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## Longitudinal analysis of alcohol consumption pattern and menopause-specific quality of life in middle-aged women undergoing the menopausal transition

Quality of life (QoL) often declines during the menopausal transition, and alcohol use may worsen menopause-related symptoms. A study examined the longitudinal association between alcohol consumption and menopause-specific quality of life (MENQOL) questionnaire scores.

A cohort study used hospital-based health screening center data, with repeated measures from 2014 to 2023 (mean follow-up 7.43 years, average of 4.74 visits). Participants were 3,622 women aged 42–52 years (mean baseline age 44.3) in premenopausal or early menopausal transition stages who underwent annual or biennial health examinations between 2014 and 2018.

MENQOL scores ranged from 1 to 8, with higher scores indicating poorer QoL. Alcohol use was categorised as non-drinker, former, light (0.1 to <10 g/day), moderate (10 to <20 g/day) or heavy ( $\geq 20$  g/day), and problematic drinking was assessed by the Alcohol Use Disorders Identification Test (AUDIT). Baseline ovarian reserve was measured using anti-Müllerian hormone (AMH).

Adjusted mean differences in MENQOL scores versus non-drinkers were 0.12 for light, 0.14 for moderate and 0.20 for heavy drinkers. Domain-specific analysis showed that alcohol consumption, particularly heavy drinking, was statistically significantly associated with poorer vasomotor, psychosocial and physical domains; however, the sexual domain was non-significantly associated. Among women with below-median AMH, each 1-point AUDIT increase was associated with higher MENQOL overall (0.05) and in vasomotor (0.05), psychosocial (0.05) and physical (0.06) domains; associations were weaker or non-significant above the median. No interactions were found between alcohol use and time or menopausal stage. In lagged analysis, AUDIT  $\geq 20$  was associated with higher MENQOL at the next visit (1.25).

Light, moderate and heavy drinking appear to be associated with poorer scores on the menopause-specific quality of life questionnaire, with greater vulnerability in women with lower anti-Müllerian hormone levels.

Source: Kwon R, Chang Y, Jang Y, Lim G, Kim Y-J, Ryu S. Longitudinal analysis of alcohol consumption pattern and menopause-specific quality of life in middle-aged women undergoing the menopausal transition. *Addiction*. 2025. doi.org/10.1111/add.70222

## Effects of 'no safe level' and 'cutting down' alcohol messages on problem recognition, defensive processing, and self-efficacy in heavy drinkers: A randomized experimental study.

Morris, J., Tattan-Birch, H. PsyArXiv, 31 Oct. 2025, [https://doi.org/10.31234/osf.io/jze7p\\_v1](https://doi.org/10.31234/osf.io/jze7p_v1)

### Abstract

**Background:** Public health groups have increasingly been adopting a no safe level of alcohol consumption message. We aimed to test how this message affects psychological outcomes relevant for alcohol use and how it compares with a gain-framed message emphasising the benefits of cutting down.

**Methods:** Adults who drank alcohol at risky or harmful levels (AUDIT-C  $\geq$  5; N = 485) were randomised to view one of three messages: Control (n = 165), No safe level (n = 163), or Cutting down (n = 157). Outcomes were problem recognition, defensive processing (message derogation, risk recognition, fear), and self-efficacy. Linear regression models adjusted for age, sex, employment status, AUDIT-C score, and drinker identity. Moderation by drinking level was tested using interactions between message condition and AUDIT-C score.

**Results:** Compared with the control message, no safe level increased problem recognition (estimate = 0.22, 95% CI [0.03, 0.41]), elicited much stronger fear (0.92, [0.73, 1.11]), and was derogated more (0.89, [0.69, 1.09]). It also reduced self-efficacy (-0.23, [-0.43, -0.02]). Cutting down increased fear also modestly (0.30, [0.10, 0.49]) and lowered self-efficacy (-0.28, [-0.48, -0.08]) but had little effect on problem recognition (0.06, [-0.13, 0.26]) or derogation (0.13, [-0.07, 0.33]). Neither message had a clear effect on risk recognition. When compared directly, no safe level generated more fear than cutting down (estimate = 0.62, 95% CI [0.43, 0.82]) and was derogated more strongly (0.76, [0.56, 0.96]), but any effect on problem recognition was uncertain and likely smaller (estimate = 0.15, 95% CI [-0.04, 0.35]). There was no clear evidence that effects differed by AUDIT-C score (all interaction  $p > .13$ ).

**Conclusions:** The no safe level message increased problem recognition relative to control, though not when compared with cutting down. Compared to cutting down, the no safe level message elicited much greater fear and message derogation. These mixed responses caution against assuming public health benefits of communicating 'no safe level of alcohol consumption' type messages.

### ISFAR Summary

In a randomised experimental study, researchers examined how heavy drinkers responded to different alcohol health messages, as they constitute a priority population for harm reduction. Participants were shown either a message emphasising that any level of drinking carries health risks ('no safe level'), a message highlighting the benefits of reducing alcohol consumption, or a control message neutral to alcohol consumption. The study found that while both alcohol messages increased recognition that drinking can be harmful, the 'no safe level' message also provoked stronger defensive reactions and lowered participants' confidence in their ability to cut down. In contrast, messages focused on reducing consumption were better received and enhanced self-efficacy, which is a key predictor of successful behaviour change.

While raising awareness of risk is essential, it is not sufficient on its own. When messages feel overwhelming or absolute, heavy drinkers may disengage or think that change is impossible. Supportive messages that emphasise manageable reductions appear more effective in building confidence to act.

The findings are significant as governments and health organisations increasingly highlight alcohol's connection to long-term health problems, including cancer. Although the evidence on the risks of cancers linked to small amounts of alcohol intake has been inconsistent across studies and interpretations, how this information is communicated is crucial, particularly for those at potentially higher risk. Morris and Tattan-Birch (2025) do not challenge the core health evidence, but their study highlights the importance of combining risk information with practical, achievable guidance. As their study focused on immediate psychological responses rather than long-term drinking behaviour, further research with a larger sample size is needed to understand how message framing influences real-world outcomes over time. Nevertheless, the results contribute to the growing evidence that effective alcohol communication should balance clarity about risks with encouragement, support, and practical actions.

## ISFAR Critique

### Background

Healthcare systems face enormous challenges as the global population continues to grow and people tend to live longer on average. Throughout life, individuals are exposed to risks that ultimately lead to illness and death. Some of these risks are associated with a person's behaviour and lifestyle. A healthy lifestyle is important because many diseases can be prevented. Some estimates even suggest that about 80% of chronic diseases and early deaths could be avoided through not smoking, staying physically active, and following a healthy diet. (Katz et al., 2018). Apart from difficulties in precisely quantifying these healthy behaviours across age groups and populations, communication about them is another complicating factor (Scholz et al., 2025).

Communication about alcohol consumption, considered a lifestyle factor, is especially complex because its health effects largely depend on the amount consumed, making scientific reports on the overall impact of alcohol on health potentially confusing. There is debate over public health messages derived from traditional epidemiological methods (Chen et al. 2025), innovative scientific approaches like Mendelian randomisation (Topiwala et al., 2025) and risk models. The latter two methods are more frequently employed by public health bodies such as the World Health Organization, resulting in an alcohol consumption message that is similar to or approaches a 'no safe level' message or close to a 'no safe level' message (Shield et al., 2024).

The paper by Morris and Tattan-Birch is interesting since the study explores how three public health messages affect psychological outcomes related to alcohol consumption. The three messages were a control message unrelated to alcohol, a no safe level message emphasising that any amount of alcohol is harmful, and a cutting down message emphasising benefits of reducing consumption rather than abstinence. The study posed two research questions. The first question focused on the effects of the three message conditions on four outcomes: problem recognition; defensive processing (e.g., message derogation and fear); risk recognition; and self-efficacy. The second question addressed the moderating effects of alcohol consumption levels on the four outcomes.

### Critique

The study's design involved comparing three groups of approximately 160 UK adults each, who received one of three similarly structured one-page scripts that provided information and virtual statements from an expert. Whereas such an experimental design would, in principle, examine a cause-and-effect relationship, the three groups needed to be similar in all relevant aspects and characteristics. All participants were heavy drinkers according to their AUDIT-C score (Bisschop et al., 2025), which ranged from 5 to 12, indicating increasing levels from high-risk alcohol consumption to dependence. Additionally, participants were screened for drinker identity centrality, a measure of how much an individual considers drinking to be an important part of their overall self-concept. Both AUDIT-C scores and drinker identity centrality did not differ between the three experimental groups, suggesting that the groups were at least comparable in some of their alcohol consumption behaviours and attitudes. Also, and more importantly, the group chosen was a relevant target for public health messages about alcohol consumption.

Participants were shown one-page scripts with a similar structure, including a virtual statement from an academic in the field of addictive behaviour sciences. The script, however, was relatively detailed and more comprehensive than the current public health message, which states that there is no safe level of alcohol consumption that does not affect health. The authors suggested that the length and detail of these script messages might have different effects compared to the current public health message. The authors did not elaborate on these effects, but one might expect that a more detailed explanation could have a greater impact on psychological outcomes as measured in this study.

Five different psychological outcomes were assessed in this study. The results show that the no safe level message increased problem recognition compared to the control, but not when compared to the cutting down message. The no safe level message, however, elicited much greater fear and message derogation than the cutting down message. Alcohol-related 'self-efficacy' was lower compared to the control message for both the no safe level and the cutting down messages. Negative 'self-efficacy' signifies a low confidence in a person's ability to manage or abstain from alcohol consumption. The negative self-efficacy resulting from public health messages could

indicate another issue related to high-risk alcohol consumption. Individuals with a high-risk consumption pattern may struggle to translate beliefs into actual behaviour. The authors state that it is well-known that increasing knowledge of alcohol-related risks has limited effectiveness in changing drinking behaviour. They rightly point out that alcohol consumers—including those drinking responsibly and those at high risk—value alcohol not only for its health effects but also for its relaxing, socialising, and enjoyable qualities. The positive, relaxing, socialising, and enjoyable aspects of alcohol consumption are experienced by most alcohol consumers, including those who drink lightly, those who drink in moderation, and even those who drink heavily. The positive aspects of alcohol consumption, such as relaxation, socialising, and enjoyment, may be relatively important to alcohol consumers. The results from the author's research question two, the psychological effects of the two public health messages not differing by AUDIT-C score, may well fit this notion. Morris and Tattan-Birch (2025) concluded that the responses suggest caution against assuming public health benefits from messages stating there is no safe level of alcohol consumption.

This randomised experimental study offers valuable insights into how heavy drinkers, a key group in alcohol harm reduction efforts, perceive different alcohol risk message framings. The results indicate that while both "no safe level" and "cutting down helps" messages raise awareness of alcohol-related risks, they evoke significantly different psychological reactions regarding defensiveness and self-efficacy, with implications for the effectiveness of health communication.

A key strength of this study is its experimental design, which provides stronger causal inference than the observational approaches common in the alcohol communication literature. Random assignment to message conditions boosts confidence that differences in defensiveness and self-efficacy are due to message framing rather than underlying participant differences. Additionally, the focus on heavy drinkers enhances the study's relevance, as this group is most likely to experience alcohol-related harm and may also be most sensitive to perceived threat or judgment in public health messaging.

The study's findings align with well-known health behaviour models that highlight defensive

processing and self-efficacy as key factors in behaviour change. Although causal mediation could not be confirmed due to unmeasured confounding, the pattern of results helps explain why high-threat, harm-focused messages might increase risk awareness but often fail to motivate change among heavy drinkers.

The policy relevance of the message comparison is another notable strength. 'No safe level' messaging has become increasingly prominent in alcohol guideline communication across several countries, including Australia and Canada, reflecting some decision-makers' interpretations or biases regarding alcohol-related cancer risk, even in negligible to small amounts. This study offers empirically grounded evidence that such messaging, when presented in isolation, may produce unintended effects among heavy drinkers, especially by reducing confidence to cut down consumption.

Several limitations should, however, be acknowledged. First, the study evaluated immediate psychological responses rather than subsequent drinking behaviour or longer-term outcomes. While self-efficacy and defensive processing are well-established predictors of behaviour change, the lack of longitudinal follow-up restricts conclusions about sustained reductions in alcohol consumption. Second, all outcomes depended on self-report measures, which may be influenced by social desirability bias, especially in a population for whom alcohol use is personally significant and potentially stigmatised.

Third, the intervention involved brief, static messages presented in isolation. In real-world settings, alcohol guidelines are typically communicated through multiple channels and may include additional explanations, support, or advice from health professionals. The effects seen in this experimental environment might therefore differ from those produced by more comprehensive or supportive communication approaches. Similarly, the study did not consider the moderating roles of trust in health authorities or prior exposure to guideline messaging, both of which could influence defensiveness and acceptance.

Finally, heavy drinkers form a diverse group with different drinking habits, motivations, and readiness to change. The study did not examine whether message effects differed by demographic factors, drinking patterns, or stages of change, which could be important for tailoring

future interventions.

Overall, the findings highlight the potential for harm-focused alcohol messages to cause resistance and decrease perceived ability to change when not combined with supportive, action-oriented guidance. The results emphasise the importance of integrating accurate risk information with messages that promote autonomy, capability, and confidence. For public health policy and practice, this suggests that communication strategies are likely to be more effective when they present risk alongside achievable pathways for reducing consumption, especially among individuals drinking at higher-risk levels.

