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Saudi Arabia

Alcohol is prohibited in Saudi Arabia and there will be no exception to that rule during the 2034 World Cup. FIFA is said to have learned from the 2022 World Cup in Qatar, when it remained unclear for a long time whether and where alcohol would be allowed.

El Salvador

In December, the El Salvador Assembly approved a law change that makes driving with any detectable level of alcohol a criminal offence. The reform, which must be sanctioned by the President of the Republic, Nayib Bukele, and published in the Official Gazette to come into force also increases the penalties for dangerous driving. Before the reform reckless driving was considered to be driving "in a state of intoxication or under the influence of drugs that limit the ability to drive."

Balearics

Further restrictions are being introduced on alcohol purchases and consumption for tourists in Ibiza in 2025. Restrictions to curb "anti-social behaviour" were first introduced in 2020 and were tightened in May 2024, clamping down on the sale of alcohol in shops across San Antonio between 9:30pm and 8:00am, and banning tourists from drinking in the street. Initial penalties of €750 and €1,500 were placed for those breaking the rules in Ibiza's San Antonio and neighbouring island Majorca. The Balearic government spent €16m on enforcing new rules and restrictions, after additional security and inspections were placed in "hotspot" areas. For 2025, tourists breaking rules will now face fines of £2,580 (€3,100).

Finland

Finland's state-owned alcohol retailer Alko saw a significant dip in sales last year. A law change in June 2024 that allowed supermarkets to sell fermented alcoholic beverages containing up to 8% abv alcohol led to a decrease in sales across all product categories. Previously, they were not allowed to sell drinks stronger than 5% abv. In 2024, Alko sold about 7% less than in 2023.

Belgium

The shared mobility platform 'Bolt' enhanced its alcohol test functionality to ensure safer urban mobility during during the festive/New Year period across Belgium. The company extended the alcohol lock on its vehicles that usually operated between 7pm and 5am, to be active between 5pm and 7am.

The cognitive test is integrated into the Bolt app, which measures users' reaction times before allowing them to unlock a scooter or bike. If the test is failed, the app suggests safe alternatives, such as booking a taxi via Bolt. Since its launch two years ago, the failure rate of this function dropped from 29% to 13%, possibly reflecting a growing awareness among users of the dangers of riding under the influence of alcohol.

Ireland

On January 10, 2025, Ireland began restricting alcohol advertising on television and radio to reduce children's exposure to alcohol. The restrictions are part of Section 19 of the Public Health (Alcohol) Act 2018. In consultation with the Broadcasting Authority of Ireland, it as been agreed that there will be no alcohol advertisements on television from 3am until 9pm and on radio from 3pm until 10am the following morning.

Urinary tartaric acid as a biomarker of wine consumption and cardiovascular risk: the PREDIMED trial

Domínguez-López, I., Lamuela-Raventós, R.M., Razquin, C., Arancibia-Riveros, C., Galkina, P., Salas-Salvadó, J., Alonso-Gómez, A.M., Fitó, M., Fiol, M., Lapetra, J., Gómez-Gracia, E., Sorlí, J.V., Ruiz-Canela, V., Castañer, O., Liang, L., Serra-Majem, L., Hu, F.B., Ros, E., Martínez-González, M.A., Estruch, R.
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Author's Abstract

Background Moderate wine consumption has been associated with lower cardiovascular disease (CVD) risk in older populations. However, wine consumption information through self-reports is prone to measurement errors inherent to subjective assessments. The aim of this study was to evaluate the association between urinary tartaric acid, an objective biomarker of wine consumption, and the rate of a composite clinical CVD event.

Methods A case-cohort nested study was designed within the PREDIMED trial with 1232 participants: 685 incident cases of CVD and a random sub-cohort of 625 participants (including 78 overlapping cases). Wine consumption was registered using validated food frequency questionnaires. Liquid chromatography-tandem mass spectrometry was used to measure urinary tartaric acid at baseline and after one year of intervention. Weighted Cox regression models were used to estimate hazard ratios (HRs) of CVD.

Results Tartaric acid was correlated with self-reported wine consumption at baseline [$r = 0.46$ (95% CI 0.41; 0.50)]. Five categories of post hoc urinary tartaric acid excretion were used for better representation of risk patterns. Concentrations of 3–12 and 12–35 $\mu\text{g/mL}$, which reflect ~3–12 and 12–35 glasses/month of wine, were associated with lower CVD risk [HR 0.62 (95% CI 0.38; 1.00), $P = .050$ and HR 0.50 (95% CI 0.27; 0.95), $P = .035$, respectively]. Less significant associations between self-reported wine consumption and CVD risk were observed.

Conclusions Light-to-moderate wine consumption, measured through an objective biomarker (tartaric acid), was prospectively associated with lower CVD rate in a Mediterranean population at high cardiovascular risk.

Forum Summary

This new research is part of a larger Spanish study investigating the effect of a Mediterranean-style diet on people with a higher risk of developing cardiovascular disease (CVD). Previous studies on the effects of wine on cardiovascular health have been hampered by people self-reporting how much wine they drink. Instead, Domínguez-López et al. (2025) measured the amount of a substance, called tartaric acid, in participants' urine.

Urinary tartaric acid is almost exclusively present in wine and is evaluated by Domínguez-López et al. (2025) as a biomarker for wine consumption. Urinary tartaric acid seems to be an objective and reliable indicator for wine consumption because the association with lower CVD rates was significantly better than with self-reported wine consumption.

Although the use of urinary tartaric acid is considered a major advancement in the epidemiology of wine consumption and health, more information is needed to assess overall alcohol consumption on health. More pharmacokinetic data on tartaric acid are needed, ideally integrated with wine consumption patterns. There is also a need for biomarkers for beer and spirits consumption, biomarkers or indicators for alcohol abuse, and an accurate evaluation of other lifestyle factors.

Forum comments

Background

The relationship between alcohol and specifically wine consumption and health has been actively being discussed for a long time. Alcohol abuse either as long-term excessive alcohol consumption or binge drinking may lead to serious adverse health consequences. On the other hand, light to moderate alcohol consumption may be associated with reduced overall mortality and specifically reduced incidence of cardiovascular disease (CVD) (Di Castelnuovo et al., 2022, Di Castelnuovo et al., 2002). In other words, scientific literature suggests that an optimum exists between alcohol consumption and health. An optimum has been shown for various other lifestyle factors except for smoking. A J-shaped association has been observed between total mortality and physical activity (Momma et al., 2022), body weight (Sasazuki et al., 2011), body mass index and body roundness index (Zhang et al., 2024).

Wine consumption has been specifically associated with a lower risk of CVD and total mortality since wine does not only contain alcohol but is enriched in polyphenolic compounds, the bioactive substances with considerable anti-oxidative capacities (Rodrigo et al., 2011), which may confer beneficial effects on oxidative stress, inflammatory processes and viral/bacterial infections (Rudrapal et al., 2022).

As indicated by de Gaetano (2025) in an editorial accompanying the publication of Domínguez-López et al. (2024), epidemiology is hampered by some of its methodology: commonly lifestyle factors like alcohol consumption and food intake are assessed by questionnaires. It appears hard for people to remember what they have been consuming. An underreporting of energy intake of 25% is very common (Molag et al., 2007, Macdiarmid & Blundell, 1998). Alcohol consumption underreporting may be larger, not only because people forget how much they drink as they do for food intake, but also because people may want to disguise their excessive alcohol consumption, which may affect the alcohol/wine to disease association (Klatsky et al., 2014).

ISFAR has discussed several papers that tried to identify metabolites that may be used as a biomarker specific for alcohol and wine consumption. In ISFAR critique #273, two papers were discussed concerning two metabolomics studies characterizing metabolites specific for alcohol and wine consumption. In their conclusions, the authors point out that cholesteryl esters and phosphatidylcholine may be good markers for alcohol consumption (Li et al., 2023) whereas tartaric acid and other wine acids may be a good marker for wine consumption (Lekka et al., 2023).

The paper by Domínguez-López et al. (2025) focuses on wine consumption specifically. The paper is interesting since it uses a biomarker for wine consumption instead of wine consumption assessed by food frequency questionnaires (Domínguez-López et al., 2024). Identifying biomarkers for wine/alcohol consumption has been an extensive research area leading into various biomarkers, each having its specific drawbacks (Trius-Soler et al., 2023).

This case-cohort nested study studied the association between urinary tartaric acid concentration as a proxy for wine consumption. Tartaric acid is not a polyphenol, but an acid primarily produced in grapes and rarely in other plants. Urinary tartaric acid and the incidence of cardiovascular disease were studied in a relatively

small group of people. Those having urinary tartaric acid concentrations corresponding to drinking 12-35 glasses of wine per month had a 50% less chance of CVD as compared to those that drank only 1 glass of wine per month. Less significant associations were observed based on self-reported wine consumption.

Critique

Urinary tartaric acid concentrations varied between $<1 \mu\text{g/mL}$ and $>35 \mu\text{g/mL}$ and were divided into five categories. The authors state that "Division was performed post hoc based on previous knowledge on meaningful thresholds to provide clearer insights into wine consumption" referring to a book chapter; a short comment on what the basis for this subdivision was, would have been helpful, possibly such basis may relate to group size; each group of five consists of 165-363 persons.

Wine consumption corresponding to the observed tartaric acid concentrations was in the range of 1 glass per month (control), 1-3 glasses of wine per month, 3-12 glasses of wine per month, 12-35 glasses of wine per month, and the highest consumption group of 1.25 glasses of wine per day. The lowest risk for cardiovascular protection has been observed in the group with urinary tartaric acid concentrations of $12-35 \mu\text{g/mL}$ corresponding to 12-35 glasses per month, corresponding to a maximum of 1.25 glasses per day. Overall, these consumptions are quite low as compared to those observed in other epidemiologic studies (Fernández-Solà, 2015), such as studies performed in the USA (Mukamal et al., 2006). The latter studies usually report alcohol consumption levels associated with a reduced risk for cardiovascular disease of 1-2 American standard glasses corresponding to 12- 24 g of alcohol per day or even more. However, other risk reductions reported from the PREDIMED study, such as the risk of depression (Gea et al., 2013) and metabolic syndrome (Tresserra-Rimbau et al., 2015) were observed at the same low wine consumption levels of about one glass (10 g of alcohol) per day.

Domínguez-López et al. (2025) also discuss this issue and point to the possibility that naturally derived tartaric acid is found mainly in wine but not in other alcoholic beverages. Furthermore, naturally derived tartaric acid is usually absent in other components of a Mediterranean-style diet (Stafford 1959). Since consumption of these other components was very low and differences between groups were nutritionally negligible, the influence of these foods on the final results was considered irrelevant by the authors. Although this may be true, not considering

the contribution of these and other foods containing tartaric acid (like a wide variety of fruits including bananas, apples, preservatives and certain drugs) may have overestimated the contribution of wine consumption to urinary tartaric acid production and consequently underestimate the wine consumption corresponding to the observed urinary tartaric acid concentrations.

Tartaric acid concentrations were correlated with self-reported wine consumption at baseline with a β of 0.47 when analysed as continuous variables and a β of 0.95 for participants with the highest wine consumption. Receiver-operating characteristic curves (ROC) analysis showed a sensitivity of 0.70 to 0.79. In a clinical trial by the same group of researchers, urinary tartaric acid was evaluated as a biomarker for the dietary assessment of moderate wine consumption (Regueiro et al., 2014). In the clinical trial, however, ROC obtained a sensitivity and specificity for wine versus non-wine consumers of 100% as well as for 100 versus 300 mL wine intake. This suggests that the sensitivity of the tartaric acid biomarker was less strong in the epidemiological study as compared to the clinical trial. Tartaric acid concentrations varied between 1-35 $\mu\text{g/mL}$ or higher in Domínguez-López et al.'s epidemiological study which is similar to the tartaric acid concentrations observed in Regueiro et al. (2024) clinical trial varying between 27-81 $\mu\text{g/mg}$ creatinine, which may correspond to 27-81 $\mu\text{g/mL}$ urine. Also, a strong direct association between wine dose and urinary tartaric acid of 0.92 was observed. So, although tartaric acid may be used as a valid biomarker for wine consumption, the performance of the biomarker in epidemiological studies appears to be less strong than in clinical trials.

Tartaric acid is suggested as a biomarker for wine consumption in this study and as the authors point out, this biomarker is not an indicator for other alcoholic beverages consumed by the participants of the PREDIMED study. In that context, a comparison between urinary tartaric acid and HDL cholesterol levels in blood would have been interesting. Moderate alcohol consumption has consistently been shown to increase HDL-cholesterol being considered one of the most important physiological changes contributing to lowering the risk for CVD. Also, tartaric acid has some antioxidant and anti-inflammatory activity. It is, therefore, unclear whether the cardiovascular effects observed may be derived from alcohol in wine, from antioxidants such as tartaric acid and polyphenols, or from a combination of both. Yet other studies by Domínguez-López, et al., (2021)

indicated inverse correlations between urinary tartaric acid concentration and total and low-density lipoprotein (LDL) cholesterol and inflammatory mediators related to atherosclerosis (Domínguez-López, et al., 2025).

In conclusion, urinary tartaric acid seems a candidate biomarker for wine consumption, because tartaric acid is relatively stable and present in primarily wines although not exclusively. Also, urinary tartaric acid may be a better indicator of wine consumption compared to consumption levels reported by food frequency questionnaires. The disadvantage of tartaric acid is that it can only be used as a biomarker for wine consumption and not for other alcoholic beverages.

Specific Comments from Forum Members

Forum member de Gaetano states that "the relationship between alcohol consumption, particularly wine, and cardiovascular disease (CVD) risk remains a topic of ongoing debate despite decades of related research. Numerous studies have suggested that moderate wine consumption, often defined as one glass per day, preferably during meals, is associated with a reduced risk of total mortality and CVD. However, this apparent protective effect is clouded by persistent uncertainties. The study by Domínguez-López et al. (2025), sheds new light on this complex relationship by introducing an objective biomarker – urinary tartaric acid – as a measure of wine consumption and provides compelling evidence for its association with lower CVD risk.

However, Domínguez-López et al. (2025) also highlight the complexity of studying the effects of alcohol on health. While biomarkers such as urinary tartaric acid provide a more objective measure of exposure to wine, they do not capture the broader context of alcohol consumption, such as drinking patterns, lifestyle factors, and possible interactions with other dietary components. This limitation underscores the need for more refined research that captures the complexity of dietary patterns and their impact on health.

The study by Domínguez-López et al. (2025) represents an important step forward in our understanding of the complex relationship between wine consumption and cardiovascular health. By leveraging urinary tartaric acid as an objective biomarker, the authors provide robust evidence that moderate wine consumption is associated with lower CVD risk in a Mediterranean population at high cardiovascular risk. This work not

only highlights the value of objective biomarkers in nutritional epidemiology but also supports the notion that light-to-moderate wine consumption may be part of a heart-healthy diet. However, the findings also remind us of the risks associated with higher levels of consumption, underscoring the importance of moderation. Future research should continue to explore the potential of biomarkers in unravelling the intricate links between dietary habits, lifestyle, and health outcomes."

