

Contents

News from around the world

Medical news

Effect of moderate alcohol intake on blood apolipoproteins concentrations: A meta-analysis of human intervention studies 3

Association between dietary alcohol intake and migraine or severe headache miscellaneous pain 9

Association between alcohol consumption and the risk of incident chronic kidney disease 10

Daily alcohol intake and its negative association with constipation

Lipid profiles after changes in alcohol consumption

Impact of alcohol intake on skeletal muscle 11

Alcohol consumption and risk of early onset colorectal cancer

Alcohol consumption and risk of age-related macular degeneration and geographic atrophy progression 12

Post-cardiovascular disease healthy lifestyle, inflammation and metabolic biomarkers, and risk of dementia 13

The effects of wine consumption on lipid profile

Healthy dietary patterns in relation to cognitive performance and Alzheimer's disease mortality 14

Influence of alcohol on the intestinal immune system

Alcohol consumption has a J-shaped association with bacterial infection and death due to infection 15

Healthy lifestyle habits, educational attainment, and the risk of 45 agerelated health and mortality outcomes in the UK

The relationship between alcohol intake and all-cause mortality in participants with MASLD and MetALD 16

Influence of binge drinking on the resting state functional connectivity of university students

Alcohol consumption and ambulatory blood pressure-lowering effect in male patients on clinic blood pressure-guided antihypertensive treatment 17

Preventable cancer cases and deaths attributable to alcoholconsumption in Korea from 2015- 2030

Medical research by publication date 18

Social and Policy

Understanding health behaviours during and after marital dissolution

Text messaging interventions for unhealthy alcohol use in emergency departments 19

Effort-reward imbalance and problem drinking among workers

The relationship between grit and drinking behaviour among adolescents 20

Sports gambling and drinking behaviours over time

Disentangling the temporal relationship between alcohol-related attitudes and heavy episodic drinking in adolescents 21

2	Examining gender in alcohol research	
	Smoking, and to a lesser extent non-combustible nicotine use, is associated with higher levels of alcohol consumption and risky drinking	22
3	Taking pleasure seriously: Should alcohol research say more about fun? 'No safe level' advocates must take note	
9	Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland	23
10	A systematic review of adolescent alcohol-related harm trends in highincome countries with declines in adolescent consumption	
11	Current and future trends in the consumption, sale and purchasing of alcohol-free and low-alcohol products in Great Britain, 2014 to 2023	24
12	The detection and management of at-risk drinking and illicit drug use in acutely hospitalised patients	
	E-cigarettes, combustible tobacco and their dual use with binge drinking among US college students	25
13	Social and Policy research by publication date	
	UK Government urged to raise alcohol-free beer threshold in line with Europe	26
14	Liver disease set to rise by 54% by 2044 in Scotland	
	Sale of alcohol at Scottish football matches	27
	EU Interest Group on Health Inequalities, Prevention and Risk Factors	
	The health and social gains from drinking less alcohol	28
15	Spain to ban sale of alcohol to under-18s	
	UK Government to end relaxed licensing laws for outdoor drinking	29
16	Advertising alcohol-free versions of alcoholic drinks in Ireland	
	Minimum Unit Pricing: Lessons for England – IAS webinar	
	Excessive and heavy drinking at lowest level ever in the Netherlands	30
17	10% of Czechs drink alcohol excessively every day	31
	AI based software prevents underage purchases in Belgium	
18	NSW court diversion program use lowers rates of reoffending and imprisonment	32
	Finland -impacts of expanding wine sales	
	NSW government allows blood and urine samples post serious injuet crashes	33
	WHO report – Nordic Alcohol Monopolies	
	Sweden: Continued decline in alcohol consumption in 2024	
	Adoption of alcohol health warning labels (ahwls) across South East Asia	34
	Cambodia Policy White Paper	
	Alcohol safety ads targetAustralian travellers	35
	Zimbabwe bans unregulated liquor sales and public drinking	
	The Feeding Recovery Project	

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Latvia

In Latvia, a citizens' initiative "Alcohol from the age of 21" was handed to the Government for consideration by the Saeima on 6th March. The authors call for a ban on the sale, involvement in the consumption or possession of alcoholic beverages for those under the age of 21. Non-compliance with the ban would be punished in accordance with the legislation currently applied to young people under the age of 18. 77 MPs voted in favour of the initiative, no one voted against.

The Cabinet will assess whether raising the age limit for alcohol purchase to 21 years should be supported and will consider other measures that would achieve the objective of reducing alcohol consumption among young people. An evaluation will be prepared and submitted to the Parliament by October 31, 2026.

Sweden

The Swedish parliament is expected to vote on the government's "freedom reform" bill at the end of April. If all goes to plan, it could become law on 1 June.

Minister of Social Affairs, Jakob Forssmed, emphasised that the bill is not about increasing alcohol sales, but about stimulating tourism in rural areas. The law change would allow around 600 microbreweries, wineries, cideries and distilleries to sell their products directly to customers. However, the bill includes restrictions on how much people can buy: 0.7 litre of spirits, or 3 litres each of wine, beer and other alcoholic beverages. The sale must be in connection with a tour of the premises, a tasting session, or a lecture that will also have a "certain duration" and be subject to a fee. Yard sales will only be allowed between 10am and 8pm on weekdays.

France

Lawmakers in France have backed a bill (156-2 vote) making it easier to open bars in villages, aiming to better cement social ties and reduce isolation. France saw a sharp fall from about 200,000 bars and cafés serving alcohol in the 1960s to 36,000 by 2015. Most of the closures were in rural areas. A type-4 alcohol licence is required by law to open a bar selling alcoholic drinks, including hard spirits with more than 18% alcohol. Currently, no new such permits can be granted, and those planning to open a bar must wait until an existing drinking spot closes to acquire its licence.

The new legislation would allow prospective bar managers in communities with fewer than 3,500 people and without a bar to request a brand-new permit without such a wait. Local mayors would have the final say on whether to approve or deny such requests.

Thailand

The Thai House of Representatives has voted overwhelmingly to ease restrictions on alcohol sales and advertising, to help tourism and support smaller breweries.

Lawmakers passed second and third readings of an amended alcohol control bill with 365 votes in favour, 3 abstentions and no votes against. The legislation still needs approval from the Senate. Among other changes, the bill would revoke the 1972 military government order that bans sales of alcohol before 11 am and again between 2 to 5 pm.

Last month, Prime Minister Paetongtarn Shinawatra said the government will review a number of restrictions affecting tourism, including the ban on sales of alcoholic beverages on Buddhist holy days and via online channels.

Effect of moderate alcohol intake on blood apolipoproteins concentrations: A meta-analysis of human intervention studies

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Citation

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Author's Abstract

Background This study assessed the effect of alcohol intake (up to 40 g/d) on blood apolipoproteins (APOs) concentration in human intervention studies. Additionally, it evaluates whether the effect of alcohol intake on APOs differs depending on sex.

Methods The literature search was performed in PubMed, Cochrane, Embase, and Web of Science databases. The Cochrane risk of bias tool was applied. A total of 5559 articles were identified, yielding 80 articles for full-text screening. Twenty-five articles were included for data extraction.

Results Compared to no alcohol intake, alcohol intake up to a dose of 40 g/d showed an increase in Apolipoprotein A-I levels (ApoA-I) [mean difference (MD): 7.77 mg/dl, 95 % confidence interval (CI): 4.95 mg/dl, 10.59 mg/dl] and Apolipoprotein A-II levels (ApoA-II) [MD: 1.61 mg/dl, 95 % CI: 0.33 mg/dl, 2.90 mg/dl], but no significant change in Apolipoprotein B levels (ApoB) [MD: - 0.06 mg/dl, 95 % CI: - 3.38 mg/dl, 3.27 mg/dl]. Males showed a significant increase, while females showed a non-significant increase in ApoA-I levels [MD: 9.70 mg/dl, 95 % CI: 6.16 mg/dl, 13.28 mg/dl vs MD: 7.31 mg/dl, 95 % CI: - 0.67 mg/dl, 15.30 mg/dl]. The results had less certainty as most studies were at high risk of bias.

Conclusion Alcohol consumption up to 40 g/d increases ApoA-I and ApoA-II levels. Further research is required for ApoB. Considerations should be given when applying this research to practice. High-quality clinical trials with large sample sizes and longer intervention periods are required, focusing on including female participants.

Forum Summary

This meta-analysis by Khatiwada et al. (2025) is important since it evaluates the effects of moderate alcohol consumption on one of the mechanistic pathways involved in developing cardiovascular disease, namely lipoprotein metabolism. The authors conclude that alcohol consumption up to 40 grams per day increases apolipoprotein A-I and apolipoprotein A-II levels, whereas further research is needed for apolipoprotein B.

Apolipoprotein A-I is the main constituent of the lipoprotein HDL, which transports cholesterol from lipid-laden macrophages of atherosclerotic arteries to the liver for secretion into the bile.

This type of information may further establish the mechanisms underlying the protective effect of moderate drinking on cardiovascular disease. Other epidemiological studies have indicated that apolipoprotein A-I increase is one of the most important contributors to the protective effect of moderate drinking on cardiovascular disease.

Forum members point out that the present paper is based on results of clinical trials. Thus, there is no reason to worry about 'under-reporting' or other misclassification of alcohol exposure (sick quitters or former drinkers) that may occur when estimates are based only on self-reported consumption as in epidemiological studies. The authors considered all pooled results of 'low' or 'very low' quality, which was primarily caused by the absence of very specific information in the analysed papers. Forum members strongly believe, however, that the apolipoprotein A-I increase is a real effect due to the large consistency in clinical and epidemiological studies. Forum members also believe that the results are valid for men and women, although the level of significance is less for women as for men. Apolipoprotein A-I and its lipoprotein HDL are pivotal in cardiovascular disease protection but may also play an important role in other chronic diseases like diabetes type II and other diseases.

Forum comments

Background

Cardiovascular disease (CVD) is a chronic disease contributing to global mortality and morbidity. In many Western World countries, CVD is the main cause of death for middle-aged and older individuals (GBD 2019 Diseases and Injuries Collaborators, 2020). CVD is also a disease that may be prevented by adjusting lifestyle (Magnussen et al., 2023). Non-smoking, being physically active, maintaining a healthy body weight, and maintaining a healthy dietary pattern may prevent a considerable portion of CVD deaths (Zhang et al., 2021).

A long-lasting discussion exists on the role that moderate alcohol consumption may play. A

vast body of epidemiological data suggests that moderate alcohol consumption is associated with a reduced incidence of CVD morbidity and mortality (e.g., Ding et al., 2021). Some studies even suggest that moderate alcohol consumption on top of a healthy lifestyle further reduces the risk of myocardial infarction in US men (Mukamal et al., 2006).

It is, however, important to understand what the mechanism may be underlying the epidemiological association between moderate alcohol consumption and CVD. A well-described mechanism will further substantiate an epidemiological association showing cause and effect. In the case of moderate alcohol consumption and CVD, various mechanistic pathways have been suggested and researched (Brien et al., 2011). Mechanistic research has been performed in various ways, such as using pathway indicators or biomarkers as a covariate in epidemiological studies or studying biomarker changes in controlled nutrition intervention studies. Biomarker changes have been incorporated as association-modifying parameters in epidemiological studies, and it has been shown that some biomarkers may be more relevant than others.

Rimm et al. (1996) observed that there was a significant dose-response relationship between alcohol consumption and the plasma concentration of high-density lipoprotein cholesterol (HDL), and its primary constituent apolipoprotein A-I, which was not significant for the other lipid biomarkers. HDL transports cholesterol from lipid-laden macrophages of atherosclerotic arteries to the liver for secretion into the bile, referred to as reverse cholesterol transport. HDL is also involved in inhibiting oxidation, inflammation, activation of the endothelium, coagulation, and platelet aggregation associated with atherosclerosis leading to coronary heart disease and peripheral artery disease (Chambless et al. 1997). In addition, HDL inhibits certain changes associated with the oxidative modification of low-density lipoprotein cholesterol (LDL) by endothelial and smooth muscle cells (Durrington 1993, Klimov et al. 1993, Mackness et al. 1993). Therefore, a low plasma concentration of HDL and its constituents is a risk factor for CVD. Studies comparing the effects of beer, wine and spirit consumption on the plasma concentration of lipids observed that they all increased the plasma concentration of HDL (Parker

et al. 1996, Ruideavte et al. 2002, de Jong et al. 2008), suggesting that this is an alcohol-associated cardioprotective biological mechanism. Alcohol increases the plasma concentration of HDL by stimulating the hepatic synthesis and secretion of its subcomponents, apolipoproteins A-I and A-II (Branchi et al. 1997, Sierksma et al. 2002).

Consequently, a meta-analysis of 42 experimental studies by Rimm et al. (1999), which examined the effects of alcohol consumption on CVD biomarkers, attributed the cardioprotective effect of light-to-moderate alcohol consumption: 60% to HDL-cholesterol, 20-30% to fibrinogen, 5-10% to insulin and 0-5% to other haemostatic factors. The meta-analysis also estimated that 30 g of alcohol per day would increase the plasma concentration of HDL by approximately 4 mg/dL, which would be associated with a 17% reduction in risk of coronary heart disease. It would also decrease the plasma concentration of fibrinogen by approximately 0.075 g/L, which would be associated with a 12.5% reduction in risk of coronary heart disease (Hines and Rimm 2001). This translated into an overall 24.7% reduction in the risk of coronary heart disease from the consumption of 30 g of alcohol per day. Klatsky and Udaltsova (2007) further translated this into a 10% reduction in risk of all-cause mortality.

A subsequent study by Mukamal et al. (2005) also suggested that up to 75% of the beneficial moderate alcohol consumption-CVD association could be explained by changes in the biomarkers HDL (increase), fibrinogen (decrease) and HbA1c (decrease).

Nutrition intervention studies have compared alcohol consumption with consuming a control beverage and have shown multiple changes in biomarkers, like those for lipoprotein metabolism, haemostasis, glucose homeostasis, inflammation and antioxidant status. Nutrition intervention studies, however, vary in design, in- and exclusion criteria, and statistical and analytical methods. Consequently, this meta-analysis by Khatiwada et al. (2025) is important since it evaluates the effects of moderate alcohol consumption on one of the mechanistic pathways, namely lipoprotein metabolism. This type of information may further establish the mechanisms underlying the protective effect of moderate drinking on CVD.

The authors conclude that alcohol consumption up to 40 g/day increases ApoA-I and ApoA-II levels, whereas further research is needed for ApoB.

Critique

This meta-analysis by Khatiwada et al. (2025) is a follow-up of various other reviews and meta-analyses. Rimm et al. (1999) arrived at similar results on ApoA-I as did Huang et al. (2017) and Spaggiari et al. (2020). Although other studies included other parameters not related to lipoprotein metabolism such as haemostatic factors and flow-mediated dilatation, Khatiwada et al. (2025) also analysed Apo A-II and Apo-B, studied gender differences and graded the certainty of evidence for each nutrition intervention.

Fortunately, results on Apo A-I from the various meta-analyses are quite consistent, only minor differences were observed in the magnitude of the changes. This may be surprising since the studies selected by Khatiwada et al. (2025) and others vary in numerous design aspects, such as length of intervention, dietary control, alcohol dosage, analytical methods and participant selection criteria.

