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The effects of binge drinking followed by abstinence: A real-world observational study in healthy adults

Binge drinking is a common pattern of alcohol intake often considered particularly harmful. However, its immediate effects on the development of hepatic steatosis and early alcohol-related liver injury are not well established. This study investigated the acute effects of binge drinking on the liver and their reversibility in healthy individuals.

Healthy adults were studied in a real-world setting before, the day after, and 10 days after attending a 3-day festival. Participants were alcohol abstinent 1 week before the first visit and between the last two visits. Each visit included liver MRI proton-density fat fraction and elastography, and blood tests. Alcohol and food intake were self-reported during the festival, and blood alcohol concentration was measured once daily.

Fifteen participants (9 male, 6 female), aged 36 ± 5 years, with a BMI of 23.2 ± 2.7 kg/m², completed the study. They consumed 186 ± 56 g of alcohol per day, resulting in a 2.5-fold increase in hepatic fat fraction from 1.9% to 4.6%. Six participants developed steatosis. Compared with those without steatosis, they had higher baseline BMI, triglycerides, and glucagon, and lower free fatty acids, while there was no difference in alcohol or energy consumption. Binge drinking also increased liver stiffness and triglycerides, while LDL-cholesterol decreased. After 10 days of abstinence, all outcome measures were normalised.

Three days of recreational binge drinking increased liver fat content and stiffness in most participants. This early consequence of excessive alcohol intake resolved after 10 days of abstinence, suggesting that the acute hepatic effects of binge drinking are readily reversible if followed by short-term abstinence.

These findings offer timely insight into the health risks of recreational binge drinking and contribute knowledge with potential implications for public health messaging and recommendations, clinical guidance, and alcohol policies.

Source: Kjærgaard, K., Yeoman, J.M., Eriksen, P.L., Mikkelsen, A.C.D., Møller, E.E., Wietz, A.F., de Zawadzki, A., Gormsen, L.C., Heebøll, S., Vilstrup, H., & Thomsen, K.L. (2025) Binge drinking acutely induces hepatic steatosis which is readily reversible: A real-world observational study in healthy adults. *JHEP Reports*, 8(1):101623. doi.org/10.1016/j.jhepr.2025.101623.

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

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Abstract

Background: Alcohol consumption has been linked to cancer risk. Evidence is strongest for seven cancer types: breast, colorectum, oesophagus, liver, mouth, pharynx, and larynx. However, evidence supporting a causal effect from Mendelian randomization is inconsistent.

Methods: We perform 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. We used 95 genetic variants associated with alcohol consumption at genome-wide significance. 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). We also estimated associations in cancer-specific consortia.

Results: 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, $p = 0.45$). Among the seven highlighted cancer types, we saw a multiply-corrected significant positive estimate for combined head/neck cancer (OR 1.51, $p = 0.001$), and nominally significant positive estimates for colorectal (OR 1.21, $p = 0.035$) and oesophageal (OR 1.42, $p = 0.033$) cancer. For liver cancer, there was a null estimate overall (OR 1.40, $p = 0.10$), 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, $p = 0.25$) and consortium data (OR 0.98, $p = 0.84$). Conversely, we observed multiply-corrected significant negative estimates for kidney cancer (OR 0.64, $p = 0.0003$) and endometrial cancer (OR 0.56, $p = 0.0006$), and nominally significant negative estimates for non-Hodgkin's lymphoma (OR 0.75, $p = 0.010$), myeloma (OR 0.61, $p = 0.014$), and some subtypes of ovarian cancer. There was a nominally significant positive association with cancer mortality (OR 1.44, $p = 0.003$), although this attenuated on adjustment for smoking heaviness. Limitations include potential invalidity of the genetic variants as instruments,

limited power, multiple testing, variable cancer detection rates, and unrepresentativeness of the datasets.

Conclusions: We 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.

ISFAR Summary

The relationship between alcohol consumption and cancer remains a pivotal topic. Larsson et al. (2025) present an impressive paper that attempts to associate alcohol consumption with cancer risk, defining alcohol consumption using genetic information.

Overall, several cancer types were positively associated with alcohol consumption, and several were negatively associated. Most of the positive and negative associations were consistent with classical state-of-the-art epidemiology. Surprisingly, there appeared to be no overall positive association between alcohol consumption and the incidence of any cancer type, and no association between alcohol consumption and breast cancer risk, neither overall nor for any of the subtypes studied.

In their discussion section, the authors adopt a highly critical stance towards their findings and the MR methodology used. They list numerous limitations in their analyses, one of which is that the genetic variants used to define alcohol consumption explain only approximately 0.2% of the variability in alcohol consumption, a figure that is extremely low. This may mean that cause-and-effect relations between alcohol consumption and overall cancer risk cannot be assessed by MR techniques, as the authors conclude: "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."

Unfortunately, very large and extensive MR studies of the relation between alcohol and cancer continue to be published, while genetic

information defining alcohol consumption generally accounts for a minimal part of that alcohol consumption.

Background

The relationship between alcohol consumption and cancer remains a pivotal topic. This became important in the late 1980s, when the International Agency for Research on Cancer (IARC), a WHO institute, classified alcoholic beverages as Group 1 carcinogens, indicating sufficient evidence of their carcinogenicity in humans. In addition, IARC considers there to be sufficient evidence of carcinogenicity in experimental animals, combined with strong mechanistic evidence of carcinogenicity in humans. Evidence is strongest for several cancers, including those of the mouth, throat, liver, breast, and bowel. Subsequently, several other organisations have followed IARC's classification, stating that any alcohol consumption can cause cancer. , .

