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Light to moderate alcohol consumption and cancer incidence: the Norwegian Women and Health cohort study

A study examined the effect of light to moderate (up to 20 g/day) alcohol consumption on the incidence of postmenopausal breast, kidney, lung, pancreatic, colorectal, ovarian, and endometrial cancers among women.

Participants included 70,932 women aged 41-70 years, randomly selected from the Norwegian Women and Health (NOWAC) cohort study between 1996 and 2004. The study involved women who reported alcohol consumption. 32,735 postmenopausal women were included in the analyses for female cancers. Multivariable Cox proportional hazard models were used to estimate hazard ratios (HR) and 95% confidence intervals (CI).

The average follow-up period was 19 years. The estimated hazard ratio (HR) for each additional 12g/day of alcohol consumption and postmenopausal breast cancer was 1.20 (95% confidence interval [CI]: 1.03 to 1.41), while for kidney cancer it was 0.42 (95% CI: 0.24 to 0.75). The corresponding estimates for postmenopausal breast cancer among women who used menopausal hormone therapy (MHT) were HR = 1.27, 95% CI: 1.05 to 1.54, and among women who never used MHT were HR = 1.12, 95% CI: 0.86 to 1.47. Compared to alcohol consumption of < 3.5 g/day, consumption of 3.5-10 g/day was associated with an inverse relationship with lung cancer risk among women who mainly drank wine (HR = 0.65, 95% CI: 0.43 to 0.88), but not among other drinkers (HR = 1.10, 95% CI: 0.88 to 1.31). No significant associations were observed for pancreatic, colorectal, ovarian, or endometrial cancers.

Women consuming light to moderate amounts of alcohol had a higher risk of postmenopausal breast cancer and a lower risk of kidney cancer. The study results do not support the idea that up to 1 drink per day is a safe limit for breast cancer risk, particularly for postmenopausal women who use MHT. The inverse association observed for lung cancer could be attributed to the healthier lifestyle often linked with light to moderate drinking.

Source: Llahi, F., Licaj, I., Sharashova, E., et al. (2025). Light to moderate alcohol consumption and cancer incidence: the Norwegian Women and Health cohort study. *Clinical Epidemiology*, 17: 807-82. doi.org/10.2147/clep.s531643

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

1. Chen Y, Yin X, Wang X, Zheng X, Yang X, Zhou J, Shi M, Zhang Y. Associations of alcohol drinking with incident dementia: a prospective study from the UK Biobank. *Eur J Epidemiol.* 2025 Sep 27. doi: 10.1007/s10654-025-01304-y. Epub ahead of print. PMID: 41014391.

Abstract

Objectives: The relationship between alcohol drinking and incident dementia remained uncertain. This 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.

Method: We excluded infrequent drinkers and participants with baseline dementia or 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.

Results: 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-to-moderate drinking was associated with a 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-to-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). Compared with non-drinking, low-to-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.

Conclusions: Thus, this study confirmed the protective effect of low-moderate drinking in the population and provided insights for improving alcohol-related public health guidelines for dementia prevention.

2. Topiwala A, Levey DF, Zhou H, Deak JD, Adhikari K, Ebmeier KP, Bell S, Burgess S, Nichols TE, Gaziano M, Stein M, Gelernter J. Alcohol use and risk of dementia in diverse populations: evidence from cohort, case-control and Mendelian randomisation approaches. *BMJ Evid Based Med.* 2025 Sep 23:bmjebm-2025-113913. doi: 10.1136/bmjebm-2025-113913. Epub ahead of print. PMID: 40987604.

Abstract

Objectives: To investigate the relationship between alcohol consumption and dementia.

Design: Prospective cohort and case-control analyses combined with linear and non-linear Mendelian randomisation.

Setting: Two large-scale population-based cohorts: the US Million Veteran Programme and the UK Biobank. Genetic analyses used summary statistics from genome-wide association studies (GWAS).

Participants: 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).

Main outcome measures: Incident all-cause dementia, determined through health record linkage, and genetic proxies.

Results: 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.

Conclusions: 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%.

ISFAR summary

The studies by Chen et al. (2025) and Topiwala et al. (2025) provide complementary insights into the long-standing debate about the link between alcohol consumption and dementia risk. The Chen et al. study exemplifies a traditional longitudinal cohort analysis, showing the familiar U- or J-shaped relationship between alcohol consumption and dementia incidence in the UK Biobank. Building on this, Topiwala et al. expanded the analysis by including data from both the UK Biobank and the U.S. Million Veteran Program, and by applying Mendelian randomisation (MR) using genome-wide association study (GWAS) summary statistics as proxies for alcohol consumption.

Both studies indicate that light-to-moderate drinkers have the lowest risk according to conventional observational methods. However, when Topiwala et al. applied MR, the relationship was no longer J-shaped. Instead, dementia risk increased linearly with genetically predicted alcohol consumption. The use of genetic instruments aims to better reflect lifelong exposure. Nonetheless, genetic proxies only capture part of the complex social and behavioural factors affecting alcohol consumption, and their explanatory power remains limited. For example, Topiwala et al. used 641 variants to predict drinks per week and 66 for alcohol use disorder, but the correlation between these genetic predictors and reported intake was not given, raising doubts about the validity of the instruments.

ISFAR members are hesitant to favour the MR association over traditional ones, mainly because lifelong alcohol consumption may be difficult to accurately reflect through genetic proxies alone.

Furthermore, mechanistic studies have indicated a causal role for light-to-moderate alcohol consumption in dementia prevention.

Topiwala et al. suggest that traditional epidemiological associations based on self-reported exposures may need re-evaluation in light of genetic evidence. While this position underscores the value of MR as a complementary approach, it is important not to overstate its scope: genetic proxies do not fully account for environmental, social, or behavioural influences on alcohol consumption.

ISFAR critique

Background

Cognitive function encompasses the mental processes by which knowledge is acquired and applied, including perception, reasoning, problem-solving, creativity, and intuition. Dementia is a clinical syndrome marked by progressive cognitive decline severe enough to impair daily life and independence. It is an umbrella term for conditions that cause deterioration of normal brain functions rather than a single disease entity. The most common forms include Alzheimer's disease (AD), vascular dementia (VD), dementia with Lewy bodies, and frontotemporal dementia (FTD) (Steinman et al., 2021).

While the underlying causes vary, many share overlapping pathways. Ageing contributes through vascular stiffening, microvascular damage, reduced repair capacity, and mitochondrial decline. Genetic factors, notably the APOE ϵ 4 allele, increase Alzheimer's risk via effects on lipid metabolism, amyloid clearance, and vascular health (Tarawneh, 2023). Familial AD arises from APP, PSEN1, or PSEN2 mutations, while FTD involves genes such as MAPT, progranulin, and C9orf72. Vascular and metabolic disorders—including hypertension, diabetes, obesity, and hyperlipidaemia—further elevate dementia risk (Attems & Jellinger, 2014).

Additional mechanisms include chronic neuroinflammation, oxidative and mitochondrial stress, and protein aggregation leading to neuronal death and network disruption. Mixed pathologies, where vascular and amyloid/tau changes coexist, are common and may act synergistically, for example, through cerebral amyloid angiopathy. Globally, dementia prevalence is rising rapidly

with population ageing, with around 10 million new cases each year.

Given its growing burden, there is intense interest in modifiable risk factors. Lifestyle elements such as diet and alcohol consumption are among the most studied. Earlier research has often shown a J-shaped association between alcohol intake and dementia risk, with low-to-moderate consumption linked to lower risk and heavy drinking or abstinence linked to higher risk (Rehm et al., 2019).

Critique

Two studies by Chen et al. 2025 and Topiwala et al. 2025 recently examined the link between alcohol consumption and dementia risk.

1. Chen et al. (2025)

Chen et al. (2025) recently reported that low-to-moderate alcohol consumption was associated with a decreased risk of dementia in the UK Biobank. Their large sample of 296,715 individuals, combined with an extended follow-up of approximately 13.7 years, provides valuable observational data, including subgroup analyses and considerations of drinking behaviours. Notably, unlike many earlier observational studies, this study excluded former drinkers and infrequent drinkers from the analysis cohort. This minimises the common “sick quitter” bias, which has previously been suggested to inflate the apparent benefits of moderate drinking. The study also benefited from extensive covariate adjustments and sensitivity analyses using multiple imputation and complete-case samples. Alcohol consumption was categorised into non-drinking, low-moderate, and heavy drinking (with sex-specific thresholds). Behaviours such as drinking with meals and types of drinks were also assessed. Using multivariable Cox regression, they found that low-moderate drinking (compared to non-drinking) was associated with a significantly lower hazard of dementia (HR ~0.65, 95% CI 0.59–0.73), while heavy drinking showed a non-significant trend (HR ~0.88, 95% CI 0.75–1.02). The ‘protective’ link of low-moderate drinking seemed consistent across subgroups such as cardiovascular disease risk, APOE4 status, and gender. The authors interpret this as support for a protective effect of low- to moderate drinking against dementia. However, caution is advised

when interpreting the findings, as alcohol consumption was only assessed at baseline without considering lifetime drinking patterns or reductions before dementia onset, which raises the possibility of reverse causation.

The greatest strength of Chen et al. (2025) lies in its large, well-characterised, prospective cohort design using the UK Biobank, which combines long-term follow-up (median 13.7 years) with detailed individual-level data on alcohol consumption and health covariates. Specifically, with 297,000 participants and over 4,000 incident dementia cases, Chen et al. (2025) have strong statistical power to detect associations and analyse subgroups. The UK Biobank provides extensive information on demographics, cardiovascular risk factors, APOE4 genotype, socioeconomic status, physical activity, diet, and mental health, allowing for comprehensive adjustment of potential confounders. Missing data were addressed using multiple imputation and confirmed through complete-case sensitivity analyses. While these features enhance internal validity, a limitation of the UK Biobank is that participants are generally healthier, wealthier, and less ethnically diverse than the broader UK population, which may limit generalisability and bias exposure–outcome associations if relationships differ in underrepresented groups.

In addition to these methodological strengths, Chen et al. (2025) assessed detailed drinking behaviours—including beverage type, drinking with meals, and effect modification by sex, APOE4 status, and cardiovascular risk—providing important insights into heterogeneity across population subgroups. This behavioural detail enhances real-world relevance and clarifies how drinking patterns may relate to dementia outcomes. The exclusion of participants with pre-existing dementia and those diagnosed within the first two years further strengthened temporal inference, although reverse causation from prodromal disease cannot be fully excluded.

The primary weakness of Chen et al. (2025), however, lies in their dependence on a single baseline measure of alcohol consumption, which renders the study vulnerable to exposure misclassification and reverse causation over time. For example, since alcohol consumption was only assessed at baseline without accounting for lifetime drinking patterns or reductions before the onset

of dementia, this raises the possibility of reverse causation. In fact, a single baseline measurement can lead to misclassification of exposure and fails to address some risks associated with reverse causation. Heavy drinkers also face elevated risks of premature death from other causes, such as liver disease, cancer, and CVD. Standard Cox models censor at death and assume non-informative censoring, potentially underestimating harm in heavy drinkers; no competing-risk analysis was conducted. Furthermore, drinking behaviour often changes significantly with age, health, or emerging cognitive decline. Individuals who later develop dementia may already have reduced their intake well before diagnosis, creating a misleading impression of a protective effect for moderate drinkers. Additionally, the study lacks data on cumulative or peak lifetime consumption, which is crucial for understanding long-term neurotoxicity or harm thresholds. Although the authors excluded dementia cases within the first two years, prodromal cognitive changes can begin a decade or more prior to clinical diagnosis. Consequently, reverse causation cannot be fully ruled out even after this exclusion. Without repeated exposure assessments, instrumental variable analyses (e.g., Mendelian randomisation), or sensitivity analyses for time-varying confounding, the study cannot definitively distinguish correlation from causation.

2. Topiwala et al. (2025)

In contrast to Chen et al. (2025), Topiwala et al. (2025) combined observational analyses with Mendelian randomisation (MR) using genome-wide association study (GWAS) data from over 2.4 million individuals across two major cohorts—the U.S. Million Veteran Program (MVP) and the UK Biobank—encompassing approximately 559,559 participants aged 56 to 72 years for the observational analyses. Dementia outcomes were identified through health record linkage and electronic health records (EHR) using ICD codes. The observational analyses revealed a J-shaped association, with both heavy drinkers and non-drinkers (particularly those with alcohol use disorder) showing higher dementia risk compared to light drinkers. However, the MR analyses indicated a monotonic increase in dementia risk with greater genetically predicted alcohol consumption, offering no evidence of a protective effect. Furthermore, trajectory data suggested that participants who later developed dementia

often reduced their alcohol consumption in the years before diagnosis, supporting the likelihood of reverse causation and explaining the apparent benefits observed among moderate drinkers in observational data. Topiwala et al. (2025), therefore, concluded that there is no safe or protective threshold for alcohol consumption regarding dementia risk, directly challenging the longstanding “moderate drinking is protective” hypothesis.

