

Policy brief

**ALCOHOL LABELLING AT
CODEX**

**STANDING FOR PEOPLE'S RIGHT TO KNOW:
ISSUE BRIEF FOR CCFL49**



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ALCOHOL LABELLING AT CODEX

Standing for People's Right to Know: Issue Brief for CCFL49

49th Session of the Codex Committee on Food Labelling
11–15 May 2026, Ottawa, Canada

At a glance

Codex is preparing to begin new work that would, for the first time, recognise alcoholic beverages as products requiring distinct labelling provisions – including health warnings, alcohol strength declarations, and prohibitions on misleading nutrition and health claims.

CCFL49 (11–15 May 2026) will decide whether this work goes forward and whether an Electronic Working Group, chaired by Tanzania, is established. This brief equips advocates and Health Ministry officials with the evidence, framing, and policy positions to support a pro-health outcome of Codex.

Executive summary

Alcohol is a Group 1 human carcinogen but still carries no cancer warning. People have a right to know what is in the products they buy and the risks of using them, and governments have a Human Rights obligation to promote that right. Alcohol labelling is one of the clearest, fairest, and most cost-effective expressions of that obligation.

At its 49th session, the Codex Committee on Food Labelling (CCFL49) will consider initiating new work to revise three foundational Codex texts so they properly reflect the specific risk profile of alcoholic beverages. The proposal is

led by Tanzania, with the support of Barbados, Botswana, Eswatini, Ghana, Jamaica, Madagascar, Saint Lucia, Seychelles, Uganda, and the World Health Organisation. Brazil has expressed support.

A "yes" at CCFL49 for new work and for the Electronic Working Group chaired by Tanzania would establish, for the first time, internationally harmonised, science-based labelling provisions for alcoholic beverages. It would align Codex with the WHO Global Alcohol Action Plan 2022–2030, accelerate progress on the Sustainable Development Goals, and protect the right of people everywhere to know what is in the products they buy and the risks of using them.

Three things every Health Ministry should know:

1. Codex national preparations are usually led by Ministries of Agriculture, Food, or Trade. The public health perspective risks being absent unless Health Ministries actively engage with their national Codex preparatory process.
2. At Codex, the right to know is at. Alcohol causes at least seven types of cancers, yet public awareness remains insufficient. Improved alcohol labelling standards help close that gap.
3. What is on the table is reasonable and overdue. The proposal is to amend existing texts (CXS 1-1985, CXG 2-1985, CXG 23-1997) so that they recognise what current texts do not:
 - a. alcoholic beverages have a distinct risk profile, and that protecting health and ensuring fair trade requires labelling provisions tailored to the product.

The Codex moment: What is being decided at CCFL49

CCFL49 will meet 11–15 May 2026 in Ottawa, Canada. On its agenda is a discussion paper and project document on the application of labelling provisions to alcoholic beverages (document reference: CX/FL 26/49/8 and CX/FL 26/49/8 Add.1).

The paper has been prepared by Tanzania with assistance from Barbados, Botswana, Eswatini, Ghana, Jamaica, Madagascar, Saint Lucia, Seychelles, Uganda, and the World Health Organisation.

The Committee is invited to consider:

1. Initiating new work to amend or revise three Codex texts to reflect the specificities of alcoholic beverages.
2. Establishing an Electronic Working Group (EWG), chaired by Tanzania, to draft amendments and revisions for consideration by CCFL50.

Why the decision matters

CCFL has been discussing alcohol labelling on and off for a decade. Three Circular Letters and three discussion papers have been issued. CCFL48 (2024) confirmed broad recognition that alcoholic beverages fall within the Codex definition of food and that current texts do not adequately account for their specific characteristics.

CCFL49 is the first session at which a Member country (Tanzania) has formally led a project document. It is the moment at which the Committee can move from discussion to substantive new work.

