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DISCUSSION PAPER FOR NEW WORK ON

THE APPLICATION OF FOOD LABELLING PROVISIONS TO ALCOHOLIC BEVERAGES

(Prepared by Tanzania with assistance of Barbados, Botswana, Eswatini, Ghana, Jamaica, Madagascar, Saint Lucia, Seychelles, Uganda and World Health Organization)

INTRODUCTION

1. The General Standard for the labelling of prepackaged foods (CXS 1-1985), Guidelines on nutrition labelling (CXG 2-1985), and Guidelines for use of nutrition and health claims (CXG 23-1997) treat alcoholic beverages as ordinary food products and do not adequately address health-related information; nutrition-related information; and restrictions on health and nutrition claims.
2. The requirements for labelling of alcoholic beverages vary significantly by country, indicating that national laws on alcoholic beverages do not benefit from the same degree of conformity with Codex texts compared to other food products. According to the World Health Organization (WHO), in 2019, only [42 countries](#) required consumer information such as calories, additives, vitamins and micronutrients, [55 countries](#) mandated at least one health warning, and [104 countries](#) required alcohol content labelling. These inconsistencies about when and how information is provided across countries inflict direct compliance costs, create logistical complexity—a non-tariff barrier, disadvantage small and medium producers in cross-border trade, reducing competitive access to foreign markets, increase disputes and may prevent governments from adopting stronger consumer protection measures.
3. Alcoholic beverages contain ethanol, which is an intoxicating and dependence-producing substance. Currently, eliminating ethanol completely remains a challenge. Therefore, the development of common international guidance and standards to protect public health and promote fair practices in trade is needed to address this challenge.
4. The challenge is evidenced by the 2.6 million deaths in 2019 and the 4.7% contribution of alcohol use to the global burden of disease. A causal relationship has been scientifically established between alcohol consumption and several health conditions, including seven types of cancer. In addition, alcohol consumption also contributes substantially to harm experienced by both the individual and those around them, including increased risks of violence against women and children, as well as higher incidence of injuries and criminal offenses. For these reasons, countries unanimously adopted the [WHO Global Alcohol Action Plan 2022-2030](#) in May 2022. This document calls to ensure appropriate consumer protection measures through labelling requirements for alcoholic beverages that display essential information on alcohol content and other ingredients with potential impact on health, caloric value and health warnings.
5. The debate surrounding alcoholic beverage labelling highlights the need to strike a balance between public health, consumer rights, and fair practice in trade. As the global market expands, establishing uniform labelling standards is vital to tackle public health challenges and reduce consumer confusion. Codex is uniquely positioned to provide internationally harmonised, science-based guidance that can reduce misleading practices, enhance transparency, improve consumer understanding of health risks, support public health, align with global evidence and Codex risk-analysis principles and provide practical guidance that governments can readily implement, accelerating progress towards the Sustainable Development Goals targets and the achievement of the global commitments of the WHO Global Alcohol Action Plan.

BACKGROUND

6. CCFL has been regularly and systematically discussing the complexities of labelling alcoholic beverages over the past 10 years. An overview of the salient points discussed by CCFL since 2016 is summarized in Appendix I.

7. At the 48th session of the Codex Committee on Food Labelling (CCFL48), WHO presented a [discussion paper](#) on alcoholic beverage-related labelling and the outcomes of the [analysis of responses to CL 2024/13-FL](#) were discussed. They show consensus that the scope of CCFL alcohol-related work should revise and amend the General Standard and Guidelines to provide Members with clear, accurate and transparent information regarding the labelling of alcoholic beverages.

8. Based on this outcome, at [CCFL48, the Committee agreed](#) to include the labelling of alcoholic beverages in the inventory of future work, pending the submission of a project document and confirmation from a Member country willing to lead the initiative¹.

POTENTIAL NEW WORK FOR CCFL

9. A preliminary list of Codex text, sections and topics that required amendment to recognize specificities of alcoholic beverages is provided in Appendix II and summarized below.

CXS 1-1985 – General Standard. Sections on Mandatory Information / Name of Food / Declaration of Contents / Legibility & Presentation. Main revisions needed: ABV rules, standard drink declaration, health warnings, digital substitution limits, multilingual/export guidance.

CXG 2-1985 – Nutrition labelling. Sections on Purpose / Mandatory/Voluntary Nutrition Labelling / Expression of Nutrient Content / Serving Size. Main revisions needed: treatment of alcoholic beverages (energy calculation from ethanol), require per-100 mL and per-serving energy declarations, and require proximity to ABV and a neutral presentation rule.

CXG 23-1997 – Nutrition & health claims. Sections on Scope / Misleading Claims / Nutrition & Health Claims / Presentation. Main revisions needed: alcohol-specific prohibitions (no disease-risk reduction claims), contextual warnings when nutrient claims are used, and health-endorsing symbols for alcoholic beverages.

10. Based on preliminary scoping of the work, the project document in Appendix III identifies initial areas where CCFL could provide further guidance on requirements for alcoholic products labelling through amendments and revisions to the General Standard and pertinent Guidelines.

