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Foundation for Alcohol Research  
and Education

Alcohol Health Warning Labels:  
Attitudes and Perceptions



Foundation for Alcohol  
Research & Education

## OVERVIEW

There is strong support for the use of health warning labels on alcoholic beverages as a potential tool to raise awareness and prompt conversations about risks, and to encourage reductions in alcohol consumption. 58% of people surveyed indicated they support the use of health warning labels on alcoholic beverages. When asked about who should develop and regulate health warning labels, there was clear support for both to be government led and not industry led. 52% of people surveyed thought the government must be involved in the development of health warning labels. 24% believed the alcohol industry should do this, and the remaining 24% thought another body should be involved or were unsure. Even more people supported government regulation of health warning labels, with 72% of people in favour of this. Only 12% believed the alcohol industry should regulate health warning labels.

When asked about FARE's proposed health warning labels which encompassed the harms of drinking during pregnancy and links of alcohol use to injury, drink driving, cancer and brain damage, the majority of people surveyed believed each of these labels would raise awareness of and prompt conversation about the health risk in question. The majority of people (66%) also believed that the pregnancy health warning label would be effective in reducing alcohol consumption. 56% of people thought that FARE's proposed health warning labels should be on the front of alcoholic beverages.

The results of this market testing also illustrate that while most people are aware of many of the harms caused by alcohol consumption, few are aware of how many standard drinks per day is a safe amount to drink to reduce the risk of these harms.

The vast majority of people surveyed knew that alcohol is linked to car accidents (89%), harm during pregnancy (85%), liver cancer (82%), damage to developing brains (81%) death (70%) and injury (69%). However, few people knew that alcohol is linked to mouth and throat cancer (32%) and breast cancer (15%).

Most people (around 67%) are aware of the existence of the 2009 National Health and Medical Research Guidelines to Reduce Health Risks of Drinking (NHMRC Guidelines). Only a minority of the people surveyed (18%) were aware of the existence of the Guidelines and familiar with their content. This suggests that 82% of people are not familiar with the content of the NHMRC Guidelines and consequently do not know how many standards drinks per day is a safe amount to drink to reduce the health risks of drinking.

## KEY FINDINGS

### **Perspectives on health warnings and consumer information on alcohol products**

- 58% of people were supportive of health warning labels being applied to alcoholic beverages while 31% were not supportive and 11% were unsure.
- 52% of people believed the development of health warning labels for alcoholic beverages should be the responsibility of the government. 24% believed the alcohol industry should be responsible for their development, 9% believed some other body should be responsible and 15% were unsure as to who should develop health warning labels.
- The majority of people (72%) believed that the government should regulate alcohol health warning labels, while 12% believed the alcohol industry should regulate health warning labels. A further 3% believed some other body should regulate alcohol health warning labels and the remaining 13% were unsure as to who should regulate them.
- 89% of people believed health warning labels should include a full list of ingredients, 75% believed they must include information on energy content (kilojoules), and 72% believed they should include nutritional information panels. 8% of people believed they should not include any of this information.

### **Perception of FARE's proposed health warning labels**

- The majority of people surveyed believed that each of FARE's proposed health warning labels would be effective in raising awareness and prompting conversation about the health risk in question. These labels were:
  - Drinking any alcohol can harm your unborn baby;
  - Drinking alcohol increases your risk of developing cancers;
  - Drinking alcohol increases the risk of injury;
  - Drinking alcohol and driving increases the risk of injury or death; and
  - Drinking alcohol damages the young developing brain.
- The label with the message: "Drinking any alcohol can harm your unborn baby" was perceived to be the most effective in raising awareness of this health risk (86%), prompting conversations about it (80%) and in preventing the consumption of alcohol in pregnant women (66%).
- 56% of people believed that FARE's proposed health warning labels should appear on the front of alcoholic beverages, 29% thought they should be on the back and the remaining 15% were unsure.

