

Position Statement on the EU Wine Package

European Health Alliance on Alcohol (EHAA)

16 September 2025

The **European Health Alliance on Alcohol (EHAA)** is a coalition of European health organisations representing over 1.7 million medical professionals and healthcare providers. We work tirelessly to reduce the burden of alcohol-related harm across Europe, and for European citizens, through evidence-based policy advocacy, professional education, and direct engagement with decision-makers. EHAA was formed to ensure our collective voice is heard, to highlight the serious health consequences of alcohol—such as various cancers, liver disease, and emergency department admissions—and to advocate for stronger, evidence-based public health policies.

Safeguarding Public Health Must Be Central to EU Wine Policy

On 19 June 2025, the Council of the European Union adopted a [legislative package](#) – referred to as the EU Wine Package - aimed at enhancing the competitiveness of the wine sector, simplifying rules, and encouraging innovation. Among the proposed measures:

- Allowing the term “**low-alcohol**” to be applied to wines containing up to **6% alcohol by volume**.
- Authorising **digital-only labelling**, such as **QR codes**, for displaying health information and ingredients.

These are not mere technical changes. They represent a dangerous precedent that blurs the line between public health and commercial interests. They risk undermining clinical guidance, weakening consumer protections, and increasing public confusion—despite growing scientific consensus on alcohol’s causal role in cancer, chronic illness, and premature death.

This legislative direction appears to prioritise trade convenience and industry profits over medical evidence and public wellbeing. As health professionals and advocates, we raise the alarm: this is a **rollback of essential public health safeguards**.

The Health and Societal Impact of Alcohol in the EU

- **239,530 deaths** annually in the EU are attributable to alcohol—approximately 5% of all deaths in 2019.
- The **average adult in the EU consumes 11 litres of pure alcohol annually**, equivalent to 868 standard drinks (1 SD = 10 grams of alcohol).
- **Alcohol is a Group 1 carcinogen**, conclusively linked to at least seven types of cancer, including breast, colorectal, and liver cancers.
- Approximately **1 in 4 deaths in men aged 20–39** and **1 in 6 deaths in women aged 20–24** is due to alcohol.

According to the European Heart Network, the total economic cost of alcohol-related harm—including health care, social care, justice, and productivity losses—is estimated at **€125 billion annually**. Source: [EHN Position Paper on CVD and Alcohol](#).

Alcohol is also a major contributor to cardiovascular disease, liver failure, mental health disorders, birth defects, and pregnancy-related complications (such as FASD).

“There are few areas in public health where the evidence is as clear as it is with alcohol: the harms are well-documented, the burden is enormous, the financial cost is unsustainable, and solutions exist. Prevention is not only possible—it is essential.”

— Monica Tiberi, MD, representing the European Society of Cardiology (ESC)

The Dangers of Misusing the Term “Low-Alcohol”

The EU Wine Package proposal to allow **wines containing up to 6% ABV¹ to be labelled as “low-alcohol”** is both inaccurate and misleading. For comparison, many beers contain less alcohol than this threshold.

This proposed terminology:

- Contradicts public health advice, which clearly states that **no level of alcohol consumption is safe**.
- Breaches the logic of “**EU Food Law**”², which **allows “low” claims only when strict thresholds are met and a health benefit is evident** (e.g. “low fat” or “low sugar”).
- **Misleads vulnerable populations**—such as young people, pregnant women, and individuals in recovery—by normalising alcohol use and implying reduced risk.

We urge the EU to **retain the existing, accurate descriptor “reduced alcohol”**, which is already used in regulation. This term objectively reflects a decrease in alcohol content **without implying any health benefit**.

“From a clinical perspective, calling wine with 6% alcohol ‘low-alcohol’ is dangerously misleading. Health risks begin at very low levels of alcohol consumption. There is no safe threshold. Mislabelling such products undermines both clinical guidance and consumer trust.”

— Prof Frank Murray, MD FRCPI, representing the European Association for the Study of the Liver (EASL)

The Importance of Clear and Accessible Labelling

The proposal to allow digital-only labelling via QR codes raises serious concerns about accessibility, effectiveness, and public trust.

Key issues include:

- **Inaccessibility:** [Recent scientific data](#) demonstrates that older adults, people without smartphones, and lower-income groups may be unable to access QR-based information.
- **Low engagement:** Studies show that **fewer than 0.1% of consumers** scanned QR codes in public health pilots.
- **Ineffectiveness:** Evidence from 13 EU countries found QR codes were inconsistently used and often interwoven with marketing.