11. The work will be sequenced across three core phases to ensure a methodological coherence, efficient use of resources and logically progressive pathway for standard revision. Phase 1 will focus on the revision of the General Standard (CXS 1-1985). Phase 2 will address the revision of the nutrition and health claims Standards (CXG 23-1997), ensuring alignment with the updated General Provisions. Phase 3 will undertake the revision of the nutrition labelling Standard (CXG 2-1985), enabling full integration of the revised general requirements and claims provisions into a coherent, updated labelling framework.

12. The work of CCFL on this topic will allow Member countries to develop science-based labelling standards that protect public health and provide accurate consumer information while reducing alcohol-related harm and promoting fair trade practices.

CONCLUSIONS

13. The lack of provisions recognizing the specificities of alcoholic beverages in the General Standard and Guidelines leads to inconsistent national interpretations and potential claims that could mislead consumers about the health implications of alcohol consumption. Aligning the Codex General Standard (CXS 1-1985) and Guidelines (CXG 2-1985 and CXG 23-1997) with international best practices and current evidence-based health recommendations will strengthen Codex's role in consumer protection and fair practices in the food trade and facilitate Members' uptake of updated, consensus-based, global standards.

RECOMMENDATIONS

14. CCFL49 is invited to consider:

- (i) initiating new work on labelling of alcoholic beverages to amend/revise relevant Codex texts as presented in the project document in Appendix III;
- (ii) establishing an EWG chaired by Tanzania, with the participation of interested Members and Observers, to prepare a draft of the proposed amendments and revisions to the General Standard and relevant Guidelines for consideration by CCFL50.

¹ REP24/FL paragraph 169

OVERVIEW OF CCFL DISCUSSIONS SINCE 2016

In 2016, [CCFL43](#) concluded that Canada should prepare a discussion paper on future work and direction for CCFL, which summarized some of the previously identified work that had not gone forward to the Committee, the currently ongoing work, and emerging issues. The Codex Secretariat issued a Circular Letter requesting members and observers to provide information on emerging issues for inclusion in the paper.

In 2017, at [CCFL44](#), Canada introduced a discussion paper on the future work and direction of CCFL. Alcohol Labelling and Guidance was one of the issues identified under the heading Potential work of CCFL. It was stated that one of the primary objectives of the Codex standards is to protect health. It was considered that information should be included on labels about the alcohol strength, as well as the energy content of the alcoholic products. The session tasked the Russian Federation, with the assistance of the European Union, Ghana, India and Senegal, to draft a paper on alcoholic beverages labelling. The session also agreed that the Codex Secretariat issued a CL to seek information on practices, issues, and any potential role for CCFL on the topic of alcohol labelling. After CCFL44 in April 2018, CL 2018/24-FL was sent out to collect information on current practices, issues, and any potential role for CCFL in this area.

In 2019, at [CCFL45](#), the Russian Federation introduced the item, on behalf of the co-drafters: European Union, Ghana, India and Senegal. They also summarized some of the responses received to the CL which amongst others, indicated: that there was a lack of harmonization for alcoholic beverage labelling, alcohol content should be addressed; energy requirements on labels were scarce, there were varying views on whether addressing alcoholic beverage labelling was within the mandate of CCFL, lack of agreement whether the current guidance was sufficient for alcohol beverage labelling and that due to the vast varieties of alcoholic beverages and their composition and varying consumption patterns it would be challenging to harmonize labelling of these products. Five recommendations reflecting the proposals made by respondents to the Committee were put forward for consideration. Comments were made that due to the late availability of the discussion paper, it was not easy to consult at the national level; therefore, further time was needed to consider the paper. The respondents to the CL were mainly from countries that already had legislation, and more time should be given for members to respond to the document so that the drafters could prepare a revised paper for consideration at the next session. The Committee agreed to issue a CL requesting comments on the discussion paper (CX/FL 19/45/10); and that the Russian Federation, European Union and India would prepare a further discussion paper based on the comments received to the CL, comments made at this session, written comments in CRDs submitted to this session and the clarification made by the Codex Secretariat for consideration by CCFL46.

In 2021, at [CCFL46](#), the Russian Federation outlined the work done so far for the labelling of alcoholic beverages, and indicated that responses to CL2019/86-FL showed that there was common ground on which to proceed with the work, but that there was a clear split of opinion on the question whether alcohol labelling requires specific guidance or standards in Codex, but that challenges caused by the COVID-19 pandemic hindered the development of the discussion paper. Recognizing the support for future work in CCFL, CCFL46 agreed that the Russian Federation, the European Union, and India, with assistance from WHO and EURO CARE, would prepare a discussion paper for consideration by CCFL47. A CL would also be issued to assist in the development of the discussion paper.

In 2023, [CCFL47](#) noted that this item had been discussed previously, and comments were requested through a CL, but no discussion paper was prepared for this session. There were no offers from members to take the lead on potential new work, and a discussion ensued about whether to keep the item on the agenda. CCFL47 agreed to retain the item on the labelling of alcoholic beverages on its agenda and requested WHO to prepare a discussion paper for consideration at CCFL48. In January 2023, the Codex Secretariat issued a Circular Letter [CL 2024/13-FL](#) requesting views and comments from Codex Members and Observers on possible actions on alcoholic beverage labelling. Forty-nine (49) Codex Members, one (1) Member Organization and seven (7) Observers responded to CL2024/13-FL. These [replies](#) and a [list](#) of national and regional legislations are complemented by an [analysis](#) of the findings.

