

International alcohol labelling standards at the Codex Alimentarius Commission

Making progress at the 48th Codex Committee on Food Labelling in October/November 2024

The European Alcohol Policy Alliance (Eurocare) is an alliance of non-governmental and public health organizations with around 55 member organizations across 24 European countries advocating for the prevention and reduction of alcohol-related harm in Europe. Members are involved in advocacy and research, as well as in the provision of information and training on alcohol issues and services for people whose lives are affected by alcohol problems.

The mission of Eurocare is to promote policies to prevent and reduce alcohol-related harm. The message on alcohol consumption is “less is better”.

Eurocare is the only non-governmental organization focused on reducing alcohol-related harm with official Observer Status at the Codex Alimentarius Commission.

Key points

- **Growing Evidence for Alcohol Labelling:** There is increasing international recognition that improved alcohol labelling helps consumers make informed choices.
- **Challenges to National Regulations:** While many countries are seeking to introduce stronger alcohol labelling laws, they face difficulties in balancing these efforts with their obligations under international trade law.
- **Codex Alimentarius Support for National Laws:** Codex Alimentarius guidelines can assist countries in implementing better alcohol labelling laws, but these guidelines need to be strengthened to provide adequate support for national measures.
- **Call for Action on Codex Alcohol Labelling Work:** Codex Alimentarius is preparing to decide on advancing new work on alcohol labelling. Countries and stakeholders are encouraged to actively support this process to help improve alcohol labelling standards globally.

Introduction

Alcohol is a causal factor in over 200 diseases and injuries, causing serious harm to individuals and societies. However, many consumers remain unaware of these risks. Effective alcohol labelling is crucial for informing consumers, supporting their right to know, and improving their health.

Many States have adopted labelling laws with other States looking to follow suit. There is increasing divergences in legal approaches leading to international regulatory fragmentation. International standards, such as those developed at the Codex Alimentarius Commission, can help or hinder these national efforts, depending on how the standards align with consumer protection and public health goals. Current Codex standards are unclear and inconsistently applied. Updating these standards presents a key opportunity to support States in implementing effective evidence-based labelling laws while maintaining their regulatory autonomy and promoting trade.

The Codex Alimentarius Commission has been considering moving forward with new work on alcohol labelling, which may amend existing standards and introduce new guidance on labelling including nutrition labelling, ingredients labelling, and health information such as warnings.

Alcohol labelling is dealt with by the Codex Committee on Food Labelling (CCFL). Alcohol labelling is on the agenda at its 48th Session of CCFL (CCFL48) to be held in-person in Canada in October/November 2024. We are at a critical juncture. At CCFL48, it will be decided whether the work on alcohol labelling will move forward and, if so, what the scope of that work will be.

To help shape national and international progress on alcohol labelling, Codex Member States are in a position to support evidence-based alcohol labelling at CCFL48. Eurocare is calling on all Member States to attend CCFL48 and agree that improved alcohol labelling should be a priority for CCFL.

This briefing document explores a number of key issues surrounding the topic that will be discussed at CCFL by summarising the evidence base on core questions on the agenda at Codex Alimentarius.

The importance of alcohol labelling

What harms are associated with alcohol consumption?

Alcohol is a psychoactive substance that contributes significantly to the global burden of disease and death. It is a causal factor in over 200 diseases and injuries, accounting for 5.3% (132.6 million) of disability-adjusted life years (DALYs) and 5% (3 million) of all deaths globally (1). Young people are particularly affected, with alcohol causing 14% of deaths among those aged 20-39 and being the leading risk factor for death and disability among those aged 15-49 (1,2). Early initiation of drinking increases the risk of dependence later in life (3,4). Contrary to common belief, no level of alcohol consumption is safe; with evidence increasingly showing any amount of alcohol intake poses a risk to health (5,6).

Alcohol-related harms extend beyond the drinker to include family, friends, and others both inside and outside households, with impacts such as injury, anxiety, assault, and financial strain. Intoxication and heavy drinking patterns worsen these effects, and negative impacts can affect both drinkers and abstainers in public spaces, workplaces, and other social settings (1).

