Alcohol in Moderation

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International Digest on alcohol and health and the responsible consumption of alcohol

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Heavy alcohol consumption, depression, their comorbidity and risk of all-cause and cause-specific mortality

Alcohol consumption and depression commonly co-occur, and most current research has focused on the associations between either alcohol consumption or depression alone with mortality risk. However, the association of the comorbidity of heavy alcohol consumption and depression on the risk of all-cause and cause-specific mortality remains unclear in the US.

Researchers analysed the risks of all-cause and cause-specific mortality in participants who have heavy alcohol consumption alone, depression alone, or both, by conducting a prospective cohort study with a sample in the National Health and Nutrition Examination Survey (NHANES) database.

11,590 US adults aged ≥ 20 years from a nationally representative sample were included in the study. Data on depression and alcohol consumption were extracted from the NHANES conducted between 2005 and 2018, and mortality information was obtained from the NHANES Linked Mortality File through December 31, 2019. Drinking and depression were classified into four groups: only heavy alcohol consumption, only depression, both present, and neither present. By adjusting for confounding factors, the researchers investigated the risk of all-cause mortality associated with alcohol consumption and depressive states, including cardiovascular disease (CVD), cancer, and other causes.

The adjusted HR (aHR) for all-cause mortality, as well as mortality due to CVD, cancer, and other causes, were highest among individuals with comorbid heavy alcohol consumption and depression (HR 2.68[95%CI 1.84,3.91]; 2.64 [95%CI 1.27, 5.48]; 2.55 [95%CI 1.22,5.35]; and 2.78[95%CI 1.64, 4.71]). However, the results of additive and multiplicative interactions indicated that the synergistic effect of heavy alcohol consumption and depression on all-cause and cause-specific mortality did not reach statistical significance.

This research could provide a foundation for further investigations into the mechanisms underlying the comorbidity of heavy alcohol consumption and depression, as well as interventions for depression among heavy alcohol consumers, with significant implications for public health and clinical practice.

Source: Yan, C., Ding, Y., He, H. et al. Heavy alcohol consumption, depression, their comorbidity and risk of all-cause and cause-specific mortality: a prospective cohort study. Soc Psychiatry Psychiatr Epidemiol 60, 2441–2454 (2025). doi.org/10.1007/s00127-025-02873-9

Moderate alcohol consumption and risk of depression: A longitudinal analysis in community-dwelling older adults

Mohebbi, M., Davoodian, N., Ganjali, S., Beilin, L.J., Berk, M., Forbes, M., McNeil, J.J., Nelson, M.R., Ryan, J., Wolfe, R., Woods, R.L., Lotfaliany, M. Nutrients. 2025 Aug 20;17(16):2688. doi.org/10.3390/nu17162688.

Abstract

Background/Objectives: Evidence suggests a J-shaped association between alcohol consumption and depression, but it remains unclear whether this reflects a true causal effect, reverse causation, or methodological bias. This uncertainty is particularly relevant in older adults, who are at increased risk for both depression and alcohol-related harms.

Aim: This study aimed to examine the association between varying levels of alcohol consumption and depression risk in community-dwelling older adults.

Methods: We analysed 16,563 community-dwelling older adults (mean age 75.1 ± 4.6 years) from the ASPirin in Reducing Events in the Elderly (ASPREE) trial. Alcohol intake, reported at baseline and follow-up, was categorised as abstinent, occasional, moderate, or above guideline. Both intention-to-treat (classified by baseline alcohol consumption, regardless of later changes) and per-protocol (using annual time-updated alcohol consumption) analyses were performed. To address confounding, informative censoring, and selection bias, we applied marginal structural models with inverse probability weighting.

Results: In per-protocol analyses, abstainers (OR 1.17), occasional drinkers (OR 1.11), and above-guideline drinkers (OR 1.15) were significantly associated with a higher risk of depression compared with moderate drinkers, consistent with a J-shaped association. Sensitivity analyses excluding former drinkers and those with baseline depressive symptoms showed similar results. The association remained robust after adjusting for social isolation, social support, social interactions, physical activity, pain, sleep duration, sleep difficulties, and sleep medication use (n = 14,892; Australian sub-sample), and did not differ by sex.

Conclusions: Moderate alcohol consumption was associated with the lowest depression risk, confirming a J-shaped relationship after comprehensive confounder adjustment.

ISFAR Summary

Depression significantly adds to the global disease burden. Alcohol and depression are closely connected, and their relationship is bidirectional: alcohol can contribute to depression, while depression can also lead to alcohol use. This large epidemiological study reports, as previous studies have shown, a lower risk of depression among moderate alcohol consumers compared to abstainers and those who drink above guidelines.

The authors studied a well-characterised, apparently healthy, large group of older adults and employed various statistical techniques to both reduce confounding and assess a cause-and-effect relationship. However, Forum members believe that a cause-and-effect relationship has not been established since the aetiology of depression remains unknown. They note that depressive symptoms are evaluated rather than depression itself, effect sizes are small, and important confounders such as living arrangements and drinking patterns have not been adequately controlled for.

ISFAR Critique

Background

Depression significantly contributes to the global disease burden (Moussavi et al., 2007, Thapar et al., 2022), with a high incidence and frequent recurrence. The worldwide prevalence of depression is approximately 5.7% (Marwaha et al., 2023). Alcohol and depression are closely linked, and their relationship is bidirectional: alcohol can contribute to depression, while depression can also lead to alcohol use, creating a self-perpetuating cycle. This is because alcohol is a depressant that disrupts neurotransmitters such as serotonin and dopamine, which regulate mood. Heavy or long-term drinking can impair their normal function, resulting in low mood. There are public health concerns about the long-term effects of alcohol consumption on depression. Research has shown that alcohol misuse or heavy drinking is associated with depression, generally indicating an increased risk. Most studies have documented a higher risk of depression linked to heavy and binge drinking (An and Xiang, 2015, Paljärvi et al., 2009).

Few prospective studies have been conducted to assess this association among moderate drinkers, and most have been undertaken in younger adult populations, which have found a non-linear relationship. Compared with abstainers, light to moderate alcohol consumption may reduce the risk of depression (Liang et al., 2021), while heavier consumption increases risk, creating a J-shaped pattern (Kirchner et al., 2007, Gea et al., 2012, Gea et al., 2013, Li et al., 2020, Visontay et al., 2023). A meta-analysis by Li et al. (2020) reported J-shaped associations in both categorical and dose-response analyses where light-moderate drinking had a significantly decreased risk of depression, while heavy drinking did not show a significant association with depressive symptoms compared with non-drinkers (Li et al., 2020). Feng et al. (2024) also found that while alcohol consumption can alleviate major depression, increasing the frequency of alcohol consumption can aggravate it.

For example, these large observational studies have found that light or moderate alcohol consumption (often defined as up to 1 drink/day for women, 1 to 2 for men) is associated with a lower risk of developing depression compared to abstainers. Possible explanations are that moderate drinking may increase social interaction and reduce social isolation (protective against depression). Alternatively, small amounts of alcohol may transiently boost mood-related neurotransmitters like dopamine. However, this is association, not causation — people who drink moderately may also differ in lifestyle such as diet, exercise and social factors. Once consumption exceeds moderate levels, the risk of depression rises sharply. Heavy drinking causes neurochemical disruptions (serotonin, dopamine), sleep issues, and heightened stress responses with social, financial, and health consequences. Interestingly, some studies indicate that abstainers—especially lifelong non-drinkers—may have a marginally higher risk of depression than moderate drinkers. The reasons are debated; for example, some abstainers are "sick quitters" or people who stopped drinking due to health problems, including prior depression or alcohol misuse, or that cultural and social contexts really matter because in societies where moderate drinking is common, abstainers may have less social integration.

This paper is from the ASPirin in Reducing Events in the Elderly (ASPREE) study, which was a large, government-funded international clinical trial that investigated whether daily low-dose aspirin prevents age-related illnesses in healthy older adults (https://aspree.org/aus/). It is a long-term, multi-centre, bi-national study into how aspirin supports the health of older adults. It enrolled 19,114 initially healthy older adults (Australians aged 70+ years and U.S. minorities aged 65+ years) who were free of major illnesses such as cardiovascular disease and dementia, severe psychiatric disease and significant physical disability. The study excluded participants with baseline psychotropic medication use and then modelled medication initiation as time-varying confounders. The main finding of Mohebbi et al. (2025) is also a J-shaped association with the lowest depression odds in moderate drinkers; compared with moderate drinkers, abstainers had an OR of 1.17 (95% CI 1.08–1.26), occasional drinkers had an OR of 1.11 (1.03–1.19), and above-guideline drinkers had an OR of 1.15 (1.07–1.25). However, this specific subject selection limits generalisability to less healthy or institutionalised older adults.

Critique

This is a large, well-characterised sample of older adults (ASPREE) with repeated measures, providing strong statistical power and temporal insights. Modern causal-inference tools suitable for datasets with time-varying confounders were employed, including time-updated exposure, use of per-protocol marginal structural models (MSM), inverse probability weighting (IPW), and estimating equations (MSMs/IPW) (Breskin et al., 2019). These approaches likely enhanced their estimations, which could have been influenced by prior exposure, such as medication use. They markedly improve upon crude cross-sectional analyses.

The authors also attempt to address selection bias and censoring by using inverse probability of censoring weights (IPCW) and trimming extreme weights to avoid unstable estimates; they assess covariate balance post-weighting (Dong et al., 2021). In addition, the authors perform transparent sensitivity analyses, excluding former drinkers (to probe the "sick quitter" effect), excluding baseline depressive cases, and attempting alternative CES-D cutoffs; the results of these analyses were mainly robust. They also report E-values to quantify how strong an unmeasured confounder would need to be to explain away the association. As older adults are a group with a higher baseline

risk of both depression and alcohol harms, the authors report subgroup checks such as sex and social factors, and analyses that adjust for many comorbidities and medications.

There are, however, important reasons to exercise caution when interpreting these findings as "moderate drinking protects against depression." For instance, observational data remain vulnerable to unmeasured confounding. MSMs/IPTW enhance causal inference but depend on the assumption that there is no unmeasured confounding and that the treatment and censoring models are correctly specified. The reported E-values of approximately 1.5–1.6 indicate that an unmeasured confounder with only moderate strength could bring the OR down to null, not an implausibly large effect. In essence, MSMs lessen but do not eliminate the risk of confounding. Additionally, the study used moderate drinkers as the reference group (rather than never-drinkers), so the results are framed as "abstainers have higher odds than moderate drinkers." While this choice is justifiable (the authors justify it based on prior ASPREE findings), it also raises the likelihood that the paper will emphasise the potential benefits of moderate drinking. It is crucial to compare moderate drinkers with never drinkers and to differentiate between former drinkers. Sensitivity analyses excluding former drinkers are conducted, but residual bias may still exist. Beverage type is not the main focus of the study, and although the authors mention wine/Mediterranean pattern analyses in previous ASPREE research, they do not thoroughly explore beverage type and context, such as consumption with meals versus alone, which could influence social integration effects.

The outcome is also a screening tool (CES-D-10) but not a clinical diagnosis, as it measures symptoms over the past week, resulting in a classification of "probable depression/clinically relevant symptoms," rather than confirmed major depressive disorder. Consequently, misclassification (false positives/negatives) can bias the results. In addition, alcohol exposure is self-reported and subject to misclassification and underreporting, as older adults, especially those with cognitive decline, may underreport heavy drinking (Kamsvaag et al., 2021) and recall errors or social desirability bias can produce differential misclassification. If misclassification differs by emerging depression or by social factors, bias can result. Although the study tried to capture frequency, volume, and binge episodes, objective and sensitive biomarkers such as phosphatidylethanol, which is a direct biomarker of alcohol consumption indicating recent and heavy alcohol use for up to 28 days, and carbohydrate-deficient transferrin, which is an indirect, long-term biomarker for chronic heavy alcohol consumption, were not used (Aboutara et al., 2022).

The magnitude and clinical relevance of effect sizes are modest, with ORs close to 1 (for example, abstainer 1.17), so even if these are accurate, the absolute risk differences in a relatively healthy elderly sample may be minor. They should be weighed against known harms of alcohol, such as falls, cancer, and medication interactions. The authors do not (and should not) suggest that drinking is beneficial for mood. Although the study uses advanced methods that make this a better causal attempt than many observational studies, MSMs are only as good as the measured confounders and the correct specification of weight models. The e-values reported (approximately 1.5–1.8), which assess the strength of evidence for causality in observational studies, especially against unmeasured confounding, indicate moderately low robustness. This suggests that an unmeasured confounder with only moderate associations with both alcohol use and dementia risk—such as social support quality not fully captured, lifetime trauma, unmeasured socioeconomic factors, or genetic predispositions—could explain the observed association. Therefore, the evidence only points to a J-shaped relationship but does not definitively prove a protective causal effect of moderate alcohol consumption on depression.

Specific comments

Forum member Romano remarks that "the study by Mohebbi et al. (2025) investigates the relationship between moderate alcohol consumption and the risk of depression in community-dwelling older adults, using data from the ASPREE trial. The authors identified a J-shaped pattern, where moderate drinkers had a lower risk of depressive symptoms compared to abstainers, former drinkers, and those exceeding recommended alcohol limits. The sample is large and well-characterised, and the statistical methods employed—marginal structural models (MSM) with inverse probability weighting (IPW), sensitivity analyses, and E-values—are all appropriate for causal inference in longitudinal

data with time-varying confounders. The authors also addressed selection bias and censoring through weighting and trimming of extreme weights. However, the results should be interpreted with caution. The reliance on self-reported alcohol consumption, the heterogeneity of abstainers (a mix of lifetime abstainers and former drinkers with potentially poorer baseline health), and the absence of a clinical depression diagnosis limit causal interpretation. Furthermore, effect sizes were modest (ORs close to 1), making clinical relevance limited and needing to be weighed against well-established alcohol-related risks.