A consistency in ApoA-I increase resulting from moderate alcohol consumption is relevant since ApoA-I, the major protein component of HDL, is considered to play an important role in many of the antiatherogenic functions of HDL (Stoekenbroek et al., 2015). These functions include reverse cholesterol transport and anti-inflammatory effects. Unfortunately, there is little discussion on how the results of this study by Khatiwada et al. (2025) may be translated into functional aspects and relevance to the moderate alcohol consumption – CVD association. Some of the authors of Khatiwada et al. (2025) did additionally analyse ApoA-I containing HDL subfractions and their functionality (Wilkens et al., 2022). They concluded that cholesterol efflux capacity and paraoxonase activity were consistently increased. Therefore, Wilkens et al. (2022) proposed that alcohol up to 60 g/day can cause changes in lipoprotein subfractions and related mechanisms that could influence cardiovascular health. Khatawadi et al. (2025) chose to remark, however, that caution should be applied when applying this evidence to practice.

The studies selected by Khatawadi et al. (2025) also provided little opportunity to compare genders due to limited numbers of studies available. This may be less of an issue for ApoA-I as compared to ApoB, since HDL (containing ApoA-I) is increased after moderate alcohol consumption in men

as well as in women. However, there may be a clear difference for women depending on their postmenopausal status. Since CVD incidence rises sharply in women after menopause (El Khoudary et al., 2020), which is accompanied by distinct changes in lipoproteins (Wu et al., 2023). Therefore, subdividing studies in women, who were either postmenopausal or premenopausal, may have a substantial effect on the ApoB changes induced by moderate alcohol consumption. Other authors have suggested that ApoB may be reduced in moderately drinking premenopausal women (Clevidence et al., 1995), but hardly in moderately drinking postmenopausal women (Baer et al., 2002).

Furthermore, the meta-analysis of Khatiwada et al. (2025) suggests large bias in the clinical trials, although the effects of this bias may be overestimated overall. Bias was considered present when, in the randomization domain, details were incomplete or missing. Also, when information was lacking on wash-out periods in cross-over studies and carry-over effects, analyses were categorized as 'high risk' for bias. So, when authors did not include information in their papers on, for instance, randomization in a cross-over design, possibly due to restrictions of space or restrictions imposed by reviewers or journal editors, the risk of bias would increase from 'low risk', which was the best achievable level, to 'some concern' or 'high risk'. Specifically in the case of cross-over designs, risk for randomization effects is extremely small, for example, since all participants receive all treatments. Similarly, period effects will not exist when the cross-over design is balanced for all treatments. Carry-over effects may occur but are unlikely when interventions are maintained for a longer period. Studies suggest that three weeks is needed for ApoA-I and HDL to rise to a maximum as well as their functionalities, such as paraoxonase activity and reverse cholesterol transport (Sierksma et al., 2002). Therefore, a selection of nutrition interventions of sufficiently long intervention duration may have provided more consistent and convincing results.

Overall, and unfortunately, classification of all pooled results as 'low' or 'very low' quality does not add to the consensus on the mechanisms that may or may not be involved in the moderate alcohol consumption-CVD association.

Specific Comments from Forum Members

Forum member Ellison considers that “It is reassuring that the limited number of human clinical trials that could be included in the present meta-analysis confirm a strong association between alcohol consumption and lipid factors that relate to the risk of cardiovascular disease. As stated, since similar lipid changes are seen for consumers of all types of alcoholic beverages (i.e., beer, wine and spirits), they likely relate to the alcohol content in these drinks.

Not evaluated in this meta-analysis is whether specific types of beverages, especially wine, may also have other mechanisms that affect risk. Most previous observational studies, as well as both animal and human experiments, have shown that the polyphenolic compounds in wine, in addition to its alcohol content, are associated with other metabolic factors that reduce the risk of such diseases.

Clinical trials in humans strengthen the consistent findings of almost all prospective epidemiologic studies based on self-report of alcohol intake that show lower risk of cardiovascular diseases among moderate drinkers than among similar people who are lifetime abstainers. Since the present paper is based on results of clinical trials, we do not have to worry about ‘under-reporting’ or other misclassification of alcohol exposure that may occur when estimates are based only on self-reported consumption.”

Forum member Skovenborg comments on the non-significant increase in Apo AI levels in females: MD: 7.31 mg/dl, 95% CI -0.67 mg/dl, 15,30 mg/dl. “The P value can be viewed as a continuous measure of the compatibility between the data and the entire model used to compute it, ranging from 0 for complete incompatibility to 1 for perfect compatibility, and in this sense may be viewed as measuring the fit of the model to the data. Too often, however, the P value is degraded into a dichotomy in which results are declared “statistically significant” if P falls on or below a cut-off (usually 0.05) and declared “nonsignificant” otherwise. (Greenland et al.,

2016). Any particular threshold is arbitrary and the dichotomization into significant and non-significant results encourages the dismissal of observed differences. To the naked eye it is obvious that there is no real difference between the results of males and females.”

Forum member McIntosh considers that “Tables 1 and 2 (below) demonstrate the prophylactic effect of alcohol use on the four most prominent causes of death. Except for cancer, diabetes, coronary artery disease and stroke all respond positively up to 3 or 4 drinking days per week. This data comes from the 2022 Behavioral Risk Factor Surveillance System (BRFSS). These are based on the responses to questions such as “have you been told that you had melanoma or any other types of cancer?” The downward non-linear trajectory of prevalence rates as the frequency of drinking increases is confirmed by the quadratic functional representation in the Logit probability models, except cancer, which shows higher probabilities of occurrence as respondents drink more often. For the other three diseases, alcohol is beneficial at lower consumption frequencies but becomes harmful at higher frequencies.

One of the interesting features of these results is that diabetes, coronary artery disease and stroke respond similarly to the frequency of alcohol consumption but have different physiological

Table 1. Drinking Days Per week by Disease Type: Men and Women

Drinking Days/Wk.	Cancer	Diabetes	Heart Disease	Stroke	Category %
0	0.081	0.174	0.069	0.052	64.4
1	0.070	0.095	0.039	0.026	14.8
2	0.074	0.068	0.037	0.020	7.3
3	0.085	0.062	0.038	0.022	5.1
4	0.094	0.061	0.042	0.022	4.6
5	0.105	0.060	0.049	0.027	3.2
6	0.114	0.062	0.054	0.024	1.4
7	0.130	0.076	0.062	0.040	1.8
Average	0.081	0.140	0.059	0.0418	

Sample Size: 381987

Table 2. Regression Coefficients for Logit Disease Models

	n	n ²
Cancer	0.032 (0.010)	0.010 (0.002)
Diabetes	-0.739 (0.011)	0.091 (0.002)
Heart Disease	-0.506 (0.014)	0.076 (0.002)
Stroke	-0.347 (0.021)	0.053 (0.004)

n is the number of drinking days per week; terms in round brackets

profiles. Hence, the study here is interesting because it sheds light on the mechanisms that cause alcohol use to reduce the likelihood of getting them. At a time when many researchers and public institutions are making claims which deny or diminish the importance of alcohol use as a prophylactic in combating these diseases, it is important to be able to understand why these diseases are so prevalent. Prominent studies that fall into this category are Wood et al., (2018), Zhao et al., (2024), and some of the institutional policy documents like the Canadian Centre for Substance Use and Addiction Guidelines (2024) and the US Surgeon General's (2024) document about excessive alcohol use and cancer. Many of the academic studies get results which support the position that small amounts of alcohol or none lead to the lowest risk of cancer. Most of these studies employ covariates in their models, which are correlated with alcohol use so that the true effect of alcohol use on heart disease or diabetes is understated, a result shown in Hendriks, McIntosh, and Stockley (2025). The studies considered in the meta-analysis reviewed here either do not use covariates that are correlated with alcohol use or their impact is small so that the relation between alcohol use and the apolipoprotein contained in HDL-cholesterol is unlikely to be compromised. The effects on diseases of these two compounds are likely to be substantial and highly correlated, so this is a major contribution in the war against the anti-alcohol lobby.

So why does alcohol use reduce the probability of getting coronary artery disease and stroke? Many studies show that the mechanism involves the effect of alcohol use on HDL-cholesterol. Klatsky (2015, p. 243), for example, notes that "alcohol use increases HDL-cholesterol and this removes harmful lipids from blood vessel walls; a long-term effect; and is also a possible antioxidant and lowers risk of type II diabetes mellitus possibly by reducing insulin resistance." Apolipoprotein is a major component in HDL-cholesterol, and it is thought to speed up the transfer of these harmful lipids to the liver, where they are excreted. Higher HDL cholesterol also reduces the probability of diabetes, but the mechanism is different. Higher HDL-cholesterol together with lower levels of triglycerides reduces insulin resistance (Yuge et al., 2023). Hence, HDL-cholesterol plays a major role in determining the probabilities of having cardiovascular disease or diabetes, possibly

for different reasons. How this relates to the relative role that the constituent protein of HDL-cholesterol, apolipoprotein, plays in reducing disease probabilities is an interesting question which deserves further research."

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- Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:
- Henk Hendriks, PhD, Netherlands
- Creina Stockley, PhD, MBA, Independent consultant and Adjunct Senior Lecturer in the School of Agriculture, Food and Wine at the University of Adelaide, Australia
- R. Curtis Ellison, MD, Section of Preventive Medicine/Epidemiology, Boston University School of Medicine, Boston, MA, USA
- Richard Harding, PhD, Formerly Head of Consumer Choice, Food Standards and Special Projects Division, Food Standards Agency, UK
- Erik Skovenborg, MD, specialized in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark
- James McIntosh, PhD, Retired Professor of Economics, Concordia University, Montreal, Canada

Association between dietary alcohol intake and migraine or severe headache miscellaneous pain

The relationship between alcohol consumption and migraine or severe headache remains controversial in the existing literature. Given that alcohol is a widely consumed beverage, clarifying the relationship between alcohol and migraine or severe headaches can help manage the patient's condition. A study investigated the potential relationship between alcohol consumption and migraine or severe headache.

Employing National Health and Nutrition Examination Survey (NHANES) database records spanning March 1999 to December 2004, the relationship between alcohol consumption level and migraine or severe headaches was modelled using subgroup analyses and interaction tests to

explore the stability of this relationship across different stratified populations. A total of 13,083 subjects were enrolled.

The odds of migraine or severe headache decreased with increasing dietary alcohol intake. This was more pronounced in the older and male subgroups. There was a significant negative association between dietary alcohol intake and the odds of having migraine or severe headache.

Source: Tang, Y., Zhang, K., Zhang, Y., Jia, X., Li, J., Hu, J., He, X., Chen, X. and Wu, J. (2025), Association Between Dietary Alcohol Intake and Migraine or Severe Headache Miscellaneous Pain: The NHANES 1999–2004. *Brain Behav*, 15: e70400. doi.org/10.1002/brb3.70400

Association between alcohol consumption and the risk of incident chronic kidney disease

A study examined the effects of alcohol consumption on chronic kidney disease (CKD) risk in community-dwelling older adults.

A nationwide retrospective observational study was conducted using NHIS-Senior cohort data (2009–2018). Adults aged ≥ 65 years with an estimated glomerular filtration rate (eGFR) ≥ 60 mL/min/1.73 m² were included. Alcohol consumption was classified as non-drinking, mild, moderate, or heavy drinking. CKD onset was defined as eGFR < 60 mL/min/1.73 m².

Of the 122,319 subjects, the non-, mild, moderate, and heavy drinking groups comprised 99,091 (81.0%), 14,842 (12.1%), 4,257 (3.5%), and 4,139 (3.4%), respectively. During follow-up, 19,796 (20.0%), 4,636 (31.2%), 1,696 (39.8%), and 1,695 (41.0%) patients developed CKD in the non-, mild, moderate, and heavy drinking groups, respectively. Analyses showed a significantly increased risk of incident CKD in all drinking

groups compared with non-drinkers. However, hazard ratios (HR) for developing CKD were 0.90 (95% confidence interval [CI] 0.87–0.94) for mild, 0.89 (95% CI 0.84–0.95) for moderate, and 0.93 (95% CI 0.88–0.99) for heavy drinkers. In subgroup analysis, the beneficial effect of alcohol consumption on incident CKD was prominent among moderate drinkers aged 65–74 years and mild drinkers aged ≥ 75 years, in males and mild drinkers aged < 85 years in females.

This study shows that alcohol consumption is negatively associated with the risk of incident CKD in older adults, particularly among males.

Source: Sun IO, Lee H-S, Lim C, Bae E, Hyun YY, Chung S, Kwon SH, Cho J-H, Yoo KD, Park WY, et al. Association Between Alcohol Consumption and the Risk of Incident Chronic Kidney Disease: A Korean Nationwide Study of Community-Dwelling Older Adults. *Nutrients*. 2025; 17(6):983. doi.org/10.3390/nu17060983

Daily alcohol intake and its negative association with constipation

Alcohol consumption's association with constipation has not been adequately studied in large-scale population research. A study investigated the association between daily alcohol intake and constipation in adults by analysing data from the 2005–2010 National Health and Nutrition Examination Survey (NHANES).

Data from NHANES participants aged over 20 years from 2005 to 2010 were analysed and the association between daily alcohol intake and constipation were assessed. A total of 14,465 participants were included in the study. Participants were categorised based on daily alcohol intake into five groups: non-drinking (Q1) at 0 g, with 10,095 participants; light drinking (Q2) ranging from 0.1 to 10 g, with 1,300 participants; moderate drinking (Q3) from 10.1 to 20 g, with 959 participants; heavy drinking (Q4) from 20.1 to 40 g, with 1,102 participants; and heavier drinking (Q5) over 40 g, with 1,009 participants.

After adjusting for multiple confounders, a significant inverse association was found between daily alcohol intake (as a continuous variable) and constipation, with an OR of 0.98 (95% CI: 0.96–

0.99). Compared to non-drinkers (Q1), the risk of constipation progressively decreased among light (Q2), moderate (Q3), heavy (Q4), and very heavy drinkers (Q5). In the analysis, the OR for the heaviest drinkers (Q5) was 0.24 (95% CI: 0.11–0.52), with a significant trend test. Restricted cubic spline analysis revealed a significant nonlinear inverse relationship between alcohol intake and constipation. No significant interactions were observed in the subgroup analysis.

This study identified a significant inverse association between daily alcohol intake and constipation. Future research should employ more rigorous designs, such as prospective cohort studies, to confirm the association between alcohol intake and gut health and to elucidate the underlying biological mechanisms to assess the potential benefits and risks of alcohol consumption.

Source: Chen, WX., Peng, XF., Yu, M. et al. Daily alcohol intake and its negative association with constipation based on NHANES data 2005–2010. *Sci Rep* 15, 10021 (2025). doi.org/10.1038/s41598-025-91899-9

Lipid profiles after changes in alcohol consumption

A study investigated whether changes in alcohol consumption, both initiation and cessation, are associated with low-density lipoprotein cholesterol (LDL-C) and high-density lipoprotein cholesterol (HDL-C) in settings outside intense interventions.

The cohort study included individuals undergoing annual checkups at a centre for preventive medicine in Tokyo, Japan, from October 2012 to October 2022. Individuals treated with lipid-lowering medications were excluded. Data were analysed from May to December 2024. Alcohol initiation (vs remaining abstainer) and cessation (vs continuing same alcohol intake) between 2 consecutive visits were recorded. One standard drink was equivalent to 10 g of pure ethanol.

Among the 328,676 visits from 57,691 individuals (mean [age, 46.8 years; 53% female), the cohort for evaluating alcohol cessation comprised 49 898 visits among 25,144 participants (mean [SD] LDL-C, 114.7 [28.4] mg/dL; mean [SD] HDL-C, 65.5 [16.4] mg/dL).

