7%	1	33.3%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Finland	36	26.3%	101	73.7%	23	14.9%	131	85.1%	11	15.3%	61	84.7%	1	9.1%	10	90.9%
France	476	80.4%	116	19.6%	446	82.3%	96	17.7%	185	81.9%	41	18.1%	42	80.8%	10	19.2%
Germany	38	50.7%	37	49.3%	47	59.5%	32	40.5%	23	50.0%	23	50.0%	5	100.0%	0	0.0%
Greece	3	37.5%	5	62.5%	3	50.0%	3	50.0%	1	33.3%	2	66.7%	0	0.0%	0	0.0%
Holland	4	25.0%	12	75.0%	7	36.8%	12	63.2%	1	10.0%	9	90.0%	0	0.0%	4	100,0%
Italy	19	16,1%	99	83,9%	13	7,6%	159	92,4%	8	5,0%	153	95,0%	1	7,1%	13	92,9%
Lithuania	14	22,2%	49	77,8%	7	20,0%	28	80,0%	1	7,7%	12	92,3%	0	0,0%	3	100,0%
Norway	3	9.7%	28	90.3%	1	3.8%	25	96.2%	4	21.1%	15	78.9%	0	0.0%	2	100.0%
Poland	19	15.3%	105	84.7%	16	17.2%	77	82.8%	5	12.8%	34	87.2%	2	40.0%	3	60.0%
Portugal	26	16.7%	130	83.3%	13	16.0%	68	84.0%	12	41.4%	17	58.6%	0	0.0%	6	100.0%
Slovenia	5	33.3%	10	66.7%	2	33.3%	4	66.7%	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Spain	13	26.0%	37	74.0%	7	29.2%	17	70.8%	2	11.8%	15	88.2%	0	0.0%	4	100.0%
Sweden	3	23.1%	10	76.9%	3	13.6%	19	86.4%	3	30.0%	7	70.0%	1	16.7%	5	83.3%
Swiss	4	19.0%	17	81.0%	5	25.0%	15	75.0%	2	20.0%	8	80.0%	0	0.0%	6	100.0%
UK	24	24.5%	74	75.5%	19	23.5%	62	76.5%	8	22.9%	27	77.1%	1	10.0%	9	90.0%
EU	30	40.0%	45	60.0%	12	22.2%	42	77.8%	2	9.1%	20	90.9%	0	0.0%	4	100.0%
TOTAL	**841**	**45.9%**	**990**	**54.1%**	**719**	**45.2%**	**870**	**54.8%**	**306**	**38.5%**	**489**	**61.5%**	**63**	**42.9%**	**84**	**57.1%**

Appendix IV - Do you think that alcoholic beverage labels currently provide sufficient health related information? By Education

	Primary (9 -10 of education)				Upper Secondary Education (12 years of education or more)				Higher Education/ University			
	YES		NO		YES		NO		YES		NO	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	24	55.8%	19	44.2%	68	66.7%	34	33.3%	220	62.1%	134	37.9
Croatia	5	26.3%	14	73.7%	4	10.8%	33	89.2%	7	8.9%	72	91.1
CZ Republic	0	0.0%	0	0.0%	10	29.4%	24	70.6%	19	21.3%	70	78.7
Denmark	0	0.0%	2	100.0%	5	20.0%	20	80.0%	23	25.3%	68	74.7
Estonia	0	0.0%	4	100.0%	1	8.3%	11	91.7%	4	22.2%	14	77.8
Finland	6	19.4%	25	80.6%	40	24.1%	126	75.9%	100	24.8%	303	75.2
France	67	87.0%	10	13.0%	476	88.3%	63	11.7%	1121	75.1%	371	24.9
Germany	65	73.0%	24	27.0%	49	59.8%	33	40.2%	49	41.9%	68	58.1
Greece	1	100.0%	0	0.0%	0	0.0%	14	100.0%	11	23.9%	35	76.1
Holland	0	0.0%	0	0.0%	4	25.0%	12	75.0%	15	24.6%	46	75.4
Italy	0	0.0%	18	100.0%	14	11.2%	111	88.8%	43	10.5%	367	89.5
Lithuania	0	0.0%	0	0.0%	2	3.9%	49	96.1%	28	16.3%	144	83.7
Norway	0	0.0%	0	0.0%	3	33.3%	6	66.7%	11	10.9%	90	89.1
Poland	1	16.7%	5	83.3%	36	22.6%	123	77.4%	83	18.3%	370	81.7
Portugal	0	0.0%	4	100.0%	1	3.2%	30	96.8%	68	17.9%	311	82.1
Slovenia	1	16.7%	5	83.3%	1	7.7%	12	92.3%	9	29.0%	22	71.0
Spain	1	33.3%	2	66.7%	3	17.6%	14	82.4%	34	25.2%	101	74,8
Sweden	0	0,0%	1	100,0%	2	33,3%	4	66,7%	11	19,6%	45	80,4
Swiss	0	0,0%	3	100,0%	3	21,4%	11	78,6%	14	25,0%	42	75,0
UK	1	50.0%	1	50.0%	3	10.7%	25	89.3%	69	19.7%	281	80.3
EU	0	0.0%	1	100.0%	5	38.5%	8	61.5%	89	31.7%	192	68.3
TOTAL	**172**	**55.5%**	**138**	**44.5%**	**730**	**48.9%**	**763**	**51.1%**	**2,028**	**39.2%**	**3,146**	**60.8%**