Depression is a multifactorial disorder resulting from the interaction of biological factors (genetics, neurotransmitters, hormonal imbalances), psychological factors (early-life trauma, low self-esteem, negative thinking patterns), and social factors (isolation, chronic stress, loss, family or work-related problems). Chronic diseases, medications, and major life changes can also act as triggers. Light alcohol consumption may be associated with a slightly lower risk of depression in some studies, but an true protective effect has not been demonstrated. This association is more likely due to social and lifestyle factors. Abstainers, particularly former drinkers, may have poorer baseline health, which can bias comparisons and partly explain the apparent protection seen among moderate drinkers.

Thus, this study supports a J-shaped association between moderate alcohol consumption and depressive symptoms in older adults but does not establish a causal protective effect. The public health implications are limited, and alcohol should not be recommended as a preventive measure against depression. The study reflects the clinical complexity of depression and provides stronger evidence than many prior observational studies, although methodological limitations warrant cautious interpretation.

Forum member Ellison considers this is an excellent paper. "The authors spent considerable time seeking to evaluate mechanisms that either support or do not support the J-shaped association between alcohol consumption and depression found in their analyses. Such research can be crucial in determining the extent to which the observed associations may be causal. These authors were also diligent in seeking to determine how confounding factors may have affected their results. Perhaps surprisingly, they found that the effects of most of the generally accepted potentially confounding variables were minor.

The potential health benefits regarding depression shown in these analyses should stimulate future research into mechanisms by which moderate drinking can influence the risk of depression. While the vast majority of previous studies on alcohol and health have clearly shown strong inverse associations between moderate alcohol consumption and cardiovascular diseases, diabetes, and total mortality, increasing research is needed on alcohol and dementia, as well as on depression, as these two conditions contribute immensely to the burdens of health care for ageing populations around the world.

My main concern with this paper was the use of Mendelian randomisation results to negate a J-shaped curve based on observational data. We obviously will become better at evaluating self-reported information on the exposure to alcohol with improved assessment techniques. But the true health effects of alcohol relate more to the drinking pattern (that is, the type of beverage, consumed with or without food, regularly or only on a few days/week, associated or not with binge drinking, etc.), which is more important than just the total number of drinks consumed over a period of time. And while genetic factors are obviously important, they do not predict why some people drink to excess very well, nor do they account for the effects of social influences, the drinking patterns of the culture in which someone lives, or socioeconomic factors (Ellison et al., 2021). Emerging approaches for better estimating patterns of drinking should provide better data for which to judge the relation of alcohol intake to dementia."

Forum member Skovenborg also states that "this is an excellent and well-done study. My only concern might be that they use the CES-D to diagnose depression. They themselves say that you can't, but they use the word anyway. The CES-D has good sensitivity (around 80-90%), but very low specificity (around 40%). That is, the positive predictive value is woefully low. Exactly what this means for the study's conclusions, I can't quite figure out, but perhaps you should read "symptoms of depression and anxiety" where the authors write "depression".

Forum member Harding considers that "the association of lower risk of depression in moderate drinkers compared to above guideline drinkers was observed to be small. In the Discussion

section, the authors made a concerted effort to demonstrate that this is a causal relationship, which was always likely to be an uphill battle given that the causes of depression are not yet fully understood. I did find the last sentence of the first paragraph curious 'our findings provide preliminary evidence to suggest that the observed relationship may reflect a possible causal link between alcohol consumption and the risk of depression in older adults, rather than being merely artifacts driven by methodological biases.' Why one or the other? Couldn't the association be a mere coincidence?

In support of this, the authors cite a paper by Adams et al. (2020) that reports an adverse immune response in chronic heavier drinkers (that is, those with Alcohol Use Disorder), but such drinkers are a long way from those in the cohort who were drinking above the alcohol drinking guidelines. Similarly, regarding the effect of alcohol on sleep, they refer to a paper by Kenney et al. (2013), which concerned 1,044 heavy-drinking college students. Such comparisons are not appropriate. They could not find any evidence that moderate drinking facilitated beneficial social interaction (and therefore less likely to lead to depression) and so concluded that such interactions are less important in later life, or that their database was not good enough to capture it. Similarly, for physical activity. As for sex differences, they said, "Although we observed no statistically significant sex differences, potential residual confounding means that this finding should be interpreted cautiously." I don't understand why. They found no difference.

For these reasons, I don't think the sentence in the Conclusions section, 'The findings suggest that the protective effects of moderate consumption may not be solely attributable to methodological bias', can be justified."

Forum member Waterhouse similarly muses that "the author's pursuit of a causal link is fraught with challenges. One datapoint caught my eye- the study population was 54% female, but the moderate alcohol group was only 33% female. I am not sure what to make of this. Another was that 73% of moderate drinkers lived at home with another, while this was the case with only 64% of abstainers and occasional drinkers. In the Introduction section, they mention "moderate drinking often occurs in socially engaging contexts, with higher social integration and activity levels linked to lower depression risk", but unfortunately, I did not see them pursue this issue in their data analysis. I say unfortunate because this may be one means by which moderate consumption is associated with lower levels of depression. However, the association may be linked to the living situation. In other words, is it possible that living in a better socially integrated home would lead to moderate consumption?"

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A meta-analytic summary table focusing on "moderate alcohol consumption vs abstinence" and risk of depression / depressive symptoms.

Study	Population & Follow-up	Definition of "Moderate" & Abstinence	Effect Size (Moderate vs Abstinent)	95% CI / p-value	Notes / Limitations
Visontay et al. (2023) Moderate Alcohol Consumption and Depression: MSM approach	NLSY79 cohort, people aged ~29-37 at baseline followed into age 50	Moderate = "within guideline" consumption in early/mid adulthood; Abstinent = consistent non-drinkers	OR ≈ 0.59 predicted risk of probable depression for consistent moderate drinkers vs consistent abstainers	95% CI: 0.26 to 1.13 (not statistically significant in that contrast)	The upper limit exceeds 1, so the effect is not definitive; the study has good longitudinal data; it uses marginal structural models to adjust for confounders.
Mohebbi et al. (2025) ASPREE (Older Adults) – MDPI	~16,563 older adults (mean ~75 yrs), community dwelling, no pre-existing severe psychiatric illness; follow-up with repeated assessments	"Moderate" defined per US dietary guidelines; abstinent = non- drinkers; also occasional, above guideline categories	Abstainers vs moderate: OR ≈ 1.17 (i.e. ~17% higher risk among abstainers)	OR 1.17; CI not always shown in abstract for abstainers vs moderate, but results are significant in per-protocol models	Older age group; potential issues with "former drinkers" being in the abstainer group; still strong design with repeated measures and confounder adjustment.
Qi et al. (2024) Association studies/cross-sectional: NHANES frequency study	US adults; cross-sectional (NHANES 2009-16), ~17,466 participants	Drinking frequency categories: "medium frequency" (3rd quintile) had the lowest depression odds vs the lowest frequency group (abstainers/very low)	OR ≈ 0.68 for the "middle frequency" group vs very low/abstainers	CI ~0.56 to 0.82, p < 0.05	Cross-sectional: cannot infer causation; frequency rather than amount; "abstainers" may include former drinkers; measurement via self-report.
Freman Stein et al. (2022) Young people interventions meta-analysis	Young people (10-24), psychosocial interventions targeting excessive alcohol use; 5 trials; effect on depression symptoms via follow-up	Not directly "moderate vs abstinent", but reducing heavy/excessive alcohol use vs control; baseline heavy/excessive drinkers vs reduced usage/intervention vs control	Standardised Mean Difference (SMD) ≈ –0.26 (intervention vs control) → i.e. reduction in depression symptoms associated with reduced excessive drinking vs continued excessive or usual behaviour	95% CI [–0.41, –0.12]; p < .001	Focused on young people; intervention studies rather than observational; effect is modest; not exactly "moderate vs abstinent" but gives a sense of benefit from reducing heavy alcohol use.

Gender-specific effects of smoking and alcohol consumption on cardiometabolic diseases and multimorbidity

Gender-specific variations in hormonal profiles, adipose tissue distribution, and metabolic pathways may differentially modulate the health impacts of smoking and alcohol use. Current population-based studies on the impact of smoking and alcohol consumption on cardiometabolic diseases (CMD) and multimorbidity (CMM) often lack gender-stratified analyses, thereby limiting the evidence base for gender-tailored preventive strategies.

A population-based cross-sectional study used data from the 2020 China Health and Retirement Longitudinal Study (CHARLS). A total of 11,447 participants were included in the analysis. The researchers assessed behavioural risk factors, with interaction terms evaluating effect modification by gender.

The prevalence was 16.67% for CMD and 5.66% for CMM. Participants who smoked were more likely to report CMM than those who did not smoke (OR=2.70). Smoking was significantly associated with the prevalence of CMD in females (AOR=1.34), but not in males. Moreover, female smokers were more likely to report CMM compared to male smokers (AORfemales=3.53, AORmales=2.02). No significant associations were found between alcohol consumption and the prevalence of CMD or CMM, nor were any gender-specific differences observed.

The authors conclude that smoking, but not alcohol, may have a potential gender-specific effect on the risk of CMD and CMM, with female smokers exhibiting a higher prevalence of CMM than males. This highlights the need to integrate gender considerations into chronic disease prevention frameworks.

Source: Sun P, Gao J, Liang X, et al. Gender-specific effects of smoking and alcohol consumption on cardiometabolic diseases and multimorbidity: A cross-sectional study. Tobacco Induced Diseases. 2025;23(September):135. doi.org/10.18332/tid/208109

Study questions whether alcohol consumption decreases dementia risk

A widely reported study by researchers at the University of Oxford, Yale University, and the University of Cambridge, challenges previous suggestions that light-to-moderate drinking may have a protective effect against dementia. The study is published in BMJ Evidence-Based Medicine.

A prospective cohort and case–control analyses combined with linear and non-linear Mendelian randomisation. Data came from two large-scale population-based cohorts: the US Million Veteran Programme and the UK Biobank. 559 559 adults aged 56–72 years at baseline were included in observational analyses (mean follow-up: 4 years in the US cohort; 12 years in the UK cohort). Genetic analyses used summary data from multiple large GWAS consortia (2.4 million participants). Incident all-cause dementia was determined through health record linkage, and genetic proxies.

During follow-up, 14,540 participants developed dementia and 48,034 died. Observational phenotype-only analyses revealed U-shaped associations between alcohol and dementia risk: higher risk was observed among non-drinkers, heavy drinkers (>40 drinks per week; HR 1.41, 95% CI 1.15 to 1.74), and those with alcohol use disorder (AUD) (HR 1.51, 95% CI 1.42 to 1.60) compared with light drinkers. In contrast, Mendelian randomisation genetic analysis identified a monotonic increase in dementia risk with greater alcohol consumption. A 1 SD increase in log-transformed drinks per week was associated with a 15% dementia increase (inverse-variance weighted (IVW) OR 1.15, 95% CI 1.03 to 1.27). A twofold increase in AUD prevalence was associated with a 16% increase in dementia risk (IVW OR 1.16, 95% CI 1.03 to 1.30). Alcohol intake increased dementia, but individuals who developed dementia also experienced a decline in alcohol intake over time, suggesting reverse causation—where early cognitive decline leads to reduced alcohol consumption—underlies the supposed protective alcohol effects in observational studies.

The researchers say that these findings provide evidence for a relationship between all types of alcohol use and increased dementia risk. While correlational observational data suggested a protective effect of light drinking, this could be in part attributable to reduced drinking seen in early dementia; genetic analyses did not support any protective effect, suggesting that any level of alcohol consumption may contribute to dementia risk. Public health strategies that reduce the prevalence of alcohol use disorder could potentially lower the incidence of dementia by up to 16%.

Prof Sir David Spiegelhalter, Emeritus Professor of Statistics, University of Cambridge, commented: "The reporting of this study is misleading. The authors say that "genetic analysis showed a monotonic increasing dementia risk with increased alcohol intake.". This is untrue. The relationship is with genetically predicted alcohol intake – the actual alcohol consumption is not part of this analysis. And those genetic predictions rely on many unverifiable assumptions, as the authors acknowledge."

Prof Tara Spires-Jones, Director of the Centre for Discovery Brain Sciences at the University of Edinburgh, Group Leader in the UK Dementia Research Institute, and Past President of the British Neuroscience Association said: "This study by Topiwala and colleagues at Oxford examining the relationship between alcohol use and risk of developing dementia is well-conducted. The authors looked at data from over 500,000 people who provided self-reports of how much they drank and compared this to their risk of developing dementia over time. Further they examined genetics from over 2 million people and compared genetic markers associated with alcohol use and genetic markers associated with increased risk.

"In both parts of the study, scientists observed that higher reported or predicted alcohol use was associated with increased risk or predicted risk of dementia. In the self-reporting study, people who reported consuming small amounts of alcohol (less than 7 drinks per week) had lower risk than heavy drinkers (more than 40 drinks per week). Interestingly, in this part of the study, non-drinkers and people who reported never drinking actually had similar risk of dementia to people who drank heavily.