A "yes" at CCFL49 means three things:

1. Codex finally takes alcoholic beverages seriously as products that require tailored labelling provisions.
2. The work begins on a structured, three-phase pathway.
3. Member countries, including those without the technical capacity to develop their own alcohol labelling regulations, will gain access to internationally harmonised, science-based standards they can adopt.

The three Codex texts that would be revised

- CXS 1-1985: General Standard for the Labelling of Prepackaged Foods. Amendments would address alcohol-by-volume rules, standard alcoholic drink declaration, health warnings, presentation and prominence requirements, and rules for digital substitution and multilingual export labelling.
- CXG 23-1997: Guidelines for Use of Nutrition and Health Claims. Amendments would prohibit disease-risk reduction claims and "healthier choice" framing on alcoholic beverages, require contextual warnings when nutrient claims are used, and prohibit health-endorsing symbols.
- CXG 2-1985: Guidelines on Nutrition Labelling. Amendments would clarify how energy from ethanol is calculated and presented, require per-100 mL and per-serving declarations, and ensure neutral presentation of nutrient information.

Where Member countries stand

- **Tanzania** leads the discussion paper and project document; proposed chair of the Electronic Working Group (EWG).
- **Barbados, Botswana, Eswatini, Ghana, Jamaica, Madagascar, Saint Lucia, Seychelles**, Uganda have co-authored the paper with Tanzania and WHO.
- **Brazil** supports the new work, including health-related warnings, prohibitions on nutrition and health claims, and the Tanzania-led EWG.
- **European Union**: at CCFL48, supported work on alcohol strength labelling and on restrictions on health and nutrition claims. The EU has not announced its position on the new project document.
- **Alcohol industry-aligned voices**: The International Organisation of Vine and Wine (**OIV**), an observer with strong wine-industry ties, urges Codex to defer to existing OIV labelling standards and warns against "duplication."

Why alcohol labelling matters

A right-to-know, human rights case

People have the right to information about products they buy and use. They have the right to make decisions about their own health based on clear, available, evidence-based information that reflects the latest standards of science. And governments have the obligation to protect and promote those rights, especially against vested commercial interests that profit from people not knowing.

Alcohol labelling is the most direct, fairest tool a government has to honour those human rights responsibilities. A label is on every bottle. It reaches the person at the moment of purchase and the moment of use. It costs the public purse very little.

The gap is striking: Of the very small number of Group 1 human carcinogens that people regularly buy and consume, alcohol is the most widely used – and the least labelled. Most countries require no cancer warning on alcohol products at all.

What people do not know but have a right to understand:

- **Alcohol causes cancer.** The International Agency for Research on Cancer (IARC) has classified alcoholic beverages as a [Group 1 human carcinogen since 1988](#). A causal relationship is established for at least seven types of cancer, including breast, bowel, mouth, throat, oesophagus, liver, and larynx.
- No level of alcohol use is safe. In January 2023, the [WHO published a statement based on latest science](#) in The Lancet Public Health that no level of alcohol consumption is safe for health. Cancer risks begin from the first drop, even at low levels.
- Public awareness is alarmingly low. [In Europe and the UK](#), as a 2023 study showed. [As well as in the United States](#).

- People underestimate their own alcohol intake. Most people do not know how many standard alcoholic drinks are in a bottle, how many calories are in an alcoholic drink, or what their own use means relative to evidence-based guidelines.

The scale of harm

2.6 million people die due to alcohol annually. Alcohol is a causal factor in over 200 diseases and injury conditions. It is the leading risk factor for death and disability among people aged 15–49.

The harm extends well beyond the person who uses alcohol. It reaches families, partners, children, colleagues, road users, and bystanders. It shows up as injury, violence (including alcohol-related violence against women and children), financial strain, mental health impact, and lost productivity.

A 2021 worldwide overview showed: [the economic costs of harm due to alcohol amount to 2.6% of the GDP](#). About one-third of costs (38.8%) were incurred through direct costs while the majority of costs were due to losses in productivity (61.2%).