Alcohol cessation was associated an increase in LDL-C of 1.10 mg/dL (95% CI, 0.76 to 1.45 mg/dL) among those discontinuing habits of fewer than 1.5 drinks/d, 3.71 mg/dL for 1.5 to 3.0 drinks/d, and 6.53 mg/dL for 3.0 or more drinks/d. Cessation was associated with a reduction in HDL-C: -1.25 mg/dL

among those discontinuing habits of fewer than 1.5 drinks/d, -3.35 mg/dL for 1.5 to 3.0 drinks/d, and -5.65 mg/dL for 3.0 or more drinks/d.

In subgroup analyses, alcohol cessation was associated with increased LDL-C levels among younger participants, female participants, and those with lower BMI, lower prior LDL-C, and higher prior HDL-C, whereas decreased HDL-C levels were associated with older age, lower BMI, lower prior LDL-C, and higher prior HDL-C. The cohort for evaluating alcohol initiation (107,880 visits; 29,042 participants) showed inverse dose-response associations.

In a cohort study of 57,691 individuals undergoing annual health checkups at a centre for preventive medicine in Japan, alcohol cessation was significantly associated with increased LDL-C and decreased HDL-C levels compared with continuing alcohol intake. Alcohol initiation showed opposite significant associations, with these changes more pronounced at higher consumption levels. These results suggest that monitoring lipid profiles after changing alcohol habit is essential for optimising cholesterol management.

Source: Suzuki T, Fukui S, Shinozaki T, et al. Lipid Profiles After Changes in Alcohol Consumption Among Adults Undergoing Annual Checkups. *JAMA Netw Open*. 2025;8(3):e250583. doi.org/10.1001/jamanetworkopen.2025.0583

Impact of alcohol intake on skeletal muscle

A study sought to clarify the impact of alcohol intake on skeletal muscle mass (SMM) using data from Japanese health checkup recipients (8,405 males and 11,509 females) in a large cross-sectional analysis.

The fat-free (FF) index (indicating the body's muscle development) was regarded as the FF mass divided by height squared (kg/m²). The subjects were classified into four groups (type A (never drinker), B (chance or mild drinker), C (moderate drinker), and D (severe drinker)) according to the amount of alcohol consumed.

The average age in males and females was 52.2 and 50.1 years, respectively. The average FF index in males and females was 18.5 and 15.1 kg/m², respectively. The proportion of subjects of type A, B, C, and D was 36.5%, 44.2%, 5.9%, and 13.4%,

respectively, in males, and 59.8%, 31.3%, 3.7%, and 5.1%, respectively, in females. The average FF index in type A, B, C, and D males was 18.43, 18.62, 18.12, and 18.16 kg/m², respectively. The average FF index in type A, B, C, and D females was 15.17, 15.14, 15.15, and 14.78 kg/m², respectively.

The authors conclude that habitual heavy drinking has a negative effect on SMM. However, from the standpoint of maintaining SMM, it is not necessary to completely abstain from alcohol.

This paper belongs to the Special Issue of the journal *Nutrients* on Alcohol Consumption and Human Health

Source: Matsui M, Fukuda A, Onishi S, Ushiro K, Nishikawa T, Asai A, Kim SK, Nishikawa H. Impact of Alcohol Intake on Skeletal Muscle: A Large Cross-Sectional Analysis in Japanese Adults. *Nutrients*. 2025; 17(5):894. doi.org/10.3390/nu17050894

Alcohol consumption and risk of early onset colorectal cancer

The existing evidence has shown a positive association between alcohol consumption and an increased risk of colorectal cancer (CRC). However, the evidence is primarily based on studies of CRC in all ages, and the role of alcohol in early onset colorectal cancer (EOCRC) remains to be determined. A study investigated an association between the increasing incidence of EOCRC and alcohol consumption.

A systematic search was conducted of PubMed, EMBASE, Cochrane and Web of Science up to June 2024 for studies that evaluated the association of alcohol intake with EOCRC risk and report specific results. Three cohort studies and eight case-control studies were eligible and included in the review.

The results were pooled in meta-analyses, which yielded a heightened risk of EOCRC for increased

alcohol intake (OR = 1.56, 95% CI 1.28-1.89). In the subgroup analysis, no significant differences were found in the association between alcohol consumption and the risk of developing EOCRC across gender, location or tumour site. The results of sensitivity analysis and publication bias indicated that the conclusion was robust.

This meta-analysis provides possible evidence for an association between alcohol consumption and risk of EOCRC. More research is needed in the future to confirm these findings.

Source: Huang S, Yu L, Xiong F, Zhang B, Ruan S. Alcohol consumption and risk of early onset colorectal cancer: A systematic review and meta-analysis. *Colorectal Dis.* 2025; 27:e70046. doi.org/10.1111/codi.70046

Alcohol consumption and risk of age-related macular degeneration and geographic atrophy progression

A group of researchers examined the potential relationships between alcohol consumption and age-related macular degeneration (AMD) progression, including progression to late AMD and geographic atrophy (GA) enlargement rate.

Using post hoc analysis of cohorts within the Age-Related Eye Diseases Study 2, the study included a total of 6,670 eyes (of 3,673 participants) with no late AMD at baseline; 1,143 eyes (of 841 participants) with GA at ≥ 2 consecutive visits. Colour fundus photographs were collected at annual study visits and graded centrally for late AMD, GA area, and GA proximity. Alcohol consumption was calculated by food frequency questionnaire. Regression analyses of disease progression were performed according to alcohol consumption.

Over a mean follow-up of 4.5 years, 40.2% of eyes progressed to late AMD. In men, with alcohol tertile 1 (no regular consumption) as reference, hazard ratios for progression to late AMD were 0.69 (95% confidence interval [CI], 0.55-0.87; $P = 0.0015$) for tertile 2 and 0.85 (0.71-1.02; $P = 0.079$) for tertile 3. In women, hazard ratios were 1.12 (0.95-1.31, $P = 0.17$) and 0.85 (0.72-1.00, $P = 0.046$), respectively. Over a mean follow-up of 3.1 years, GA area-based progression was significantly faster in women than men, at 0.295 (95% CI, 0.278-0.311) and 0.260 mm/year (95% CI, 0.241-0.279), respectively. In men, area-based progression

differed significantly by alcohol tertile, at 0.275 (95% CI, 0.248-0.303), 0.183 (95% CI, 0.143-0.223), and 0.280 mm/year (0.254-0.306) in tertiles 1 to 3, respectively. In women, the area-based rate did not differ significantly by alcohol tertile. In men only, Centers for Disease Control and Prevention-defined heavy drinking was associated with faster progression, at 0.306 (95% CI, 0.262-0.349) versus 0.252 mm/year (95% CI, 0.233-0.270). In 808 eyes with noncentral GA, GA proximity-based progression did not differ significantly by alcohol tertile.

Moderate alcohol consumption is associated with decreased risk of progression to late AMD in men. Geographic atrophy progression is faster in women, but its relationship with alcohol consumption is much stronger in men. In men, moderate consumption is associated with slower GA progression and higher consumption with faster progression. The authors state that, although some of these associations may also relate to confounding, they might suggest that individuals with GA should avoid high alcohol consumption.

Source: Duic C, Vance E, Agrón E, Keenan TDJ; AREDS2 Research Group. Alcohol Consumption and Risk of Age-Related Macular Degeneration and Geographic Atrophy Progression: Age-Related Eye Diseases Study 2 Report 34. *Ophthalmol Retina.* 2025 Mar;9(3):200-211. doi.org/10.1016/j.oret.2024.11.006

Post-cardiovascular disease healthy lifestyle, inflammation and metabolic biomarkers, and risk of dementia

Cardiovascular disease (CVD) is associated with an increased risk of dementia, but the impact of healthy lifestyle on post-CVD dementia remains unclear. A study explored the association between post-CVD healthy lifestyle factors and risk of dementia and examined whether inflammation and metabolic biomarkers played a role in this association.

The prospective cohort study included 77,324 dementia-free participants with prevalent CVD from the UK Biobank. The lifestyle score were constructed based on no current smoking, moderate alcohol consumption, regular physical activity, healthy diet, adequate sleep duration, less sedentary behaviour, and frequent social contact. The association of healthy lifestyle with risk of CVD-related dementia was examined. Mediation models were fitted to investigate the underlying mechanisms driven by systemic inflammation, lipid profiles, liver/renal function, and blood pressure indices.

Over a median follow-up of 12.43 y, 1605 all-cause dementia (ACD) cases were documented, including 646 Alzheimer's dementia (AD) cases

and 427 vascular dementia (VaD) cases. Healthy lifestyle scores were significantly associated with lower risk of dementia. The hazard ratios and 95% confidence intervals for the participants with 6-7 healthy lifestyle score were 0.50 (0.40, 0.62) for ACD, 0.80 (0.58, 1.10) for AD, and 0.30 (0.19, 0.48) for VaD, compared their counterpart with 0-1 score. Low-grade inflammatory markers and specific metabolic biomarkers were detected to significantly mediated the observed associations, explaining 1%-11% of the associations of healthy lifestyle factors with dementia risk.

Adherence to healthy lifestyle behaviours is significantly associated with a lower risk of dementia in individuals with CVD. The observed associations may be partly explained by a reduction in systemic inflammation and the promotion of metabolic balance.

Source: Tian F, Wang Y, Wei S, Zhang C, Wu G, Zhang Z, Ai B, Wang X, Wang C, Lin H. Post-cardiovascular disease healthy lifestyle, inflammation and metabolic biomarkers, and risk of dementia: a population-based longitudinal study. *Am J Clin Nutr.* 2025 Mar;121(3):511-521. doi.org/10.1016/j.ajcnut.2024.09.012

The effects of wine consumption on lipid profile

The effects of wine consumption on the lipid profile were analysed in a study published in the *Journal of Health and Aging*. The researchers distinguished between triglycerides, total cholesterol, LDL, HDL and fibrinogen.

The MEDLINE (via PubMed), Scopus, Cochrane, and Web of Science databases were examined to conduct a systematic review and meta-analysis.

Thirty-three studies were included in this systematic review, and 29 were included in the meta-analysis. The pooled effect size (ES) for the effect of red wine consumption on the different lipid profile parameters was significant only for the effect of red wine on the LDL parameter in the before and after studies (-0.29 (95% CI -0.54, -0.05)). The pooled ES for the effect of white wine in before and after studies and clinical trials for

the effect of wine consumption on the different parameters did not show any significant results.

This systematic review and meta-analysis revealed that wine consumption has an effect on reducing LDL and has no effect on total cholesterol, HDL, triglycerides, or fibrinogen. This research revealed that the duration of the intervention affects triglyceride and total cholesterol levels, indicating that longer interventions are more effective for these two parameters.

Source: Lucerón-Lucas-Torres M, Ruiz-Grao MC, Cavero-Redondo I, di Lorenzo C, Pascual-Morena C, Priego-Jiménez S, Gómez-Guijarro D, Álvarez-Bueno C. The effects of wine consumption and lipid profile: A systematic review and meta-analysis of clinical trials. *J Nutr Health Aging.* 2025 Mar 22;29(6):100539. doi.org/10.1016/j.jnha.2025.100539

Healthy dietary patterns in relation to cognitive performance and Alzheimer's disease mortality

Dietary factors play a major role in cognitive aging, but few studies have assessed and compared the associations between specific dietary patterns and Alzheimer's disease (AD) mortality.

A research team included 27,773 US participants (mean age = 59.8 years, 51.4 % female) from the National Health and Nutrition Examination Survey (NHANES) between 1998 and 2016, with follow-up for AD mortality until December 2019. Five dietary pattern scores were calculated utilizing one (1999-2002) or two repeated (2003-2016) 24hr dietary recalls, including the Healthy Eating Index (HEI-2015), the healthful plant-based diet index (hPDI), the alternate Mediterranean diet (aMED), the Dietary Approach to Stop Hypertension diet (DASH), and the Mediterranean-DASH Intervention for Neurodegeneration Delay diet (MIND) scores. The associations of these dietary pattern scores with AD mortality were evaluated.

A total of 260 AD deaths occurred during a median follow-up of 9.8 years. Higher aMED score

was associated with a lower risk of AD mortality (HRT3vs T1: 0.72, 95 % CI, 0.52-1.00, p-trend = 0.041). In a sub-sample of 2,713 participants in NHANES 2011-2014, 432 individuals had prevalent psychometric mild cognitive impairment (p-MCI). Higher aMED, MIND, HEI-2015, and hPDI were associated with lower odds of p-MCI. The potential contributors to these associations included higher intake levels of vegetables and nuts, moderate alcohol consumption, and lower intake level of sweets.

The Mediterranean dietary pattern was associated with more favourable cognitive outcomes among middle-aged and older adults, underscoring the importance of a healthy diet for long-term benefits in cognitive and brain health.

Source: Gong Y, Chen H, Gu Y, Shen J, Shen T, Ding Y, Lu M, Huang L, Yan M, Song P, Zhu Y, Rong S, Yuan C. Healthy dietary patterns in relation to cognitive performance and Alzheimer's disease mortality. *J Prev Alzheimers Dis.* 2025 Mar 6:100100. doi: [org/10.1016/j.tjpad.2025.100100](https://doi.org/10.1016/j.tjpad.2025.100100)

Influence of alcohol on the intestinal immune system

Alcohol misuse is associated with disruption of the microbial homeostasis (dysbiosis) and microbial overgrowth in the gut, gut barrier disruption, and translocation of microbes into the systemic circulation. It also induces changes in regulatory mechanisms of the gut, which is the largest peripheral immune organ. The gut-liver axis is important for health and disease, and alterations in the intestinal immune system contribute to alcohol-associated liver disease (ALD). Understanding these changes might help discover new targets for drugs and therapeutic approaches.

A systematic literature search was conducted in PubMed, Medline, and Embase of manuscripts published between January 2000 and November 2023 using the terms ("alcohol" or "ethanol") AND ("immune" or "immunol") AND ("intestine," "colon," or "gut"). Eligible manuscripts included studies and reviews that discussed the effects of ethanol on immune cells in the intestine. A total of 506 publications were found 91 of which were reviewed. Also included were manuscripts covering specific immune cells in the context of ALD.

Balancing immune tolerance vs. initiating an immune response challenges the intestinal

immune system. Alcohol induces disruption of the intestinal barrier, which is accompanied by a thicker mucus layer and reduced anti-microbial peptides. This leads to longer attachment of bacteria to epithelial cells and consequently greater translocation into the circulation. Bacterial translocation activates the immune system, reducing the activity of regulatory T cells and inducing T helper 17 response via a variety of pathways. The role of innate immune cells, especially Type 3 innate lymphoid cells, and of specific B- and T-cell subsets in ALD remains elusive. Gut dysbiosis, translocation of viable bacteria and bacterial products into the circulation, and changes in the intestinal barrier have been linked to immune deficiency and infections in patients with cirrhosis. Modifying the intestinal immune system could reduce intestinal inflammation and alcohol-induced liver injury. Understanding the underlying pathophysiology can help to detect new targets for drugs and design therapeutic strategies.

