

CODEX ALIMENTARIUS COMMISSION



Food and Agriculture
Organization of the
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World Health
Organization

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Agenda Item 8

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CODEX COMMITTEE ON FOOD LABELLING

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Gatineau, Canada

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Labelling of alcoholic beverages

(Comments of Eurocare)

Eurocare

Background

1. Standardising alcoholic beverage labelling plays an important role in contributing to helping inform and empower consumers to protect health as part of a comprehensive strategy to reduce alcohol-related harm while also reducing regulatory fragmentation.
2. Alcoholic beverage labelling has received increased attention at the Codex Alimentarius Commission since 2017. Significant progress has been made, including substantive discussions on the agenda at three Sessions (CCFL44; CCFL45; CCFL46), the distribution of two Circular Letters (CL 2018/24-FL; CL 2019/86-FL) and the submission of two discussion papers (CX/FL 17/44/3 Add 1; CX/FL 19/45/10).
3. The Report of the 46th Session of the Codex Committee on Food Labelling noted “that responses to CL2019/86-FL showed that there was common ground on which to proceed with the work” but that further information is required, and that challenges caused by the COVID-19 pandemic hindered the development of a new discussion paper. The Committee agreed that: (i) “the Russian Federation, European Union and India with assistance from WHO and EUROCARE would prepare a discussion paper for consideration by CCFL47”; and (ii) “a CL would to be issued to request information to assist in the development of the discussion paper”.
4. Alcoholic beverage labelling remains an important part of the work of the Commission. Developments in this area are significant for the Commission’s overarching mandate and its strategic goals.

Goal 1: Address current, emerging and critical issues in a timely manner

5. Internationally, alcoholic beverages are outside the scope of international conventions controlling psychoactive substances. At national and regional levels, alcoholic beverages are also typically exempted from many requirements of food legislation governing labelling.
6. Despite alcohol labelling being regulated less effectively than other food products, alcohol labelling is still subject to many rules. The majority of Members require some forms of labelling on alcohol beverages.
7. The types of labelling required vary significantly and can include any combination of ingredients lists, energy or another nutrient declaration, health information, drinking guidelines, alcohol content as well as warnings against drinking during on pregnancy, underage drinking, drink-driving, cancers and other diseases, and a variety of other information.

8. The regulatory landscape is further complicated by the considerable variations in requirements for label designs. For instance, USA requires “GOVERNMENT WARNING: (1) According to the Surgeon General, women should not drink alcoholic beverages during pregnancy because of the risk of birth defects. (2) Consumption of alcoholic beverages impairs your ability to drive a car or operate machinery, and may cause health problems.”; whereas Lithuania requires a pregnancy pictogram.
9. Not all alcohol products are treated equally. Many countries give preferential exemptions to certain categories of alcohol.
10. Even when labelling is not mandatory, increasing emphasis on health, changes in drinking behaviours and increasing consumer demands for transparency have led to some manufacturers voluntarily giving health-related information on alcohol labelling, even if this is currently only given on a small proportion of products.
11. Further rules are being developed. For instance, Ireland has passed laws which will require energy, alcohol content in grams, and warnings on cancer, liver disease and pregnancy. Its draft regulations have been notified to the World Trade Organization.