The issue remains debated, as the alcohol-cancer relationship in humans is based mainly on epidemiological associations. Although numerous interventions have been conducted in animals, no long-term intervention studies in humans have been performed to show that alcohol consumption is carcinogenic. It is even unlikely that a large-scale randomised trial would be feasible or ethical to conduct.

Another important issue in the discussion is the dose of alcohol consumed. The IARC and the WHO consider any alcohol consumption to increase the risk of cancer. However, several of the cancers for which the association with alcohol consumption is strongest, such as mouth, throat, liver and bowel, occur only at high to very high consumption levels. Apart from the average dose of alcohol consumed, other alcohol consumption behaviours and lifestyle factors are considered essential for cancer risk. Specifically, for those cancers for which the risk increase is relatively small at low doses, such as breast cancer, other lifestyle factors may have confounded the observed associations.

Low-dose alcohol consumption, often referred to as light to moderate alcohol consumption, is difficult to assess accurately in epidemiological studies on which the alcohol-cancer association has been based. Alcohol consumption is usually assessed by questionnaire, which may lead to underestimation. In addition, alcohol

consumption may have been evaluated on a limited number of occasions over a long follow-up. Furthermore, those who have been drinking heavily in the past but do not drink anymore may confound associations further.

Larsson et al. (2025) is interesting in this respect. The impressive paper attempts to associate alcohol consumption with cancer risk and defines alcohol consumption based on genetic information. Genetically predicted alcohol consumption, estimated using Mendelian Randomisation (MR) analysis, would provide supportive evidence for a causal relationship between alcohol consumption and cancer risk. Although genetic make-up may theoretically predispose to alcohol consumption, it is hard to imagine that such a specific behaviour will be completely determined by genetic make-up, with social conditions and cultural factors contributing nothing at all. This makes MR yet another tool that incompletely assesses whether alcohol consumption is associated with health outcomes.

Critique

The study used data from four large longitudinal epidemiological studies, comprising more than 1.5 million participants in Europe and the USA, to assess cancer risk. Additional datasets were used to analyse specific outcomes, including breast cancer, overall, and 20 cancer types defined by cancer site, as well as some composite outcomes. The authors performed various MR analyses using genetic variants previously shown to be associated with alcohol consumption in a large genome-wide association study. Several adjustments were made to the variants used due to missing data, duplicates, and high correlation among variants.

As with many large biobank-based analyses, potential selection bias should be acknowledged. Participants in cohorts such as the UK Biobank tend to be healthier and consume less alcohol than the general population, which may attenuate both observational and genetically predicted associations, particularly at higher levels of alcohol consumption.

Overall, several cancer types were positively associated with alcohol consumption, and several were negatively associated. Most of the positive associations were consistent with classical state-of-the-art epidemiology, namely colorectal cancer, head/neck cancer and oesophageal cancer.

Also, most of the negative associations were consistent with classical state-of-the-art epidemiology, namely, kidney cancer (Song et al., 2012), myeloma cancer (Rota et al., 2014) and non-Hodgkin lymphoma (Tramacere et al., 2012). However, consistency between MR findings and observational reports of inverse associations should

Cancer type/site	Observational studies	MR biobank analysis (smoking adjusted)
All cancer	↑	↓
Bladder	-	↓
Breast	↑↑	-
Colorectum	↑↑	↑
Head/neck	↑↑	↑
Kidney	↓↓	↓↓
Liver	↑↑	-
Lung	↑	-
Melanoma	↓	-
Non-Hodgkin lymphoma	↓	↓↓
Oesophagus	↑↑	-
Pancreas	↑	-
Prostate	↑	-
Stomach	↑	↓

Arrows indicate the direction of the association. One arrow indicates suggestive evidence, two arrows indicate moderate to strong evidence, - indicates moderate to strong evidence of no association.

be interpreted cautiously. Inverse MR estimates are particularly vulnerable to horizontal pleiotropy, selection bias, and correlated metabolic or lifestyle pathways, and should not be interpreted as evidence of a protective effect of alcohol consumption.

An odd one out is the positive association between alcohol consumption and lung cancer, which was reported to be either not associated or negatively associated, depending on the adjustment for smoking (Fehringer et al., 2017, Rohrmann et al., 2006). Larsson et al. (2025) also found a sharp attenuation of the association.

Surprisingly, there appeared to be no overall positive association between alcohol consumption and the incidence of any cancer type. This is interesting, since health organisations promote the idea that any alcohol consumption will increase the risk of cancer. This message may stem from positive associations with some cancers, but when all major cancers are considered, the overall risk is not significant. Some authors have reached a similar conclusion when both the positive and negative associations for various cancer types are taken into account (Hendriks & Calame, 2018).

A similar conclusion, no association, was reached regarding the association between alcohol consumption and breast cancer risk, neither overall nor for any of the subtypes studied. This finding is inconsistent with meta-analyses of observational studies, which show a 5% to 10% increase in breast cancer risk per 10 g alcohol per day increment (Hamajima et al., 2002), but is consistent with several other meta-analyses (Kumar et al., 2024, Lim et al., 2025). The authors do not discuss this discrepancy in detail, beyond suggesting the possibility of residual confounding in observational studies or that their analyses have insufficient statistical power to detect such modest associations.

Table: Comparison of results from observational studies and the current MR study based on Table 3 in Larsson et al. (2025).

In their discussion section, the authors adopt a highly critical stance towards their findings and the MR methodology used. Firstly, they state: “We want to leave readers in no doubt that alcohol consumption increases the risk of many diseases.” While this statement is broadly accurate, additional nuance regarding alcohol consumption levels and drinking patterns would have been helpful. Secondly, the authors note that readers of their paper are often less sceptical of their findings than the authors themselves are, and they then list numerous limitations in their analyses. This limitation is also reflected in their observation that the genetic variants used explain only approximately 0.2% of the variability in alcohol consumption, a figure that is extremely low.