Source: Henriette Kreimeyer, Cristina Llorente, and Bernd Schnabl, Influence of Alcohol on the Intestinal Immune System. *Alcohol Research: Current Reviews*, Volume 45, Issue 1: 03 doi:[org/10.35946/arcrc.v45.1.03](https://doi.org/10.35946/arcrc.v45.1.03)

Alcohol consumption has a J-shaped association with bacterial infection and death due to infection

A study investigated the association between alcohol consumption and the risk of bacterial infection and its dose-response association.

Participants in the Swedish Mammography Cohort and Cohort of Swedish Men answered lifestyle questionnaires in 1997 and have since been followed in national registers. The risks of acquiring infection, intensive care unit (ICU) admission and dying due to infection were assessed.

Among 58,078 cohort participants followed for 23 years, 23,035 participants were diagnosed with an infection and 4,030 died from infection. Alcohol consumption exhibited a J-shaped association with the risk of acquiring infection and dying due to infection: compared to consuming 5-10 g of alcohol per day, consuming < 0.5 g/day and consuming > 30 g/day were both associated with

higher risk of acquiring infection, ICU admission and dying due to infection, whereas alcohol consumption between 5 and 30 g/day was not associated with acquiring infection, ICU admission or death due to infection.

In conclusion, moderate alcohol consumption was not associated with infection, but both very low and high levels of consumption were associated with acquiring infection, ICU admission and death. If replicated, this suggests that reduction of heavy alcohol consumption might reduce mortality from bacterial infections.

Source: Stattin K, Eriksson M, Frithiof R, Kawati R, Crockett D, Hultström M, Lipcsey M. Alcohol consumption has a J-shaped association with bacterial infection and death due to infection, a population-based cohort study. *Sci Rep.* 2025 Mar 1;15(1):7333. doi.org/10.1038/s41598-025-90197-8

Healthy lifestyle habits, educational attainment, and the risk of 45 age-related health and mortality outcomes in the UK

Published in the March edition of *The Journal of Nutrition, Health and Aging*, a study evaluated to what extent lifestyle habits contribute to associations between educational attainment (EA) and various conditions, and tested the variability in risk reduction for specific health conditions linked to a healthy lifestyle across different EA levels.

Data were analysed from 341,632 UK Biobank participants without baseline cardiovascular disease or cancer (2006-2010). A healthy lifestyle score (0-5) was created by assigning one point for each of five habits: a healthy diet, sufficient physical activity, non-current smoking, moderate alcohol consumption, and low-risk sleep duration. Baseline data on self-reported and genotype-predicted EA were collected, with 45 health outcomes assessed until January 2021. The relationship between EA and lifestyle habits were assessed, and associations between the healthy lifestyle score and health/ mortality outcomes were examined. Moderation analysis tested whether EA modified the associations between a healthy lifestyle and health outcomes, while mediation analysis estimated the proportion of the association between EA and health outcomes explained by lifestyle habits.

Both self-reported and genotype-predicted EA were associated with a healthy diet, non-current

smoking, low-risk sleep duration, and moderate alcohol consumption, but not low-risk physical activity. A healthy lifestyle is inversely linked to risks for 38 of 45 outcomes, including CVD, type 2 diabetes, lung and colon cancer, depression, and chronic kidney disease, as well as overall, CVD, and cancer mortality. Higher EA reduced risk for 25 conditions, such as CVD, certain cancers, chronic liver disease, and fractures; stronger inverse lifestyle-risk associations were observed among less educated individuals. Lifestyle habits explained 47.2% (95% CI: 35.3-59.4%) of the association between genotype-predicted EA and all-cause mortality, mediating a large proportion of associations with CVDs, cancers, dementia, respiratory diseases, and chronic kidney disease.

Higher EA might encourage the adoption of more healthy lifestyle habits, thus promoting healthy aging. Placing greater emphasis on lifestyle modification is essential for individuals with lower EA to effectively address health inequalities associated with EA.

Source: Huang Y, Wang S, Tian L, Zhang X, Liu S, Zhu Z, Wang W, Shi D, He M, Shang X. Healthy lifestyle habits, educational attainment, and the risk of 45 age-related health and mortality outcomes in the UK: A prospective cohort study. *J Nutr Health Aging.* 2025 Mar 5;29(5):100525. doi.org/10.1016/j.jnha.2025.100525

The relationship between alcohol intake and all-cause mortality in participants with MASLD and MetALD

Researchers evaluated the association between different levels of alcohol intake and all-cause mortality in metabolic dysfunction-associated steatotic liver disease (MASLD) and alcohol-related/associated liver disease (MetALD).

Their study included participants aged 20 to 74 who were diagnosed with hepatic steatosis by ultrasound. The data were derived from the Third National Health and Nutrition Examination Survey (NHANES III) conducted in the United States from 1988 to 1994. Multivariable-adjusted hazard ratios (aHR) and their 95% confidence intervals (CI) were calculated to assess the effect of alcohol consumption levels on all-cause mortality. Participants were categorised into three groups based on daily alcohol intake: low, moderate, and high consumption groups.

A total of 2,322 participants were included. During a median follow up of 316 months the overall mortality rate was 1.48% per person-year. The all-cause mortality were 1.38%, 1.67% and 2.10% per person-year for those participants in three alcohol

intake groups. After adjusting for covariates, daily moderate alcohol intake group (adjusted hazard ratio [aHR] =1.37, 95% CI 1.12-1.67) and daily high alcohol intake group (aHR=1.45, 95% CI 1.17-1.80) were independently associated with increased all-cause mortality. In subgroup analysis by diabetes status and age, there were significant differences in all-cause mortality across various levels of alcohol intake among non-type 2 diabetes mellitus (T2DM) participants under 60 years old, but not among non-T2DM participants over 60 years old, and T2DM participants of all ages.

Alcohol intake has a dose-dependent negative impact on MASLD and MetALD patients. The risk of all-cause mortality significantly increases with higher alcohol intake.

Source: Jia LY, Rui FJ, Wu XY, Zhou SS, Chen YJ, Wu C, Shi JP, Wu WH, Li J. [Exploring the relationship between alcohol intake and all-cause mortality in participants with MASLD and MetALD: a study based on NHANES III data]. *Zhonghua Gan Zang Bing Za Zhi*. 2025 Mar 7;28:1-10. Article in Chinese. doi.org/10.3760/cma.j.cn501113-20241018-00547

Influence of binge drinking on the resting state functional connectivity of university students

The authors of a paper published in the journal *Addictive Behaviors Reports* say that binge drinking (BD) is characterised by consuming large amounts of alcohol on one occasion, posing risks to brain function and is most prevalent consumption pattern among students. Cross-sectional studies have explored the relationship between BD and anomalies in resting-state functional connectivity (RS-FC), but the medium/long-term consequences of BD on RS-FC during developmental periods remain relatively unexplored.

In a two-year follow-up study, the impact of sustained binge drinking on resting state functional connectivity was investigated in 44 college students (16 binge-drinkers) via two fMRI sessions at ages 18-19 and 20-21. RS-FC differences were examined in nodes of the main brain functional networks vulnerable to alcohol misuse, according to previous studies.

Group differences in resting state functional connectivity were observed in four of the explored brain regions. Binge drinkers, compared to the control group, exhibited, at the second assessment, decreased connectivity between the

right SFG (executive control network) and right precentral gyrus, the ACC (salience network) and right postcentral gyrus, and the left amygdala (emotional network) and medial frontal gyrus/dorsal ACC. Conversely, binge drinkers showed increased connectivity between the right Nacc (reward network) and four clusters comprising bilateral middle frontal gyrus (MFG), right middle cingulate cortex, and right MFG extending to SFG. Maintaining a BD pattern during critical neurodevelopmental years impacts RS-FC, indicating mid-to-long-term alterations in functional brain organisation. This study provides new insights into the neurotoxic effects of adolescent alcohol misuse, emphasising the need for longitudinal studies addressing the lasting consequences on brain functional connectivity, the authors argue.

Source: Suárez-Suárez S, Cadaveira F, Barrós-Loscertales A, Pérez-García JM, Holguín SR, Blanco-Ramos J, Doallo S. Influence of binge drinking on the resting state functional connectivity of university students: A follow-up study. *Addict Behav Rep*. 2025 Jan 10;21:100585. doi.org/10.1016/j.abrep.2025.100585

Alcohol consumption and ambulatory blood pressure-lowering effect in male patients on clinic blood pressure-guided antihypertensive treatment

Researchers from Shanghai Jiao Tong University School of Medicine, Shanghai, China investigated the association between alcohol consumption and ambulatory blood pressure (BP) control in male patients after 8 weeks of antihypertensive therapy with two dihydropyridine calcium channel blockers.

The study participants were hypertensive patients enrolled in a randomized controlled trial and treated with amlodipine 5-10 mg or nifedipine gastrointestinal therapeutic system (GITS) 30-60 mg once daily. Alcohol consumption was classified as non-drinkers and drinkers. Non-dipping was defined as a BP drop from daytime to night-time <10%. At baseline, the 131 alcohol drinkers, compared with 141 non-drinkers, had a significantly higher night-time systolic/diastolic BP ($129.3 \pm 13.5/83.8 \pm 9.5$ vs. $125.7 \pm 12.3/80.9 \pm 8.2$ mmHg), night-to-day ratio for both systolic (89.1 ± 8.5 vs. $87.0 \pm 7.1\%$) and diastolic BP (88.7 ± 8.8 vs. $86.5 \pm 7.9\%$) and prevalence of non-dippers for systolic (45.0% vs. 33.3%) and diastolic BP (42.0% vs. 29.8%). However, they had similar clinic and 24-hour and daytime ambulatory BP at baseline. Antihypertensive treatment significantly reduced clinic and ambulatory systolic and diastolic BP

from baseline in both alcohol drinkers and non-drinkers at 4 and 8 weeks of follow-up. However, in patients with a non-dipping pattern at baseline, the proportion of dippers for systolic/diastolic BP at 8 weeks of follow-up (36.5% vs. 58.5%) was significantly lower in 67 alcohol drinkers than in 52 non-drinkers. Alcohol drinkers had higher night-time BP and a higher prevalence of non-dippers than non-drinkers.

Clinic blood pressure-guided antihypertensive treatment was insufficient in controlling night-time BP or changing the non-dipping to dipping pattern in alcohol drinkers with sustained clinic and ambulatory hypertension. Alcohol drinkers had higher night-time systolic and diastolic blood pressure than non-drinkers at baseline. Clinic blood pressure-guided antihypertensive treatment was insufficient in changing the non-dipping to dipping pattern in alcohol drinkers with sustained clinic and ambulatory hypertension.

Source: Ye XF, Wang WY, Wang XY, Huang QF, Sheng CS, Li Y, Wang JG. Alcohol consumption and ambulatory blood pressure-lowering effect in male patients on clinic blood pressure-guided antihypertensive treatment. *Hypertens Res.* 2025 Mar;48(3):983-993. doi.org/10.1038/s41440-024-02081-z

Preventable cancer cases and deaths attributable to alcohol consumption in Korea from 2015 to 2030

A study assessed the impact of alcohol consumption on cancer incidence and mortality in Korea in 2015 and 2020, projected trends up to 2030, and compared results based on different criteria.

The relative risk of cancer associated with alcohol consumption in Korea was determined through a meta-analysis of alcohol-related relative risks for specific cancers, using primary data from the Korean Cohort Study within the Korean Cohort Consortium. The population-attributable fraction (PAF) was calculated using Levin's formula, incorporating drinking prevalence and the number of cancer cases and deaths, with a 15-year latency period assumed.

In Korea, the PAF for alcohol consumption, based on ever/never drinking criteria, was higher than that calculated using other criteria, except for the PAF based on past and current/never drinking criteria. Alcohol consumption contributed to

3.58% of all cancer cases and 3.28% of cancer deaths in 2015. It accounted for 4.58% of new cancer cases in men and 2.08% in women, with a higher contribution to incidence than mortality (4.00% and 2.25% of cancer deaths in men and women, respectively). Projections indicate that alcohol-related cancer PAF will decrease by 17.2% in men but increase by 70.2% in women by 2030.

This study highlights the impact of alcohol consumption on cancer in Korea, emphasizing the need for sex-specific regulations to address sex differences.

Source: Sung S, An J, Jung J, Lee HS, Moon S, Kim I, Lee JE, Shin A, Jee SH, Kweon SS, Shin MH, Park S, Ryu SH, Yang SY, Choi SH, Kim J, Yi SW, Choi YJ, Hong Y, Lee S, Lim W, Kim K, Park S, Im JS, Seo HG, Ko KP, Park SK. Preventable cancer cases and deaths attributable to alcohol consumption in Korea from 2015 to 2030. *Epidemiol Health.* 2025 Feb 27:e2025009. doi.org/10.4178/epih.e2025009

Medical research by publication date

Alcohol Consumption and Risk of Age-Related Macular Degeneration and Geographic Atrophy Progression: Age-Related Eye Diseases Study 2 Report 34 - 14/11/2024, Version of Record 03/03/2025.

Effect of moderate alcohol intake on blood apolipoproteins concentrations: A meta-analysis of human intervention studies - 03/01/2025

Influence of binge drinking on the resting state functional connectivity of university Students: A follow-up study 10/01/2025, Version of Record -17/01/2025

Post-cardiovascular disease healthy lifestyle, inflammation and metabolic biomarkers, and risk of dementia: a population-based longitudinal study - 24/01/2025, Version of Record: 03/03/ 2025

Preventable cancer cases and deaths attributable to alcohol consumption in Korea from 2015 to 2030 - 27/02/2025

Alcohol consumption has a J-shaped association with bacterial infection and death due to infection, a population-based cohort study - 01/03/2025

Impact of Alcohol Intake on Skeletal Muscle: A Large Cross-Sectional Analysis in Japanese Adults - 03/03/2025

Alcohol consumption and ambulatory blood pressure-lowering effect in male patients on clinic blood pressure-guided antihypertensive treatment - 03/03/2025

Healthy lifestyle habits, educational attainment, and the risk of 45 age-related health and mortality

outcomes in the UK: A prospective cohort study - 05/03/2025, Version of Record: 05/03/2025

Healthy dietary patterns in relation to cognitive performance and Alzheimer's disease mortality - 06/03/2025

[Exploring the relationship between alcohol intake and all-cause mortality in participants with MASLD and MetALD: a study based on NHANES III data]. Article in Chinese - 07/03/2025

Association Between Alcohol Consumption and the Risk of Incident Chronic Kidney Disease: A Korean Nationwide Study of Community-Dwelling Older Adults - 11/03/2025

Lipid Profiles After Changes in Alcohol Consumption Among Adults Undergoing Annual Checkups - 12/03/2025

Association Between Dietary Alcohol Intake and Migraine or Severe Headache Miscellaneous Pain: The NHANES 1999–2004 - 14/03/2025

Influence of Alcohol on the Intestinal Immune System. Alcohol Research: Current Reviews - 14/03/2025

Daily alcohol intake and its negative association with constipation based on NHANES data 2005–2010 - 23/03/2025

The effects of wine consumption and lipid profile: A systematic review and meta-analysis of clinical trials - 23/03/2025, Version of Record: 23/03/2025

Alcohol consumption and risk of early onset colorectal cancer: A systematic review and meta-analysis - 24/03/2025

Understanding health behaviours during and after marital dissolution

A study by researchers at Oxford Population Health and Trinity College Dublin finds increased smoking and drinking during marital separation. Published in the *Journal of Health and Social Behavior*, their study examined the smoking and drinking habits of over 13,000 Australians to understand how people cope with the stress associated with marital separation.