In 2024, at [CCFL48](#), a discussion paper based on the outcomes of the views sought in CL2024/13-FL was debated. During the discussion, there was broad recognition that alcoholic beverages fall under the Codex definition of food and could be addressed within the Codex mandate. It was also highlighted that CXS 1-1985 and the Guidelines for the Use of Nutrition and Health Claims (CXG 23-1997) provided a good foundation for the labelling of alcoholic beverages and that specificities and gaps in the current Codex texts could be addressed through amendments or revisions to the existing Codex texts. Many delegations supported new work on alcohol labelling, while others maintained that existing provisions in CXS 1-1985 and CXG 23-1997 were sufficient. CCFL48 concluded to keep the work on the inventory of future work, and agreed that Members could submit a project document and confirm their availability to lead the work.

Appendix II

ALCOHOLIC BEVERAGES PRELIMINARY PROPOSED AMENDMENTS TO RELEVANT CODEX TEXTS

CXS 1-1985 - GENERAL STANDARD FOR THE LABELLING OF PREPACKAGED FOODS

Key gaps for alcoholic beverages and proposed sections for amendments

1. **Absence of alcohol-specific items (ABV, declaration of standard drink, net content in alcohol units).** CXS 1 is written for “prepackaged foods” in general and does not define specific labelling elements that are unique to alcoholic beverages (e.g., alcohol by volume (ABV) presentation rules, “standard drink” declarations, expression in grams of ethanol). Revision needed in the mandatory information sections.

Provisions requiring revision

Sections on “Mandatory Information” and “Name of Food / Declaration of Contents” (CXS 1, the mandatory labelling list). Add a sub-clause requiring a standardized presentation of alcohol strength (ABV), and (optionally) a regulated “standard drink” statement expressed in grams of ethanol and milliliters/units.

2. **No guidance on health warnings and placement/format requirements.** CXS 1 sets general rules on prominence and legibility but lacks alcohol-specific requirements such as pregnancy, cancer or impairment warnings, minimum font size, contrast, and placement on the principal display panel.

Provisions requiring revision

Sections on “Legibility and Prominence” and “Presentation” — insert alcohol-specific warning items, their minimum size/format, and placement (e.g., a principal display panel requirement).

3. **Language and multi-jurisdiction labelling rules for exports.** There is limited specific text addressing multilingual labelling as it relates to products exported with alcohol strength wording and different legal units. Exporters need clear rules about accepted units and whether alternative ABV statements are permitted.

Provisions requiring revision

Section on “Mandatory particulars and language” — specify accepted units (percentage by volume and g ethanol per 100 mL), acceptable translations, and rules for dual statements for imported/exported alcoholic beverages.

4. **Lack of harmonized definitions relating to alcoholic beverages across Codex texts.** Terms such as “alcoholic beverage,” “alcohol by volume (ABV),” “standard drink,” and “single serving” are not defined consistently (or at all) across these texts. A single set of definitions should be adopted and inserted into CXS 1 or as a new glossary referenced by CXG 2, and CXG 23. Eventually, CXG 1 may need similar alignment.

Provisions requiring revision

Add a Codex glossary entry in CXS 1 (or a cross-referenced definitions Annex) covering ABV, standard drink (grams ethanol), alcoholic beverage classes (beer, wine, spirits), serving size.

CXG 2-1985 - GUIDELINES ON NUTRITION LABELLING

Key gaps for alcoholic beverages and proposed sections for amendments

5. **Unclear treatment of “foods that are alcoholic beverages” within nutrition labelling scope.** CXG 2 is generic; it does not explicitly state whether and how alcoholic beverages are to be treated for nutrient declaration, nor does it provide guidance on how to present energy (calories) for beverages where alcohol contributes the majority of energy. This creates ambiguity whether alcohol calories must be reported and in what units.

Provisions requiring revision

Section 1 (Purpose) and Section(s) on “Mandatory/Voluntary Nutrition Labelling” — add a dedicated clause for alcoholic beverages clarifying mandatory/voluntary status of energy (kJ/kcal), how to calculate and present energy from ethanol, and whether and how to declare “per serving” and “per 100 mL”.

6. **No guidance on serving size / container variability for multi-serving bottles.** Alcoholic beverages are sold in formats ranging from single-serve cans to large bottles — CXG 2 lacks guidance on consistent serving-size declaration and conversion to per-100 mL basis for comparability.

Provisions requiring revision

Section on “Expression of Nutrient Content / Serving Size” — require both per-100 mL and per-declared serving for alcoholic beverages, and define how serving is determined (e.g., typical consumption unit or

standard drink).

7. No guidance on interaction between nutrition labelling and age-restriction consumer protection. CXG 2 does not address how nutrition labelling should be designed so it does not act as an inducement (e.g., “low-calorie” presenting alcohol as a healthier option) — an issue particularly relevant for alcohol.

Provisions requiring revision

Section on “Interpretation and Use of Nutrition Labelling” — include guidance that energy/nutrient information must not be presented in a way that suggests healthfulness (cross-reference to claims guidelines), and require placement/formatting rules that avoid implying health benefits.