"In the genetic study, genes predicting higher alcohol consumption were associated with genes predicting higher dementia risk. Unlike the self-reporting part of the study, genes predicting low alcohol intake were not associated with genes predicting low dementia risk. The authors attribute the difference between the parts of the

study to people reducing alcohol intake in the early stages of dementia, but this does not explain the increased risk in people who report never drinking.

"Neither part of the study can conclusively prove that alcohol use directly causes dementia, but this adds to a large amount of similar data showing associations between alcohol intake and increased dementia risk, and fundamental neuroscience work has shown that alcohol is directly toxic to neurons in the brain."

Source: Topiwala A, Levey DF, Zhou H, et al. Alcohol use and risk of dementia in diverse populations: evidence from cohort, case–control and Mendelian randomisation approaches. BMJ Evidence-Based Medicine, 2025. doi.org/10.1136/bmjebm-2025-113913

sciencemediacentre.org/expert-reaction-to-study-looking-at-the-association-between-any-amount-of-alcohol-consumption-and-risk-of-dementia/

New research reveals a link between excessive alcohol and fatty liver disease

Mayo Clinic researchers have discovered how excessive alcohol consumption contributes to fatty liver disease, a condition that affects more than one-third of Americans and can lead to type 2 diabetes and liver cancer. Their study found that alcohol disrupts the enzyme valosin-containing protein (VCP) in rat livers, which normally prevents fat buildup in rat liver cells by recycling damaged proteins and controlling another protein, HSD17β13. When alcohol blocks VCP from working properly, fat droplets accumulate in the rat liver, damaging cells and promoting disease. This breakthrough not only reveals a key biological mechanism but also highlights HSD17β13 as a potential target for future therapies. The research is part of Mayo Clinic's Precure initiative, which aims to predict and stop diseases before they become severe.

Source: Sandhya Sen, Shaun Weller, Ryan J. Schulze, Donglin Ding, Carol A. Casey, Conrad Weihl, Mark A. McNiven. An ethanol-induced loss of the lipid droplet–associated segregase VCP/p97 leads to hepatic steatosis. Journal of Cell Biology, 2025; 224 (8) doi.org/10.1083/jcb.202408205

newsnetwork.mayoclinic.org/discussion/new-research-reveals-a-link-between-excessive-alcohol-and-fatty-liver-disease/

Alcohol, aging, and the gut microbiome: Intersections of immunity, barrier dysfunction, and disease

Alcohol consumption exerts complex, dose- and context-dependent effects on human health, particularly by influencing the gut microbiome, intestinal barrier integrity, immune regulation, and aging processes. Genetic variation and advancing age are two major, and often interacting, factors that modify the risk of alcohol-related diseases.

Among genetic factors, the prevalent aldehyde dehydrogenase 2 polymorphism (ALDH2*2) compromises acetaldehyde clearance, driving toxic metabolite accumulation, oxidative stress, and increased intestinal permeability that disrupts gut microbial communities, even at low levels of alcohol consumption. Heavy and chronic alcohol use further disrupts gut microbial communities, erodes mucosal integrity, and drives systemic inflammation, contributing to alcohol-associated liver disease (ALD), neuroinflammation, and multi-organ injury. Aging independently worsens these effects by promoting chronic low-grade inflammation and impaired immune responses, heightening susceptibility to alcohol-induced pathology.

In specific contexts, such as certain autoimmune diseases, low to moderate alcohol intake may exert immunomodulatory effects and influence the gut microbiome, potentially contributing to reduced inflammation and alterations in microbial composition.

A review synthesises current mechanistic insights into how alcohol, host genetics, the gut microbiome, immune regulatory pathways, and aging intersect to influence disease risk. The authors state that as global populations age and the burden of alcohol-related health issues rises, there is an urgent need for integrated, systems-level approaches. Future research should prioritise precision-based, gut-targeted strategies aimed at restoring microbial balance, maintaining intestinal barrier integrity, and mitigating alcohol-related harm across the lifespan.

Source: Esther Melamed, Wiramon Rungratanawanich, Suthat Liangpunsakul, Katherine A. Maki, Rebecca L. McCullough, Cristina Llorente, Alcohol, aging, and the gut microbiome: Intersections of immunity, barrier dysfunction, and disease, Alcohol, Volume 128, 2025, Pages 1-12, ISSN 0741-8329, doi.org/10.1016/j.alcohol.2025.07.001

Effects of antioxidants on oxidative stress in adult patients with coronary artery disease: A systematic review

Oxidative stress (OS) accelerates the pathogenesis of coronary artery disease (CAD) by contributing to atherosclerotic plaque formation. Current research indicates that antioxidants can mitigate OS by reducing the production of free radicals. Despite many studies that have tested the effects of antioxidants on oxidative stress in patients with CAD, the literature still lacks an updated and comprehensive systematic review. Researchers in the US sought to identify the effects of administering exogenous antioxidants on OS levels among adult patients with CAD.

A systematic review searched PubMed, Medline, and CINAHL for randomised controlled trials (RCTs) published between January 2013 and May 2025, which examined antioxidants to lower OS in adult participants with CAD. Studies were excluded if participants had chronic or acute inflammatory conditions, renal failure, liver failure, or had undergone major operations before being enrolled.

Among 2,338 studies reviewed, 15 RCTs met the inclusion criterian, nine of which reported on supplemental antioxidants (i.e., L-carnitine and melatonin), and two reported on dietary antioxidants (Khorasan wheat diet and wine) that were effective at lowering OS. One study found Brazil nuts (dietary antioxidants) ineffective at lowering OS. The three remaining RTCs reported that intravenously administered antioxidants, including alpha-lipoic acid, vitamin C, or N-acetylcysteine, significantly lowered OS.

The reviewed RTCs provide evidence that antioxidants may lower OS in patients with CAD. The authors state that the utility of this conclusion is limited by the studies' methodologies that examine various antioxidants and measure OS through a variety of biomarkers. This heterogeneity in methodologies between studies indicates that further research is needed with standardised interventions and outcomes.

Source: Alhusban IM, Chung ML, Biddle M. Effects of antioxidants on oxidative stress in adult patients with coronary artery disease: A systematic review. Clin Nutr ESPEN. 2025 Oct;69:794-801. doi.org/10.1016/j.clnesp.2025.08.037

Associations between dietary intake and pancreatic disease

Pancreatic diseases, including acute pancreatitis, chronic pancreatitis, and pancreatic cancer, pose significant health challenges. The role of diet in these diseases is not well understood due to confounding factors in observational studies. A study sought to clarify the causal relationships between dietary intake and pancreatic diseases using Mendelian randomization (MR).

A two-sample MR approach was employed, utilising genetic data from the UK Biobank for dietary exposures and the FinnGen consortium for pancreatic disease outcomes. Genetic variants were selected as instrumental variables (IVs) to assess the impact of 26 dietary components on acute and chronic pancreatitis, as well as pancreatic cancer. Meta-analyses were performed to validate findings across datasets, and multivariable MR (MVMR) analyses assessed the independent effects of dietary factors.

The analysis revealed that dried fruit intake was protective against both acute (OR = 0.396) and chronic pancreatitis (OR = 0.289). Conversely, red wine (OR = 1.559) and bread (OR = 2.244) were linked to increased acute pancreatitis risk. Pork was associated with chronic pancreatitis (OR = 3.652), while oily fish intake correlated with a higher risk of pancreatic cancer (OR = 1.699). Meta-analyses confirmed dried fruit protective association with acute pancreatitis. MVMR analyses indicated independent causal relationships between dried fruit and both acute and chronic pancreatitis.

This study showed the protective effects of dried fruit and salad/raw vegetables against pancreatic diseases, while red wine, bread, and pork may elevate risk. Dietary modifications could serve as effective preventive strategies, warranting further exploration of underlying mechanisms.

Source: Zhang, Qi; Yu, Shuo; Gao, Delong; Gong, Jun. Associations between dietary intake and pancreatic disease: a mendelian randomization study. International Journal of Surgery (2025):10.1097/JS9.0000000000003527, doi.org/10.1097/JS9.0000000000003527

Tobacco and alcohol as risk factors for the burden of head and neck cancers: a study from the Global Burden of Disease Study 2019

The risk factors associated with cancers of the larynx, nasopharynx, lips, and oral cavity, as well as other pharyngeal cancers, share many similarities. To better understand how these risk factors manifest differently across various head and neck tumour types, an in-depth analysis was conducted using data from the Global Burden of Disease Study (GBD).

The 2019 GBD dataset was used to scrutinize trends in incidence, mortality, and Disability-Adjusted Life Years related to these cancers. The analysis covered the period from 1990 to 2019 and was stratified by sex, age, geographical region, and the socio-demographic index.

In 2019, lip and oral cavity cancers were found to have the highest incidence rates, with notably higher age-standardized incidence rates (ASIRs) observed in males compared to females. The ASIRs for laryngeal cancer showed a decreasing trend over the studied time frame from 1990 to 2019. The study findings revealed that smoking posed a significantly greater risk for laryngeal and lip and oral cavity cancers, whereas alcohol consumption was more strongly linked to NPC. Central Europe had the highest ASDR for lip and oral cavity cancer due to alcohol use, followed by Eastern Europe. For lip and oral cavity cancer, the impact of tobacco chewing on female ASDR was most pronounced in South Asia. In contrast, nasopharyngeal cancer had its highest ASDR in Asia.

The investigation underscores that smoking and alcohol consumption are leading risk factors for cancers of the head and neck, although their effects vary depending on the specific type of cancer, the sex of the patient, age group, and regional demographics. While occupational exposure to carcinogenic substances does not appear to be a predominant factor, it remains an important consideration that should not be overlooked in the comprehensive assessment of risk for these malignancies.

Source: Yuan, Y., Huang, J. wen, Cao, J. lin, Wu, J. hui, Wang, L. ling, Gan, H., … Ye, F. (2025). Tobacco and alcohol use are the risk factors responsible for the greatest burden of head and neck cancers: a study from the Global Burden of Disease Study 2019. Annals of Medicine, 57(1). doi.org/10.1080/07853890.2025.2500693

Short term health effects of dealcoholised red wine

The authors of a study published in the Drug and Alcohol Review state that health benefits of red wine are attributed to its high polyphenol content, but these claims are controversial due to potential alcohol-related harms. They undertook a systematic review and meta-analysis to identify whether there are health benefits of dealcoholised red wine.

Researchers searched PubMed, Embase, Scopus, PsycINFO and Web of Science for randomised controlled or cross-over trials. Comparisons analysed were: (i) dealcoholised red wine versus red wine; and (ii) dealcoholised red wine versus water. Health outcomes included serum/plasma antioxidant capacity, cardiovascular function, immune function, liver function, metabolism, microbiome diversity and inflammatory markers. Random effects meta-analyses were performed to estimate standardised mean differences (SMD = d).

From 865 identified records, 36 studies were included. Dealcoholised red wine was associated with increased serum/plasma antioxidant capacity (d = 0.72; 95% CI [0.42, 1.01]) and microbiome diversity (d = 0.63 [0.32, 0.93]) compared to water, but has less effect on microbiome diversity (d = -0.32 [-0.52, -0.11]) compared to red wine. No significant differences were observed in other health outcomes.

Dealcoholised red wine may have some short-term health benefits in increasing serum/plasma antioxidant capacity and microbiome diversity, but the evidence is limited by small sample size, short-term follow-up, and heterogeneous studies. These data do not support a rationale for drinking red wine for purported health benefits due to the known long-term health harms of alcohol consumption, the authors conclude.

Source: Yimer TM; Chan GC; Stjepanovic D; Sun T; Shin D; Lucey M; Choi J; Saunders JB; Connor JP; Leung J, The short-term health effects of dealcoholised red wine: a systematic review and meta-analysis, Drug and Alcohol Review, Published early online 8 October 2025 doi.org/10.1111/dar.70047

Associations of alcohol drinking with incident dementia: a prospective study from the UK Biobank

The relationship between alcohol drinking and incident dementia remains uncertain. A study used UK Biobank cohort data to investigate the association between alcohol drinking and dementia risk, and potential effect modifications by cardiovascular disease (CVD) risk, APOE4 gene, and sex.

The study participants were frequent drinkers and were free from dementia within two years of follow-up. Drinking status was defined as non-drinking, low-moderate and heavy drinking (by weekly alcohol units). Drinking behaviours included drinking with meals and drinking type. Primary outcome was all-cause dementia. Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated by multivariable Cox regression models. Subgroup analyses stratified by CVD risk, APOE4 gene, and sex were conducted.

Among 296,715 participants (mean age 56.54 years), 4,242 developed dementia over a median follow-up of 13.7 years. Compared to non-drinking, low-moderate drinking reduced dementia risk (HR, 0.65; 95% CI, 0.59–0.73), while heavy drinking showed no significant association (HR, 0.88; 95% CI, 0.75–1.02). All drinking behaviours lowered dementia risk. Low-moderate drinking reduced dementia risk across subgroups: high/low CVD risk (HR 0.66, 95% CI 0.59–0.74/0.43, 0.30–0.61), APOE4 carriers/non-carriers (HR 0.71, 0.61–0.83/0.61, 0.52–0.71), females/males (HR 0.67, 0.58–0.77/0.63, 0.53–0.76).

The authors conclude that, compared with non-drinking, low-moderate drinking is associated with lower incident dementia risk, regardless of CVD risk, APOE4 gene, and sex. The protective effect of alcohol drinking was consistent among various drinking behaviours. Thus, this study confirmed the protective effect of low-moderate drinking in population, and provided insights for improving alcohol-related public health guidelines for dementia prevention.