Appendix V - Means of dissemination

Some of the organisations which distributed survey at the national level - Members of the European Alcohol Policy Alliance

Belgium		Vereniging voor Alcohol-en Andere Drugproblemen vzw (VAD)
Bulgaria		Foundation Horizonti 21
Croatia		Mali Plac
Czech Republic		Centrum Alma
Denmark		Alkohol og Samfund (Alcohol and Society)
		NGO Fontana
		Central Denmark Region - Alcohol and Traffic Secretariat
Estonia		Estonian Temperance Union
Finland		Finnish Association for Substance Abuse Prevention
France		ANPAA (Association Nationale de Prévention en Alcoologie et Addictologie)
Germany		Deutsche Hauptstelle für Suchtfragen (DHS) (German Center on Addiction Issues)
		Deutscher Jugendschutz-Verband (German association for youth protection)
		Deutscher Guttempler-Order (IOGT) e.VG
Greece		Oasis

Hungary		Centre for Healthy Hungary
Ireland		Alcohol Action Ireland
		North West Alcohol Forum
		Dóthain
Italy		A.I.C.A.T. (Associazione Italiana Club Alcolisti in Trattamento)
		Eurocare Italia
		Associazione Aliseo O.N.L.U.S.
		Gruppo Logos – Onlus
Lithuania		Agapao
		Lithuanian National Tobacco and Alcohol Control Coalition
Netherlands		STAP (Stichting Alcoholpreventie)
Norway		ACTIS- Policy Network on Alcohol and Drugs
		IOGT Norway
Poland		The State Agency for Prevention of Alcohol-Related Problems (PARPA)

		National Council of Unions and Associations Abstinence (National Council)
		IOGT Poland
Portugal		Centro de Alcoologia Novo Rumo
		Sociedade Anti-Alcoólica Portuguesa (SAAP)
		Centro de Alcoologia Ricardo Pampuri
Russia		Foundation United Society
Slovenia		UTRIP
Spain		Fundación Salud y Comunidad (Foundation Health and Community)
		Asociación de Ex-Alcohólicos Españoles
		Socidrogalcohol
		Associació RAUXA
		FCAR
Switzerland		Addiction Info Switzerland
Sweden		IOGT-NTO
		Swedish Council on Alcohol and Drugs

		MHF
Turkey		Turkish Green Crescent Society
United Kingdom		Alcohol Concern
		Alcohol Focus Scotland
		Institute of Alcohol Studies
		Scottish Health Action on Alcohol Problems (SHAAP)
		Balance
		Alcohol Health Network
International Organisations		International Federation of the Blue Cross
		IOGT International
		ACTIVE
		NordAN (Nordic Alcohol and Drug Policy Network)
		Alcohol Policy Youth Network
		The European FASD Alliance

		European mutual help network for alcohol related problems

Some of the organisations which distributed survey at the European level:

Alcohol Policy Network
The European Consumer Organisation (BEUC)
European Public Health Alliance (EPHA)
Confederation of Family Organisations in the European Uniona (COFACE)
The Standing Committee of European Doctors (CPME)
European Heart Network (EHN)
The European Food Information Council (EUFIC)
International Diabetes Federation (IDF)
The Association of European Cancer Leagues (ECL)
European Chronic Disease Alliance (ECDA)
EuroHealthNet
European Nurses Association
European Association for the Study of the Liver (EASL)
European Liver Patients Association (ELPA)
European Transport Safety Council
United Gastroenterology (UEG)
Nordic Welfare Centre
Social Platform
Midwives
KBS list