CXG 23-1997 - GUIDELINES FOR USE OF NUTRITION AND HEALTH CLAIMS

Key gaps for alcoholic beverages and proposed sections for amendments

8. Allowance of nutrition claims without alcohol-specific safeguards. CXG 23 permit nutrition claims for energy and specified nutrients, but they do not include alcohol-specific prohibitions or qualifications (for example, permitting an “energy-reduced” claim on an alcoholic beverage without requiring disclaimers or health-protective context). This risks mis-leading consumers to regard some alcoholic beverages as “healthier.”

Provisions requiring revision

CXG 23 — Section 4 (Nutrition claims) — Sections on “prohibited/misleading claims” — add explicit restrictions: (a) prohibit comparative health claims that imply alcohol is beneficial (e.g., “healthier choice”); (b) require contextual statement (e.g., “Excessive alcohol consumption increases health risks”) when calorie or nutrient claims are used; (c) restrict allowed nutrient claims to factual declarations (e.g., “X kcal per 100 mL”) presented neutrally.

9. No specific rules on health claims related to alcohol (e.g., “contains botanicals X that may...”). CXG 23 allows health claims but lacks alcohol-specific limits; alcoholic beverages present a distinct public health risk so permissibility thresholds and disqualification criteria are required.

Provisions requiring revision

CXG 23 — Section on “Health claims” — add a clause disallowing disease-risk reduction or general wellness claims for alcoholic beverages (e.g., “may reduce cholesterol”) and require that any function/physiological claims meet stricter substantiation criteria and carry risk disclaimers.

10. No requirement to cross-reference claim approvals with ABV / consumer warnings. If a producer makes a nutrition claim (e.g., “low sugar”) this could be misleading absent ABV and health warnings. The texts should prescribe cross-referencing.

Provisions requiring revision

CXG 23 — sections on labelling of claims and mandatory information — require that any nutrition/health claim on an alcoholic beverage be accompanied by ABV declaration and a standard health warning statement, in specified prominence and proximity.

CROSS-CUTTING GAPS ACROSS RELEVANT CODEX TEXTS

13. No guidance on digital/QR codes as substitute for on-label health information. Current guidelines do not address whether QR codes or web links can be used instead of on-label statements for health warnings or nutrition facts—an issue raised in practice. Add explicit rules limiting substitution of on-label health information with off-label digital content.

Provisions requiring revision

CXS 1 – “Presentation” and CXG 2 – “Supplementary Information” — require information to appear directly on the physical label (exceptions only where unavoidable, with strict conditions).

14. No recommended format to ensure neutrality (avoid implied health endorsement). Across CXG 2, and CXG 23 (eventually also CXG 1) there is insufficient direction for formatting calorie/nutrient information and claims to avoid implying healthfulness; e.g., placement, color, logos, or “traffic light” style schemes used for foods could inappropriately “healthify” alcoholic beverages. Add formatting constraints or a prohibition on health-endorsement logos for alcoholic beverages.

Provisions requiring revision

CXG 23 – “Presentation of Claims” and CXS 1 – “Presentation rules” — prohibit health-promoting symbols or positivity framing for alcoholic beverages; require neutral presentation of nutrient data. Similarly, *CXG 1* may require alignment.

15. **No mechanism to deal with multi-jurisdictional compliance and export labelling.** The texts lack a procedure for dealing with conflicting requirements across countries (e.g., an importing country's warning text that differs in wording or size). Consider adding a recommended pragmatic approach for compliance (e.g., minimum global standard + optional national overlays) and guidance for exporters.

Provisions requiring revision

CXS 1 – “*General Principles / Claims / Declarations*” — add guidance for exporters and national authorities on tolerances, equivalence and bilingual labels for ABV and health warnings.

PROJECT DOCUMENT FOR NEW WORK ON THE APPLICATION OF FOOD LABELLING PROVISIONS TO ALCOHOLIC BEVERAGES

Background

Following the acknowledgement that Codex texts [*General Standard for the labelling of prepackaged foods* (CXS 1-1985), *Guidelines on nutrition labelling* (CXG 2-1985) and *Guidelines for use of nutrition and health claims* (CXG 23-1997)], apply to alcoholic beverages but the specificities of such products are not properly accounted for in the texts, [CCFL48 agreed](#) that amendments or revisions to the Codex texts could be considered, provided the submission of a project document and confirmation from a Member country willing to lead the initiative.

1. PURPOSE AND SCOPE

This proposal seeks approval to undertake new work to progressively revise three existing Codex texts to ensure that labelling provisions fully and accurately reflect the specific characteristics, risk profile, and regulatory needs of alcoholic beverages. The work will focus on the development of coherent, harmonized, evidence-based labelling provisions addressing consumer protection, prevention of misleading information, and facilitation of fair practices in the food trade.

A preliminary list of Codex text, sections and topics that required amendment to recognize specificities of alcoholic beverages is provided in Appendix II and summarized below.

CXS 1-1985 – General Standard. Sections on Mandatory Information / Name of Food / Declaration of Contents / Legibility & Presentation. Main revisions needed: ABV rules, standard drink declaration, health warnings, digital substitution limits, multilingual/export guidance.