Source: Chen, Y., Yin, X., Wang, X. et al. Associations of alcohol drinking with incident dementia: a prospective study from the UK Biobank. Eur J Epidemiol (2025). doi.org/10.1007/s10654-025-01304-y

The day after binge drinking: Electrophysiological correlates of attention and working memory processing the day after hazardous alcohol intake

Binge drinking is a prevalent pattern of alcohol consumption among young adults, with significant cognitive and neural implications. While its long-term effects on executive function and memory have been widely studied, less is known about the short-term consequences of the hangover state. A study investigated the impact of binge drinking and alcohol hangover on working memory and attention.

Fifty-two university students (24 Binge drinkers; 28 control) participated in an EEG-based continuous performance task (CPT). Binge drinking participants were assessed on a non-drinking day and during hangover state, while controls completed a single assessment. The P3 and late positive component (LPC) event-related potentials were analysed to examine attentional and memory-related processes.

While no significant behavioural differences were observed, neurophysiological analyses revealed altered cognitive processing associated with both the long-term consequences of binge drinking behaviour and its short-term effects (i.e., during the hangover state). Specifically, during hangover, BDs P3 and LPC amplitudes were significantly reduced in both conditions, indicating impairments in attentional resource allocation and memory processing. In contrast, Binge drinkers exhibited larger LPC amplitudes for both conditions on a non-drinking day than controls, suggesting the engagement of compensatory neural mechanisms. Additionally, in the hangover state, reduced P3 correlated with increased alcohol craving, while lower LPC amplitudes in hangover state were associated with greater alcohol intake during a binge drinking episode in the preceding day. These findings highlight acute neurocognitive disruptions during hangover and give emphasis to the concerning cumulative impact of repeated binge drinking episodes long-term.

Source: R. Rodrigues, E. López-Caneda, N. Almeida-Antunes, A. Sampaio, A. Crego, The day after binge: Electrophysiological correlates of attention and working memory processing the day after hazardous alcohol intake, Drug and Alcohol Dependence, Volume 276, 2025, 112878, ISSN 0376-8716. doi.org/10.1016/j.drugalcdep.2025.112878.

Effects of alcohol consumption on the prevalence and incidence of non-alcoholic fatty liver disease

Nonalcoholic fatty liver disease (NAFLD) is one of the most prevalent diseases worldwide, with its prevalence and incidence continually increasing. However, the impact of alcohol consumption on the development and progression of hepatic steatosis has not been systematically investigated. Researchers estimated the impact of alcohol consumption on the development and progression of NAFLD.

A search was conducted of Web of Science, PubMed, Embase, and the Cochrane Library without language restrictions, covering the period from inception to December 31, 2023. 16 articles were identified that reported adjusted data (Japan = 7, other countries = 9). Random-effects categorical meta-analyses were conducted to compare alcohol consumption levels (< 20 g/day for women and < 30 g/day for men) with those of non-drinkers. A total of 299,955 participants were included, with 63,693 cases of NAFLD. Overall, there was no significant difference in the prevalence (existing cases) of NAFLD between non-drinkers and light drinkers (RR = 0.99, 95% CI, 0.85-1.15). In subgroup analyses, no differences were observed between the Japan cohort (RR = 1.01, 95% CI, 0.81-1.25) and the participants from other countries (RR = 0.96, 95% CI, 0.76-1.21). Gender-specific subgroup analyses indicated that light drinking was associated with a reduced prevalence of NAFLD in men (RR = 0.82, 95% CI, 0.79-0.85), while no significant association was found in women (RR = 0.90, 95% CI, 0.60-1.36). Regarding incidence (new cases), non-drinkers were consistently associated with a substantially lower incidence of NAFLD compared to light drinkers (RR = 1.18, 95% CI, 1.08-1.30).

This study found that light drinking was associated with a higher incidence of NAFLD, compared to non-drinkers. Drinking in men was associated with a lower prevalence of NAFLD, while no significant association was found in women.

Source: Yuan J, Chen Z, Gu Y, Liang Y, Yao Z. Effects of alcohol consumption on the prevalence and incidence of non-alcoholic fatty liver disease: A systematic review and meta-analysis. PLoS One. 2025 Sep 19;20(9):e0330105. doi.org/10.1371/journal.pone.0330105

Racial and ethnic disparities in alcohol consumption and mortality in the US

Although there are racial/ethnic differences in alcohol use, there is little information about differences in mortality from all alcohol-related conditions or by cause of death. Furthermore, little is known about the degree to which racial/ethnic differences in mortality persist after adjusting for ethanol consumption. A cross-sectional study comprehensively assessed racial/ethnic differences in alcohol-attributable deaths and reduced life expectancy.

Alcohol prevalence data were from the Behavioral Risk Factor Surveillance System, and mortality data were from the National Vital Statistics System. Alcohol-attributable fractions and the Alcohol-Related Disease Impact application were used to assess alcohol-attributable deaths from 58 partially or wholly alcohol-attributable conditions in the US during 2020-2021.

White persons (60.9% of the population) accounted for 70.8% of all alcohol-attributable deaths and had the second-highest death rate (63.8 per 100,000) among racial/ethnic groups. American Indian/Alaska Native persons had the highest alcohol-attributable death rate (145.3) and the lowest average age of death (48.1 years). White and Asian, Native Hawaiian, or Pacific Islander persons tended to die of alcohol-attributable conditions from chronic diseases at relatively older ages, whereas people in other racial/ethnic groups tended to die at younger ages from alcohol-attributable acute causes of death. After adjusting for differences in per capita alcohol consumption, there remained fourfold differences in alcohol-attributable deaths by race/ethnicity.

Large differences in alcohol-attributable deaths across racial/ethnic groups were only partially explained by racial/ethnic differences in alcohol consumption. Implementing effective alcohol policies and addressing social determinants of health could reduce alcohol-related harms across race/ethnicities, the authors say.

Source: Naimi TS, Sherk A, Lawrence KW, Reece J, Esser MB. Racial and Ethnic Disparities in Alcohol Consumption and Mortality in the U.S. Am J Prev Med. 2025 Sep 15;69(6):107968. doi.org/10.1016/j.amepre.2025.107968

Alcohol consumption and rheumatoid arthritis risk

Previous epidemiological studies have shown a nonlinear relationship between alcohol consumption and rheumatoid arthritis (RA), though these findings may be biased by confounding factors or reverse causation. Additionally, the impact of sex on this association remains inconsistent. Researchers therefore investigated whether the causal link between alcohol consumption and RA risk is linear, nonlinear, or both.

Participants from the UK Biobank who provided detailed alcohol consumption information and complete covariate data were included in the study. Alcohol intake was quantified in units per week. The researchers employed multivariable Cox models for conventional analysis, and both linear and nonlinear Mendelian randomization (MR) analyses to assess causal relationships.

Among the 316,717 participants, 3,264 incident cases of RA were recorded during an average follow-up of 13.22 years. The Cox regression model suggested that the association between weekly alcohol consumption and RA incidence was an approximate U-shaped relationship, with the lowest risk at 21.95 units/week. Each unit increase in alcohol consumption was significantly associated with a lower risk of RA in women (HR: 0.991; 95% CI: 0.986, 0.996), but not in men. However, nonlinear MR did not detect a significant nonlinear correlation between alcohol consumption and RA risk, either overall or within sex subgroups. The individual-level linear MR also indicated that genetically predicted alcohol consumption is not associated with RA risk.

The overall and sex-specific associations found in conventional epidemiological analyses were not supported by either linear or nonlinear MR analyses.

Source: Guo QS, Zhang J, Li ZY, Ye JW, Du CJ, Zhao YC, Ye DQ, Leng RX, Fan YG. Alcohol consumption and rheumatoid arthritis risk: A prospective cohort study with nonlinear Mendelian randomization analysis. Alcohol Clin Exp Res (Hoboken). 2025 Sep 23. doi.org/10.1111/acer.70163

Alcohol consumption and upper aerodigestive tract squamous cell carcinoma: evidence from 28 prospective cohorts

A study investigated the association between alcohol consumption and squamous cell cancers of the upper aerodigestive tract (UADT), using data from 28 cohorts within the Pooling Project of Prospective Studies of Diet and Cancer (DCPP).

Individual-level data from 2,365,437 participants were pooled. Hazard ratios (HRs) and 95% confidence intervals (CIs) were estimated using Cox models to quantify the association between alcohol consumption (grams/day) and UADT cancers risk, adjusting for potential confounders. Analyses were conducted by sex, smoking status, geographic region, and alcoholic beverages.

Over a median follow-up of 15.5 years, 6,903 UADT cancer cases were identified. Alcohol consumption was positively associated with UADT cancers risk overall. Even at intakes as low as 5-<15 g/day the HR estimate was 1.12 (95% CI 1.03,1.21) compared with the reference group (0.1-<5 g/day). The HR10g/day (95% CI) was 1.16 (1.14,1.18) for women and 1.12 (1.11,1.13) for men. HR10g/day estimates were 1.14 (1.13,1.15) in current, 1.10 (1.09,1.12) in former, and 1.15 (1.12,1.18) in never-smokers. Consistent UADT HR10g/day estimates were observed across all beverage types. HR10g/day estimates varied across geographic regions, with HR10g/day (95% CI) equal to 1.15 (1.14,1.17) in Europe-Australia, 1.13 (1.11,1.15) in Asia, and 1.11 (1.09,1.12) in North America.

Alcohol consumption was associated with UADT cancer risk, irrespective of smoking status or beverage type. However, due to differential baseline risks, alcohol is expected to impact the UADT cancer burden more in smokers than never-smokers. The authors argue that these findings support public health strategies to reduce alcohol consumption.

Source: Ebrahimi E, Naudin S, Dimou N et al. Alcohol consumption and upper aerodigestive tract squamous cell carcinoma: evidence from 28 prospective cohorts. J Natl Cancer Inst. 2025 Sep 22:djaf230. doi.org/10.1093/jnci/djaf230.

Medical research by publication date

Heavy alcohol consumption, depression, their comorbidity and risk of all-cause and cause-specific mortality: a prospective cohort study. Published March 25, 2025

Tobacco and alcohol use are the risk factors responsible for the greatest burden of head and neck cancers: a study from the Global Burden of Disease Study 2019. Published online: May 3, 2025

Alcohol, aging, and the gut microbiome: Intersections of immunity, barrier dysfunction, and disease. Available online July 9, 2025, Version of Record July 18, 2025

An ethanol-induced loss of the lipid droplet–associated segregase VCP/p97 leads to hepatic steatosis. Published July 29, 2025

Moderate alcohol consumption and risk of depression: A longitudinal analysis in community-dwelling older adults Published August 29, 2025

Effects of antioxidants on oxidative stress in adult patients with coronary artery disease: A systematic review. Published online September 4, 2025

The day after binge: Electrophysiological correlates of attention and working memory processing the day after hazardous alcohol intake . Available online September 11, 2025, Version of Record September 19, 2025.

Racial and ethnic disparities in alcohol consumption and mortality in the US. Published online September 15, 2025

Effects of alcohol consumption on the prevalence and incidence of non-alcoholic fatty liver disease Published September 19, 2025

Alcohol consumption and upper aerodigestive tract squamous cell carcinoma: evidence from 28 prospective cohorts. Published September 22, 2025

Alcohol use and risk of dementia in diverse populations: evidence from cohort, case–control and Mendelian randomisation approaches First published September 23, 2025.

Gender-specific effects of smoking and alcohol consumption on cardiometabolic diseases and multimorbidity Published September 23, 2025

Alcohol consumption and rheumatoid arthritis risk Publication date September 23, 2025

Associations between dietary intake and pancreatic disease. Published September 24, 2025

Associations of alcohol drinking with incident dementia: a prospective study from the UK Biobank. Published September 27, 2025

The short-term health effects of dealcoholised red wine: a systematic review and meta-analysis', Drug and Alcohol Review, Published early online 8 October 2025

Alcohol-induced deaths in the United States across age, race, gender, geography, and the COVID-19 pandemic

Researchers performed an in-depth analysis of gender, age, geographical, and racial differences in fully alcohol-attributable deaths in the United States between 1999 and 2024, with special emphasis on the post-COVID-19 era. Alcohol-induced deaths by race, gender, age and geography were analysed on a yearly (1999–2024) and monthly (2018–2024) basis, using data from the National Vital Statistics System.

Crude rates for alcohol-induced deaths increased by 89% from 1999 to 2024. The largest relative increase occurred among females aged 25–34, with a 255% increase, and males aged 25–34, with a 188% increase. American Indian and Alaska Native populations remain the most affected. While alcohol-induced deaths are higher among males, crude rates are rising faster among females across all demographics. Sharp increases occurred at the onset of COVID-19, peaking in 2021. For most demographics across the US, crude rates remained abnormally high throughout 2023; significant decreases emerged only in 2024, four years after the start of COVID-19. Females were more impacted by alcohol-related liver disease than males; alcohol-related mental and behavioural disorders affected both genders.

The largest monthly increases in alcohol-induced deaths occurred in American Indian and Alaska Native males (41% increase between May and June 2020) and females (32% increase between June and July 2020), Black females (32% increase between April and May 2020), males aged 15–34 (28% increase between April and May 2020) and females aged 35–44 (28% increase between April and May 2020). Since 2010, the highest crude rates have been in New Mexico. Record increases occurred in all states between 2019 and 2021; the largest was in Mississippi (122% increase between 2019 and 2021).

By 2024, rates had returned within 10% of their 2019 levels in about half the states. In Oglala Lakota County (SD), McKinley County (NM), and Apache County (AZ), crude rates have exceeded 80 fatalities per 100,000 annually since 2020.