We agree that MR analyses may be less informative than classical state-of-the-art epidemiology for complex behavioural exposures such as alcohol consumption, primarily because a person’s genetic make-up captures only a limited proportion of individual drinking behaviour, including patterns, timing, and consumption context. In addition, MR analyses typically assume linear exposure–outcome relationships. If alcohol-related cancer risk is non-linear, threshold-dependent, or driven by specific patterns such as heavy episodic drinking or exposure during hormonally sensitive life stages, such effects may not be adequately captured by current genetic instruments.

This may mean that cause-and-effect relations between alcohol consumption and overall cancer risk cannot be assessed by MR techniques, as the authors conclude: “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.”

ISFAR has recently evaluated two other papers assessing the relationship between alcohol consumption and cancer risk, namely (Zhu et al., 2020) and (Sohi et al., 2024).

Compared with Larsson et al. (2025), who examined 20 cancers across broader sites, Zhu et al. (2020) focused on hormone-dependent cancers, specifically breast and ovarian cancers. They used a two-sample MR with three alcohol exposure measures — drinks per week, alcohol use disorder (AUD), and AUDIT-C (an adjusted measure of drinking behaviour). They found no evidence of a causal effect of genetically predicted alcohol consumption on breast cancer risk consistent across any of the three exposure measures. For the breast cancer subtypes ER+ and ER-, they also found null results across exposures. For ovarian cancer, they found a borderline reduced risk with one instrument (AUDIT-C), but this disappeared when excluding variants associated with possible confounders. Overall, there was no robust evidence of a causal effect.

By contrast, the study by Sohi et al. (2024) was a systematic review and meta-analysis of prospective observational studies, rather than an MR study. The authors reported that alcohol consumption increases the risk of female breast cancer, even at low levels of approximately one drink/day, and that a dose–response relationship was observed across drinking categories.

These differences in studies are important. Observational studies adjust for known confounders but remain vulnerable to residual confounding and measurement error. MR studies aim to strengthen causal inference by using genetic proxies to mitigate confounding, but they are insensitive to drinking patterns and rely on key assumptions, including the absence of horizontal pleiotropy.

MR evidence from both Larsson et al. (2025) and Zhu et al. (2020) does not support a strong causal link between alcohol consumption and breast cancer. This suggests that the observational association reported by Sohi et al. (2024) may be influenced by residual confounding (e.g., smoking, diet or hormone therapy use) or that MR instruments fail to capture relevant aspects of alcohol exposure, such as timing, patterns and heavy episodic drinking. The discrepancy, therefore, likely

reflects differences in methodology and in what each approach can detect, underscoring the importance of integrating genetic, mechanistic and observational evidence when interpreting alcohol–cancer relationships.

Specific comments

Forum member Ellison comments that “MR may have a role in relating alcohol to some cancers but probably provides less information for the association with cancers that are strongly related to lifestyle factors, especially drinking habits and smoking. It appears that the estimate of actual alcohol intake tends to be better from self-reports than from genetic factors associated with intake. This suggests that for cancers less related to drinking habits or other lifestyle factors, the finding of significant associations of alcohol with, for example, kidney cancer and haematological cancers, might be more informative.”

There continue to be a plethora of very large and extensive MR studies of the relation between alcohol and cancer, even though (as stated by the authors) the instrumental factors used in MR generally play only a minimal role in judging alcohol consumption, explaining only a tiny proportion of its variability. Yet numerous studies of the health effects of alcohol consumption continue to be reported. For some reason, it seems to me that there are now fewer studies relating smoking to cancer, even though the effects on risk are much larger than they are for alcohol consumption. Further, there continue to be frequent studies of alcohol, but none, if any, on the effects, for instance, of milk or of lemonade on the risk of cancer. This may, to some extent, be because there are few ‘anti-milk’ or ‘anti-lemonade’ investigators out there!

I agree with the authors’ extensive discussion of the limitations of this study’s results. This paper provides data for each of a large number of cancers, not just for all cancers combined. This is the correct approach, as there are presumably many factors involved in the risk of cancer, and they may vary markedly for each type of cancer. This means that a lack of relation between alcohol and total cancer risk does not necessarily rule out strong effects on specific types of cancer. However, the extensive scientific literature to date continues to suggest that, except for upper gastrointestinal and liver cancers, which are seen more frequently among alcohol abusers, moderate drinking plays

a minor role in the aetiology of most cancers and even reduces the risk for some.

Forum member Harding considers “the overall findings of the Larsson et al. (2025) study are, with some exceptions, broadly consistent with those of observational epidemiology in the relationship between alcohol consumption and various cancers. The Review of Evidence on Alcohol and Health, conducted by the US National Academies of Sciences (2025) to inform the 2025-2030 Dietary Guidelines for Americans (2026), is a further recent contribution to the debate. In short, it is hard to discern an overall clear consensus on the relationship between alcohol consumption and various cancers, in contrast to the relationship between moderate alcohol consumption and the spectrum of cardiovascular diseases and diabetes, for example.

In describing the background to the study, the researchers put it in the context of the 2025 US Surgeon General’s Advisory on Alcohol and Cancer (2025), which very clearly identified alcohol as the third leading preventable cause of cancer in the US, after tobacco and obesity. They can’t both be right.

The rationale in the US Surgeon General’s Advisory appears to be

- there are a number of biologically plausible mechanisms by which alcohol could cause cancer in humans, and
- therefore, alcohol causes cancer in those who consume it.