With permission, adapted from G. de Gaetano (2025) Wine consumption and cardiovascular health: the unresolved French paradox and the promise of objective biomarkers, *European Heart Journal*, <https://doi.org/10.1093/eurheartj/ehae726>.

Forum member Skovenborg suggests that this is "an excellent study where the authors suggest a solution to the information bias related to self-reported wine consumption. Tartaric acid is a unique molecule associated with wine and has been used for many years to locate minor wine sediments in antique wine amphorae. Interestingly, the association with the urine content of tartaric acid is better associated with the outcome than self-reported wine intake."

Forum member Waterhouse considers "this is a major advancement in the epidemiology of wine, due to the issues of dietary recall, particularly with alcoholic beverages. Data analysis would be improved if there was a discussion of the pharmacokinetics (ADME) of tartaric acid, as it is difficult to interpret the data if the clearance time for tartaric acid is not accounted for. Tartaric metabolism was studied by Chadwick et al. (1978). An oral dose of 2.5-10 g (5 μ Ci) of DL-[1,4-¹⁴C]tartrate was administered, somewhat larger doses than one would encounter in a glass or two of wine (2-3 g). The half-life as such was not calculated, but the amount cleared into the urine dropped by half at 2-hour intervals, so after 8 hours, very little remained. While their measurements ended at 8 hours, it appears that the amount remaining after 12 hours would be very low. Thus, this technique seems to reflect consumption the day before and may not properly categorize subjects who consume wine a few times per week, with the result depending on whether the subjects had consumed the day before samples were taken.

Future studies should look at urinary tartaric acid in closely controlled feeding studies to clarify the relationship between wine consumption and urinary concentrations. As the clearance is relatively rapid, such studies should be relatively easy to undertake. Other dietary sources of tartaric acid could interfere with the outcome, but it should be possible to exclude subjects who report regular consumption

of grapes, grape juice or raisins. Additional dietary sources, such as the chicory family, have relatively low concentrations and less frequent consumption in the general population.

Forum member Goldfinger states that "tartaric acid assays may be a useful research tool to ensure compliance if ever a randomized trial of wine consumption versus non-wine consumption, is launched. Understanding the pharmacokinetics and its variability is paramount to understanding the usefulness of urinary assays. Also, it is my understanding that tartaric acid is often added to wine during production to strengthen the structure of the wine and enhance flavour profile and colour integrity. Might this, as an additive, as opposed to the naturally occurring compound, affect the interpretation of a human essay."

Forum member Ellison comments that he "considers this paper, as well as the accompanying editorial by de Gaetano et al. (2025), to provide an important additional approach for evaluating the association between wine and health. It reminds me of the valuable approach discovered by the late Arthur Klatsky and his associates in which biologic and physiologic information collected from subjects that indicated alcohol abuse identified those more likely to be underestimating their intake. In their studies of the relation of alcohol consumption to the risk of hypertension (Klatsky et al., 2006) and cancer (Klatsky et al. 2014), they found that among subjects reporting '1 - 2 drinks/day those who also had evidence of alcohol abuse from other measurements had an increased risk of both conditions; subjects reporting this amount of alcohol consumption but without any evidence of abuse had essentially no increase in risk of either disease entity.'

It is recognized that the new approach of using urinary tartaric acid as an indicator of wine consumption provides no information on the intake of beer or spirits, the other two commonly consumed beverages that contain alcohol. It will be important to find additional objective measurements that may help judge total alcohol intake as well as just wine consumption.

In the meantime, combining self-reports of alcohol intake, evidence of alcohol abuse from other markers, and urinary tartaric acid assessment should markedly improve our studies, especially in many populations where wine is the preferred beverage of the large majority of subjects. I believe that this paper and the accompanying editorial will be valuable to investigators who are attempting to judge the net health effects of moderate drinking."

Forum member Mattivi states that in his opinion “this study contains a major methodological positive element, given by the estimate of wine intake obtained by tartaric acid analysis. This is an important step forward, and the choice of tartaric acid in urine is appropriate, having been suggested as the best biomarker of wine consumption in a recent work produced in the project through the Food Biomarker Alliance Project, surprisingly not cited by the authors (Trius Soler et al., 2023). This recent work also contains an in-depth discussion of the pros and cons in choosing wine consumption biomarkers.

Forum member Harding remarks “for the same reasons as everyone else, I found the use of tartaric acid as a biomarker for wine consumption both refreshing and illuminating. This is very definitely an important step in the right direction in terms of study design. The findings also supported the concept of the J-shaped curve, which is significant. I do have two reservations about the conclusions drawn. First, there is no mention of the variation of tartaric acid levels found in wine. In the previous work of this group which established tartaric acid as a biomarker (Reference #9), subjects were given the same wine, but in this study, wine consumption was based on self-reporting. The variation of tartaric acid concentration in wine is reported in Reference #9 as 1.5 - 4.0g/l, which is quite a large range. There is also variation in the proportion of ingested tartrate that is excreted unchanged. Thus, although I agree with the statement in the discussion that, ‘tartaric acid can be considered as a reliable and objective biomarker of wine consumption’, I don’t think it can be regarded as an objective biomarker of how much wine was consumed by individuals. I also noticed that the paper cited to support this statement (Reference #15) concerns polyphenols and does not mention tartaric acid at all.

Second, the consumption of wine was not the only source of alcohol among the participants (Discussion, second paragraph), for which, as far as I can see, there was no assessment in the experiment design. Accordingly, in the absence of this, I don’t think the last sentence of the previous paragraph, ‘These findings suggest that the bioactive compounds present in wine may play a role in lowering the risk of CVD’ can be justified by these findings. The lowering of risk could have been due to the consumption of alcohol overall.

Concluding comments

The study by Domínguez-López et al. (2025) introduces a new objective biomarker – urinary tartaric acid – as a measure of wine consumption. The authors show that these urinary tartaric acid concentrations are associated with a lower CVD risk. Although the use of urinary tartaric acid is considered a major advancement in the epidemiology of wine consumption and health, more information is needed for an overall assessment of alcohol consumption on health. For example, pharmacokinetic data on tartaric acid are needed, which are ideally integrated with wine consumption patterns. There is also a need for biomarkers for beer and spirits, biomarkers or indicators for alcohol abuse, and an accurate evaluation of other lifestyle factors.

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Diet-wide analyses for risk of colorectal cancer

Uncertainty remains regarding the role of diet in colorectal cancer development. A research team examined associations of 97 dietary factors with colorectal cancer risk in 542,778 Million Women Study participants (12,251 incident cases over 16.6 years), and conducted a targeted genetic analysis in the ColoRectal Transdisciplinary Study, Colon Cancer Family Registry, and Genetics and Epidemiology of Colorectal Cancer Consortium (GECCO).

Alcohol (relative risk per 20 g/day=1.15, 95% confidence interval 1.09-1.20) and calcium (per 300 mg/day=0.83, 0.77-0.89) intakes had the strongest associations, followed by six dairy-related factors associated with calcium. The study results showed a positive association with red

and processed meat intake and weaker inverse associations with breakfast cereal, fruit, wholegrains, carbohydrates, fibre, total sugars, folate, and vitamin C. Genetically predicted milk consumption was inversely associated with risk of colorectal, colon, and rectal cancers.

The study concludes that dairy products help protect against colorectal cancer, and that this is driven largely or wholly by calcium.

Source: Papier, K., Bradbury, K.E., Balkwill, A. et al. Diet-wide analyses for risk of colorectal cancer: prospective study of 12,251 incident cases among 542,778 women in the UK. *Nature Communications*, 16: 375, 2025; doi.org/10.1038/s41467-024-55219-5

Preclinical study finds surges in oestrogen promote binge drinking in females

The hormone oestrogen regulates binge drinking in females, causing them to "consume large quantities of alcohol in the first 30 minutes after it's offered, according to a preclinical study led by scientists at Weill Cornell Medicine. The study establishes—for what is thought to be the first time—that circulating oestrogen increases binge alcohol consumption in females and contributes to known sex differences in this behaviour. The findings, published Dec. 30 in the journal *Nature Communications*, could lead to novel approaches for treating alcohol use disorder.

Binge alcohol drinking is correlated with high oestrogen levels, but a causal role for oestrogen in driving alcohol drinking has not been established. Researchers found that female mice displayed greater binge alcohol drinking and reduced

avoidance when oestrogen was high during the oestrous cycle than when it was low. The pro-drinking effect of high endogenous oestrogen occurred via rapid signalling at membrane-associated oestrogen receptor alpha in the bed nucleus of the stria terminalis, which promoted synaptic excitation of corticotropin-releasing factor neurons and facilitated their activity during alcohol drinking. Thus, this study demonstrates a rapid, nongenomic signalling mechanism for ovarian-derived oestrogen in the brain controlling behaviour in gonadally intact females.

Source: Zallar, L.J., Rivera-Irizarry, J.K., Hamor, P.U. et al. Rapid nongenomic estrogen signaling controls alcohol drinking behavior in mice. *Nature Communications* 15: 10725, 2024; doi.org/10.1038/s41467-024-54737-6

Bidirectional associations between alcohol drinking and depressive symptoms among retired US adults

Low or moderate alcohol drinking may reduce the risk of depression, but depression may induce alcohol drinking. However, the bidirectional associations between alcohol drinking and depression have been inconsistent, and many prior analyses were not properly conducted. A study explored the within-individual bidirectional associations between alcohol drinking and depressive symptoms under a causal analytic framework.

Using data for the baby boomer cohorts (born between 1948 and 1965) from the Health and Retirement Study (HRS), researchers examined the within-individual bidirectional associations between the number of alcohol drinks per week and the changes in the eight-item Center for Epidemiological Studies-Depression (CES-D) scores. Among 11,057 participants at baseline, about 48% were drinkers and 19% had a CES-D ≥ 4 , i.e., at a high risk of depression. Among male low/moderate drinkers, increasing alcohol drinking between consecutive visits was significantly associated with

a decrease in depression scores after adjusting for prior alcohol drinking (-0.15 points per 7 drinks/week increase). Conversely, among male drinkers and female heavy drinkers, increasing depression scores between visits increased alcohol drinking after adjusting for prior depression scores (ranging from 0.22 to 0.79 drinks/week per 1 point increase of depression score).

The bidirectional associations between alcohol drinking and depressive symptoms were evident only among male drinkers, and alcohol drinking should not be recommended as a solution for preventing or relieving depressive symptoms, the authors state. They also warn that the measures of alcohol drinking and depression in the study were coarse, and the study cohorts were limited to the US baby boomer generation.

Source: Yu, X., Gain, E.P., Ajoku, M.J., Kedia, S.K. Bidirectional associations between alcohol drinking and depressive symptoms among US adults aged 50 to 75: The US Health and Retirement Study. *Healthcare*, 13(1):53, 2025; doi.org/10.3390/healthcare13010053

Genetic polymorphism in alcohol metabolism and drinking behaviour are associated with gastric cancer risk in men

In recent years, there has been a growing focus on health risks associated with alcohol consumption. A study by researchers in Japan investigated whether or not the genetic variant of aldehyde dehydrogenase 2 (ALDH2) influences the risk of gastric cancer among individuals identified as hazardous drinkers using the Alcohol Use Disorders Identification Test (AUDIT), which provides a comprehensive assessment of hazardous drinking behaviour.

The study included men with hazardous drinking behaviour (AUDIT score ≥ 8) who had undergone gastric cancer screening (either endoscopy or a barium X-ray examination of the upper gastrointestinal tract) between April 2013 and March 2020 within 1 year from entry and who had subsequently undergone at least one more gastric cancer screening up to March 2021. Functional single-nucleotide polymorphisms of ALDH2 (rs671) were measured using a direct TaqMan polymerase chain reaction method with unprocessed saliva.

A total of 246 men were enrolled, comprising 193 individuals with active ALDH2 (ALDH2*1/*1) and 53 with less-active ALDH2 (ALDH2*1/*2). The cumulative incidence of gastric cancer in the less-active group was higher than in the active ALDH2 group (hazard ratio: 4.6, 95% confidence interval: 1.2-16.7). Alcohol consumption was lower in the less-active ALDH2 group than in the active ALDH2 group, although no marked difference was observed in the AUDIT score.

In individuals with hazardous drinking behaviour, a heightened risk of gastric cancer was observed among those with less-active ALDH2 variants, even when their alcohol consumption was comparatively lower than in those with active ALDH2 variants.

Source: Asanuma, K., Chiba, T., Tadano, T. & Kato, K. Genetic polymorphism in alcohol metabolism and drinking behavior are associated with gastric cancer risk in men. *Internal Medicine*, 64 (1):41-46, 2025; doi.org/10.2169/internalmedicine.3159-23

The potential cardioprotective bioactive compounds in fermented alcoholic beverages

Excessive alcohol consumption is detrimental to human health, and it is implicated in the development of heart disease, stroke, and cancer. However, the last few decades have given rise to epidemiological evidence suggesting that low-to-moderate consumption of red wine and beer may reduce the risk of cardiovascular diseases. Studies have shown that moderate consumption of wine and beer protects against ischemic stroke, increases HDL plasma concentrations, and reduces platelet aggregation and insulin resistance. This cardioprotective effect has previously been attributed to phytochemicals in these beverages.

A narrative review explores these potential cardioprotective phytochemicals and the underlying mechanisms responsible. Data from trials investigating the effect of alcoholic beverage consumption and in vitro analyses of the bioactive phytochemical compounds are examined and the potential of dealcoholized beverages is also explored. The literature shows that the cardioprotective effects observed with moderate alcohol consumption are

mainly owing to the presence of anti-inflammatory polyphenolic and bioactive substances including lipophilic molecules present in low but biologically significant quantities. These phytochemicals are obtained from the raw materials and generated during the brewing processes. Studies indicate that dealcoholized variants of beer and wine also possess beneficial health effects, indicating that these effects are not alcohol dependent. There is also growing interest in dealcoholized beverages that are fortified or enhanced with cardioprotective properties. The development of such beverages is an important avenue of future research so that there are options for consumers who wish to enjoy wine and beer safely.

Source: Hans, S., Zabetakis, I., & Lordan, R. *The potential cardioprotective bioactive compounds in fermented alcoholic beverages: Mechanisms, challenges, and opportunities in beer and wine*, *Nutrition Research*, 133: 108-126, 2025; doi.org/10.1016/j.nutres.2024.10.002

Alcohol consumption trajectories and risk of breast cancer among postmenopausal women: a Danish cohort study

Alcohol consumption is a risk factor for breast cancer, yet little is known about longitudinal alcohol consumption patterns and risk of breast cancer. A study investigated whether trajectory profiles of alcohol consumption across adulthood were associated with risk of first primary malignant breast cancer in postmenopausal women.

At baseline, 28,720 pre- and postmenopausal women aged 50-65 years from the Danish Diet, Cancer and Health Cohort reported their average alcohol intake over the past 12 months and their average alcohol intake at the ages of 20, 30, 40, and 50 years. Alcohol consumption trajectories were estimated. Breast cancer cases were identified through record linkage to the Danish Cancer Registry. The associations between alcohol consumption trajectories and breast cancer were examined, and 4 alcohol consumption trajectory profiles were identified.