The high burden of diseases and injuries caused by alcohol consumption translates into significant healthcare costs and labour productivity losses. The OECD estimates that diseases and injuries caused by drinking above 1 drink a day for women and 1.5 drink a day for men incur medical costs equal to about 2.4% of total health expenditure each year. In total, USD PPP (Purchasing Power Parity) 138 billion per year will be spent to treat these diseases across all the countries included in the analysis. This is equivalent to, for instance, the current health spending in Australia or more than twice the current health spending in Belgium. Combined with the impact on labour force productivity, it is estimated that GDP will be 1.6% lower on average in OECD countries annually over the next 30 years due to harmful alcohol consumption (7).

How can labelling help improve consumer protection and public health?

Labelling serves as a crucial communication tool between alcohol producers and consumers, shaping perceptions and influencing purchasing decisions to drive sales (8,9). Beyond its marketing role, labelling is also a public health strategy used by governments to provide information about alcohol content and the associated health risks.

Effective alcohol labelling is essential for reducing consumption and related harm by ensuring consumers are aware of the risks and able to make informed choices (10,11). Many consumers remain unaware of the dangers of alcohol and often misjudge their own intake, highlighting a significant knowledge gap (12). Enhanced labelling, especially health warnings, is an effective way to raise public awareness and promote healthier behaviours, such as reducing alcohol consumption and purchase frequency (13–17).

Public support for alcohol labelling is generally high, and increasing awareness of alcohol's risks can also boost support for other health promoting measures, like restrictions on availability, pricing, and marketing. This suggests that labelling not only helps inform consumers about alcohol-related risks but also encourages broader acceptance of policies aimed at reducing alcohol-related harm (15–17).

Challenges to States' regulatory autonomy

How have States responded to the need to inform consumers?

Alcoholic beverages are often exempt from important national labelling requirements. This means that people purchasing and consuming alcoholic products do not benefit from the same level of protection usually given to people purchasing and consuming other products, including food and non-alcoholic beverages. Few countries have established clear labelling standards, and for those that have, regulations are highly diverse.

According to a 2019 WHO survey, 68% of surveyed countries require alcohol content information on labels, with some also mandating details like standard drink units. There is a growing trend toward requiring health warnings on labels, such as those addressing pregnancy (14%), drink-driving (14%), underage drinking (18%), and cancer (5%). For example, France mandated pregnancy warnings in 2007, Australia and New Zealand required pregnancy warnings in 2020, Ireland introduced comprehensive labelling requirements in 2018, and Chile amended its laws in 2021 to require clear warnings on beverages with over 0.5% alcohol by volume (17).

While these developments show progress and political will to protect consumers and tackle alcohol-related harm, efforts have been challenged by powerful industry lobbies and other States. Moreover, the lack of consistent and harmonised alcohol labelling practices highlights the pressing need for evidence-based international guidance and more common use of terminology.

How does international trade law constrain States' regulatory autonomy?

International trade law plays a key role in regulating global trade, overseeing the implementation of trade policies, facilitating negotiations, and settling disputes between Member States.

According to World Trade Organization (WTO) rules, specifically the [Technical Barriers to Trade Agreement \(TBT Agreement\)](#), regulations should not create unnecessary barriers to international trade. Article 2.1 of the WTO Agreement on Technical Barriers to Trade requires that in respect of technical regulations, which would include alcohol labelling, imported products shall not be treated less favourably than like products of national origin or like products originating in any other country.

However, alcohol labelling is more likely to be challenged under Article 2.2, which states that technical regulations shall not be adopted to or with the effect of creating unnecessary obstacles to international trade. For this purpose, technical regulations shall not be more trade-restrictive than necessary to fulfil a legitimate objective (18).

National efforts to introduce mandatory health warning labels on alcoholic beverages risk facing significant legal challenges imposed by the alcohol industry or other States opposing new rules.