CXG 2-1985 – Nutrition labelling. Sections on Purpose / Mandatory/Voluntary Nutrition Labelling / Expression of Nutrient Content / Serving Size. Main revisions needed: treatment of alcoholic beverages (energy calculation from ethanol), require per-100 mL and per-serving energy declarations, and require proximity to ABV and a neutral presentation rule.

CXG 23-1997 – Nutrition & health claims. Sections on Scope / Misleading Claims / Nutrition & Health Claims / Presentation. Main revisions needed: alcohol-specific prohibitions (no disease-risk reduction claims), contextual warnings when nutrient claims are used, and health-endorsing symbols for alcoholic beverages.

The work will be sequenced across three core phases to ensure a methodological coherence, efficient use of resources and logically progressive pathway for standard revision. Phase 1 will focus on the revision of the General Standard (CXS 1-1985). Phase 2 will address the revision of the nutrition and health claims Standards (CXG 23-1997), ensuring alignment with the updated General Provisions. Phase 3 will undertake the revision of the nutrition labelling Standard (CXG 2-1985), enabling full integration of the revised general requirements and claims provisions into a coherent, updated labelling framework.

2. RELEVANCE AND TIMELINESS

Alcoholic beverages contain ethanol, which is an intoxicating and dependence-producing substance. In 2019, alcohol use resulted in 2.6 million deaths and contributed to 4.7% of the global burden of disease. A causal relationship has been scientifically established between alcohol consumption and several health conditions, including 7 types of cancer. Alcohol consumption also causes significant harm to self and others.

Collective insights from Codex Members and Observers underscore the necessity for the establishment of consolidated labelling guidance that addresses the management of health risks associated with alcoholic beverages consumption. Currently, many national, subregional and regional initiatives have been undertaken to raise awareness of consumers while preventing deceptive marketing and commercial practices.

In its global dimension, this work is particularly timely, as it presents a unique opportunity to further specify, align and harmonize current labelling practices within the current envelop embraced by the Codex texts (General Standard and Guidelines). Specifically, the work will allow the CCFL to mitigate health risks associated with consumption of alcoholic beverages by harmonizing technical requirements for alcoholic labelling across Codex texts in order to safeguard human health while concurrently fostering fair trade practices.

This work will provide benefits for public health and consumers' protection, including, improved clarity and informativeness of alcohol labels, supporting informed decision-making, reduction of misleading claims, particularly regarding nutritional or health attributes, reinforced alignment with WHO recommendations on alcohol-related risk information, enhanced protection for vulnerable populations, e.g., pregnant women,

minors.

It will also benefit international trade, by harmonizing Codex provisions to reduce divergent national requirements, facilitating compliance by exporting countries and reducing technical barriers to trade and improving predictability for cross-border alcohol labelling, including organic claims. Additionally, the work will benefit economic operators, by providing coherence Codex-based guidance, reducing compliance burdens related to duplicative or conflicting domestic rules and supporting fair practices in international trade, consistent with Codex's purposes.

3. MAIN ASPECTS TO BE COVERED

The proposed work involves reviewing and, where needed, updating provisions to ensure that the unique requirements for labelling of alcoholic beverages—covering ingredients, claims, and possible exemptions—are accurately incorporated into relevant Codex texts, including:

- *General Standard for the labelling of pre-packaged foods* (CXS 1-1985) and *Guidelines on nutrition labelling* (CXG 2-1985), for example to define and include specific labelling requirements for alcoholic beverages on health- and nutrition-related information; including reporting strength of alcohol (alcohol by volume) and health risks, and;
- *Guidelines for use of nutrition and health claims* (CXG 23-1997), for example to specify requirements and limitations for nutrient declarations, guidance on restrictions and how nutrients, such as calories or energy content, may be declared without promoting the alcoholic products as healthier choice, and in a manner consistent with the overall intent to protect consumer health and prevent deception; and,

Appendix II details Codex Standards and Guidelines and their sections relevant to alcoholic beverage labelling and main topics for revision. It is anticipated that no other Codex documents will require revisions.

Importantly, a number of cross-cutting issues underpin the need for a harmonized approach to alcoholic-beverage labelling across Codex standards and guidelines. For example, establishing standard definitions for alcohol by volume, standard drink, and serving size within a dedicated glossary or definitions section in CXS 1—supported through cross-references in CXG 2, and CXG 23, and eventually, CXG 1—would promote consistent terminology and minimize interpretative variability. Likewise, clarifying that digital-only disclosures, such as QR codes, are insufficient for conveying alcohol-related information in both CXS 1 and CXG 2 would help ensure that essential content remains directly visible on the package. In addition, prohibiting health-endorsing symbols or logos within CXG 23, and CXS 1 (and eventually, CXG 1) would avoid the unintended creation of a health halo around alcoholic beverages and reinforce a coherent, public-health-oriented labelling framework.

For this reason, the work will be sequenced across core phases to ensure methodological coherence, regulatory consistency, and a technically robust progression of standard development. The sequencing reflects the interdependence of the instruments concerned, the need to manage scientific and normative considerations in a logical order, and the need to minimize disruption to existing Codex texts.