Further, the US Surgeon General’s Advisory is particularly cavalier in regarding statistical associations found in epidemiological studies between alcohol consumption and particular cancers as causal. On page 7, the US Surgeon General’s Advisory acknowledges the importance of determining whether an observed association is causal by application of ‘well-established scientific criteria such as the Bradford-Hill criteria’, but does not cite even one example where these criteria have actually been applied. For this reason alone, in my view, the US Surgeon General’s Advisory should be regarded as unconvincing, at best. The studies that show an apparent protective effect of alcohol consumption on the incidence of some cancers are simply ignored.

Larsson et al. (2025) suggest a much more nuanced relationship between alcohol consumption and

cancer. This is much more likely to be closer to the truth.”

Forum member Skovenborg “still does not quite understand how an analysis of the effect of alcohol that explains only approximately 0.2% of the variability in alcohol consumption may yield sound and informative results. I am also sceptical about organisations that quote the results of MR studies showing no evidence for a beneficial effect of alcohol consumption on cardiovascular disease, without mentioning the result of no association between genetically predicted alcohol consumption and breast cancer overall, for any subtype of breast cancer, or for breast cancer survival.

A great problem is the lack of information about drinking patterns such as drinking with meals vs fasting and regular, light drinking vs. binge-type drinking. MR studies have no information at all, and only a few observational studies have asked questions about drinking patterns. Effect modification by drinking pattern has been reported in several studies. For example, Ma et al. (2021) defined a healthy drinking habit score (DHS) as regular drinking (frequency of alcohol intake ≥ 3 times/wk) and consuming alcohol with meals (participants who indicated they drink alcohol with meals). After adjustment for potential confounders and the amount of alcohol consumed, regular drinking (frequency of alcohol intake ≥ 3 times/week) was significantly associated with a 7% lower risk of all-cause mortality (HR, 0.93; 95% CI, 0.88-0.99) and an 8% lower risk of cancer mortality (HR, 0.92; 95% CI, 0.85-0.99) compared with nonregular drinking (frequency of alcohol intake <3 times/week). Similarly, compared with participants who consumed alcohol outside meals and those with varying patterns, participants who consumed alcohol with meals had a significantly 12% lower risk of all-cause mortality (HR, 0.88; 95% CI 0.84-0.93), a 13% lower risk of CVD mortality (HR, 0.87; 95% CI, 0.78-0.97), a 10% lower risk of cancer mortality (HR, 0.90; 95% CI 0.85-0.95), and a 14% lower risk of other-cause mortality (HR, 0.86; 95% CI 0.78-0.94). For cancer mortality, a positive linear association was observed in participants with unfavourable DHS, whereas a J-shaped association was observed in participants with favourable DHS. Of note, moderate alcohol intake (50-200 g/week) was not associated with cancer mortality in participants with favourable DHS.”

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Structural brain recovery following reductions in adolescent and young adult binge drinking

Adolescence through young adulthood is a sensitive neurodevelopmental window characterised by ongoing maturation of grey and white matter and heightened vulnerability to alcohol's neurotoxic effects. Although prior studies link binge drinking with disrupted brain development, the potential for recovery with reduced alcohol use remains underexplored.

Using data from 690 participants (ages 12-29) in the National Consortium on Alcohol and NeuroDevelopment in Adolescence to Adulthood (NCANDA-A), a study examined the longitudinal impact of binge drinking episodes and reductions in binge drinking episodes on regional grey and white matter volumes. Linear mixed-effects models assessed (1) past-year binge drinking frequency, (2) reductions below personal mean binge drinking across time, and (3) transitions in binge drinking frequency across 10 annual neuroimaging assessments.

Results showed that higher binge drinking frequency was associated with decreases in

grey matter across frontal, parietal, temporal, and occipital cortices, as well as white matter reductions in frontolimbic and frontostriatal pathways. Reductions below personal mean drinking frequency were also associated with attenuated shrinkage in grey matter volumes. Participants who transitioned from frequent to infrequent binge drinking had significantly larger corpus callosum volumes compared to those with sustained frequent binge episodes. This longitudinal analysis demonstrates consistent negative effects of binge drinking on grey and white matter regions. Importantly, reductions in binge drinking provide evidence for neuroanatomical recovery, particularly in the corpus callosum, and suggest that the degree of recovery may vary by brain region and extent of alcohol use reduction during this key developmental period.

Source: Gonzalez, M.R., Brumback, T., Wickershiem, M.K., et al. (2026) Structural brain recovery following reductions in adolescent and young adult binge drinking: A longitudinal NCANDA study. *Developmental Cognitive Neuroscience*, 77. 101653. doi.org/10.1016/j.dcn.2025.101653

Impact of Alcohol Intake on Parkinson's Disease risk and progression

The association between alcohol consumption and Parkinson's disease (PD) risk remains unclear, whereas smoking has an inverse relationship with the disease.

A study systematically reviewed and meta-analysed 16 studies (2014-2024) from PubMed, Scopus, Web of Science, MEDLINE, and the Cochrane Library to assess the relationship between alcohol intake and PD risk, examining sex differences, dose-response patterns, smoking interactions, and genetic factors. Alcohol consumption was classified as low, moderate, or heavy, considering beverage type, sex, smoking status, and gene-environment interactions. Random-effects meta-analyses were used to evaluate sex-stratified and subtype-specific associations. PD progression, Mendelian randomization (MR), and gene-environment results were narratively synthesized.