Appendix VI - Active online search on information regarding alcoholic beverages by gender (positive responses)

	Information on ingredients, (this includes also additives, artificial sweeteners or colourings)				Nutritional information (e.g. calories, proteins, carbohydrates)				Information on health risks associated with drinking (for example drink driving, drinking during pregnancy, development of cancer, liver cirrhosis)			
	Male		Female		Male		Female		Male		Female	
	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%	Fr.	%
Belgium	51	56.0	40	44.0	43	35.8	77	64.2	83	44.1	105	55.9
Croatia	7	24.1	22	75.9	16	32.0	34	68.0	22	26.8	60	73.2
CZ Republic	12	26.7	33	73.3	10	20.4	39	79.6	11	17.7	51	82.3
Denmark	17	45.9	20	54.1	17	37.0	29	63.0	32	39.5	49	60.5
Estonia	1	20.0	4	80.0	0	0.0	9	100.0	7	30.4	16	69.6
Finland	52	27.7	136	72.3	72	21.4	265	78.6	70	18.4	311	81.6

France	119	54.1	101	45.9	110	41.4	156	58.6	206	46.4	238	53.6
Germany	97	70.3	41	29.7	83	64.8	45	35.2	123	67.6	59	32.4
Greece	7	24.1	22	75.9	7	18.4	31	81.6	14	40.0	21	60.0
Holland	11	52.4	10	47.6	10	30.3	23	69.7	24	36.9	41	63.1
Italy	111	55.5	89	44.5	152	55.7	121	44.3	193	51.9	179	48.1
Lithuania	21	41.2	30	58.8	28	31.8	60	68.2	65	39.2	101	60.8
Norway	10	37.0	17	63.0	7	21.9	25	78.1	15	29.4	36	70.6
Poland	62	31.0	138	69.0	65	25.1	194	74.9	130	31.5	283	68.5
Portugal	58	50.0	58	50.0	67	44.1	85	55.9	103	43.1	136	56.9
Slovenia	4	25.0	12	75.0	5	26.3	14	73.7	12	40.0	18	60.0
Spain	32	50.8	31	49.2	26	47.3	29	52.7	41	46.6	47	53.4
Sweden	9	56.3	7	43.8	6	31.6	13	68.4	17	41.5	24	58.5
Swiss	13	56.5	10	43.5	16	47.1	18	52.9	24	49.0	25	51.0
UK	41	32.8	84	67.2	56	31.1	124	68.9	90	35.4	164	64.6
EU	79	56.8	60	43.2	79	54.9	65	45.1	97	51.3	92	48.7
TOTAL	**814**	**45.8**	**965**	**54.2**	**875**	**37.5**	**1,456**	**62.5**	**1,379**	**40.1**	**2,056**	**59.9**

Appendix VII - Preferred source to find information on alcohol health related risks by gender

	Labels		**Health professionals (doctors, nurses, pharmacists)**		**Product/brand - related websites**		**Public health authorities' websites**		**Health and nutrition websites**		**In-store communication**	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	2.84	1.71	3.79	1.33	3.23	1.36	3.93	1.29	3.57	1.25	2.75	1.51
Female	3.56	1.56	3.85	1.20	3.59	1.30	4.07	1.12	3.90	1.13	3.27	1.44
TOTAL	**3.23**	**1.67**	**3.83**	**1.26**	**3.43**	**1.34**	**4.01**	**1.20**	**3.75**	**1.20**	**3.03**	**1.50**

Appendix VIII - Preferred source to find information on alcohol health related risks by age

	Labels		**Health professionals (doctors, nurses, pharmacists)**		**Product/brand- related websites**		**Public health authorities' websites**		**Health and nutrition websites**		**In-store communication**	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Under 18 years old	3.65	1.33	3.42	1.20	3.17	1.25	3.43	1.19	3.26	1.20	3.13	1.31
18-29 years old	3.52	1.55	3.56	1.25	3.63	1.28	3.89	1.17	3.77	1.15	3.01	1.42