### **Awareness of alcohol-related harms and drinking guidelines**

- 85% of people reported having sufficient knowledge of the potential health harms associated with consuming alcohol, 10% believed they do not have sufficient knowledge and 5% were unsure. However, when asked about the link between alcohol misuse and specific harms, the level of awareness varied depending on the harm in question.
- Few people were aware of the link between alcohol and cancer of the mouth and throat (32%) and breast cancer (15%).

## KEY FINDINGS

- The majority of people were aware of the link between alcohol and car accidents (89%), harm to the foetus during pregnancy (85%), liver cancer (82%), damage to developing brains (81%) death (70%) and injury (69%).
- 67% of people were aware of the existence of the NHMRC Guidelines, while 33% were not aware of the existence of the NHMRC Guidelines.
- However, only 18% of people were aware of the NHMRC Guidelines and familiar with their content.

## BACKGROUND

On 16 August 2011 the Foundation for Alcohol Research and Education (FARE) released its policy position on health warning labels and consumer information for alcohol products. The policy set out how alcohol health warning labels should be applied in Australia and the need to apply nutritional information to alcohol products.

In relation to health warning labels, the policy proposed that labels be mandated and applied to all alcohol products sold in Australia. In applying the labels, the following specifications were made:

- There should be at least five different health warning messages, with one message relating to the risks of drinking alcohol during pregnancy;
- Health warning labels should comprise both text and symbols;
- The size, font and application of health warning labels should be consistent across all products;
- Health warning labels should be applied to the front labels of alcohol products and be horizontally oriented; and
- Health warning labels should be preceded with the text “HEALTH WARNING”.

Based on these specifications, FARE produced five sample health warning labels. These labels are included as Appendix A. In preparation for the development of these labels, FARE commissioned Galaxy Research to conduct focus group testing. Following the release of the health warning labels, FARE again commissioned Galaxy Research to conduct online market testing of the labels. The online market testing was conducted to determine Australian’s support of the health warning labels and the perception of their effectiveness in raising awareness and changing behaviours. The results of this market testing are included within this report.

## METHODOLOGY

This questionnaire was conducted online among a sample of Australian adults aged 18 years and older. In total 504 interviews were completed between Wednesday 28 September and Friday 30 September 2011.

The sample was distributed throughout all states of Australia, including both capital city and non-capital city areas, in proportion to the population. All respondents were selected from members of a permission based panel, with quotas applied to ensure that the sample reflected the adult population.

The questionnaire was designed by Galaxy Research in consultation with FARE. The questionnaire was transferred into Quest format in order to be hosted online. For each question, the respondent had to select the response which represented their answer.

Following the collection of data, the results were weighted by age, gender and region to reflect the latest Australian Bureau of Statistics (ABS) population estimates.

The questionnaire examined:

- Perspectives on the use of health warning labels on alcohol products including responsibility for their development and regulation;
- Perspectives on FARE's proposed health warning labels including their ability to raise awareness of and prompt conversation about alcohol-related harms, and to reduce alcohol consumption; and
- Awareness of alcohol-related harms and the 2009 Australian National Health and Medical Research Council Guidelines to Reduce Health Risks From Drinking Alcohol (NHMRC Guidelines).

Key demographic information was collected from all people surveyed including their gender, age, highest education level, and household income.

Household income was categorised into three groups: high income (\$90,000 or more per annum), middle income (between \$40,000 and \$90,000 per annum) and low income (less than \$40,000 per annum).

People who consumed alcohol were classified into three relatively even groups according to their frequency and level of alcohol consumption. These three groups were produced to ensure each had sufficient numbers of people within them to generate meaningful comparisons. The three groups were categorised as follows:

- Regular drinkers were people who consumed more than 10 standard drinks per week;
- Moderate drinkers consumed between 1.5 and 10 standard drinks per week; and
- Occasional drinkers consumed 1.5 standard drinks per week or less.