Indeed, other public health messages might be more effective in promoting a healthy lifestyle related to alcohol intake. Such messaging could emphasise achievable reductions, practical strategies, and the immediate benefits of reduced consumption, such as better sleep, mood and wellbeing, rather than relying solely on harm-focused framing.

### Specific comments

**Forum member Ellison** appreciated seeing the results of this study, but “believes that there are inherent problems in the ‘No Safe Limits’ approach. First, and not discussed in the paper, is that ‘No Safe Limits’ is an incomplete and actually not a true statement if one considers all health effects, both adverse and beneficial, of alcohol consumption. It is clear that regular light-to-moderate drinking with meals is not only usually ‘safe’ in terms of health effects, but actually has beneficial effects, including a considerably lower risk of cardiovascular disease, diabetes, and total mortality.

Advocates of the ‘No Safe Limits’ approach mainly base their argument on a potential increase in the risk of certain cancers (which is actually very minor for light-to-moderate drinkers) without considering the overall health effects. As an analogy, this is like questioning whether driving a motor car should be banned if it were appropriately labelled as having ‘No Safe Limits’. People understand that something with some risk can be acceptable if the overall benefits outweigh the dangers; they are not willing to revert to using a horse and cart, which also poses its own risks.

Instead of using ‘safe’ or ‘unsafe’ terms when advising drinkers, ‘total health effects’ could be a more suitable message, as it allows for not only

advising against heavy or inappropriate drinking but also describing a pattern of drinking that may have overall health effects. We should encourage heavy drinkers to reduce their unhealthy drinking patterns and consider the beneficial health effects of adopting a more sensible approach to alcohol consumption.

Furthermore, as other Forum members mentioned, it is unfortunate that this study could not evaluate the effects of these one-time interventions on actual drinking habits; this would have been beneficial, even if only temporarily. Improved drinking behaviour remains the ultimate goal.”

**Forum member Skovenborg** states that “I agree with the ISFAR critique conclusion that harm-focused alcohol messages cause fear and resistance and decrease perceived ability to cut down heavy alcohol intake. However, the “No safe level” WHO mantra also demands attention for its inherent defect. The references quoted by Morris and Tattan-Birch (2025) (Burton & Sheron 2018; and Stockwell et al. 2024) do not substantiate “that the risk of some diseases, such as cancer, starts at any level of consumption”.

“When it comes to alcohol consumption, there is no safe amount that does not affect health”, WHO warn the public. “It doesn’t matter how much you drink – the risk to the drinker’s health starts from the first drop of any alcoholic beverage” (Anderson et al. 2023). The WHO statement clarifies: “Currently available evidence cannot indicate the existence of a threshold at which the carcinogenic effects of alcohol “switch on” and start to manifest in the human body. To identify a “safe” level of alcohol consumption, valid scientific evidence would need to demonstrate that at and below a certain level, there is no risk of illness or injury associated with alcohol consumption.”

However, science cannot absolutely prove a negative like “zero risk”, but it can provide overwhelming evidence against something, or establish risk levels, by showing something doesn’t happen within observable limits, or that its likelihood is extremely low. Science works by falsifying theories (proving them wrong) and building provisional, evidence-based understandings, rather than achieving absolute certainty. Scientific conclusions are always based on available evidence and are open to change with new data, meaning absolute “proof” doesn’t exist and WHO’s demand of “valid scientific evidence of no risk of illness or injury below a certain level of alcohol intake” is pseudoscientific misinformation.

A recent example of similar pseudoscientific misinformation was published by Centers for Disease Control and Prevention on 19 November 2025 in a statement about autism and vaccines: "The claim 'vaccines do not cause autism' is not an evidence-based claim because studies have not ruled out the possibility that infant vaccines cause autism". The sound scientific conclusion is unchanged that there is no evidence of an association between vaccines and risk of autism, which was reaffirmed by The World Health Organization's vaccine safety committee on 11 December 2025. It is high time that public health groups and the news media cease to adopt the misleading and fear-eliciting "no safe level of alcohol consumption" message.

**Forum member de Gaetano** agrees that the statement " 'There is no safe dose of alcohol' is misleading and pseudoscientific. I would ask if you know any 'safe dose of aspirin', even the 75-100 mg daily dose, that is, cardio-aspirin or baby aspirin. Both low-dose aspirin and low-dose alcohol are associated with significant health benefits, especially on major cardiovascular outcomes, including mortality. Both aspirin and alcohol, even at low doses, may be associated with some harm, such as an increased risk of bleeding for aspirin or of some cancers for alcohol, such as breast cancer. In medicine, the zero value does not exist, but the balance of benefits/risks should be the right guide to follow. "

**Forum member Ursini**, while he agrees with and endorses all the comments raised, also says that "my point, however, is different: we are no longer dealing with science. This form of neo-prohibitionism carries the unmistakable odour of a pseudo-religious attitude, one that leaves no room for scientific reasoning or evidence-based debate."

**Forum member Mattivi** states that "this article falls outside my specific technical expertise, so I'll limit myself to a few considerations on the difference between cultivating a culture of limits and imposing prohibitions. These may or may not be shared, but they are at least rooted in classical culture and reflected in this interesting paper. In the conclusions of this paper, the 'no safe level' message increased problem recognition related to control, though not when compared with "cutting down". This suggests the validity of the Greek poet Hesiod's work (c. 700 BC), which offered a moral framework still valid for everyday people: "Observe due measure; moderation is best in all things." This directly advocates for finding the right

balance (sophrosyne, σωφροσύνη), contrasting with absolute prohibitions. The limit is seen here as a positive guide, not just a negative restriction.

The difference between the 'no safe level' and 'cutting down' messages lies between the choice of an external, legal constraints (requiring rigid obedience) versus an internal, virtuous understanding of the appropriate action (requiring practical wisdom, and interpretation based on context, i.e. the cultivation of character and judgment).

'No safe level - straight prohibition' refers to an absolute, unyielding command or law that must be obeyed, and imposed by an external authority (the state, the health system). It assumes the inherent rightness or wrongness of an action regardless of the consequences (in the specific case also scientifically debatable). The emphasis is on simple obedience to a given rule 'do not consume any alcohol'.

'Cutting down - sense of the limit' is an internal, ethical disposition, related to moderation, temperance, and prudence. It involves understanding the appropriate boundaries for human desire and action, derived from reason and from scientific evidence. The focus is not just on not doing something forbidden, but on cultivating in the population a critical character that naturally seeks balance and avoids the risks, consequently, raising awareness of the consequences of excess or inappropriate consumption.

In essence, the 'no safe level' message operates like a strict, external stop sign 'do not consume any alcohol, ever', while the 'cutting down' functions as an internal moral compass that guides one to find the right measure in all aspects of life, avoiding harmful extremes. It would be interesting if future studies also considered the temporal element, that is, not only the different effectiveness, but also the different duration over time of the behaviours adopted depending on the message to which one was exposed."

**Forum member Harding** agrees with the comments made by Forum members on the misleading 'no safe level of alcohol consumption' message. "It is right that we are critical of the rationale for this.

The study concerns the efficacy of the 'no safe level' message when addressing alcohol misuse and addiction. It concludes that it is, in practice, unhelpful and is sceptical of its utility. They accept the validity of this message, but they are a psychiatrist and a statistician, and they don't have

the expertise we do, nor do they claim to. The two papers they cite in support of this message are Burton and Sheron (2028), which is an opinion piece rather than the results of a study, and Stockwell et al. (2024), which examines why some cohort studies find health benefits. Neither paper provides a rationale for the 'no safe level' message. The paper by Burton and Sheron (2018) concerns the Global Burden of Diseases, Injuries and Risk Factors for 195 countries and territories from 1990 to 2016. It contains the telling sentence, 'The level of consumption that minimises an individual's risk is 0 g of ethanol per week (correct), largely driven by the fact that the estimated protective effects for ischaemic heart disease and diabetes in women are offset by monotonic associations with cancer (not correct). The associations of alcohol consumption with cancer do not come anywhere near passing the tests for causality, and of course, they don't 'offset' the protective effect for individuals.

The paper by Stockwell et al. (2024) concludes, 'Studies with life-time selection biases may create misleading positive health associations.' True, but that does not mean that the associations are not causal.

It is worth listening to Dr Morris's Alcohol 'Problem' Podcast, and in particular to his discussion with Professor Roy Baumeister. Both are in the business of finding effective measures to tackle alcohol misuse and addiction, and both are consumers of alcohol. They accept the veracity of the 'No safe level' message but point out that although cancer risk might start at any level of consumption, the risk for most people is very small, and there is not enough focus on the size of the effect. They say that overall alcohol does not cause big problems for most people over their lifetimes. They cite Professor David Spiegelhalter's point that there is no safe level of driving."

**Forum member Djoussé** reflects that "the term 'no safe level' is an odd one and I am not sure why people are always trying to reinvent the wheel as the terminology can apply to any FDA-approved drug, because almost any FDA-approved drug can be unsafe for some people, even at very low doses."

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## Changes in alcohol intake, fitness and all-cause mortality in the HUNT study

It is not known whether a change in cardiorespiratory fitness can modify the association between a change in alcohol intake and mortality.

Researchers analysed data of the healthy adults from the second (HUNT2; 1995-7) and third (HUNT3; 2006-8) surveys of the population-based Trøndelag Health Study, Norway to examine the association between all-cause mortality and a change in alcohol and fitness status.

Alcohol intake at HUNT2 and HUNT3 was divided into three groups: abstainers, within recommendations ( $\leq 140$  g/week for men,  $\leq 70$  g/week for women) or above recommendations ( $> 140$  g/week for men,  $> 70$  g/week for women). Researchers classified participants into two sex- and age-specific fitness groups (unfit: 20% least fit; fit: 80% most fit) at both HUNT2 and HUNT3. Adjusted hazard ratios (aHRs) and 95% confidence intervals (CIs) were estimated for an association between all-cause mortality and a change in alcohol and fitness status.

A total of 24,853 healthy adults were included. Over a median follow-up of 16.6 years, 3921 participants died. Increased alcohol intake from HUNT2 to HUNT3 was associated with an increased risk of mortality. Alcohol abstainers who reported to drink within the recommendations 10 years later (aHR, 1.20; 95% CI 1.00-1.44), and drinkers who increased their intake from within the recommendations at HUNT2 to above at HUNT3 (aHR, 1.25; 95% CI 0.99-1.57) had an increased risk of mortality, compared with the persistent abstainers. Participants drinking within

the recommendations at HUNT2 but abstained from drinking at HUNT3 were not at a higher risk of mortality (aHR, 1.14; 95% CI 0.80-1.62).

A change in fitness modified the relationship between alcohol intake and all-cause mortality, and participants who remained unfit had higher mortality risks. Compared with the reference group who abstained from alcohol and remained fit from HUNT2 to HUNT3, those who remained unfit and persistently abstained, started drinking or consistently drank alcohol within the recommended limits had aHRs of 1.65 (95% CI 1.19-2.30), 1.46 (95% CI 1.04-2.06) and 1.68 (95% CI 1.36-2.08), respectively. For participants who remained fit, the mortality risk associated with changes in alcohol intake was not higher than for the reference group, except for those who started drinking [aHR, 1.32 (95% CI 1.04-1.68)]. Compared with peers remaining fit, decreasing fitness increased the mortality risk among persistent abstainers and consistent drinkers.

Increased alcohol intake over the years was associated with an increased risk of mortality. A change in cardiorespiratory fitness was a better predictor of mortality, and maintaining fitness above the lowest 20% for one's age and sex attenuated the association between a change in alcohol intake and all-cause mortality.

Source: Nauman J, Ingestrom EM, Tari AR, Wisloff U. Running from death: can fitness outpace alcohol's harm? Changes in alcohol intake, fitness and all-cause mortality in the HUNT Study, Norway, Sports Medicine, Published early online 9 December 2025 doi.org/10.1007/s40279-025-02360-w

# 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

Yuan, Q., Chen, Z., Sun, B., Zheng, C., Kang, Y., Lou, Y., Zheng, M. *Front. Public Health* 13:1675607. <https://doi.org/10.3389/fpubh.2025.1675607>.

## Abstract

**Background:** High alcohol use (HAU) is a major global public health concern, contributing to injuries such as Self-harm and interpersonal violence (SIV), Transport injuries (TI), and Unintentional injuries (UII). However, comprehensive global assessments of HAU-related injury burden remain limited.

**Methods:** Using data from Global Burden of Disease (GBD) 2021, we estimated HAU-related mortality and disability-adjusted life years (DALYs) from 1990 to 2021 across 204 countries and regions. We analyzed trends in Age-Standardized Disability-Adjusted Life Years Rate (ASDR) and Age-Standardized Mortality Rate (ASMR), examined Socio-demographic index (SDI) disparities, and employed age-period-cohort (APC) and Bayesian APC (BAPC) models for future projections. Frontier analysis identified countries with the greatest potential for burden reduction.

**Results:** Despite the decline in ASDR and ASMR in overall global injuries, Low-middle SDI regions continue to experience increasing SIV and TI burdens (ASDR rose from 57.25 to 70.55; 25.08 to 30.8 respectively), while UII remains high in High-middle and High SDI countries (The ASDR were 57.94 and 59.12 respectively). Young adults and the elderly bear the greatest burden. BAPC projections indicate that China, India, and several high-burden nations will see further increases in DALYs and ASDR by 2030, highlighting the need for urgent interventions.