During a median follow-up of 16.5 years, 1,591 cases of breast cancer occurred. A mean alcohol consumption trajectory of > 10 g/day was associated with higher risk of breast cancer (HR: 1.65, 95%CI: 1.35-2.03) compared to a mean alcohol consumption trajectory of < 6 g/day. Researchers found no association between trajectory profiles characterised by lower alcohol intakes in early adulthood followed by increasing consumption of alcohol in adulthood compared to a consistently low intake of alcohol.

Postmenopausal women drinking consistently high amounts of alcohol throughout adulthood had a higher risk of breast cancer compared to women with a consistently low intake of alcohol.

Source: Antoniussen, C.S., Proust-Lima, C., Ibsen, D.B., et al. *Alcohol consumption trajectories and risk of breast cancer among postmenopausal women: a Danish cohort study*. *European Journal of Epidemiology*, 2024; doi.org/10.1007/s10654-024-01179-5

High and low adherence to Mediterranean and DASH diet patterns and the risk of heart failure

The relationship between heart failure (HF) and Mediterranean and DASH diets is not well delineated. A meta-analysis assessed the effectiveness of high adherence to Mediterranean and DASH diets compared to low adherence in reducing the risk of incident HF (primary prevention of HF) and reducing all-cause mortality in patients with HF (secondary prevention of HF).

The reporting stages of this meta-analysis closely adhered to the PRISMA guidelines. A comprehensive literature search was undertaken for published papers in PubMed, Embase, EBSCO, ICTRP, and the NIH clinical trials databases and a total of 16 reports from 14 studies were included.

A significant inverse association was identified between high adherence to the Mediterranean diet model (compared to low adherence) and the risk of incident HF (OR = 0.77, 95% CI: 0.63–0.93) among patients without previous diagnosis of HF. Similarly, there was a significant and inverse relationship between high adherence to the DASH diet (compared to low adherence) and the risk of incident HF (OR = 0.83, 95% CI: 0.70–0.98) among patients without previous diagnosis of HF. High adherence to the Mediterranean diet model

(compared to low adherence) was associated with lower all-cause mortality (OR = 0.88, 95% CI: 0.78–0.99) among patients with HF.

The findings of this meta-analysis suggest that high adherence to the Mediterranean and DASH diets is associated with a considerable reduction in the incidence of HF compared to low adherence. High adherence to the Mediterranean diet has also been related to decreased all-cause mortality among patients with HF compared to low adherence.

However, high DASH diet adherence did not yield a significant reduction in all-cause mortality among patients with HF. Of note, adherence to some components of both diets was more closely related to the lower risk, such as consumption of fruits, legumes, and moderate alcohol, which was linked to decreased incident HF, whereas only consumption of vegetables and less dairy persisted in decreasing mortality risk as a secondary prevention in patients with HF.

Source: Arayici, M.E., Kilic, M.E., Yilmaz, M.B. & High and low adherence to Mediterranean and DASH diet patterns and the risk of heart failure: A meta-analysis of observational studies. *Life*, 15:63, 2025; doi.org/10.3390/life15010063

Association between alcohol consumption levels and pelvic inflammatory disease

Pelvic inflammatory disease (PID) is a common and serious infection affecting women's reproductive health, which may result in severe consequences, such as infertility. Research published in the *Journal of Obstetrics and Gynaecology Research* investigated the association between alcohol consumption levels and the odds of PID prevalence, providing insights that could inform public health policies.

The US National Health and Nutrition Examination Survey (NHANES) 2013–2020 was used to examine the associations between alcohol consumption levels and the odds of PID prevalence.

Compared with participants who never consumed alcohol, alcohol consumption increased the odds of PID prevalence. The odds of PID prevalence increased also with an increase in the level of alcohol consumption. Compared to non-drinkers, the odds ratios (OR) for PID were 1.89 (95% CI: 1.23–

2.92) for mild drinkers, 1.94 (95% CI: 1.24–3.04) for moderate drinkers, and 2.01 (95% CI: 1.27–3.19) for heavy drinkers, indicating an increased prevalence of PID by 89, 94, and 101%, respectively. This association was consistently observed across the study population.

Alcohol consumption levels were positively related to the odds of PID prevalence among adult females in the USA. The researchers comment that reducing alcohol consumption and cultivating good living habits will likely help prevent PID in the general population.

Source: Wang, D., Xiong, J. Association between alcohol consumption levels and pelvic inflammatory disease: Findings from the NHANES 2013–2020. *Journal of Obstetrics and Gynaecology Research*, 51(1):e16188, 2025; doi.org/10.1111/jog.16188

Exploring the complex interplay between alcohol consumption and cardiovascular health

A review article explores the intricate relationship between alcohol consumption and cardiovascular health, examining both clinical outcomes and underlying pathophysiological mechanisms. It assesses the complex dose-response relationships for various cardiovascular disease (CVD) subtypes, including coronary heart disease, stroke, and atrial fibrillation, while categorising pathophysiological mechanisms into three conceptual areas: primary initiating factors, secondary transmission pathways, and end-organ effects.

Although mild-to-moderate alcohol consumption may confer some benefits for cardiovascular health and

certain CVD subtypes, growing evidence highlights the importance of lifestyle modifications to reduce alcohol intake, particularly among heavy drinkers. The review provides a comprehensive overview of current knowledge, emphasises the need for future research with robust methodologies, and advocates for incorporating updated scientific evidence into personalised approaches within international cardiovascular and national guidelines.

Source: Lee, D.I., Kim, S., Kang, D., O. Exploring the complex interplay between alcohol consumption and cardiovascular health: Mechanisms, evidence, and future directions, *Trends in Cardiovascular Medicine*, 2025; doi.org/10.1016/j.tcm.2024.12.011.

Association between alcohol consumption and risk of type 2 diabetes

Heavy alcohol consumption is a known risk factor for type 2 diabetes (T2D); However, the moderating effect of fasting plasma glucose levels remains unclear. A study explored the relationship between alcohol intake and T2D risk across fasting plasma glucose strata in a Japanese cohort.

Data from 15,453 participants in the NAGALA cohort were analysed over 5 years. Baseline assessments included alcohol consumption and fasting plasma glucose, categorising individuals into elevated fasting plasma glucose (100-125 mg/dL) and normal fasting plasma glucose (< 100 mg/dL). Alcohol intake levels and T2D risk were assessed, stratified by fasting plasma glucose. Among elevated fasting plasma glucose individuals, heavy drinkers (Men > 280 g/week, Women > 140 g/week) had an 88% increased T2D risk (HR 1.88, 95% CI 1.24-2.84). Conversely,

in normal fasting plasma glucose, heavy alcohol intake did not significantly affect T2D risk (HR 1.10, 95% CI 0.48-2.53). Men with elevated fasting plasma glucose and heavy alcohol intake had an HR of 1.83 (95% CI 1.08-3.08), supported by propensity score matching (HR 1.94, 95% CI 1.13-3.34). No significant relationships were found in normal fasting plasma glucose. Heavy alcohol consumption significantly raised T2D risk in Japanese men with elevated fasting plasma glucose but not in women or those with normal fasting plasma glucose. Further studies are warranted for validation and gender-specific insights.

Source: Huang, YZ., Luo, F., Ran, X. et al. Association between alcohol consumption and risk of type 2 diabetes in Japan: a population-base longitudinal cohort study. *Science Report*, 15:630, 2025; doi.org/10.1038/s41598-024-84597-5

Alcohol consumption and breast and ovarian cancer development

Alcohol consumption has been consistently linked to an increased risk of several cancers, including breast and ovarian cancer. Despite substantial evidence supporting this association, the precise mechanisms underlying alcohol's contribution to cancer pathogenesis remain incompletely understood.

A narrative review focuses on the key current literature on the biological pathways through which alcohol may influence the development of breast and ovarian cancer. Key mechanisms discussed include the modulation of oestrogen levels, the generation of reactive oxygen species, the production of acetaldehyde, the promotion of chronic inflammation, and the induction of epigenetic changes. Alcohol's impact on estrogenic

signalling, particularly in the regulation of oestrogen and progesterone, is explored in the context of hormone-dependent cancers. Additionally, the role of alcohol-induced DNA damage, mutagenesis, and immune system modulation in tumour initiation and progression is examined.

Overall, the review emphasises the importance of alcohol as a modifiable risk factor for breast and ovarian cancer and highlights the need for further research to clarify its role in cancer biology.

Source: Fanfarillo, F., Caronti, B., Lucarelli, M., et al. Alcohol consumption and breast and ovarian cancer development: Molecular pathways and mechanisms. *Current Issues in Molecular Biology*, 46(12):14438-14452, 2024; doi.org/10.3390/cimb46120866

Drinking pattern and time lag of alcohol consumption with colorectal cancer risk in US men and women

Association between light to moderate alcohol consumption and colorectal cancer (CRC) incidence remains understudied, especially regarding drinking pattern, beverage type and temporal aspects.

Hazard ratios (HRs) and 95% confidence intervals (CIs) for time to CRC diagnosis were estimated among 137,710 participants. Estimates based on remote (e.g., >10 years before follow-up) and recent (e.g., the preceding 10 years before follow-up) alcohol intake, using different cut offs (e.g., 8, 10, 12 years, etc) and mutual adjustment, enabled separating independent effects and investigating time lag of alcohol-CRC association.

3,599 CRC cases were documented over three decades. Light to moderate drinking was associated with an increased CRC risk only in men: HR (95% CI) for 5-14.9 and 15-29.9 vs 0 g/day of alcohol intake was 1.19 (1.01, 1.41) and 1.38 (1.13, 1.67). In women, that for 0.1-4.9 and 5-14.9 vs 0

g/day of alcohol was 1.07 (0.96, 1.20) and 1.05 (0.91, 1.20). Drinkers with both high drinking frequency and daily intake had the highest CRC risk, suggesting total alcohol intake was the critical factor. The researchers estimated the time lag between alcohol consumption and CRC occurrence to be 8 to 12 years. Former drinkers did not experience a significant reduction in CRC risk even after 10 years of quitting or reducing consumption.

Based on two cohorts of health professionals, the findings suggest that the increased risk of CRC associated with alcohol intake is mainly driven by total quantity and remote intake. Former drinkers did not experience an immediate reduction in CRC risk after quitting or reducing consumption.

Source: Li, X., Hur, J., Zhang, J. et al. Drinking pattern and time lag of alcohol consumption with colorectal cancer risk in US men and women, *JNCI: Journal of the National Cancer Institute*, 2024; doi.org/10.1093/jnci/djae330

Alcohol consumption does not modify the polygenic risk score-based genetic risk of breast cancer in postmenopausal women

High genetic risk and alcohol consumption ≥ 1 drink/day are associated with increased breast cancer risk. However, the interaction between alcohol and genetics on breast cancer risk is poorly understood, including in populations not enriched with daily drinkers.

Researchers prospectively studied 5,651 White and Black postmenopausal women in the Atherosclerosis Risk in Communities study. Alcohol intake was assessed by food frequency questionnaire. 313-SNPs polygenic risk score (PRS) was calculated. Breast cancer cases were ascertained primarily by cancer registry linkage through 2015. Hazard ratios (HR) and 95% confidence intervals (CI) were estimated for the association of PRS and current ethanol intake with breast cancer, and their interaction. 50.6% were current drinkers, and of them 50.8% drank <1 drink/week and 12.8% drank >7 drinks/week.

Higher PRS was associated with higher breast cancer risk among White (HR1-SD:1.48, 95%CI:1.34-1.65) and Black (HR1-SD:1.15, 95%CI:0.96-1.38)

women. Positive associations were not observed between current ethanol intake and breast cancer risk (White, HR13g/week:1.00, 95%CI:0.98-1.03; Black, HR:0.83, 95%CI:0.69-1.00). Among both White and Black women, PRS generally appeared to be positively associated with risk in drinkers and non-drinkers. There was no evidence of an PRS-ethanol intake interaction in White or Black women. Patterns in Black women were similar when using an 89-SNP PRS developed among African-ancestry women.

In conclusion, in a prospective analysis of White and Black postmenopausal women in a study population not enriched with daily drinkers, the findings suggest that alcohol drinking does not modify PRS-based genetic risk of breast cancer.

Source: Zhang, M., Ru, M., Zhang, J. et al. Alcohol consumption does not modify the polygenic risk score-based genetic risk of breast cancer in postmenopausal women: Atherosclerosis risk in communities study. *Cancer Prevention and Research (Phila)* 2024; doi.org/10.1158/1940-6207.CAPR-24-0208

Medical research by publication date

The potential cardioprotective bioactive compounds in fermented alcoholic beverages: Mechanisms, challenges, and opportunities in beer and wine 10/10/2024, available online Version of Record 19/12/2024.

Alcohol consumption trajectories and risk of breast cancer among postmenopausal women: a Danish cohort study 04/12/2024

Association between alcohol consumption levels and pelvic inflammatory disease: Findings from the NHANES 2013–2020 16/12/2024

Drinking pattern and time lag of alcohol consumption with colorectal cancer risk in US men and women 17/12/2024

Urinary tartaric acid as a biomarker of wine consumption and cardiovascular risk: the PREDIMED trial 18/12/2024

Alcohol consumption and breast and ovarian cancer development: Molecular pathways and mechanisms 20/12/2024

Rapid nongenomic estrogen signaling controls alcohol drinking behavior in mice 30/12/2024

Bidirectional associations between alcohol drinking and depressive symptoms among US adults aged 50 to 75: The US Health and Retirement Study 31/12/2024

Alcohol consumption does not modify the polygenic risk score–based genetic risk of breast cancer in postmenopausal women: Atherosclerosis risk in communities study 31/12/2024

Genetic polymorphism in alcohol metabolism and drinking behavior are associated with gastric cancer risk in men 01/05/2025

Exploring the complex interplay between alcohol consumption and cardiovascular health: Mechanisms, evidence, and future directions 03/01/2025, available online

Association between alcohol consumption and risk of type 2 diabetes in Japan: a population-base longitudinal cohort study 03/01/2025

High and low adherence to Mediterranean and DASH diet patterns and the risk of heart failure: A meta-analysis of observational studies 07/01/2025

Diet-wide analyses for risk of colorectal cancer: prospective study of 12,251 incident cases among 542,778 women in the UK 08/01/2025

Daily and long-term risks of daytime drinking in young adults

There is a robust body of work demonstrating that certain drinking practices, such as pre-gaming or playing drinking games, are linked to heavier, riskier patterns of drinking among college students. However, less attention has been paid to other drinking practices that are relatively common among undergraduates, such as daytime drinking (i.e., drinking before 4pm).

Using data from an intensive longitudinal study collected from a high-risk sample of 403 college students, researchers tested daytime drinking as both a proximal (daily level drinking outcomes) and distal (AUD symptoms) risk factor for hazardous drinking.