4. ASSESSMENT AGAINST THE CRITERIA FOR THE ESTABLISHMENT OF NEW WORK PRIORITIES

Overall, this project document seeks to recognize the need for amendments to relevant Codex texts to address the specificities of the alcoholic beverage labelling requirements aligned with the Codex Procedural Manual's criteria for the establishment of new work priorities.

General criterion

Consumer protection

Alcoholic beverage labelling is a cost-effective measure at the point of delivery or consumption, crucial for safeguarding consumers' health. Clear labelling ensures consumers are informed about alcohol content, ingredients and health risks of consumption while enabling them to make informed choices. Misleading or inadequate labels may increase the demand for these harmful products, exposure to allergens, or consumption by specific groups of populations, such as minors, pregnant women or those seeking to quit drinking. Surveys show low public awareness that [alcohol causes certain cancers](#) and standardized labels would provide millions of consumers with access to this knowledge. This is a relative low-cost awareness gain. In addition, standardized labels on alcoholic beverages can be a pro-equity intervention if well designed and enforced by protecting most vulnerable groups, like young people, lower-income populations who are those more likely to be harmed by alcohol and less likely to have access to accurate health information. Harmonized alcohol labelling requirements promote fair practices in the food trade by ensuring consistent disclosure across markets and reducing opportunities for misleading claims. This work is particularly relevant for developing countries that rely on Codex standards to strengthen national regulatory frameworks and may have limited capacity to address inconsistencies in alcohol labelling.

Criteria applicable to general matters

Fragmentation in national legislations and impediments to international trade

Fragmented national alcohol labelling regulations create significant obstacles for consumer protection and international trade practices. Requirements vary widely across countries, with many relying on narrow-scope rules or voluntary industry codes that have proved [ineffective](#), resulting in inconsistent and often incomplete information for consumers. WHO data illustrate this uneven landscape: in 2019, only [42 countries](#) require consumer information such as calories, additives, vitamins and micronutrients, [55 countries](#) mandated at least one health warning, and [104 countries](#) required alcohol content labelling. Similarly, [IARD database](#) which tracks national requirements shows uneven regulations by country. These discrepancies, further complicated by cross-border production and distribution, mean products sold in one country often carry labels designed for another, reducing their relevance and undermining public health objectives. The absence of harmonized standards contributes to trade friction and increases the likelihood of disputes in the [WTO TBT](#) Committee. Developing international guidance through Codex would help level the playing field, support fair trade, and strengthen consumer protection. Harmonisation would also reduce regulatory burdens, particularly for low-capacity countries that face high costs in establishing and enforcing their own labelling systems, by providing a common framework that builds national capacity while conserving resources.

Scope of work and establishment of priorities between the various sections of the work

The proposed work consists of revising the General Standard and Guidelines for labelling to ensure that specificities for alcoholic beverages are properly addressed. It would limit its scope to amendments or revisions of the Codex texts as per the [CCFL48 agreement](#).

Work already undertaken by other international organizations in this field and/or suggested by the relevant international intergovernmental body(ies)

Various international bodies have addressed aspects of alcoholic beverage labelling. For instance, the WHO has developed guidelines on high-impact policies to reduce alcohol consumption and sustained real-world research to solidify the evidence base on labelling of alcoholic beverages. The International Organization of Vine and Wines has developed standards for wine labelling. Initiatives related to regional and sub-regional trade have developed specific requirements for their geographical areas or plan to develop them, e.g. the Australia-New Zealand Closer Economic Relations Trade Agreement, East African Community and the Caribbean Community, among others. Despite these initiatives, there is no comprehensive global standard that harmonizes labelling requirements across countries or regions. Collaborating with existing organizations and building upon their work can enhance the development of a unified standard. The proposed new work can facilitate the development of guidelines by consensus across all Codex Members.

Amenability of the subject of the proposal to standardisation

Labelling practices of alcoholic beverages are amenable to standardization. Countries already apply standards to a certain degree. However, a set of key information, such as alcohol content and warnings about health risks are not uniformly presented across different alcoholic products and markets. Standardization can accommodate variations across the different types of alcoholic beverages while ensuring essential information is consistently conveyed to consumers and traders.

Consideration of the global magnitude of the problem or issue

WHO estimates 2.6 million deaths occurred in 2019 due to alcohol consumption. Alcohol is a risk factor for both communicable and non-communicable diseases. The absence of standardized labels is a significant public health and information gap that contributes to this problem. Countries afford the provision of health and social, and judicial services for persons affected by alcohol use, also as a result of poor knowledge or limited access to information. Countries also invest significant efforts in developing or updating alcoholic beverage labelling requirements, including reviewing international standards, analysing regulatory frameworks from other countries and regions, and benchmarking global best practices to ensure their policies and standards remain aligned with evolving industry and consumer expectations. Additionally, countries lose revenue due to trade and regulatory frictions, placing further strain on the allocation of domestic resources.

Additional criteria for evaluating and prioritizing new work

Relevance to CCFL mandate

The proposed new work fits within the terms of reference of CCFL. In fact, the CCFL has for 10 years discussed the labelling of alcoholic beverages as a standing agenda item. See overview of main outcome in Appendix I.