**Conclusions:** Targeted policy measures, such as raising the legal drinking age, strengthening alcohol control for young people in Low and Low-middle-SDI regions, and enhancing older adults healthcare services in High-SDI regions, are essential to mitigate HAU-related injuries. Evidence-based, SDI-adapted strategies can significantly reduce this burden.

## ISFAR Summary

This paper by Yuan et al. (2025) demonstrates that high alcohol consumption is a public health issue contributing to injuries. Yuan et al. (2025) utilise the latest Global Burden of Disease (GBD 2021) data to estimate all major types of alcohol-related injuries within a single global assessment spanning 1990 to 2030. They show declining age-standardised injury rates worldwide but increasing absolute disability-adjusted life years and deaths driven by population growth and ageing. Their concluding policy recommendations, however, go beyond what the data directly show, while the projections are presented with greater confidence than the model's uncertainty intervals suggest.

The paper assumes that injuries related to high alcohol use are indeed caused by high alcohol consumption. Furthermore, high alcohol use appears to be defined as a statistical measure that sums up all known risks, mainly ignoring health benefits and other positive effects that individuals may experience from drinking alcohol. Additionally, there is no standardised procedure for collecting injury data across different countries.

While excessive alcohol consumption is harmful and needs to be addressed, these data may not provide a reliable basis for the policy measures recommended to prevent alcohol-related injuries in all societies, where drinking cultures vary greatly.

## ISFAR Critique

### Background

It is well-known that alcohol abuse and misuse cause harm. Alcohol-related harms include diseases and injuries, and most come from heavy episodic or heavy continuous alcohol consumption. Injuries include 'self-harm and interpersonal violence', 'transport injuries', and 'unintentional injuries', which are all associated with heavy or 'high' alcohol use, hereafter referred to as HAU-related injury burden. Global annual mortality is estimated at 60-68 million per year. Intraindividual Variability (IIV) refers to fluctuations in a person's cognitive or motor performance over time, and increased IIV is a robust marker of an increased mortality risk.

Based on 2021 Global Burden of Disease (GBD) data, it was estimated that IIV causes approximately 5 million deaths annually, with the World Health Organization reporting 4.4 million in 2025. This means that IIV-related mortality represents a significant portion of all deaths, accounting for nearly 8% of all deaths globally. In particular, young people (aged 5-29 years) are impacted by IIV-related mortality. Road traffic injuries, homicide, and suicide are among the leading causes of mortality in that age group. Furthermore, low- and middle-income countries account for nearly 90% of these IIV-related deaths. Strategies to reduce high alcohol use and alcohol-related harm should, therefore, be an integral part of public health strategies (Kilian et al. 2024).

Yuan et al. (2025) assessed HAU-related injury burden across 204 countries and regions from 1990 to 2021. They also calculated age-standardised rates and estimated the annual percentage change in these rates. Additionally, they examined the relationship between HAU-related injury burden and various other parameters. These include the socio-demographic development index (SDI), age-period-cohort analysis, decomposition analysis, cross-country inequality analysis, and frontier analysis. They then predicted Disability-Adjusted Life Years (DALYs), the age-standardised disability-adjusted life years rate (ASDR), and the age-standardised mortality rate (ASMR) for HAU-related injury burden from 2022 to 2030. Their findings are, however, discussed in relation to policy measures that could be implemented to reduce the HAU-related injury burden.

This study aims to address the absence of a comprehensive, long-term global analysis that covers the entire spectrum of HAU-related injuries and their trends across diverse socio-demographic contexts.

### Critique

The results of Yuan et al. (2025) show a global decline in ASDR and ASMR for HAU-related injuries, indicating that mortality and morbidity associated with HAU are declining. ASDR and ASMR are among the most important parameters to consider, as they are indicators of mortality and morbidity corrected for changes in population growth and composition, such as ageing. Additionally, the Estimated Annual Percentage Change (EAPC) in ASDR was negative for most outcomes, with few exceptions; EAPC increased in just four out of 24

outcomes listed, specifically injuries, self-harm, interpersonal violence, and transport injuries in low-middle socio-demographic index countries, as well as for self-harm and interpersonal violence in low socio-demographic index countries. This indicates that the burden of HAU-related injuries per a given population is decreasing, while the overall global HAU-related burden is rising mainly due to population growth.

Furthermore, Yuan et al. (2025) present global projections based on Bayesian statistics that suggest an increasing trend for specific injuries in only a few countries. Moreover, these trends are portrayed as more certain than they truly are, since Bayesian projections do not account for unforeseen future changes. Additionally, the global projections include wide confidence intervals, which increase their uncertainty.

Yuan et al. (2025), however, emphasise the need for urgent interventions in the results section of their paper's abstract. While HAU-related injuries need to be minimised, their data suggest that HAU-related injuries are currently decreasing and may decrease further in the future, indicating less urgency than initially proposed. Fortunately, the authors themselves note that one limitation of their study is that the predictive methods extend historical trends into the future but cannot account for unforeseen shocks, such as sudden political changes or emerging health threats.

In addition, in the conclusion section of their paper's abstract, the authors advocate targeted policy measures, including increasing the legal drinking age, strengthening alcohol control for young people in low- and low-middle-SDI regions, and improving healthcare services for older adults in high socio-demographic index regions. Although some of these policies may assist in preventing specific HAU-related injuries, the paper only reports on the incidences and projections of such injuries rather than the effectiveness of the recommended alcohol control measures. The data reveal correlations in burden, not the effectiveness of policy interventions. As a result, while these conclusions might seem reasonable as suggestions, they have not been tested within the study. Therefore, these statements move from descriptive epidemiology to prescriptive policy without supporting intervention data.

The authors also do not explicitly define how HAU is characterised in this paper. HAU is a term that can be understood in multiple ways. It is

often regarded as comparable to heavy drinking, which the American Institute on Alcohol Abuse and Alcoholism (NIAAA) defines as consuming five or more drinks on any day or 15 or more per week for men, and four or more drinks on any day or eight or more per week for women. The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services, describes heavy alcohol use as binge drinking on five or more days in the past month. Others have described HAU as regular alcohol intake of  $\geq 3$  drinks per day. A meta-analysis (Høye & Storesund Hesjevoll, 2023) demonstrated that the risk of adverse safety outcomes increases with rising blood alcohol concentration (BAC) levels, and the effects of higher BAC are significantly more severe for serious crashes than for other types. The relationship between BAC level and outcome was roughly exponential, akin to the findings of Blomberg et al. (2009).

HAU is defined in the GBD studies as alcohol consumption exceeding the Theoretical Minimum Risk Exposure Level (TMREL), which is the level of alcohol consumption where all-cause risk is minimised. Before the GBD 2020, this risk factor was just "Alcohol use" and measured the burden of alcohol consumption across the entire exposure range. Further reading of the GBD 2020 methods report indicates that the GBD study does not use a single TMREL but instead employs multiple TMRELs for alcohol consumption, which vary by age, sex, and region.

The TMREL is calculated based on modelling that includes various corrections such as tourist consumption in a region, unrecorded alcohol consumption and estimates for current drinkers in specific groups. This results in a table that specifies TMRELs by age group, sex, and world region. For example, the TMREL for women aged 20-24 years was 0 standard drinks (10 g of pure alcohol) per day in most of Europe, whereas it was 0.4 standard drinks per day for women in South-East Asia. Other notable differences include that the global TMREL was 0.1 standard drinks per day among women aged 15-19 years, whereas it was 0 among men of that age. In Western Europe, the TMREL for women was 0 up to age 24 years, and for men, up to age 30 years. Any consumption above these levels was regarded as unsafe.

This study is innovative in scope, but not entirely the 'first of its kind', when judged against prior GBD-

based alcohol-attributable injury analyses. The original paper by Bryazka et al. (2020) indicated that while the TMREL was about 0.5 standard drinks per day, the non-drinker equivalence, defined as the consumption level at which health risk is equivalent to that of a non-drinker, was nearly two standard drinks per day. The very low TMREL figures used in the GBD studies are only slightly different from the previous risky level of alcohol consumption, which was simply described as "alcohol use". TMRELs are also significantly lower than the levels suggested by the J-shaped curves that illustrate the relationship between alcohol consumption and mortality or morbidity, as reported by traditional epidemiology. TMREL may be a statistical construct based on summing all known risks, mainly overlooking health benefits and other positive effects that people may experience from consuming alcohol. This could partially explain why TMRELs do not align with the J-shaped association observed in classical epidemiological studies between alcohol consumption and all-cause mortality or morbidity. This also suggests that by using these very low TMRELs instead of the non-drinker baseline or the nadirs from J-shaped associations, Yuan et al. (2025) assume that any alcohol consumption is harmful and that their HAU term used in this paper essentially means "Any Alcohol Use".

### Specific comments

*Forum member Ellison* agrees with both the positive and negative comments by other Forum members on this massive analytic paper. He did notice that the authors' opening statement in the text mentions only the adverse effects of alcohol, or the 'evils of alcohol'. "There is essentially no reference in the paper to the potential favourable effects of light to moderate consumption. Alcohol itself (while still in a jar, bottle, or other container) is not the problem; it is the excessive or inappropriate consumption of alcohol by people that causes problems.

This brings to mind the extensive attacks on 'drugs' and 'drug importation' by the current US administration. I am not aware that the current US government has stated that drugs are harmless until people use them, nor has there been the same effort to stop people from buying or using them. As for alcohol, we all agree that its misuse has many serious consequences and strongly support any proven measures to prevent such use. Still, we

know that human consumption of some beverage containing alcohol has existed for perhaps 8,000 years or longer. If there were only adverse effects, why has it remained so common? Early on, humans recognised that certain substances had harmful effects and quickly learned to avoid plants and other materials that were solely toxic. Such knowledge has been passed down through generations to prevent the ongoing use of poisonous plants in our culture.

Therefore, there must be some positive effects of alcohol consumption, at least in moderation, such as pleasure, increased self-esteem, or greater sociability, and as we now understand, possibly longer life, which have contributed to its enduring presence in societies around the world. The present paper aims to help scientists focus on culture-specific factors related to alcohol abuse."

**Forum member Harding** states that "Despite the obvious danger of drowning in a sea of acronyms, I struggle to see the point of a paper like this. As far as I can tell, the paper relies on the assumption that high alcohol use (HAU) related injuries are caused by HAU. Second, I fail to see how statistics collected across countries, which are inevitably compiled in different ways, can be combined and presented meaningfully. Third, statistics collected in this manner are no solid basis for recommending policy measures to address these perceived problems in individual societies, where the culture of alcohol consumption varies significantly."

**Forum member de Gaetano** entirely agrees with Forum member Ellison, especially regarding the 8,000 years of alcohol use among all peoples. "I would also include the famous episode recounted in the Odyssey, 3,000 years ago, the encounter between Odysseus and Polyphemus: two contrasting ways of drinking wine; one is moderate and part of a broader culture, and the other excessive and associated with violence and arrogance. Since then, we have known that Odysseus managed to save himself and his companions, while Polyphemus became a victim of his own cultureless binge drinking."

**Forum member Mattivi** considers that "methodologically, it seems difficult to find a common interpretation of data collected using non-rigorously standardised protocols and in countries where conditions are completely unequal. A sufficient level of standardisation or control over the main factors is an essential

methodological prerequisite for making robust and accurate interpolations (and even more so, predictive extrapolations). Given that excessive alcohol consumption is highly negative and should be addressed, seeking single solutions that apply to all different situations (one size fits all assumption) may be an unlikely aspiration."

**Forum member Skovenborg** remarks that "in the introduction it states "Alcohol is a toxic psychoactive substance that harms the body, damages the liver and brain, induces addiction, increases accident risk, and disrupts family and social relationships" which clearly demonstrates that the study is built on an anti-alcohol bias as a foundation. Also, I have not found a clear definition of "high alcohol use" anywhere in the study and the cause is probably that a common definition across the multitude of studies does not exist."

**Forum member Waterhouse** is, however, "confused as to how the authors could link these adverse health events, Self-Harm and Interpersonal Violence (SIV), Transport Injuries (TI), and Unintentional Injuries (UII) to high alcohol use without measuring alcohol consumption in the studied populations. Then, if somehow achievable using techniques unfamiliar to me, how could they justify the need to intervene against high alcohol consumption, when it seems that the incidence of these adverse events is decreasing in nearly all of their datasets?"

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Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:

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## Methylation-based alcohol consumption scores as prognostic biomarkers in colorectal cancer

Colorectal cancer remains a leading cause of cancer-related mortality, with alcohol consumption implicated in its etiology. However, alcohol's prognostic impact on colorectal cancer survival is unclear, and self-reported intake is limited by bias. A population-based cohort study evaluated blood DNA methylation-based alcohol scores as objective prognostic tools in 2,129 colorectal cancer patients from Germany's DACHS. Participants were recruited from 22 hospitals in Southwest Germany, including 1757 non-metastatic and 372 metastatic patients with complete methylation and alcohol data. All three assessed methylation scores (3-CpG, 450-CpG, 144-CpG) correlated with self-reported lifetime/recent alcohol intake, particularly recent consumption.