These findings emphasise the urgent need for targeted policies to reduce excessive alcohol consumption and improve access to treatment.

Source: Tony Wong, Lucas Böttcher, Tom Chou, Maria R. D'Orsogna. Alcohol-induced deaths in the United States across age, race, gender, geography, and the COVID-19 pandemic. PLOS Glob Public Health 5(9): e0004623. doi.org/10.1371/journal.pgph.0004623

Community-based environmental interventions to prevent alcohol use in adolescents

A systematic review of community-based environmental prevention strategies sought to understand their characteristics, examine their effectiveness and identify challenges for preventing alcohol use among adolescents. The results are published in the Drug and Alcohol Review.

A comprehensive search was conducted in MEDLINE/PubMed, Scopus and PsycINFO through December 2024. Eligible studies were randomised or quasi-experimental designs targeting individuals under 21 years, evaluating environmental interventions (regulatory, physical or economic) with outcomes related to underage alcohol consumption and access. Two reviewers independently selected studies, extracted data, and assessed risk of bias.

Regulatory strategies were the most frequent (94%; 15/16), followed by physical strategies (37%; 6/16). The most reported outcome was a reduction in alcohol availability (62%; 10/16), followed by a general reduction in consumption (37%; 6/16). Although 69% (11/16) of the studies reported positive effects, heterogeneity in study designs and terminology limited comparability. Community mobilisation, although not an environmental strategy per se, was described in 81% (13/16) of the studies.

The authors say that the analysis indicates that the effectiveness and sustainability of environmental interventions are strongly associated with their integration with community mobilisation. This synergy, however, introduces methodological complexity, making it difficult to analyse components in isolation and to standardise evaluation.

The findings reaffirm the value of environmental interventions, particularly regulatory ones, in preventing alcohol use among adolescents. The most promising model is multicomponent, combining actions that modify the environment with robust processes of community participation, forming an adaptable and holistic framework to promote sustainable outcomes.

Source: M. De Carlos Oliveira, M. Mendes-Sousa, L. E. Soares-Santos, J. Y. Valente, S. C. Caetano, and Z. M. Sanchez, " Community-Based Environmental Interventions to Prevent Alcohol Use in Adolescents: A Systematic Review," Drug and Alcohol Review (2025): 1–16, doi.org/10.1111/dar.70038.

The relationship between alcohol-related content on social media and alcohol outcomes in young adults

Alcohol-related content (ARC) is pervasive across social media. Existing research suggests that posting of and exposure to such content may affect young adults' drinking and alcohol-related problems.

A scoping review delineated and described the existing peer-reviewed quantitative research examining the associations between ARC posting and exposure and drinking and alcohol-related problems among young adults ages 18 to 30. The authors sought to investigate (1) methodological trends in how exposure to and posting of ARC is assessed; (2) potential moderators of the association between exposure to and posting of ARC and drinking outcomes; (3) how exposure to and posting of ARC is associated with alcohol consumption and alcohol-related problems; and (4) potential gaps in the literature.

The review included original, empirical, quantitative studies that measured alcohol consumption and/or alcohol-related problems and the use of ARC on social media in 18- to 30-year-olds. TA search of the PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycInfo, and Scopus databases yielded, 3,112 papers The final review included 33 studies.

The review revealed a lack of consistent definitions and standardised assessments related to ARC. Despite these factors, robust positive relationships were found between posting ARC and drinking and alcohol-related problems. The literature also mostly found positive, significant linkages between exposure to ARC and drinking and alcohol-related problems.

The authors comment that their work highlights the need for consistent operationalisation and empirically validated measures related to ARC. In addition, they propose a theoretical model—the Dual-Feedback Loop Drinking and ARC Model—that may serve as a blueprint for future interventions targeting young adults.

Source: Steers MN, Strowger M, Tanygin AB, Ward RM, Nolfi DA. The Relationship Between Alcohol-Related Content on Social Media and Alcohol Outcomes in Young Adults: A Scoping Review. Alcohol Res. 2025 Mar 27;45(1):04. doi.org/10.35946/arcr.v45.1.04

Combined alcohol and cannabis use linked to adverse consequences in young adults

A longitudinal study led by York University's Department of Psychology examined motivational pathways between internalizing symptoms (i.e., depression, anxiety, stress) and simultaneous alcohol and cannabis use among young adults.

For the paper, published in the journal Alcohol: Clinical and Experimental Research, Lead Author Jeffrey Wardell and his research team recruited 151 young adults, ages 19—25, in Ontario who had already used cannabis and alcohol. Participants reported their cannabis and alcohol use and any negative consequences they experienced as a result for three 21-day periods spaced 6 months apart. Participants also filled out surveys about their stress, anxiety and depression symptoms, as well as their motives for co-using alcohol and cannabis.

Their work found a clear link between mental health symptoms and motivation to combine alcohol and cannabis use. At an individual level, increases in internalising symptoms (depression, anxiety, and stress indicators) at a given wave were indirectly associated with (a) a greater number of heavy drinking simultaneous use days and (b) greater negative consequences on simultaneous use days). These associations were mediated by increases in positive (i.e., reward/enhancement) motives for simultaneous use. At the between-person level, greater average internalising symptoms (aggregated across waves) were indirectly associated with more light drinking simultaneous use days via coping motives, and with fewer heavy drinking simultaneous use days via conformity motives.

The research concludes that young adults may combine cannabis with heavy episodic drinking more frequently during periods when they experience elevations in internalising symptoms, mediated by a desire to achieve the positive/enhancing effects of simultaneous use. Findings may inform alcohol and cannabis harm reduction interventions tailored for young adults with internalising symptoms.

Source: Wardell, J.D., Farrelly, K.N., Moore, A., Fox, N., Coelho, S.G., Cunningham, J.A. et al. (2025) Internalizing symptoms are indirectly associated with simultaneous alcohol and cannabis use through specific motives for simultaneous use: A longitudinal study of young adults. Alcohol: Clinical and Experimental Research, 00, 1–15. doi.org/10.1111/acer.70147.

Behaviour change techniques reported in intervention studies of alcohol and tobacco use

Clinical guidelines recommend addressing alcohol and tobacco use simultaneously, but few providers offer brief alcohol interventions routinely, and these behaviours are often treated separately. While several interventions targeted dual use, there remains a gap in identifying behaviour change techniques (BCTs) designed to modify processes controlling dual use.

To identify commonly used BCTs in interventions targeting both alcohol and tobacco use, their modes of delivery, and explore which BCTs are associated with smoking cessation and/or alcohol reduction.

A rapid review identifying BCTs showing promise for reducing dual use was conducted. Using an eligibility criteria, researchers retrieved relevant papers from databases and used the Behavioural Change Taxonomy V1 tool to identify BCTs showing promise. Thirty-eight articles of the initial systematic search of 2,987 papers met the criteria for full article review. Goal setting, action planning, and pharmacological support were the most common BCTs identified. Most studies (33, 87%) had a low or moderate risk of bias. Of these 33 studies, 13 studies (39%) reported statistically significant outcomes of reduction or cessation in smoking behaviour and alcohol consumption. Face to face (25, 76%) was the most common intervention delivery method.

Clinical trials identify goal setting, action planning and problem solving to address the dual use of tobacco and alcohol. Systematic reviews and meta-analyses are needed to evaluate the true impact of these programmes. Future studies should minimally include these BCTs and study the interactional effects of these BCTs on the efficacy of the intervention.

Source: Chandran A, Veldhuizen S, Mehra K, Rodak T, Vagharfard D, Pham M, Zawertailo L, Rehm J, Hendershot CS, Selby P, Minian N. Behaviour change techniques reported in intervention studies of alcohol and tobacco use: a rapid review. Health Psychol Behav Med. 2025 Sep 23;13(1):2554182. doi.org/10.1080/21642850.2025.2554182

Longitudinal patterns of adolescents' health-related behaviours in Canada

A study identified profiles of health-related behaviours in Canadian adolescents (age 12-17 years), described transitions in profiles over time, and identified sociodemographic factors associated with profiles and transitions in profiles.

Data for 775 adolescents (50.6% female) were drawn from the ongoing NDIT (Nicotine Dependence In Teens) study. Self-report data on physical activity, team sport participation, sedentary behaviour, cigarette smoking, and alcohol consumption collected in grades 7 (ages 12-13 years), 9 (ages 14-15 years), and 11 (ages 16-17 years) were clustered into profiles using latent transition analysis. Sociodemographic factors associated with profiles and transitions in profiles over time were identified.

Five profiles were identified in grade 7: 1) "cigarette smoking" (n = 33, 4.3%); 2) "physically active" (n = 480, 61.9% of 775 participants); 3) "relatively inactive and sedentary" (n = 125, 16.1%); 4) "alcohol consumption" (n = 25, 3.2%); and 5) "inactive but not sedentary" (n = 112, 14.5%). From grades 7 to 11, the proportion of participants decreased in the "physically active" profile from 61.9% to 23.1%, and increased from 4.3% to 14.7% in the cigarette smoking profile, and from 3.2% to 23.2% in the alcohol consumption profile. Sex, age, parental education, and school location were associated with profiles and transitions in profiles.

Adolescents' health behaviour profiles changed significantly from 12 to 17, with a shift from physical activity to smoking and alcohol use. Sociodemographic factors influenced both profiles and their transitions, highlighting the need for early, targeted interventions to support sustained healthy behaviours during adolescence.

Source: Omorou, Abdou Y. et al. Longitudinal Patterns of Adolescents' Health-Related Behaviors in Canada, Journal of Adolescent Health, Volume 0, Issue 0. doi.org/10.1016/j.jadohealth.2025.08.008

Trends in use of alcohol-free or low alcohol drinks in attempts to reduce alcohol consumption in Great Britain, 2020-2024

Sales and availability of alcohol-free and low alcohol drinks have increased in the UK since 2020. A study assessed trends in the use of alcohol-free and low alcohol drinks to reduce alcohol consumption among people who drink at increasing and higher risk in Great Britain., comparing trajectories across different subgroups from 2020 to 2024.

Data were drawn from the Smoking and Alcohol Toolkit Study, which surveys adults monthly across Great Britain about their drinking behaviour. The study included 9,397 adults with an AUDIT-C score of 5 or above who attempted to reduce their alcohol consumption in the past year. The researchers assessed time trends in using alcohol-free and low alcohol drinks to cut down overall and among subgroups (e.g., gender and age), and in using evidence-based support compared with alcohol-free and low alcohol drinks in attempts to cut down alcohol consumption.

The proportion reporting the use of alcohol-free and low alcohol drinks to reduce alcohol consumption increased from 35.0% (95% confidence interval (CI): 31.8, 38.4) in October 2020 to 43.9% (95% CI: 40.9, 46.9) in August 2024 in serious attempts and from 25.5% (95% CI: 23.2, 28.0) to 38.8% (95% CI: 37.2, 40.4) in any attempt to cut down. Among subgroups, trajectories were mostly comparable. Noticeably, older adults first had lower prevalence of using alcohol-free and low alcohol drinks than young and middle-aged adults but had larger increases over time. While the proportion of participants using alcohol-free and low alcohol drinks in attempts to cut down consumption increased, the proportion using neither alcohol-free/low alcohol drinks nor evidence-based support decreased, and the proportion using evidence-based support, either alone or in combination with alcohol-free/low alcohol drinks, remained low.

The authors comment that the growing use of alcohol-free/low alcohol drinks to reduce alcohol consumption among people at risk of increasing and higher risk drinking in Great Britain highlights the urgent need for more research to establish their effectiveness for alcohol reduction and to inform public health policy. While the use of alcohol-free/low alcohol drinks to cut down rose, the use of evidence-based support remained limited.

Source: Buss V, Kale D, Oldham M, Shahab L, Stevely A, Kersbergen I, et al. Trends in use of alcohol-free or low alcohol drinks in attempts to reduce alcohol consumption in Great Britain, 2020-2024: a population-based study. BMJ Public Health. 2025;3:e002775. doi.org/10.1136/bmjph-2025-002775

Targeting alcohol use in high-risk population groups: a US microsimulation study of beverage-specific pricing policies

Raising retail prices on alcoholic beverages preferred by high-risk groups (males, those of low socioeconomic status, and those with heavy alcohol use) might selectively reduce their alcohol consumption. However, the differential impact of beverage-specific price increases on US population groups has yet to be studied. A paper published in the Lancet Public Health simulated the effect of beverage-specific price increases on alcohol use within subgroups of the adult US population defined by sex, educational attainment, and alcohol use category.

An individual-level microsimulation of the US population (aged 18-79 years) was run on alcohol consumption from 2000 to 2019 based on individual characteristics (i.e., sex, age, race, ethnicity, and educational attainment as a proxy for socioeconomic status categorised as high school degree or less, some college, and college degree or more) and previous alcohol use. The microsimulation model was generated via integration of diverse data sources including decennial US Census data, annual data from the American Community Survey, annual data from the National Vital Statistics System, annual data from the Behavioural Risk Factor Surveillance System, and biennial, longitudinal data from the Panel Study of Income Dynamics.

Researchers then tested four policy scenarios against a baseline with no price change in 2019. The first scenario modelled a uniform 10% price increase across all beverages, while the second simulated a uniform 30% increase. The third and fourth scenarios introduced targeted changes: scenario three raised beer and spirits prices by 30% but wine by only 10%, while scenario four raised beer and spirits by 50% with wine still at 10%. These models used beverage-specific price elasticities to estimate how consumption would change, and sensitivity analyses further tested the assumptions behind the models.