Sex-stratified analyses showed inverse associations between alcohol consumption and PD risk versus non-drinkers (lifetime relative risk [LRR] = -0.35 to -0.62), with significant effects in

women and no association in low-level drinkers. Subtype analyses indicated protective effects for liquor (RR = -0.12) and wine (RR = -0.16), but not for low-level drinkers. Combined alcohol and smoking exposure produced the greatest PD risk reduction (LRR = -0.37), with pooled estimates confirming an inverse association (LRR = -0.20, I² = 90.1%). However, MR and gene-environment studies showed inconsistent evidence. Light-to-moderate alcohol consumption, particularly wine and liquor, may reduce PD risk, with the strongest effects when combined with smoking.

These findings highlight the combined effects of sex, genetic susceptibility, and lifestyle factors. Further longitudinal and MR studies stratified by sex and genotype are needed to elucidate the mechanisms; however, smoking cannot be recommended due to its detrimental effects.

Source: Hemed, S., Elmadani, M., Merzah, M., Odeh, A., Pintér, E., Balás, I., Janszky, J., Pintér, D. and Kovács, N. (2026), Impact of Alcohol Intake on Parkinson's Disease Risk and Progression: A Systematic Review and Dose-Response Meta-Analysis of Prospective Studies. *Mov Disord*. doi.org/10.1002/mds.70200

Alcohol consumption and risk of dementia: a systematic review and meta-analysis

In order to examine the relationship between alcohol intake and the risk of developing dementia, researchers conducted a comprehensive search of PubMed, Embase, the Cochrane Library and Web of Science for relevant studies up to July 22, 2024. The quality of the original studies was appraised using the Newcastle-Ottawa Scale (NOS).

The association between alcohol intake and the risk of dementia was presented as relative risks (RRs) and their corresponding 95% confidence intervals (CIs). Subgroup analyses were conducted based on alcohol consumption level, geographic region and age.

The meta-analysis found no significant association between alcohol exposure and the risk of developing dementia, including all-cause dementia (RR = 1.03, 95% CI: 0.84-1.27), Alzheimer disease (RR = 0.97, 95% CI: 0.86-1.08), vascular dementia (RR = 1.09, 95% CI: 0.95-1.26) and other dementia (RR = 0.62, 95% CI: 0.33-1.15). In

the subgroup analysis by drinking level, light to moderate alcohol intake was linked to a reduced risk of all-cause dementia and Alzheimer disease (RR = 0.88, 95% CI: 0.81-0.96; RR = 0.88, 95% CI: 0.79-0.97, respectively). Nonetheless, heavy alcohol consumption significantly increased the risk of all types of dementia (all-cause dementia, RR = 1.18, 95% CI: 1.02-1.36; Alzheimer disease, RR = 1.29, 95% CI: 1.21-1.36; vascular dementia, RR = 1.25, 95% CI: 1.11-1.40). Further subgroup analyses indicated that light to moderate drinking's protective effect was stronger in Europe and among individuals aged 60 to 69 years.

Light to moderate drinking may protect against dementia, while heavy drinking or alcohol use disorders raises dementia risk.

Source: Zhang, R., Li, B. & Miao, Y. (2026), Alcohol consumption and risk of dementia: a systematic review and meta-analysis. *Internal Medicine Journal*, doi.org/10.1111/imj.70288

Alcohol brief interventions improve drinking and blood pressure outcomes in patients with hypertension and unhealthy alcohol use

Hypertension is highly prevalent in primary care. Unhealthy alcohol use can affect its management and associated cardiovascular disease risks. Alcohol screening and brief intervention (ASBI) in primary care is effective for early intervention in unhealthy use, yet its effectiveness in heterogeneous populations in real-world settings remains unclear. Using electronic health records, researchers emulated a pragmatic clinical trial to evaluate the effects of receiving ASBI on drinking and blood pressure (BP) outcomes among primary care patients with hypertension and unhealthy alcohol use.

The observational study identified 72,979 patients with hypertension who screened positive for unhealthy drinking between January 1, 2014, and December 31, 2017. A target trial framework was used to compare the effects of receiving ASBI (intervention) with not receiving a brief intervention (comparison) on drinking (change in heavy drinking days and drinks/week) and BP outcomes (changes in diastolic and systolic BP) from baseline to 2- and 5-year follow-ups.

Treatment effect estimates were obtained using inverse probability-weighted models.

At two years, the intervention condition had about 0.2 fewer heavy drinking days and about 0.1 fewer drinks/week than the comparison condition. The intervention condition had an additional 0.5 mmHg and 0.7 mmHg decline in diastolic and systolic BP, respectively, and 8% and 6% higher odds of a ≥ 3 mmHg reduction in diastolic and systolic BP, respectively, than the comparison condition. Between-group differences in both outcomes diminished at five years.

The modest changes in drinking and BP found in the study contribute to the emerging evidence that brief intervention may benefit broader health outcomes at the population level.

Source: Sterling, S.A., Palzes, et al.W. (2026) Population-level evidence that alcohol brief interventions improve drinking and blood pressure outcomes in patients with hypertension and unhealthy alcohol use. *Journal of Studies on Alcohol and Drugs*, 87(1):64-74. doi.org/10.15288/jsad.24-00263.

Alcohol consumption patterns and long-term anxiety

Alcohol consumption patterns have been associated with long-term anxiety, but evidence on how these associations vary across population subgroups remains limited. A study examined longitudinal associations between alcohol consumption frequency and quantity and subsequent anxiety, and tested whether these relationships were moderated by sex, age, and income level.

Study participants were drawn from a nationally representative sample of 21,405 Australian adults from the Household, Income, and Labour Dynamics in Australia (HILDA) survey between 2006 and 2021. Linear mixed-effects models predicted anxiety from alcohol consumption one year earlier, up to eight times per participant. Moderation by sex (male, female), age group (18-25, 26-37, 38-50, 51 + years), and income quartile were examined. Anxiety was measured using the Kessler-10 anxiety subscale, and alcohol consumption was measured using self-reported frequency (alcohol consumption occasions per week) and quantity (standard drinks consumed on alcohol consumption occasions).