Goal 2: Develop standards based on science and Codex risk-analysis principles

12. Alcohol is a psychoactive substance with dependence-producing properties. Consuming alcohol is a causal factor in more than 200 diseases, injuries and other health conditions. Drinking is associated with mental and behavioural disorders including alcohol dependence and non-communicable diseases such as liver diseases, cancers and cardiovascular diseases. Alcohol consumption affects other people, such as family, friends, colleagues and strangers. Intended and unintended injuries result from road traffic accidents, violence and suicide, which disproportionately affect younger age groups. There is a causal relationship between drinking alcohol and both incidence and outcomes of infectious diseases, including HIV and TB. Drinking alcohol during pregnancy can cause fetal alcohol spectrum disorders.
13. Globally, 3 million deaths each year result from the use of alcohol, representing over 5% of all deaths. This mortality comes relatively early in life, with 13.5% of total deaths amongst people aged 20–39 years being attributable to alcohol. Alcohol is also attributable to over 5% of the global disease and injury burden. Beyond health, there are significant social and economic costs.
14. There is a deficit in consumer knowledge about the content of alcoholic beverages. Most consumers are not aware of the content of energy and macronutrients such as carbohydrates, ingredients, health consequences, age limits and other essential information. Alcohol labelling is the principal source of information for consumers. Labelling is uniquely placed to provide information when alcohol is both purchased and consumed. Labelling improves knowledge and is an effective measure to help ensure consumers are well-informed and not misled. Increasing evidence shows that health information can also empower consumers to make healthier consumption decisions in the knowledge of the facts.
15. Further developing the work on alcohol labelling will promote consumer protection, reduce regulatory fragmentation for governments and help create a more level playing field for economic operators in line with the best available scientific knowledge.

Goal 3: Increase impact through the recognition and use of Codex standards

16. The Codex Strategic Plan 2020-2025 recognises the role of Codex and Codex texts in achieving the United Nations’ Sustainable Development Goals. Alcohol labelling can help meet SDG3 to ensure healthy lives and promote well-being for all at all ages, in particular through targets 3.4 (reduce by one third premature mortality from non-communicable diseases), 3.5 (strengthen the prevention of substance abuse, including harmful use of alcohol) and 3.6 (halve the number of deaths and injuries from road traffic accidents).
17. Several existing Codex texts include alcoholic beverages within their scope. The general principles in the General Standard for the Labelling of Prepackaged Foods (CXS 1-1985) include preventing information which false, misleading, deceptive or likely to create an erroneous impression. The purpose of the Guidelines on Nutrition Labelling (CXG 2-1985) includes ensuring that nutrition labelling is effective in: providing the consumer with information about a food so that a wise choice can be made; providing a means for conveying

information of the nutrient content of a food on the label; encouraging the use of sound nutrition principles in the formulation of foods which would benefit public health; and providing the opportunity to include supplementary nutrition information on the label.

18. In light of the importance of alcohol labelling, and the ever-increasing global developments, further international standardisation is likely to have a significant positive impact on trade. Developing guidance to assist governments and other stakeholders in the development, implementation and regulation of alcoholic beverage labelling is likely to increase the use of Codex standards and guidelines.

Mandate to protect consumer health and ensure fair practices in the food trade

19. Giving consumers essential information is an important contributor to States' obligation protect, respect and fulfill the human right to information and to the highest attainable standard of health. It is in line with the WHO Global Alcohol Action Plan 2022-2030, adopted by the 75th World Health Assembly in May 2022, which calls on 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".

Conclusions

20. There is "common ground" to proceed with the work on alcoholic beverage labelling. Harmonisation in this area is likely to yield significant benefits for consumers in a field where science is increasingly showing the harms of alcohol and the importance of informing consumers. Harmonisation is also likely to result in significant benefits for Members and businesses in a field where the regulatory landscape is becoming increasingly fragmented.
21. Clarity is needed on how CCFL should move forward, particularly in light of more recent experiences of Members Countries and the Member Organization. Input is required based on previous discussion papers, responses to circular letters, CRDs and comments. It would also be beneficial to have further input from Observers.

Recommendations

22. Eurocare respectfully recommends to the Committee that alcoholic beverage labelling is kept on the CCFL agenda. The Committee is invited to reaffirm its agreement to issuing a new circular letter and the development of a new discussion paper to be presented to CCFL48. The Committee is further invited to develop a working group to support the development of the discussion paper. Eurocare reoffers our commitment to this work and requests that the Committee agrees that we can support this work further, including the discussion paper, as was agreed at CCFL46.