Daytime drinking was reported by over 70% of the sample and on approximately 15% of drinking days. Daily-level findings indicated that compared to non-daytime drinking days, daytime drinking days were significantly associated with more drinks

consumed, more high-risk drinking practices (i.e., heavy episodic or high intensity drinking), and greater subjective intoxication. Longitudinal analyses identified frequent daytime drinking as a risk factor for increased hazardous drinking behaviour, particularly among individuals who were younger or reported lower hazardous drinking at baseline.

Findings add to a sparse literature supporting daytime drinking as a risky drinking practice among college students. Future work should aim to further characterise contextual and psychosocial factors associated with daytime drinking practices.

Source: Graupensperger, S., Calhoun, B.H., Walukevich-Dienst, K., & Lee, C.M. What's the harm in starting early?: Daily and long-term risks of daytime drinking in young adults.. *Journal of Studies on Alcohol and Drugs (Just Accepted)*. doi.org/10.15288/jsad.24-00312

The role of alcohol control policies in the reversal of alcohol consumption levels and resulting attributable harms in China

Yearly adult per capita consumption of alcohol in China between 2016 and 2019 decreased by 2.4 L of pure alcohol, or 33%. According to the World Health Organization, this decrease in consumption was accompanied by reductions in alcohol-attributable mortality of 23% between 2015 and 2019. A paper published in the journal, *Alcohol*, examines the contribution of alcohol control policies in China to these public health gains.

A systematic search of the literature was conducted on alcohol control policies and their effectiveness in China as part of a larger search of all countries in WHO Western Pacific Region. In addition to articles on empirical evidence on the impact of such alcohol control policies, reviews were also searched for. The plausibility of changes of traditional alcohol control policies (taxation increases, availability restrictions, restriction on advertisement and marketing, drink-driving laws, screening, and brief interventions) in explaining reductions of consumption levels and attributable mortality rates was explored.

There was some progress in the successful implementation of strict drink-driving policies, which could explain reductions in traffic injuries, including fatalities. Other traditional alcohol control policies seem to have played a minimal role in reducing alcohol consumption and attributable harms during the period 2016–2019. However, an anti-corruption campaign was extensive enough to have substantially contributed to these reductions. The campaign prohibited the consumption of alcoholic beverages in everyday life of government officials and thus contributed to a de-normalization of alcohol.

The researchers say that while this anti-corruption campaign was the only policy to potentially explain marked decreases in levels of alcohol consumption and attributable mortality, more detailed research is required to determine exactly how the campaign achieved these decreases.

Source: Rehm, J., Shield, K., Hassan, A.S. & Franklin, A. The role of alcohol control policies in the reversal of alcohol consumption levels and resulting attributable harms in China, *Alcohol*, 121: 19-25, 2024; doi.org/10.1016/j.alcohol.2024.07.002

Taking pleasure seriously: Should alcohol research say more about fun?

A paper, published in *Addiction*, invites discussion on whether pleasure should receive more attention in public health-oriented research on alcohol. While there is a history of sociological and anthropological literature exploring alcohol and pleasure, this is much less common in public health-oriented alcohol research, and associated advocacy.

The authors propose three broad reasons why more extensive engagement with issues of pleasure may be important for public health-oriented research. The first is epistemological: because overlooking pleasure risks leaving a gap in knowledge of a key component of, and motive for, drinking. The second is ethical: because the prioritisation of long-term health over shorter-term pleasures is not uncontested, and needs to be explicitly justified. The third is pragmatic: because

ceding the discourse on pleasure to other actors (including commercial ones) risks undermining effective engagement with target populations.

The researchers conclude that there is a strong case for more attention to pleasure in public health-oriented alcohol research. Key to this is the further development of interdisciplinary perspectives and mixed-methods research. This brings both conceptual and methodological challenges, many of which remain unresolved; however, bringing these issues to the surface may enable greater clarity on both normative principles (including arguments against research engaging with pleasure) and practical questions concerning the design of research and analysis in this area.

Source: Nicholls, J., Hunt, G. Taking pleasure seriously: Should alcohol research say more about fun? *Addiction*, 2025; doi.org/10.1111/add.16747

Differentiating the contribution of context-specific social influences on underage youth's alcohol consumption

In a study of Californian youth, a researchers examined associations between sources of social influence (i.e., close friends, other underage people present) within specific settings with the number of drinks underage youth consumed.

Data were collected through a cross-sectional survey with 422 underage youth in California (14 to 19 years old) who reported past-6-month alcohol use. Participants were asked to think about the last time they drank alcohol in the past 6 months at: restaurants, bars/nightclubs, own home, another's home, outdoors, and fraternities/sororities. The study analysed data on the number of whole drinks participants drank the last time in each setting and the social characteristics of these drinking events including number of people <21 years old present, number of close friends present, number of <21 years old who consumed alcohol, and number of close friends who consumed alcohol. The socio-demographics and the overall exposure to each setting in the past 6 months were assessed.

The number of close friends was positively associated with number of drinks consumed at restaurants, another's home, and outdoors. The number of close friends drinking was positively associated with the number of drinks at restaurants, own home, another's home, and outdoors. Number of people <21 years old was positively associated with number of drinks at own home, and number of people <21 years old who consumed alcohol was positivity associated with number of drinks consumed at restaurants, own home, another's home, and outdoors.

Results suggest that social influence from close friends and from other underage youth are context-specific.

Source: Lipperman-Kreda, S., Grube, J. W., & Mair, C. F. Differentiating the contribution of context-specific social influences on underage youth's alcohol consumption. *Substance Use and Misuse*, 60(1), 91–99, 2024; doi.org/10.1080/10826084.2024.2409719

Young Australian drinkers' awareness, perceptions and behaviours towards low alcohol beverage products

The authors of a study published in the journal *Nutrition and Health*, say that young Australian drinkers (aged 18-24 years) are more likely to consume alcohol at risky levels than any other age group. The increased availability and diversity of low alcohol beverages (LAB)s available to Australian consumers presents an opportunity for young drinkers to moderate their drinking behaviours.

Their study was based on a cross-sectional online survey of 159 young Australian risky drinkers aged 18-24 years and examined drinkers' awareness, perceptions and behaviours towards LAB products. Overall, 51% of respondents had previously consumed LABs, with most doing so on a few occasions. The choice to consume LABs was influenced by factors including friend and family influence (28%), curiosity (28%) and the purposeful intent to reduce alcohol intake (27%). In contrast, factors preventing the consumption of LABs

included individuals' intent to get drunk (58%), a lack of consideration of LABs (49%) and the perception that higher strength beverages were more desirable (35%). The majority of respondents (63%) agreed that LAB products would assist them and their peers to moderate alcohol consumption behaviours.

The majority of young risky drinkers surveyed had consumed LAB products on a limited number of occasions or not at all. There are several factors likely preventing greater uptake of these products. The authors argue that further work is required to explore whether greater exposure to the diversity of LAB products can moderate alcohol consumption behaviours.

Source: Palmer, B., Desbrow, B. & Irwin, C. Young Australian drinkers' awareness, perceptions and behaviours towards low alcohol beverage products. *Nutrition and Health*, 2024; doi.org/10.1177/02601060241296168

Changing public perceptions of alcohol, alcohol harms and alcohol policies: A multi-methods study to develop novel framing approaches

Public perceptions of alcohol and its related harms and policies are shaped by multiple discourses and can influence behaviour and policy support. As part of a FrameWorks-informed project to test framing approaches to improve public understanding and support for evidence-based alcohol policies in the UK, a study aimed to (i) summarise relevant evidence; (ii) compare how public understanding of alcohol harms differs from those of academic and charity experts; and (iii) develop novel framing approaches.

(1) a literature review including systematic, scoping and targeted components to understand previous evidence on effective framing from behaviour change, UK alcohol policy and FrameWorks literatures; (2) comparison of public views of alcohol harms and policies from four focus groups (n=20) with those of public health experts; (3) an iterative process involving workshops and stakeholder consultation to develop 12 novel framing approaches.

The study authors found no previous study that directly tested framing approaches for alcohol policy advocacy. Their narrative summary of 35 studies found that explaining diverse harms may be important, whereas framing that engenders

empathy, emphasises dependence or invokes a sense of crisis may be less effective. In focus groups, the public linked alcohol to pleasure/socialising, whilst understandings of harm focused on severe alcohol problems and individual deficits of biology or personality, with policy proposals focused mainly on treatment/support services. Public health experts highlighted more diverse harms and solutions, emphasising environmental and commercial causes. Comparison of public and expert views yielded six tasks for novel framing approaches to deepen public understanding. The team co-developed initial framing ideas, before finalising 12 narrative framing approaches based on values, metaphors and explanation.

In the United Kingdom, public and expert understandings of alcohol-related harms, causes and solutions differ. Along with prior evidence, these differences can inform novel framing approaches designed to deepen public understanding.

Source: Fitzgerald, N., Angus, K., Howell, R., et al. Changing public perceptions of alcohol, alcohol harms and alcohol policies: A multi-methods study to develop novel framing approaches. *Addiction*, 2024; doi.org/10.1111/add.16743

Consumer reactions to multiple and single health warnings on static alcohol ads in Ireland

Although health warnings on product labels have been subject to intensive political discussion and academic research, health warnings in alcohol ads have received little attention.

A experiment was conducted with a convenience sample of 932 adults in Ireland to compare single-text, multiple-text and shocking image-and-text health warnings displayed on two types of static alcohol ads, an ad with social imagery featuring people drinking alcohol and an ad featuring only the alcohol product. Believability of health warnings, negative emotions, perceived risks of alcohol use and self-efficacy to drink less were measured after viewing each alcohol ad with or without health warnings.

Single-text health warnings, with and without shocking imagery, were more effective in increasing

negative emotions than multiple-text health warnings, whereas multiple-text warnings were found to be more believable than single-text warnings. No significant effects were found on perceived risks of alcohol use and self-efficacy to drink less. The warnings did not differ across demographic groups and the type of alcohol ads on all outcomes.

A single health warning emphasising cancer risk could be a useful starting point for policymakers when implementing health warnings in alcohol ads, the researchers suggest.

Source: Filipova, V., Hooper, D., Kenny, P. Consumer reactions to multiple and single health warnings on static alcohol ads: A factorial survey experiment with a convenience sample of adults in Ireland. *Drug Alcohol and Review*, 2024; doi.org/10.1111/dar.13990

Australian parents' attitudes, perceptions and supply of alcohol to adolescents

Parental supply of alcohol to adolescents is associated with increased risk of subsequent adolescent alcohol use and harms, so identifying factors associated with parents' decision-making is important. A research team examined how parental supply is associated with attitudes toward adolescent alcohol use, perceived norms of parental supply, perceived behavioural control and perceived acceptable age to drink alcohol.

A total of 1,197 Australian parents with children aged 12–17 years completed an online cross-sectional survey assessing their parental supply behaviours, attitudes and perceptions in April 2022. The associations between attitudes, perceptions and parental supply of alcohol to their child were explored. 43% of respondents nominated an acceptable age to drink a full drink of alcohol below 18 years, and 23% reported supplying a full drink of alcohol to their adolescent. Parents were more likely to report supplying a full drink of alcohol if they nominated an acceptable drinking age below

18 years (<16: adjusted odds ratio [AOR] = 14.75, 95% confidence interval [CI] = 8.23–26.42; 16–17: AOR = 5.68, 95% CI = 3.69–8.73), appraised alcohol as more beneficial (AOR = 1.31, 95% CI = 1.02–1.69) and less harmful (AOR = 0.49, 95% CI = 0.36–0.68) for adolescents, and perceived that parent friends (AOR = 2.91, 95% CI = 1.80–4.70) and other parents (AOR = 2.23, 95% CI = 1.37–3.62) supplied alcohol in unsupervised contexts. Perceived behavioural control was not associated with parental supply.

These findings suggest there may be value in trialling interventions that target parents' perceptions about the acceptable age to drink a full drink of alcohol, attitudes toward adolescent alcohol consumption, and perceived norms of parental supply to influence parents' supply intentions.

Source: Bowden, J.A., Bartram, A., Harrison, N.J., et al. Australian parents' attitudes, perceptions and supply of alcohol to adolescents: a national cross-sectional survey, *Health Promotion International*, 39(6), 2024; doi.org/10.1093/heapro/daae173

Socioeconomic position, alcohol use and alcohol-attributable emergency department visits

Differential vulnerability to alcohol contributes to socioeconomic inequities in alcohol-attributable harm. A study estimated the sex-/gender-specific joint effects of socioeconomic position (SEP) and heavy episodic drinking or volume of alcohol use on 100% alcohol-attributable emergency department (ED) visits.

Researchers conducted a cohort study among 36,900 men and 39,700 women. They were current and former alcohol consumers aged 15–64 years from population-representative Canadian Community Health Surveys (2003–2008) linked to administrative ED visit data through 2017 in Ontario and Alberta. Sex-/gender-specific associations between SEP (both education and income) and heavy episodic drinking (≥ 5 standard drinks on one occasion, at least monthly) or volume of alcohol use (standard drinks per week) on incident alcohol-attributable ED visits were estimated and additive interactions were assessed.

Lower levels of education (e.g., less than high school vs bachelor's degree or above: men: adjusted HR (aHR)=3.71, 95% CI 2.47 to 5.58; women: aHR=1.75,

95% CI 1.15 to 2.68) and income (e.g., quintile (Q)1 vs Q5, men: aHR=2.07, 95% CI 1.35 to 3.17; women: aHR=1.84, 95% CI 0.91 to 3.71) were associated with increased rates of alcohol-attributable ED visits. Among men and women, super-additive joint effects (i.e., greater than the sum of both exposures experienced independently) were observed between low SEP (education and income) and heavy episodic drinking and higher volume of alcohol use on alcohol-attributable ED visits.

The results indicate that individuals with lower SEP experience increased vulnerability to alcohol use and related harms. These findings highlight the urgent need for population-level interventions that reduce both the high burden and socioeconomic inequities in alcohol-attributable harm.

Source: Smith, B.T., Benny, C., Andreacchi AT, et al. Socioeconomic position, alcohol use and alcohol-attributable emergency department visits. *Journal of Epidemiology and Community Health* Published Online First: 25 December 2024; doi.org/10.1136/jech-2024-222476

Changes in socio-economic inequality in alcohol-attributable mortality in periods of increasing and decreasing alcohol affordability

Reducing alcohol affordability reduces alcohol-related harm but its impact on socio-economic inequalities requires further study. Pia Mäkelä and Elsi Lindell of the Finnish Institute for Health and Welfare, Helsinki examined changes in alcohol-attributable mortality inequalities in Finland during periods of sharply rising (2000–2007) and falling (2008–2017) alcohol affordability.

Linking individual-level register data on causes of death and socio-demographics for the Finnish population aged ≥ 25 in 2000–2017 (68 million person-years), they analysed age-standardised monthly alcohol-attributable mortality rates by sex and income quintile ($n = 32,699$ alcohol-attributable deaths). Mortality trends in the two periods were analysed, contrasting high- and low-income groups. Inequalities in alcohol-attributable mortality between low- and high-income groups were large throughout the study period. During the period of rising alcohol affordability, mortality increased among high-income men with an average monthly increase of 0.17%. This rate was even higher among

low-income men, increasing by 0.55% per month, that is, +0.38 percentage points more than the rate for high-income men. Among women, mortality increased at similar rates in both income groups. During the period of falling alcohol affordability, mortality decreased among high-income men with an average monthly decrease of -0.21% , and it decreased even more among low-income men (-0.40% , i.e., -0.19% points more). Among women, the decreases were not statistically significant.