An adjusted model showed a small effect of frequency (IRR[95 % CI] = 0.98 [0.98, 0.99]) and

quantity (IRR[95 % CI] = 1.02 [1.01, 1.03]) on anxiety one year later. Age, but not sex nor income, moderated the relationship between alcohol consumption and anxiety. Specifically, frequency was associated with slightly lower longitudinal anxiety for 51+ year-olds (β [95 % CI] = -0.04 [-0.05, -0.03]), but showed no association for 18-50-year-olds. Conversely, quantity was associated with slightly greater longitudinal anxiety for 51+ year-olds (β [95 % CI] = 0.03 [.02, 0.05]) and 26-50-year-olds (β [95 % CI] = 0.02 [0.01, 0.03]), but not for 18-25-year-olds.

While the impact of alcohol consumption on anxiety appears very small, divergent relationships of drinking frequency versus quantity on long-term anxiety seem to emerge across the lifespan. Drinking larger amounts per occasion appears associated with slight increases in anxiety from early adulthood, while drinking more frequently but in smaller amounts appears associated with slight decreases in anxiety in older adulthood.

Source: D'Aquino, S., Riordan, B., Cook, M., & Callinan, S. (2026) Alcohol consumption patterns and long-term anxiety: The influence of sex, age, and income. *Addictive Behaviours*, 175: 108594. doi.org/10.1016/j.addbeh.2026.108594

miRNA expression profile in whole blood of healthy volunteers and moderate beer consumption with meals

Moderate consumption of fermented beverages such as traditional beer has been associated with antioxidant and anti-inflammatory effects. MicroRNAs (miRNAs) play key roles in inflammation and oxidative stress, yet the impact of moderate fermented beverage consumption on blood miRNA profiles remains poorly understood. A study investigated the effects of regular, moderate intake of traditional and alcohol-free beer on whole blood miRNA levels in healthy adults.

In the study, 36 healthy overweight or obese adults drank either traditional beer (with alcohol) or alcohol-free beer for 4 weeks. Blood samples were taken before and after the study to assess whether microRNA levels changed.

The study found that after drinking traditional beer, many microRNAs changed compared with before the study. Two microRNAs in particular

— miR-144-5p and miR-19a-3p — consistently increased after moderate beer consumption. These changes were seen across the whole group, with women showing slightly stronger increases than men. Analyses showed that these microRNAs are linked to genes involved in immune function and inflammation.

Moderate beer consumption is associated with consistent changes in whole-blood miRNA expression, particularly miR-144-5p and miR-19a-3p, in a healthy overweight/obese population. These findings support a potential role for epigenetic modulation in the biological response to moderate beer intake and provide a basis for future mechanistic studies.

Source: Padro, T., Escate, R., & Badimon, L. (2026) miRNA Expression Profile in Whole Blood of Healthy Volunteers and Moderate Beer Consumption with Meals. *Nutrients*, 18(1):149. doi.org/10.3390/nu18010149

Alcohol consumption and acute coronary syndrome: Epidemiology, pathophysiology, and clinical perspectives

Alcohol consumption is a globally prevalent lifestyle factor with complex and sometimes paradoxical effects on cardiovascular health, particularly regarding acute coronary syndrome. Earlier epidemiological studies described a J-shaped relationship between alcohol consumption and acute coronary syndrome risk; however, emerging evidence increasingly challenges the validity of this concept.

Mendelian randomisation studies, genetic data, and recent pooled analyses suggest that the apparent cardioprotective effects of light-to-moderate drinking are largely attributable to residual confounding, including abstainer bias and socioeconomic factors, rather than to true causal mechanisms. In contrast, excessive alcohol intake is linked to increased oxidative stress, inflammation, hypertension, and prothrombotic states, all of which contribute to plaque instability and the precipitation of acute coronary syndrome. Additionally, acute heavy drinking episodes may induce coronary vasospasm and arrhythmias, further elevating acute coronary syndrome risk. Genetic factors, drinking patterns, and beverage

types may also modulate the relationship between alcohol and ACS, indicating the need for personalised risk assessment. Understanding these complex interactions is essential for clinicians when counselling patients on alcohol consumption within the context of cardiovascular prevention.

A review published in the *Journal of Clinical Medicine* examines current evidence on the epidemiology and pathophysiology linking alcohol consumption with acute coronary syndrome, providing a nuanced perspective that balances potential protective effects with the significant risks associated with excessive alcohol use, and summarises all medical societies' recommendations regarding alcohol consumption and cardiovascular health.

Source: Iliakis, P., Stamou, E., Vakka, A., Ntalekou, K., Kouremeti, M., Ktenopoulos, N., Karakasis, P., Theofilis, P., Pitsillidi, A., & Sakalidis, A. (2026) Alcohol consumption and acute coronary syndrome: Epidemiology, pathophysiology, and clinical perspectives. *Journal of Clinical Medicine*, 15(1):299. doi.org/10.3390/jcm15010299.

The impact of healthy lifestyles on cognitive function in community-dwelling older adults: A cross-sectional study in Shanghai, China

Recent literature has demonstrated a link between lifestyle behaviours and cognitive function, yet most evidence comes from Western populations. A study examined the associations between multiple healthy lifestyle factors and cognitive function among community-dwelling older adults in Shanghai, China.

The cross-sectional study included 942 residents aged ≥ 60 years in Pudong District, Shanghai, China, who participated in China's national free physical examination programme from July to September 2024. Cognitive function and cognitive impairment status were assessed using the Mini-Mental State Examination (MMSE). Five healthy lifestyle factors were considered: never smoking, healthy body mass index, regular physical activity, light-to-moderate alcohol consumption, and optimal night sleep duration. A composite healthy lifestyle score (0-5) was calculated.