# FINDINGS

## Drinking characteristics of Australians surveyed

The survey asked how often people consumed alcohol in the past 12 months, the number of standard drinks they typically consume when they drink, the type of beverage they mainly consume and whether they drink alcohol with the intention of getting drunk.

- 88% of people had consumed alcohol in the last 12 months. This included 37% who consumed alcohol less than once per week, 20% who consumed alcohol one to two days per week, 24% who consumed alcohol three to six days per week and the remaining 7% who consumed alcohol daily.
- 56% of drinkers limit themselves to less than two standard drinks on any one occasion.
- 22% will have three to four standard drinks and 22% of drinkers will have more than five standard drinks.
- 37% of drinkers stated that they consumed alcohol with the intention of getting drunk in the past year. Of these, 20% stated that they did so at least once a month, while the remaining 17% did so less frequently. 63% of drinkers stated that they never drink alcohol to get drunk.
- Drinkers mainly consumed bottled wine (33%), followed by regular strength beer (24%), spirits (19%), cask wine (7%), light beer (6%), RTDs (5%) and cider (3%).

## PERSPECTIVES ON HEALTH WARNINGS AND CONSUMER INFORMATION ON ALCOHOL PRODUCTS

- 58% of people were supportive of health warning labels being applied to alcoholic beverages. 31% were not supportive of health warning labels and 11% were unsure about this.
- 52% of people believed the development of health warning labels for alcoholic beverages should be the responsibility of the government. 24% believed the alcohol industry should be responsible for their development, 9% believed some other body should be responsible and 15% were unsure as to who should develop health warning labels.
- 72% of people believed that the government should be responsible for regulation of health warning labels. 12% believed the alcohol industry should be responsible for health warning label regulation, 3% believed some other body should regulate the labels and the remaining 13% were unsure as to who should regulate health warning labels.
- 89% of people believed health warning labels should include a full list of ingredients, 75% believed they should include information on energy content (kilojoules) and 72% believed they should include nutritional information panels. 8% of people believed they should not include any of the abovementioned features.

## FINDINGS

### The use of health warning labels on alcoholic beverages

The survey asked if people thought health warning labels should be applied to alcoholic beverages. The majority of people (58%) were supportive of health warning labels being applied to alcoholic beverages. 31% were not supportive of health warning labels and 11% were unsure. The table below provides a breakdown of support for health warning labels in the total population surveyed and among men and women separately.

Support for the use of health warning labels	Total (%)	Men (%)	Women (%)
Yes, think health warning labels should be applied to alcoholic beverages.	58	52	63
No, think health warning labels should not be applied to alcoholic beverages.	31	36	26
Unsure	11	12	11

Examination of people's support for the application of health warning labels disaggregated by demographic and consumption information revealed that:

- The greatest support for health warning labels on alcoholic beverages was observed among women (63%), people aged 50 years and older (66%) and non-drinkers (71%);
- Support for health warning labels on alcoholic beverages tends to increase with age. 66% of people aged 50 years and older were supportive of health warning labels on alcoholic beverages, compared to 54% of 35-49 year olds, 59% of 25-34 year olds and 47% of 18- 24 year olds; and
- Regular consumers were less likely to support health warning labels (49%) than moderate (52%) and occasional (66%) consumers.

### Inclusion of consumer information on alcohol labels

The survey asked if people thought labels for alcoholic beverages should include information on energy content, nutritional information panels and a list of ingredients. The vast majority of people were in favour of all three sources of information being included on labels for alcoholic beverages. 89% of people supported the inclusion of a full list of ingredients on alcohol labels, 75% of people supported the inclusion of energy content and 72% supported the inclusion of nutritional information panels. Women were more supportive of all three inclusions on labels than men.



## FINDINGS

The table below outlines the proportion of the total population surveyed and of men and women separately who support the inclusion of these three types of consumer information on labels for alcoholic beverages.