In non-metastatic patients, self-reported alcohol consumption showed a J-shaped mortality risk, with elevated risks in heavy drinkers and abstainers. A similar dose-response pattern was observed for the 3-CpG methylation score, which showed consistent and robust associations with increased overall mortality (adjusted hazard

ratio [aHR] per standard deviation increase: 1.18, 95% CI: 1.11-1.25), non-colorectal cancer-related mortality (1.22, 1.13-1.32), and colorectal cancer-specific mortality (1.12, 1.00-1.25). The 450-CpG score was associated with overall mortality (1.07, 1.00-1.15), non-colorectal cancer-related mortality (1.14, 1.05-1.23), and alcohol consumption-related mortality (1.59, 1.17-2.16). These findings highlight the potential utility of DNA methylation-based alcohol scores, especially the 3-CpG and the 450-CpG scores, as prognostic tools for colorectal cancer outcomes. Such biomarkers may provide a more objective measure of alcohol exposure and complement self-reported data in risk stratification and clinical decision-making, though further validation is warranted before clinical implementation.

Source: Yuan T, Tagscherer KE, Roth W, Bewerunge-Hudler M, Brobeil A, Kloor M, Bläker H, Brenner H, Hoffmeister M. Methylation-based alcohol consumption scores as prognostic biomarkers in colorectal cancer: Insights from a population-based cohort. *Int J Cancer*. 2025 Dec 15;157(12):2521-2531. doi.org/10.1002/ijc.70086

## The net effect of positive changes in alcohol consumption on mental health among South Korean adults

A study investigated the net effects of positive changes in alcohol consumption; specifically, transitions from high-risk to moderate drinking on mental health among Korean adults.

Researchers analysed data from 2,238 Korean adults from the 2011-2013 and 2016-2018 waves of the Korea Health Panel Survey. Participants were classified into a transitioned to moderate drinking group (study group) and a continuous high-risk drinking group (control group). To adjust for baseline equivalence between the groups, inverse probability of treatment weighting was applied. Mental health changes, measured using the Korean version of the Brief Encounter Psychosocial Instrument (BEPSI-K), were analysed using a difference-in-differences (DID) model with multiple regression.

A preliminary analysis using independent and paired t-tests examined the treatment effect of moderate drinking on mental health, accounting for group differences, time changes, and their interaction. Results showed overall positive

effects, with reductions in psychological and physical stress (-0.064), frustration (-0.016 (non-significant)), unmet needs (-0.047), future uncertainty (-0.101), and task-related stress (-0.024, (non-significant)). The overall BEPSI-K score also significantly decreased (-0.051). In the DID model with multiple regression, controlling for sociodemographic characteristics, moderate drinking had a significant effect in reducing future uncertainty (coefficient = -0.049).

The net positive effect of transitioning from high-risk to moderate drinking suggests meaningful improvements in mental health. These findings offer valuable evidence for refining drinking guidelines, informing mental health policies, and guiding future research.

Source: Park JS, Lee TH, Kwon CY, Park IS. The Net Effect of Positive Changes in Alcohol Consumption on Mental Health Among South Korean Adults. *Subst Use Misuse*. 2025 Dec 1:1-9. doi.org/10.1080/10826084.2025.2585506

## Acute effects of daily red wine consumption on retinal and cerebral blood flow in healthy young adults and an animal model

Acute effects of a daily dose of red wine may cause deterioration of visual function; however, there is limited information on healthy individuals. A study investigated acute effects of daily red wine consumption on visual function and retinal microvasculature in healthy young adults through a randomised self-controlled design and to explore the molecular mechanisms using an animal model.

In healthy young adults' study, twenty-seven adults with follow-up at baseline, 0.5 h and 2 h after consuming 300 ml of either red wine or water underwent blood biochemistry, visual function, morphology and blood flow of retinal and choroidal vasculatures, and cerebral blood flow (CBF) evaluation.

Acute red wine consumption caused abnormal changes in retinal function (multifocal visual electrophysiology) that preceded changes in vision. Macular vessel diameter index (VDI) increased significantly at 0.5 h but decreased significantly at 2 h, despite increased regional CBF following red wine consumption, which was

consistent with increased choroidal thickness and decreased retinal thickness. Animal experiments conducted on Brown Norway rats demonstrated a significant decrease in retinal VDI and vessel area density (VAD) associated with increased reactive oxygen species production following red wine administration, as well as decreased endothelial nitric oxide synthase (eNOS) and increased endothelin-1 (ET-1) levels in the retina. Consequently, red wine consumption caused abnormal changes in retinal function and microvascular constriction in healthy young adults, and an animal model suggested that the underlying mechanism may involve the regulation of eNOS and ET-1 levels in the retina.

These findings imply the potential detrimental effects of drinking habits on individuals with retinal ischaemic diseases.

Source: Zhu X, Zhu J, Wang Y, Chu Z, Wang RK, Xu Y, Lu L, Zou H. Acute effects of daily red wine consumption on retinal and cerebral blood flow in healthy young adults and an animal model. *Br J Nutr*. 2025 Nov 17:1-12. doi.org/10.1017/S000711452510562X

## A systematic review on the risk of developing cancer and frequency of alcohol consumption behaviours in US adults

The authors of a systematic review published in the journal, *Cancer Epidemiology*, say the frequency and quantity of alcohol consumption, even at moderate levels, influence both cancer incidence and outcomes. Their work examined the relationship between varying levels of alcohol consumption and the risk of developing cancer in US adults. It also explores the comorbid conditions that may increase long-term cancer risk among alcohol users and identifies the social and demographic factors that place certain population groups at heightened risk.

A total of 62 studies were retained for analysis following title, abstract, and full text screening. Race/ethnicity (n = 46/62) and age (n = 42/62) were the most frequently mentioned individual risk factors. Across the 62 studies reviewed, alcohol consumption was consistently identified as a risk

factor for several types of cancer, including breast (n = 23/62), colorectal (n = 13/62), and liver (n = 10/62), among others. Other alcohol-associated comorbidities reported include obesity (n = 8/62), alcoholic liver disease (n = 5/62), and diabetes (n = 4/62).

Alcohol intake, particularly at higher frequency or greater quantity, was consistently associated with elevated risk for multiple cancers, most notably colorectal, breast, and liver. Dose-response relationships were a common finding, underscoring that risk is not limited to heavy or chronic use.

Source: Abraham I, Dasilva G, et al. A systematic review on the risk of developing cancer and frequency of alcohol consumption behaviors in US adults. *Cancer Epidemiol.* 2025 Dec;99:102956. doi.org/10.1016/j.canep.2025.102956.

## Alcohol consumption and risk of cancer: a Mendelian randomization analysis of four biobanks and consortium data

Alcohol consumption has been linked to cancer risk, in particular for seven cancer types: breast, colorectum, oesophagus, liver, mouth, pharynx, and larynx. However, evidence supporting a causal effect from Mendelian randomization is inconsistent. Researchers performed a comprehensive Mendelian randomization analysis to assess whether genetically-predicted alcohol consumption associates with risk of 20 cancers. Such associations would provide supportive evidence for a causal effect of alcohol consumption on cancer risk. 95 genetic variants associated with alcohol consumption at genome-wide significance were used. Primary analyses were conducted in European ancestry participants from UK Biobank (367,643 individuals), FinnGen (500,348 individuals), All of US (169,312 individuals), and Million Veteran Program (451,206 individuals). Associations in cancer-specific consortia were also estimated.

No association was observed between genetically-predicted alcohol consumption and overall cancer (odds ratio (OR) per 1 standard deviation increase in alcohol consumption 0.96). Among the seven highlighted cancer types, researchers saw a multiply-corrected significant positive estimate for combined head/neck cancer (OR 1.51), and nominally significant positive estimates for colorectal (OR 1.21) and oesophageal (OR 1.42)

cancer. For liver cancer, there was a null estimate overall (OR 1.40), but a nominally significant positive estimate in Million Veteran Program and when using the ADH1B-rs1229984 variant. For breast cancer, there was a null estimate in biobank data (OR 1.09, ) and consortium data (OR 0.98). Conversely, multiply-corrected significant negative estimates were observed for kidney cancer (OR 0.64) and endometrial cancer (OR 0.56), and nominally significant negative estimates for non-Hodgkin's lymphoma (OR 0.75), myeloma (OR 0.61), and some subtypes of ovarian cancer. There was a nominally significant positive association with cancer mortality (OR 1.44), although this attenuated on adjustment for smoking heaviness.

The researchers observed moderate-to-weak evidence supporting causal effects of alcohol consumption on risk of head/neck, oesophageal, and colorectal cancer, inconsistent evidence for liver cancer, and no evidence for breast cancer. Overall, human genetic data do not provide evidence that alcohol consumption is a cause of all cancers and suggest there may even be inverse associations with certain cancer types.

Source: Larsson SC, Mason AM, Cronjé HT, Bassett E, Horta G, Kar S, Burgess S. Alcohol consumption and risk of cancer: a Mendelian randomization analysis of four biobanks and consortium data. *BMC Med.* 2025 Dec 16;23(1):676. doi.org/10.1186/s12916-025-04543-8.

## Effects of heavy alcohol use on acute intracerebral hemorrhage and cerebral small vessel disease

Heavy alcohol use is a modifiable risk factor that may influence intracerebral hemorrhage severity and cerebral small vessel disease, but its role remains insufficiently understood. A study published by The Journal Of the American Medical Association investigated how heavy alcohol use is associated with acute Intracerebral hemorrhage characteristics and cerebral small vessel disease burden.

In a cross-sectional study, researchers prospectively collected data from consecutive patients admitted with spontaneous, nontraumatic Intracerebral hemorrhage to Massachusetts General Hospital between 2003 and 2019. Heavy alcohol use was defined as regular alcohol consumption of  $\geq 3$  drinks per day. The associations between heavy alcohol use and acute Intracerebral hemorrhage clinical and radiologic features and MRI markers of cerebral small vessel disease were assessed.

Among 1,600 patients (851 male patients [53%]; median age 75 [interquartile range 64–82] years), 104 (7%) met criteria for heavy alcohol use. Compared with the non-heavy alcohol use cohort, patients with heavy alcohol use were significantly younger at Intracerebral hemorrhage onset (median 64 vs 75 years) and had larger hematoma volume (1.7-fold increase) and greater odds of deep hemorrhage location (adjusted odds ratio [aOR] 2.01; 95% CI 1.11–3.64) and intraventricular extension (aOR 1.95; 95% CI 1.02–3.70). Among 1,195 patients with

MRI (75%), analysis of markers of cerebral small vessel disease showed that heavy alcohol use was independently associated with severe white matter hyperintensities (aOR 3.04; 95% CI 1.43–6.49) and a hypertensive cerebral small vessel disease pattern (aOR 1.82; 95% CI 1.04–3.20). No other MRI markers of cerebral small vessel disease were associated with heavy alcohol use. Heavy alcohol use was also associated with lower platelet counts and higher admission blood pressure.

Heavy alcohol use is associated with younger age at Intracerebral hemorrhage onset, larger hematoma size, and imaging features consistent with more advanced hypertensive cerebral small vessel disease, including a greater burden of white matter hyperintensities. These findings suggest that heavy alcohol use may exacerbate acute Intracerebral hemorrhage severity and accelerate long-term cerebral small vessel pathology. Study limitations include the cross-sectional design, MRI availability restricted to a subset, and lack of detailed lifetime alcohol exposure. Future studies should clarify alcohol-related mechanisms underlying cerebral small vessel disease progression and Intracerebral hemorrhage severity and inform prevention strategies.

Source: Pant S. Heavy Drinking May Lead to Earlier, More Severe Stroke. *JAMA*. 2025 Nov 21. doi.org/10.1001/jama.2025.19743

## Alcohol consumption and disability-free life expectancy in the US

Alcohol consumption has been identified as a significant risk factor for health and mortality. However, it remains unclear how many years are lived by individuals with various drinking groups and how many of these years are disability-free. A study published in the journal, *Alcohol*, examined the association between alcohol consumption and total life expectancy and disability-free life expectancy.

Incidence-based multistate life tables (MSLTs) were used to estimate Total life expectancy and Disability-free life expectancy by gender and alcohol consumption for individuals aged 50 years and over from the Health and Retirement Study (HRS, 1998–2018).

The study results indicate a statistically significant association between alcohol consumption and Total life expectancy and disability-free life expectancy,

and gender differences are observed. The quantity of drinks consumed per occasion is more influential than the frequency of drinking days regarding health and mortality. Binge drinking is associated with reduced Total life expectancy and disability-free life expectancy, especially for women.

The study provides additional evidence for consideration in gender-differentiated guidelines. Policies discouraging binge drinking and promoting responsible consumption are crucial. The observed gender differences necessitate tailored approaches and interventions addressing the challenges faced by women regarding alcohol consumption.

Source: Chiu CT, Chen CA. Alcohol consumption and disability-free life expectancy in the United States. *Alcohol Alcohol*. 2025 Nov 16;61(1):agaf070. doi.org/10.1093/alcalc/agaf070

## Alcohol's effects on the lungs and lung disease

Alcohol misuse is widely accepted as an independent risk factor for a wide variety of lung diseases, such as pneumonia and acute respiratory distress syndrome. Alcohol induces changes in the regulatory mechanisms of the lung, both at a mechanical and immunological level. Understanding these changes might help discover new targets for drugs and therapeutic approaches for the prevention of respiratory disease following alcohol misuse.

A systematic literature search was conducted on January 25, 2025, in PubMed, Medline, and Embase of manuscripts published between January 2000 and January 2025 using the terms ("alcohol" or "ethanol") AND ("lung," or "respiratory," or "pulmonary") AND ("pneumonia" or "damage" or "leak"). Eligible manuscripts included studies that discussed the effects of ethanol on the lungs. Of 962 publications identified in the search, 148 studies were reviewed and 114 were cited in the final paper. An additional 15 papers from before 2000 were included as historical precedents for the current research cited.