The research analysed 6,607 women and 6,689 men in the Household, Income, and Labour Dynamics in Australia data set who were either continuously married or experienced marital separation between 2002 and 2020. There were 1,376 separations (744 women, 632 men). Drinking and smoking increases leading to and in the year of separation were identified, with variability by gender, education, and parenthood status. During the year of separation, the probability of regular drinking increased by 5% and 6% for smoking. Women were more likely to increase regular drinking at the time of separation compared to men.

While men's smoking and drinking rates eventually returned to pre-separation levels, women's rates remained somewhat elevated for many years after separation. Although binge drinking (defined as more than five drinks for women and seven for men per day) increased in the period leading up to marital separation, the rise was less pronounced than the increases in regular drinking.

The researchers showed that among individuals who smoked (N = 337) or drank (N = 756) in the year of separation, cessation was most likely for the highly educated and/or women. Unhealthy coping mechanisms throughout marital dissolution suggests a need for targeted support to those separating, especially for men and those with children and lower education.

Source: Tilstra, A. M., & Kapelle, N. (2025). *Breaking Bonds, Changing Habits: Understanding Health Behaviors during and after Marital Dissolution*. *Journal of Health and Social Behaviour*, 0(0). doi.org/10.1177/00221465251320079

Text messaging interventions for unhealthy alcohol use in emergency departments

Many patients with unhealthy alcohol use (UAU) visit emergency departments for care. SMS text messaging is a feasible and accepted tool to support treatment, including for substance use. Though shown to reduce alcohol consumption, such interventions are rarely used in clinical settings. A research project assessed barriers and facilitators to the implementation of SMS text messaging interventions for UAU in emergency departments.

In a large health system in the northeastern United States, researchers examined electronic health record data on alcohol screening in 17 Emergency Departments (ED); surveyed 26 ED physician chairpersons on implementation feasibility, acceptability, and appropriateness; and interviewed 18 ED staff and 21 patients to understand barriers and facilitators to implementation. Interviews were analysed to assess recipient characteristics, innovation degree of fit, and inner and outer context.

Electronic health record data revealed high variability in alcohol screening completion (mean 73%, range 35%-93%), indicating potential issues in identifying patients eligible to offer the intervention. The ED chair surveys revealed a relatively high level of implementation confidence (mean 4, SD 0.81), acceptability (mean

4, SD 0.71), and appropriateness (mean 3.75, SD 0.69) regarding the UAU SMS text messaging intervention; feasibility (mean 3.5, SD 0.55) had the lowest mean, indicating concerns about integrating the text intervention in the busy ED workflow. Staff were concerned about staff buy-in and adding additional discussion points to already overwhelmed patients during their ED visit but saw the need for additional low-threshold services for UAU. Patients were interested in the intervention to address drinking and health-related goals.

In general, staff viewed offering such interventions as appropriate and acceptable; however, there were concerns with feasibility (eg, low alcohol risk screening rates). Patients also generally viewed the SMS text messaging intervention positively, with limited drawbacks (e.g. slight concerns about having time to read messages). The results provide information that can be used to develop implementation strategies to be tested in future studies.

Source: O'Grady M, Harrison L, Suleiman A, Hutchison M, Kwon N, Muench F, Kapoor S. Text Messaging Interventions for Unhealthy Alcohol Use in Emergency Departments: Mixed Methods Assessment of Implementation Barriers and Facilitators. *JMIR Form Res.* 2025 Mar 3;9:e65187. doi.org/10.2196/65187

Effort-reward imbalance and problem drinking among workers

Effort-reward imbalance (ERI) is a form of psychosocial work stress known to contribute to health problems among working populations. Given that men and women tend to work in different industries and job activities, the labour market remains gender segregated. A study investigated the relationships between effort, reward, ERI, overcommitment and problem drinking in a sample of the Swedish working population over time and simultaneously explored whether these relationships differ by gender and the gender composition of industries and main job activities.

Participants were 18,017 workers in the Swedish Longitudinal Occupational Survey of Health, with data collected biennially from 2010 to 2022. Work stress and problem drinking were measured with the ERI questionnaire and the Cut-down-Annoyed-Guilty-Eye opener instrument, respectively.

An analysis results showed that higher scores of all the components of the ERI-model are significantly

associated with problem drinking. However, these associations did not significantly differ by gender and the gender composition of industries and main job activities. Also, overcommitment did not significantly moderate the association between ERI and problem drinking.

These findings demonstrated that all the components of the ERI-model contribute to problem drinking in working populations and highlight the need for organisations and stakeholders to consider gender as a social structure when developing strategies and interventions aimed at improving work stress and reducing problem drinking.

Source: Aziz Mensah, Anna Nyberg, Peter Wennberg, Susanna Toivanen. Effort-reward imbalance and problem drinking among workers: Differences in gender and the gender composition of industries and main job activities in a prospective cohort study from Sweden, *Social Science & Medicine*, Volume 372, 2025, 117911 doi.org/10.1016/j.socscimed.2025.117911.

The relationship between grit and drinking behaviour among adolescents

Grit is defined as the ability to persist in the face of a struggle. While grit can be a protective factor against risky health behaviours, there is a lack of information on how grit is related to adolescent drinking behaviour. Based on the integrative model of adolescent health risk behaviour, a study examined how intrapersonal, interpersonal, and cultural/environmental factors were related to adolescent drinking behaviours. Specifically, the study examined the relationship between grit and adolescent drinking behaviour by adding grit as a psychosocial maturity factor.

The cross-sectional study used a nationally representative sample of Korean adolescents. A secondary data analysis of the 5th wave of the Korean children and youth panel survey (N = 2,252) was conducted. The study sample comprised 11th-grade high school students. Model 1 included intrapersonal, interpersonal, and cultural/environmental factors associated with

adolescent drinking behaviour. Model 2 added grit to the factors in model 1 to examine how grit is related to adolescent drinking behaviour.

After controlling for intrapersonal, interpersonal, and cultural/environmental factors, a higher level of grit was associated with lower odds of drinking behaviour among adolescents (OR = 0.413, 95% CI = 0.257-0.662)

The researchers comment that as grit can help deter risky health behaviours, guardians, teachers, and school nurses should focus on fostering grit among adolescents through education, mentorship, and intervention programmes.

Source: Han, Y. and Hwang, Y. (2025), Does Grit Matter? The Relationship Between Grit and Drinking Behavior Among Adolescents: A Cross-Sectional Study of a Nationally Representative Sample of Korean Adolescents. *J Nurs Sch.* doi.org/10.1111/jnu.70007

Sports gambling and drinking behaviours over time

Sports gambling has become one of the most accessible forms of gambling in the United States, and recent research suggests that sports gambling coupled with frequent alcohol use may have deleterious health consequences. A study published in *JAMA Psychiatry* examined the trajectories of sports gambling frequency and alcohol-related problems over time and the associations between these trajectories.

This survey study was a 2-year longitudinal study conducted in the United States. Participants were recruited from a nonprobability internet panel from 2 sources: a large cross-section of adults matched and weighted to US Census norms and a specific oversample of sports-gambling adults. Recruitment began in spring 2022, and the last surveys concluded in spring 2024. To identify trajectories within sports gambling frequency and alcohol use problems, latent growth curve modeling was used. At each time point, the National Institute on Drug Abuse-modified Alcohol, Smoking, and Substance Involvement Screening Test 2 was used to assess alcohol-related problems and sports gambling frequency was assessed by a single item.

The cross-section of 2,806 US adults and oversample of 1,557 sports-gambling adults

resulted in a total baseline sample of 4,363 (mean [SD] age, 49.6 [16.2] years; 2,243 men [51.4%] and 2,120 women or nonbinary gender reported [48.6%]). Latent growth curve modeling revealed that alcohol problems decreased over time (slope = -0.059; 95% CI, -0.090 to -0.028). Sports gambling frequency did not show a significant trend over time (slope = -0.003; 95% CI, -0.053 to 0.047), though there was significant variance in this slope (variance = 0.024; 95% CI, 0.013 to 0.034). The trajectories of alcohol-related problems and sports gambling did not move independently, instead being highly positively correlated, suggesting that increases in one would correspond to increases in the other.

This study found that over time, the trajectory of sports gambling frequency was associated with the trajectory of alcohol-related problems. Screening and treatment interventions are recommended for sport gamblers who also drink concurrently, especially because this group appears to be at an elevated risk for developing greater alcohol-related problems over time.

Source: Grubbs JB, Connolly AJ, Graupensperger S, Kim HS, Kraus SW. Sports Gambling and Drinking Behaviors Over Time. *JAMA Psychiatry.* Published online March 05, 2025. doi.org/10.1001/jamapsychiatry.2025.0024

Disentangling the temporal relationship between alcohol-related attitudes and heavy episodic drinking in adolescents

Within many alcohol prevention interventions, changes in alcohol-related attitudes (ARA) are often proposed as precursors to changes in drinking behaviour. Researchers measured the longitudinal relationship between ARA and behaviour during the implementation of a large-scale prevention trial.

The study was a two-arm school-based clustered randomized controlled trial. A total of 105 schools in Northern Ireland and Scotland participated in the Steps Towards Alcohol Misuse Prevention Programme (STAMPP) Trial. Participants were a sample of 12,738 pupils (50% female; mean age = 12.5 years at baseline) who self-completed questionnaires on four occasions (T1-T4). The final data sweep (T4) was 33 months post baseline. Individual assessments of ARA and heavy episodic drinking (HED) were made at each time-point. Additional covariates included location, school type, school socio-economic status and intervention arm. Estimated models examined the within-individual autoregressive and cross-lagged effects between ARA and HED across the four time-points (Bayes estimator).

All autoregressive effects were statistically significant for both ARA and HED across all time-

points. Past ARA predicted future ARA [e.g., $ARAT1 - ARAT2 = 0.071$, credibility interval (CI) = 0.043-0.099,]. Similarly, past HED predicted future HED (e.g., $HEDT1 - HEDT2 = 0.303$, CI = 0.222-0.382). Autoregressive effects for HED were larger than those for ARA at all time-points. In the cross-lagged effects, past HED statistically significantly predicted more positive ARA in the future (e.g., $HEDT2 - ARAT3 = 0.125$, CI = 0.078-0.173) except for the initial T1-T2 path. In contrast, past ARA did not predict future HED across any time-points.

Changes in alcohol-related attitudes were not a precursor to changes in heavy episodic drinking within the Steps Towards Alcohol Misuse Prevention Programme (STAMPP) Trial in Scotland and Northern Ireland. Rather, alcohol-related attitudes were more likely to reflect prior drinking status than predict future status. Heavy episodic drinking status appears to have a greater impact on future alcohol attitudes than attitudes do on future heavy episodic drinking.

Source: Percy A, Padgett RN, McKay MT, Cole JC, Burkhart G, Brennan C, et al. Disentangling the temporal relationship between alcohol-related attitudes and heavy episodic drinking in adolescents within a randomized controlled trial. *Addiction*. 2025; 120(4): 645–654. doi.org/10.1111/add.16721

Examining gender in alcohol research

A systematic review examined differences in the way women and men have been studied in alcohol research over the past decade. In particular, it explored differences in methodology, discipline, country, subpopulation and age focus, to understand who is being studied and how.

Single-gender peer-reviewed studies on alcohol consumption published between 1st January 2014 and 31st December 2023 were identified by searching Medline, PsycInfo, Scopus and CINAHL. The study presents descriptive statistics and comparisons to Global Burden of Disease [GBD] estimates to understand whether the studies' gendered focus were proportionate to the distribution of alcohol-related harms.

A total of 11,235 studies were identified, with 1,267 studies included. Despite consuming more alcohol and experiencing more harms, only 44% of single gender studies were on men. One in three studies on men were from medical disciplines, whereas studies on women were more likely to come from psychology, public health or sociology

disciplines. In several countries, including Australia, the disparity in the number of studies on women compared with GBD estimates of harms from alcohol consumption were particularly pronounced.

The majority of single-gender studies on alcohol consumption in the last decade focused on women. There has been strong focus on men's health (medical focus), and on women's behaviour (psychology, public health and sociology focus). Researchers' choices around study foci can differentially shape public discourse, policies and clinical practice, with important implications for gender equity and treatment outcomes.

Source: Megan Cook, Amy Pennay, Gabriel Caluzzi, Amanda Cooklin, Sarah MacLean, Benjamin Riordan, Alexandra Torney, Sarah Callinan. Examining gender in alcohol research: A systematic review of gender differences in how men and women are studied in alcohol research. *International Journal of Drug Policy*, Volume 138, 2025, 104763. doi.org/10.1016/j.drugpo.2025.104763

Smoking, and to a lesser extent non-combustible nicotine use, is associated with higher levels of alcohol consumption and risky drinking

A study estimated differences in alcohol consumption, receipt of alcohol brief intervention, and alcohol reduction attempts by smoking status and use of non-combustible nicotine (including e-cigarettes, nicotine replacement therapy, heated tobacco products, or nicotine pouches).

Data were from a representative household survey of adults in England. 188,878 participants who reported former or current smoking scored approximately 1 point higher, on average, on the AUDIT-C (which measures alcohol consumption) than those who had never regularly smoked (B_{adj}=0.97 [95%CI 0.93-1.00] and 0.92 [0.87-0.96], respectively) and had double the odds of risky drinking (AUDIT-C ≥ 5: OR_{adj}=2.04 [1.98-2.10] and 2.03 [1.97-2.10], respectively), while differences for

those who did versus did not use non-combustible nicotine use were less pronounced (AUDIT-C: B_{adj}=0.14 [0.08-0.21]; AUDIT-C ≥ 5: OR_{adj}=1.09 [1.04-1.13]).

Among participants who engaged in risky drinking, those who smoked (vs. not) were more likely to report receiving alcohol brief interventions, and those attempting to quit smoking (vs. not) were more likely to report alcohol reduction attempts. Overall, combustible and - less so - non-combustible nicotine use is associated with higher levels of alcohol consumption and risky drinking.

Source: Jackson, S.E., Oldham, M., Garnett, C. et al. Smoking, and to a lesser extent non-combustible nicotine use, is associated with higher levels of alcohol consumption and risky drinking. *Sci Rep* 15, 6851 (2025). doi.org/10.1038/s41598-025-89750-2

Taking pleasure seriously: Should alcohol research say more about fun? 'No safe level' advocates must take note

In a study reported in the January digest, James Nicholls and Geoffrey Hunt argued that public health research must engage more seriously with the concept of pleasure in alcohol consumption. They identified three core reasons: epistemological (ignoring pleasure leaves a gap in understanding drinking motives), ethical (the prioritization of long-term health over short-term enjoyment must be justified), and pragmatic (leaving discussions of pleasure to commercial voices weakens public health influence).

In a commentary piece in the journal *Addiction*, James Morris and Emma Davies support these arguments but focus especially on the practical implications for public health messaging. They highlight how risk-based messages, especially those promoting "no safe level" of consumption, often conflict with the everyday experiences of drinkers, particularly heavier ones. When messages contradict personal beliefs or behaviours, they can trigger defensive responses such as denial, minimization, or outright avoidance.

Psychological research shows that as alcohol consumption increases, so does resistance to health warnings, especially when messages feel personally relevant. Many drinkers view their own behaviour as responsible by comparing themselves to a stereotyped "problem drinker." These rationalizations help them resolve any discomfort caused by conflicting health information.