Consumer information to be included	Support inclusion of information		
	Total (%)	Men (%)	Women (%)
Energy content (kilojoules)	75	69	82
Nutritional information panel	72	68	76
Full list of ingredients	89	85	93
None of the above	8	10	5

### Development and regulation of health warning labels for alcoholic beverages

The survey asked people who they thought should be responsible for developing the messages for and regulating the application of health warning labels on alcoholic beverages. The majority of people (52%) believed that the government should be responsible for developing the messages for these health warning labels. 24% thought the alcohol industry should be responsible for developing these messages, 9% thought some other body should be responsible and 15% were unsure. The majority (72%) of people also believed that government should be responsible for regulating the application of health warning labels on alcoholic beverages. 12% believed the alcohol industry should be responsible for this, 3% believed some other body should be responsible and 13% were unsure. The table below describes the entities people thought should be responsible for the development and regulation of health warning labels.

	Develop messages for health warning labels (%)	Regulate health warning labels (%)
Government	52	72
Alcohol Industry	24	12
Other body	9	3
Unsure	15	13

## FINDINGS

Examination of people's views about who should be responsible for the development and regulation of health warning labels for alcoholic beverages disaggregated by demographic and consumption information revealed:

- Greater support for government development and regulation of health warning labels was observed among men (57% and 75% respectively), 18-24 year olds (64% support government developed labels), people from high income households (61% government developed labels), university educated people (62% and 80% respectively) and moderate drinkers (56% and 76% respectively);
- Support for government development of health warning labels decreased with age (64% of 18-24 year olds support this compared to 44% of people 50 years and older);
- Support for government developed and regulated health warning labels was higher among people from higher income households (61% support government development and 72% support government regulation) compared to people from lower income households;
- Support for government developed and regulated health warning labels was higher among university educated people (62% supported government development; 80% supported government regulation) than in TAFE/high school educated people; and
- A smaller proportion of regular drinkers (66%) were supportive of government regulation of health warning label application than moderate (76%) and occasional (73%) drinkers.

# FINDINGS

## PERCEPTION OF FARE'S PROPOSED HEALTH WARNING LABELS

- The majority of people surveyed believed that each of FARE's proposed health warning labels would be effective in raising awareness and prompting conversation about the health risk.
- The label with the message: "Drinking any alcohol can harm your unborn baby" was perceived to be the most effective in raising awareness of this health risk (86%), prompting conversations about it (80%) and in preventing the consumption of alcohol in pregnant women (66%).
- 56% of people believed that FARE's proposed health warning labels should appear on the front of alcoholic beverages, 29% thought they should be on the back and 15% were unsure.

The survey asked people about their perceptions of the effectiveness of each of FARE's five proposed health warning labels in:

- i) raising awareness of the health risk;
- ii) prompting conversation about the health risk; and
- iii) encouraging less alcohol consumption.

The label with the message: "Drinking any alcohol can harm your unborn baby" was perceived to be the most effective across all three criteria. 86% of people believed it would raise awareness of the links between alcohol use in pregnant women and harm to her unborn baby, 80% believed it would be effective in prompting conversation about this association, and 66% believed it would be effective in encouraging people to drink less.

The majority of people thought that each of FARE's proposed health warning labels would be effective in raising awareness of the harm and prompting conversations about it. For all five health warning labels, more people thought the labels would be effective in raising awareness and prompting conversation than did people who thought the labels would be effective in encouraging people to drink less alcohol.

For all labels except the label with the message "Drinking alcohol increases the risk of injury", at least 40% of people thought that the labels alone would be effective in encouraging people to drink less alcohol. 28% of people believed the injury label alone would be effective in encouraging people to drink less, with 61% believing it would be ineffective and 11% being unsure.

## FINDINGS

The table below outlines for each label message the proportion of people who thought the message would be effective or very effective in raising awareness of the health risk, prompting conversation about the health risk and encouraging reduced alcohol consumption.