The lungs are particularly susceptible to infections and injury following alcohol misuse. Several key mechanisms by which alcohol misuse drives lung damage have been identified. Alcohol misuse leads to impaired mucus-facilitated clearance of bacterial pathogens, increases the aspiration of

microbes from the upper alimentary tract, and suppresses tissue recruitment and function of innate and adaptive immune cells. Alcohol-related reductions in antioxidant levels, trace metals, and metabolites may also contribute to lung disease in people with underlying alcohol misuse. Several regulatory molecules may play crucial roles in alcohol-induced disease processes. Although there are currently no approved therapies to combat the detrimental effects of chronic alcohol consumption on the respiratory system, these molecules may be potential therapeutic targets to guide future investigation. Despite these advancements, limitations and knowledge gaps in the field still exist. For example, few studies have investigated dose- and duration-dependent effects of alcohol on the lung, sex-specific differences in lung responses, and the interaction of alcohol with other coexposures/comorbidities, such as smoking and HIV. In addition, well-defined observational and longitudinal human studies employing robust measures of alcohol use are limited. These gaps represent novel opportunities for more thorough and robust experimental designs of human and animal studies investigating alcohol-associated lung disease.

Source: Samuelson DR. Alcohol's Effects on the Lung and Lung Disease. *Alcohol Research Current Reviews*, Volume 45, Issue 1 Article Number 11 doi.org/10.35946/arcr.v45.1.11

## Combined impact of multiple healthy lifestyles on digestive diseases: a large population-based prospective cohort study

Healthy lifestyle modification is widely recommended for preventing digestive system diseases, but the effects of individual and combined behaviours, particularly potential interactions, are not fully understood.

A study published in *BMC Medicine* investigates the association between six healthy lifestyle behaviours (moderate alcohol consumption, never smoking, adequate sleep, regular physical activity, a healthy diet, and limited sedentary behaviour) and the risk of 20 digestive system diseases, participants were grouped into high, moderate, and low adherence. The associations between these behaviours and disease risk were evaluated.

Among 267,408 participants, 53,690 (20.08%) were classified as high adherence group, 158,023 (59.09%) as moderate adherence group,

and 55,695 (20.83%) as low adherence group. Compared with the low adherence group, the high adherence group had a hazard ratio of 0.72 (95% CI: 0.70 to 0.74) and the moderate adherence group 0.82 (95% CI: 0.80 to 0.84). Each behaviour independently reduced risk, indicating there were only additive effects but no synergistic or antagonistic interactions.

Greater adherence to healthy lifestyle behaviours is associated with a reduced risk of digestive system diseases. The absence of interactions among behaviours simplifies implementation, allowing individuals to focus on adopting as many behaviours as possible to maximize benefits.

Source: Yuan L, Lan Z, Zhu J. et al. Combined impact of multiple healthy lifestyles on digestive diseases: a large population-based prospective cohort study. *BMC Med* 23, 648 (2025). doi.org/10.1186/s12916-025-04485-1

## Associations between diabetes mellitus and drinking patterns in Korean adults by sex

Diabetes, a major global health concern, has reached 537 million cases worldwide as of 2021. While excessive alcohol consumption is a recognized health risk, its effects on diabetes vary by drinking patterns. A study evaluated the association between alcohol consumption and diabetes risk among Korean adults, emphasizing gender differences.

Using data from 31,091 adults in the Korea National Health and Nutrition Examination Survey (KNHANES, 2013–2018), alcohol consumption was assessed by average intake and binge drinking frequency. Fasting glucose levels categorized participants into normal, prediabetic, and diabetic states. Logistic regression analyses adjusted for demographic, lifestyle, and metabolic factors were conducted, with gender-specific subgroup analyses.

Among the participants, 64.3% were normal, 23.7% prediabetic, and 12.0% diabetic. Moderate alcohol consumption (1–2 standard drinks per session, 10–20 g ethanol) was associated with a 17% lower diabetes prevalence compared to non-drinkers, but higher intake ( $\geq 5$  standard drinks) and frequent

binge drinking were associated with elevated risks of both prediabetes and diabetes. For instance, individuals consuming 5–6 standard drinks had a 1.26 times higher diabetes prevalence, and daily binge drinkers exhibited the greatest risk increases. Gender-specific analyses showed that men had stronger associations between heavy drinking and diabetes, while women exhibited weaker associations at moderate levels. Additionally, prediabetic individuals demonstrated increasing risk with higher alcohol intake, regardless of gender.

This cross-sectional study reveals complex associations between alcohol consumption and diabetes prevalence, with moderate drinking associated with lower diabetes prevalence and heavy or frequent binge drinking associated with higher prevalence. Public health strategies should incorporate gender-specific guidance to address alcohol-related diabetes risks effectively.

Source: Yoo, H., Choi, YS. & Yang, YM. Associations between diabetes mellitus and drinking patterns in Korean adults by sex: insights from the Korea National health and nutrition examination survey 2013–2018. *Diabetol Metab Syndr* (2025). doi.org/10.1186/s13098-025-02034-7

## Low level alcohol consumption is associated with lower regional brain volume and thickness in healthy adults

Low levels of alcohol consumption (e.g., up to two standard drink equivalents/day for males and one drink/day for females) have been viewed as benign or even beneficial, particularly for cardiovascular function. A limited number of studies investigated associations of alcohol consumption with brain volumes and metabolite levels in “healthy” cohorts without alcohol use disorder (AUD) and yielded mixed results. To date, no study has concurrently assessed brain morphometrics and metabolites in regions that previously showed associations with alcohol consumption in healthy adults.

A study examined the associations between alcohol consumption and magnetic resonance measures of brain volume and cortical thickness, and brain metabolite levels in healthy non-smoking adults (22–70 years of age) with no history of AUD; average number of drinks/month prior to study was  $19 \pm 17$ . Volumes and thickness were quantified for the bilateral anterior cingulate cortex (ACC) and dorsolateral prefrontal cortex (DLPFC), and metabolites in the ACC and right

DLPFC. All participants consumed  $\leq 60$  standard drink equivalents per month, over the year preceding study. Lower left caudal ACC volume and thickness and lower right superior frontal gyrus volume were related to higher 1-year average drinks/month. Lower ACC creatine-containing compounds and myo-inositol levels were associated with higher 1-year average drinks/month; lower ACC myo-inositol concentration was related to higher lifetime average drinks/month.

Results indicate potential neurobiological consequences for levels of alcohol consumption currently considered “low risk” for adverse biomedical effects. These findings may have implications for current harm reduction strategies and alcohol consumption public health guidelines.

Source: Durazzo TC, Joseff BDP, Meyerhoff DJ. Low level alcohol consumption is associated with lower regional brain volume and thickness and lower choline-containing compounds and myo-inositol levels in healthy adults. *Alcohol*. 2025 Dec;129:157-165. doi.org/10.1016/j.alcohol.2025.10.007

## Association between diet consumption and altered telomere length in leukocytes

Leukocyte telomere length (LTL) measures the protective caps (telomeres) on the ends of white blood cell chromosomes, acting as a biomarker for biological aging; shorter LTL often signals faster aging and higher risk for age-related diseases. Observational studies suggest dietary factors influence leukocyte telomere length, yet causality remains unproven. Using Mendelian randomization (MR) and colocalisation analyses, researchers investigated causal relationships between 38 dietary phenotypes and leukocyte telomere length to clarify conflicting evidence on Mediterranean diet components (alcohol, nuts) and biological aging.

Genetically predicted champagne/white wine and red wine intake were associated with shortened Leukocyte telomere length, whereas nut consumption increased Leukocyte telomere length. These associations persisted in multivariable MR and colocalization analyses, suggesting causal mechanisms independent of confounding. No other dietary phenotypes showed causal links to Leukocyte telomere length. This MR study provides genetic evidence that moderate alcohol consumption, including wine, accelerates telomere shortening, which contradicts previous observational claims regarding the benefits of the Mediterranean diet that often emphasise wine as a protective component. In contrast, nut intake aligns with dietary recommendations for anti-aging. These findings challenge the prevailing notion of the Mediterranean diet as a uniformly beneficial model for longevity by revealing heterogeneity and even antagonistic effects among its components (alcohol vs nuts) on aging.

The study lends evidence to the need to reassess the role of alcohol in longevity-promoting diets. Public health strategies should advocate reducing alcohol consumption and increasing nut intake to mitigate the risk of age-related diseases, the study authors say.

Source: Wang B, He J, Pei Z, Tao C, Song E. Mendelian randomization and colocalization analyses reveal an association between diet consumption and altered telomere length in leukocytes. *Medicine (Baltimore)*. 2025 Nov 21;104(47):e45825. doi.org/10.1097/MD.00000000000045825.

## Alcohol consumption reported on routine healthcare screenings is associated with all-cause mortality in primary care patients

Associations between alcohol and mortality are well documented in epidemiological studies, but whether brief alcohol screening measures administered routinely in primary care similarly predict mortality is less established. A study examined whether alcohol consumption reported on the three-item Alcohol Use Disorder Identification Test, Consumption (AUDIT-C) during routine care was associated with all-cause mortality, and secondarily, whether age and sex modified associations.

Researchers used electronic health record data from a large integrated health system and death data from the Washington Department of Health. Adult primary care patients were included if they completed an AUDIT-C screen (March 1, 2015-December 31, 2021). AUDIT-C scores were categorised: no alcohol use (0), low-risk alcohol use (1-2 female/1-3 male), moderate-risk alcohol use (3-6 female/4-6 male), high-risk alcohol use (7-8), or very high-risk alcohol use (9-12). Time-to-event (death or censoring) was measured for up to 8 years (2015-2023). Adjusted all-cause mortality across AUDIT-C score categories, with low-risk alcohol use as the reference were estimated.

Among 531,851 primary care patients, a majority were aged 30-59 (52%), female (58%), non-Hispanic (94%), and White (70%). A total of 21,548 patients died (4.8%) during follow-up. Compared to patients reporting low-risk alcohol use, those reporting no use or very high-risk use had higher mortality (hazard ratio [HR] = 1.40 [95% CI: 1.36-1.44] and HR = 1.58 [1.35-1.84], respectively); those with moderate-risk use had lower mortality (HR = 0.86 [0.83-0.90]). Associations varied by age (stronger among young adults) but not sex.

Alcohol use reported on brief screens during routine primary care had an approximately convex association (J- or U-shaped depending on sub-population) with all-cause mortality as observed in prior epidemiological studies. Findings support the value of routine alcohol screening as a tool for identifying patients at risk for major adverse health outcomes like death.

Source: Matson TE, Bobb JF, et al. Alcohol consumption reported on routine healthcare screenings is associated with all-cause mortality in primary care patients: A retrospective cohort study. *Alcohol Clin Exp Res (Hoboken)*. 2025 Dec 2. doi.org/10.1111/acer.70192

## Relationship between age-related hearing loss and alcohol consumption in a Japanese population

Age-related hearing loss has a multifactorial pathogenesis, and the influence of alcohol consumption on it is controversial. A cross-sectional study investigated the association between age-related hearing loss and alcohol consumption by using cohort data from Tohoku Medical Megabank Project, including self-reported questionnaires and pure-tone audiometry thresholds (500, 1000, 2000, and 4000 Hz). A hearing level of  $> 25$  dB in the better ear. An analysis included 5,219 men and 9,266 women, aged 50-79 y. The results indicated that daily alcohol consumption levels of 60-80 and  $\geq 80$  g were significantly associated with increased odds of ARHL at 4,000 Hz in men (odds ratio [OR] 1.42; 95% confidence interval [CI] 1.05-1.94; OR 1.55; 95% CI 1.12-2.16; respectively); consumption of 10-20 g was significantly associated with reduced

odds of age-related hearing loss at 4,000 Hz in women (OR 0.81; 95% CI 0.68-0.96). Assessment of drinking-related single nucleotide polymorphisms suggested that the effect of alcohol on age-related hearing loss may differ by genotype.

The study findings suggest a sex-specific association between alcohol consumption and age-related hearing loss; heavy drinking is a potential risk factor in men, whereas moderate drinking may have a protective effect in women.

Source: Takahashi H, Suzuki J, Motoike IN, Sakurai M, Kobayashi Y, Watarai G, Tozuka H, Kogure M, Kawase T, Honkura Y, Ikeda R, Kinoshita K, Nakaya N, Obara T, Hozawa A, Kuriyama S, Fuse N, Yamamoto M, Katori Y. Relationship between age-related hearing loss and alcohol consumption in a Japanese population. *Sci Rep.* 2025 Dec 2. doi.org/10.1038/s41598-025-29634-7

## Medical research by publication date

Methylation-based alcohol consumption scores as prognostic biomarkers in colorectal cancer: Insights from a population-based cohort. First published: 19 August 2025

Effects of 'No Safe Level' and 'Cutting Down' Alcohol Messages on Problem Recognition, Defensive Processing, and Self-Efficacy in Heavy Drinkers: A Randomized Experimental Study. 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

Low level alcohol consumption is associated with lower regional brain volume and thickness and lower choline-containing compounds and myo-inositol levels in healthy adults. Available online 30 October 2025, Version of Record 31 October 2025.

Longitudinal analysis of alcohol consumption pattern and menopause-specific quality of life in middle-aged women undergoing the menopausal transition. First published: 05 November 2025

A systematic review on the risk of developing cancer and frequency of alcohol consumption behaviors in US adults. Available online 13 November 2025, Version of Record 13 November 2025.

