



**Testimony on Proposed TTB Rule on Labeling and Advertising of Wine,
Distilled Spirits, and Malt Beverages with Alcohol Content,
Nutritional Information, Major Food Allergens, and Ingredients**

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Thank you for the opportunity to testify before you today on the importance of having a required government-developed alcohol label that prioritizes public health. As has been discussed by my colleagues, alcohol nutrition labels aim to inform consumers so they can make responsible choices about whether and how to enjoy alcoholic beverages.

A key objective of the Federal Alcohol Administration Act was to set standards for labeling that provided consumers “adequate information” without deception (1). A required, government-designed alcohol label would do just that.

Although discussions about providing more information on alcohol labels began nearly 50 years ago, the key questions remain the same (2-4). Yet, the science has advanced substantially during this time. My colleagues have addressed why these labels should exist. I will demonstrate that the best way to ensure that consumers receive adequate information is for these labels to be mandatory, developed by the government, and placed directly on alcohol products.

**Mandatory, government-developed labels are more effective and less deceptive than
voluntary, industry-created labels**

Despite being one of the most widely consumed products in the US, alcoholic beverages receive special treatment by not having nutrition labels. Voluntary, self-regulation approaches to public health reforms rarely achieve their objectives because the industry has a self-interest in protecting its market share and does not apply health communication best practices. Clear alcohol labels provide consumers with the opportunity to realize uncomfortable truths about their favorite beverages, presenting an inherent conflict of interest with alcohol producers’ bottom line. Decades of evidence show such a conflict of interest leads to voluntary standards that prioritize company profits (5) and undermine effective communication (6). A prime example is alcohol responsibility messages, which researchers have found are mixed at best and deceptive at worst, because they are ambiguous and often serve to market alcoholic beverages rather than promote moderate consumption (7, 8). Research shows industry-developed messages do not conform with what the literature says is effective (9), and some alcohol warnings may cause more harm than good by stigmatizing groups of drinkers (10, 11). Consumers prefer simple, clear communication that is easy to read (12), but industry-developed designs often do not honor this, as has been shown with alcohol warnings in the US (13) and voluntary alcohol nutrition labels in Europe (14).

The Center for Science in the Public Interest evaluated the voluntary labels for the top beer and wine brands in 2021. They found that, for beer labels, fewer than 1 in 3 (18%) had the voluntary serving facts, 1 in 6 (17%) had what appeared to be a complete ingredients list, fewer than 1 in 10 (6%) stated allergens, and just 1 in 50 (2%) had the voluntary alcohol facts (15). Not a single wine label had alcohol facts, serving facts, or ingredients (15). Compliance with voluntary standards is too low, and it presents consumers with different information for different products so they don't know what to expect, which can be frustrating for consumers. Voluntary self-regulation only works when the industry has a financial incentive to adopt the change (6) – unfortunately, this is not the case with alcohol nutrition labels.

Clear and comprehensible design and delivery are essential. A particularly instructive case study from the food sector concerns the Guideline Daily Amounts (GDA) front-of-package food labels (Figure 1). Evidence concludes the industry-designed GDA labels (Figure 1) are confusing, often misleading, and most consumers do not use them (16, 17). GDA labels take more time for consumers to process because they require complex calculations that require knowledge of daily values, percentages, and serving sizes, which are often in small font and in arbitrary amounts that are less than what people consume (16, 18). Like the voluntary alcohol labels, GDA labels also differ across products, preventing easy comparisons and decisions in the store.

Figure 1. Industry-developed front-of-package labels

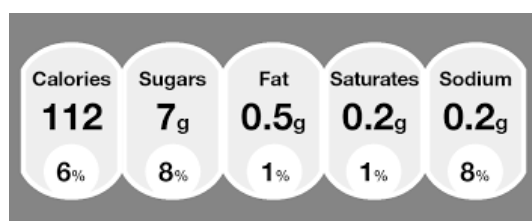


Figure 2. Government-designed front-of-package labels



There are clearer, most easily understandable labels that interpret health information, such as traffic light and “high in” warning symbols (Figure 2). These alternatives reduce the time needed

to make in-store decisions and increasing consumer knowledge (12, 19, 20). As a result, the Food & Drug Administration is conducting consumer research to explore the development of a new label that uses interpretive designs.

As decades of research have shown, the best path forward is for the government to develop a mandatory label that adequately informs consumers and removes the possibility of an industry conflict. We should not waste time and energy experimenting with voluntary, industry-designed labels, which previous experience shows may fail to inform, and may even mislead, consumers.

Requiring physical labels on the bottle reduces barriers and promotes the equitable sharing of information

There is a delicate balance between maximizing consumers' right to know and minimizing the burden placed on alcohol producers. This raises the question about whether the alcohol nutrition label should appear directly on the product package or be accessed via a quick response (QR) code that links to a website. Although cheaper, QR labels have three problems: they are cumbersome, inequitable, and carry privacy and security concerns. For QR codes to be effective, customers must understand how they work and want to use them, scan a code, have a stable internet connection, and read a website. This process takes too long, and there are too many places where it can fail (21).

This additional time also has implications for the Alcohol and Tobacco Tax and Trade Bureau. If they are required to monitor for compliance with the new alcohol nutrition labels, QR codes would add an avoidable step to the process of granting Certificates of Label Approval, likely increasing processing times and personnel costs.

The groups for whom the barriers to QR code usage are largest already experience more than their fair share of alcohol-related harms: older adults, those with lower incomes, and people in rural areas (22-25). Many older adults are not tech-savvy enough to know what a QR code is or how to use it. People in rural areas and with lower incomes are less likely to have reliable internet access (26-28), so they simply may not be able to reach a website while shopping. Every American should have an equal opportunity to access alcohol nutrition information so they can make informed decisions.

Lastly, QR codes raise concerns about consumers' privacy and security. Many QR codes are created by companies that advertise their ability to obtain and share sensitive information about customer profiles using phone advertising IDs, website cookies, and the like (29, 30). Scammers have exploited QR codes by replacing legitimate codes with fake ones that lead users to a malicious website (31, 32), although the prevalence of this behavior is unknown. Customers should not have to put their private data at risk to access important health information, and there are no security or privacy risks when shoppers read a physical label in the store.

Conclusion

In conclusion, I strongly support the American Public Health Association's recommendation for a mandatory, government-developed label that contains ingredients, calories, allergens, and alcohol per container. The evidence supports that the government should require this label and develop it using health communication best practices. Otherwise, there is an inherent conflict of interest that opens the door to misleading messages and designs that ultimately fail to provide consumers with adequate information. To ensure a level playing field where everyone has access to the same information, this label needs to be printed directly on the bottle.

Thank you for giving thoughtful consideration to my comments. Thank you, also, for giving appropriate weight to the growing science about what works and what could give consumers the best chance at informed decisions around such an important public health issue.

A handwritten signature in black ink, appearing to read 'Pamela Trangenstein', with a long, sweeping horizontal line extending to the right.

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