Label Message	Raising awareness (%)	Prompting conversation (%)	Reducing alcohol consumption (%)
Drinking any alcohol can harm your unborn baby	86	80	66
Drinking alcohol increases your risk of developing cancers	78	74	45
Drinking alcohol increases the risk of injury	61	58	28
Drinking alcohol and driving increases the risk of injury or death	71	65	44
Drinking alcohol damages the young developing brain	73	69	40

### Preferred placement of FARE's proposed health warning labels on alcoholic beverages

The survey asked if people thought FARE's proposed health warning labels should be applied to the back or front of alcoholic beverages. 56% believed that health warnings should appear on the front of alcoholic beverages. In contrast, 29% thought they should be on the back and the remaining 15% were unsure. Women (60%), light drinkers (68%) and non-drinkers (81%) were the most supportive of the labels appearing on the front of the alcoholic beverage.

## FINDINGS

The table below provides a breakdown of the preferred placement of health warning labels on alcohol beverages in the total population surveyed and men and women separately.

Placement of health warning labels on alcoholic beverages	Total (%)	Men (%)	Women (%)
Label should appear on the front of product	56	52	60
Label should appear on the back of product	29	32	26
Unsure	15	16	14

### Differences in perceptions of FARE’s health warning labels according to demographics and alcohol consumption

For all five health warning labels, differences in perceptions of FARE’s health warning labels according to demographic variables and alcohol consumption were examined.

#### Label 1: Drinking any alcohol can harm your unborn baby

Examination of the effectiveness of this label in raising awareness, prompting conversation and encouraging reduced alcohol consumption disaggregated by demographic information and frequency of alcohol consumption revealed that:

- More women (89%) than men (84%) thought the pregnancy health warning label would raise awareness of the harms of drinking during pregnancy;
- More people aged 25 years or older (81%) thought the pregnancy label would prompt conversation about this health risk than did people aged 18-24 years (72%);
- Occasional drinkers (91%) were most likely to believe the pregnancy health warning labels would be effective in raising awareness followed by non-drinkers (86%), moderate drinkers (85%) and regular drinkers (83%);
- More occasional drinkers (84%) thought the pregnancy label would prompt conversation than non-drinkers (79%), moderate (78%) and regular (77%) drinkers;
- More moderate drinkers (70%) thought the pregnancy label would be effective in encouraging less alcohol consumption than did occasional drinkers (65%), regular drinkers (64%) or non-drinkers (59%); and
- More university educated people (84%) thought the pregnancy label would prompt conversations about this risk than high school (77%) or TAFE (80%) educated people.

## FINDINGS

### **Label 2: Drinking alcohol increases your risk of developing cancers**

Examination of the effectiveness of this label in raising awareness, prompting conversation and encouraging reduced alcohol consumption disaggregated by demographic information and frequency of alcohol consumption revealed that:

- More men (48%) than women (43%) thought the cancer health warning label would be effective in encouraging less alcohol consumption;
- More people aged under 50 years (80%) thought the cancer health warning label would be effective at awareness-raising than did people aged 50 years and older (72%);
- More 25-34 year olds (83%) thought the cancer label would prompt conversation about this health risk than in other age groups (71%);
- More people aged 18-34 years (51%) thought the cancer health warning label would be effective in encouraging less alcohol consumption than people aged 35 and older (42%);
- More university educated people thought the cancer health warning label would be effective at awareness-raising (84%), prompting conversation (78%) and encouraging less alcohol consumption (54%) than people with TAFE (72%, 71% and 43% respectively) or high school education (77%, 72% and 40% respectively); and
- Occasional drinkers (82%) were most likely to believe the cancer health warning label would be effective at awareness-raising followed by non-drinkers (80%), regular drinkers (76%) and moderate drinkers (75%).