The strengths of this approach are that combining observational and genetic (MR) evidence aids causal inference, offering a check on whether observed associations result from confounding or reverse causation. Furthermore, the large sample sizes in both the observational and existing Alzheimer’s disease genome-wide association study (GWAS) populations enhance the precision of their estimates. The use of multiple cohorts or diverse MVP and UK Biobank populations improves diversity and external validity, although MVP is predominantly male. Most importantly, they considered reverse causation, that is, observed declines in drinking before dementia diagnosis, addressing this potential bias. A non-linear MR and multiple alcohol phenotypes—such as drinks per week, problematic alcohol use, and AUD—provide additional robustness.

Topiwala et al. (2025) used GWAS summary statistics as proxies for alcohol consumption, assuming these may better reflect lifelong consumption than self-reported measures, which in most longitudinal studies are recorded only once at baseline and are prone to recall error and underreporting. However, genetic variation alone cannot fully capture a complex behaviour like alcohol consumption, which is influenced by social and lifestyle factors that change over time. Constructing such proxies is challenging—66 variants were used to predict alcohol use disorder and 641 for drinks per week—yet the authors did not report how well these genetic instruments correlated with self-reported consumption. Although not the focus of their study, presenting this comparison would have helped clarify the validity of the genetic proxies.

The main weakness of Topiwala et al. (2025), however, stems from the heterogeneity and limitations of their data sources, particularly their reliance on electronic health record (EHR)–

based dementia diagnoses and self-reported alcohol consumption across different cohorts. This dependence may cause misclassification of exposures and outcomes, potentially biasing the MR analyses. For example, dementia cases were identified using health records (ICD codes) in both the UK Biobank and the MVP cohorts. These registries often under-detect milder or undiagnosed cases, and diagnostic coding practices can vary between healthcare systems. Such variation can result in non-differential misclassification, which weakens associations, or differential misclassification across exposure groups. Additionally, alcohol consumption was self-reported, and measurement methods differed between the cohorts. These differences can mask true dose–response relationships and make comparisons across cohorts difficult. While MR reduces confounding, it assumes that genetic variants influence dementia risk solely through alcohol consumption. However, pleiotropy—where genes affect multiple traits, such as smoking, education, or vascular risk—can bias causal estimates. The strongest genetic evidence is found among participants of European ancestry, with less reliable data for other groups. The MVP cohort mainly comprises males and older individuals, whereas the UK Biobank cohort tends to be healthier and more affluent than the general population. These differences limit the generalisability of the findings and may distort effect estimates if sex, age, or socioeconomic factors interact with alcohol's effects. Additionally, the follow-up period was shorter in the MVP (approximately four years) compared to the UK Biobank (approximately 12 years), which could lead to an underestimation of dementia cases and increased short-term bias. The distinction between former drinkers and never drinkers may also be imperfect, although the study notes that non-/never drinkers had a similar risk to heavy drinkers in some analyses. The potential influence of “sick quitters” might still be present within the observational component.

Conclusions for the comparison and interpretation of Chen et al. (2025) and Topiwala et al. (2025)

Chen et al.'s (2025) greatest strength lies in its combination of large-scale, long-term prospective follow-up and detailed, behaviourally nuanced data from a well-characterised cohort, enabling

precise and extensively adjusted estimates of the observational relationship between alcohol and dementia risk. Topiwala et al. (2025), however, are more robust in causal inference because of the MR component, a larger and more diverse sample, and the ability to test whether protective observational associations persist under genetic instruments. Since MR indicates a monotonic increase in risk, this more directly challenges the idea that light to moderate drinking is protective, as the triangulation of very large observational and genetic datasets lends their conclusions high credibility. Nevertheless, there remains the potential for exposure and outcome misclassification across heterogeneous cohorts, and the limitations of MR assumptions—although it provides greater causal insight—may still bias or weaken estimates of alcohol's impact on dementia. Taken together, however, these studies highlight the divergence between observational and genetic evidence. Chen et al. (2025) provide high-quality observational evidence, strengthened by the exclusion of former drinkers; however, causal inference remains uncertain. In contrast, Topiwala et al. (2025) undermine the case for a protective effect through genetic triangulation. Public health interpretation should, therefore, remain cautious: while moderate drinking may appear protective in observational cohorts, there is insufficient evidence to recommend alcohol consumption for dementia prevention.

Specific comments

Forum member Ellison appreciated the authors' extensive work in relating alcohol to dementia, using analyses of very large data sets. “In both papers, the observational data clearly demonstrate a J-shaped or U-shaped association between light-to-moderate drinking and dementia.

Despite recent progress in combining many factors in genetic analyses, I remain very uneasy about using MR to provide the only index of exposure in studies such as these (Ellison et al, 2021). MR relates genetic factors that influence alcohol consumption and its effects, but not the actual amounts consumed or the pattern of consumption.

MR fails to judge many cultural factors specific to the population being studied, such as the influence of peers, religious prohibitions and other societal factors, acceptance of alcohol within a specific

population, education, and many socioeconomic factors. There are many such lifestyle factors that are more related to culture rather than to genetics, and these limit the usefulness of MR as the sole factor in determining the association between drinking and dementia.”

Forum member Harding states that “here are two epidemiological studies studying the effect of alcohol consumption on dementia. One study (Chen et al. 2025) shows, as do numerous earlier studies, that moderate alcohol consumption is associated with a reduced risk of all-cause dementia, Alzheimer’s disease, and vascular dementia. Indeed, Neafsey and Collins conducted a review in 2011 and concluded that ‘these studies overwhelmingly found that moderate drinking reduced or had no effect on the risk of dementia or cognitive impairment’. The other study (Topiwala et al. 2025) showed the same (although they used light to moderate drinkers as the reference group rather than abstainers). This protective association disappeared when they applied a MR approach.

Topiwala et al. (2025) concludes that because the results of MR genetic analysis did not show an association between alcohol consumption and protection against dementia, then argued that this demonstrates that no such association actually exists. I don’t accept this. Just because an epidemiological study (MR or otherwise) did not show an association does not mean that a causal association does not exist. It just didn’t find it, that all. For this reason, I conclude that the statement in the last paragraph of Topiwala et al. (2025) ‘...with no evidence supporting the previously suggested protective effect of moderate drinking’ cannot be justified, as their own study provided evidence. Both papers are based on the idea that it is epidemiology that can demonstrate whether alcohol consumption is protective for dementia. Just do enough of it and the truth will emerge. But in fact, epidemiology alone can never prove or disprove causation. In Chen et al. (2025), there is a nod in the direction of the actual effects of alcohol on dementia (references #40 and #41), but there is a lot more.

There are numerous animal studies indicating a protective effect. For example, moderate alcohol intake improves memory in rats (Kalev-Zylinska et al. 2007), and that resveratrol prevents the formation of beta-amyloid protein (Rushworth et al. 2013). Among human studies, alcohol

consumption was associated with improved mental functioning in the Whitehall study, where 6000 civil servants were given tests of cognitive function and memory (Britton et al. 2004), consistent with a finding replicated in the Framingham Heart Study (Elias et al. 1999), and a study in the Netherlands (Kalminj et al. 2002). As far back as 1997, drinking up to 500ml of red wine/day was associated with a reduction of dementia by 80% and Alzheimer’s disease by 70% - huge effects (Orgogozo et al. 1997). There is even work on the impact of alcohol consumption on precursors of dementia revealed by MRI scans on those free of dementia symptoms, which showed a marked protective effect (den Heijer et al. 2004, Mukamal et al. 2001).

Finally, in the light of well-established effects of alcohol on insulin sensitivity and insulin resistance, and the similarities observed between Alzheimer’s disease and diabetes (sometimes called Type 3 diabetes), there is a resonance with more recent hypotheses on the consequences of insulin resistance on a whole range of chronic diseases. With a body of evidence this strong, it is hard to see a justification for writing either the Chen et al. or Topiwala et al. papers in the first place. The science has already moved on, a long time ago.

Forum member Skovenborg muses that all the published MR studies have found no association between alcohol consumption and risk of breast cancer, such that if MR studies are the golden truth, that is good news for wine-drinking women. “Some research purporting protective effects of moderate alcohol consumption” Topiwala et al. (2025) write quoting a 2003 nested case-control study of 373 cases with incident dementia and 373 controls. “Purporting” means to claim to be or do something, often in a way that may not be true or is not yet verified. It implies a declaration or appearance of intent or quality that might be false. Actually, since 1977, more than 189 case-control and cohort studies of alcohol intake and risk of dementia have been published with somewhat heterogeneous results. The overall finding is a significant association between moderate alcohol consumption and a reduced cognitive decline equivalent to being 3-4 years younger in the brain.

Topiwala et al. (2025) suggest reverse causation as one of the possible explanations. The concept of reverse causation refers to a process in which the consequence occurs before the cause. In a meta-

analysis of 19 prospective observational cohort studies to examine whether physical inactivity is a risk factor for dementia separate analyses were performed that addressed bias due to reverse causation. These analyses found that physical inactivity was not associated with all-cause dementia or Alzheimer's disease. However, an indication of excess dementia risk was observed in a subgroup of physically inactive individuals who developed cardiometabolic disease. An extended follow-up is needed to demonstrate a reverse causation bias. In the Whitehall II Cohort Study, the 23-year follow-up included eight assessments of alcohol consumption between 1985/88 and 2015/16. Participants with long-term abstinence had a 74 % increased risk of dementia compared to participants in the long-term consumption of 1-14 drinks/week group, with no indication of reverse causation. (Sabia et al. 2018)

Potential protective mechanisms are as follows:

1. A reduced risk of cardiovascular disease and type 2 diabetes associated with moderate alcohol consumption. several cardiovascular risk factors are known to be associated with cognitive impairment, and a high haemoglobin A1C level is associated with an increasing risk of diabetes and impaired memory function. In the Whitehall II cohort study, part of the excess risk of dementia in abstainers was attributable to a higher risk of cardio-metabolic diseases such as heart attack, stroke, and type 2 diabetes (Sabia et al. 2018).
2. Alcohol consumption and the glymphatic system. The glymphatic system is a waste clearance pathway of the central nervous system, facilitating the flow of cerebrospinal fluid to the venous perivascular spaces and ultimately clearing waste products from the brain. In recent years, findings from rodent studies have suggested that a decreased glymphatic function leads to accumulation in brain tissue of amyloid-beta and tau the trigger and bullet in the development of Alzheimer's disease. Other rodent studies' results have suggested that alcohol has a J-shaped effect on the glymphatic system, whereby low doses of ethanol (0.5 g/kg) increase glymphatic function following acute exposure as well as after one month of chronic exposure. Conversely, acute exposure

to 1.5 g/kg alcohol (binge level) dramatically suppressed glymphatic function in mice, which might possibly contribute to the higher risk of dementia observed in heavy drinkers. (Lundgaard et al. 2018)

3. More frequent social contact. Findings from the Whitehall II Cohort Study suggest a protective effect of social contact against dementia, and that more frequent contact confers higher cognitive reserve. However, it is also possible that the ability to maintain more social contact may be a marker of cognitive reserve. (Sommerlad et al. 2019). A review of studies exploring the perceptions and experiences of alcohol use by adults aged 50+ years found that drinking could help sustain social and leisure activity, which may otherwise diminish due to the ageing process (Bareham et al. 2019).

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and Mendelian randomisation approaches. *BMJ Evid Based Med.* 2025; published online Sept 16. <https://doi.org/10.1136/bmjebm-2025-113913>.

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Healthy lifestyle and risk of incidence, mortality and life expectancy of mental disorders

People who adopt a healthy lifestyle experience many health benefits. However, it remains unclear whether and to what extent a healthy lifestyle influences the onset of mental disorders, as well as the effects and differences in mortality and life expectancy between people with and without mental disorders.

Overall, 277,875 participants were included in the analysis of mental disorder incidence. For the analysis of mortality and life expectancy, 277,875 participants without mental disorders and 50,250 with mental disorders at baseline were included. Researchers developed a comprehensive lifestyle score by combining seven healthy behaviours: a nutritious diet, regular physical activity, no smoking, light or moderate alcohol consumption, adequate sleep duration, active social connections, and reduced sedentary behaviour. The associations between lifestyle and the incidence of mental disorders, mortality, and life expectancy in people with and without mental disorders were examined.

The results showed that participants with a healthy lifestyle pattern had a 69% (HR, 0.31; 95% CI, 0.30-0.32) lower risk of developing mental disorders, with specific reductions of 55%, 47%, and 61% for depression (HR, 0.45; 95% CI, 0.