Among the four scenarios, the largest impact was seen under scenario four, where disproportionate price increases for beer and spirits produced the greatest decline in overall alcohol consumption. The reductions were especially pronounced among high-risk groups. For example, heavy-drinking men reduced their intake by about 17.3% (a drop of 17.62 grams of pure alcohol per day), while heavy-drinking women and individuals with low education levels showed comparable reductions. Meanwhile, lower-risk groups exhibited smaller relative changes, indicating that targeted pricing can more effectively reach those most at risk of alcohol-related harm.

Disproportionate increases in retail prices for the cheapest beverages, beer and spirits, might lead to a greater decline in consumption among high-risk groups, the authors conclude. Pricing policies could thus be used as a powerful public health tool to mitigate the unequal alcohol-attributable burden of disease.

Source: Targeting alcohol use in high-risk population groups: a US microsimulation study of beverage-specific pricing policies, Kilian, Carolin et al. The Lancet Public Health, Volume 10, Issue 10, e815 - e823. doi.org/10.1016/S2468-2667(25)00165-3

Social and Policy research by publication date

The relationship between alcohol-related content on social media and alcohol outcomes in young adults: A Scoping Review. Published March 27, 2025

Targeting alcohol use in high-risk population groups: a US microsimulation study of beverage-specific pricing policies. Published August 27, 2025

Combined alcohol and cannabis use linked to adverse consequences in young adults. First published: September 9, 2025

Alcohol-induced deaths in the United States across age, race, gender, geography, and the COVID-19 pandemic. Published September 17, 2025

Describing the alcohol harm paradox: 20 years of data from Victoria, Australia. Published September 17, 2025

Community-Based Environmental Interventions to Prevent Alcohol Use in Adolescents: A Systematic Review. Published September 18, 2025

Longitudinal patterns of adolescents' health-related behaviours in Canada . Available online September 18, 2025

Behaviour change techniques reported in intervention studies of alcohol and tobacco use. Published 23, 2025

Trends in use of alcohol-free or low alcohol drinks in attempts to reduce alcohol consumption in Great Britain, 2020-2024. Published 23 September 2025

Describing the alcohol harm paradox: 20 years of data from Victoria, Australia

Little Australian research has focused on socio-economic disparities in alcohol consumption and harm, and none has examined changes over time. A study described trends in socio-economic inequalities in alcohol consumption and alcohol-related harm over 21 years in Victoria, Australia.

A trend analysis was conducted of population rates of separate data on hospital, emergency department and drinking behaviour in Victoria, Australia, between 2000 and 2020. Survey data from 37,422 respondents plus 841,792 hospital admissions and 591,824 emergency department presentations were included in the analysis.

Socio-economic status was measured using an area-based index based on postcode of residence, divided into quintiles. Two measures of drinking were assessed based on survey responses: annual volume of drinking and frequency of risky (50 g or more) drinking occasions. Chronic harms were measured via hospital admissions for alcohol-related liver disease and acute harms via emergency department presentations for alcohol-related disorders. Differences in drinking and harm rates across quintiles were assessed examining whether the social gradients changed over time.

For men, there were no statistically significant differences in either total volume of drinking or frequency of episodic risky drinking between socio-economic quintiles. For women, volume of drinking was generally higher for those living in more advantaged neighbourhoods [e.g. Incident Rate Ratio (IRR) = 1.60, 95% confidence interval (CI) = 1.32-1.95 for women in the most advantaged compared with most disadvantaged], while differences in the frequency of episodic risky drinking were not statistically significantly. Trends in drinking on either measure did not differ by socio-economic status for men or women. Alcohol-related harms were higher for people living in disadvantaged neighbourhoods for most outcomes and sub-groups analysed. Male rates of alcohol-related liver disease were nearly twice as high in the most disadvantaged quintile as in the least disadvantaged quintile (IRR = 0.54, CI = 0.50-0.58). On some measures there was evidence that the gap between socio-economic groups had widened over time.

Despite similar or lower levels of alcohol consumption, people living in more disadvantaged socio-economic areas of Victoria, Australia, appear to experience much higher rates of alcohol-related harm than those in more advantaged areas, with some disparities widening over time.

Source: Livingston M, Taylor N, Callinan S, Mojica-Perez Y, Torney A, Caluzzi G, et al. Describing the alcohol harm paradox: 20 years of data from Victoria, Australia. Addiction. 2025. doi.org/10.1111/add.70194.

EU Member States call for stricter alcohol legislation

Politico reports that 6 EU Member States – Belgium, France, Austria, Latvia, Slovenia, and Spain – called for stricter alcohol legislation during an EU consultation on cardiovascular diseases last July. The Commission is currently conducting a consultation for a plan on cardiovascular health, which will be published by the end of this year.

During the EU consultation, France called for greater attention to "action on tobacco and alcohol taxation". Latvia also highlighted EU action, including higher excise taxes and advertising restrictions on alcohol, while Austria "emphasised the importance of systemic, determinants-based measures, including on commercial environments that enable low-threshold access to tobacco, alcohol, and highly processed foods."

Slovenia supported "stronger EU action on tobacco, food, and alcohol policy," while Spanish representatives "emphasised the need to make progress at the European level in regulating the social and commercial determinants of health related to food, alcohol, and tobacco."

Belgium emphasised the "need to build on various measures already part of Europe's Beating Cancer Plan, such as the revision of the Tobacco Products Directive and alcohol-related measures."

The Commission's call for evidence on the cardiovascular health plan finished on 17th September and the plan is expected to be published by the end of the year.

politico.eu/article/6-eu-countries-push-alcohol-restrictions-austria-belgium-france-latvia-slovenia-spain/

Alcohol-specific deaths at five year low in Scotland

The number of alcohol-specific deaths in Scotland fell by 7% in 2024. According to new figures from National Records of Scotland, there were 1,185 alcohol-specific deaths registered in Scotland in 2024, a decrease of 7% (92 deaths) compared with 2023. This is the lowest number of alcohol-specific deaths registered in any year since 2019.

After adjusting for age, there were 20.9 alcohol-specific deaths per 100,000 people in Scotland in 2024, a decrease compared with 2023 (22.5 per 100,000). Male deaths continued to account for around two thirds of alcohol-specific deaths, but both male and female deaths decreased in the past year. The age profile of alcohol-specific deaths has become older over time, with the average age increasing in the last decade. After adjusting for age, Glasgow City, Inverclyde, North Lanarkshire, West Dunbartonshire and Dundee City had higher alcohol-specific mortality rates than the Scottish average in the period 2020-2024.

Alcohol-specific mortality rates were 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2024. In contrast, for all causes of death, people in the most deprived areas are around twice as likely to die as those in the least deprived areas. In 2023, Scotland continued to have the highest rate of alcohol-specific deaths of the UK constituent countries, though the difference has narrowed over time. Data for 2023 is the latest year that data is available across the UK.

nrscotland.gov.uk/publications/alcohol-specific-deaths-2024/

Figure 7: Rate of alcohol-specific deaths 4.5 times as high in the most deprived than least deprived areas

Age-standardised mortality rates of alcohol-specific deaths by SIMD quintile, 2001-2024

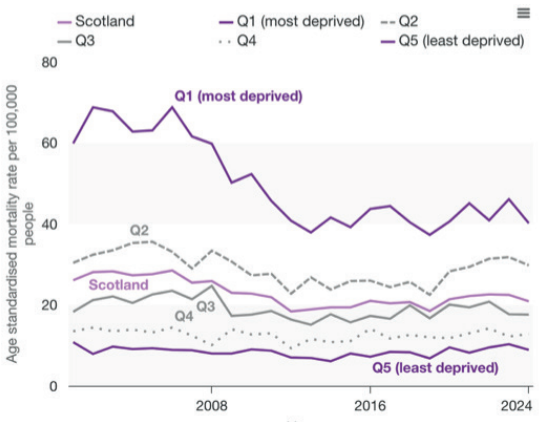
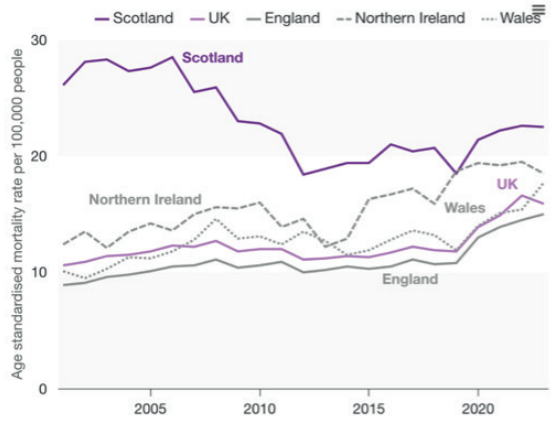


Figure 9: The difference between rates of alcohol-specific deaths in Scotland other parts of the UK has narrowed

Age-standardised mortality rate of alcohol-specific deaths, UK constituent countries, 2001 to 2023



Scotland vote against legal right to addiction treatment

The Scottish Parliament has rejected the Right to Addiction Recovery (Scotland) Bill, which aimed to give people with drug and alcohol addictions a legal right to treatment within three weeks of diagnosis. Proposed by former Scottish Conservative leader Douglas Ross, the bill sought to ensure access to various treatment options, including residential rehabilitation, community-based programmes, detoxification, and substitute prescriptions. It also would have allowed individuals to participate in decisions about their care. Despite support from Conservative, Labour, and Liberal Democrat MSPs, the bill was defeated by 63 votes to 52 at its first stage, with the Scottish government and Green MSPs opposing it, arguing it could strain already overstretched services.

Supporters of the bill argued it could have saved lives, while opponents insisted that expanding existing treatment capacity should take priority over creating new legal entitlements.

Alcohol-free and low-alcohol drinks in Great Britain

A Monitoring Report from the Sheffield Addictions Research Group has been published, revealing further growth in the alcohol-free and low-alcohol (no/lo) drinks market and offering new insights into consumer behaviour and pricing. This is the second in a series of reports produced as part of an NIHR-funded project exploring whether increasing the availability and popularity of no/lo drinks can improve people's health. The monitoring reports aim to help the government and health organisations better understand the role alcohol-free and low-alcohol drinks could play in public health policies.

The report draws on analyses of commercial market research and survey data to show the market's continued expansion, with sales volume increasing by 66% and sales value more than doubling since 2020 to reach £362 million in 2023. Key findings include:

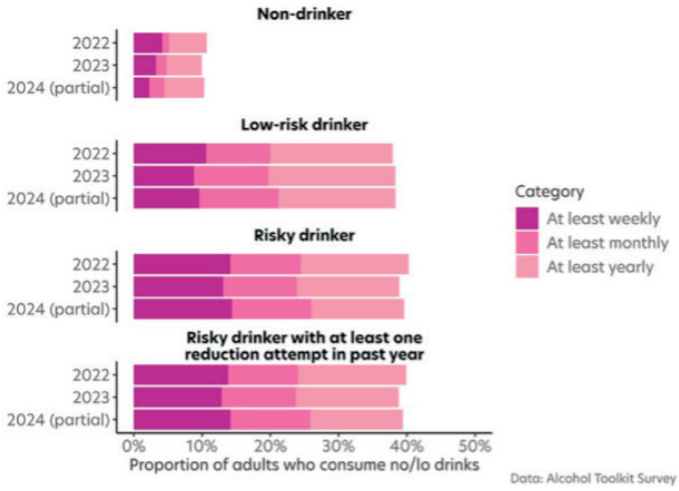
- In 2024, 31% of adults consumed no/lo drinks at least once in the last year, with little change in consumption frequency since 2022.
- People drinking alcohol at risky levels are still more likely to consume no/lo drinks regularly than lighter drinkers or non-drinkers.
- While the average price of no/lo beer and cider remains higher than for their standard alcoholic counterparts, no/lo wine, spirits and ready-to-drink beverages (RTDs) are now on average cheaper in shops and supermarkets.
- Major alcohol brands continue to dominate the market, accounting for 84% of sales from the top 100 products.
- The availability of no/lo beer in pubs, bars and restaurants has increased, with 74% of outlets selling it in 2023.

The new report contains the team's first analyses of Kantar Worldpanel Take Home panel data, a continuous research panel that tracks household purchasing of groceries and other products for consumption at home. This shows that:

- 20% of households bought a no/lo drink from a shop in 2023, compared to 88% of households who bought an alcoholic drink.
- Among the households that bought a no/lo drink, 96% also bought an alcoholic drink.
- On average, households that bought a no/lo drink did so only on three days in 2023, compared to 21 days for alcoholic drinks.