### **Label 3: Drinking alcohol increases the risk of injury**

Examination of the effectiveness of this label in raising awareness, prompting conversation and encouraging reduced alcohol consumption disaggregated by demographic information and frequency of alcohol consumption revealed that:

- More women (63%) than men (58%) thought the injury health warning label would be effective at raising awareness of this health risk. However, more men (32%) than women (25%) thought the injury health warning label would be effective in encouraging less alcohol consumption;
- More people aged 35 years and older thought the injury health warning label would be effective in awareness raising (63%) than did people aged 18-34 years (56%);
- More people aged 25 years and older (59%) thought the injury health warning label would be effective in prompting conversation than did people aged 18-24 years (50%);
- More people with TAFE or university level education (63% each) thought the injury health warning label would be effective in raising awareness compared to people with high school education (58%);
- More university educated people (33%) thought the injury health warning label would be effective in encouraging less alcohol consumption than TAFE (28%) or high school educated (26%) people;
- Non-drinkers (65%) and occasional drinkers (63%) were more likely to think the injury health warning labels would be effective in raising awareness than regular (57%) or moderate drinkers (59%); and
- More non-drinkers (31%), regular drinkers (30%) and moderate drinkers (30%) thought the injury health warning label would be effective in encouraging less alcohol consumption than occasional drinkers (24%).

## FINDINGS

### **Label 4: Drinking alcohol and driving increases the risk of injury or death**

Examination of the effectiveness of this label in raising awareness, prompting conversation and encouraging reduced alcohol consumption disaggregated by demographic information and frequency of alcohol consumption revealed that:

- More women (76%) than men (66%) thought the drink driving label would be effective at raising awareness of this harm;
- More people aged 25 year or older (72%), thought the drink driving health warning label would be effective at raising awareness of this harm than did people aged 18-24 years (66%);
- More people aged 25 years or older (46%) thought the drink driving health warning would be effective in encouraging less alcohol consumption than people aged 18-24 years (35%);
- More people with TAFE (66%) or high school education (67%) thought the drink driving label would prompt conversation than people with university education (62%);
- More university educated people (49%) thought the drink driving health warning label would be effective in encouraging less alcohol consumption than people with high school (42%) and TAFE education (43%);
- Occasional drinkers were most likely to believe the drink driving health warning label would be effective at awareness raising (75%). Non-drinkers were least likely to think they would be effective (67%);
- Moderate drinkers (69%) were most likely to believe the drink driving label would be effective in prompting conversation; non-drinkers were the least likely to believe this (56%); and
- Regular and moderate consumers of alcohol (48% and 47% respectively) were most likely to think the drink driving health warning label would be effective in encouraging less alcohol consumption; non-drinkers (34%) were least likely to believe this.

### **Label 5: Drinking damages the young developing brain**

Examination of the effectiveness of this label in raising awareness, prompting conversation and encouraging reduced alcohol consumption disaggregated by demographic information and frequency of alcohol consumption revealed that:

- More women (77%) than men (70%) thought the brain damage label would be effective at raising awareness of this harm. However, more men (45%) than women (36%) thought this label would be effective in encouraging less alcohol consumption;
- More people aged 25 years and older (75%) thought the brain damage label would be effective at raising awareness of this harm than did people aged 18-24 years (64%);
- University educated people were most likely to believe the brain damage label would be effective in awareness raising (78%) and in encouraging less alcohol consumption (46%);
- Occasional drinkers were most likely to believe the brain damage label would be effective in awareness raising (79%) while regular drinkers were the least likely to believe this (70%);
- Occasional drinkers (74%) were also the most likely to believe the brain damage label would prompt conversation while regular drinkers were the least likely to believe this (67%); and
- By contrast, regular drinkers (45%) were most likely to think the brain damage label would be effective in encouraging less alcohol consumption while occasional drinkers were the least likely to believe this (37%).

# FINDINGS

## AWARENESS OF ALCOHOL-RELATED HARMS AND DRINKING GUIDELINES

- 85% of people reported having sufficient knowledge of the potential health harms associated with consuming alcohol, 10% believed they do not have sufficient knowledge and 5% were unsure. However, when asked about the link between alcohol misuse and specific harms, the level of awareness varied depending on the harm in question
- Few people were aware of the link between alcohol and cancer of the mouth and throat (32%) and breast cancer (15%).
- The majority of people were aware of the link between alcohol and car accidents (89%), harm to the foetus during pregnancy (85%), liver cancer (82%), damage to developing brains (81%), death (70%) and injury (69%).
- 67% of people were aware of the existence of the NHMRC Guidelines, while 33% were not aware of the existence of the Guidelines.