Acute effects of daily red wine consumption on retinal and cerebral blood flow in healthy young adults and an animal model. 17 November 2025

Alcohol consumption and disability-free life expectancy in the United States. Published: 17 November 2025

Alcohol's Effects on the Lung and Lung Disease. Published: November 21, 2025

Combined impact of multiple healthy lifestyles on digestive diseases: a large population-based prospective cohort study. Published: 21 November 2025

Heavy Drinking May Lead to Earlier, More Severe Stroke. Published Online: November 21, 2025

Mendelian randomization and colocalization analyses reveal an association between diet consumption and altered telomere length in leukocytes. November 21, 2025.

The Net Effect of Positive Changes in Alcohol Consumption on Mental Health Among South Korean Adults. Published online: 01 Dec 2025

Alcohol consumption reported on routine healthcare screenings is associated with all-cause mortality in primary care patients: A retrospective cohort study. First published: 02 December 2025

Relationship between age-related hearing loss and alcohol consumption in a Japanese population. Published: 02 December 2025

Associations between diabetes mellitus and drinking patterns in Korean adults by sex: insights from the Korea National health and nutrition examination survey 2013-2018. Published: 04 December 2025

Running from death: can fitness outpace alcohol's harm? Changes in alcohol intake, fitness and all-cause mortality in the HUNT Study. Published: 09 December 2025

Alcohol consumption and risk of cancer: a Mendelian randomization analysis of four biobanks and consortium data. Published: 16 December 2025

## Has alcohol consumption in England returned to pre-COVID-19 pandemic levels? A monthly population study, 2014 to 2024

Researchers from Spectrum Research Consortium, Edinburgh, UK, a multi-university, multi-agency research consortium focusing on the commercial determinants of health and health inequalities, investigated whether alcohol consumption in England had returned to pre-pandemic levels by December 2024, after the initial rise in 2020 across the total population and subgroups.

Monthly representative surveys were conducted in England through face-to-face interviews until February 2020, and then by telephone with 208,010 adults aged 18+ living in private households.

Mean weekly alcohol consumption (in UK units), prevalence of risky drinking (Alcohol Use Disorders Identification Test for Consumption [AUDIT-C] score  $\geq 5$ ), and possible dependence (AUDIT-C  $\geq 11$ ). Further measures included age, gender, and social grade.

All outcomes increased in April 2020: prevalence of risky drinking by 30.3% (95% confidence interval [CI]: 26.8, 33.8, from 26.2% in February 2020 to 34.0% in April 2020), prevalence of possible dependence by 90.2% (95% CI: 62.2, 122.9, from 0.9% to 1.7%) and mean weekly alcohol consumption by 34.5% (95% CI: 31.0, 38.0, from 5.0 units to 6.6 units). When adjusting for the survey mode change from face-to-face to telephone interviews, the step changes between February

and April 2020 remained but were substantially attenuated. The post-pandemic trend declined more quickly than the pre-pandemic trend for the prevalence of risky drinking (difference:  $-1.5\%$ /year, 95% CI:  $-2.4, -0.6$ ) and mean weekly alcohol consumption (difference:  $-2.4\%$ /year, 95% CI:  $-3.3, -1.6$ ), indicating a slow but incomplete return to pre-pandemic levels. The trend in prevalence of possible dependence was similarly stable before and after the pandemic (difference:  $-1.3\%$ /year, 95% CI:  $-6.2, 3.8$ ). Alcohol consumption declined more slowly among people from less advantaged than from more advantaged social grades.

The researchers state that the prevalence of risky drinking and mean weekly alcohol consumption in England appear to be trending towards pre-pandemic levels but the prevalence of dependent drinking in England appears to have increased since the start of the pandemic and remains elevated compared with pre-pandemic levels. Alcohol-related inequalities may be worsening due to slower declines in consumption following the pandemic among less advantaged drinkers.

Source: Buss VH, Oldham M, Jackson SE, Shahab L, Angus C, Holmes J, Brown J. Has alcohol consumption in England returned to pre-COVID-19 pandemic levels? A monthly population study, 2014 to 2024. *Addiction*. 2025 Nov 23. doi.org/10.1111/add.70258

## Minimum legal drinking age and educational outcomes

Many European countries have raised the minimum legal drinking age (MLDA) from 16 to 18 over the past decades. These policies often comprise a bundle of reforms including restrictions on alcohol sales to minors, venue access limitations, and advertising controls. A study published in the *Journal of Health Economics* provides novel evidence of the impact of MLDA changes on educational outcomes by exploiting their staggered timing across Spanish regions.

Alcohol consumption among adolescents aged 14-17 decreased by 7 to 17% and exam performance improved by 4% of a standard deviation. The study authors also observe a 10% decrease in the use of anxiolytics and hypnotosedatives, suggesting

improved mental health. There are no significant changes in the use of other substances, leisure habits or study effort. These findings are consistent with neurobiological evidence that alcohol directly impairs cognitive development and increases anxiety-related behaviours.

Reducing teenage alcohol consumption represents a substantial opportunity to improve educational outcomes in Europe, where youth drinking rates remain notably high, the researchers say.

Source: Bagues M, Villa C. Minimum legal drinking age and educational outcomes. *J Health Econ*. 2025 Dec;104:103078. doi.org/10.1016/j.jhealeco.2025.103078

## Rethinking global alcohol metrics in high-abstention low-income and middle-income countries

Alcohol per capita consumption (total pure alcohol consumed per person 15 years or older per year) is the primary indicator used to track global progress in reducing harms associated with alcohol use. However, in many low-income and middle-income countries (LMICs), where most of the population abstain from alcohol and risk of alcohol-associated harm is concentrated in a heavy-drinking minority, alcohol per capita consumption can misrepresent both exposure and risk. A viewpoint, published in the *Lancet*, argues for the routine inclusion of drinker-adjusted metrics, specifically litres of alcohol consumed per drinker (alcohol per drinker), alongside the standard alcohol per capita consumption indicator. By use of data from WHO's Global Information System on Alcohol and Health, researchers show how alcohol per drinker reveals patterns hidden by population

averages, particularly in high-abstention LMICs. For example, South Africa and the UK have similar alcohol per capita consumption but starkly different alcohol-attributable harm profiles, which are better explained by differences in alcohol per drinker.

Although alcohol per capita consumption remains valuable, relying on this metric alone risks misinterpreting progress and misdirecting policy in contexts where drinking is concentrated among a minority of the population who drink heavily. As global monitoring evolves, authors of the viewpoint call for the inclusion of additional metrics that better reflect risk in diverse contexts.

**Source:** Mind the gap: rethinking global alcohol metrics in high-abstention low-income and middle-income countries. Burton, Robyn et al. *The Lancet Global Health*, Volume 14, Issue 1, e152 - e156. doi.org/10.1016/S2214-109X(25)00396-1

## Alcohol's harm to others in Australia: Patterns, costs, disparities and precipitants

A policy brief summarises the latest estimates of how many people are affected by alcohol's harm to others in Australia. This is the harm from drinking that occurs, not to oneself from one's own drinking, but from the drinking of others, including intimate partners, family members, friends, coworkers and members of the public.

The brief is the result of a multi-year project is a collaboration between researchers from La Trobe University and Central Queensland University, in partnership with the Foundation for Alcohol Research and Education (FARE), the Australian Institute of Family Studies, Monash Health, the Australasian College for Emergency Medicine, the Alcohol and Drug Foundation and the Australian Rechabite Foundation

Researchers used information from the 2021 Australian Alcohol's Harm to Others Survey data, underlining the array of harms people commonly experience. Data from national and state level statistics on harms from health, social assistance, police and justice agencies that respond to harms from others' drinking are also presented. The response agency data outlines the severe end of the harm spectrum.

Their study also provides information from interviews on experiences of participants affected by others' drinking. Additionally, they present their analyses on the impacts of others' drinking on quality of life and estimate the economic costs to society of others' drinking.

- 48% of the population of Australia was negatively affected by the alcohol use of others in 2021.
- Alcohol was involved in 47% of all police-reported family and domestic violence incidents.
- 17% of families reported children were harmed by someone else's alcohol use.
- Residents in Queensland, South Australia, the Northern Territory, New South Wales and the ACT were more likely to report harm from the drinking of strangers than adults living in Victoria, Western Australia and Tasmania.
- The economic costs to society of others' drinking in 2021 was estimated at \$34.3 billion.

**Source:** Laslett, Anne-Marie; Hopkins, Cassandra; Smit, Koen; Cook, Megan; Room, Robin; Kuntsche, Sandra; et al. (2025). Alcohol's Harm to Others in Australia: Patterns, Costs, Disparities and Precipitants. La Trobe. doi.org/10.26181/30715955

## Socioeconomic inequities in alcohol-attributable mortality in Canada

Individuals with low socioeconomic position (SEP) experience greater rates of alcohol-attributable mortality, contributing to health inequities in mortality and life expectancy. A research team from the University of Toronto examined the association between SEP and alcohol-attributable mortality by sex/gender and age in Canada. Census records from the 2006 Canadian Census Health and Environment Cohort (ages 12+; n = 5 038 790) were linked to mortality data from 2006 to 2019. SEP was measured by educational attainment and household income. The rate differences (RDs) per 100 000 person-years and hazard ratios (HRs) were estimated.

Both educational attainment and household income were inversely associated with alcohol-attributable mortality. Absolute SEP inequities were greater among men than women, with an RD of 30.81 (95% CI, 28.04-33.57) for men and 9.86 (95% CI, 8.49-11.22) for women when comparing

the lowest to the highest income quintile. Age-stratified analyses showed absolute SEP inequities were most pronounced in middle and older adulthood, above age 30 for women and age 50 for men, with smaller RDs in ages 12 to 29. Relative SEP inequities were similar in women and men, with greater HRs at younger ages.

The researchers conclude that public health policies addressing social determinants and population-level alcohol policies should consider patterning of SEP inequities by sex/gender and age group.

Source: Alessandra T Andreacchi, Erin Hobin, Arjumand Siddiqi, Brendan T Smith, Socioeconomic inequities in alcohol-attributable mortality by sex/gender and age in Canada: a 13-year population-representative cohort study, *American Journal of Epidemiology*, Volume 194, Issue 11, November 2025, Pages 3069–3078, [doi.org/10.1093/aje/kwae385](https://doi.org/10.1093/aje/kwae385)

## The use of alcohol-free and low-alcohol drinks in pregnancy in the UK

Alcohol-free drinks [beers, ciders, wines, and spirits containing <0.05% alcohol by volume (ABV)], and low-alcohol drinks (between 0.05% and 1.2% ABV) are increasingly available and may be used as a harm reduction measure. However, it is not known what pregnant women think and feel about these drinks and how regularly they are consumed before and during pregnancy.

A cross-sectional online survey was developed and piloted. Women  $\geq 18$  years in the UK who were pregnant, or recently pregnant, were recruited via targeted social media advertising. Of the 2,092 respondents, 47.8% were currently pregnant; 55.7% were between 25 and 34 years, 90.0% were White; 6.1% were drinking alcohol at “increasing risk” levels (>14 units/week) before pregnancy.

During pregnancy, 13.5% consumed alcohol, which was more common in the increasing risk category. Alcohol-free or low-alcohol drinks were consumed by 71.3% of respondents during pregnancy; 91.4% of the increasing risk category

versus 69.9% of the lower risk category. The most common reasons for consuming alcohol-free or low-alcohol drinks were “to choose a safer alternative” (71.9%) and “to feel included in social events involving alcohol” (68.8%). 56.7% of respondents thought there was insufficient information available about consuming alcohol-free and low-alcohol drinks during pregnancy, with internet searching the primary source of information.

Although alcohol-free and low-alcohol drinks are commonly consumed during pregnancy, there are some safety concerns, the researchers say. Their role as a harm reduction measure in those who are drinking alcohol at increasing risk levels pre-pregnancy needs further investigation.

Source: Maslin K, Hopper H, Shawe J. The use of alcohol-free and low-alcohol drinks in pregnancy in the UK, *European Journal of Public Health*, 2025; [ckaf188](https://doi.org/10.1093/eurpub/ckaf188), [doi.org/10.1093/eurpub/ckaf188](https://doi.org/10.1093/eurpub/ckaf188)

## Exploring the relationship between humour styles and drinking behaviour

Humour is a key component of social relationships and has been linked to both positive health outcomes and detrimental effects, depending on the style of humour employed. However, its associations with alcohol-related behaviours remain largely underexplored. A study investigated the relationships between humour styles, gender, age, and alcohol use.

A total of 392 adults (123 males and 269 females), aged between 18 and 74 years ( $M = 36.64$ ;  $SD = 13.11$ ), completed the Humour Styles Questionnaire (HSQ). This data was used to assess humour styles and the Alcohol Use Disorders Identification Test (AUDIT) to evaluate alcohol consumption patterns.

Results indicated that male sex and younger age were significantly associated with higher alcohol use. Moreover, Self-Defeating humour emerged as a significant positive predictor of alcohol-related behaviour. The findings suggest that certain maladaptive humour styles, particularly Self-Defeating humour, may play a role in reinforcing problematic drinking behaviours, possibly by serving as a dysfunctional coping mechanism in social contexts.