Impact on consumer health

Alcoholic beverage labelling can play a pivotal role in fight towards the prevention, reduction, or resolution of consumer health risks through five main mechanisms, all backed by behavioral-science, risk-communication,

and public-health evidence. These mechanisms do not work in isolation, but each contributes to lowering harm. People often underestimate alcohol's risks, e.g. cancer, liver disease, pregnancy risks, acute injury. In addition, labels with warnings may prevent acute harm such as injuries, poisoning, and impaired driving because high-risk decisions are made shortly before consumption. Even modest reductions in consumption across millions of people create large aggregate effects.

Addresses false, misleading or deceptive labelling practices

Standards about alcoholic beverages labels enable accountability and regulatory transparency avoiding deceptive claims, e.g., healthy, natural, heart-friendly, no-alcohol content, low-calorie, organic, gluten-free, among others. Evidence shows that when presented with clear information, consumers can review their consumption patterns, choosing not to consume an alcoholic product once information about harms associated with its use is shared. In addition, labels require manufacturers to disclose accurate alcohol content, reducing the risk of underreporting or misinformation. Labels also provide traceability to support recalls or contamination alerts, strengthening the national capacities to regulate and intervene when alcoholic products cause harm.

Impact on consumer's ability to make an informed choice

Alcoholic beverage labelling that explains health risks reliably increase risk perception. Increasing risk awareness makes people drink more cautiously, which lowers long-term disease risk and harm. Alcoholic beverage labels support behavioral changes, promoting lower consumption or less risky patterns, particularly among heavy drinkers, binge drinkers, and those with frequent consumption. They also protect those seeking to stop using alcohol, minors, youth and pregnant women.

Impact on international trade

Standardized alcoholic beverage labelling supports fair international trade practices by ensuring that domestic and foreign alcohol producers comply with the same transparency requirements, reducing the risk of misleading claims and information asymmetry. Harmonized international labelling standards facilitate market access, lower compliance costs, and prevent regulations from becoming disguised barriers to trade under WTO principles. By providing clear, consistent information on ingredients, alcohol content, and health risks, labelling fosters consumer trust, strengthens regulatory confidence between countries, and helps minimize trade disputes—all of which contribute to a more equitable and efficient global marketplace.

However, attempts to standardize alcohol labelling requirements have already drawn industry and trade objections; arguing costs for retooling, repackaging, and compliance. In addition, trade and regulatory disputes arise when single countries try to mandate new alcoholic beverage labels creating public health gaps and trade friction. Trade frictions and legal disputes, e.g. WTO TBT complaints, add political and economic friction. It is unlikely that the costs, which industry sustain when adapting to singular market requirements, are larger than the public health benefits. Most, importantly, transparency will promote higher compliance with alcohol labelling practices reducing commercial and legal disputes.

Internationally identified public health risks related to food safety, health or nutrition

Labels on alcoholic beverages that highlight health, nutrition, or positive attributes can pose significant public health risks. Claims such as low-calorie, gluten-free, or natural may create a misleading health halo, causing consumers to underestimate the inherent harm of alcohol, such as cancer, liver disease, and addiction. Nutrition-based information can shift focus from alcohol itself to ingredients, encouraging risk compensation, heavier drinking, and use by vulnerable populations such as adolescents, pregnant individuals, or people with medical conditions. Such labels can also undermine public health messaging by implying benefits that contradict scientific evidence. When positive claims appear without health warnings, they increase the likelihood of misperception, contributing to higher consumption and associated health harms across the population.

In this context, the proposed new work on labelling requirements for alcoholic beverages will contribute to the achievement of the Sustainable Development Goal—[SDG 3.5.2](#), reducing alcohol per capita consumption by 2030, and SDG 17, strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development. In addition, work on this area will accelerate the target of reducing harmful alcohol use by 20% by 2030, relative to 2010 levels, in line with the [WHA72\(11\)](#) 2019, World Health Organization – Global action plan for the prevention and control of Noncommunicable diseases 2013-2030 and its global monitoring framework, and the implementation of the [Global Alcohol Action Plan 2022-2030](#). In 2019, there were 2.6 million deaths due to alcohol consumption. Alcohol use burden across diseases in the same year was 4.7% globally. In [2020](#), most of the burden for people aged 15–39 came from dying early or living with disabilities due to alcohol use. Similarly, the burden associated to alcohol use for adults aged 40–69, was long-term illnesses like cancer. For people 65 and older, cardiovascular diseases were the biggest contributors to the disease burden associated with alcohol use. In addition, each year over 12 thousand people are contaminated by [methanol-alcohol globally](#), with a fatality rate up to 40%, such as the recent outbreaks in Brazil, India, Laos and Turkey.

5. RELEVANCE TO CODEX STRATEGIC OBJECTIVES

The proposed work is in line with the Commission's mandate for the development of international standards, guidelines and other recommendations for protecting the health of consumers and ensuring fair practices in food trade. The new work will contribute to advancing Strategic Goals 1, 2, 3 and 4 of the Codex Strategic Plan 2026–2031, adopted at CAC47 in November 2024.