### General awareness of alcohol-related harms

The survey asked if people thought they “knew enough about the potential health harms of consuming alcohol”. The vast majority of people (85%) reported having sufficient knowledge of the potential health harms associated with consuming alcohol, while 10% believed they did not have sufficient knowledge and 5% were unsure. People aged 50 years and over (93%) were most likely to believe that they had sufficient knowledge of the potential health harms linked with consuming alcohol, while non-drinkers (77%) were least likely to report this.

### Awareness of harms linked to alcohol misuse

When presented with a list of diseases, injuries and conditions and asked which were linked to alcohol use, the vast majority of people knew that alcohol is linked to liver cancer, car accidents, death, injury, damage to young developing brains and harm to unborn babies in pregnant women. However, less than one third (32%) were aware that alcohol is linked to cancer of the throat and mouth and only 15% are aware that alcohol is linked to breast cancer.



## FINDINGS

The table below illustrates the level of awareness of the harms linked to alcohol misuse in the total population surveyed and for men and women separately.

Harms associated with alcohol misuse	Awareness of harms		
	Total (%)	Men (%)	Women (%)
Car accidents	89	89	90
Harm to unborn babies in pregnant women	85	81	88
Liver cancer	82	78	85
Damage to young developing brains	81	78	85
Death	70	68	72
Injury	69	66	71
Mouth and throat cancer	32	24	40
Breast cancer	15	9	21
None of the above	1	1	1

An examination of people's awareness of specific alcohol related harms disaggregated by demographic and alcohol consumption information revealed that:

- Women were more aware of the harms linked to alcohol misuse than men;
- In particular, women were much more likely to know that alcohol is linked to breast cancer (21% compared to 9%) and mouth and throat cancer (40% compared to 24%); and
- People from households with high incomes were less likely to associate alcohol misuse with death (65%) than people from middle and lower income households (73% and 72% respectively). They were also less likely to associate alcohol misuse with damage to the young developing brain (77%) than people from lower income households (83% respectively).

# FINDINGS

## Awareness of the NHMRC Drinking Guidelines

The survey asked if people were aware of the NHMRC Guidelines. Response options for this question were Yes; I know they exist but I'm not familiar with the content; and No. 67% of people were aware of the existence of the NHMRC Guidelines and approximately one third of people (33%) were not aware of the existence of the NHMRC Guidelines. Only 18% of people were aware of the Guidelines and familiar with their content. Examination of people's awareness of the NHMRC Guidelines disaggregated by demographic information and alcohol consumption revealed that:

- People with the greatest awareness of the NHMRC Guidelines were people aged 50 years and older (82%) and regular consumers of alcohol (73%);
- Familiarity with the content of the NHMRC Guidelines was highest among regular consumers of alcohol (25%) and university educated people (25%) and lowest among occasional drinkers (11%) and TAFE and high school educated people (13 and 14% respectively); and
- Regular consumers of alcohol were most likely to be aware of the Guidelines (73%) and most likely to be familiar with their content (25%), while occasional drinkers were least likely to be aware of the NHMRC Guidelines (65%) or to be familiar with their content (11%).

## APPENDIX A: FARE'S PROPOSED ALCOHOL HEALTH WARNING LABELS

1. Drinking any alcohol can harm your unborn baby.



2. Drinking alcohol increases your risk of developing cancers.



3. Drinking alcohol increases the risk of injury.



## APPENDIX A: FARE'S PROPOSED ALCOHOL HEALTH WARNING LABELS

4. Drinking alcohol and driving increases the risk of injury or death.



5. Drinking alcohol damages the young developing brain.



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