Speaking about the findings, report author and Director of the Sheffield Addictions Research Group, Professor John Holmes, said: "It's encouraging to see that people drinking at risky levels are trying no/lo drinks, and that some no/lo options like wine and spirits are now more affordable than their alcoholic counterparts. However, the fact that no/lo beer and cider remain more expensive is a concern. Since alcohol causes the most harm among more deprived groups, any affordability barriers could limit the potential public health benefits of these products."

sarg-sheffield.ac.uk/wp-content/uploads/2025/09/sarg-nolo-monitoring-report-sep-25.pdf



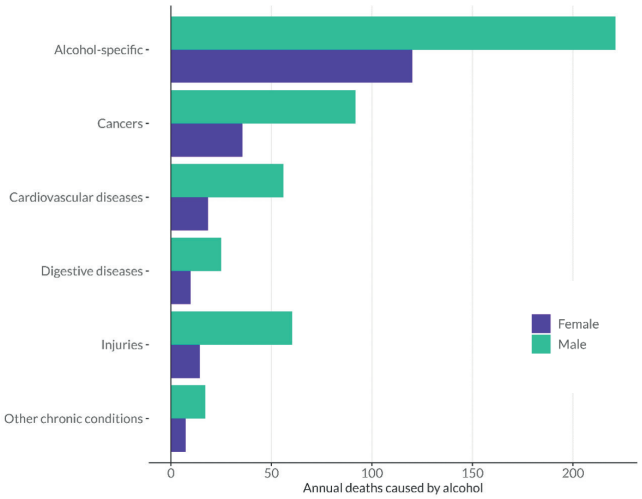
Estimating the burden of alcohol on the health of Northern Ireland

In June 2025, British Heart Foundation Northern Ireland commissioned the Sheffield Addictions Research Group to use recent data on hospital admissions and deaths to estimate the burden that alcohol currently places in Northern Ireland. Their analysis builds on previous work in England and Scotland and estimates new Alcohol-Attributable Fractions for Northern Ireland. These are applied to recent, post-pandemic, data on hospital admissions, associated NHS costs and deaths to estimate the total number that are caused directly by alcohol consumption and how these are distributed in the population.

The new report demonstrates a significant and substantial burden that alcohol places on public health in Northern Ireland. Each year an estimated 7,426 hospital admissions take place as a direct result of alcohol and 676 people lose their lives due to their drinking. This costs the NHS an estimated £19m as well as having a significant impact on wider aspects of society, including police and criminal justice, workplace productivity and public disorder. Reducing this burden will require the implementation of effective alcohol policy options, the authors state.

sarg-sheffield.ac.uk/wp-content/uploads/2025/10/sarg-estimating-the-burden-of-alcohol-on-the-health-of-northern-ireland.pdf

igure 6: Estimated annual deaths due to alcohol by sex



Belgian Minister of Public Health face opposition to new alcohol advertising rules

Belgian Health Minister Frank Vandenbroucke has drafted a Royal Decree (RD) to tighten alcohol advertising rules, but the proposal has failed to gain support from the Walloon liberal party Mouvement Réformateur (MR), delaying its implementation.

Initially scheduled for July 18 and later postponed, the proposed changes would replace the current warning "Alcohol abuse is harmful to health" with "Alcohol is harmful to health," a change already agreed in the coalition pact. The warning would have to cover 15% of each advertisement, even when only a logo or brand name is displayed.

The draft decree also sets out broader restrictions. Alcohol ads would be banned before and after television and radio programs with audiences where at least 30% are minors. The same rules would apply to films, newspapers, magazines, and digital media, while additional requirements would govern advertising content. Distributing free alcohol with other products would be prohibited, except when alcohol is the product being purchased.

Debate has focused heavily on the size and scope of the health warning. Deputy Prime Minister David Clarinval of MR warned the measure poses "a danger to the entire advertising sector." Industry stakeholders share similar concerns. The Advertising Council, Belgium's advertising regulator, argued that self-regulation already works effectively, warning that the decree risks replacing a widely supported system with unnecessary regulation and uncertainty.

The wine and spirits sector, represented by Vinum et Spiritus, also raised objections, describing the new wording as "a semantic change with fundamental impact." Despite opposition, the proposal reflects the government's pledge to strengthen alcohol health warnings and reduce young people's exposure to alcohol marketing.

eucam.info/2025/09/23/belgian-minister-of-public-health-receives-no-support-for-royal-decree-with-new-alcohol-advertising-rules/

Denmark introduces new rules for the placement of alcoholic beverages in supermarkets

From October 1, 2025, Danish children and young people entering supermarkets and grocery stores will no longer be exposed to alcohol displays. This follows new agreements between the Ministry of the Interior and Health, the retail sector, and alcohol producers, aimed at reducing young people's contact with alcohol in everyday shopping environments.

Under the rules, alcoholic beverages may not be placed near checkout counters, next to shelves containing sweets or chips, in fruit and vegetable sections, or in areas with toys and children's products. Stores must separate alcohol displays using partitions, other products, or by placing them around a corner. Small shops that cannot make structural changes are granted exceptions, as are outlets where alcohol is sold directly by cashiers or kept in fixed refrigerators.

The agreement, which includes a six-month transition period, seeks to make alcohol less visible to young shoppers without imposing disproportionate burdens on small businesses. The retail industry and producers have committed to these voluntary standards as part of Denmark's wider alcohol policy efforts.

Oversight will be carried out by the Alcohol Advertising Board, which already enforces alcohol marketing rules. The Danish Competition and Consumer Authority will participate as an observer to ensure transparency and accountability in implementation.

nordicalcohol.org/post/new-agreement-in-denmark-fewer-young-people-should-be-tempted-to-buy-alcohol

Polish Left proposes nationwide ban on nighttime alcohol sales in shops

The Polish Left (Lewica), a member of the country's ruling coalition, has submitted legislation that would introduce a nationwide ban on nighttime alcohol sales in shops and prohibit all forms of alcohol advertising. The draft law proposes banning off-premises alcohol sales between 10 pm and 6 am, with local authorities permitted to extend the restriction to 9 pm–9 am. Bars, clubs, and restaurants could continue selling alcohol for on-premises consumption. The measures would also outlaw alcohol sales at petrol stations and restrict online purchases to in-person collection with ID verification.

Włodzimierz Czarzasty, one of the leaders of The Left, announced the new proposals, noted that another member of the ruling coalition, the centrist Poland 2050 (Polska 2050), has "similar views" on introducing such restrictions and expressed hope that other parties would follow suit. "This issue should be nonpartisan," he argued. Czarzasty also pointed to a poll, published 23rd September by IBRiS and commissioned by the Polish Press Agency (PAP), showing that 68% of the public support a nighttime prohibition on alcohol sales, with only 28% opposed. Women (80%) expressed much stronger support than men (58%).

The issue has recently come to greater public attention after controversy in Warsaw, Poland's capital, over proposals to introduce a nighttime ban in the city. They were withdrawn at the last minute and instead a pilot scheme involving just two districts was introduced.

Prime Minister Donald Tusk commented that he "would prefer to see local authorities follow the example of those who strive to combat the negative consequences of alcohol liberalism," he added. "Access to alcohol is very widespread in Poland. In many places, especially in large cities, the presence of intoxicated people at night is not a pleasant sight."

Between 2018 and 2024, around 180 municipalities in Poland introduced nighttime bans on alcohol sales. Among them was Kraków, Poland's second-largest city, which subsequently saw police interventions fall by almost half during the first six months the measures were in place.

notesfrompoland.com/2025/09/23/polish-left-proposes-nationwide-ban-on-nighttime-alcohol-sales-in-shops/

Government alcohol bill moves forward in Finland

The Finnish government has agreed to move forward with reforms to alcohol legislation, including provisions for home delivery and expanded online sales. The Christian Democrats registered a formal dissent, arguing the plan breaches the government programme and undermines agreed principles. The debate has revealed sharp divisions within the coalition government. While the National Coalition Party has led the drafting process, the Christian Democrats, Finns Party, and Swedish People's Party have all expressed objections.

A key dispute concerns distance selling. The bill allows domestic companies to sell beverages with up to 8 percent alcohol by volume, but sets no comparable limit for foreign operators shipping to Finland. The Christian Democrats argue that this creates unfair competition, threatens Alko's state monopoly, and could encourage Finnish businesses to relocate abroad. The proposal also seeks to ease marketing rules, permitting domestic producers to advertise stronger alcoholic beverages online and on social media within certain limits.

The proposal passed the cabinet's general session and the bill now moves to the Social Affairs and Health Committee for review.

helsinkitimes.fi/finland/finland-news/politics/28005-government-alcohol-bill-moves-forward-despite-christian-democrat-dissent.html

Continuation of the "To your health?" campaign in the Netherlands

On September 15, 2025, the Dutch Cancer Society and the Gastroenterology Foundation launched a new phase of the "To your health?" campaign, part of the Healthy Generation initiative. First introduced in 2023, the campaign aims to raise awareness among adults about the health risks of alcohol consumption, particularly its link to cancer.

The campaign challenges the commonly held perception that alcohol is harmless, with people casually refer to drinks as "a bubbly," "something strong," or "a glass of red," without acknowledging these beverages' potential risks. The campaign seeks to challenge this perception by reshaping the familiar language used to describe alcohol.

In the updated campaign, the same expressions are kept but the glasses are filled with non-alcoholic alternatives. By playfully redefining these phrases, the campaign encourages people to think differently about alcohol and to make informed choices regarding their consumption.

The campaign will run across multiple platforms, including radio, posters in train stations, shopping centres, and bus shelters, as well as social media channels.

gezondegeneratie.nl/alcohol

Laws on advertising 'zero-alcohol' drinks in Ireland

Public Health (Alcohol) (Amendment) Bill 2025 was brought before Dáil Éireann in September by Social Democrats TD Pádraig Rice. The Bill seeks to strengthen the original 2018 Act by restricting how the alcohol industry markets zero-alcohol versions of its products. Specifically, it would prohibit these drinks from being promoted with the same branding, logos, or imagery used for alcoholic beverages.

AAI CEO Dr Sheila Gilheany said the measure is essential to protect young people from harmful marketing tactics, arguing that the real issue lies not in zero-alcohol products themselves but in the way they are branded, often by simply adding a "0.0" label to the familiar alcohol brand. This allows companies to continue promoting their main product lines in spaces where alcohol advertising is supposed to be restricted, such as near schools, on public transport, or at sports events.

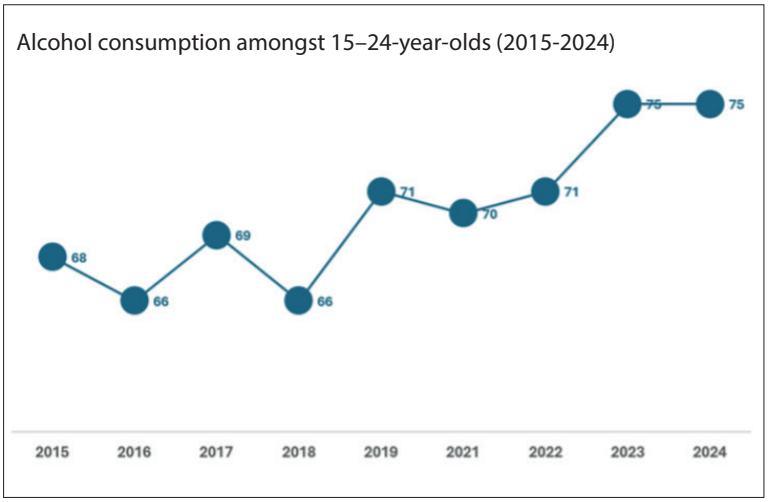
Consultancy firm Brand Finance report that using the same branding across alcoholic and non-alcoholic drinks allows companies to subtly market both at the same time. Alcohol-free products frequently mirror the logos and packaging of traditional beers, helping brands maintain visibility and consumer recognition. Data from 2022 showed that zero-alcohol products accounted for 25% of alcohol brand advertising spend in outdoor media, despite making up only about 1% of the market.

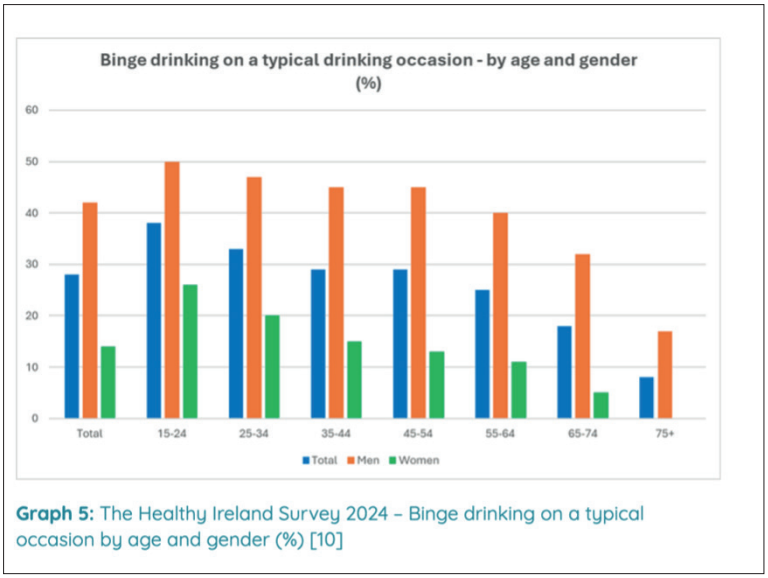
imt.ie/news/laws-on-advertising-zero-alcohol-drinks-long-overdue-26-09-2025/

Youth drinking in Ireland

Alcohol Action Ireland, has published a new report, 'Youth drinking in Ireland: What's the real picture?', which draws on data from national and international sources. The report highlights improvements in some respects including an increase in the average age at which young people start drinking. Some of the main findings in the report include:

- While drinking among young people aged 15–24 declined from the mid-2000s to the mid-2010s, since 2015 that downward trend has been reversing. Alcohol consumption levels for young people aged 15-24 increased from 66% in 2018 to 75% in 2024.
- The decline in consumption since the highs of the 2000s was driven by younger adolescents, particularly those under 17 – who should not be drinking anyway.
- In 2019 young people in Ireland were, on average, 16.6 years old when they had their first alcoholic drink. In 2002 that number was 15.6 years. However, while young people are delaying alcohol initiation, once they begin drinking they consume alcohol at a level above the national average (75% v 73%).
- Every year approximately 50,000 children start drinking in Ireland. Starting to drink alcohol as a child, which is the norm rather than the exception in Ireland, is a known risk factor for later dependency.
- Hazardous drinking, including binge drinking, is commonplace (64%) among young people and one in three young drinkers has an Alcohol Use Disorder.
- In 2016, 16% of all deaths in Europe among 15- to 19-year-olds were attributable to alcohol, while for 20- to 24-year-olds, this figure was 23%.