For example, in **Ireland**, the alcohol industry and even several EU Member States contested the introduction of mandatory health warnings on alcohol labels, arguing that such measures would disrupt the EU single market. These concerns have been repeated at the WTO Technical Barriers to Trade committee as a specific trade concern (19). Similarly, **Thailand** encountered opposition when its government proposed graphic health warnings, with industry orchestrating a campaign against these, leading to the withdrawal of the proposals following concerns raised at the WTO (20). **South Africa** also faced industry challenges, with claims that health warnings could harm export competitiveness and were more trade-restrictive than necessary, leading to the laws being watered-down (20).

How do current Codex Alimentarius standards and guidelines help or hinder States?

The legitimate objectives identified in the TBT Agreement include the prevention of deceptive practices and protection of human health or safety. Whether a measure is more trade-restrictive than necessary will depend on a number of factors, and international standards can be relevant in the determination.

Article 2.4 of the TBT Agreement states that, where relevant international standards exist or their completion is imminent, states shall use them as a basis for their technical regulations except when this would be an ineffective or inappropriate means for the fulfilment of the legitimate objectives pursued.

Article 2.5 of the TBT Agreement provides that whenever a technical regulation is adopted for one of the legitimate objectives, and it is in accordance with relevant international standards, it shall be rebuttably presumed not to create an unnecessary obstacle to international trade (17).

The effect of these provisions is that relevant international standards can help or hinder States in the adoption of national labelling policies:

- Where relevant international standards do not exist, States have to independently adopt alcohol labelling laws.

- Where relevant international standards exist, but are not supportive of evidence-based labelling, this can make it even more difficult for States to defend their evidence-based policies.
- However, where relevant international standards exist, and are supportive of evidence-based alcohol labelling, this can provide a defence for States to make it much easier to navigate international trade law concerns (18).

This means that when Codex Standards are not clearly aligned with public health interests it becomes more difficult for Member States to implement effective alcohol labelling policies that do prioritise public health interests (21).

Existing progress on alcohol labelling at Codex

What is the Codex Alimentarius Commission?

The Codex Alimentarius Commission (CAC) was established in 1963 by the Food and Agriculture Organization (FAO) and the WHO. The CAC was established to seek international consensus regarding food standards, including guidelines on labelling, to protect the health of consumers, ensure good quality and reduce international trade barriers (8).

- **Codex Members** are countries and regional organizations with voting rights that participate in developing Codex texts and establishing international food standards through a consensus-based process (22).
- **Codex Observers** are countries, intergovernmental organizations, and NGOs participating in discussions and providing input (23). Although Observers do not have voting rights, they can serve a practical role in assisting Member States' development of standards. Eurocare is the only NGO solely focused on preventing alcohol-related harm with observer status (24).

Decisions made at Codex cause a domino effect, influencing regulations at all levels. Positive outcomes that prioritize public health are essential for advancing alcohol labelling and overcoming potential barriers like those posed by the TBT Agreement. To support effective policymaking, international standards like those set at Codex must empower Member States, not restrict them. Eurocare advocates for strong, health-focused developments within Codex to protect public health and preserve Member States' states' liberty to implement effective alcohol policies, such as evidence-based labelling requirements.



What do existing Codex texts say?

The Codex General Standard for the Labelling of Prepackaged Foods CXS 1-1985 (2018 revision) defines food using a broad definition that includes alcohol,¹ as confirmed by the Codex Secretariat on several occasions (25). However, alcoholic beverages are often exempt from legal food labelling requirements at the national level, leading to inconsistent labelling across countries.

When States introduce national laws, the Codex General Standard for the Labelling of Prepackaged Foods states that an ingredients list shall be mandatory. This Standard also states that other information may be displayed providing that this is not in conflict with the mandatory requirements of the Standard and its general principles that labelling is not false, misleading, deceptive or likely to create an erroneous impression regarding its character.

[The Guidelines on Nutrition Labelling CAC/GL 2-1985 \(2021 revision\)](#) state that a nutrient declaration should be mandatory for all prepackaged foods for which nutrition or health claims are made as well as for all other prepackaged foods except where national circumstances would not support such declarations.