The results indicate that increased alcohol affordability was associated with widening socio-economic inequalities while reduced affordability was linked with narrowing inequalities among men. Reducing alcohol affordability is thus a recommendable policy for reducing socio-economic inequality in alcohol-related harm.

Source: Mäkelä, P., Lindell, E. Changes in socio-economic inequality in alcohol-attributable mortality in periods of increasing and decreasing alcohol affordability. *Drug and Alcohol Reviews*, 2024; doi.org/10.1111/dar.13989

Effects of narrative versus non-narrative pictorial warning labels on visual attention and alcohol-related cancer risk perceptions

Alcohol use is a preventable risk factor for cancer, but public awareness remains low. A promising approach to raising awareness is to include pictorial warning labels (PWLs) on alcohol-containing products, but the typical graphic images used in such warnings can cause inattention. A study published in the journal *Addictive Behaviors* and discussed on the Institute of Alcohol Studies blog by researcher, Dr Zexin “Marsha” Ma, investigated whether narrative PWLs (depicting the lived experiences) could lead to greater attention and higher risk perceptions than graphic, non-narrative PWLs (showing graphic health effects).

649 Moderate and heavy drinkers participated in an online, webcam-based eye-tracking experiment. They were randomised to view an order-randomised stimulus set containing either three narrative PWLs or three non-narrative PWLs. Visual attention was assessed by metrics of participant eye movements, including the visit count and dwell time to separate image and text area of interest (AOI) while viewing each PWL. Risk perceptions were assessed by participant responses to questions pre-sented after viewing all PWLs.

Participants paid more attention to the image than the text AOI on both metrics. They also spent more time viewing narrative versus non-narrative. However, PWL type had no significant effect on risk perceptions, and visual attention did not mediate this relationship.

The study findings highlight the potential of narrative PWLs to visually engage alcohol consumers’ attention. Further research is needed to understand why narrative PWLs do not outperform non-narrative PWLs in shaping risk perceptions either directly or through attention, the proposed mediator.

Source: Ma, Z., Haworth, J., Hu, J. Effects of narrative versus non-narrative pictorial warning labels on visual attention and alcohol-related cancer risk perceptions: An eye-tracking study, *Addictive Behaviors*, 162, 2025; doi.org/10.1016/j.addbeh.2024.108229.

ias.org.uk/2025/01/07/alcohol-warning-labels-featuring-lived-experiences-attract-greater-attention/

Harms from others' drinking among college students: Prevalence and risk factors, 2022

Alcohol's harms to others (AHTO) refers to the negative effects experienced by individuals other than the drinker. A study investigated the prevalence and risk factors of AHTOs among US college students (sophomores/juniors), based on the first national probability-based survey conducted in 20 years.

The study surveyed more than 1,900 students at 46 colleges and universities across the United States. 53.5% of students reported experiencing at least one harm caused by someone else's drinking, ranging from verbal abuse and physical confrontations to academic disruptions and emotional distress.

Students who were White; attended 4-year schools; identified as cisfemale or transgender, gender nonconforming, or 2+ identities; of higher socioeconomic status (as indicated by parent's highest level of education); lived with roommates; and/or participated in Greek organisations or intercollegiate athletics had a higher likelihood of AHTOs.

The most commonly reported harm was babysitting drinkers (33.8%), followed by social harms, such as physical or psychological distress (23.5%), sleep or study disruptions (15%), and verbal harassment (14.3%). Other harms included being emotionally hurt/neglected or feeling threatened/afraid (13.1%), having unwanted sexual contact (5.1%), being physically assaulted (4.3%), and experiencing academic consequences such as dropping a class or transferring schools (3.1%).

The study authors say that their findings demonstrate that AHTOs, including academic, physical and sexual harms, are prevalent on college campuses. These results suggest that colleges likely underestimate the impact of alcohol on their students. Therefore, broadening and strengthening campus and state-level policies and strategies to prevent and reduce these harms effectively are needed.

Source: Yeh, J.-C., Trangenstein, P.J., Tiongson, P.J.D., et al. Harms from others' drinking among college students: Prevalence and risk factors, 2022. *Drug and Alcohol Review*, 2024; doi.org/10.1111/dar.13992

Binge drinking and subsequent health and well-being among middle-aged Spanish adults

Binge drinking has been associated with higher risks of adverse physical health outcomes. Motivations behind binge drinking may involve seeking pleasure and social connectedness, which are important aspects of life that constitute well-being. However, studies that apply a holistic framework of well-being to understand binge drinking remain limited, especially in non-English speaking populations.

Using longitudinal data from the "Seguimiento Universidad de Navarra" (SUN) Cohort including 2837 Spanish university graduates, with a mean age of 54 years, the study examined the association of binge drinking with a wide range of subsequent psychological well-being, mental health, physical health, and health behaviour outcomes over a four-year follow-up period. A set of regression models were used, adjusting for sociodemographic characteristics, total alcohol consumption and pre-baseline values of the outcome variables.

Binge drinkers reported a higher mean level of positive relations with others (standardised $\beta = 0.12$, 95% CI: 0.01 to 0.24) than non-binge drinkers. However, binge drinking was associated with several adverse health outcomes such as higher risks of obesity (RR = 1.86, 95% CI: 1.09 to 3.19), major cardiovascular events (RR = 2.46, 95% CI: 1.04 to 5.82), and unfavourable health behaviours (e.g., a longer screen time by 2.85 hours/week, 95% CI: 0.46 to 5.23).

The study provides novel insights into the complex and multifaceted relationship of binge drinking with health and well-being. The authors state that further research will enhance our understandings of binge drinking and inform culturally appropriate interventions that effectively mitigate its negative consequences.

Source: Perez-Araluce, R., Bes-Rastrollo, M., Gea, A. et al. Binge drinking and subsequent health and well-being among middle-aged Spanish adults: An outcome-wide analysis, *Preventive Medicine*, 191, 2025; doi.org/10.1016/j.ypmed.2024.108209.

Binge drinking status as a moderator in narrative versus non-narrative pictorial warning labels

A study published in the journal, Health Communication, examined the potential role of binge drinking status in moderating the persuasive effects of narrative versus non-narrative pictorial warning labels (PWLs).

In an online longitudinal experiment involving moderate and heavy drinkers, the researchers found that the interaction between binge drinking status and PWL type was significant for intentions to reduce and stop drinking upon immediate PWL exposure and at two-week follow-up. Among non-binge drinkers, narrative (vs. non-narrative) PWLs led to higher intentions to reduce drinking upon immediate exposure and higher intentions to stop drinking at two-week follow-up. Among binge drinkers, non-narrative (vs. narrative) PWLs resulted in higher intentions to stop drinking

upon immediate exposure and at two-week follow-up. In addition, the results revealed that narrative PWLs increased behavioural intentions through heightening cognitive elaboration and retrospective reflection among non-binge drinkers, while non-narrative PWLs improved intentions only through enhancing retrospective reflection among binge drinkers. These results indicate that the effectiveness of narrative versus non-narrative PWLs depends on individuals' drinking habits.

Source: Ma, Z., Haworth, J., Rash, C., & Hu, J. (2024). Binge drinking status as a moderator in narrative versus non-narrative pictorial warning labels: Roles of cognitive elaboration and retrospective reflection. *Health Communication*, 1–11; doi.org/10.1080/10410236.2024.2439360

Social and Policy research by publication date

The role of alcohol control policies in the reversal of alcohol consumption levels and resulting attributable harms in China 14/07/2024 published online, Version of Record 5/09/2024

Differentiating the contribution of context-specific social influences on underage youth's alcohol consumption 19/09/2024

Australian parents' attitudes, perceptions and supply of alcohol to adolescents: a national cross-sectional survey 09/12/2024

Effects of narrative versus non-narrative pictorial warning labels on visual attention and alcohol-related cancer risk perceptions: An eye-tracking study 09/12/2024 available online, Version of Record 12/12/2024

Consumer reactions to multiple and single health warnings on static alcohol ads: A factorial survey experiment with a convenience sample of adults in Ireland 12/12/2024

Changes in socio-economic inequality in alcohol-attributable mortality in periods of increasing and decreasing alcohol affordability 12/12/2024

Binge drinking status as a moderator in narrative versus non-narrative pictorial warning labels: Roles of cognitive elaboration and retrospective reflection 16/12/2024

Harms from others' drinking among college students: Prevalence and risk factors, 2022 17/12/2024

Young Australian drinkers' awareness, perceptions and behaviours towards low alcohol beverage products 18/12/2024 published online

Binge drinking and subsequent health and well-being among middle-aged Spanish adults: An outcome-wide analysis 18/12/2024 available online, Version of Record 26/12/2024

Changing public perceptions of alcohol, alcohol harms and alcohol policies: A multi-methods study to develop novel framing approaches 23/12/2024

Socioeconomic position, alcohol use and alcohol-attributable emergency department visits 25/12/2024

Daily and long-term risks of daytime drinking in young adults 08/01/2025 published online

Taking pleasure seriously: Should alcohol research say more about fun? 09/01/2025 published online

More people in the UK drinking low and no alcohol alternatives than ever before, with young adults still the biggest consumers

The Portman Group's seventh annual survey, conducted in partnership with YouGov, reveals a significant rise in the consumption of low and no-alcohol alternatives in the UK. 38% of UK drinkers now consume these alternatives semi-regularly, with 12% drinking them regularly and 26% occasionally. This marks an increase from 35% in 2023 and 29% in 2022, with regular consumption rising notably from 8% in 2023 to 12% in 2024.

Young adults remain the leading demographic driving this trend. Among 25-34-year-olds, 46% identify as occasional or regular consumers of low and no-alcohol drinks, up from 37% in 2023. Similarly, 40% of 18-24-year-olds drink these products semi-regularly, with this age group also maintaining the title of the most sober demographic overall; 39% report not consuming alcohol at all.

The data highlights the positive role of low and no-alcohol alternatives in helping people moderate their drinking habits. Among current alcohol drinkers, 24% report a decrease in their weekly alcohol consumption due to these products, an increase from 23% in 2023 and 21% in 2022. Health and medical concerns remain a primary motivator, with 29% of low and no-alcohol drinkers citing these factors, a 32% increase compared to 2021.

For the seventh consecutive year, the most common reason for choosing alcohol-free options is the ability to drive home from social events, with 28% of respondents identifying this as a key motivator. Pubs and bars remain the most popular venues for consuming low and no-alcohol alternatives. About 24% of adults would like to see wide availability of low and no-alcohol products on tap in pubs, 30% want more price promotions, and 26% hope for increased availability in non-traditional venues such as nightclubs, theatres, cinemas, and live event spaces.

Matt Lambert, Chief Executive of the Portman Group said: "It's fantastic to see low and no alternatives continuing to soar in popularity, while helping to encourage more mindful and moderate consumption among UK alcohol drinkers. We welcome the drinks and hospitality industry continuing to work together to increase the choice, availability, and visibility of low and no-alcohol alternatives, and we continue to urge the UK government to provide us with the outcome of the recent consultation on low alcohol descriptors which will further facilitate growth of the UK low and no alcohol market."

portmangroup.org.uk/yougov-survey-shows-more-people-drinking-low-and-no-alcohol-alternatives-than-ever-before-with-young-adults-still-the-biggest-consumers/

Culture, politics & drinking podcast

In a podcast, Dr James Nicholls talks about how drinking came to be such a significant part of many modern cultures, how alcohol use and problems have evolved over recent centuries, and how this reflects various political and social pressures. This includes how drinking escalated with the development of alcohol production, and how laws, consumers and attitudes have shaped drinking practices to the current day.

Dr James Nicholls is a Senior Lecturer in Public Health at Stirling University and author of *The Politics of Alcohol*. He has worked in alcohol and drug research and policy for over 20 years, including former roles as CEO of Transform and Director of Policy at Alcohol Change UK.

alcoholpodcast.buzzsprout.com/1275176/episodes/16407458-culture-politics-drinking-with-dr-james-nicholls

Thailand Govt pushes for alcohol control laws

In Thailand, the Alcoholic Beverage Control Bill is to be submitted to parliament in January, according to the Ministry of Public Health. Nipon Chinanonwait, director of the ministry's Office of Alcohol Control Committee, said the bill is expected to be reviewed in its second and third parliamentary readings, alongside other alcohol-related bills. He said the draft law restricts alcohol sales. Specific regulations will determine allowable sales hours and potentially adjust the current ban from 2:00 until 5:00 pm to align with international standards.

Strict enforcement measures will include the formation of provincial alcohol control committees to prevent underage access. The ministry plans to instruct its provincial offices across the country to intensify inspections of businesses, prevent alcohol-drinking contests and hold alcohol producers and vendors accountable for public safety.

Health groups urge UK Health Secretary to prioritise addressing alcohol-related harm

In the UK public health groups have called on Wes Streeting, Secretary of State for Health and Social Care, to address alcohol harm as a top priority in 2025. This follows new statistics showing that in the last four years there has been a 42% rise in alcohol-related deaths in England.

In a letter sent to Mr Streeting, members of the Alcohol Health Alliance (AHA) including medical royal colleges, treatment providers, and academics, highlight the toll of alcohol-related harm on individuals, families, and communities, as well as the escalating pressures on England's healthcare system and economy.

In 2023, there were 8,274 alcohol-specific deaths—a figure that represents only the tip of the iceberg, the letter states. The authors argue that when including cases where alcohol was a contributing factor, the figure is likely three times higher.

Professor Sir Ian Gilmore, Chair of the AHA, said "Alcohol-related harm does not occur in isolation. It ripples through families, often leaving children to bear the brunt of grief and trauma. The devastating rise in alcohol deaths should serve as an alarm for the new government to act with urgency."

The AHA notes that nearly 950,000 hospital admissions each year are linked to alcohol, accounting for 6% of all hospitalisations. Beyond the physical health implications—including links to seven types of cancer, cardiovascular disease, and

diabetes—alcohol also significantly impacts mental health, with 70% of those in alcohol treatment also reporting mental health needs. The financial burden due to alcohol is estimated to cost the NHS £4.91 billion annually.

The letter also calls attention to the inequalities in alcohol harm across England, with the Northeast suffering a mortality rate more than twice as high as London. Hospitalisations and deaths are also disproportionately concentrated in the most deprived communities.

To address this, the AHA urges the government to implement a comprehensive response, leveraging the Health Mission board to drive cross-government action. The letter highlights evidence from Scotland, where minimum unit pricing (MUP) has proven effective in reducing alcohol-related harm, and calls for similar measures in England.