Furthermore, the emphasis on abstinence in public messaging can be perceived as unrealistic or alienating, potentially stigmatising those who choose not to drink. Instead, acknowledging moderation as a valid and achievable goal may increase message acceptance and effectiveness. Interventions like motivational interviewing work better because they respect individuals' experiences and allow for open discussions about both the pros and cons of drinking.

Morris and Davies state that "None of this is to say that improving knowledge of the risks of alcohol use is not important. Indeed, consumers have the right to know, and continued increases in alcohol-related deaths requires urgent and multi-component action. Increasing awareness also has the potential to increase policy support for alcohol public health policies". However, to succeed, public health messaging must avoid provoking identity threats, be relatable, and reflect the complex realities of drinking behaviour. Including pleasure in the conversation, and drawing on multidisciplinary insights—including those of people who drink for enjoyment—can lead to the greatest chance of reducing alcohol harm.

Source: Morris, J. and Davies, E. (2025), Taking pleasure seriously: Should alcohol research say more about fun? 'No safe level' advocates must take note. *Addiction*. doi.org/10.1111/add.70050

Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland

Early and risky adolescent alcohol use are linked to adult alcohol consumption, but their independent effects on later substance use are unclear. Research on their connection to other substances like tobacco and cannabis is limited. A study by researchers in Ireland explored these associations to identify key periods for effective public health interventions.

Growing Up in Ireland is a nationally representative cohort (recruited aged 9 [Wave 1], born 1997–1998). The study included 4554 participants (49.8% female). Early alcohol use was common, with 27% reporting use aged 14 or younger. By age 20, 14% reported high-risk alcohol, 38% tobacco, 24% cannabis and 28% other drug use. Older age at first alcohol was associated with dose-response reductions in the odds of high-risk alcohol, tobacco, cannabis and other drug use at age 20, relative to those initiating alcohol at 14 or younger. Adolescents with high-risk alcohol use had double the odds of tobacco (adjusted odds

ratio (aOR) 2.1, 95% confidence intervals (CI) 1.3–3.30) and other drug use (aOR 2.5, 95% CI 1.6–4.1) and an 11-fold increase in the odds of continued high-risk alcohol use (aOR 11.5, 95% CI 7.0–18.6) at age 20, relative to adolescents with low-risk alcohol use.

Age at first alcohol and risky adolescent alcohol use independently predict substance use in early adulthood when considered jointly. These findings highlight the continued urgent need for public health interventions that address factors associated with early alcohol use and support adolescents who use alcohol in a high-risk manner given their elevated risk of progression to more serious substance use as adults.

Source: Brennan, M.M., Mongan, D., Doyle, A. et al. Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland: a longitudinal analysis of a nationally representative cohort. *BMC Public Health* 25, 1129 (2025). doi.org/10.1186/s12889-025-22262-w

A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption

Adolescent alcohol consumption decreased in high-income countries during the 2000s and 2010s. While evidence for declining consumption is clear, there has been less research tracking trends in alcohol-related harms. An article reviewed trends in adolescent alcohol-related harms in high-income countries where a decline in consumption had occurred and investigated sex-based differences in trends.

The databases Medline, CINAHL, Scopus and PubMed were systematically searched, with grey literature searches also conducted. Studies were included if they reported on harm rates between 2005 and 2019 for adolescents (10–19 years) from countries where a reduction in adolescent drinking occurred. Health-system based measures of alcohol-related harm were used (e.g., hospital admissions or mortality data). Search terms included alcohol, adolescents, alcohol-related harms, trends or synonyms. Risk of bias was assessed, primary screening was conducted by one author with checks by another, and data extraction was completed by three authors with accuracy checks conducted. The results are presented via narrative synthesis.

A total of 18 systematic search and 23 grey literature sources were included. For many countries, alcohol-related harms have decreased since 2005, following trends in declining consumption. This evidence was strongest in Anglosphere countries, where 62% indicated declines, followed by North America, where declines were present in 36%. Trends from mainland Europe were contradictory, with only 31% indicating decreases in harms. Increases in harms for some female and student populations were reported in some jurisdictions.

Alcohol-related harms for young people have generally declined in countries where youth drinking has fallen, although the declines in harm have been smaller than the declines in drinking. Declines in alcohol-related harm were strongest in the United Kingdom, Australia, New Zealand and Ireland, followed by North America.

Source: Vieira E, Taylor N, Stevely A, Pennay A, Raninen J, Holmes J, et al. A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption. *Addiction*. 2025. doi.org/10.1111/add.70026

Current and future trends in the consumption, sale and purchasing of alcohol-free and low-alcohol products in Great Britain, 2014 to 2023

The UK Government has committed to reducing alcohol consumption by 2025 through increasing the availability of alcohol-free and low-alcohol (no/lo) drinks. A paper published in the journal, *Addiction*, estimated current and future trends in key indicators of the availability, sale, purchasing and consumption of no/lo products in Great Britain.

The study used population-level data on no/lo product availability and sales in the on-trade, as well as the off-trade (2014-2023), continuous household panel data on purchasing ($n \approx 30\,000$; 2018-2023) and repeat-cross-sectional survey data on consumption ($n \approx 80\,000$, 2020-2024) to construct monthly time series for seven indicators. It described current trends and forecast them to December 2025.

All indicators showed increasing trends to 2025. The forecast level of each indicator in December 2025 was: Indicators 1 and 2: Percentage of alcoholic drinks sales volume that is no/lo products: 2.3% and 1.0%; Indicator 3: Percentage of pubs selling draught no/lo products: 6.8%;

Indicator 4: Percentage of households purchasing off-trade no/lo products but not alcoholic products: 12.3%; Indicator 5: Percentage of higher alcohol purchasing households that are increasing off-trade purchasing of no/lo products: 24.3%; Indicator 6: Percentage of households increasing off-trade purchasing of no/lo products and decreasing purchasing of alcoholic products: 1.8%; Indicator 7: Percentage of risky drinkers using no/lo products in most recent cut-down attempt: 42.4%.

Consumption of alcohol-free and low-alcohol drinks is increasing in Great Britain but predicted to remain low in 2025 (estimated at 1.0% of on-trade and 2.3% of off-trade alcohol sales volume in servings by the end of 2025). There is some evidence that people are using no/lo drinks in attempts to reduce their alcohol consumption.

Source: Wilson LB, Stevely AK, Kersbergen I, McGrane E, Moore EC, Pryce RE, et al. Current and future trends in the consumption, sale and purchasing of alcohol-free and low-alcohol products in Great Britain, 2014 to 2023. *Addiction*. 2025. doi.org/10.1111/add.70041

The detection and management of at-risk drinking and illicit drug use in acutely hospitalised patients

At-risk alcohol and illicit drug use are risk factors for disease and in-hospital complications. Researchers investigated whether clinicians document substance use in the electronic records of acutely hospitalised internal medicine patients.

Alcohol and illicit drug positive patients were identified using prospectively gathered substance use data from a study sample comprising 2,872 patients included from November 2016 to December 2017 at an internal medicine hospital in Oslo, Norway. These data were unknown to hospital staff. Whether physicians recorded quantitative substance use assessments and interventions was examined in patients with study-verified alcohol use in excess of low-risk guidelines (Alcohol Use Disorder Identification Test-4 scores [AUDIT-4] of ≥ 5 for women and ≥ 7 for men) and/or illicit drug use (one or more illicit drug detected by liquid chromatography-mass spectrometry [LC-MS] analysis).

Among 548 study-verified alcohol-positive patients, physicians documented quantity and frequency (QF) of use in 43.2% ($n = 237$) and interventions in 22.0% ($n = 121$). Alcohol interventions were associated with harmful drinking (AUDIT-4 ≥ 9 points; adjusted odds ratio [AOR] = 4.87; 95% CI: 2.54-9.31) and QF assessments (AOR = 3.66; 95% CI: 1.13-11.84; $p = 0.02$). Among 157 illicit-positive patients, drug use was described quantitatively in 34.4% ($n = 54$) and interventions in 26.0% ($n = 40$).

The study authors find that the rate of quantitative alcohol and illicit drug use assessment by hospital physicians is poor, with a correspondingly low intervention rate. Important opportunities for attenuating or intervening in at-risk alcohol and illicit drug use are missed.

Source: Gamboa D, Kabashi S, Jørgenrud B, Lerdal A, Nordby G, Bogstrand ST. Missed opportunities: the detection and management of at-risk drinking and illicit drug use in acutely hospitalized patients. *Adv Drug Alcohol Res*. 2025 Mar 5;5:14149. doi.org/10.3389/adar.2025.14149

E-cigarettes, combustible tobacco and their dual use with binge drinking among US college students

Few studies have included combustible tobacco, e-cigarettes and their dual use in an analysis of binge drinking among college students. Research published in *BMJ Public Health*, examines the associations between these three forms of tobacco use and binge drinking among college students.

The cross-sectional study used data from 332,721 college students from the American College Health Association-National College Health Assessment survey. Tobacco use was organised into four groups: no tobacco use, e-cigarette use only, combustible tobacco use only and dual use of e-cigarettes and combustible tobacco. Binge drinking was a binary indication of whether students had engaged in binge drinking in the last 2 weeks. The relationship between tobacco use and binge drinking was examined.

Each tobacco use group had significantly higher odds of binge drinking compared with students who did not use tobacco. Students who engaged in dual tobacco use had significantly higher odds of binge drinking compared with exclusive combustible tobacco use (adjusted OR, aOR=2.41, 95% CI: 2.29, 2.53) and exclusive e-cigarette use (aOR=1.79, 95% CI: 1.71, 1.86).

The strong relationship between dual tobacco use and binge drinking among college students warrants further investigation into the aetiology and clinical manifestations of this emerging coupled substance use behaviour among the next generation of adults, the authors argue.

Source: Rose Thornquist, Fares Qeadan - Cross-sectional analysis of e-cigarettes, combustible tobacco and their dual use with binge drinking among college students in the USA: *BMJ Public Health* 2025;3:e001480. doi.org/10.1136/bmjph-2024-001480

Social and Policy research by publication date

Disentangling the temporal relationship between alcohol-related attitudes and heavy episodic drinking in adolescents within a randomized controlled trial 10/12/2024

Smoking, and to a lesser extent non-combustible nicotine use, is associated with higher levels of alcohol consumption and risky drinking 16/02/2025

Cross-sectional analysis of e-cigarettes, combustible tobacco and their dual use with binge drinking among college students in the US 26/02/2025

Text Messaging Interventions for Unhealthy Alcohol Use in Emergency Departments: Mixed Methods Assessment of Implementation Barriers and Facilitators 03/03/2025

Breaking Bonds, Changing Habits: Understanding Health Behaviors during and after Marital Dissolution 04/04/2025

Missed opportunities: the detection and management of at-risk drinking and illicit drug use in acutely hospitalized patients. 05/03/2025

Sports Gambling and Drinking Behaviors Over Time 05/03/2025

A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption 05/03/2025

Examining gender in alcohol research: A systematic review of gender differences in how men and women are studied in alcohol research 06/03/2025 Available online, Version of Record 0/02/2025

Effort-reward imbalance and problem drinking among workers: Differences in gender and the gender composition of industries and main job activities in a prospective cohort study from Sweden 07/03/2025 Available online, Version of Record 17/03/2025

First Taking pleasure seriously: Should alcohol research say more about fun? 'No safe level' advocates must take note 14/03/2025

Current and future trends in the consumption, sale and purchasing of alcohol-free and low-alcohol products in Great Britain, 2014 to 2023 21/03/2025

Does Grit Matter? The Relationship Between Grit and Drinking Behavior Among Adolescents: A Cross-Sectional Study of a Nationally Representative Sample of Korean Adolescents 22/03/2025

Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland: a longitudinal analysis of a nationally representative cohort Published: 24 March 2025 24/03/2025

UK Government urged to raise alcohol-free beer threshold in line with Europe

The British Beer and Pub Association (BBPA) is calling for a change in UK No/ Low definitions highlighting that many supermarket staples contain more alcohol than No alcohol beer and that current rules penalise British brewers.

The BBPA has pointed out that many products contain more alcohol than a 0.05% beer. This was acknowledged in the previous Government's evidence review published alongside their consultation on No/ Low definitions. The then Government recognised that foods such as bread, fruit juice and yoghurt can all contain a level of alcohol that is undeclared and does not need to be labelled or indeed is a cause for concern. Specifically, their evidence found levels of up to 1.2g of alcohol per 100g of bread, and 0.77g of alcohol per litre of fruit juice.

The BBPA argues that a slight change in the threshold to 0.5% ABV would lead to brewers being

able to create many more No/ Low alcohol beers, which would help people choose moderation if they want to. Currently, 'alcohol free' beer in the UK must be 0.05% ABV or below. In comparison, non-alcoholic beer from many other European nations and international markets is allowed up to 0.5% ABV.

Brewers across the UK are investing heavily in creating innovative products, and 86% of pubs now stock No/ Low options. In addition, 8% of pubs are serving a No/ Low option on draught. However, British brewers are effectively penalised – even in the UK – as they cannot compete with European brewers.

Emma McClarkin, CEO of the BBPA said, "It couldn't be clearer that British brewers want to create more No/ Low options and cater to booming demand but are at a distinct disadvantage when compared to international neighbours.

Liver disease set to rise by 54% by 2044 in Scotland

Medics and Alcohol Focus Scotland are calling for the Scottish government to take action to prevent alcohol harms as a new analysis estimates there will be a 54% rise in people living with chronic liver disease by 2044.

The call came as Public Health Scotland (PHS) published the latest Scottish Burden of Disease update, suggesting that an additional 23,100 people will be living with the disease in 2044, compared to 2019. With over 70% of cases caused by alcohol, Chair of doctors' group Scottish Health Action on Alcohol Problems (SHAAP), says this underlines the "severity of the public health emergency" facing Scotland.

The PHS report underscores the need for prevention at all levels – outlining how both reducing the numbers who become ill and preventing people's liver disease from getting worse can save lives, and reduce the quality-of-life-impacts and risk of early death. It also details how projected increases in prevalence and disease burden are likely to increase demand for services in the future, alongside how early diagnosis and intervention may reduce this impact.

Deputy Chief Executive of charity Alcohol Focus Scotland Laura Mahon said that the report

emphasises that Scotland is "in the grip of an alcohol emergency" which will only worsen without intervention. She added, "It doesn't have to be this way. Each of these deaths is entirely preventable, and there are a range of well evidenced and cost-effective prevention measures available which could be adopted... Not only would these measures save thousands of lives, they would also substantially reduce the financial pressures on our health service, ultimately delivering better healthcare for everyone."

While Alcohol Focus is again urging the government to increase restrictions on alcohol marketing and introduce clear health warning labels on alcohol products as part of a comprehensive alcohol strategy. Other measures include increasing the use of non-invasive liver scans to support early detection, providing care and support to earlier that helps people address their liver problem and where needed their alcohol use.

Around 30% of liver disease cases are not caused by alcohol. These include non-alcoholic fatty liver disease, viral hepatitis, autoimmune liver diseases, and genetic or metabolic disorders.

scotpho.org.uk/media/2631/2025-03-18-scottishburdenofdisease-chronicliverdisease.pdf

Sale of alcohol at Scottish football matches

A BBC report reveals that a briefing for First Minister John Swinney in November suggested small pilot projects could be launched to study the impact of allowing alcohol sales at Scottish football matches. While Police Scotland is open to discussions, the Scottish government currently has no plans to change the 1981 alcohol ban, which was introduced after riots during the previous year's Scottish Cup final.