The study found that older adults who exercised regularly and slept an appropriate amount at night had better thinking and memory abilities, and these were significantly associated with lower odds of cognitive impairment [odds ratio (OR) = 0.69 (95% CI: 0.47-0.98); OR = 0.66 (95% CI: 0.45-0.95), respectively]. Those with 3 or more healthy habits scored higher on memory and thinking tests than those with 1 or fewer, and the OR and 95% CI for participants with 3 healthy lifestyle factors developing cognitive impairment were 0.59 (0.34-0.98).

Having multiple healthy lifestyle behaviours, particularly regular physical activity and adequate night sleep, was associated with better cognitive function among older adults in Shanghai.

Source: Li, G., Zhu, L., Li, X., Wu, B., Chen, Y. (2025) The impact of healthy lifestyles on cognitive function in community-dwelling older adults: A cross-sectional study in Shanghai, China. *Global Health & Medicine*, 7(6): 423-431. doi.org/10.35772/ghm.2025.01092.

Mediterranean alcohol-drinking pattern and alcohol-related cancer incidence in the “Seguimiento Universidad de Navarra” (SUN) cohort

Since 1988, the IARC has classified alcohol as a Group 1 carcinogen, causally linked to seven types of cancer (oral cavity, pharynx, larynx, oesophagus, colorectum, liver and breast carcinomas). Several agencies, such as the WHO and the IARC, hold that there is a direct, monotonic association between any gram of alcohol consumed and the risk of cancer, regardless of the drinking pattern. However, an expanding body of evidence indicates that drinking pattern may substantially modify the effect of alcohol consumption. The Mediterranean alcohol-drinking pattern (MADP) encompasses aspects of alcohol consumption, such as a preference for red wine, moderate alcohol consumption with meals, spreading consumption over the week and avoiding binge drinking. Conformity to this pattern has been associated with inverse associations with all-cause mortality, cardiovascular disease and diabetes. However, its relationship with cancer incidence has not yet been studied. The objective of a study in the journal *Medical Sciences* was to assess how alcohol consumption patterns, with particular emphasis on the MADP, relate to the incidence of the seven alcohol-related cancers. This information is needed to support cancer prevention recommendations that may go beyond the amount of alcohol consumed to include the drinking pattern.

Researchers prospectively followed 19,541 participants in the SUN (“Seguimiento Universidad de Navarra”) cohort for a median of 13.8 years.

Participants were classified into four groups, namely, abstainers and three further groups according to their adherence to the MADP score (low, moderate and high).

A substantial reduction in the risk of alcohol-related cancer incidence was observed only in men for high versus low adherence to the MADP, with an adjusted hazard ratio (HR) of 0.44 (95% confidence intervals (CIs) (0.21-0.92, 0.92)). The category of moderate adherence to the MADP showed a lower risk of cancer incidence with a tendency towards statistical significance (HR = 0.56, 95% CI, 0.30-1.06). For women, no result reached statistical significance.

Based on the available evidence, separate messages by sex should be delivered. In men, the association between alcohol and cancer goes beyond the amount of alcohol consumed, and a Mediterranean drinking pattern may be beneficial even for alcohol-related cancers. Men should, therefore, receive an additional message: among alcohol consumers, greater adherence to the MADP may help lower their risk of developing alcohol-related cancers. No benefit is supported for the MADP against alcohol-related cancers in women.

Source: Barbería-Latasa, M., Toledo, E., Bes-Rastrollo, M., Olmedo, M., Pérez-Araluce, R., Gea, A., & Martínez-González, M.Á. (2025) Mediterranean alcohol-drinking pattern and alcohol-related Cancer incidence in the “Seguimiento Universidad de Navarra” (SUN) Cohort. *Medical Sciences*, 14(1):20. doi.org/10.3390/medsci14010020

Alcohol consumption during pregnancy and conduct problems: a brief overview of the literature

Alcohol exposure during pregnancy is prevalent, with nearly 10% of pregnant women worldwide consuming alcohol. No safe limit for alcohol intake during pregnancy has been identified, as even minimal exposure can cause severe developmental problems. A narrative review examines the impact of alcohol consumption during pregnancy on the development of specific conduct problems in the offspring, namely Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD).

A comprehensive review of the existing literature was conducted in PubMed, Google Scholar, and Scopus databases, with the search ending on 05 May 2023.

Research indicates that sustained alcohol use during pregnancy worsens behavioural outcomes in children, including CD and ODD, particularly in those facing additional adverse social conditions, in complex interactions with maternal mental health. Ultimately, this study underscores the importance of early intervention and public health education to mitigate the effects of prenatal alcohol exposure on child development and behaviour.

Source: Neratzi, S., Tsouka, M., Pseftogianni, T., Panagouli, E., Christopoulos, P., Sergentanis, T.N., & Tsitsika, A.K. (2026) Alcohol consumption during pregnancy and conduct problems: A brief overview of the literature. *Advances in Experimental and Medical Biology*, 1489:507-512. doi.org/10.1007/978-3-032-03394-9_49

Wine polyphenols in the prevention of metabolic syndrome: a critical review of multitarget mechanisms and translational perspectives

Metabolic syndrome (MetS), a major global public health concern, is characterised by lipid accumulation, glucose dysregulation, and vascular dysfunction. Moderate wine consumption, particularly of red wine, has been associated with a reduced risk of chronic diseases through mechanisms such as antioxidant activity, modulation of lipid metabolism, and enhanced insulin sensitivity. The “French Paradox” suggests that polyphenols in wine may play a central role in these protective effects.