Source: Baldacci G, Marino A, Cirillo L, Guidi L, Musio A, Dionigi A. Laughing over a Drink: Exploring the Relationship Between Humor Styles and Drinking Behavior. *Behav Sci (Basel)*. 2025 Nov 18;15(11):1580. doi.org/10.3390/bs15111580.

## Social and Policy research by publication date

Socioeconomic inequities in alcohol-attributable mortality by sex/gender and age in Canada: a 13-year population-representative cohort study. Published: 8 October 2024

Minimum legal drinking age and educational outcomes. Available online 30 October 2025, Version of Record 7 November 2025.

The use of alcohol-free and low-alcohol drinks in pregnancy in the UK, Published: 05 November 2025

Mind the gap: rethinking global alcohol metrics in high-abstention low-income and middle-income countries. Published November 12, 2025

Laughing over a Drink: Exploring the Relationship Between Humor Styles and Drinking Behavior. Published: 18 November 2025

Has alcohol consumption in England returned to pre-COVID-19 pandemic levels? A monthly population study, 2014 to 2024. First published: 23 November 2025

Alcohol's Harm to Others in Australia: Patterns, Costs, Disparities and Precipitants. Published 3 December 2025

## Thailand lift afternoon alcohol ban to boost tourism

Controversy surrounding Thailand's newly amended Alcohol Beverage Control Act exposes the government's ongoing struggle to balance public health priorities with the demands of a tourism-driven economy. The law, which took effect on Nov 8 and introduced a ban on alcohol sales between 2pm and 5pm as well as a midnight drinking cut-off, triggered immediate backlash from nightlife operators, restaurants and tourism businesses. Just one week later, facing intense economic pressure, policymakers moved to soften the restrictions.

On Nov 13, the National Alcohol Policy Committee and the Alcohol Beverages Control Committee agreed to lift the afternoon sales

ban and allow licensed venues to serve alcohol until 1am, though sales after midnight remain prohibited. The six-month trial period reflects the government's attempt to weigh economic recovery against health and safety concerns. Businesses, particularly in tourism hubs like Bangkok's Khao San Road, welcomed the reversal, arguing that the original rules were outdated, confusing and damaging to tourism. Many operators also highlighted longstanding issues such as uneven enforcement, complex licensing processes and incentives for underground or informal operations, calling for clearer zoning and pathways for venues to operate legally.

[bangkokpost.com/thailand/special-reports/3138240/special-report-sobering-up-fast](https://bangkokpost.com/thailand/special-reports/3138240/special-report-sobering-up-fast)

## The 2025 national Barometer data highlights key changes in Irish drinking culture

In November Drinkaware Ireland released the findings from its Drinkaware Barometer 2025, offering a detailed look at adults changing drinking habits and attitudes toward alcohol consumption in Ireland. Now in its tenth iteration, the Barometer continues to track long-term national trends in alcohol use. Conducted by Ipsos B&A in July 2025, the survey highlights a shift in how and where adults drink, with the home now firmly established as the country's most common drinking setting.

One of the most notable developments is the rise in solo drinking. (31% of adult drinkers report drinking alone at home at least once a week, a trend that has strengthened since the COVID-19 pandemic. 55% say they were most likely to drink at home in the past month, and many report drinking with a partner rather than in groups. This pattern is especially pronounced among adults aged 50–64, almost two-thirds of whom are most likely to drink at home, with 21% reporting that they typically drink alone.

At the same time, the Barometer points to increasing demand for change. Four in ten adults — rising to nearly two-thirds of those aged 18–24 — believe more alcohol-free venues and events would help them drink less. Late-night cafés, sober social spaces, and restaurants with non-alcoholic menus emerged as appealing alternatives for

many respondents. Despite this interest, almost 40% rate the availability of such spaces in their area as poor, underscoring both unmet demand and a cultural appetite for healthier, more inclusive social environments. Supporting these findings, the HSE's Healthy Ireland 2025 report shows growing interest in no-alcohol products, with 25% of adults consuming alcohol-free beer, wine or spirits, often for driving or health-related reasons.

Drinkaware CEO Dearbhla O'Brien notes that the 2025 data paints a complex picture: although weekly drinking has declined slightly in recent years, binge drinking remains deeply rooted in the behaviour of many adults, and the rise of home and solo drinking marks a significant cultural shift. Yet the desire for balance and for healthier social norms is clearly growing. Younger adults, in particular, are leading the push for more inclusive sober spaces and new ways of socialising. As O'Brien explains, the organisation is already seeing these themes reflected in its "Here's to Change" podcast series, where guests share how small adjustments to their drinking habits have improved their wellbeing. "Ireland is ready for more choice and more conversations about what healthy, mindful drinking looks like," she said.

[drinkaware.ie/new-drinkaware-research-nov-2025/](https://drinkaware.ie/new-drinkaware-research-nov-2025/)

## 'Reduced alcohol' wine labels to be introduced in the EU

The European Parliament and Council reached an agreement at the beginning of December on a set of new measures to support Europe's struggling wine sector, including a rebranding initiative that will introduce clearer labels for wines with lowered alcohol content. The EU wine industry is facing a crisis, driven by repeated heatwaves and a long-term decline in consumption, which in 2024 fell to its lowest level in six decades. This drop has created oversupply and pushed prices down. At the same time, shifting consumer habits—especially among younger buyers—are opening fresh opportunities for growth in the low- and no-alcohol market.

Under the newly adopted 'wine package', lawmakers agreed to replace the current terms 'de-alcoholised' and 'partially de-alcoholised' with the more marketable labels 'alcohol-free' and 'reduced alcohol'. These updated descriptions will soon begin appearing on wine bottles throughout the EU.

The package also introduces measures to help winegrowers cope with extreme weather, natural disasters, or outbreaks of plant disease by granting an extra year for the replanting of affected vines.

Additionally, EU countries will be permitted to combine European and national funding to support vine grubbing-up as a way to tackle oversupply. The agreement also boosts financial support for promotional campaigns for European wines abroad, with EU funding covering up to 60% of costs.

The text will now require formal approval from both the European Parliament and the Council before it can come into force.

[consilium.europa.eu/en/press/press-releases/2025/12/04/council-and-parliament-strike-agreement-to-strengthen-and-future-proof-the-eu-wine-sector/](https://consilium.europa.eu/en/press/press-releases/2025/12/04/council-and-parliament-strike-agreement-to-strengthen-and-future-proof-the-eu-wine-sector/)

## Latvian government to raise tax on alcohol

Latvia's parliament has approved amendments to the Excise Tax Law that will raise the cost of alcohol, tobacco, and energy drinks as part of the country's 2026 budget package. The amendments introduce both immediate price increases and a phased approach to further rises over the coming years and form part of a broader government strategy to discourage unhealthy consumption and strengthen public finances.

Under the new rules, excise duties on strong alcohol will increase from 15 March 2026, with broader increases for all alcoholic beverages scheduled from 1 March 2028. This will raise the price of spirits by €0.51, wine by €0.15–€0.30 depending on alcohol content, and beer by €0.03 per bottle. Tobacco taxes will also rise faster than previously planned, with increases coming next year and again from 2027. By 2028, a pack of cigarettes is expected to cost €7.50—€2.20 more than today—while heated tobacco and e-liquids will also see additional excise charges. From 2028, Latvia will also expand excise duties to sweetened beverages and introduce a separate rate specifically for energy drinks.

[eng.lsm.lv/article/culture/food-drink/04.12.2025-alcohol-tobacco-and-energy-drinks-to-become-more-expensive-in-latvia.a625013/](https://eng.lsm.lv/article/culture/food-drink/04.12.2025-alcohol-tobacco-and-energy-drinks-to-become-more-expensive-in-latvia.a625013/)

## European Beer Trends - 2025 Edition

Recent data from the European Beer Trends report shows that overall beer consumption in Europe has declined in recent years, with total production and sales falling compared with pre-pandemic levels. Factors such as inflation, high production costs, and reduced consumer spending have contributed to this drop in consumption and a slowdown in exports.

Despite these challenges, consumer demand for non-alcoholic and low-alcohol beers is rising, with no- and low-alcohol products showing strong growth and becoming a notable segment of the market. The report also highlights broader shifts in consumer behaviour, including the continued recovery of home consumption and changing patterns in hospitality settings, even as overall consumption volumes remain under pressure.

[brewersofeurope.eu/wp-content/uploads/2025/12/eu-beer-trends-2025-web.pdf](https://brewersofeurope.eu/wp-content/uploads/2025/12/eu-beer-trends-2025-web.pdf)

## UK drivers support alcohol interlocks to cut drink-driving

New RAC research shows that 82% of UK drivers support introducing alcohol interlocks to help prevent repeat drink-driving offences. Only 7% oppose their use, while 12% remain unsure.

Alcohol interlocks are already widely and effectively used in countries such as Belgium, the Netherlands, Australia, New Zealand and the United States. The devices stop a vehicle from starting or being driven if they detect alcohol on the driver's breath.

Among UK drivers who support alcohollocks, 71% believe the devices should be fitted to the vehicles of anyone caught over the legal limit. A further 23% think they should be required only for repeat offenders, and 6% are undecided. Support is strongest among younger motorists, with 87% of drivers under 25 and 86% of those aged 25 to 44 in favour. However, the majority of older drivers also back the idea, with 73% of those aged 65 and above supporting the introduction of alcohollocks.

Findings from the RAC Report on Motoring 2025 also show that self-reported drink-driving has nearly returned to pre-pandemic levels. 12% of drivers admit to having driven while believing they were over the limit, either immediately after drinking or the following morning. The figures are even higher among younger drivers, with 14% of those aged 25–44 and 18% of those under 25 admitting to the behaviour.

[rac.co.uk/drive/news/motoring-news/drivers-support-alcohol-interlocks/](https://rac.co.uk/drive/news/motoring-news/drivers-support-alcohol-interlocks/)

## Zero-alcohol rule proposed for new drivers in Cyprus

In Cyprus, the House transport committee proposed a new law introducing a zero-alcohol limit for new drivers. Diko MP Chrysanthos Savvidis said that a zero-alcohol limit for new drivers – defined as those with less than three years' experience – was only a first step, and that Cyprus ultimately aimed to align with the European Commission's target of introducing a zero-alcohol limit for all drivers. The bill has been referred to the next plenary session of the House of representatives for a vote before the Christmas recess.

[cyprus-mail.com/2025/12/04/zero-alcohol-rule-proposed-for-new-drivers](https://cyprus-mail.com/2025/12/04/zero-alcohol-rule-proposed-for-new-drivers)

## DrinkWise partners with Smartraveller to protect school-leavers from methanol poisoning risks

DrinkWise has joined forces with the Australian Government's Smartraveller service to launch a new national campaign designed to raise awareness about alcohol safety for young Australians traveling overseas this summer.

The 'Drinking? Drink mindfully' campaign, which also features input from two families who lost their daughters to methanol poisoning in 2024, has been crafted to offer practical and actionable advice for both parents and school-leavers in regard to moderating alcohol consumption, looking after friends, the risks of methanol poisoning, and what to do if things go wrong.

This tailored guidance coincides with new research showing that 69% of parents do not discuss alcohol risks with their children as part of their planning for Schoolies despite 94% considering it a priority.

In addition to a series of online resources available at SchoolTV, DrinkWise and Smartraveller, the campaign featured activations and giveaways at international airport terminals in Sydney, Melbourne, and Brisbane on Saturday 29 November, a key travel day for Schoolies, along with targeted social media in and around international airports to provide timely advice to school-leavers before departing Australia.

The collaborative campaign has also been specifically crafted around the unique typical drinking habits of Australians on international Schoolies trips. According to new DrinkWise research, 32% of school leavers who travelled overseas in 2023-23 avoided alcohol completely, compared to 19% of those who stayed in Australia.

For those travelling overseas, only 18% said they were concerned about methanol poisoning, with more common concerns including the risk of scams, drink or needle spiking, and getting sick.  
[drinkwise.org.au/campaigns/schoolies](http://drinkwise.org.au/campaigns/schoolies)



## Reconsidering New Zealand's low-risk alcohol advice

A review article published by The Public Health Communication Centre (PHCC) in Aotearoa New Zealand states that growing scientific evidence suggesting that there is no safe level of alcohol consumption, has prompted many countries to lower their low-risk drinking advice (LRDA) and is leading Aotearoa New Zealand to review its own outdated guidelines. According to the review authors, this process is threatened by extensive alcohol industry interference, including lobbying, funding misleading research, influencing policy, reframing alcohol harm as individual responsibility, and spreading misinformation through public campaigns and school-based programmes. They argue that in order to protect the integrity of the LRDA review and reduce alcohol harm, the briefing calls for stronger safeguards—such as a global Framework Convention on Alcohol Control, stricter controls on political lobbying and industry involvement in education, and updated national drinking guidelines that reflect the clear evidence that any alcohol use carries health risks.

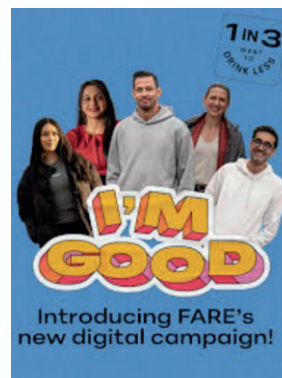
[phcc.org.nz/briefing/reconsidering-our-low-risk-alcohol-advice-dark-influence-alcohol-industry](http://phcc.org.nz/briefing/reconsidering-our-low-risk-alcohol-advice-dark-influence-alcohol-industry)

## 'I'm Good' campaign offers tips and strategies

A new digital campaign in Australia offers practical tips on how to cut back or cut out alcohol, and how to support loved ones who want to cut back.