The issue was also raised during a December roundtable on Scottish football, where Minister Maree Todd indicated the conversation on lifting the ban remains open. The briefing for the first minister said Maree Todd, the minister for social care, mental wellbeing and sport, had discussed the topic with the Scottish Professional Football League (SPFL) and said the "door was not closed on the issue". However, it then added proposals would need to "recognise the significant impact of alcohol on public health in Scotland".

A University of Stirling study, funded by the Scottish Football Association (SFA) and SPFL, assessed the

potential impacts of allowing general alcohol sales at Scottish football stadiums. The report suggested that allowing alcohol sales would increase alcohol consumption, reduce fan safety, and result in greater risk of public disorder. The reintroduction of alcohol would also contradict the Scottish Government's Alcohol Framework, which aims to reduce alcohol availability. Stakeholders from football, public health, government, and licensing were consulted. Negative outcomes included potential harm to children, local pubs losing revenue, and a likely lack of financial benefit to clubs due to costly infrastructure and safety investments.

The report recommends that any pilot scheme be independently funded and conducted, with rigorous data collection.

gov.scot/publications/foi-202500452333/stir.ac.uk/media/stirling/services/research/documents/policy-briefings/fasst-briefing-paper.pdf

EU Interest Group on Health Inequalities, Prevention and Risk Factors

Non-communicable diseases (NCDs) account for 80% of deaths in the EU and consume up to 10% of GDP in healthcare costs. Yet only 3% of health budgets are allocated to prevention, even though preventive measures could reduce this burden by up to 70%. Health inequalities—driven by factors like income, geography, education, and healthcare access—continue to disproportionately impact vulnerable populations across Europe.

In response, the Members of the European Parliament (MEP) have launched a new Interest Group focused on Health Inequalities, Prevention, and Risk Factors. This initiative aims to tackle the burden of NCDs through evidence-based policy and greater political action. The launch event drew wide participation, including MEPs, representatives from EU Member States, the World Health Organization (WHO), and civil society. It comes at a critical time when public health policies face significant pushback from powerful commercial lobbies, such as the alcohol, tobacco, processed food, and fossil fuel industries. According to the WHO, these industries contribute to nearly 25% of deaths in the European region by promoting harmful products and obstructing effective regulation through lobbying and manipulation of research and policy.

The Interest Group is committed to taking bold and coordinated action to address the leading risk factors for NCDs and will work closely with Member States, EU Council Presidencies, the European Commission, WHO, and other stakeholders to drive meaningful change.

A draft declaration is being refined and outlines the group's priorities, including:

- Ensuring long-term funding for public health and prevention in future EU budgets, and supporting NGOs working in the field.
- Integrating health considerations across policy areas like agriculture, food, education, labour, and security.
- Strengthening conflict-of-interest monitoring to reduce commercial influence in health policymaking.

The final declaration will align with key EU policy reports (such as the Draghi and Niinistö reports) and set out short-, medium-, and long-term actions. The group plans to collaborate with other parliamentary intergroups and initiatives maximising impact throughout the current EU mandate.

eurohealthnet.eu/publication/new-mep-interest-group-launched-to-drive-action-on-health-inequalities-prevention-and-risk-factors/

The health and social gains from drinking less alcohol

A report “Health and Social Benefits from Reduced Alcohol Consumption: When Less is More” was launched at the European Parliament on 5 March 2025. Introduced by Member of the European Parliament Jonas Sjöstedt, the event featured contributions from public health experts.

Commissioned by IOGT-NTO, the report outlines a wide range of health benefits linked to lower alcohol consumption—such as reduced risk of heart disease, stroke, certain cancers, dementia, depression, and miscarriage, as well as better mental health and overall quality of life. The report emphasises that there are many health benefits of reducing alcohol, including lower blood pressure, improved heart function, reduced risks of heart disease, stroke, and atrial fibrillation, lowers risk of alcohol-related cancers, reduced risk of dementia, improved mental well-being, reduced depressive symptoms and enhanced quality of life, reduced miscarriage risk and improved fertility.

Unlike tobacco, there is no global framework for alcohol regulation. WHO recommends that national policies raise alcohol prices (e.g., through taxation), limit availability, promote early

interventions and restrict marketing to effectively reduce harm.

The report concludes that reduced alcohol consumption at both the population and individual levels results in substantial health and social benefits. Effective policy measures such as taxation, availability restrictions, and marketing bans can drive population-wide change. On an individual level, initiatives like time-limited abstinence campaigns, support for behaviour change, and tailored health interventions can help people reduce their alcohol intake, leading to improved physical and mental health outcomes.

alcoholandsociety.report/wp-content/uploads/2025/03/When-less-is-more_Alcohol-and-society-2025_report_en.pdf

Citation: Dangardt F, Holder H, Naimi T, Stockwell T, Andréasson S, Chikritzhs T, (2025). Health and Social Benefits from Reduced Alcohol Consumption: When Less is More. Alcohol and Society 2025. Stockholm: Svensk sjuksköterskeförening, SFAM, SAFF, CERA, IOGT i Norge, Hjärnfonden, Movendi International, SLAN, Junis, UNF & IOGT-NTO.

Spain to ban sale of alcohol to under-18s

The Spanish government has approved a draft of the country’s first ever national law forbidding the sale of alcohol to minors, aiming to stem the increase in alcohol consumption among under 18s and to curb outdoor parties known as Botellones. The law, which must be approved by parliament, will also forbid underage drinking (under the age of 18) and the promotion of alcohol near schools. It will also empower law enforcement agencies to conduct breathalyser tests in places where alcohol consumption is prohibited.

Health Minister Mónica García called the law a “pioneering piece of legislation”, designed to harmonise rules across Spain and introduce new measures to combat what she described as a “social problem that requires urgent action.”

Under the new law, adults will also be barred from drinking in spaces where minors are in the

majority, such as schools, sports facilities, and family-friendly entertainment venues like ball parks. Establishments aimed at children, like toy shops that also sell food and drinks, won’t be allowed to stock alcohol. Similarly, vending machines will be required to install tech to block underage sales and will be banned in public places where alcohol is already restricted.

Alcohol ads that target minors, downplay health risks or use youthful imagery will be banned. This is currently particularly prevalent on YouTube, Instagram, and TikTok. Sponsorship by alcohol brands will be banned in public spaces aimed at children and in training programmes for teachers, healthcare workers, and youth services. In addition, all alcohol advertising will be banned within 150 metres of schools, hospitals, and children’s play areas – though businesses will have a year to comply after the law takes effect.

UK Government to end relaxed licensing laws for outdoor drinking

The UK Government is unlikely to extend or make permanent the relaxed licensing laws that have allowed pubs, bars, and restaurants to serve alcohol in outdoor areas since the pandemic. The temporary measures, which expired on 31 March 2025, enabled venues to sell alcohol for takeaway, delivery, and consumption in pavement areas without needing to apply for a formal licence variation.

Instead, the Government is expected to amend licensing guidance, advising local authorities to accept minor variations when adding off-sales to a premises licence permanently. This decision follows a Home Office consultation on Alcohol in Licensed Pavement Areas, which ran from May to July 2023 and is due to publish its findings imminently.

The consultation sought to explore ways to make it easier for hospitality businesses to sell alcohol in outdoor areas, a measure that proved vital during the pandemic. However, the majority of the 67 responses—from licensing authorities, trade

organisations, residents' groups, and the public—did not support making the temporary easement permanent. As a result, from 31 March 2025, operators who have relied on these relaxed rules will no longer be able to do so without applying for a formal licence variation. The decision has been met with disappointment from the hospitality sector, which has benefited significantly from the flexibility provided by the temporary measures.

The British Beer and Pub Association (BBPA), which represents around 20,000 pubs across the UK, has also voiced its concerns. A spokesperson said, "We supported options to make the temporary easement permanent and are deeply disappointed by the Government's decision. There is no evidence that this measure has caused widespread issues. Instead, it has helped boost trade for pubs and the wider economy. This move will add unnecessary costs and administrative burdens for both pubs and local authorities. We urge the Prime Minister to reconsider the impact of this decision, as it undermines the Government's growth mission and creates more red tape."

Advertising alcohol-free versions of alcoholic drinks in Ireland

Alcohol Action Ireland (AAI) launched a campaign on 5th March entitled "Time to Close the L0.0phole, Minister", calling for an amendment to the Public Health (Alcohol) Act to ensure marketing restrictions are applied on zero-alcohol products. Under the Public Health (Alcohol) Act, alcohol products are not allowed to be advertised on public transport, near schools or on the field of play at sporting events and since January. The act has also introduced a daytime broadcasting ban on alcohol advertisements, meaning they cannot be aired on television from 3am until 9pm and on radio between 3pm and 10am. However, zero-alcohol products with similar branding to their full-strength equivalents are being marketed in these locations, something the campaign group describes as "circumventing" the legislation.

Sheila Gilheany, chief executive of AAI, said the "law is clear" and trade descriptions such as trademarks or logos are prohibited. She commented, "During the recent Six Nations match against England, the Guinness logo, with 0.0 tagged on, was emblazoned in the centre of the pitch."

Televised sports events "are among the most popular programmes for children to watch.". She added that there are thousands of children watching who would

seeing alcohol branding, unable to distinguish too much between 0.0 and not.

Ruth Coppinger TD, member of the lower house of the Irish parliament, submitted a parliamentary question to the Health Service Executive (HSE) relating to the Ireland and England match. Dr Maurice Mulcahy, regional chief environmental health officer at the HSE, said his office, which enforces the provisions in the act, is "aware of the alleged breaches" of the broadcast watershed at the match and is "investigating the matter... However, in relation to zero-alcohol products it is our view that these products fall outside the definition of an alcohol product," he added.

Minimum Unit Pricing: Lessons for England – IAS webinar

Join the Institute of Alcohol Studies for a webinar on Thursday 29 May at midday to learn everything you need to know about Minimum Unit Pricing (MUP) of alcohol.

Leading experts will explore the theory behind the policy, its impact in Scotland and Wales, and what England can learn from their experiences.

eventbrite.co.uk/e/minimum-unit-pricing-lessons-for-england-tickets-1299159704649

Excessive and heavy drinking at lowest level ever in the Netherlands

The latest Leefstijlmonitor (lifestyle monitor), a study conducted by the Central Bureau of Statistics and the State Institute for Health and Environment and other research institutes in the Netherlands, shows that excessive and heavy drinking is at its lowest level ever. In 2024, 18 percent of adults smoked, 6 percent consumed alcohol excessively, and 50 percent were overweight. The share of smokers and excessive drinkers had fallen compared with ten years earlier, but the percentage of overweight people remained unchanged.

Excessive drinking (drinking more than 14 glasses of alcohol per week on average for women and more than 21 for men) showed a significant decline. In 2014, nearly 10 percent of the population exceeded this limit. By 2024, this number had dropped to 5.5 percent. The decline in alcohol use aligns with the Nationaal Preventieakkoord target of reducing excessive drinking to below 5 percent of the population by 2040. Unlike smoking and obesity, excessive alcohol consumption appears to be independent of education level and income. This trend is also visible in other statistics. For example, the percentage of women who drink during pregnancy has fallen from 5% in 2016 to 1.9% in the last measurement in 2023. Alcohol consumption by minors has more than halved since 2003.

Heavy drinking is also falling (defined as drinking at least 6 glasses on one occasion for men and 4 for women at least once a week). The percentage of Dutch people aged 18 and over who are classified as heavy drinkers reduced from 7.9% in 2023 to 7.2% in 2024. Researchers also found no

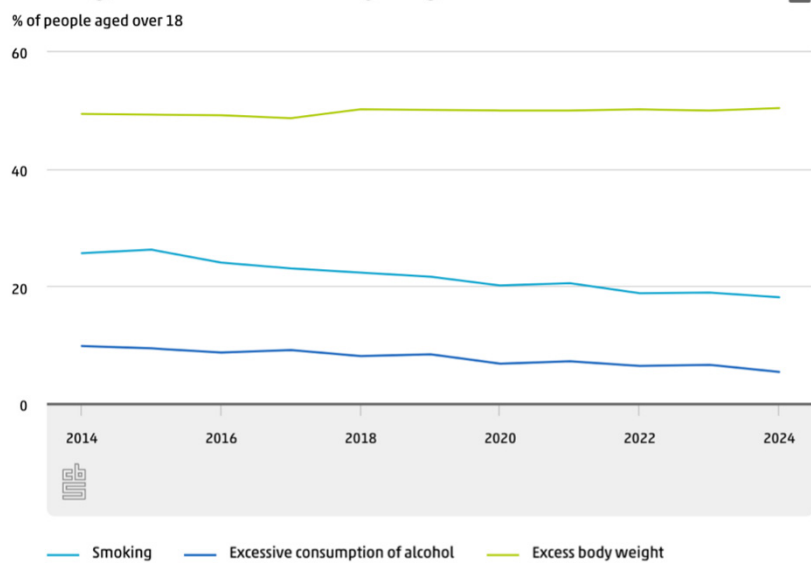
strong correlation between socioeconomic status and heavy drinking habits.

The decline in alcohol use aligns with the Nationaal Preventieakkoord target of reducing excessive drinking to below 5% of the population by 2040.

STIVA Director Peter de Wolf said, "In 2024, we will see an 'all-time low' for excessive drinking: there will be less excessive drinking than ever before. We are therefore clearly ahead of schedule to achieve the target from the National Prevention Agreement of 5% that must be achieved in 2040. The 7.2% for heavy alcohol consumption is also the lowest percentage ever measured. We can now also see that we are clearly on track to achieve the same target of 5% in 2040. Compared to about twenty years ago, we see a decrease of about 50% in both excessive and heavy alcohol consumption."

cbs.nl/en-gb/news/2025/12/smoking-and-alcohol-consumption-down-since-2014-obesity-unchanged

Smoking, alcohol and excess body weight



Source: CBS, RIVM, Trimbos Institute

48th Annual RSA Scientific Meeting/ISBRA Congress

Hyatt Regency, New Orleans | June 21 - 25, 2025

Registration for the 48th Annual RSA Scientific Meeting/ISBRA Congress is now open.

The primary goal of the Annual Scientific Meeting is to provide a forum for alcohol researchers – from all disciplines – to present their latest findings and to learn about new research developments in an environment that will provide interaction at both the professional and personal level. The Program

Committee is made up of RSA members who represent a wide range of scientific specialties. Their goal is to develop a well-balanced program that adequately reflects the broad range of interests of the RSA membership and non-member alcohol researchers.

You can register at rsa.societyconference.com/v2/

10% of Czechs drink alcohol excessively every day

Up to 1 in 10 Czechs over 15-years-old drink excessive amounts of alcohol every day, according to the annual report on alcohol consumption in the Czech Republic for 2024. The report was presented in March at a press conference by Pavla Chomynova, head of the National Monitoring Centre for Drugs and Addictions.

Experts have estimated the economic impact of alcohol addiction at around CZK 80 billion a year, approximately 1% of GDP. Some 31,000 people were treated for alcohol-related conditions in 2023, and alcohol consumption contributes to 6% of deaths in the country. About 275,000 people combine drinking with other psychoactive drugs.

Alcohol consumption habits are categorised based on consumption and risk level: harmful with health damage, hazardous with health risk, moderate, and abstinent. One alcoholic drink contains 16-20 grams of ethanol. Daily consumption of more than 60 grams for men and more than 40 grams for women is defined as is harmful. A daily consumption of 40-60 grams for men or 20-40 grams for women is defined as risky.