41-0.49), anxiety (HR, 0.53; 95% CI, 0.49-0.58), and bipolar disorder (HR, 0.39; 95% CI, 0.27-0.58), respectively. The healthy lifestyle pattern was associated with a 54% and 60% lower risk of death in participants without mental disorders (HR, 0.46; 95% CI, 0.43-0.49) and with mental disorders (HR, 0.40; 95% CI, 0.36-0.65), respectively. Additionally, individuals with a healthy lifestyle had longer life expectancy than those with a poor lifestyle (intermediate: 9.0 years, healthy: 14.4 years) at age 40 years among participants with mental disorders, which was higher than in those without mental disorders (intermediate: 8.0 years, healthy: 11.6 years). Further stratification by chronic disease status and sensitivity analyses for men and women yielded similar, robust results.

A healthy lifestyle pattern is strongly associated with a lower risk of developing mental disorders, including depression, anxiety, and bipolar disorder, as well as reduced mortality and increased life expectancy. These findings could assist health professionals and policymakers in planning future healthcare services and addressing needs.

Source: Tian, S., Wang, Q., Wu, T., et al., (2025) Healthy lifestyle and risk of incidence, mortality and life expectancy of mental disorders. *Journal of Affective Disorders*, 388:119592. doi.org/10.1016/j.jad.2025.119592.

Global burden and trends of high alcohol use-related injuries

High alcohol consumption is a major global public health concern, contributing to injuries such as self-harm, interpersonal violence, transport injuries, and unintentional injuries (UII). However, comprehensive global assessments of the injury burden related to high alcohol use remain limited.

A study published in the journal *Frontiers in Public Health* used data from the Global Burden of Disease (GBD) 2021 to estimate high alcohol consumption-related mortality and disability-adjusted life years from 1990 to 2021 across 204 countries and regions. Trends in the age-standardised disability-adjusted life years rate and age-standardised mortality rate were analysed, socio-demographic index (SDI) disparities were examined, and countries with the most significant potential to reduce the disease burden were identified.

Despite the decline in the age-standardised disability-adjusted life years rate and age-standardised mortality rate across global injuries, low-middle SDI regions continue to face increasing burdens of self-harm, interpersonal violence, and transport injuries (The age-standardised disability-adjusted life years rate increased from

57.25 to 70.55; 25.08 to 30, respectively), while unintentional injuries remain high in high-middle and high SDI countries (The rates were 57.94 and 59.12, respectively). Young adults and the elderly bear the greatest burdens. The study predicts that China, India, and several high-burden nations will see further increases in disability-adjusted life years and the age-standardised disability-adjusted life years rate by 2030, emphasising the urgent need for interventions.

The researchers state that targeted policy measures, such as raising the legal drinking age, strengthening alcohol control for young people in low and lower-middle SDI regions, and enhancing healthcare services for older adults in high-SDI regions, are vital to reduce HAU-related injuries. Evidence-based, SDI-adapted strategies can substantially lower this burden.

Source: Qiheng, Y., Zhixuan, C., Bianjin, S., et al. (2025). Global burden and trends of high alcohol use-related injuries from 1990 to 2030: a comprehensive assessment of self-harm and interpersonal violence, transport injuries, and unintentional injuries using global burden of disease 2021. *Frontiers in Public Health*, 13. frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1675607

Global burden of lip and oral cavity cancer attributable to high alcohol consumption from 1990 to 2021

Based on data from the Global Burden of Disease (GBD) 2021, a study analysed the global disease burden of lip and oral cavity cancer attributable to high alcohol consumption (LOC-HAC). The study assessed health loss using DALYs, analysed contributing factors with the Das Gupta method, and projected disease burden trends to 2045 using the Nordpred model. In 2021, the global number of DALY cases for LOC-HAC was 1,191,084 (95% UI: 906,229.2–1,474,007), representing a 90% increase from 628,484.1 (95% UI: 493,522.1–754,895.3) in 1990. The fastest growth occurred in low-middle SDI regions, reaching 279%. A similar increasing trend was observed in deaths, with Southeast Asia showing the most significant rise, where DALYs and deaths increased by 326% and 357%, respectively. The global age-standardised DALY rate (ASDR) of LOC-HAC in 2021 was 13.66 (95% UI: 10.4–16.9) per 100,000 population, with Central Europe having the highest ASDR and Southeast Asia experiencing the fastest growth. DALYs and deaths were significantly higher in males than in females and increased with age,

peaking at 55–59 years in males and 60–64 years in females. SDI levels were positively correlated with ASDR and age-standardised mortality rates (ASMR); however, when the SDI exceeded 0.75, ASDR and ASMR showed a declining trend. Over the past 32 years, the global increase in DALYs and deaths has been primarily driven by population ageing and growth. Projections indicate that from 2022 to 2045, DALYs and deaths among males will rise significantly, whereas the increase among females will be more gradual. The global burden of lip and oral cavity cancer attributable to high alcohol consumption has significantly increased over the past decades, especially in low-middle SDI regions and Southeast Asia. In the future, efforts should focus on these regions by promoting healthier lifestyles, strengthening early screening, and optimising healthcare resource allocation to reduce disease burden.

Source: Pang, S., Duan, W., Chen, W., Lu, L. (2025). Global burden of lip and oral cavity cancer attributable to high alcohol consumption from 1990 to 2021. *Frontiers of Nutrition*, 12:1648788. doi.org/10.3389/fnut.2025.1648788

Global burden of acute pancreatitis attributable to high alcohol intake

Although recent studies have examined alcohol-attributable pancreatitis (AAP), the roles of population growth, ageing, and social demographic index (SDI) disparities remain inadequately quantified. A study evaluated the global, regional, and national burden of alcohol-related acute pancreatitis from 1990 to 2021, analysing trends across socioeconomic and demographic groups to inform policy development. Data were sourced from the Global Burden of Disease (GBD) 2021 study. Researchers analysed deaths, disability-adjusted life years (DALYs), age-standardised mortality rate (ASMR), and age-standardised DALY rate (ASDR). Population attributable fractions (PAFs) were calculated.

Between 1990 and 2021, global DALYs from alcohol-attributable pancreatitis increased from 401,671.32 to 699,335.04, while age-standardised rates showed slight declines (ASDR: 8.88 to 8.22; ASMR: 0.24 to 0.22 per 100,000). Mortality cases nearly doubled (9,971.79 to 18,749.03), though overall trends in ASDR (AAPC = -0.21%) and ASMR (AAPC = -0.20%) were not significant. The analysis identified post-2005 declines in ASDR and post-2009 declines in ASMR, following earlier increases. Marked gender disparities were observed: in 2021, males had 9.33-fold higher DALY rates and 7.58-fold higher mortality than females. Female rates declined steadily (ASDR AAPC = -1.27%; ASMR AAPC = -1.36%), whereas male rates remained stable. Regionally, Eastern Europe showed the

highest burden (ASDR: 64.03; ASMR: 1.35) and the fastest growth (ASDR AAPC = 2.00%), while North Africa and the Middle East had the lowest burden (ASDR: 0.36). High-middle SDI regions peaked in ASDR (14.67), whereas high-SDI regions declined consistently (AAPC = -0.90%). PAFs were highest in high-SDI regions (25.05% for ASDR) and lowest in the low-SDI areas (10.08%). Decomposition analysis attributed DALY increases mainly to population growth (+88.85%) and ageing (+25.26%), partly offset by epidemiological improvements (-14.11%). Projections indicate persistent gender and SDI disparities, with younger males in middle- and low-SDI regions facing increasing risks.

The study authors state that although global age-standardised rates of AAP have remained stable, the total number of deaths and DALYs have increased significantly due to demographic changes, with notable gender and regional differences. The disproportionate impact on males, younger adults, and Eastern Europe highlights the importance of targeted prevention. Enhancing alcohol control in low- and middle-SDI countries and promoting early detection in high-risk groups are crucial to lessen the preventable burden of AAP.

Source: Liu, W., Yan, T., Lin, J. et al. (2025) Global burden of acute pancreatitis attributable to high alcohol intake from 1990 to 2021: findings and prevention potential based on GBD 2021. *BMC Gastroenterology*, 25, 716. doi.org/10.1186/s12876-025-04303-1

Increased risk of developing alcohol addiction linked to gene mutation

Researchers from the Yong Loo Lin School of Medicine at the National University of Singapore (NUS Medicine) report that the *CHRNA3* gene regulates alcohol sensitivity, providing experimental support for human genetic studies. They discovered that mutations in *CHRNA3* lead to reduced sensitivity to alcohol's effects and increased voluntary alcohol intake in preclinical models. This suggests that *CHRNA3* gene variations could increase the risk of alcohol use disorders in humans and may lead to more

personalised treatment strategies in the future.

The findings could pave the way for developing more effective prevention and treatment strategies for alcohol addiction by understanding the genetic predisposition.

Source: Raine, J., Kibat, C., Banerjee, T.D. et al., (2025) *chrna3* Modulates alcohol response. *The Journal of Neuroscience*, 45 (43) e0304252025; doi.org/10.1523/JNEUROSCI.0304-25.2025

Addressing common biases in the evaluation of lifetime alcohol consumption patterns and dementia risk

Alcohol consumption has been described to exhibit a J-shaped relationship with dementia risk, but previous observations may be partly biased due to “sick-quitters” and competing risks of death. A study examined the association between baseline and lifetime alcohol consumption and the risk of dementia and subtypes in a large Mediterranean cohort, accounting for lifetime drinking patterns, potential confounding, and competing risks of death.

The prospective study involved 30,211 participants aged 29–69 years at recruitment (1992–1996), from the EPIC-Spain dementia cohort. Alcohol consumption was evaluated using a validated dietary history and retrospective questionnaires covering ages 20, 30, and 40 years. Dementia cases (n = 1,114) were identified through linkage with healthcare and mortality databases, as well as individual medical record review, over a mean follow-up of 22.8 years.

Mean lifetime alcohol consumption was 41.9 and 4.4 g/d in men and women, respectively. No significant associations were observed between

baseline or lifetime alcohol consumption and the risk of overall dementia, Alzheimer's disease, or non-Alzheimer's subtypes. These null results remained consistent across different sexes, BMI groups, smoking categories, and beverage types. Sensitivity analyses excluding misreporters of energy intake or low-quality diagnoses produced similar findings.

This large prospective cohort study with over 1,100 dementia cases and long-term follow-up found no significant link between alcohol consumption and dementia risk. These results challenge the idea that moderate drinking offers protection and highlight the need for further research using methodologically rigorous methods to explore how alcohol dose, timing, and pattern influence dementia risk.

Source: Huerta José M., Colorado-Yohar Sandra M., Andreu-Reinón M. Encarnación et al. (2025). Addressing common biases in the evaluation of lifetime alcohol consumption patterns and dementia risk: the EPIC-Spain dementia cohort. *Frontiers in Nutrition*, 12. frontiersin.org/journals/nutrition/articles/10.3389/fnut.2025.1671047

Impact of alcohol consumption on selected cancer incidence trends among adults in the United States, 2008 to 2019

Alcohol consumption is a risk factor for certain cancers and is on the rise in the United States. A study estimated the impact of alcohol consumption on cancer incidence trends in the United States from 2008 to 2019 across six alcohol-related cancers among men and women.

Average daily alcohol consumption (ADC) was calculated from the National Health Interview Survey (1998–2009) and adjusted to per capita sales data to account for underreporting of alcohol use. Population-attributable fractions (PAF) were determined by combining RRs from large meta-analyses with annual ADC estimates for six cancers: female breast cancer, colorectal cancer, oesophageal squamous cell carcinoma, laryngeal cancer, liver cancer, and oral and pharyngeal cancer, assuming a 10-year latency period. PAF estimates were integrated with cancer registry data to determine incidence rates attributable (and not attributable) to ADCs.

The highest PAFs were observed for oesophageal squamous cell carcinoma, ranging from 13.9% to

16.7% in women and 26.6% to 28.7% in men. The largest increase in overall alcohol-attributable cancer rates was for breast cancer among women, rising from 6.6 to 8.1 cases per 100,000. High ADC contributed to most cancer cases; however, even low ADC levels increased cancer risk. An estimated 18,463 of 297,790 new US breast cancer cases will be attributable to alcohol, with 4,958 due to low consumption.

The researchers conclude that PAFs for alcohol-related cancers have risen among both women and men. Implementing strategies to reduce alcohol consumption at the population level could help decrease the incidence of alcohol-associated cancers.

Source: Greene, N.K., Reyes-Guzman, C.M., Baker, L. et al. (2025). Impact of alcohol consumption on selected cancer incidence trends among adults in the United States, 2008 to 2019. *Cancer Epidemiology Biomarkers and Prevention*, 34 (11): 2095–2103. doi.org/10.1158/1055-9965.EPI-25-0243

Healthy lifestyle partly mediates the association between self-rated health and risk of overall and cause-specific mortality

Self-rated health status is a subjective but important indicator of an individual's perception of overall health. However, it remains unclear whether lifestyle may mediate or modify the association of self-rated health status with overall and cause-specific mortality.