The case for harmonised Codex standards

Today, requirements for labelling alcoholic beverages vary widely. According to WHO data referenced in the CCFL49 project document, in 2019 only 42 countries required consumer information such as calories and ingredients, only 55 mandated at least one health warning, and 104 required alcohol content labelling. Producers face direct compliance costs, logistical complexity, and disputes that disadvantage small and medium producers in cross-border trade. Governments wanting to protect their populations face legal challenge and trade friction when they act alone.

A harmonised Codex standard does for alcohol what existing texts already do for other products: it provides a common, science-based framework

- that puts countries in a better position to live up to their Human Rights obligations,
- that levels the playing field for producers, and
- that equips Member countries (especially those with limited regulatory capacity) to protect their citizens. It does not lower national protections; it raises a global floor.

What works: the science of alcohol warning labels

The Yukon, Canada study: what real-world labels do

The Yukon study (2017–2018) is the strongest real-world evaluation of alcohol warning labels available. Large, bright yellow, rotating labels, including a cancer warning, a national low-risk guideline message, and a standard alcoholic drink message, were applied to bottles in one liquor store, with a comparable store in the neighbouring Northwest Territories as control.

Findings published in 2020 in the Journal of Studies on Alcohol and Drugs showed:

- Alcohol sales fell 6.9% at the intervention site relative to the control site.
- Awareness of national low-risk guidelines rose nearly threefold at the intervention site.
- Awareness of the alcohol-cancer link rose from 25% to 42% at the intervention site.
 - This amounts to a 10-percentage-point greater increase than at the control site.
- Alcohol users exposed to the labels were more likely to report consuming less because of the labels.

What good labels look like – design lessons

Across systematic reviews, focus-group studies, and real-world evidence, the lessons converge:

- **Visibility wins.** Large, front-of-pack labels in colour outperform small, side-of-pack notices.
- **Specificity wins.** Concrete, disease-specific messages (e.g., "alcohol causes bowel cancer") outperform generic warnings.
- **Rotation wins.** Rotating messages avoids the wear-out effect that flattens single-message labels over time.
- **Combination wins.** Text-and-image (pictorial) labels generate stronger emotional engagement than text alone, particularly for people with prior alcohol experience.
- **Mandatory wins.** Industry self-regulation has been repeatedly shown to fail; statutory labelling is necessary to ensure prominence, accuracy, and equity across products.

The Eight Considerations from the WHO European Region

WHO Europe synthesised the policy considerations for successful alcohol labelling legislation into eight points that remain the gold-standard checklist:

1. Favour mandatory regulation over voluntary commitments.
2. Include health information relevant to the population — cancer, pregnancy, harm to minors, impaired driving, and lower-risk guidelines using standard drink units where applicable.
3. Specify how information must be presented: size, font, location, rotation, plain-language messaging.
4. Include all recommended nutritional values and a full ingredients list.
5. Introduce labelling as part of a wider policy package, with a stepwise approach when needed.
6. Use the best policy window: public support, political will, and country-specific harm evidence.
7. Ensure independent monitoring, evaluation, and enforcement.
8. Invest in research to keep labelling effective over time.

Who supports the Codex new work

The proposal is co-led by ten Member countries, supported by WHO, supported by Brazil, and with partial support from the European Union.

The path to a "yes" at CCFL49 is realistic but it depends on Member countries, including Health Ministries, actively making the case.

Alcohol industry interference – the playbook to watch

Whenever evidence-based alcohol policy is proposed, the alcohol industry deploys a familiar set of tactics to derail the proposals. Knowing the playbook helps governments and Health Ministries see through it and protect against it.