6-10% of people over 15 drink alcohol to a harmful degree, and 15-18% (1.3 to 1.6 million) drink alcohol in a hazardous way. Up to 13% of adults drink excessively at least once a week – up to 21% of men and up to 7% of women.

According to the report, Czech society is tolerant towards alcohol. 30% of respondents say regular drinking is acceptable. “The very high availability of alcohol” also plays a role, according to the report

authors. Almost a quarter of 15-year-olds, 5% of 13-year-olds and less than 1% of 11-year-olds have been drunk repeatedly. Three-fifths of young people aged between 15 and 19 have consumed alcohol in the last month, with 4% consuming daily or almost daily. According to the report, girls are also beginning to match boys in drinking.

Alcohol takes the lives of 6,000-7,000 people a year, around 6% of deaths. Liver disease or overdoses are the main cause for 2,000-3,000 people. Between 13,000 and 14,000 people a year end up in hospitals because of illnesses ‘wholly attributable to alcohol’. According to experts, the economic cost to the country is around CZK 80 billion.

According to report, about 275,000 people combine drinking with other psychoactive drugs. 12-15% use sedatives, hypnotics or opioid analgesics for more than six weeks without a prescription or against medical advice. Women are twice as likely to use these and rates increase with age. Some people use the medication to replace or supplement other drugs. The availability of psychoactive drugs is high in the Czech Republic, and people can obtain prescriptions from a doctor. If they do not get a prescription, they obtain the pills from family and friends, on the Internet, or on the black market, according to the report.

drogy-info.cz/data/obj_files/35689/1353/TZ%202025-03-20_P%C5%98%C3%8DLOHA%2003_Zpr%C3%A1va%20o%20alkoholu%20v%20%C4%8CR%202024_full_fn.pdf

AI based software prevents underage purchases in Belgium

A new AI-based system called PASSage is being rolled out in 200 Belgian newsagents for age estimation in the context of age restricted products including tobacco and alcohol.

The system uses facial recognition to scan customers’ age characteristics and uses a color signal to indicate whether the customer looks younger than 25 years old and therefore requires ID verification. According to operator Press Shop & More, the technology processes the data locally without an internet connection and does not store any personal information.

Criminologist Rosamunde Van Brakel (VUB) raised concerns about the implementation. “The goal is

of course noble: to protect young people from the harmful effects of gambling, alcohol or tobacco. But I wonder whether this is the right way to protect young people.” The AI based software is also thought to be inconsistent for some populations. Van Brakel commented, “There are still few independent studies on the use of such systems in stores. The algorithms used for this are trained by recognising patterns in millions of photos. But we do know from scientific research into facial recognition that they are generally more accurate for men and white people. There is a risk, for example, that the AI system will often estimate black young people to be too young, and that it will therefore have a discriminatory effect.”

NSW court diversion program lowers rates of reoffending and imprisonment

Defendants in New South Wales (NSW) who complete a 12-week voluntary treatment program for alcohol and other drugs (AOD) use are much less likely to reoffend or receive a prison sentence. The findings of an evaluation, published in the *International Journal of Drug Policy*, provide strong evidence to support the pre-plea Magistrates Early Referral into Treatment (MERIT) program for adults facing charges in the NSW Local Court.

The study found that MERIT participants offended approximately 21% less often than comparison group participants at 12 months and 13% less often at the 24 months mark (IRR: 0.870. CI: 0.829–0.912). At the conclusion of criminal proceedings participants in the MERIT program were also significantly less likely to receive a prison sentence (OR: 0.728. CI: 0.674–0.787 and were less likely to die from any cause in the two years after referral than participants in the comparison group (HR: 0.674. CI: 0.502 - 0.904).

Lead author Professor Donald Weatherburn, from the National Drug and Alcohol Research Centre (NDARC) at UNSW Sydney commented, "Because MERIT is a pre-plea rather than a post-conviction program like the Drug Court, it has no presiding judge or prosecutors, no regime of random urine testing, and no punishment for non-compliance... The current study shows, however, that it is no less capable in reducing drug-related crime and improving health outcomes."

While MERIT has undergone several earlier evaluations, Professor Weatherburn's study is the largest and most robust evaluation of the program to date. It included more than 22,400 defendants who participated in the diversion program from 2012 to 2017 and whose criminal justice records were linked to health databases.

[sciencedirect.com/science/article/pii/S0955395925000465](https://www.sciencedirect.com/science/article/pii/S0955395925000465)

Finland - impacts of expanding wine sales

The Finnish Competition and Consumer Authority's (KKV) assessment suggests that expanding wine sales to grocery stores would increase availability but also lead to higher alcohol consumption, with the resulting social costs outweighing the additional revenue from alcohol taxes.

On March 18, the Finnish Competition and Consumer Authority (KKV) published a preliminary assessment of the potential effects of expanding wine sales.

Based on KKV's report, the expansion of wine sales would significantly weaken Alko's profitability, and Alko would have to undertake major adjustment measures. As a result of the change, the continuity of Alko's operations as a whole would be uncertain. "Alcohol is not an ordinary commodity, which is why its availability is regulated and restricted. KKV also highlights this fact. The government program has also stated that Alko's public health role and position will be maintained," said CEO Leena Laitinen.

KKV takes the position that if wine sales were to be expanded, a decision would also need to be made on how the distribution of strong alcoholic beverages would be organised in the future.

NSW government allows blood and urine samples post serious injury crashes

The New South Wales government has announced stronger road safety laws that will allow blood and urine samples to be taken from a driver or rider if they're involved in a crash resulting in grievous bodily harm. The new measure will enhance drug and alcohol testing for drivers involved in serious injury crashes on NSW roads, with the samples able to be tested for both drugs and alcohol.

The current law, in place since 2006, has allowed for mandatory drug and alcohol testing of all drivers involved in fatal crashes. Now, the update will extend this to urine and blood samples for testing from serious injury crashes, with the new law to support police investigations of serious driving offences.

The bill was introduced based off recommendations by the NSW Sentencing Council's report on repeat traffic offenders. The amendment is an important part of the 2026 Road Safety Action Plan, which is targeting to halve deaths and reduce injuries by 30% on NSW roads by 2030.

WHO report – Nordic Alcohol Monopolies

A report from the World Health Organization (Europe) explores the role of Nordic alcohol monopolies in Europe. Operating in Finland, Iceland, Norway, Sweden and the Faroe Islands, these State-owned entities prioritise public health and minimise alcohol-related harm as integral components of national alcohol strategies. Exclusively authorised to sell most alcoholic beverages, they operate under government oversight. Unlike other retail outlets, they are not driven by profit or sales, focusing primarily on public health and welfare. The monopolies align with WHO evidence-based recommendations for reducing alcohol consumption and harm, which include high alcohol taxes, limited availability and restricted marketing. They implement these strategies by controlling the number of stores, limiting operating hours, enforcing age limits, banning promotional pricing, and eliminating advertising and sales promotions, including

online. Additionally, they educate the public about alcohol-related harm and ensure responsible sales practices.

Historically, these monopolies have contributed to a shift in northern Europe from irregular, heavy drinking to more moderate consumption, resulting in lower alcohol consumption and harm compared to other European countries. Evidence consistently shows that privatisation of alcohol sales increases consumption, while monopolisation decreases it. Despite recent policy changes threatening their effectiveness, the authors argue that the Nordic alcohol monopolies remain crucial to national alcohol strategies, safeguarding public health and reducing alcohol-related harms.

Citation: World Health Organization. Regional Office for Europe. (2025). Nordic alcohol monopolies: understanding their role in a comprehensive alcohol policy structure and public health significance. World Health Organization. Regional Office for Europe. iris.who.int/handle/10665/380344.

Sweden: Continued decline in alcohol consumption in 2024

In Sweden, alcohol consumption decreased by 2.3% in 2024 compared to 2023, measured in pure alcohol. This is according to preliminary data from CAN (the Swedish Council for Information on Alcohol and Other Drugs). The Monitor survey began in 2000 and has been conducted continuously since then. Its main purpose is to estimate total alcohol consumption in Sweden and track changes over time. The survey compiles both registered alcohol sales (Systembolaget, restaurants, and grocery stores) and unregistered consumption, which includes private imports, purchases of smuggled alcohol, online purchases, and home production. By combining registered and unregistered data, the survey provides an overall picture of alcohol consumption in Sweden. Since 2020, data on unregistered consumption has been collected through both self-administered questionnaires and ongoing telephone interviews with Swedes aged 17–84. Approximately 18,000 people participate each year, and since the

survey's inception, over 430,000 individuals have taken part. The reported figures are based on the amount of pure alcohol per capita for those aged 15 and older.

"The lower consumption is partly due to a decline in online alcohol purchases outside of Systembolaget, but also to a decrease in purchases of smuggled alcohol," says Björn Trollidal, researcher and investigator at CAN. Systembolaget's sales also declined slightly, though they remain higher than pre-pandemic levels. Trollidal added. "The decrease in consumption is part of a long-term trend, but the weaker economy has likely also played a role,"

The Systembolaget was responsible for 72% of sales, followed by restaurants (12%), private imports (7%), low alcohol beer sales (4%), home production (2%), purchases of smuggled alcohol (2%) and online purchases (1%).

can.se/nyheter.



Adoption of alcohol health warning labels across South East Asia

In a paper in the Lancet, authors Swarndeeep Singh and Yatan Pal Singh Balhara highlight that harm due to alcohol use is a great public health concern for the South East Asia region with the annual per capita consumption expected to continue to grow. Health-related information labelling on alcohol products has been recommended as a public health strategy to address the problems associated with the use of alcohol.

Drawing on data from the Global Health Observatory data repository of the WHO, they present the status of the indicators for tracking the implementation status of alcohol health warning labels (AHWLs) in South East countries and draw conclusions from the data.

With the exception of Thailand, the adoption of AHWLs in the South East Asian countries remains limited. Some of the well-established adverse health consequences associated with alcohol use such as harmful health consequences of alcohol consumption related to fatal cancers, liver damage and other non-communicable diseases and road traffic accidents have not yet been included in the AHWLs.

AHWLs of relevance to populations with specific needs have not been adopted in most of the countries, including health warning labels related to pregnancy and health warning labels on underage drinking. Consumer information about calories, additives (including allergens), etc. on containers is absent in most South East Asian countries.

While displaying the alcohol content on the container has been adopted in most of the countries, the practice of mentioning the number of standard alcoholic drinks on the container is yet to be adopted and a legal requirement for the size of health warning labels is also not widely implemented.

The authors conclude that the adoption of the AHWLs across the South East Asian countries is variable. There is a need to invest in identification of evidence based AHWLs, their effective implementation and sharing of the data on its implementation.

Source: Adoption of Alcohol Health Warning Labels (AHWLs) across South East Asia: current status and recommendations for future. Singh, Swarndeeep et al. The Lancet Regional Health - Southeast Asia, Volume 35, 100557

Cambodia Policy White Paper

Cambodia has developed a comprehensive Alcohol Policy White Paper, which was set for publication in March, marking a major step toward addressing alcohol-related harm.

The Phnom Penh post reports that, on March 6, representatives from the Ministry of Commerce's Consumer Protection, Competition and Fraud Repression Directorate-General (CCF) held a workshop with several key players to discuss Cambodia's public health and alcohol consumption. In attendance were representatives of the Economic, Social and Cultural Council of Cambodia, the Wine Spirits Beer Importer and Distributor Association, the Asian Vision Institute and the Southeast Asia Public Policy Institute.

The new document aims to provide a strategic roadmap for strengthening the country's alcohol regulatory framework, promoting responsible consumption, and tackling harmful drinking behaviours. The policy framework is being shaped by insights from a recent high-level dialogue workshop, which brought together policymakers, public health experts and industry representatives

to discuss solutions tailored to Cambodia's unique social and economic context. The event highlighted the urgent need for clear regulations and enforcement mechanisms to curb alcohol-related harm while balancing economic interests.

Ed Ratcliffe, executive director of the Southeast Asia Public Policy Institute, emphasised that the dialogue focused on two key themes: supporting moderation and addressing harmful consumption. He noted that global best practices were examined, but with a localised approach that considers Cambodia's institutional capacities, cultural norms and stakeholder engagement.

Key challenges identified include a lack of consumer awareness regarding alcohol content and healthy consumption, high rates of underage drinking and alcohol-related road safety risks.

The White Paper will explore these issues and propose policy recommendations based on international best practices and localised research.

phnompenhpost.com/post-in-depth/new-white-paper-aims-to-respond-to-startling-alcohol-consumption-survey

Alcohol safety ads to target young Australian travellers

The Australian Government is strengthening its efforts to increase awareness of alcohol related risks of overseas travel, launching an advertising push targetted at young Australians, following the deaths of two teenage girls last year from drinking alcohol tainted with methanol while on holiday in Laos. From April, Smartraveller will roll out dedicated communications to raise awareness and educate Australians of the signs of methanol poisoning, how to protect themselves from drink spiking and broader alcohol safety – knowing the risks and watching out for your mates.

The campaign will ramp up across peak travel periods and school and university holidays, and include:

- Targeted advice and alerts to young travellers, including school leavers, and their parents through social media, text messages and messaging at Australia's international airports.
- A new online safety hub on Smartraveller will be established by June 2025, which will host resources aimed at schools, universities and parents.
- Ahead of schoolies, a new advertising campaign will reach young people through the channels they use most including social media across multiple platforms and digital audio. Youth media engagement and partnerships will also be used to amplify these messages.
- Working closely with airlines and others in the travel industry to enhance the reach of these public service messages to young Australian travellers, focusing on certain destinations and regions.

The Australian Government will also work with education institutions and non-government organisations to deliver alcohol safety messaging through presentations to school students.



Zimbabwe bans unregulated liquor sales and public drinking

In Zimbabwe Government has announced a crackdown against mobile bottle stores to curb illegal activities that pose health and security threats. Speaking during a press briefing on 26th March in Harare, Minister of Local Government and Public Works, Daniel Garwe, said the era of unregulated alcohol sales and public drinking is over, highlighting the numerous problems caused by such activities, including the lack of ablution facilities, health scares, security threats, and rising criminal activities such as theft, pickpocketing, and drug dealing.

"The health scare affects everyone here. The threat to security affects everyone here. The level of theft and pick-pocketing affects everyone here. The level of drug dealing affects a relative of everyone here. "So, the answer is to do the right thing – enforce the laws and stop that behaviour," said Minister Garwe.

The Government's directive comes as part of a broader effort to restore order, ensure public safety, and promote a clean and healthy environment. Minister also reiterated that the enforcement of these regulations will be strict and unwavering, with support from law enforcement agencies.

The Feeding Recovery Project

In a blog for the Institute of Alcohol Studies, Andrew Misell writes about the Feeding Recovery Project, an initiative led by Alcohol Change UK, funded by the Welsh Government, and delivered in partnership with Barod and the Nelson Trust.

"Since the earliest times, the making and sharing of food has been one of the main ways humans have connected with each other. As well as sustaining our bodies, food brings us together. Most of us have a favourite food. And when someone offers to make us a meal, we take it as a sign that they wish to welcome us. In short, food matters. But we know that when alcohol comes to dominate someone's life, food can be relegated to a very minor role. People who are alcohol-dependent are often underfed, underweight, malnourished, and socially isolated. We wanted to understand more about this, and what we could do about it. That's why we started the Feeding Recovery Project".

ias.org.uk/2025/03/19/a-meal-is-a-way-of-connecting-with-somebody/

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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