A prospective cohort analysis included 401,410 US adults from the National Institutes of Health-AARP Diet and Health Study. Self-rated health was categorised as "very good to excellent," "good," or "poor to fair." A healthy lifestyle was defined by a normal body mass index, never smoking, moderate alcohol consumption, adequate physical activity, and a higher diet quality score. Hazard ratios (HRs) and 95% confidence intervals (CIs) for overall and cause-specific mortality were estimated using multivariable-adjusted Cox models.

Over a median follow-up of 23.6 years, there were 181,776 deaths. Compared to individuals reporting "very good to excellent" health, those reporting "poor to fair" health faced a higher risk of overall mortality (HR = 1.90, 95% CI: 1.87-1.93), as well as deaths from cardiovascular disease (CVD), heart disease, stroke, cancer, respiratory disease, diabetes, infection, and injuries and accidents (risk increase ranged from 24% to 361%). Mediation

analysis indicated that 5.1% to 33.6% of the observed associations were mediated by lifestyle factors. Self-rated health was more strongly linked to overall mortality than traditional risk factors, except for smoking. In comparison with individuals reporting "very good to excellent" health who maintained a healthier lifestyle, those reporting "poor to fair" health with a less healthy lifestyle showed a significantly higher risk of overall mortality and death from CVD, heart disease, cancer, and respiratory disease.

Poor self-rated health was significantly linked to a higher risk of overall and cause-specific mortality, with these links partly mediated by lifestyle. An additive positive interaction between self-rated health and lifestyle was observed for overall mortality and for deaths from CVD, heart disease, cancer, and respiratory disease. These findings highlight the clinical importance of self-rated health and imply that lifestyle changes may enhance health and lifespan, especially for those with low or moderate self-rated health.

Source: Miao, Y., Zhao, B., Yang, Y., et al. (2025). Healthy lifestyle partly mediates the association between self-rated health and risk of overall and cause-specific mortality. *BMC Medicine*, 23(1):574. doi.org/10.1186/s12916-025-04399-y

Twelve-year nationwide cohort study identifying risk factors for conversion from mild cognitive impairment to Alzheimer's disease

Mild cognitive impairment (MCI) is a pre-dementia stage that precedes dementia of the Alzheimer's type (DAT). Although many studies have explored factors affecting the progression from MCI to DAT, their results remain inconsistent. A study examined the incidence of conversion from MCI to DAT and the risk factors that contribute to DAT conversion in Korean patients with MCI.

A 12-year nationwide retrospective study was carried out. Researchers enrolled patients aged 40 years or older with MCI between 2009 and 2015 and followed them until 2020. The incidence of DAT conversion, based on age at MCI diagnosis and its risk factors, was analysed.

The conversion rate of DAT in patients with MCI increased between the ages of 70 and 90 years, then levelled off near age 100 years. Being underweight (hazard ratio [HR] 1.279, 95% confidence interval [CI] 1.223–1.338) was linked to a higher risk of DAT conversion. Cardiometabolic diseases (diabetes, HR 1.373, 95% CI 1.342–1.406; coronary heart disease, HR 1.047, 95% CI

1.015–1.079; and haemorrhagic stroke, HR 1.342, 95% CI 1.296–1.390) increased the risk of DAT conversion, while hypertension, ischaemic stroke, and dyslipidaemia did not. Depression (HR 1.736, 95% CI 1.700–1.773) and physical inactivity (HR 1.193, 95% CI 1.161–1.227) were associated with increased risk. Mild (hr 0.860, 95% CI 0.830- 0.891) to moderate (hr 0.880, 95% CI 0.837- 0.926) alcohol consumption, higher income (hr 0.947, 95% CI 0.925- 0.970), and urban residence (hr 0.889, 95% CI 0.872- 0.907) were linked to a reduced risk of DAT conversion.

Several modifiable risk factors were strongly linked to a higher likelihood of DAT conversion. Our findings may assist in developing preventative strategies to reduce the risk of DAT conversion in patients with MCI.

Source: Baik, K., Kang, M., Park, Y.J., et al. (2025). Twelve-year nationwide cohort study identifying risk factors for conversion from mild cognitive impairment to Alzheimer's disease. *Science Reports*, 15(1):35418. doi.org/10.1038/s41598-025-16620-2

Blood pressure after changes in light-to-moderate alcohol consumption in women and men

Alcohol consumption is a known factor that can raise blood pressure (BP) but the link between changes in light-to-moderate alcohol consumption (≤ 1 drink for women and ≤ 2 drinks for men daily), quitting, and BP remains uncertain.

Published in the *Journal of the American College of Cardiology*, a study examined the associations between alcohol cessation or initiation and subsequent blood pressure changes, emphasising sex-specific estimates, light-to-moderate consumption, and the type of alcoholic beverage.

Researchers analysed data from adults undergoing annual health check-ups at a Japanese preventive medicine centre from October 2012 to March 2024. Systolic blood pressure (SBP) and diastolic blood pressure (DBP) changes between consecutive visits were evaluated. Alcohol intake was self-reported as standard drinks (1 drink = 10 g ethanol). Associations between alcohol cessation or initiation and BP changes were assessed, adjusted for demographics, clinical history, and lifestyle behaviours.

Among 359,717 visits from 58,943 participants, the cessation cohort showed that quitting alcohol was linked to dose-dependent reductions in blood pressure. Among women, stopping 0.5 to 1.0 drinks per day did not significantly affect systolic blood pressure (SBP) (-0.44 mm Hg; 95% CI: -0.93 to 0.06 mm Hg) and was associated with a -0.41 mm Hg change (95% CI: -0.77 to -0.05 mm Hg) in diastolic blood pressure. Stopping 1.0 to

2.0 drinks per day was linked to decreases of -0.78 mm Hg (95% CI: -1.53 to -0.04 mm Hg) in SBP and -1.14 mm Hg (95% CI: -1.68 to -0.61 mm Hg) in DBP. Among men, cessation of 0.5 to 1.0 drinks daily did not result in significant changes in SBP (-0.27 mm Hg; 95% CI: -0.81 to 0.27 mm Hg) or DBP (-0.39 mm Hg; 95% CI: -0.77 to 0.01 mm Hg). However, stopping 1.0 to 2.0 drinks per day was linked to reductions of -1.03 mm Hg (95% CI: -1.70 to -0.35 mm Hg) in SBP and -1.62 mm Hg (95% CI: -2.11 to -1.12 mm Hg) in DBP. The initiation cohort (showed dose-dependent increases in blood pressure following alcohol initiation, with the overall effect being consistent across sexes. Beverage-specific analyses indicated similar blood pressure effects regardless of alcohol type in both cohorts.

Even at low levels, drinking was linked to higher BP, and quitting was linked to lower BP in both sexes. These findings suggest that stopping alcohol is a widely applicable strategy for BP management, even among light-to-moderate drinkers. In this large dataset, BP changes in women associated with consumption as low as 0.5 to 1 drinks per day are observable.

Source: Suzuki, T., Fukui, S., Yoneoka, D., et al. (2025). Blood pressure after changes in light-to-moderate alcohol consumption in women and men: Longitudinal Japanese Annual Checkup Analysis. *Journal of the American College of Cardiology*, S0735-1097(25)07781-2. doi.org/10.1016/j.jacc.2025.09.018

What if the Emperor has no clothes?

Christopher Snowdon's 2025 article, "Alcohol and Mendelian randomisation: What if the Emperor has no clothes?", criticises the increasing use of Mendelian randomisation (MR) studies in alcohol research, arguing that they are being misapplied to questions they cannot reliably answer. MR studies use genetic variants to infer causal relationships between traits and outcomes, but Snowdon contends that there is no gene for "moderate drinking," making it an unsuitable method for evaluating alcohol's health effects. Instead, researchers have relied on genes (such as ALDH2) that cause unpleasant reactions to alcohol, which are poor proxies for moderate consumption and are rare outside East Asia. He argues that applying findings from such populations to the general public produces misleading conclusions—such as claims that even light drinking increases health risks.

Snowdon further critiques a recent MR study linking alcohol consumption to lower income and higher unemployment, noting that its results conflict with both conventional epidemiology and common sense—for instance, suggesting male alcoholics are more likely to be employed than moderate drinkers. He argues that MR's assumption of genetic determinism ignores human choice and social context, introducing greater misclassification and confusion than traditional studies. While MR can be valuable for exploring genetic predispositions to drinking in general, Snowdon concludes that its overuse to "prove" alcohol's harms reflects ideological bias rather than scientific rigour, and that its findings often fail to withstand logical or empirical scrutiny.

snowdon.substack.com/p/alcohol-and-mendelian-randomisation

Medical research by publication date

Healthy lifestyle and risk of incidence, mortality and life expectancy of mental disorders

Available online: 5 June 2025

Alcohol use and risk of dementia in diverse populations: evidence from cohort, case-control and Mendelian randomisation approaches

Published 23 Sep 2025

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

Published 27 Sep 2025

Global burden of lip and oral cavity cancer attributable to high alcohol consumption from 1990 to 2021

Published: 29 September 2025

Global burden of acute pancreatitis attributable to high alcohol intake from 1990 to 2021: findings and prevention potential based on GBD 2021

Published: 09 October 2025

Light to moderate alcohol consumption and cancer incidence: the Norwegian Women and Health cohort study

Published :10 October 2025

Twelve-year nationwide cohort study identifying risk factors for conversion from mild cognitive impairment to Alzheimer's disease

Published: 10 October 2025

Addressing common biases in the evaluation of lifetime alcohol consumption patterns and dementia risk: the EPIC-Spain dementia cohort

Published: 14 October 2025

Healthy lifestyle partly mediates the association between self-rated health and risk of overall and cause-specific mortality

Published: 21 October 2025

Blood pressure after changes in light-to-moderate alcohol consumption in women and men: longitudinal Japanese annual checkup analysis

Published: 22 October 2025

chrna3 Modulates alcohol response

Published: 22 October 2025

Impact of alcohol consumption on selected cancer incidence trends among adults in the United States, 2008 to 2019

Published: 1 November 2025

Trends in alcohol consumption in middle-aged and older adults

Researchers analysed long-term trends in sex- and age-specific alcohol consumption among middle-aged and older individuals who participated in the population-based Trøndelag Health Study (HUNT) in Norway since the 1990s.

The study involved 23,151 people aged 43 or older at the time of the HUNT2 Survey (1995–1997), who also took part in either the HUNT3 Survey (2006–2008) or the HUNT4 Survey (2017–2019). Researchers used self-reported data to explore trends and identify sex- and age-specific differences in abstinence from alcohol, current drinking, risky drinking (≥ 8 units of alcohol per week), and heavy episodic drinking (≥ 5 or ≥ 6 units in one sitting at least monthly). Concentrations of the objective alcohol marker phosphatidylethanol (PEth) were measured in subsamples from HUNT3 to HUNT4. The proportion of individuals with self-reported abstinence and PEth levels below $0.03 \mu\text{mol/l}$ increased from HUNT2 and/or HUNT3 to HUNT4. Conversely, heavy episodic drinking and PEth concentrations of $0.03 \mu\text{mol/l}$ or higher decreased from HUNT3 to HUNT4 in both sexes across most age groups, with more significant

reductions observed in men than women. An increase in risky drinking from HUNT2 to HUNT4 was seen among women and men aged 43–64 years in HUNT2. Men were more likely to consume alcohol than women, as indicated by both self-report and PEth measurements across most age groups. Among those aged 65 and older in HUNT2, a convergence between sexes regarding abstinence and heavy episodic drinking was noted, predominantly due to changes observed in men. Drinking patterns among middle-aged and older Norwegians have shifted since the 1990s, showing a trend towards increased abstinence and reduced heavy episodic drinking and PEth levels of $0.03 \mu\text{mol/l}$ or higher in both women and men with increasing age. There is also a tendency for more risky drinking with age in both sexes.

Source: Tevik, K., Skrastad, R.B., Benth, J.S., et al. (2025) Trends in alcohol consumption in middle-aged and older adults, assessed with self-report and the alcohol marker phosphatidylethanol - a longitudinal HUNT study. *PLoS One*, 20(10). Art No e0334556, 24pp [R209496] doi.org/10.1371/journal.pone.0334556

Support for alcohol control policies among US alcohol consumers

Policymakers are more inclined to adopt alcohol control measures that have strong public backing; however, little is known about which specific policies currently receive the greatest support in the United States. A study examined the level of support for various alcohol control policies among US adults who consume alcohol and explored whether such support varies based on behavioural and demographic factors. A cross-sectional online survey was conducted between September and October 2024, using a nationally representative sample of 1,036 US adults aged 21 years and older. Participants were eligible if they reported consuming at least one alcoholic beverage per week during the four weeks prior to the survey. Support for alcohol control policies (e.g., requiring cancer warnings on alcohol containers or increasing alcohol taxes) was measured on a 1 (strongly oppose) to 5 (strongly support) response scale. Associations of behavioural and demographic characteristics with policy support were analysed.