[The Guidelines for Use of Nutrition and Health Claims CAC/GL 23-1997](#) cover nutrition claims (such as, “this beverage contains low alcohol” or “this beverage contains iron”) and health claims. It supports restrictions on alcohol nutrition claims as it states: “The only nutrition claims permitted shall be those relating to energy, protein, carbohydrate, and fat and components thereof, fibre, sodium and vitamins and minerals for which Nutrient Reference Values (NRVs) have been laid down in the *Codex Guidelines for Nutrition Labelling*”. The General Guidelines on Claims also support prohibitions on alcohol health claims as it states that a state “should have a clear regulatory framework for qualifying and/or disqualifying conditions for eligibility to use the specific claim, including the ability of competent national authorities to prohibit claims made for foods that contain nutrients or constituents in amounts that increase the risk of disease or an adverse health-related condition. The health claim should not be made if it encourages or condones excessive consumption of any food or disparages good dietary practice.”

International guidelines for labelling of nutrition and ingredient information were first adopted by the CAC in 1985 under [CXS 1-1985](#) to facilitate trade and protect the health of consumers (26). Since then, the CXS 1-1985 have been widely applied in food and drinks packaging and successful in informing consumers across the world. However, despite the equal need for application in alcoholic

¹ Some countries have stated they do not believe the current Codex Alimentarius documents cover alcohol but the Codex Alimentarius Commission has put forward compelling reasons for why they are. See Report of the [CCFL45](#) and [CCFL47](#).

beverages given the lack of knowledge and immense negative health implications of alcohol (1), this is unfortunately not the case for alcoholic beverage packaging.

What has already happened at Codex?

In 2017, WHO brought alcohol labelling to the Codex agenda during the 73rd CAC Executive Committee Session, where Member States expressed interest in developing international guidelines on this issue (17). Since then, the CAC, Codex Committee on Food Labelling (CCFL), and WHO have consistently emphasized the need for clear alcohol labelling to protect the health of consumers and ease trade. Discussions have focused on creating Codex standards for alcohol labelling, including revisions to clarify alcohol content and nutritional information. Multiple Circular Letters have been issued to gather Member input. Recent contextual milestones include:

- **46th Session of the CCFL (CCFL46), 2021:** Common ground was established for advancing alcohol labelling work. The Russian Federation, the European Union, and India, with support from WHO and Eurocare, were tasked with preparing a discussion paper on the issue by CCFL47. The development was delayed by COVID-19.
- **47th Session of the CCFL (CCFL47), 2023:** Decided to keep alcohol labelling on the agenda and tasked WHO with preparing a discussion paper for CCFL48. It was also agreed that the Secretariat would issue a Circular Letter (CL) to gather input on possible future actions by Codex, which would inform the development of the discussion paper.
- **January 2024:** Circular Letter ([CL 2024/13-FL](#)) requested comments from Observers and Member States on future actions, including: A) information to be included in alcohol labelling; B) the extent to which Member States should implement these requirements; and C) whether to revise existing Codex Standards for food labelling or develop new standards specifically for alcoholic beverages. Comments were submitted by April 2024.
- **July 2024:** The CAC and WHO published a new discussion paper on alcohol labelling ([CX/FL 24/48/9](#)), based on the comments submitted by Member States and Observers, including Eurocare. This discussion paper will lay the groundwork for discussions to take place at the upcoming CCFL48.
- **48th Session of the CCFL (CCFL48) Oct 27 - Nov 1, 2024:** The CCFL48 meeting in Quebec, Canada, will review these inputs and discuss the next steps for International Codex standards on alcohol labelling.

Supporting States to preserve their regulatory autonomy

What will happen at CCFL48?

Following attempts by some States to remove alcohol labelling from the Codex agenda at CCFL47, the CCFL48 is a critical moment for Member States to take action on alcohol labelling standards. This meeting will shape the future of global policies, with significant consequences for public health.

While the agenda is not detailed, it is likely that decisions will be made on:

- Whether or not CCFL should move forward with its work on alcohol labelling?

If it is agreed that CCFL should move forward, it is likely CCFL will need to agree on:

- What the scope of this work should be?
- How this work should progress?

What can States do to promote the work on alcohol labelling?