Strategic Goal 1: Respond to Members' needs for protecting the health of consumers and ensuring fair practices in the food trade in an evolving global landscape by developing science-based standards and related texts. The proposed work strengthens consumer health protection and fair trade practices by developing science based, harmonized labelling requirements that address inconsistencies. It reduces variability in national regulations by providing clear guidance that lowers trade barriers and ensures a level playing field for economic operators. It also improves comprehension, support informed choices, and address the widespread lack of consumer awareness about alcohol-related health harms.

Strategic Goal 2: Enhance Codex work management systems and practices that support the effective and efficient development of standards and related texts. The establishment of an EWG that is open to interested parties (Members and Observers) and is supported by the scientific advice of WHO and FAO will support the continuous enhancement of Codex work management systems. By integrating the Codex risk-analysis principles and scientific evidence, the new work ensures that standards reflect current global evidence that no level of alcohol consumption is safe and that alcohol causes significant health and social harms.

Strategic Goal 3: Strengthen relationships with relevant international organizations, promoting a coordinated approach to address global challenges. The proposed work promotes coordination with relevant international bodies involved in alcohol regulation and trade, supporting a more harmonized, evidence-based, transparent and consensus-based global approach to alcohol labelling.

Strategic Goal 4: Maximize the impact of Codex by increasing the visibility and use of standards. Updating widely used Codex labelling standards increases their relevance and visibility, encouraging broader national adoption and strengthening Codex's global impact, particularly in view of an increased number of national or jurisdictional laws that have or are planned in the coming future. The new work, contributes to global public health and sustainable development—especially targets related to reducing non-communicable diseases, preventing use of alcohol, and decreasing injuries, among others by establish core, internationally consistent labelling elements.

6. THE RELATION BETWEEN THE PROPOSAL AND OTHER EXISTING CODEX DOCUMENTS

The proposed work includes the progressive revision and, eventually, amendments of relevant Codex text to secure specificities of alcoholic beverages are harmonized and consistently reflected across the following Codex texts:

- *General Standard for the labelling of pre-packaged foods* (CXS 1-1985),
- *Guidelines on nutrition labelling* (CXG 2-1985), and,
- *Guidelines for use of nutrition and health claims* (CXG 23-1997).

However, other Codex documents may provide guidance, e.g., *General Guidelines on claims* (CXG 1-1979) or need specific alignment, e.g., *Guidelines for the production, processing labelling and marketing of organically produced foods* (CXG 32-1999). Indeed, CXG 32 addresses organic claims generally but does not specify whether alcoholic beverages may use particular terms, e.g., “organic”, “eco-” “bio-”.

7. REQUIREMENT FOR AND AVAILABILITY OF EXPERT SCIENTIFIC ADVICE

The work does not require new risk assessments or specialized scientific evaluations. However, to secure the development of standards based on science and risk-analysis principles, it is anticipated that scientific and legal advice and global data will be needed from WHO and FAO. Existing WHO and FAO data are adequate to support policy decisions regarding alcohol-specific health labelling principles and claim restrictions. Scientific advice may be consulted as needed regarding tolerances for alcohol strength declarations, energy content calculations, additives and processing aids unique to alcoholic beverages, organic production requirements for alcoholic beverages. In addition, collaboration with relevant stakeholders, including public health organizations, civil society and associations of economic operators, may enhance the development and implementation of alcohol labelling standards.

8. NEED FOR TECHNICAL INPUT TO THE STANDARD FROM EXTERNAL BODIES

The proposal would benefit from technical input from external bodies, including public health organizations, civil society, and regulatory agencies. Such collaboration can ensure that the labelling requirements are

practical, scientifically sound, and effectively address the concerns of all relevant parties.

9. PROPOSED TIMELINE

The work is expected to take the Committee at least two sessions to complete. If approved by the Commission in 2026, it could be finished in 2028.

Time	Activity
May 2026	Critical review of the project document by CCFL
July 2026	Approval of new work by CAC
July 2028	Final adoption by CAC at Step 8

The work will be sequenced across three core phases to ensure methodological coherence, normative consistency, and a technically robust progression of standard development. This sequencing reflects the interdependence of the instruments concerned, the need to manage scientific and normative considerations in a logical order, and the need to minimize disruption to existing Codex texts.

Phase 1 will revise the General Standard (CXS 1-1985), which provides the foundational principles, definitions, and overarching provisions that govern all subsequent work related to claims and labelling. Updating this Standard first is essential to establish a harmonized conceptual and normative framework and avoid downstream misalignment.

Phase 2 will revise the nutrition and health claims Standards (CXG 23-1997). Addressing these texts after the General Standard enables the incorporation of updated terminology, criteria, and risk-analysis principles, while also supporting alignment with evidence and practice while maintaining coherence across alcoholic beverage categories and claim types.

Phase 3 will revise the nutrition labelling Standard (CXG 2-1985). Positioning this work last allows the labelling provisions to fully integrate the revised general requirements and updated claims framework, ensuring internal consistency and facilitating a comprehensive approach to nutrition information.

This stepwise progression supports a technically sound restructuring of the Codex texts, minimizes interpretive inconsistencies, and enables a coordinated update that reflects current evidence, normative needs, and consumer-information objectives, while promoting fair practices in trade.