Approximately half of participants favoured policies requiring alcohol containers to display cancer warnings (49%; 95% CI, 45% to 53%), drinks per container information (51%; 95% CI, 47% to 55%), and calorie content information (56%; 95% CI, 52% to 60%). Similarly, 52% (95% CI, 48% to 56%) supported banning alcohol advertisements on television when children are likely to be

watching. Few participants (8% [95% CI, 6% to 11%] to 19% [95% CI, 16% to 23%]) opposed these policies. In contrast, fewer participants supported than opposed policies to lower the blood alcohol content limit for driving, prohibit alcohol sales late at night, and increase taxes on alcohol (support range: 16% [95% CI, 13% to 19%] to 25% [95% CI, 22% to 29%]); support was lowest for policies to reduce the number of outlets licensed to sell alcohol (10% [95% CI, 8% to 13%]). Across policies, support was higher among adults reporting less frequent drinking, not engaging in binge drinking, reading the current alcohol health warning in the past 30 days, and among women, Hispanics, Latinos, or Spanish speakers; Democrats or political independents.

This survey of US adults who drink alcohol shows that many support advertising and labelling policies to control alcohol, with few opposing them. These findings suggest that policymakers might consider using advertising and labelling policies as a way to gain support for stronger measures, such as raising taxes or limiting the hours and locations where alcohol is sold.

Source: Grummon, A.H., Chelius, C., Lee, C.J.Y., et al. (2025) Support for alcohol control policies among US alcohol consumers. *JAMA Network Open*, 8(10):e2535337. doi:10.1001/jamanetworkopen.2025.35337

Harms to women and children from men's alcohol use: An evidence review and directions for policy

An evidence review highlights the often-overlooked harms that men's alcohol use causes to women and children globally, calling for bold, gender-responsive policy actions and rapid change to promote health, safety, and equality for families and communities. Across the world, men consume more alcohol and face more alcohol-related harm from their own drinking than women. Men's alcohol use also causes more harm to others, including women and children. However, relatively few studies have focused on the extent and impacts of men's harmful alcohol use on other people, and few policies or studies specifically address harms experienced by women and children because of men's alcohol use. Using

three recent reviews of the literature on harm to women, harm to children, and policy options for reducing harmful drinking by men, researchers synthesised the evidence to guide future alcohol, health, and social policy development; service and response system enhancement; and research directions. Findings indicate potential system changes to further advance health and well-being for women and children worldwide.

Source: Laslett, A.-M., Ramsoomar, L., Karriker-Jaffe, K., et al. (2025). Harms to women and children from men's alcohol use: An evidence review and directions for policy. RTI Press. RTI Press Occasional Paper No. OP-0098-2509 doi.org/10.3768/rtipress.2025.op.0098.2509

OK Boomer: A longitudinal analysis unravelling generational cohort differences in alcohol consumption among Australians

Recent evidence suggests that younger generations may be consuming less alcohol. However, it is still uncertain whether this trend is temporary or indicative of an enduring generational shift. A study examined whether there are generational differences in alcohol consumption in Australia, while accounting for age and other sociodemographic factors.

The analysis used data from the Household Income and Labour Dynamics in Australia (HILDA) Survey and included 23,368 participants across 23 waves of data. Participants were classified into different generational cohorts: Silent Generation (1928–1945), Baby Boomers (1946–1964), Generation X (1965–1980), Millennials (1981–1996) and Generation Z (1997–2012). The study included three outcome measures: 1) abstinence; 2) typical alcohol consumption per drinking occasion; and 3) typical weekly alcohol consumption.

Although the likelihood of abstaining from alcohol consumption increased with age, Generation Z [odds ratio (OR)=17.74, 95% confidence interval (CI)=13.22–23.80], Millennials (OR=9.67, 95% CI=7.98–11.71) and Generation X (OR=3.29, 95% CI=2.75–3.92) exhibited increased odds of abstinence when compared with Baby Boomers, while the Silent Generation demonstrated decreased odds (OR=0.33, 95% CI=0.27–0.41).

Among drinkers, the quantity of per-occasion alcohol consumption reached its peak in early adulthood. Millennials ($\beta=0.52$, 95% CI = 0.44–0.60) and Generation X ($\beta=0.40$, 95% CI = 0.32–0.47) self-reported a significantly higher quantity of per-occasion alcohol consumption compared with Baby Boomers, while Generation Z did not significantly differ ($\beta=0.10$, 95% CI = –0.02 to 0.23) and the Silent Generation consumed significantly less ($\beta=-0.21$, 95% CI = –0.30 to –0.11). Weekly quantity of alcohol consumption among drinkers peaked in early adulthood and midlife, with the Silent Generation [$\exp(\beta)=1.16$, 95% CI = 1.09–1.23] exhibiting the highest levels of consumption, while Generation Z [$\exp(\beta)=0.57$, 95% CI = 0.53–0.62] and Millennials [$\exp(\beta)=0.77$, 95% CI = [0.73–0.81] demonstrated the lowest (compared to Baby Boomers).

In Australia, there appear to be generational differences in alcohol consumption, including an increase in abstinence and an overall reduction in alcohol consumption among Generation Z compared with previous generations.

Source: Di Censo G, Thompson K, Mittinty M, Bowden J. OK Boomer: A longitudinal analysis unravelling generational cohort differences in alcohol consumption among Australians. *Addiction*. 2025. doi.org/10.1111/add.70201

Understanding changing attitudes of non- and light-drinking young people as they age

There have been notable declines in alcohol use among adolescents in high-income countries since the mid-2000s. Research indicates that key factors driving this include: (1) negative attitudes towards alcohol, (2) concerns about health, and (3) a greater emphasis on risk aversion. An article explored whether and how these factors evolve as light-drinking adolescents transition into early adulthood.

Qualitative interviews were conducted with 44 young people in Australia in 2018 (aged 16–19), with follow-up interviews in 2020 and 2022. Using pattern-oriented longitudinal analysis, researchers examined how young people's attitudes towards alcohol changed over time.

Most participants' attitudes became more positive, with many expressing less concern about alcohol's impact on health, and most showing decreased

risk aversion. Over time, participants' reflections on alcohol shifted from actively choosing sobriety to incorporating notions of pleasure, sociability, valuing moderation for mental health, or displaying disinterest in alcohol.

The concerns about alcohol that many young, non- and light-drinking adolescents had during adolescence lessened as they aged. While key age-related and situational factors influenced changes in drinking behaviour over time, improvements in wellbeing appeared to occur as participants became less worried about alcohol in young adulthood.

Source: Pennay, A., Caluzzi, G., Cook, M., & Livingston, M. (2025). Risk versus pleasure: understanding changing attitudes of non- and light-drinking young people as they age. *Drugs: Education, Prevention and Policy*, 1–12. doi.org/10.1080/09687637.2025.2578238

Knowledge gaps regarding alcohol consumption during pregnancy and its effect on the fetus: A systematic review focused on women

Alcohol consumption during pregnancy can lead to adverse outcomes for the child, including Foetal Alcohol Spectrum Disorders (FASD). Psychosocial and contextual factors may influence a woman's alcohol intake during pregnancy and her perception of the associated risks. A systematic review evaluated pregnant women's and women of childbearing age's perceived risk of drinking alcohol during pregnancy and assessed their knowledge of its potential effects on children. A thorough search was carried out in the Web of Science, PubMed, and PsycArticles databases for studies published up to May 2025. Eligible studies focused on gestational alcohol consumption, risk perception, or knowledge of foetal outcomes among pregnant women or women of reproductive age. A total of twenty-nine studies were included. The reported prevalence of alcohol use during pregnancy varied significantly across different settings. A notable proportion of women considered alcohol use during pregnancy acceptable, often depending

on the amount, frequency, type of beverage, or stage of pregnancy. Knowledge about FASDs was generally limited and mostly focused on physical malformations. Misconceptions were more prevalent among women with prior alcohol use. The findings highlight ongoing gaps in risk perception and understanding of FASDs. The researchers conclude that prevention measures should extend beyond pregnant women to also include women of reproductive age, especially those with active drinking habits, as well as their immediate sociocultural environment. Enhancing professional training, community interventions, and consistent public health messaging are vital to reducing alcohol exposure during pregnancy.

Source: Botella Lopez, M., Cortes Tomas, M.T. (2025) Knowledge gaps regarding alcohol consumption during pregnancy and its effect on the fetus: a systematic review focused on women, *Journal of Clinical Medicine*, 14(19), Art No 7047, 25pp doi.org/10.3390/jcm14197047

The use of alcohol-free and low alcohol drinks in attempts to restrict alcohol consumption: findings from a cross-sectional survey

The sale and consumption of alcohol-free and low-alcohol drinks (no/lo drinks) have increased substantially in many high-income countries, including Great Britain (GB). Some people report that using no/lo drinks helped them to restrict (i.e., reduce or stop) their drinking.

A study investigated the sociodemographic characteristics of people who use no/lo drinks to restrict drinking and whether consuming no/lo drinks in an attempt to restrict drinking was associated with whether an attempt was successful.

Researchers analysed four waves of data (2023–2024) from a nationally representative cross-sectional survey (Alcohol Toolkit Study) with 1022 GB adults (16+) who attempted to restrict drinking in the last year. Among those, 33 % used no/lo drinks to support the attempt and 77 % reported a reduction in alcohol consumption since the restriction attempt. Using no/lo drinks to restrict drinking was more common among those who

consumed no/lo drinks at least monthly (OR_{adj} = 6.34, 95 % CI = 4.63-8.75), and among those who attempted to restrict drinking out of concerns about future health problems (OR_{adj} = 1.77, 95 % CI = 1.27-2.49). There was inconclusive evidence on whether using no/lo drinks to restrict drinking was associated with self-reported success in the restriction attempt (OR = 1.47, 97.5 % CI = 1.00–2.19, BF = 5.43; OR_{adj} = 1.26, 97.5 % CI = 0.81-2.00, BF = 1.48). Given the inconclusive association between the use of no/lo and the success of restriction attempts, further research is needed to determine whether no/lo use supports reductions in alcohol consumption and to understand the underlying causal mechanisms.

Source: Kersbergen, I., Oldham, M., Brown, J. et al. (2025). The use of alcohol-free and low alcohol drinks in attempts to restrict alcohol consumption: findings from a cross-sectional survey. *International Journal of Drug Policy*, 145, Art No 105030, 8pp [R209016] doi.org/10.1016/j.drugpo.2025.105030

Persistent binge drinking predicts continuing alcohol problems in moderate drinkers

The authors of a study published in the journal *Substance Use & Misuse* state that binge drinking (\geq five drinks on the same occasion) is a public health concern. However, binge drinkers can be individuals who, on average, drink moderately (\leq 7 drinks/week for women and \leq 14 drinks/week for men). The study examined (a) persistence in binge drinking over 9 years and (b) the link between persistent binge drinking and ongoing alcohol problems at 9 years among moderate drinkers.

Participants included 1,102 U.S. adults, with data from two waves of the Midlife Development in the United States (MIDUS) study, spanning 9 years (2004 to 2015). The researchers assessed the predictive relationship between binge drinking at baseline and multiple (\geq 2) alcohol problems 9 years later, mediated by persistent binge drinking at 9 years. Baseline binge drinking predicted multiple alcohol problems 9 years later, mediated by continued binge drinking at

9 years. Being a binge drinker initially increased the odds of binge drinking 9 years later by more than six times. In addition, binge drinking at 9 years was associated with more than five times the odds of experiencing concurrent multiple alcohol problems. These findings highlight the importance of binge drinking in a large group of adults who often remain overlooked in public health considerations.

The researchers found that binge drinking among moderate drinkers is persistent over time and that this persistence is linked to ongoing multiple alcohol problems. They conclude that adults who drink moderately should be included in primary and secondary prevention efforts aimed at reducing binge drinking.

Source: Holahan, C. J., Holahan, C. K., Powers, D. A. (2025). Persistent binge drinking predicts continuing alcohol problems in moderate drinkers. *Substance Use & Misuse*, 1–7. doi.org/10.1080/10826084.2025.2570882

Effects of brand-matched alcoholic and alcohol-free and low-alcohol drinks adverts on drink selections

Restricting alcohol advertising may lower alcohol consumption and related health issues. However, adverts for alcohol-free and low-alcohol drinks (NoLo) with brand-matched alcoholic versions are often exempt from restrictions, which could lead to surrogate marketing- ads for NoLo beverages also promoting brand-matched alcohol options. A study assessed the effect of advertisements for brand-matched NoLo drinks on product choices in a simulated online supermarket in the UK.