Eurocare is calling on Codex Member States to:

1. Submit comments in advance of the CCFL48 meeting supporting the development of evidence-based standards on alcohol labelling that preserve States' right to introduce effective national labelling.
2. To speak out at the CCFL48 meeting in support of (1).
3. To offer to lead the development of this work.

To drive meaningful change, it is essential that at least one country, with the support of others, volunteers to lead the revision of the alcohol labelling document. Without this leadership, progress may stall, and industry interests could dominate discussions, undermining efforts to reduce alcohol-related harm.

Member States must seize this opportunity to advocate for stronger, clearer, and more consistent labelling standards. By taking the lead and collaborating, they can ensure that decisions at CCFL48 set a positive precedent for protecting consumers and promoting public health worldwide while maintaining national regulatory autonomy to support national alcohol labelling laws should a country decide it wants to.

What does the evidence suggest should happen?

Consumers have the right to be informed in their decision-making process when purchasing and consuming products, and it is public institutions obligation to ensure they are able to do so (27). The

WHO's Alcohol Action Plan highlights labelling of essential information, including caloric content and health implications, as a focal point for Member State action. Considering this, Codex standards on alcohol labelling can help support Member States in meeting their international obligations outlined by the WHO Alcohol Action Plan. Eurocare is therefore calling Member States to actively engage in discussions on alcohol labelling and support public health interests at Codex, and take action on alcohol labelling to prevent alcohol-related harm at a national level.

Eurocare's official committee on alcohol labelling, the Alcohol Labelling Health Warnings International Expert Group (ALHWIEG) have developed following recommendations for action and support at the CCFL:

- 1. Mandatory provision of alcohol by volume (ABV), including on small units (containers).**
- 2. Prohibit all health and nutrition claims.**
- 3. Permit States to voluntarily introduce national mandatory requirements for health warnings if they choose to do so.**
- 4. Develop a standardized set of guidelines on health warnings for alcoholic beverages, similar to the [Guidelines on Nutrition Labelling \(CAC/GL 2-1985\) Annex 2: Guidelines on Front-Of-Pack Nutrition Labelling \(FOPNL\)](#) to facilitate harmonisation.**

At the very least, people must have the same right and access to basic information about alcoholic beverages as they do for food and other beverages. Although this should already be the case, as alcoholic beverages are already equally covered by relevant Codex texts, the inconsistent and unharmonized application highlights the critical need for clarification. This is important to ensure access to basic information, such as a standard list of ingredients and basic nutritional information.

Current Codex guidelines on labelling are widely applied and successful in providing this information on the other beverages and food packaging. Ensuring access to basic information on alcoholic beverage packaging, can thereby easily be achieved through a simple revision of the current guidelines, and applying them to alcoholic beverages. This will prevent misinterpretation and ensure all mandatory information for food and other beverages is equally mandatory for alcoholic beverages.

In addition, Eurocare firmly advocates for providing clear information about the health risks of alcohol at the point of purchase and consumption to support informed decision-making.

Undertaking these actions at Codex will ensure consumers' ability to make informed and health-conscious decisions at the point of purchase and consumption, while ensuring Member States' liberty to effectively take action to prevent alcohol-related harm. It will also provide vital guiding

support for countries choosing to take effective action by introducing health warnings, while ensuring regulatory harmonization across Member States promoting eased trade.

How can civil society help shape the future at CCFL48?

- Actively engage in discussions on alcohol labelling at the CCFL48
- Support public health interests at Codex
- Take action on alcohol labelling at national level to prevent alcohol-related harm

Given the significant impact of alcohol on public health and the existing gap in consumers awareness, it is crucial for civil society organizations (CSOs) to actively engage in the Codex discussions taking place at the CCFL48. This will not only support the WHO's Alcohol Action Plan but also allow countries to implement effective labelling requirements to reduce alcohol-related harm. Eurocare calls on CSOs to take decisive action before and during the upcoming CCFL48 to encourage Member States to prioritise public health and ensuring consumer rights are protected through standardized, clear, and governmental liberty to introduce effective alcohol labelling.

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