The AHA also endorses the Medical Council on Alcohol's recommendations to increase funding and access to alcohol treatment services and for the NHS 10-year plan to prioritise strengthening the health service's response to alcohol harm, alongside the adoption of policies that tackle the affordability, availability, and marketing of alcohol, as outlined in the AHA's manifesto.

ahauk.org/wp-content/uploads/2024/12/AHA-open-letter-to-Wes-Streeting-Dec-24.pdf

Estonia's national alcohol policy

The Ministry of Social Affairs has drafted a new national alcohol policy for the next 10 years and a consultation period ran until the end of December. Proposed changes include plans to ban alcohol sales near childcare institutions. However, retailers have raised concerns, questioning whether long-standing grocery stores will need to close if someone decides to open a day-care facility nearby. Other proposed measures include linking alcohol excise duties to the inflation rate to prevent alcohol from becoming disproportionately cheap compared to other goods. The policy also proposes a ban on online alcohol sales.

Henri Arras, a board member of the Estonian Small Distillers Association argued that "If these proposals

are fully implemented, only large producers would survive in the long term in Estonia. Small producers would be significantly affected, particularly by the complete ban on online sales. Large producers, who have ready access to retail shelf space, would adapt much more easily."

The Ministry of Social Affairs also wants to introduce a time-limited and fee-based alcohol sales licensing system, as Estonia is one of the few countries without such a system.

The Ministry of Social Affairs stated that feedback is under review and a final version of the alcohol policy for 2025-2035 will be drafted based on the responses.

Alcohol consumption and harms dashboard 2023/2024

In December, Public Health Scotland released an update on the Wholly Attributable Alcohol Hospital Statistics and the Wholly Attributable Alcohol Mortality figures to include the financial year 2023/24 and calendar year 2023, respectively. In 2023/24 there were 32,301 alcohol-related hospital admissions in Scotland. This represents a 3.5% increase compared to the previous year (31,206). In 2023/24, the European Age-sex standardised rate of wholly attributable alcohol hospital admissions to general acute hospitals was 548 per 100,000 population and was 3% higher than the rate in 2022/23 (532 per 100,000). Other key findings include:

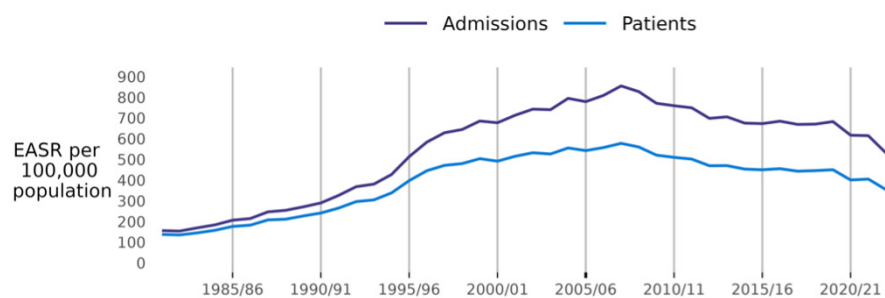
- In 2023/24, males (539 patients per 100,000 population) were two times more likely than females (233 patients per 100,000 population) to be admitted to hospitals for conditions wholly attributable to alcohol. During the same period, people in the most deprived areas (942 patients per 100,000 population), as measured by the Scottish Index of Multiple Deprivation, were six times more likely to be admitted to hospitals for conditions wholly attributable to alcohol than those

in the least deprived areas (143 patients per 100,000 population).

- In 2023, the European Age-sex standardised rate of wholly attributable alcohol deaths was 22.6 per 100,000 population and was broadly the same as the rate in 2022 (22.5 per 100,000).
- In 2023, the mortality rate for conditions wholly attributable to alcohol in males (32 per 100,000 population) was two times higher than the rate observed in females (14 per 100,000 population). During the same period, the mortality rate for conditions wholly attributable to alcohol in people residing in the most deprived areas (54 per 100,000 population) was six times higher than for those residing in the least deprived areas (9 per 100,000 population).

publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard/alcohol-consumption-and-harms-dashboard-20232024/

Wholly attributable alcohol hospitalisation rates, general acute hospitals, Scotland, 1981/82-2023/24



Alcohol sales hours to be limited from August in Latvia

On January 9 2025, the Saeima in Latvia adopted amendments to restrict the availability, advertising, and marketing of alcoholic beverages. 69 MPs voted in favour of the law change, and 10 against.

The amendments limit the time during which alcoholic beverages can be sold at retail outlets, websites and mobile apps. Alcohol will be available from 10am to 8 pm on Mondays to Saturdays (currently the limit is 10pm) and from 10 am to 6 pm on Sundays (currently 8pm). These amendments will enter into force on August 1 this year. Traders who have obtained a license to retail alcohol in a place where the opening hours exceed the limit (restaurants, bars) will have until December 31 to apply to the State Revenue Service for re-registration of their license. To limit impulse purchases, alcohol purchased on the internet - on a website or a mobile app - will be delivered to the customer no sooner than 6 hours after the order was placed.

The amendments also prohibit the advertising of alcohol prices and discounts in the press, in printed advertising and publications, in cinemas, on websites and online, via postal services (including e-mail), as well as in retail outlets and on the internet where alcoholic beverages are sold. Retail outlets will be required to display prominent signage warning that alcoholic beverages have adverse health effects, should not be sold to minors, and should not be purchased, used, or possessed by minors. To reduce impulse buying, the amendments include a ban on sales incentives that offer several units of alcoholic beverages at once at a lower price, as well as discounts on alcoholic beverages as part of a consumer loyalty program. Offering alcoholic beverages for free, as a gift, or as compensation in sales and service outlets will also be prohibited.

Systembolaget encourages adults to refuse underage alcohol requests in Sweden

Systembolaget, Sweden's state-owned alcohol retail monopoly, has introduced a campaign "Sometimes a No is the Finest Gift You Can Give". The initiative focuses on the importance of refusing to buy alcohol for teenagers, highlighting how such refusals can protect their health and future well-being.

Research shows that teenagers often obtain alcohol from people they know, including siblings, older friends, and even parents. Many adults rationalise providing small amounts of alcohol, believing it prevents teens from obtaining it elsewhere. However, Systembolaget emphasises that this belief is misguided. Studies show that half of all teenagers will not seek alcohol if someone close to them simply says no. Moreover, teens who receive alcohol from their homes often consume more than their peers.

Recognising that saying no can be difficult, Systembolaget offers four practical strategies to help adults refuse requests:

1. Show concern for safety – Emphasise that their well-being is your priority.
2. Remind them of the law – Supplying alcohol to

minors is illegal in Sweden.

3. Share personal experiences – Talk about regrets or negative consequences linked to alcohol use.
4. Highlight health risks – Stress the dangers of early alcohol consumption, especially its impact on young, developing brains.

The campaign underscores that delaying a teenager's introduction to alcohol reduces the risk of long-term health issues and alcohol dependency. Systembolaget aims to dispel the misconception that providing alcohol to teens is different from illegal bootlegging. Swedish law considers transferring alcohol to anyone under 20 as bootlegging, regardless of the intent or relationship. The campaign warns that even well-meaning gestures can have serious legal and health consequences, urging adults to prioritise the long-term well-being of young people.



Prevention plan targeting children and youth in Denmark

On November 14, 2023, the Ministry of the Interior and Health unveiled a new political agreement on a prevention plan. The 30 initiatives outlined aim to reduce alcohol, nicotine, and tobacco use among children and youth. Several of these initiatives required legislative changes, which were passed by Parliament in December 2024. The law introduces new requirements for businesses in these sectors.

Initiatives effective January 1, 2025 include:

- **Stricter penalties:** The Danish Safety Technology Authority will recommend higher fines for violations such as illegal sales of alcohol, tobacco, and nicotine products to minors, marketing of illegal products, and ineffective age verification systems online. For example, fines for selling alcohol illegally to minors will increase from a baseline of DKK 10,000 to DKK 50,000. In severe cases and repeated violations, courts will have the option to revoke a business's right to sell tobacco and nicotine products for a limited period. However, the right to sell alcohol cannot be revoked.
- **Seizures:** The authority will begin confiscating illegal products identified during inspections to prevent their continued sale in stores.

Stine Pedersen, head of office at the Danish Safety Technology Authority commented "With the new legislation, the Danish Safety Technology Authority gains stronger enforcement tools to act against those who consistently promote misuse of alcohol, nicotine, and tobacco among young people. Starting January 1, 2025, we will, among other measures, recommend higher fines for violations of the rules and, as a last resort, recommend revoking the right to sell tobacco and nicotine products."

Initiatives effective April 1, 2025 include:

- **New alcohol limit:** The permitted alcohol content for 16- and 17-year-olds will be reduced from 16.5% to 6%. The Danish Safety Technology Authority will monitor compliance with the new limit in physical stores and online shops and ensure appropriate signage regarding the age limit.
- **Ban on late-night alcohol sales to under-18s:** In nightlife zones designated by the police, it will be prohibited to sell alcohol to persons under 18 years of age between 10pm and 8am. The Danish Safety Technology Authority will oversee adherence to this ban.

Norway's proposal for warning messages on alcohol labels

In January 2025, a report was published by the Norwegian Ministry of Health and Care in which a system with nine different pictograms has been developed, as well as a proposal for more detailed regulations.

In 2022, the Norwegian Ministry of Health and Care decided that labeling could be a new and suitable instrument in alcohol policy. A report has now been published that proposes a system with 9 different pictograms for health labelling, as well as a proposal for more detailed regulations.

The health warnings now proposed have the following texts:

1. Alcohol can cause poorer sleep
2. Alcohol can worsen mental health problems
3. Heavy alcohol consumption increases the risk of dementia
4. Alcohol consumption by young people can disrupt brain development
5. Alcohol increases the risk of cardiovascular disease



6. Alcohol increases the risk of breast cancer
7. Alcohol increases the risk of colon cancer
8. Alcohol can cause birth defects.

There is also a pictogram with the general message "Every glass you don't drink is good for your health". Furthermore, each pictogram will have a link to the main government website with health information. The Directorate of Public Health believes that the aim of the labelling programme should be to increase public knowledge about health damage caused by alcohol consumption. The ministry has commented that the Norwegian public lacks knowledge about the link between alcohol consumption and various specific forms of health damage. To enable consumers to make informed choices for their own health, alcoholic beverages should be provided with the necessary health information.

Alcohol consumption in Japan declines

In Japan, the domestic market for alcoholic beverages has been shrinking due to a declining population and changing lifestyles. The annual per capita alcohol consumption in Japan is reported based on the volume of alcoholic beverages consumed. In 2022, consumption stood at 75.4 litres, a 25% decrease from the peak consumption year of 1992, when the average was 101.8 litres.

Tokyo was the only prefecture where per capita consumption surpassed 100 litres in fiscal 2022, reaching 102.9 litres. Other prefectures in the Tokyo metropolitan area fell below the national average: Kanagawa recorded 66.2 litres, Saitama 64.9 litres, and Chiba 63.7 litres. The higher consumption in Tokyo reflects its abundance of restaurants and bars, with many workers enjoying a drink near their offices before heading home. Prefectures with high per capita consumption included Toyama (96.6 litres), Aomori (94.1 litres), Kōchi (91.9 litres), and Akita (91.1 litres). On the other hand, Shiga recorded the lowest average consumption at 55.4 litres.

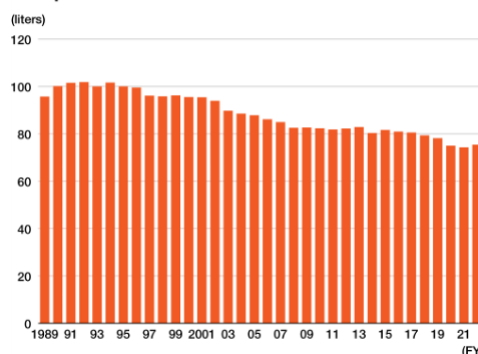
The breakdown by drink category highlights a significant decline in beer consumption. Beer sales volume peaked in 1994 at 7.06 million kilolitres and gradually declined, dropping below 1970 levels in 2009 and reaching just 2.10 million kilolitres by 2021. However, this drop was offset by the growing popularity of beer-flavoured alternatives

like low-malt happōshu and malt-free "third-beer" beverages, suggesting that the Japanese public has not lost its taste for beer.

Sake consumption in Japan has also seen a steep decline, despite gaining international recognition. In 2022, sake consumption totalled just 422,000 kilolitres, less than a third of the 1.57 million kilolitres consumed in 1970. Notably, UNESCO has acknowledged the traditional knowledge and techniques of sake-making with *kōji* mold as "intangible cultural heritage," underscoring its cultural significance even as domestic consumption decreases.

nippon.com/en/japan-data/h02229/

Annual Per Capita Consumption of Alcoholic Drinks in Japan



Created by Nippon.com based on data from the National Tax Agency. nippon.com

Monitoring the Future survey

In December, the Monitoring the Future national survey released its annual findings on adolescent drug use, marking its 50th consecutive year surveying 12th graders and its 34th year including 8th and 10th graders. The 2024 results reveal declines in alcohol, marijuana, and nicotine vaping, the most common substances used by adolescents.

Alcohol use in 2024 significantly declined in both 12th and 10th grade for lifetime and past 12-month use. In 10th grade, it also significantly declined for past 30-day use. The decreases in alcohol use in 2024 continue a long-term, overall decline that has taken place since the year 2000 in all three grades. From 2000 to 2024, past 12-month prevalence has decreased from 73% to 42% in 12th grade, from 65% to 26% in 10th grade, and from 43% to 13% in 8th grade.

Binge drinking, defined as consuming five or more drinks in a row at least once during the past two weeks, was lower in 2024 than in 2023 for all three grades, but these one-year decreases were not statistically significant. These decreases continue a slow but steady long term decline in which prevalence levels from 2000 to 2024 have fallen from 30% to 9% in 12th grade, from 24% to 5% in 10th grade, and from 12% to 2% in 8th grade.

Prevalence of being drunk in the past 12 months in 2024 significantly declined in 10th grade and was little changed in 8th and 12th grade. Being drunk has been in a long term decline in all three grades for lifetime, past 12-month, and past 30-day use. The declines began first among 8th graders after 1996, then among 10th graders after 2000, and in 12th grade after 2004, suggesting a cohort effect.

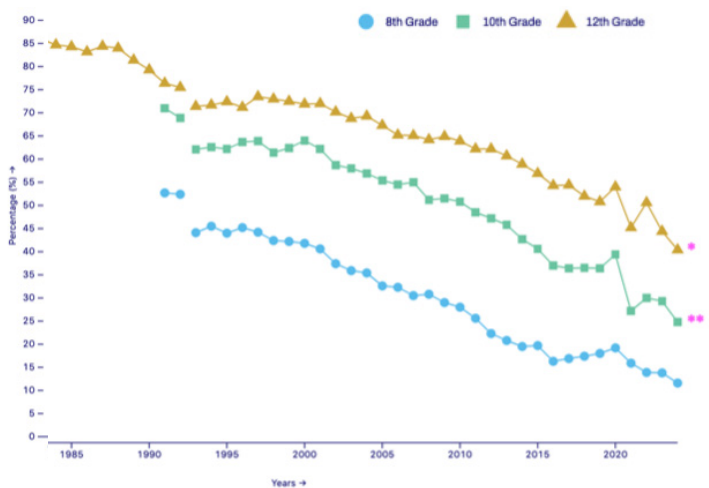
Prevalence of beer drinking declined in all grades for the three reporting intervals of lifetime, past 12-month, and past 30-day use in 2024. These declines were all statistically significant, with the one exception of past 30-day use in 8th grade, which at a 2024 prevalence of 2% had little room to fall further. In all grades and in all reporting intervals, levels are at the lowest recorded by the survey. These one-year declines were substantial, with lifetime use decreasing by from 32% to 23% in 12th grade, from 19% to 12% in 10th grade and from 9% to 5% in 8th grade. (The corresponding declines in overall alcohol use were not as large, suggesting that some youth eschewed beer but not alcohol use in general.