A randomised controlled trial involved 1,638 UK regular alcohol consumers (aged 18-91), assigned to three groups: (1) alcohol adverts ($n = 469$), where participants viewed an ad (embedded in a video) for one of four alcoholic beverages; (2) NoLo adverts ($n = 472$), for one of four brand-matched NoLo drinks; and (3) unrelated adverts ($n = 697$), for batteries. Participants then selected food and drinks for a barbecue within a simulated online supermarket.

Viewing NoLo, but not alcohol, adverts significantly increased the likelihood of choosing the advertised products compared to unrelated ads [alcohol group: odds ratio (OR) = 1.62, 95%

confidence interval (CI) = 1.03-2.53; NoLo group: OR = 2.18, 95% CI = 1.24-3.91]. Although the chances of selecting the alcoholic version of the advertised product were higher in those exposed to NoLo ads versus controls (OR = 1.48, 95% CI = 0.94-2.33), this did not reach statistical significance. 59% of all participants remembered the advertised brand. Of those who recalled the brand, 96% in the alcohol group also correctly remembered the advertised product, while 44% in the NoLo group reported seeing an ad for the alcoholic version.

Exposure to ads for brand-matched alcohol-free and low-alcohol drinks increases brand (over product) recall, but while the outcomes are consistent with these ads encouraging alcohol choice, evidence on their actual impact remains inconclusive.

Source: Jia, R., Bandy, L., Davies, E., et al. (2025) Effects of brand-matched alcoholic and alcohol-free and low-alcohol drinks adverts on drink selections: A United Kingdom-based randomised controlled trial in an experimental online supermarket. *Addiction*, doi.org/10.1111/add.70210.

Does alcohol use and related harm differ based on the age of initiation to alcohol?

There is evidence to suggest that earlier alcohol initiation increases the rate and severity of alcohol consumption, but this often overlooks the fact that earlier initiation also means a longer drinking history. A paper estimated differences in patterns of alcohol use and harm across adolescence and early adulthood, considering that these patterns may change depending on the age at which initiation occurs.

The prospective cohort study used data from the Australian Parental Supply of Alcohol Longitudinal Study (APSALS), involving a cohort of 1,906 adolescents recruited in their early teens (mean age 12.9) from 107 Australian schools and followed into adulthood (11 annual waves from 2010 to 2021). The researchers defined age of initiation as the age at which alcohol consumption was first reported.

Those who initiated at age 12 had a lower risk of alcohol consumption [risk ratio (RR) 0.01; 95% confidence interval (CI) = 0.01–0.02] in the year after initiation (age 13), compared with those who began drinking at age 18. Similarly, initiators at age 15 showed a lower risk of alcohol use disorder one year after starting (RR 0.66; 95% CI = 0.52–0.83), relative to those who started at age 18. However, by age 20, individuals who initiated

at age 12 exhibited higher levels of consumption (RR 1.57; 95% CI = 1.18–2.09), monthly heavy episodic drinking (RR 1.24; 95% CI = 1.02–1.51), and alcohol-related harms [incidence-rate ratio (IRR) 1.73; 95% CI = 1.21–2.46] than those who began at age 18. Similar patterns were observed for symptoms consistent with DSM-IV alcohol dependence (RR 1.20; 95% CI = 1.05–1.38), DSM-IV alcohol abuse (RR 1.54; 95% CI = 1.04–2.29), and DSM-5 alcohol use disorder (RR 1.36; 95% CI = 1.12–1.65). Nonetheless, there was evidence of ageing out, with risks of heavy episodic drinking and alcohol-related harm peaking around age 20 and then diminishing, regardless of when initiation occurred. Later alcohol initiation appears to be linked with a more rapid escalation in drinking and related harms, but lower peak harm compared to earlier initiation.

These findings support current guidelines advising adolescents to abstain from alcohol until adulthood and highlight the importance of public health interventions targeting both children and parents.

Source: Clare, P.J., Yuen, W.S., Henderson, A., et al. (2025) Does alcohol use and related harm differ based on the age of initiation to alcohol? Results from a prospective cohort study. *Addiction*, doi.org/10.1111/add.70183.

Do parental practices in childhood moderate the association between parental drinking and adolescent drinking trajectories?

A study examined parenting practices and attitudes—such as parental warmth, harsh parenting, consistency of discipline, and parent self-efficacy in childhood—as moderators of the links between parental drinking in childhood and alcohol use from ages 12 to 19 years. The study also examined whether these moderation effects varied between boys and girls.

Data were collected from the first eight waves of the Longitudinal Study of Australian Children (LSAC). 4983 LSAC participants were aged 4 or 5 years in the first wave and 18 or 19 years in the eighth wave. Parents reported their parenting practices and alcohol use from waves one to five, while adolescents reported their alcohol use from waves five to eight.

Results indicated that high levels of both consistency of discipline and parent self-efficacy during a child's life course act as protective factors against adolescent alcohol use. Conversely,

harsher parenting in childhood was a significant risk factor for drinking initiation and ongoing use from ages 12 to 19 years, particularly when combined with higher parental drinking levels during childhood.

The authors highlight that these findings have both theoretical and practical implications. They suggest that specific parenting practices and attitudes, which influence developmental mechanisms, can be targeted in preventive and treatment programmes aimed at reducing adolescent drinking. This includes providing parenting support for those who report high levels of alcohol use themselves while caring for children under 12 years.

Source: Pariz, J., Connor, J. (2025) Do Parental Practices in Childhood Moderate the Association Between Parental Drinking and Adolescent Drinking Trajectories? A 15-Year Nationally Representative Longitudinal Study. *Journal of Adolescence*, doi.org/10.1002/jad.70068

Personal perceptions of risky drinking and alcohol guidelines – a qualitative analysis

Risky drinking is prevalent in European countries despite health authorities issuing guidelines aimed at helping individuals make informed choices about alcohol consumption. A study examined personal perceptions of risky drinking, how relevant people find the guidelines, and how perceptions are formed.

Three hundred and eight participants from Sweden and the UK completed an online survey with open-ended questions about perceptions of risky drinking and the personal relevance of drinking guidelines. Data were analysed using Thematic analysis within a Framework approach, comparing responses from Sweden and the UK.

Perceptions of risky drinking were mainly based on experiential (based on personal experience and observation) and affective judgments (based on feelings and emotions, such as expecting pleasure or displeasure). These perceptions were connected to concerns about developing alcohol problems, losing control, using drinking as a

coping mechanism, and causing harm to oneself or others. Guidelines were interpreted through experiential judgements, which triggered emotional responses, often leading to negative attitudes such as scepticism and denial. Those recognising the risks expressed ambivalence, indicating a struggle to change.

Perceptions extend beyond simply consuming alcohol physically and include various contextual factors, emotional states, effects on the individual, and impacts on social roles and relationships. Risk guidance may not always be understood as intended; many who exceed the recommendations do not see their behaviour as risky. The researchers conclude that understanding perceptions of risk can support behaviour change.

Source: Crawford, J., Cooke, R., Shorter, G.W. et al. (2025) Personal perceptions of risky drinking and alcohol guidelines – a qualitative analysis. *BMC Public Health*, 25, 3049. doi.org/10.1186/s12889-025-24296-6

Social and Policy research by publication date

Personal perceptions of risky drinking and alcohol guidelines – a qualitative analysis

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Harms to women and children from men's alcohol use: An evidence review and directions for policy

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OK Boomer: A longitudinal analysis unravelling generational cohort differences in alcohol consumption among Australians

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Knowledge gaps regarding alcohol consumption during pregnancy and its effect on the fetus: A systematic review focused on women

Published: 3 October 2025

Support for alcohol control policies among US alcohol consumers.

Published: 5 October 2025

The use of alcohol-free and low alcohol drinks in attempts to restrict alcohol consumption: findings from a cross-sectional survey

Published online: 11 October 2025

Risk versus pleasure: understanding changing attitudes of non- and light-drinking young people as they age

Published online: 11 October 2025

Does alcohol use and related harm differ based on the age of initiation to alcohol? Results from a prospective cohort study.

Published: 13 October 2025

Global burden and trends of high alcohol use-related injuries from 1990 to 2030: a comprehensive assessment of self-harm and interpersonal violence, transport injuries, and unintentional injuries using global burden of disease 2021

Published: 16 October 2025

Persistent binge drinking predicts continuing alcohol problems in moderate drinkers

Published online: 17 Oct 2025

Effects of brand-matched alcoholic and alcohol-free and low-alcohol drinks adverts on drink selections: A United Kingdom-based randomised controlled trial in an experimental online supermarket.

Published: 20 October 2025

Do Parental Practices in Childhood Moderate the Association Between Parental Drinking and Adolescent Drinking Trajectories? A 15-Year Nationally Representative Longitudinal Study. *Journal of Adolescence*

Published: 21 October 2025

The Scottish Health Survey 2024

The Scottish Health Survey provides a detailed picture of the health of the Scottish population in private households and is designed to make a major contribution to the monitoring of health in Scotland. The most recent report was published on 21 October 2025.

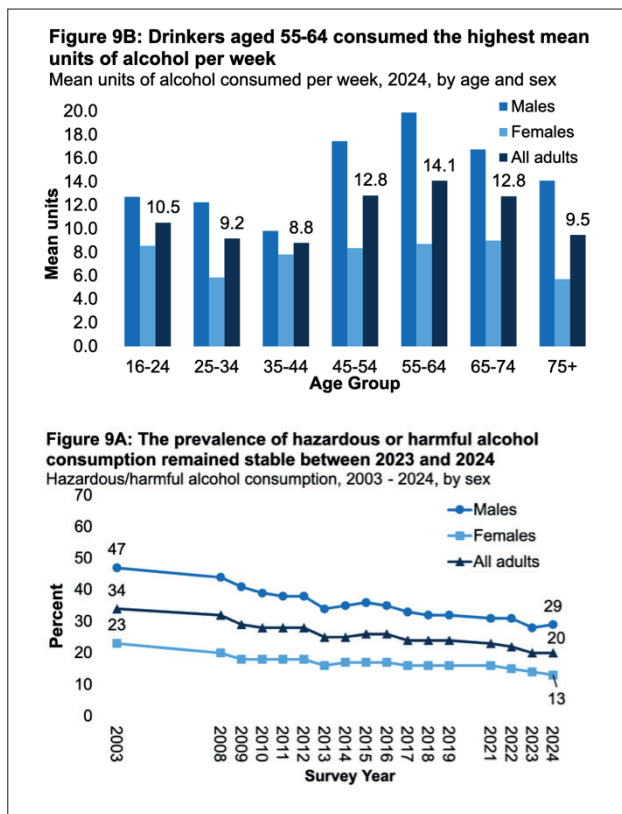
In 2024, the prevalence of hazardous or harmful alcohol consumption among adults in Scotland remained at 20%, consistent with 2023 and marking a decline from 34% in 2003—the lowest

level recorded. Men continued to drink at more hazardous levels than women (29% vs 13%), although both sexes showed long-term declines. The average weekly alcohol consumption among those who drank in the past year was 11.3 units, unchanged from 2021, with men consuming nearly twice as much as women. Meanwhile, the proportion of non-drinkers rose from 11% in 2003 to 20% in 2024.

Alcohol consumption patterns varied across age groups, with adults aged 55–64 recording the highest rates of hazardous or harmful drinking (28%) and the highest mean weekly consumption (14.1 units). In contrast, adults aged 25–44 had the lowest prevalence and mean consumption. Across all age groups, men reported higher levels of hazardous drinking than women, particularly among those aged 45 and over, where the gender gap was between 19 and 21 percentage points.

Socioeconomic differences were also evident: adults living in the least deprived areas were more likely to drink at hazardous or harmful levels (26%) compared with those in the most deprived areas (15%). Drinking frequency increased with age, with 8% of adults who consumed alcohol in the previous week reporting daily drinking, rising from 1% among those aged 16–24 to 20% among those aged 75 and over. On average, adults drank on 2.6 days per week, increasing steadily with age for both men and women.

gov.scot/publications/scottish-health-survey-2024-volume-1-main-report/pages/9--alcohol/



Pubs to be allowed to extend opening hours in the UK

The UK Labour government is progressing with plans to permit pubs, clubs, and restaurants in England and Wales to open later, aiming to stimulate the hospitality sector and support economic growth. The proposal, supported by industry leaders and approved by the Treasury, forms part of Labour’s wider effort to revive “the British night out.” Prime Minister Keir Starmer is expected to endorse the plan, which supporters argue will modernise the licensing system and give businesses more flexibility to meet consumer demand. However, the proposed easing of alcohol licensing has met with strong criticism from public health experts, local authorities, and

law enforcement. Opponents warn that longer opening hours could increase alcohol-related violence, antisocial behaviour, and health issues, while eroding local authorities’ ability to regulate venues in their areas. Industry leaders have welcomed the proposal as an overdue reform. Kate Nicholls, CEO of UK Hospitality, called it a “huge boost” for pubs and restaurants. At the same time, Nick Mackenzie of Greene King argued that current licensing laws hinder economic growth by preventing venues from adapting to demand.

theguardian.com/business/2025/oct/08/pub-opening-hours-in-england-and-wales-could-be-extended

The effects of alcohol harm on the UK workforce

An analysis from the Institute of Public Policy Research (IPPR) examines the impact of alcohol use on the UK's workforce and economy and suggests that after a decade of modest progress, efforts to reduce high-risk drinking in the UK have stalled. The authors say that with alcohol-related deaths at a record high, addressing alcohol harm remains one of the country's most urgent public health challenges, but it is also an economic necessity: alcohol misuse undermines labour market participation and workplace productivity, posing a serious barrier to national prosperity.