The recurring Big Alcohol interference tactics

- **Delay.** Demand more research, claim "more time is needed," request additional consultations.
- **Distort** the evidence. Cherry-pick studies, fund research designed to muddy the picture, attack independent researchers and labelling trials (as in the suspended Yukon cancer-label study due to alcohol industry litigation).
- **Distract** with "self-regulation." Offer voluntary codes that lack norms, monitoring, and enforcement, for example the DrinkWise scheme in Australia is a documented example.
- **Dilute.** Replace clear cancer warnings with vague "drink responsibly" messaging.
- **Litigate** or threaten trade action. Frame public health measures as "trade barriers." Use trade agreements to insert "supplementary labelling" provisions that crowd out mandatory health information.
- **Use front groups.** Operate through industry associations, hospitality groups, and "food and drink" coalitions to lobby in capitals and at international fora.

Recent examples of the alcohol industry interference

1. Ireland: sustained alcohol industry pressure for delay and re-examination of its cancer warning labelling policy, even after a three-year preparation period, that led to the ultimate delay until 2029.
2. Canada: the federally funded cancer-warning study in Yukon was halted following alcohol industry complaints (with no legal merit) before being able to complete the full study.
3. Australia: seven years of voluntary self-regulation by DrinkWise produced inconsistent and unenforced pregnancy labels; Australia ultimately moved to statutory mandatory labelling.
4. Vietnam, Kenya, Uganda: alcohol industry interference with national alcohol policy reform, repeatedly documented.

What this means for Codex

At Codex, alcohol industry-aligned voices speak through observers and through Member states whose delegations are dominated by trade and agriculture interests. Public health expertise is most often absent unless Health Ministries actively engage. The new work proposed for CCFL49 is, deliberately, modest: it amends existing texts; it does not create a new alcohol-specific standard. Nevertheless, there is a risk of opposition. Member countries supporting the right to know need to be present, prepared, and audible.

The international framework supporting action

WHO Global Alcohol Action Plan 2022–2030

Adopted unanimously by the World Health Assembly in May 2022, the Global Alcohol Action Plan calls on Member States to "ensure appropriate consumer protection measures through the development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that is understood

by consumers and also provides information on other ingredients with potential impact on the health of consumers, caloric value and health warnings." Codex action on alcohol labelling is a direct mechanism to translate this commitment into harmonised, science-based, globally applicable standards.

Sustainable Development Goals

- SDG 3.4: reduce by one third premature mortality from non-communicable diseases.
- SDG 3.5: strengthen the prevention of substance use, including [per capita alcohol consumption](#).
- SDG 3.6 — halve deaths and injuries from road traffic crashes.

Human rights foundations

- Right to information: grounded in international human rights instruments. People have the right to the information needed to protect their own health and make informed choices.
- Right to the highest attainable standard of health; Article 12, International Covenant on Economic, Social and Cultural Rights.
- Convention on the Rights of the Child: the obligation to protect children from preventable harm, including from alcohol industry marketing.
- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW): the obligation to address alcohol-related violence and harm to women.

A Codex primer for advocates and Health Ministries

What Codex is

The Codex Alimentarius Commission is a joint body of the FAO and WHO. It develops international food standards, guidelines, and codes of practice.

Its mandate is two-fold:

1. protect consumer health, and
2. ensure fair practices in the food trade.

Codex texts carry legal weight: domestic standards aligned with Codex are presumed to comply with World Trade Organisation rules.

What CCFL is

The Codex Committee on Food Labelling (CCFL) is the Codex committee responsible for labelling. It is hosted by Canada and meets approximately every 12–18 months. CCFL49 is the 49th session of this committee.

How national preparations work

Each Codex Member designates a national Codex Contact Point, usually located in a Ministry of Agriculture, Food, or Health, depending on the country. The national delegation to CCFL is normally led by that ministry, in consultation with other ministries and stakeholders. National positions on agenda items are often coordinated through inter-ministerial committees.

In many countries, the public health perspective is at risk of being absent or under-represented unless the Ministry of Health actively engages. This is the core of the opportunity: ensure the Health Ministry knows the Codex moment is happening, knows what is at stake, and contributes a clear public health position to the national delegation.