30-39 years old	3.33	1.68	3.86	1.21	3.56	1.32	4.04	1.12	3.80	1.14	3.09	1.48
40-49 years old	3.10	1.71	3.87	1.28	3.38	1.36	4.06	1.22	3.74	1.22	2.98	1.53
50-59 years old	3.07	1.70	3.92	1.26	3.34	1.34	4.04	1.23	3.75	1.22	3.03	1.55
60-69 years old	3.29	1.63	3.84	1.31	3.22	1.33	3.92	1.31	3.67	1.28	3.06	1.47
Over 70 years old	3.27	1.56	3.69	1.37	3.26	1.37	3.85	1.34	3.68	1.25	3.27	1.48
TOTAL	**3.23**	**1.67**	**3.83**	**1.26**	**3.43**	**1.34**	**4.00**	**1.21**	**3.75**	**1.20**	**3.04**	**1.50**

Appendix IX - Preferred source to find information on alcohol health related risks by education

	Labels		Health professionals		Product/ brand-related websites		Public health authorities' websites		Health and nutrition websites		In-store communication	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Primary	2.85	1.64	3.50	1.43	3.25	1.35	3.74	1.35	3.39	1.31	2.87	1.48
Upper Secondary Education	2.97	1.70	3.75	1.33	3.39	1.31	3.90	1.28	3.65	1.26	2.89	1.54
Higher Education/ University	3.33	1.65	3.87	1.23	3.45	1.35	4.05	1.18	3.80	1.17	3.09	1.48
TOTAL	**3.23**	**1.67**	**3.83**	**1.26**	**3.43**	**1.34**	**4.00**	**1.21**	**3.75**	**1.20**	**3.04**	**1.50**

Appendix X - Do alcoholic beverage labels currently provide sufficient health related information? By country

	YES		NO	
	Fr.	%	Fr.	%
Belgium	322	62.6%	192	37.4%
Croatia	16	11.9%	119	88.1%
CZ Republic	29	23.4%	95	76.6%
Denmark	28	23.7%	90	76.3%
Estonia	7	18.4%	31	81.6%
Finland	150	24.8%	454	75.2%
France	1,679	78.9%	448	21.1%
Germany	165	56.1%	129	43.9%
Greece	12	19.7%	49	80.3%
Holland	19	24.4%	59	75.6%

Italy	58	10.4%	500	89.6%
Lithuania	30	13.2%	197	86.8%
Norway	14	12.6%	97	87.4%
Poland	121	19.5%	500	80.5%
Portugal	70	16.8%	347	83.2%
Slovenia	12	23.5%	39	76.5%
Spain	38	24.2%	119	75.8%
Sweden	13	20.3%	51	79.7%
Swiss	17	23.3%	56	76.7%
UK	75	19.4%	311	80.6%
EU	94	31.9%	201	68.1%
TOTAL	**2,969**	**42.1%**	**4,084**	**57.9%**

Appendix XI - Education completed

	Primary (9 -10 of education)		**Upper Secondary Education (12 years of education or more)**		**Higher Education/ University**	
	Fr.	%	Fr.	%	Fr.	%
Belgium	45	8.0%	110	19.4%	411	72.6%
Croatia	20	13.6%	42	28.6%	85	57.8%
CZ Republic	1	0.8%	35	27.1%	93	72.1%
Denmark	5	3.6%	31	22.5%	102	73.9%
Estonia	4	10.8%	13	35.1%	20	54.1%
Finland	37	5.6%	186	28.3%	435	66.1%
France	91	3.9%	621	26.7%	1613	69.4%
Germany	111	34.4%	87	26.9%	125	38.7%
Greece	1	1.4%	17	24.6%	51	73.9%
Holland	0	0.0%	18	21.4%	66	78.6%
Italy	25	3.9%	150	23.6%	460	72.4%
Lithuania	1	0.4%	56	23.4%	182	76.2%
Norway	1	0.8%	11	8.9%	111	90.2%
Poland	6	0.8%	195	27.0%	522	72.2%
Portugal	5	1.1%	35	7.8%	411	91.1%
Slovenia	7	12.7%	15	27.3%	33	60.0%
Spain	3	1.8%	19	11.6%	142	86.6%
Sweden	1	1.5%	7	10.3%	60	88.2%
Swiss	3	3.6%	18	21.7%	62	74.7%
UK	2	0.5%	36	8.6%	379	90.9%
EU	1	0.3%	18	5.6%	301	94.1%
TOTAL	**370**	**4.8%**	**1,720**	**22.2%**	**5,664**	**73.0%**

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