In the long term, beer use has declined substantially in all grades. From 1991 to 2024, lifetime use decreased in 12th grade from 82% to 32%, in 10th grade from 74% to 18%, and in 8th grade from 59% to 10%. Similarly large, long term declines have also taken place for past 12-month and past 30-day use.

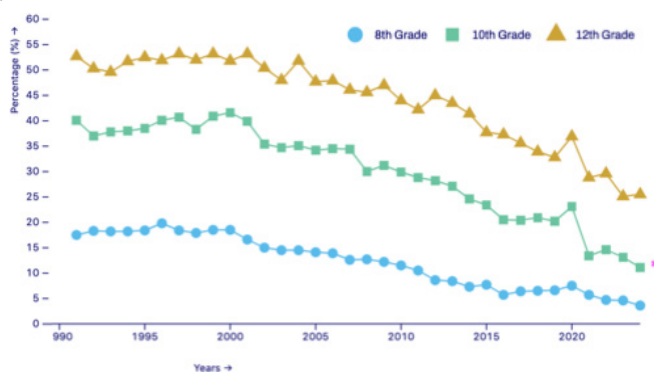
Use of hard liquor and wine consumption is asked only of 12th grade students. In 2024, prevalence of liquor consumption decreased for all reporting intervals, and the decline was statistically significant for lifetime and past 12-month use. Prevalence was at the lowest recorded by the survey for lifetime, past 12-month, and past 30-day use. However, one in six 12th graders reporting use of liquor in the past 30 days.

Prevalence of wine consumption declined for lifetime, past 12-month, and past 30-day use in 2024. Prevalence in 2024 was at record lows for all reporting intervals, following a substantial overall decline since 2000. From 2000 to 2024 lifetime prevalence declined from 64% to 28%, past 12-month from 45% to 16%, and past 30-day from 16% to 6%.

ALCOHOL: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



BEEN DRUNK: Trends in 12 Month Prevalence of Use in 8th, 10th, and 12th Grade



Use of flavoured alcoholic beverages (alcopops/malternatives) declined in all grades for lifetime, past 12-month, and past 30-day use. Levels are at the lowest recorded since this substance was first tracked in 2004 in all grades and for all reporting intervals. Use of these products has declined substantially over the past two decades. From 2004 to 2024, past 30-day use declined in 8th grade from 15% to 2%, in 10th grade from 25% to 6% in 2024, and in 12th grade from 31% to 15% in 2024.

In all three grades, prevalence levels of past 12-month use of alcoholic beverages containing caffeine were little changed in 2024. Since first tracked in 2011, annual use levels in these grades have declined substantially by more than 50%, resulting in levels of 10% in 12th grade, 7% in 10th grade, and 6% in 8th grade.

monitoringthefuture.org/wp-content/uploads/2024/12/mtf2025.pdf

US Surgeon General issues new advisory on link between alcohol and cancer risk

United States Surgeon General Dr Vivek Murthy has released a new Surgeon General’s Advisory on Alcohol and Cancer Risk, outlining the direct link between alcohol consumption and increased cancer risk. Alcohol consumption is the third leading preventable cause of cancer in the United States, after tobacco and obesity, increasing risk for at least seven types of cancer. While scientific evidence for this connection has been growing over the past four decades, less than half of Americans recognise it as a risk factor for cancer.

The Surgeon General’s Advisory includes a series of recommendations to increase awareness to help minimise alcohol-related cancer cases and deaths, including updating the existing Surgeon General’s health warning label on alcohol-containing beverages.

The direct link between alcohol consumption and cancer risk is well-established for at least seven types of cancer including cancers of the breast, colorectum, oesophagus, liver, mouth (oral cavity), throat (pharynx), and voice box (larynx), regardless of the type of alcohol (e.g., beer, wine, and spirits) that is consumed. For breast cancer specifically, 16.4% of total breast cancer cases are attributable to alcohol consumption.

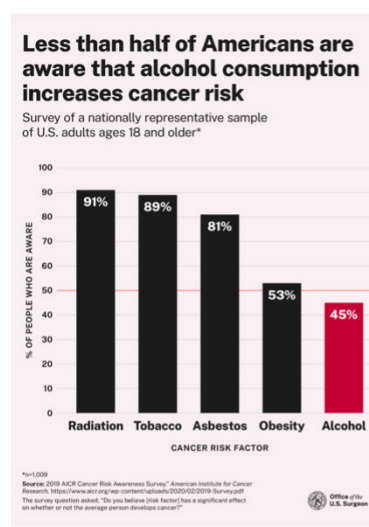
In the US, there are about 100,000 alcohol-related cancer cases and about 20,000 alcohol-related cancer deaths annually. Cancer risk increases as alcohol consumption increases. For certain cancers, like breast, mouth, and throat cancers, evidence shows that the risk of developing cancer may start to increase around one or fewer drinks per day. An individual’s risk of developing cancer due to alcohol

consumption is determined by a complex interaction of biological, environmental, social, and economic factors.

In addition to calling for an update on the Surgeon General’s health warning label on alcohol-containing beverages to now

include cancer risk, the Advisory makes further recommendations. It calls for a reassessment of the guideline limits for alcohol consumption to account for cancer risk, and it advises individuals to be aware of the relationship between alcohol consumption and increased cancer risk when considering whether or how much to drink. Additionally, public health professionals and community groups should highlight alcohol consumption as a leading modifiable cancer risk factor and strengthen and expand education efforts to increase general awareness, and health care providers should inform patients in clinical settings about this link and promote the use of alcohol screening and treatment referrals as needed.

hhs.gov/surgeongeneral/priorities/alcohol-cancer/index.html



2024 edition of Health at a Glance

The 2024 edition of Health at a Glance: Europe published by OECD in November, presents the state of European health systems as they continue their recovery from the COVID 19 pandemic and respond to the challenges and opportunities brought about by digitalisation, climate change and demographic changes.

One of the key findings from the report is that progress in addressing lifestyle risk factors has stalled, with persistent socio-economic disparities. Lifestyle risk factors such as the use of tobacco and related products, harmful alcohol consumption, poor nutrition, lack of physical activity and obesity account for a substantial share of the total burden of morbidity and mortality in EU countries. In 2021, approximately 1.1 million deaths in the EU, equivalent to nearly 21% of all deaths, were attributable to the combined impact of smoking, excessive alcohol use and high body-mass index. Despite ongoing efforts to curb unhealthy behaviours, risk factors remain prevalent across the EU. In 2022, 18% of adults were daily smokers and one in five adults reported heavy alcohol consumption on a monthly basis.

The report provides an analysis of trends in adolescent alcohol consumption. Repeated drunkenness, defined as being drunk on at least two occasions during their lifetime, continues to be common among adolescents in Europe. Nearly one in four 15 year olds have experienced repeated drunkenness, although this proportion has decreased over the last decade. By age 15, 23% of adolescents report having been drunk more than once in their life on average across EU countries.

More than 30% of 15 year olds in Denmark, Hungary, Bulgaria, Austria, Italy and Germany reported having been drunk more than once in their life in 2022. By contrast, this proportion is much lower in countries such as Portugal, Luxembourg, Ireland and France,

with 15% or less of 15 year olds reporting repeated drunkenness. Historically, boys were more likely than girls to report repeated drunkenness in most EU countries. However, this trend has shifted in recent years. In 2022, the gender gap on average across EU countries has closed. In fact, in 12 EU countries, a greater proportion of girls now report having been drunk more than once.

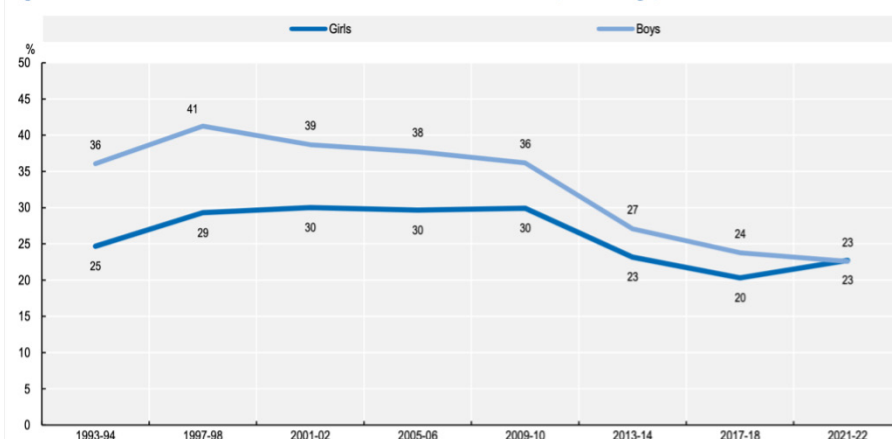
There has been a significant decrease in the proportion of adolescents reporting repeated drunkenness over the past two decades. In 2002, 39% of 15 year old boys across EU countries reported repeated drunkenness, but this figure dropped to 23% by 2022. A similar trend was observed among girls, with rates declining from 30% to 23%. However, more recent data comparing 2018 to 2022 show a mixed picture across the EU. Approximately half of the countries experienced a decrease in reported repeated drunkenness among adolescents. In the other half of countries, the rates either remained stable or increased during this four year period. Progress has therefore stalled in several countries.

Among adults, average alcohol consumption in the EU saw a modest decline of 0.3 litres (3%) between 2010 and 2022. Notable changes have occurred in several countries, with nine EU countries reporting a decrease of at least 10% in their average consumption per capita, having achieved the target from the European framework for action on alcohol 2022-25. In litres per capita, Lithuania recorded the largest reduction, decreasing by nearly 2.5 litres (17%) between 2010 and 2022, reflecting the implementation of stricter alcohol control measures in. Greece, Finland and Croatia also saw significant declines, with reductions of 24%, 22%, and 16% respectively compared to their 2010 levels. Five EU countries reported an increase of at

least 10% in per capita alcohol consumption over the same period, including Latvia, Spain and Romania, which had average consumption levels below the EU average in 2010, but surpassed the EU average by 2022.

In 2019, 19% of adults reported heavy episodic drinking at least once a month on average

Figure 4.7. Trends in adolescents who have been drunk more than once, EU average, 1994 to 2022



across the EU. The proportion varied widely, from less than 5% in Italy to more than 30% in Denmark, Romania and Luxembourg. Men were more likely to binge drink than women across the EU, 27% of men compared to 11% of women. The gender gap was most pronounced in Lithuania, where the prevalence among men was over four times that of women.

EU countries have implemented various policies and interventions aimed at reducing consumption and promoting responsible drinking. These include taxation, restrictions on availability and advertising regulations. However, the effectiveness of these measures is often limited by inadequate implementation, resource constraints and industry resistance. As part of Europe's Beating Cancer Plan, the EU has prioritised reducing harmful alcohol consumption, proposing actions such as limiting online advertising, reviewing taxation policies and mandating ingredient labelling and health warnings on alcohol products. In this regard, Ireland has taken a leading role, introducing Minimum Unit Pricing in 2022 and becoming the first country globally to mandate comprehensive health labelling for alcohol products from 2026.

OECD/European Commission (2024), *Health at a Glance: Europe 2024: State of Health in the EU Cycle*, OECD Publishing, Paris, doi.org/10.1787/b3704e14-en.

A report was also published for the Asia/Pacific region, which found that In this region alcohol consumption is highest among more developed countries and territories. Adults aged 15 years and over in Australia, New Zealand and Korea consumed over seven litres of alcohol per capita in 2020. In Japan, Lao PDR, Mongolia and Thailand, alcohol consumption was between six and seven litres. Because cultural and religious traditions in a

number of the remaining countries and territories prohibit drinking alcohol, consumption figures in these are minimal. In some countries and territories, only certain groups of people consume alcohol. In Thailand, for example, only about one third of adults drink alcohol, but still they have the highest per capita alcohol consumption in South-East Asia.

Average consumption increased very slightly by 0.1- 0.2 litres per capita in upper middle- and lower-middle-income Asia-Pacific countries and territories since 2010, although variations exist across countries and territories. Alcohol consumption declined by more than 0.5 litres per capita in Australia, China, DPRK and Korea. In Cambodia, Fiji, Lao PDR and Myanmar the increase in alcohol consumption per capita was at more than 0.5 litres per capita.