The report, 'Taking stock: the effects of alcohol harm on the UK workforce,' finds that heavy drinking is strongly linked to presenteeism—being at work but performing below capacity. Employees who drink heavily on a weekly basis are 1.4 times more likely to show presenteeism than moderate drinkers, while those drinking heavily every day are over three times as likely. Survey data reinforces this pattern: nearly one in four respondents reported calling in sick, and more than one in five admitted working while hungover in the past six months after drinking at a work event or with colleagues.

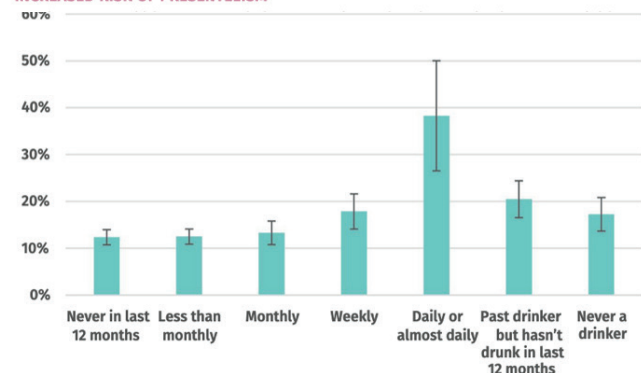
The authors argue that government action is needed to reverse this trend and point to evidence that pricing measures—such as duty escalators, standardised tax rates across products, and minimum unit pricing—are the most effective tools to reduce alcohol harm. They say, however, that regulation alone cannot achieve the cultural change required and workplaces

represent a critical setting for progress. According to the report, employers are uniquely positioned to influence behaviour, reaching large numbers of people and shaping social norms through their policies and practices. Yet too many workplaces remain part of the problem. Alcohol-focused social events, limited support systems, and inadequate HR and management practices often normalise harmful drinking. Employers must take responsibility by implementing comprehensive strategies that prioritise prevention, support employees struggling with alcohol, and create inclusive environments for everyone, regardless of their drinking habits.

The report calls for decisive action from both government and employers, saying that the costs of inaction—measured in lost lives, reduced productivity, and deepening inequalities—are far too high to ignore.

ippr.org/articles/taking-stock-economic-costs-alcohol

FIGURE 2.1: THE FREQUENCY OF HEAVY DRINKING EPISODES IS CORRELATED WITH AN INCREASED RISK OF PRESENTEEISM



MEPs back 'reduced-alcohol' wine label despite industry opposition

Lawmakers in the European Parliament's agriculture committee have approved plans to label certain wines as "reduced-alcohol" instead of "low" or "light," as part of a broader effort to support the European wine sector. This move has faced criticism from producers.

In a statement issued on 6 November, the European Parliament said MEPs proposed that wines containing between 0.5% alcohol by volume (abv) and at least 30% below the standard strength for their category should bear the new "reduced-alcohol" designation. Under EU rules, the minimum alcoholic strength for wine is around 8.5% abv. The decision follows months of debate over how to label partially de-alcoholised products.

In September, Belgium strongly opposed a Council proposal to define wines containing up to 6% abv as "low alcohol." At the time, Belgium's Federal Public Service for Health warned that the term could mislead consumers and undermine public health messaging. "Such a qualifier misleads consumers, creates a false sense of safety, and undermines public health objectives," the agency said in a statement, noting that Belgium was the only EU member state to vote against adopting "low alcohol" as an official category. Wine producers have also objected to the Parliament's latest decision, arguing that the term "reduced-alcohol" will confuse consumers rather than clarify product differences.

just-drinks.com/news/meps-back-reduced-alcohol-label-for-certain-wines/

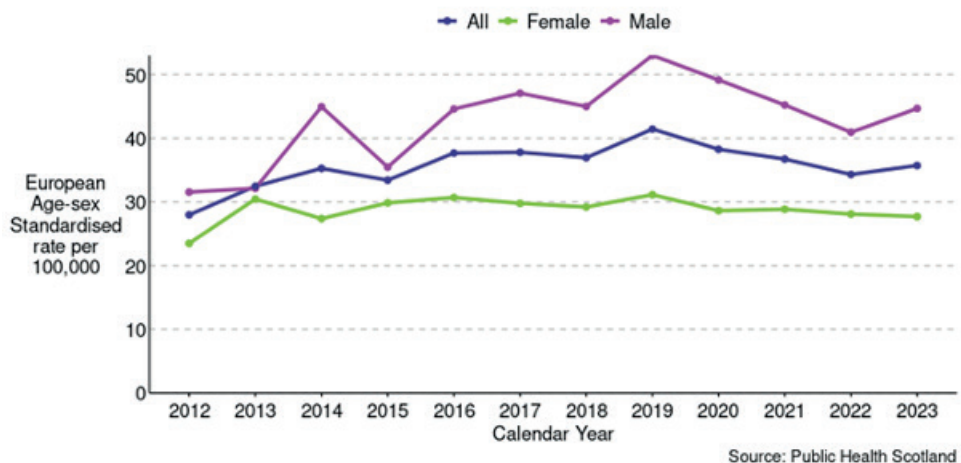
Alcohol consumption and harms dashboard for Scotland

On 14 October 2025, Public Health Scotland updated its Alcohol Consumption and Harms Dashboard (ACHD) with new estimates of partially attributable alcohol-related hospital admissions and mortality statistics for persons aged 16 and over, covering the years 2021 to 2023. The latest data updates the previously published estimates from March 2024, which covered 2012 to 2020. In this release, the estimates for 2017 to 2020 have been recalculated using more up-to-date data on alcohol consumption levels within the Scottish population. The update also introduces a new page enabling users to analyse wholly attributable alcohol-related deaths, broken down by underlying conditions. This summary uses the European Age-sex Standardised Rate (EASR), which adjusts for age and sex to allow valid comparisons of health outcomes across populations.

For this release of partially attributable alcohol hospital and mortality statistics, several methodological improvements and corrections have been applied. However, these have not led to any significant changes in the previously reported trends or messages. For 2023 the estimated

EASR of partially attributable alcohol hospital admissions for persons aged 16 and over was 421 per 100,000 population, a 5% increase from 2022, which was 403 per 100,000. Males aged 16 and over (492 per 100,000) were estimated to be 36% more likely than females aged 16 and over (361 per 100,000) to be admitted to hospital for conditions partially attributable to alcohol. The estimated EASR of partially attributable alcohol-related deaths in persons aged 16 and over was 36 per 100,000, slightly higher than the 2022 rate of 34 per 100,000. For males, the rate was 45 per 100,000, which is 61% higher than the 28 per 100,000 rate observed for females.

publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard/alcohol-consumption-and-harms-dashboard-14-october-2025/



New research partnership to tackle drug and alcohol addiction in the UK

The National Institute for Health and Care Research (NIHR) and the Office for Life Sciences (OLS) have launched a new UK-wide partnership to strengthen research and innovation in drug and alcohol addiction. Supported by the devolved governments of Scotland, Wales, and Northern Ireland, the Addiction Healthcare Goals (AHG) Research Leadership Programme will invest over £10 million to build capacity, skills, and leadership in addiction research. The initiative aims to develop future research leaders, drive advances in prevention, treatment, and recovery, and embed research findings into both clinical and social care practice.

This programme aligns with the UK government's Plan for Change and the Life Sciences Sector Plan,

contributing to improved health outcomes and economic resilience. By tackling the country's significant burden of substance-related harm—responsible for over 15,000 deaths annually—the initiative seeks to reduce health inequalities, enhance recovery outcomes, and lessen the long-term societal costs of addiction. The AHG programme will operate through three strands: a partnership with NIHR to expand career development opportunities, a flagship scheme led by the Society for the Study of Addiction, and a collaboration with the Medical Research Council to support cutting-edge research.

nihr.ac.uk/news/new-research-partnership-tackle-drug-and-alcohol-addiction

European School Survey Project On Alcohol And Other Drugs 2024

The 2024 European School Survey Project on Alcohol and Other Drugs (ESPAD) celebrated its 30th anniversary with findings based on responses from over 113,000 students aged 15–16 across 37 European countries. Conducted in collaboration with the European Union Drugs Agency and coordinated by Italy’s National Research Council, this was the first ESPAD survey conducted after the COVID-19 pandemic, continuing its long-standing role in monitoring adolescent risk behaviours since 1995.

The latest report highlights a generation undergoing significant change. While rates of teenage drinking, smoking, and cannabis use continue to decline, new behavioural and health risks are emerging, including increasing e-cigarette use, misuse of pharmaceutical drugs, and a sharp rise in digital-related risks such as social media use, online gaming, and gambling. These shifts are particularly noticeable among girls, with traditional gender differences in substance use narrowing or even reversing. The authors warn that, although reductions in traditional substance use are positive, the growing overlap between psychoactive substance use and digital risk behaviours presents a new and complex public health challenge.

Across ESPAD countries, alcohol remains the most widely used substance among adolescents, with 73% of students aged 15–16 reporting lifetime consumption. Lifetime drinking varied significantly between countries, from 29% in Kosovo to 91% in Hungary, and was generally higher among girls in most countries. The highest rates were observed in Hungary, Denmark, and Czechia, while the lowest were found in Kosovo,

ESPAD average Alcohol use (%) ^(a)			
	Average	Min.	Max.
Lifetime	73	29	91
Last 30 days	42	14	68
Intoxication ^(b)	13	4.9	36

^(a) Percentage of students reporting use of alcohol.

^(b) Percentage of students having reported alcohol intoxication at least once in the last 30 days.

Iceland, Norway, and Sweden. Gender differences were notable: in 21 countries, girls reported higher lifetime alcohol use than boys, especially in Iceland and Latvia, whereas in seven countries—including Kosovo—boys consumed more than girls.

Recent drinking also remained common, with 42% of students reporting alcohol use in the 30 days before the survey. Consumption levels were highest in Austria, Germany, and Denmark (over 60%) and lowest in Iceland and Kosovo. Although overall gender differences in current alcohol use were minimal, country-level variations persisted, with boys drinking more in southern and eastern regions, while girls had higher rates in northern and western countries. Regarding intoxication, 13% of students reported being drunk in the past month, with Denmark again recording the highest prevalence (36%) and the lowest in Kosovo, Lithuania, and Iceland. Rates of intoxication were similar between sexes overall, but in many countries, girls were now equally or more likely than boys to report recent drunkenness—marking a shift from historical gender patterns in adolescents’ drinking.

espad.org/espad-report-2024

Launch of ‘Show Me I.D’ campaign in Ireland

On 15 September 2025 in Ireland, Minister of State at the Department of Finance, Robert Troy, launched the 2025 ‘Show Me I.D – Be Age OK’ Autumn Campaign, demonstrating his support for Ireland’s largest responsible retail and hospitality training programme.

The launch of the campaign coincided with students returning for the new academic year. Retailers across the country are encouraged to uphold high standards of compliance regarding age-restricted products. These include alcohol, tobacco products—including nicotine pouches—lottery tickets, and vaping products. Retail and hospitality staff are also urged to complete the

‘Show Me I.D – Be Age OK’ online training module, which tests users on potential situations they may encounter in a trading environment. The campaign pertains to alcohol and nicotine products.

From the start of the year up to the end of August 2025, 1,407 module completions were recorded. showmeid.ie/



Launch of the European Declaration on Reducing Harm from Tobacco, Nicotine, Alcohol and Unhealthy Food

On 3–4 November 2025, the FILTERED Project held its Final Conference in Brussels, marking the launch of the European Declaration on Reducing Harm from Tobacco, Nicotine, Alcohol and Unhealthy Food. The declaration urges the European Union and its Member States to “recognise that protecting public health is not a peacetime luxury but a core component of European security and resilience”. It offers a clear roadmap for action based on three key pillars as follows:

1. Reducing harms from alcohol, tobacco, nicotine, and unhealthy food and drinks through population-level policy measures, including:

- Fiscal measures such as taxing unhealthy products (e.g. tobacco, alcohol, and sugar-sweetened beverages) and subsidising healthy foods;
- Marketing and availability regulations to discourage consumption of harmful products;
- Front-of-pack nutrition labelling and/or health warnings to empower consumers;
- Comprehensive bans on advertising,

promotion, and sponsorship of products that harm health.