Where to find your national Codex Contact Point

FAO publishes a list of national Codex Contact Points: <https://www.fao.org/fao-who-codexalimentarius/about-codex/members/en/>

Recommended positions for CCFL49

Member countries have an opportunity to express, at CCFL49, the following positions:

Position 1: Support initiating new work

Support the recommendation in CX/FL 26/49/8 (paragraph 14a) to initiate new work to amend or revise CXS 1-1985, CXG 2-1985, and CXG 23-1997 so that they properly recognise the specificities of alcoholic beverages.

Position 2: Support the Electronic Working Group chaired by Tanzania

Support the recommendation in CX/FL 26/49/8 (paragraph 14b) to establish an Electronic Working Group chaired by Tanzania, open to all interested Members and Observers, to prepare draft amendments and revisions for consideration by CCFL50.

Position 3: Affirm the right to know and the case for cancer warnings

Within the discussion, affirm that:

1. People have the right to information about products they buy, including the health risks of alcohol.
2. Alcohol is a Group 1 carcinogen and a causal factor in at least seven cancers.
3. Health warnings, including cancer warnings, should be part of the work programme, alongside alcohol strength, ingredients, energy declaration, and prohibitions on misleading claims.
4. The work should align with the WHO Global Alcohol Action Plan 2022–2030 and with the principle that no level of alcohol use is safe for health.

Position 4: Resist dilution

Resist any attempt to:

1. Defer the work indefinitely or send it back for further study.
2. Restrict the scope only to alcohol strength while excluding health warnings or claims.
3. Defer to alcohol industry-aligned bodies (such as the OIV) as the principal standard-setters for alcoholic beverage labelling.
4. Allow digital substitution (QR codes, e-labels) to replace on-pack health information.

Selected resources

Codex documents

- CX/FL 26/49/8 — Discussion paper on the application of food labelling provisions to alcoholic beverages (Tanzania, with Barbados, Botswana, Eswatini, Ghana, Jamaica, Madagascar, Saint Lucia, Seychelles, Uganda and WHO).
- CX/FL 26/49/8 Add.1 — Project document for new work on the application of food labelling provisions to alcoholic beverages.
- FL/48 CRD11 — Comments from European Union, Kenya, Madagascar, United Republic of Tanzania, and observers (CCFL48, 2024).

WHO and international frameworks

- Anderson BO Berdzuli N Ilbawi A Kestel D Kluge HP Krech R Mikkelsen B Neufeld M Poznyak V Rekve D Slama S Tello J Ferreira-Borges C. [Health and cancer risks associated with low levels of alcohol consumption](#). Lancet Public Health. 2023 Jan 8(1):e6-e7. doi: 10.1016/S2468-2667(22)00317-6. PMID: 36603913.
- WHO Global Alcohol Action Plan 2022–2030 (adopted by World Health Assembly, May 2022).

- [WHO 2021](#): Health warning labels on alcoholic beverages: opportunities for informed and healthier choices. Snapshot series on alcohol control policies and practice
- WHO Europe (2020). [What is the current alcohol labelling practice in the WHO European Region](#).
- WHO Europe (2017). [Alcohol labelling: a discussion document on policy options](#).
- IARC Monographs Vol. 96 (2010, updated). Alcohol consumption and ethyl carbamate — alcoholic beverages classified Group 1 since 1988.

Real-world evidence

- Zhao J, Stockwell T, Vallance K, Hobin E. [The Effects of Alcohol Warning Labels on Population Alcohol Consumption: An Interrupted Time Series Analysis of Alcohol Sales in Yukon Canada](#). J Stud Alcohol Drugs. 2020 Mar;81(2):225-237. PMID: 32359054.
- Movendi International briefings on alcohol labelling and on alcohol industry interference
 - [Special Feature: Alcohol Labeling – How it works and why it’s needed](#)
 - Brief: [The Evidence for alcohol warning labeling](#)
 - [How Do Countries Inform Their People That Alcohol Causes Cancer?](#)