POLICY BRIEF

SEPTEMBER 2026

World Cancer Research Fund International

Cancer warning labels on alcohol: Mandating what's missing

Alcohol and cancer

Alcohol is a leading preventable cause of cancer. The International Agency for Research on Cancer (IARC) classifies alcohol as a Group 1 carcinogen,[1] and there is conclusive evidence that alcohol increases the risk of at least seven types of cancer, including breast and colorectal.[2] When it comes to cancer risk and alcohol: drinking less is better, and none is best;[3] this is why "limit alcohol consumption" is one of our 10 Cancer Prevention Recommendations,[4] and the 5th European Code Against Cancer advises avoiding alcoholic drinks.[5]

Concerningly, public awareness of alcohol's cancer risk remains low.[6] And despite alcohol contributing to an estimated 2.6 million deaths globally each year,[7] implementation of alcohol policies remains limited. Only 56% of countries have a written national alcohol policy, and this drops to nearly 25% for low-income countries, who carry the highest burden of alcohol-related death and disease.[8]

Improving awareness of alcohol's health risks, including cancer, should form part of a comprehensive approach to alcohol policy, alongside initiatives like the WHO SAFER programme. Alcohol warning labels are one policy measure that can help achieve this.

Why implement alcohol warning labels?

Alcohol warning labels provide consumers with evidence-based health information at the point of purchase and consumption. They can increase awareness of alcohol-related harms, support a consumer's right to know about a product's health risks and harms, and empower individuals to make informed decisions about the products they consume.

According to the World Health Organization (WHO), mandatory health warning labels (including pregnancy, drink-driving, or underage drinking) are only required in approximately 32% of countries, and only two countries in the world (South Korea and Ireland) have legislated cancer-specific warning labels.[9] Comparatively, health warning labels are required in 85% of countries for tobacco products, including cancer warnings.[10] As both alcohol and tobacco are classified as Group 1 carcinogens, this is a gap that needs to be addressed.

Evidence has shown that cancer warning labels increase individual-level knowledge of the alcohol-cancer link, alongside support for policies that reduce alcohol affordability and availability (such as taxation, minimum unit pricing, or restricting places and times for availability).[3],[11],[12] By increasing public awareness of alcohol-related harms, warning labels can act as a gateway policy to help generate more support for a comprehensive approach to alcohol harm prevention policies.

What should a warning label look like?

Evidence shows that the effectiveness of alcohol warning labels depends not only on what they communicate, but how they are presented. Governments should therefore specify both their content and design to maximise visibility, comprehension, and impact, while allowing for evidence-based adaptations to local contexts where appropriate.

Warning labels should:

- **Be prominent, clearly visible, and easy to understand.**[6] Labels should be sufficiently large, placed on the front of the package, use high colour contrast, and contain simple, direct, and strong language. They should also be visually distinct from any marketing imagery, text and colours used elsewhere on the container.

- **Communicate a range of alcohol-related health risks, including cancer.**[6] Cancer-specific warnings, such as "Alcohol causes cancer", are particularly effective in increasing public awareness of this health risk and should be made mandatory in alcohol warning label legislation.[12]
- **Rotate warning messages to maintain effectiveness over time.** Pictorial elements may further increase attention and engagement.
- **Not allow QR-codes to replace health information,** as this substantially reduces message reach and can provide opportunities for alcohol producers to redirect consumers to marketing content.[6]
- **Prohibit ambiguous, industry-promoted messages like "responsible drinking" and "moderate drinking",** as they can undermine the effectiveness of health warnings.[3]

CASE STUDY

South Korea

In 2016, South Korea became the first country to introduce cancer warning labels on alcoholic beverages, requiring government-approved health warnings to be displayed on alcohol containers. However, manufacturers can choose from several approved warning messages, meaning cancer warnings are not consistently displayed across all products and are often deprioritised by manufacturers.

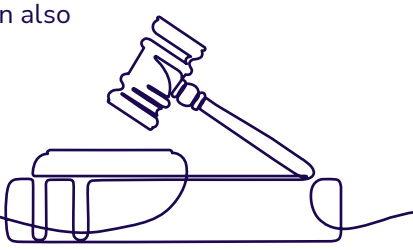
Recent reforms have sought to strengthen labels' impact by introducing pictorial warnings and improving label visibility, demonstrating that alcohol warning label requirements should be reviewed and updated as new evidence emerges.[20]

Legislation checklist

Implementing effective alcohol warning labels depends not only on evidence-based design, but also on a strong legislative and regulatory framework. Legislation should specify:

- **Mandatory (not voluntary) implementation.** This ensures consistent standards for the content, design, and placement of health warnings, ensuring that consumers receive clear and consistent health information regardless of alcohol type (wine, beer, liquor, etc.), product, or manufacturer.[13] Voluntary approaches have been shown to result in inconsistent messaging, limited visibility, and poor adherence to public health recommendations. In the UK, it was found that 1 in 5 alcohol products fail to meet minimum voluntary labelling guidelines set by the alcohol industry self-regulator, the Portman Group.[14]
- **Minimum design requirements for health warning labels,** including the health messages, design specifications, placement on containers, packaging, and arrangements for rotating health warning messages (where appropriate).[15] Include alcohol content, standard drinks or units, nutrition, and supportive (eg cessation or treatment support) information. Considerations should be made for mini containers, alcohol sold in multipacks, and signage at point-of-pour in restaurants and other hospitality venues.
- **A defined implementation timetable.** Statutory frameworks better support timely and consistent implementation. Governments may choose to provide an appropriate transition period to allow manufacturers to update product packaging before new requirements come into force.
- **Compliance monitoring and enforcement.** Harmonised mandatory requirements ensures consistency and impact of health warnings, prevents any potential competitive differences between producers that do or do not comply, and can avoid costs associated with having to produce different labels for different jurisdictions.[16]