2. Protecting public health policy from industry interference

- Enforcing conflict-of-interest safeguards and ensuring transparency in lobbying;
- Excluding vested interests from policymaking in line with Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC);
- Investing in independent, publicly funded research to counter industry-driven narratives.

3. Defending civil society’s capacity to act

- Developing independent and sustainable funding models aligned with public interest values;
- Building transnational alliances to resist fragmentation;
- Engaging in strategic, rights-based advocacy to safeguard democratic space.

ehnheart.org/news-events/news/category-1/european-declaration-on-reducing-harm-from-tobacco-nicotine-alcohol-and-unhealthy-food/

New website in Sweden to give young people answers about alcohol

Fatta Fyllan (“Get the Booze”) is a new website created to provide young people with answers to their questions about alcohol. The site was developed by IQ, an independent subsidiary of Systembolaget in Sweden that conducts public health campaigns on alcohol targeting young audiences.

Fatta Fyllan aims to raise the age at which young people can first drink and to reduce alcohol consumption among youth. The website allows young people to anonymously ask questions, read answers, and discuss facts about how alcohol affects the body, brain, and relationships.

Mojtaba Ghodsi, CEO of IQ commented, “We know that many young people have questions about alcohol but may not always feel comfortable asking them openly. At the same time, there’s a lot

of misleading and unverified information online and on social media. We created Fatta Fyllan to give young people knowledge, confidence, and answers—without preaching.”

With this initiative, IQ aims to create a digital space where young people can access trustworthy information and discuss alcohol without pressure or prejudice. All content is reviewed prior to publication to ensure a safe environment for reflection and dialogue.

fattafyllan.se/



Alcohol: a major preventable cause of cancer

In its sixth Evidence Summary Brief, the International Agency for Research on Cancer (IARC) emphasises alcohol as a major preventable cause of cancer. Despite increasing public health concerns, alcohol consumption continues to rise in several regions worldwide, including the Americas, the Western Pacific, sub-Saharan Africa, and South-East Asia. Consumption is currently highest in Europe, where awareness remains low: fewer than half of the population know that alcohol can cause cancer. In this Evidence Summary Brief, IARC scientists compile key evidence on the global burden of cancer attributable to alcohol, its economic impact, and effective interventions to diminish this burden. Additionally, the Brief offers a clear call for policy action.

Alcohol consumption is a public health issue, partly because of its link to increased risk for some cancers. In 1988, the IARC Monographs programme classified alcoholic beverages as

carcinogenic to humans (Group 1). The key evidence messages of the Brief are the following:

- Drinking alcohol increases the risk of at least seven cancer types and causes an estimated 4% of all new cancers globally per year.
- Even low levels of drinking increase cancer risk.
- Deaths from cancer attributable to alcohol cost about €4.6 billion in lost productivity in the European Union per year.
- Reducing or quitting alcohol consumption reduces the risk of alcohol-related cancer.
- Policies that increase taxes or prices, decrease availability, or restrict marketing of alcoholic beverages are effective in lowering alcohol consumption if they are properly implemented and enforced.

iacr.who.int/wp-content/uploads/2025/10/pr371_E.pdf

ACT government introduces bill to restrict same-day alcohol deliveries in Canberra

The Australian Capital Territory government has introduced the Liquor Amendment Bill 2025, a significant proposal aimed at regulating same-day alcohol deliveries and reducing alcohol-related harm across Canberra. The bill would restrict home deliveries to between 10 am and 10 pm and impose a two-hour delay between order and delivery, along with a cap on alcohol purchases. Attorney-General Tara Cheyne stated that the legislation would align delivery services with existing Responsible Service of Alcohol (RSA) requirements applied to pubs and bottle shops, addressing risks associated with excessive consumption and alcohol-fuelled violence. The bill also mandates RSA training for delivery workers, imposes penalties for abusive behaviour towards drivers, and bans sales to minors, deliveries to alcohol-free zones, and targeted advertising.

If enacted, businesses will have 18 months to comply with the new regulations. Certain exceptions will apply, such as deliveries accompanying meals and deliveries from non-

hospitality businesses like florists or retirement villages. The government also intends to review alcohol marketing practices, following concerns raised by former attorney-general Shane Rattenbury about predatory online advertising tactics targeting vulnerable consumers. This broader review aligns with national commitments to strengthen alcohol and gambling regulation to help prevent violence against women.

Reactions to the bill have been varied. The Foundation for Alcohol Research and Education (FARE) praised the reforms as a “landmark moment” in alcohol harm prevention and called on other states and territories to follow suit. However, Retail Drinks Australia criticised the proposal as rushed and lacking consultation, warning it could create a “two-tiered system.” between the ACT and NSW and negatively impact local businesses.

abc.net.au/news/2025-10-21/act-government-proposes-bill-to-restrict-alcohol-deliveries/105916738

WHO Western Pacific Initiative

The World Health Organization (WHO) Regional Office for the Western Pacific has launched a new advocacy campaign, "Alcohol Leaves a Mark," urging for stronger policies and tighter regulation to reduce alcohol-related harm. The campaign follows a resolution unanimously approved by all 38 Member States at the 76th WHO Regional Committee Meeting (RCM76) in Fiji in October 2025. Through videos, posters, and social media storytelling, the campaign highlights the potential consequences of alcohol misuse—including health issues, addiction, family breakdown, violence, road injuries, and deaths—emphasising that the true cost of alcohol is borne by individuals and communities.

The initiative calls on policymakers, health partners, media, and the public to participate

in awareness and advocacy efforts supporting evidence-based regulation. "This campaign is a call to awareness and collective action," said Dr Piukala, noting that recognising the personal and social toll of alcohol makes stronger regulation essential. Alcohol Leaves a Mark aligns with the WHO Global Alcohol Action Plan 2022–2030 and the SAFER technical package, which promote proven strategies such as increasing alcohol taxes and prices, restricting availability and marketing, enforcing drink-driving laws, and expanding access to screening treatment, and support for alcohol use disorders.

[who.int/westernpacific/news/item/29-10-2025-alcohol-leaves-a-mark--who-calls-for-collective-action-to-expose-alcohol-harms-and-support-stronger-regulation](https://www.who.int/westernpacific/news/item/29-10-2025-alcohol-leaves-a-mark--who-calls-for-collective-action-to-expose-alcohol-harms-and-support-stronger-regulation)

Countries in the WHO Western Pacific region adopt new alcohol policy plan

The World Health Organization (WHO) has introduced a new regional roadmap, "Accelerating Implementation of the WHO Global Alcohol Action Plan 2022–2030 in the Western Pacific Region," designed to assist countries in applying evidence-based, cost-effective strategies to reduce alcohol-related harm. The plan emphasises six priority areas: raising and indexing alcohol taxes; restricting availability—including online sales and home delivery; banning or tightly regulating marketing and sponsorship; enhancing drink-driving countermeasures; improving access to screening and treatment; and increasing public awareness through communication campaigns. Grounded in the SAFER technical package, the roadmap aligns with the WHO Western Pacific vision of "Weaving Health for Families, Communities and Societies." It supports five overarching health priorities for the region: universal health coverage through robust primary care, climate-resilient health systems, community resilience for health security, healthier

populations across the life course, and equitable use of technology and innovation. Alcohol harm undermines four of these priorities, making stronger alcohol policy action essential for advancing regional health and well-being. The plan also recognises the risks of alcohol industry influence in policymaking and commits to safeguarding public health policies from conflicts of interest.

[movendi.ngo/policy-updates/2025/10/22/countries-in-the-who-western-pacific-region-adopt-new-alcohol-policy-plan-to-fast-track-action/](https://www.movendi.ngo/policy-updates/2025/10/22/countries-in-the-who-western-pacific-region-adopt-new-alcohol-policy-plan-to-fast-track-action/)



International Wine & Health Summit

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This activity has been approved for AMA PRA Category 1 Credit™

An esteemed international faculty has been assembled to present both historic and contemporary data on alcohol, wine, and lifestyle, with a focus on their impacts on human health and longevity. We warmly invite members of the medical and research communities, and others with a shared interest, to participate in this unique program—an unparalleled opportunity where scientific insights, and Texas hospitality, may enlighten global perspectives on this controversial topic.

Policy brief calls for stronger action on alcohol to prevent violence against women and children in Australia

A Policy Brief from Our Watch, endorsed by the Foundation for Alcohol Research and Education (FARE), advocates for integrating alcohol harm minimisation into Australia’s national strategy to prevent violence against women and children. The report emphasises that heavy alcohol consumption among men can escalate violent behaviour, especially where harmful beliefs about masculinity foster aggression, dominance, and disrespect towards women. It urges governments to explicitly recognise the link between alcohol use and gender-based violence in law, policy, and regulation, and to implement both policy reforms and community initiatives to tackle this connection.

The brief stresses the need to reshape drinking cultures that normalise male aggression and to challenge social norms equating masculinity

with power and control. It also calls for stricter regulation of alcohol advertising, marketing, sales, and distribution, particularly where these reinforce gender stereotypes.

Key reform opportunities outlined in the report include amending liquor laws across states and territories to prioritise harm minimisation and explicitly recognise domestic, family, and sexual violence as alcohol-related harms. The brief further recommends tightening controls on alcohol marketing that links drinking to male dominance, and promoting collaboration between governments, communities, and public health organisations to develop safer, more equitable environments for women and families.

fare.org.au/wp-content/uploads/Opportunities-to-address-alcohol-policy.pdf

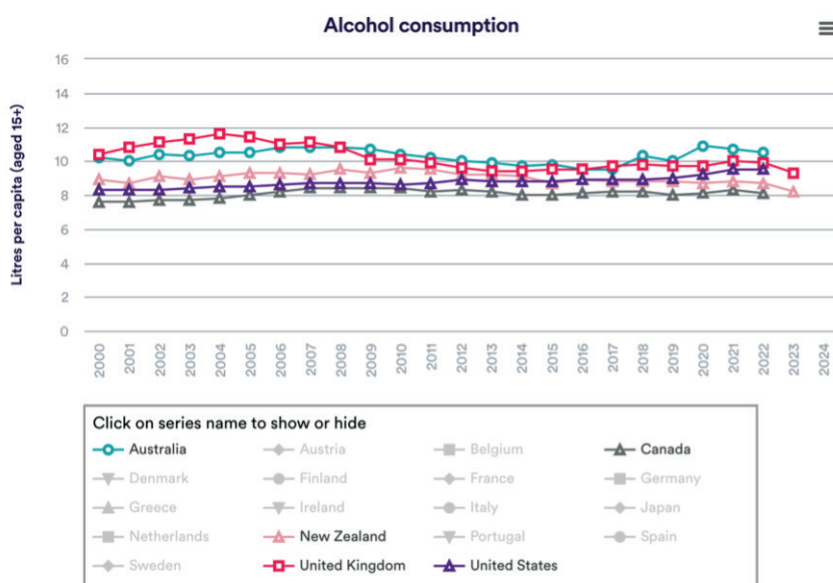
International comparisons of preventable risk factors

Preventable risk factors such as smoking tobacco, being overweight, physical inactivity, and harmful alcohol use contribute to the global burden of non-communicable diseases. These risk factors can be influenced by effective policies (e.g., the smoking ban) and public health campaigns. In a new report, the Nuffield Trust compares the prevalence of tobacco smoking, obesity, and alcohol consumption internationally over time.

Recorded alcohol consumption has fallen in many OECD countries since 2000. However, the extent of the decline differs by country, and consumption has actually increased in three of the 19 countries included here (Canada, Sweden, and the United States). Between 2000 and 2010, the United Kingdom's annual alcohol consumption was 10.8 litres per person on average. Over the following decade, average consumption decreased to 9.3 litres per person in 2023 but remained higher than the average of the comparator countries (8.98 litres). In the same year, Japan had the lowest alcohol consumption at 6.7 litres per capita, and Austria had the highest at 11.3 litres per capita.

All OECD countries impose taxes on alcoholic beverages, but the tax levels differ between nations. New policies are being introduced, such as minimum unit pricing for alcohol, which establishes a price floor below which alcohol cannot be sold, and mandatory cautionary labelling on alcohol products. Other commonly used policies are legal limits for driving under the influence of alcohol and controls on drinking age and hours of sale.

nuffieldtrust.org.uk/resource/international-comparisons-of-preventable-risk-factors



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

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