The campaign 'I'm Good', has been developed by FARE and funded by the ACT Government, it was created in response to recent polling which found that 33.4% of Canberrans want to cut back or cut out alcohol. Of those, 11.5% said they don't know where to start.

The campaign highlights the positive changes – big and small – that people can see when they start saying "I'm Good" to alcohol more often. As well as offering evidence-based strategies, the campaign showcases the real stories of Canberrans who are thriving after saying "I'm Good" to another drink.  
[imgood.org.au/](http://imgood.org.au/)



## Empowering young adults to promote responsible drinking in Europe

SpiritsEUROPE presented its first-ever United in Moderation awards in Brussels in November during the organisation's Annual Summit. The awards honour university students from across Europe who have demonstrated strong commitment to promoting responsible drinking through creative, peer-to-peer awareness campaigns. The initiative reflects the sector's belief that education, empowerment and open dialogue are the most effective tools for encouraging moderation and reducing harmful drinking.

During the Summit, speakers—including MEPs Zala Tomašič and Barry Cowen—called for a more holistic and inclusive approach to alcohol-prevention policy. They advocated shifting away from restrictive measures such as advertising bans or tax increases, and instead prioritising targeted interventions that address risky behaviours. Participants highlighted that education, awareness and community engagement tend to deliver more lasting behavioural change than prohibition, while also helping preserve Europe's cultural traditions of moderate beer, wine and spirits consumption. Strengthening risk literacy, supporting informed choice and involving young people directly in shaping prevention strategies were emphasised as key elements of effective policy.

With initiatives like United in Moderation, the European spirits sector shows its commitment to working collaboratively with governments, academia and civil-society partners to encourage moderation and prevent misuse. SpiritsEurope comment that the awards showcase not only the creativity and leadership of Europe's youth, but also the industry's readiness to explore new approaches to contribute meaningfully to public-health and well-being goals across the continent.

[spirits.eu/media/press-releases/united-in-moderation-empowering-young-adults-to-promote-responsible-drinking](https://spirits.eu/media/press-releases/united-in-moderation-empowering-young-adults-to-promote-responsible-drinking)

## Polish lawmakers introduce tougher alcohol restrictions

Poland's parliament is preparing to introduce sweeping reforms to its alcohol regulations, proposing the strictest measures the country has seen in years. The draft legislation would prohibit nighttime alcohol sales, impose tighter limits on advertising, and establish stringent rules for online alcohol transactions, changes that could significantly alter the landscape for both retailers and consumers. The initiative follows a broader push to curb alcohol consumption, with a ban on sales already in place inside parliament since November. If approved, the new regulations would mark a major shift in Poland's approach to alcohol policy.

[tvpworld.com/90332936/new-alcohol-control-measures-advance-in-polish-parliament](https://tvpworld.com/90332936/new-alcohol-control-measures-advance-in-polish-parliament)

## Research collaboration in South Africa

A new five-year research initiative, CHASE-SA, has been launched by the University of Cape Town and the South African Medical Research Council to address the severe harms caused by alcohol misuse in South Africa and Botswana. The project brings together local and international partners to examine the political, economic and social factors that drive high-risk drinking, especially in a region with some of the world's highest rates of heavy episodic alcohol use.

Alcohol abuse contributes significantly to South Africa's disease burden and exacerbates issues such as gender-based violence, HIV, tuberculosis and high levels of foetal alcohol spectrum disorders. CHASE-SA aims to map the entire alcohol environment — from industry supply chains to community drinking norms — and link these to health and social outcomes in order to understand why harmful patterns persist.

The project will work across four key areas: analysing alcohol policy and industry influence; studying how and where alcohol is accessed and consumed; examining the health and economic impacts of drinking; and co-creating community interventions and policy solutions with government, civil society and affected communities.

[iol.co.za/ios/news/2025-12-03-new-research-initiative-launched-to-tackle-alcohol-harm-in-southern-africa/](https://iol.co.za/ios/news/2025-12-03-new-research-initiative-launched-to-tackle-alcohol-harm-in-southern-africa/)

## Better Safe Than Sorry campaign in Malta

In November, The Sense Group in Malta launched a simple yet forever true message to all drivers: "Better Safe Than Sorry." This year's campaign highlights everyday scenarios where small decisions can have life-changing consequences.

Director General of The Sense Group, Ray Grech, commented on the initiative: "Many of us have been in the situation of having 'one drink too many', and making the right decision at that point is more challenging. The best thing is to plan your journey ahead with the goal of entirely avoiding, at all costs, finding yourself intoxicated behind the wheel."

The campaign encourages practical steps: Planning your ride home before you go out, looking out for your friends, choosing alcohol-free alternatives, and, even if you're not driving, to pace your alcohol

consumption and order water between drinks.

The campaign goes beyond road safety. It also addresses

the emotional and social consequences of excessive drinking. Lingering regret, shame that stays with you, and broken or strained relationships are not legal consequences, but human ones. Its underlying message is that we cannot rely solely on law enforcement to solve this issue. Citizen responsibility must play a central role.

[drinkawaremalta.com/press251124/](http://drinkawaremalta.com/press251124/)



## The New Zealand Health Survey shows a move to moderation

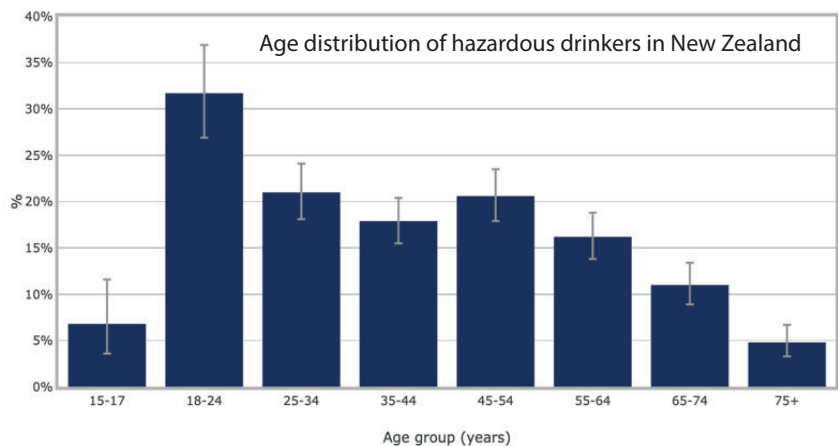
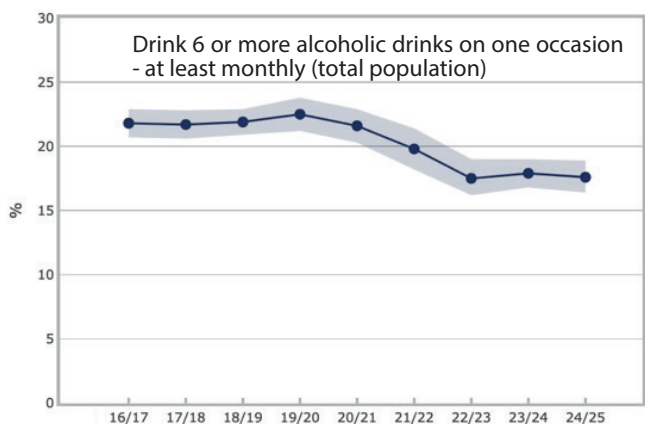
The New Zealand annual Health Survey shows a continued positive change in New Zealanders' drinking behaviour. 83.4% of New Zealanders drink beer, wine and spirits responsibly, and there has been an across-the-board decline in different measures of riskier drinking as compared to 2016/17.

The survey reports reductions in hazardous drinking, heavy episodic drinking or binge drinking, both weekly and monthly. The rate of hazardous drinking in adults has consistently declined from 21.3% in 2020 to 16.6% this year, a reduction of 22%. Hazardous drinking among women has declined, dropping from 13.8% in 2020 to 11.5% this year – a 16.6% reduction. Men's hazardous drinking remains high, but encouraging progress has been made. This has fallen from 28.9% in 2020 to 21.9% this year, representing a 24% reduction. More people are choosing not to drink, with 74.9% of Kiwis currently drinking, compared with 79.6% when the survey began.

Although the legal age for purchasing alcohol in New Zealand is 18 years old, 49% of those aged

15-17 years drank alcohol in the past year versus 60.3% in 2011/12, a reduction of 23%.

[health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey](http://health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey)



## Alcohol and the Health of Brazilians - Panorama 2025

In the latest overview of alcohol consumption habits in Brazil, 64% of the survey sample reported not drinking in 2025, an increase from 2023 (55%). The Ipsos-Ipec survey was conducted at the request of the Center for Health and Alcohol Information (CISA) for the seventh edition of the publication Alcohol and the Health of Brazilians: Panorama 2025.

The increase in abstinence was more significant among individuals with higher education. In this group, the prevalence of people who do not drink went from 49% (2023) to 62% (2025). Compared to the increase of 13 percentage points among people with higher education, for those with

lower education the growth was 8 percentage points. Other large increases in relation to abstinence also occurred among residents of the Southeast region (from 51% to 62%) and social classes A/B (from 44% to 55%), being more pronounced in municipalities located in metropolitan regions and capitals.

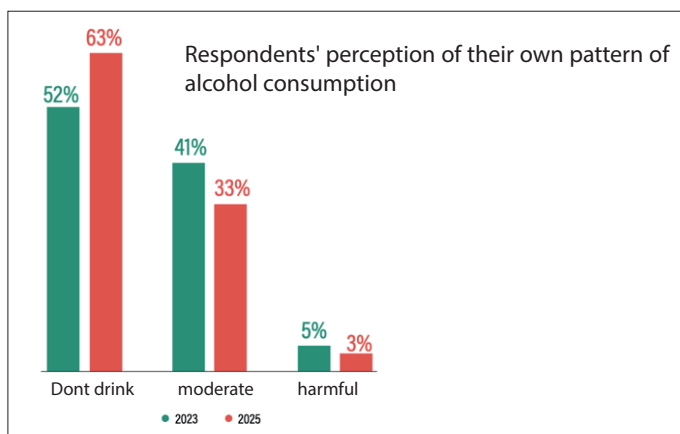
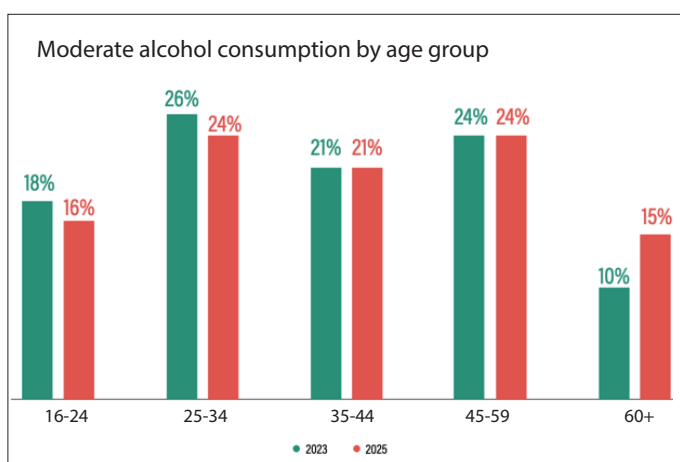
The research also pointed to a drop in the frequency of consumption, with a reduction of 6 percentage points, in the intake of alcohol once a week or every fortnight. Among drinkers, 39% consume one to two units per occasion. The survey showed that heavy alcohol consumption (7 units or more per occasion) is more prevalent among males (26%); in the age group of 25 to 44 years (54%) among respondents with high school (25%); and respondents from the North/West Center regions (31%)

The publication also shows the update of data on mortality and hospitalisation of Brazilians caused by the harmful use of alcohol, based on data provided by Datasus. In 2023, 73,019 deaths associated with alcohol use were recorded – a growth of 10.2% between 2010 and 2023, with a rate of 34.5 deaths per

100,000 inhabitants. Fifteen states are above the national index, with the highest rates in Espírito Santo (47), followed by Paraná (40.7), Piauí (41.7) and Tocantins (41.9).

In 2024, Brazil recorded 418,467 hospitalisations related to alcohol use, an increase of 24.2% compared to 2010. The country has reached a rate of 196.8 hospitalisations per 100,000 inhabitants and 11 states are above the national index. The highest indexes were recorded in Paraná (282.1), followed by Espírito Santo (267.3) and Mato Grosso do Sul (256.3).

[cisa.org.br/biblioteca/downloads/artigo/item/569-panorama2025](https://cisa.org.br/biblioteca/downloads/artigo/item/569-panorama2025)



## Warning labels to be mandatory on alcohol products starting in South Korea

All alcoholic beverages sold in the South Korea will be required to carry warning labels depicting the dangers of drunk driving and drinking during pregnancy.

Under a revision to the enforcement rule of the National Health Promotion Act, warning images depicting a liquor bottle, a car and a pregnant woman will become mandatory on soju, beer and all other alcoholic products. The changes aim to

ensure consumers recognise the risks of alcohol consumption before drinking, according to Health Ministry officials.

The revised rules follow the legislative amendment to the National Health Promotion Act brought into effect in March. To allow preparation time for the alcohol industry, the new labelling requirements will take effect on Sept. 19, 2026.

[en.yna.co.kr/view/AEN20251129000900320](https://en.yna.co.kr/view/AEN20251129000900320)

**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](http://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](http://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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