Establishing legislation for these components provides a clear set of requirements for manufacturers, reduces ambiguity during implementation, and helps ensure that warning labels remain prominent, legible, and consistent across alcoholic beverages. Embedding these requirements within legislation also helps protect the integrity of warning labels over time and provides a clear basis for monitoring, enforcement, and future review.[6]



CASE STUDY

Ireland

In 2023, Ireland adopted comprehensive alcohol health labelling legislation, requiring warnings on alcohol and cancer, liver disease, pregnancy, calorie content, and grams of alcohol. The regulations prescribe the wording, size, placement, and design of labels, and were initially accompanied by a three-year transition period to allow industry time to prepare for implementation by May 2026.

However, these arrangements have been postponed until September 2028 due to sustained lobbying by the alcohol industry, hindering progress on government priorities.[21] But despite the delay, warning labels have started appearing on some product containers already. A study found that nearly 90% of participants exposed to health warnings reported an impact from seeing the label, including 66% who noted being informed about the health risks associated with alcohol.[22]

Anticipating industry interference

Experience from countries introducing alcohol warning labels suggests that governments should anticipate opposition during policy development and implementation. Similar to other evidence-based alcohol control measures, concerns are commonly raised by industry about the effectiveness, cost and feasibility of warning labels.[16] Preparing evidence-informed responses to these arguments can help support timely implementation and maintain the focus on public health objectives over industry interests. Support for this is available from best-practice guidance from WHO (including from its SAFER Initiative),[17] and from civil society organisations and academia.

Policymakers should also be prepared for industry lobbying to continue after legislation has been adopted. Legislating clear timelines and maintaining sustained political commitment can support effective alcohol warning label implementation.

Common argument	Evidence-informed response
Warning labels are ineffective.	Evidence shows that warning labels increase awareness of alcohol-related harms and improve knowledge of alcohol's link with cancer when designed and implemented effectively.[6,22] Exposure to cancer warning labels has been shown to substantially increase knowledge that alcohol causes cancer, with cancer messages outperforming general health and responsibility messages in perceived relevance and impact.[18]
Implementation is too costly.	Packaging is routinely updated for commercial or regulatory purposes. Transition periods can minimise implementation costs while achieving public health objectives.
Implementation should be delayed.	This is a common tactic across health-harming industries (alcohol, highly processed foods, and tobacco) and is typically used to stall any impending impacts on profits or public perceptions for their products. Delaying implementation also postpones seeing any impact from the measure.
Voluntary labelling is sufficient.	Mandatory requirements provide consistent coverage, clear standards, and greater assurance that consumers receive accurate health information. It also helps protect the integrity of warning labels over time. Evidence has shown that voluntary regulation does not lead to consistent implementation.[14]

Recommendations

Alcohol warning labels that clearly state cancer risk can increase public awareness, reduce alcohol consumption, and support implementation of comprehensive alcohol harm reduction policies. Governments have an obligation to ensure that consumers are accurately informed about the health risks associated with alcohol,[19] and should:

- **Mandate health warning labels on all alcohol products and packaging that include clear cancer warnings.**
- **Make warnings clear, prominent and informative.** Require direct language about cancer and other priority health risks, with statutory standards for design and placement.
- **Ensure effective implementation and enforcement, that is free from industry interference.**
- **Evaluate and update labels based on collected evidence,** and support implementation with public information campaigns.
- **Combine warning labels with wider alcohol policies,** including taxation, pricing, marketing, and availability.

About us

World Cancer Research Fund International is a leading authority on the links between diet, nutrition, physical activity and cancer, and we work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases. World Cancer Research Fund International has been in official relations with the WHO since 2016.

References:

1. IARC (2026).
2. World Cancer Research Fund International (2018).
3. World Cancer Research Fund International (2024).
4. World Cancer Research Fund (2026).
5. Espina C, et al. (2026).
6. WHO Regional Office for Europe (2025).
7. WHO (2026).
8. WHO (2024).
9. Ferreira-Borges C, et al. (2025).
10. Goulet-Stock S, et al. (2026).
11. Zuckermann AME, et al. (2024).
12. Weerasinghe A, et al. (2020).
13. Jané-Llopis E, et al. (2020).
14. Alcohol Focus Scotland, Alcohol Health Alliance (2026).
15. WHO (2025).
16. Cott É, et al. (2025).
17. WHO (2026).
18. Correia D, et al. (2024).
19. Slattery C. (2020).
20. Dong-woo C (2025).
21. Dáil Éireann debate (2025).
22. Kokole D, et al. (2026).

For a full list of references, please visit **wcrf.org/alcohol-labels**

World Cancer Research Fund International
Upper Ground Floor, 140 Pentonville Road,
London N1 9FW

Email: policy@wcrf.org

bsky.app/profile/wcrf.org
facebook.com/WoCRF
linkedin.com/company/wcrf

wcrf.org

Acknowledgements

This brief was written by Kendra Chow, RD, with support from Elaine Green and Dr. Giota Mitrou. We kindly thank Maisha Hutton (Healthy Caribbean Coalition), Dr Daša Kokole (WHO Regional Office for Europe), Pubudu Sumanasekara (Movendi International), Dr. Juan Tello (WHO), and Suzanne Zhou (McCabe Centre for Law and Cancer) for their review.

World Cancer Research Fund International