In many Asia-Pacific countries and territories, the proportion of people with bingeing and heavy

Figure 4.18. Heavy episodic drinking and road traffic deaths attributable to alcohol

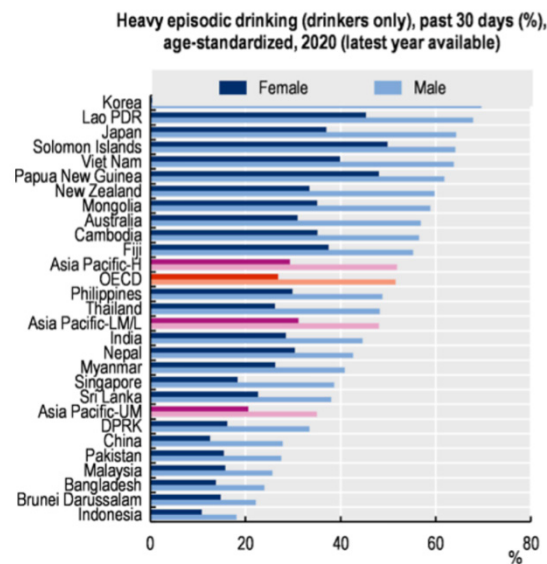
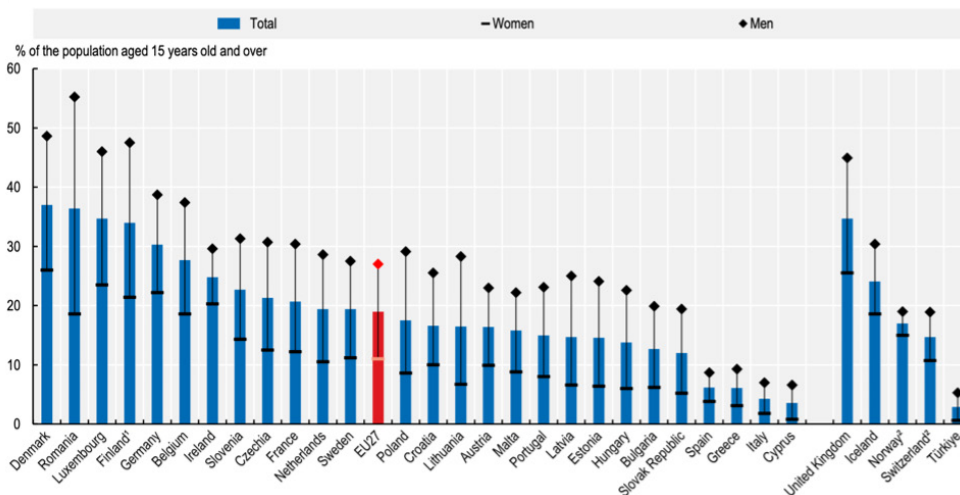


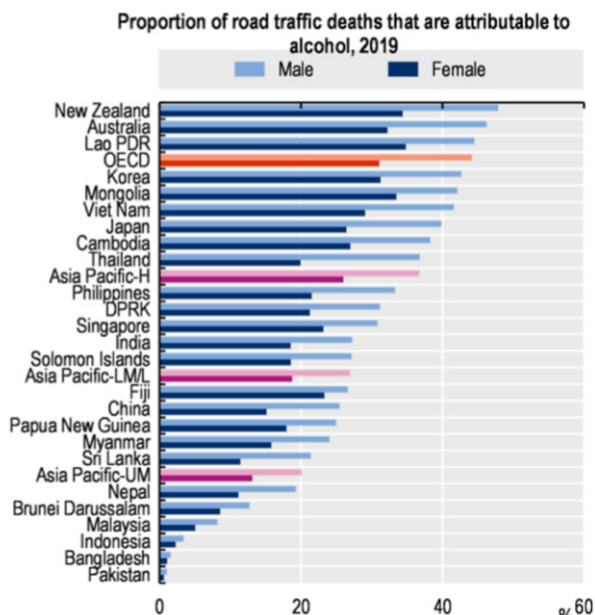
Figure 4.9. Proportion of adults who reported heavy episodic drinking, by gender, 2019 (or nearest year)



drinking has increased in recent years, and on average across countries and territories in the region, one in two men and almost one in three women reported heavy episodic drinking during the last 30 days in 2020. In Korea and Lao PDR, more than 65% of males and over 40% of women reported heavy episodic drinking during the past 30 days.

More than 1 in five road traffic deaths were attributable to alcohol in Asia-Pacific in 2019. New Zealand has the highest proportion of road traffic deaths associated with alcohol in the region, followed by Australia and Lao PDR. In all countries and territories in Asia-Pacific, the proportion of road traffic deaths attributable to alcohol was higher, for males than for females. The difference is particularly large in Thailand where the proportion for male (37%) is nearly twice the proportion for female (20%)

Source: OECD/WHO (2024), Health at a Glance: Asia/Pacific 2024, OECD Publishing, Paris, doi.org/10.1787/51fed7e9-en.



Review of Evidence on Alcohol and Health in the US

The Dietary Guidelines for Americans (DGA), which serves as the primary source of dietary guidance from the federal government, provides recommendations for dietary intake and healthful dietary patterns - including alcohol intake. DGA recommendations are informed by systematic reviews. The last review on alcohol and health conducted for the DGA focused on all-cause mortality in 2020

To inform the next edition of the DGA, Congress tasked the National Academies with convening an expert committee to independently review the evidence on the relationship between moderate alcohol consumption and eight health outcomes including obesity, cancer, and cardiovascular disease. The resulting report, Review of Evidence on Alcohol and Health, which was published in December, presents the committee’s findings and conclusions and does not offer dietary recommendations or advice.

For the report, the committee reviewed research dating to 2010 to look at the relationship between moderate drinking and a number of outcomes, including death from any cause, death from heart disease, breast cancer, colorectal cancer, head and neck cancer, weight changes and Alzheimer’s disease.

The report found that compared with abstaining from alcohol, moderate drinking was linked to a lower risk of death from any cause and a lower risk of death from heart disease, but it was also linked to an increased risk of breast cancer.

nap.nationalacademies.org/catalog/28582/review-of-evidence-on-alcohol-and-health

The Decanter reports that “In a normal cycle, the panel’s report would be reviewed by the officials at HHS and the USDA who craft the final guidelines. The panel’s recommendations are not always adopted, but they carry a lot of weight.

“But this year there is a second panel exploring alcohol and health, and rather than review existing scientific research, it is conducting its own. Members of this panel created by ICCPUD plan to use mathematical modelling to calculate how much harm alcohol causes in the US. Not only will they look at health issues that the dietary guidelines traditionally cover but also at traffic accidents and violence involving intoxicated people.

“The six members of the committee are substance abuse experts, many of whom have made their careers looking into alcoholism and advocating for governments to pass new rules to reduce drinking.

“A few months ago, a bipartisan group in Congress sent a letter to HHS, asking why an agency tasked with stopping underage drinking was doing research for guidelines on adult alcohol consumption. Their letter pointed out that this effort was not authorized or funded by Congress.

“We question why ICCPUD would choose to redirect limited resources away from its core responsibilities,” wrote Reps Mike Thompson of California and Dan Newhouse of Washington to HHS and USDA secretaries, in a letter signed by them and 111 colleagues. “The secretive process at ICCPUD and the concept of original research on adult alcohol consumption by a committee tasked with preventing underage drinking, jeopardizes the credibility of ICCPUD.”

Canada achieves decline in alcohol-related road fatalities as shifting drinking behaviours call for renewed focus

The Traffic Injury Research Foundation (TIRF) has released the 2024 Road Safety Monitor (RSM) on drinking and driving in Canada. The national opinion poll, combines insights from a random, representative sample of Canadian drivers with data from TIRF’s National Fatality Database to provide a comprehensive look at road safety trends. These findings can inform and align road safety policies and enforcement strategies in response to risky behaviours and attitudes as well as the development of education campaigns.

The report reveals that, deaths involving a drinking driver dropped to 459 in 2021, representing a 57.5% decrease from 1,079 in 1996. While progress is substantial, challenges remain. Self-reported driver behaviour in 2024 indicated 5.9% of Canadian drivers admitted to driving after drinking over the legal limit in the past 30 days, up slightly from 5.8% in 2023. In addition, female drivers were 62% less likely than male drivers to report driving after drinking over the legal limit. In 2024, each 10-year increase in age corresponded to a 25% reduction in the odds of driving after consuming alcohol above the legal limit.

Of concern, the percentage of drivers who drank alone before driving rose to 43.3% in 2024; an increase from 36.7% in 2023, reflecting broader issues similar to concerns about distracted driving and drug-impaired driving. 76.2% of Canadians identified drinking and driving as a significant public concern in 2024, with similar levels of concern reported for drivers using cellphones (71.8%) and drug-impaired drivers (72.8%). Most individuals who admitted to driving after drinking did so after consuming alcohol at home, but this behaviour declined slightly to 44.1% in 2024 compared to 46.4% in 2023.

“These findings make evident that enforcement and education strategies must evolve to address the nuances of impaired driving behaviours,” said Craig Lyon, TIRF Director, Road Safety Engineering. “For example, campaigns targeting potential impaired drivers at bars, restaurants and other social establishments may not reach their target audience, as more Canadians

report drinking at home before getting behind the wheel.”

Shifts in drinking patterns are being influenced by a combination of economic pressures, loneliness, and the convenience of home entertainment options such as online gaming and streaming services. This may make drinking at home more affordable and appealing for many Canadians. The role of social and economic factors is becoming increasingly apparent, with the rising cost of living and accessibility of home entertainment influencing drinking patterns.

“TIRF’s data underscore the status quo for tackling this issue is insufficient, and we need to innovate how we tackle impaired driving,” said Lyon. “We’re seeing shifts in drinking behaviours that call for evidence-based interventions, including social norming approaches, wrap around services to support treatment, and strategies for outreach to drivers who drink alone at home.”

“Canada’s efforts to address drinking and driving have saved countless lives, but emerging trends such as solitary drinking and increased drinking at home require new approaches,” said Milad Delavary, TIRF Research Scientist. “Understanding the social and economic factors behind these behaviours is essential to shape effective prevention strategies.”

tirf.ca/projects/road-safety-monitor-drinking-driving/

Figure 1 | Number of Canadians killed in road crashes involving a drinking driver

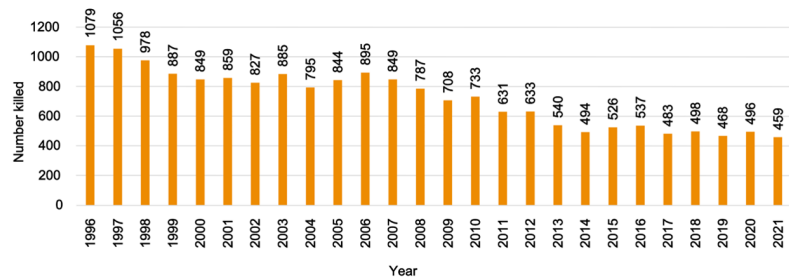
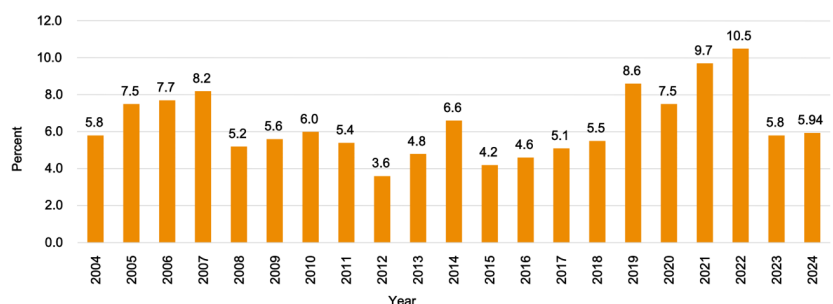


Figure 4 | Percentage that drove when they thought they were over the legal limit



Growth of \$4bn+ expected from no-alcohol category by 2028

Latest findings from IWSR’s No- and Low-Alcohol Strategic Study 2024 shows that the no- and low-alcohol drinks market have continued to grow, driven by changing consumer behaviours. Across 10 key markets, the combined no/low-alcohol market is expected to expand by +4% volume CAGR through 2028, with no-alcohol driving the majority of this growth, at +7% volume CAGR, while low-alcohol volumes remain broadly static. The no-alcohol category is expected to deliver incremental growth of US\$4bn+ by 2028.

According to the report, the no-alcohol segment recruits more new consumers than its low-alcohol counterpart, with an increase of 61m buyers versus 38m for low-alcohol (2024 vs 2022) in the 10 key markets (Australia, Brazil, Canada, France, Germany, Japan, Spain, South Africa, UK, US).

New recruits entering the category are younger than the core buyer demographic across markets, and demonstrate higher frequency and intensity of consumption. In line with global trends, alcohol purchases among no/low buyers are decreasing, particularly in the beer and wine categories. Across the 10 key markets, per capita consumption in litres of pure alcohol is at 80% of its level in 2000.

As the no/low category develops and more products come to market, other drivers besides alcohol moderation are becoming increasingly important

in increasing consumption frequency, particularly in emerging no-alcohol categories. Factors such as taste, availability and brand are increasing in importance in categories outside of no-alcohol beer.

Susie Goldspink, Head of No- and Low-Alcohol Insights at IWSR, notes: “As the no-alcohol category matures, consumers want more than just an absence of alcohol. They want products that deliver on taste, complexity, and overall drinking experience. This evolution is pushing the category further, prompting brands to innovate and raise the bar in terms of quality and variety.”

The report finds that availability is the biggest reason preventing people from drinking no/low more frequently in emerging no/low markets such as Brazil, South Africa, and the US. It is a barrier for fewer no/low buyers in more established markets such as Spain, France, Japan and Germany. Greater product availability in the on-trade and via ecommerce is helping to enable category growth.

Pricing is not a main barrier to purchase for consumers, but pricing can enable growth. In the UK and Spain – more developed no-alcohol spirits markets – pricing becomes more aligned with full-strength offerings as the category gains traction.

theiwsr.com/growth-of-4bn-expected-from-no-alcohol-category-by-2028/

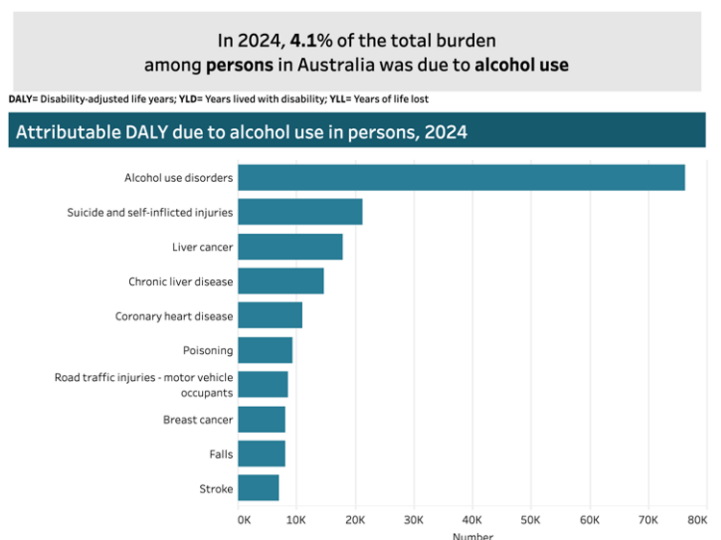
Australian Burden of Disease Study 2024

According to data from the Australian Institute of Health and Welfare published in December, 5.8 million years of healthy life were lost in 2024 in Australia. Australians experienced more burden from living with illness or injury (54%) than from premature death (46%). Overweight (including obesity) and tobacco use were the leading risk factors, and coronary heart disease, dementia, back pain, anxiety disorders and COPD were the top 5 diseases causing burden in 2024.

The Australian Burden of Disease Study 2024 revealed that alcohol use was the sixth highest risk factor contributing to the burden of disease, responsible for 4.1% of the total burden of disease and injury. The total burden of disease from alcohol use was 2 times higher in males than females (5.5% vs 2.6%). Alcohol use and illicit drug use were leading contributors to burden for males aged 15–44. The study also found that alcohol use contributed to a number

of diseases and injuries including 11% of the burden due to breast cancer.

aihw.gov.au/getmedia/40f122be-f6dd-4199-b830-dc1d389eb38c/aihw-bod-40.pdf



AIM – Alcohol in Moderation was founded in 1991 as an independent not for profit organisation whose role is to communicate “The Responsible Drinking Message” and to summarise and log relevant research, legislation, policy and campaigns regarding alcohol, health, social and policy issues.

AIM Mission Statement

- To work internationally to disseminate accurate social, scientific and medical research concerning responsible and moderate drinking
- To strive to ensure that alcohol is consumed responsibly and in moderation
- To encourage informed and balanced debate on alcohol, health and social issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format, contributed to by AIM's Council of 20 Professors and Specialists
- To publish information via www.alcoholinmoderation.com on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- To educate consumers on responsible drinking and related health issues via drinkingandyou.com and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, companies and associations to create programmes, materials or policies that communicate responsible alcohol consumption messages or work to reduce alcohol related harm.

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