Graph 5: The Healthy Ireland Survey 2024 – Binge drinking on a typical occasion by age and gender (%) [10]

AAI CEO Dr Sheila Gilheany said: "In recent years a narrative has emerged that youth drinking is perhaps no longer an issue in Ireland. However, a close analysis of the facts indicates that alcohol remains Ireland's largest drug problem both for young people and the wider population, with significant health impacts such as rising levels of alcohol-related hospitalisations among young people and tragically half of young driver fatalities having an alcohol component.

alcoholireland.ie/wp-content/uploads/2025/09/Youth-Drinking-in-Ireland-FINAL.pdf

Always respect, always DrinkWise in Australia

Each year in the lead-up to the AFL (Australian Football League) and NRL (National Rugby League) finals series, as well as other major events like State of Origin and Gather Round, DrinkWise joins forces with police, governments, sporting bodies and support services to deliver the message: Always respect, always DrinkWise. These whole-of-community collaborations remind sports fans to moderate their alcohol consumption, if they choose to drink, and to always treat others with respect.

Ahead of the upcoming NRL final series, DrinkWise is partnering with four-time NRL premiership-winning coach of Penrith Panthers, Ivan Cleary and Sam Mitchell, Hawthorn Hawks head coach and four-time AFL premiership player to remind fans to moderate their alcohol consumption and show respect to those around them while watching the matches.

Both coaches are respected leaders on and off the field, known for uniting teams under pressure and achieving success at the highest level. Both share a commitment to inspiring the next generation and fostering a safe, respectful atmosphere for all fans. This collaboration also brings together the support services (1800RESPECT, Men's Referral Service and 13YARN), government, law enforcement, industry (Retail Drinks Australia, Endeavour Group, Coles Liquor, Australian Hotels Association, Clubs Queensland and ClubsNSW member venues) and the Adelaide Oval. The campaign serves as an ongoing reminder that if people are having trouble managing their consumption or if their behaviour and their choices are impacting on the safety of family or others, asking for help is okay and there are support of services available that can provide advice and assistance.

DrinkWise Chief Executive Officer, Simon Strahan said: "Bringing together two AFL and NRL finals coaches for this campaign showcases the importance of this message. While these codes are rivals, the message of moderating alcohol and showing respect is universal. Coaches like Ivan and Sam influence behaviour on and off the field, setting the tone for players and fans.

"As excitement builds, these coaches remind us that passion and respect go hand in hand. Working with both codes, support services, government and law enforcement, we're reinforcing a united approach to responsible consumption so fans can celebrate respectfully and enjoy every moment."

drinkstrade.com.au/news/afl-and-nrl-coaches-join-forces-with-drinkwise-for-upcoming-finals-campaign/

New Alcohol Control Act brings tougher rules on advertising in Thailand

Thailand has passed a revised Alcohol Control Act, replacing the 2008 law with stricter rules on advertising, sales, and enforcement. The Act expands the powers of the National Alcohol Policy Committee, introduces tougher penalties, and repeals outdated regulations.

The law bans most alcohol advertising, including celebrity endorsements, indirect branding, and promotional sponsorships. Violations may result in fines up to B500,000 and imprisonment. Sales restrictions have also been tightened, with penalties for selling outside legal hours or to prohibited groups. New exemptions allow extended sales in airport lounges, duty-free shops, hotels, and late-night entertainment venues, while retail store hours remain unchanged.

The Act also redefines "marketing communications," restricting the use of influencers, CSR-linked promotions, and related publicity. Beverages under 0.5% alcohol, along with medicinal and herbal products, are exempt.

The legislation will take effect on 8 November 2025, with ministries tasked to issue detailed regulations within one year.

thephuketnews.com/new-alcohol-control-act-brings-tougher-advertising-sales-rules-97580.php

Aware.org and Eastern Cape partners unite to tackle underage drinking

In September, Aware.org joined with the Eastern Cape Liquor Board (ECLB) and community partners to launch the #NoToU18 Peer-to-Peer Programme in Gqeberha. Delivered in partnership with United Through Sport (UTS), the initiative empowers young people to take the lead in changing behaviours and addressing the risks of underage drinking. The programme trains student leaders to run peer-driven campaigns that encourage healthier choices. Alongside workshops on the effects of alcohol on health, emotions, and long-term goals, activities focus on resilience, leadership, and building safer communities.

The programme uses interactive sessions to demonstrate the impact of underage drinking on health, brain development, emotions, and future aspirations. "This programme is not about adults lecturing young people. It is about equipping them to speak to each other, in their own voices, about the dangers of underage drinking," said Mokebe Thulo, CEO of Aware.org. "By working together, we can shift the culture around alcohol and protect the next generation."

Dr Makala, CEO of the Eastern Cape Liquor Board, added: "The #NoToU18 programme exemplifies how collaboration between government, civil society, and youth leaders can produce meaningful impact. Empowering young people to make safer choices is critical — not only for their future, but for the wellbeing of the entire community."

The initiative comes amid growing concern over underage drinking in Eastern Cape schools. Reports highlight the tragic consequences of "pens down" parties, alcohol-related road crashes, and youth violence linked to drinking. Data and community observations confirm that the province faces one of the highest burdens of alcohol-related harm in South Africa.

Beyond the Peer-to-Peer programme, Aware.org has expanded partnerships in the Eastern Cape. Working with UTS, the Nelson Mandela Metro Department of Social Development, and the Metro Police, the organisation supports prevention services, raises awareness on drunk driving, and coordinates harm-reduction campaigns. These efforts align with Aware.org's strategic pillars: #NOtoU18, Don't Drink and Drive, and Sober Pregnancies.

aware.org.za/blog-posts/aware-org-and-eastern-cape-partners-unite-to-tackle-underage-drinking#post-content

Campaign against hazing in US universities

In the US, National Hazing Awareness Week (NHAW) 2025 ran September 22-26. It is an annual initiative observed on many college and university campuses to educate students, faculty, and communities about the dangers of hazing. The initiative focusses on raising awareness of the physical, emotional, and psychological harm that hazing can cause, while promoting safer, more inclusive traditions within student organisations, fraternities, sororities, and athletic teams. Through workshops, discussions, memorial events, and awareness campaigns, participants are encouraged to recognise the warning signs of hazing, speak out against harmful behaviours, and the importance of bystander intervention, supporting a culture of respect and accountability.

The goal of Hazing Awareness Week is to prevent hazing-related tragedies and foster environments where students can build strong communities without fear, coercion, or harm.

Responsibility.org partner with The Gordie Center through their Alcohol101+ program to prevent hazing on college campuses. www.alcohol101.plus/ #nhpw #NationalHazingPreventionWeek

UN considers stricter global alcohol regulations amid debate over health risks

The UN's fourth High Level Meeting on Noncommunicable Diseases (NCDs) and Mental Health took place in New York on 25th September, bringing together ministers, heads of state, public health officials, and industry representatives. The debate included recommendations that will shape future alcohol policy.

The World Health Organization (WHO) has identified alcohol as one of five major risk factors for NCDs, which account for 74% of all deaths worldwide. Alongside tobacco use, physical inactivity, unhealthy diets, and air pollution, the harmful use of alcohol is under scrutiny. The WHO urged the UN to consider new taxes and restrictions on alcohol products, arguing that stronger measures are needed to reduce related health harms.

The meeting aimed to renew commitments to prevent and control NCDs and promote mental health, but the final political declaration was not fully supported by all member states and was sent to the General Assembly for consideration.

While the declaration introduced new targets for tobacco use and hypertension control and expanded the focus to other diseases and environmental factors, it fell short on alcohol policy, which is seen as a crucial area for prevention

The outcome of the meeting will be a Political Declaration that sets the global agenda for NCDs and mental health through 2030 and beyond. This document could provide governments with justification for new warning labels, higher taxes, and tighter controls on alcohol sales.

Alcohol policy negotiations were reportedly weakened by industry pressure, resulting in a diluted political declaration that included only a call for countries to " consider introducing or increasing taxes on alcohol to support health objectives, in line with national circumstances", rather than mandating actions to reduce consumption or implement established NCD prevention tools like the WHO's SAFER guidelines. The final text failed to include concrete measures for reducing alcohol consumption, such as a 20% reduction by 2030 target.

The draft declaration will now face a vote in the General Assembly – most likely in October.

vinetur.com/en/2025092491580/un-considers-stricter-global-alcohol-regulations-amid-debate-over-health-risks.html

Online sale, delivery and advertising of alcohol in Australia

A recent study led by the Foundation for Alcohol Research and Education (FARE), The University of Queensland, and The George Institute, examined the ways in which alcohol is sold, promoted, and delivered online. The findings suggest that rapid access to alcohol and the ease of purchase through digital platforms create significant risks for people already vulnerable to alcohol-related harm.

The survey, which involved 2,037 participants across Australia, found that more than a third of those who drank alcohol in the past year had it delivered to their homes, with nearly 40% of these receiving it within two hours of ordering. Delivery apps originally designed for food are now a major source of alcohol sales, with one in four alcohol users reporting deliveries through such platforms in the past year. Advertising is also deeply embedded in these services, with over half of food delivery app users reporting exposure to alcohol ads and more than a third of participants admitting they purchased alcohol online after clicking on an ad.

People at higher risk of alcohol dependency were found to be disproportionately affected. Over half of those likely experiencing dependency reported buying alcohol after clicking on an online advertisement, compared to just under a quarter of those at low risk. 55% of participants at higher risk had alcohol rapidly delivered into their homes, more than double the rate of those at low risk. They were also more likely to encounter alcohol ads frequently on food delivery apps and to use these apps to have alcohol delivered to their homes.

The research revealed strong public support for tighter regulations. Most participants backed measures to remove direct purchase links from ads (67%), stop push notifications that encourage buying (78%), and ban the use of personal data for alcohol marketing (77%), especially children's data (82%). Other widely supported measures included requiring health warnings on online alcohol ads and retail websites, and enforcing strict penalties for companies that target consumers who opt out of advertising. Only 4–7% of participants opposing these reforms.

fare.org.au

How the wellness trend is affecting wine consumption

According to an IWSR report, global wine consumption has fallen to its lowest level since 1961. Volumes declined by 3.5 billion litres in the five years to 2024 and are projected to drop a further 1.5 billion litres by 2029. The slide reflects a smaller cohort of wine drinkers who are consuming less than previous generations—a shift driven partly by cost-of-living pressures but more fundamentally by a sustained move toward health and moderation.

IWST report that, accelerated by the pandemic, consumers reassessed priorities around immunity, stress, and everyday habits, fueling a wellness economy that reached US$6.3 trillion in 2023 and is forecast to approach US$9 trillion by 2028. Fitness, nutrition, mental health, and workplace wellbeing are booming; Millennials and Gen Z treat wellness as a daily lifestyle, while older cohorts focus on healthy ageing and prevention.

This cultural change is reshaping when, why, and what people drink. Traditional wine moments—dinner parties, celebrations, "a glass after work," even nightly family dinners—are giving way to wellness-oriented activities, with moderation movements like Dry January normalising lower intake. At the same time, functional beverages (energy and sports drinks, vitamin/botanical waters, kombucha) are surging, and within wine, no- and low-alcohol options are among the few growth bright spots. IWSR expects low-alcohol wines to overtake no-alcohol by 2028, with annual growth of about 14% versus 7% for no-alcohol, underscoring a structural shift rather than a passing cycle.

wineaustralia.com/news/market-bulletin/issue-347

Calls to ban all forms of alcohol promotion in South Africa

In South Africa, a bill has been introduced in the National Assembly (the lower house of South Africa's Parliament) by Economic Freedom Fighters party (EFF) MP Veronica Mente. The amendment to the Liquor Act of 2003 aims to prohibit the advertising, promotion and product placement of liquor in all forms of media. Mente has reportedly asked the Speaker of the Assembly to fast-track the bill's referral to the Portfolio Committee on Trade, Industry and Competition. The EFF urged all stakeholders, including political parties, civil society organisations, communities, parents and other organisations "who care about the future of South Africa" to support the bill.

The Southern African Alcohol Policy Alliance (SAAPA) has also called for the amendment of the liquor bill to raise the legal drinking age to 21 and restrict advertising, citing concern about enabling underage drinking and other alcohol-related harms.

timeslive.co.za/politics/2025-09-11-eff-calls-for-law-change-to-ban-all-forms-of-alcohol-promotion/

Dehli government considers raising drinking age

The Delhi government is examining a proposal to lower the legal drinking age for beer from 25 to 21 years as part of its new excise policy. A high-level committee headed by Public Works Department (PWD) minister Parvesh Verma is holding discussions with various stakeholders, although no final decision has been taken yet, news agency PTI reported citing official sources.

Officials said the proposal seeks to align Delhi with neighbouring National Capital Region cities such as Gurugram, Noida, Ghaziabad and Faridabad, where the legal drinking age is already 21 years. This disparity often pushes younger consumers to buy liquor from outside Delhi, leading to significant revenue leakage. ndtv.com/delhi-news/delhi-considers-lowering-legal-age-for-drinking-beer-from-25-to-21-9261445

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.

AIM Social, Scientific and Medical Council