¹ ABV: Alcohol By Volume

² “EU Food Law” a widely used and recognised umbrella term that refers to the body of laws, regulations, and standards governing food safety, labelling, hygiene, and trade within the European Union - “General Food Law Regulation”

- **Equity concerns:** Digital-only approaches can deepen disparities in access to vital health information.

EHAA strongly recommends that **on-package health labelling should be mandatory** for all alcoholic beverages, including wine. This should include:

- The presence and percentage of alcohol by volume.
- Health warnings on risks such as cancer, liver disease, pregnancy complications, and death.
- Ingredient and nutritional information, as required for other food and drink products.

“Every consumer has the right to know the health risks of alcohol. Clear, on-label warnings and nutrition information—not hidden digital links—are essential for informed choice and equitable access to information.”
— Jose Miguel Bueno Ortiz, MD, representing World Family Doctors (WONCA) Europe

Aligning with the EU’s Own Health Strategies

This proposed legislative moment must align with the EU’s wider public health commitments, including:

- [Europe’s Beating Cancer Plan](#)
- [EU Cancer Code](#)
- [WHO Global Alcohol Action Plan](#)
- [WHO “Best Buys” for alcohol harm reduction](#)

These strategies advocate for:

- **Mandatory, visible health warnings** on packaging.
- **Harmonised definitions** for low-alcohol and alcohol-free products.
- Policies that are **inclusive and accessible** to all population groups.
- Preservation of **Member States’ rights** to adopt stronger public health protections.

“The EU has already recognised alcohol as a major risk factor in its Beating Cancer Plan. Aligning alcohol labelling and marketing policies with this and the WHO’s Best Buys is essential. Public health strategies must be consistent, evidence-based, and clearly communicated if we are to reduce preventable cancers and other non-communicable diseases in Europe.” - Prof. Jean-Yves Blay, Director of Public Policy. European Society for Medical Oncology (ESMO).

Recommendations from EHAA

In line with clinical evidence and WHO guidance, the European Health Alliance on Alcohol calls on EU legislators to:

1. **Prohibit the use of “low-alcohol”** for beverages containing more than 1.2% ABV. **Require the use of “reduced alcohol” instead**, in accordance with current **EU Food Law**.
2. **Mandate clear, on-package labelling** of alcohol percentage, health warnings, ingredients, and nutritional content.
3. **Align with EU cancer prevention goals**, ensuring consistency across alcohol, food, and health policies.
4. **Require on-label health warnings** related to cancer, fatal liver disease, and risks during pregnancy.

5. **Protect Member States' rights** to introduce additional alcohol control measures when public health data justify stronger action.

Conclusion

EHAA supports innovation and competitiveness — **but not at the cost of public health.**

Europe faces an unsustainable burden of alcohol-related harm. Transparent product labelling, accurate terminology, and equitable access to information are **low-cost, high-impact interventions** that support both individual health and EU-wide prevention goals.

We urge EU policymakers to prioritise health and uphold evidence-based public policy. EHAA remains committed to offering clinical and scientific expertise throughout the legislative process.

About EHAA

The [European Health Alliance on Alcohol \(EHAA\)](#) is a coalition of 21 national and European health organisations representing over **1.7 million medical professionals and healthcare providers**. EHAA works to reduce alcohol-related harm across Europe through evidence-based advocacy, education, and engagement with policymakers.

Members of European Health Alliance on Alcohol (EHAA)

European Association for the Study of the Liver (EASL)
European Renal Association (ERA)
United European Gastroenterology (UEG)
European Psychiatric Association (EPA)
European Geriatric Medicine Society (EuGMS)
European Medical Students' Association (EMSA)
World Family Doctors - WONCA Europe
European Federation of the Associations of Dietitians (EFAD)
European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN)
European Society of Radiology (ESR)
European Academy of Paediatrics (EAP)
Standing Committee of European Doctors (CPME)
European Society for Clinical Nutrition and Metabolism (ESPEN)
Association of European Cancer Leagues (ECL)
European Society of Cardiology (ESC)
International Society of Addiction Medicine (ISAM)
European Society of Emergency Medicine (EUSEM)
European Academy of Neurology (EAN)
European Cancer Organisation (ECO)
European Society for Medical Oncology (ESMO)
Biomedical Alliance in Europe (BioMed Alliance)