A review provides a comprehensive analysis of the chemical composition, content variability, and metabolic regulatory functions of wine-derived polyphenols. The type and concentration of polyphenols in wine are influenced by grape variety, climatic conditions, and winemaking processes; red wines generally contain higher polyphenol levels due to extended contact with grape skins and seeds during fermentation. These

compounds exert multi-targeted metabolic effects, including the regulation of lipid and glucose metabolism, energy reprogramming, and improvements in vascular function, which contribute to the prevention and management of MetS. Despite promising evidence, challenges remain in improving the bioavailability of wine polyphenols, generating robust clinical evidence, and translating these compounds into effective functional foods.

The review aims to provide a scientific foundation for understanding the role of wine polyphenols in metabolic health and to inform future research and nutritional strategies for MetS intervention.

Source: Kang, X., Xue, H., Hong, K., Lin, Y., Gao, Y., Huang, W., ... You, Y. (2025). Wine polyphenols in the prevention of metabolic syndrome: a critical review of multitarget mechanisms and translational perspectives. *Critical Reviews in Food Science and Nutrition*, 1–24. doi.org/10.1080/10408398.2025.2601772

Binge drinking during adolescence prevents the normal maturation of brain signalling pathways that regulate alcohol sensitivity

Adolescent binge drinking is a risk behaviour associated with the development of neuropsychiatric disorders later in life, but the pathophysiological mechanisms that render the adolescent brain vulnerable to the long-term consequences of heavy alcohol consumption are only partially understood.

Researchers used a mouse model of adolescent binge drinking and focussed on G protein-gated inwardly rectifying potassium (GIRK) channels, a molecular target of both ethanol and activin A (a signalling protein involved in brain development, plasticity, and maturation).

The researchers examined whole-cell recordings from dentate gyrus granule cells (neurons in the hippocampus, a brain region critical for learning, memory and addiction-related behaviours) in brain slices from alcohol-naïve mice. They found a striking reversal of the effect of activin A on ethanol-evoked GIRK current as the mice matured: whereas activin A reduced the ethanol response in cells from adult mice, it further lowered the already lower ethanol threshold in cells from young mice. In cells from adult mice with binge drinking-like experience in their youth, the reversal of the activin effect on ethanol-evoked GIRK current with

maturation was suppressed, thereby perpetuating the adolescent phenotype of activin-boosted ethanol sensitivity into adulthood. Underscoring the translational significance of an aberrantly enhanced GIRK current response to ethanol, the GABAB receptor agonist baclofen, which is used “off label” to treat alcohol use disorders, suppressed the permanently enhanced GIRK response to ethanol after heavy adolescent drinking.

Binge drinking during adolescence prevents the normal maturation of brain signalling pathways that regulate alcohol sensitivity, leaving the adult brain abnormally responsive to alcohol at the cellular level — a change that can be pharmacologically corrected by baclofen.

Source: Stürzenberger, S., Bülow, N., Kalinichenko, L.S., Licha, R., Eulenburg, V., Dahlmanns, M., Müller, C.P., Zheng, F., & Alzheimer, C. (2026) Heavy adolescent drinking makes the adult brain more vulnerable to ethanol by permanently altering the age-dependent interplay between alcohol, GIRK channels and activin. *Molecular Psychiatry*, 31(2):1027-1040. doi.org/10.1038/s41380-025-03210-x

Impact of alcohol intoxication on mortality and Emergency Department resource use in suicidal patients

In North America, suicide is among the leading causes of death in individuals aged 15-60. A research team aimed to determine whether an emergency department (ED) presentation for suicidal behaviour, accompanied by acute alcohol intoxication, was associated with increased six-month suicide or all-cause mortality compared with non-intoxicated presentations of suicidal behaviour.

A retrospective cohort study was conducted among adults (≥ 18 years) presenting to 16 EDs in Alberta, Canada, between April 2011 and March 2021. Suicidal attempts or self-harm were identified using International Classification of Diseases codes, 10th Rev, Canadian Enhancement (ICD-10-CA). Patients were classified as acutely intoxicated if they had relevant ICD-10-CA codes or a blood alcohol concentration ≥ 2 millimoles per litre (9.2 milligrams per decilitre). Patients who died on arrival, were transferred, or were non-residents were excluded from the study. The primary outcome was six-month suicide mortality; secondary outcomes included all-cause mortality, use of involuntary holds, psychiatric consultations, admissions, and ED return visits. Median differences with 95% confidence intervals and unadjusted odds ratios (ORs) with 95% CIs were reported for continuous and categorical variables, respectively.

Among 58,051 patients with suicidal behaviour or self-harm, 17,488 (30%) were classified as intoxicated. Six-month suicide mortality was similar between intoxicated and non-intoxicated

groups (0.3% each; adjusted sub-distribution hazard ratio = 0.98 [95% CI, 0.73-1.38]), indicating no significant association between alcohol intoxication and suicide-specific death. Intoxicated patients were more often male (58% vs 52%; OR 1.26 [1.22-1.31]), arrived by ambulance (70% vs 50%; OR 2.32 [2.23-2.41]) and were more frequently placed on involuntary holds (26% vs 16%; OR 1.92 [1.83-2.00]). They had fewer hospital admissions (10.8% vs 15.4%; OR 0.63 [0.60-0.67]), longer ED stays (411 vs 277 minutes; median difference = 134 minutes [127.7-140.3]), and higher ED return rates at 30 days (19.8% vs 18.3%; OR 1.10 [1.05-1.15]) and six months (45.8% vs 42.1%; OR 1.16 [1.12-1.20]).

The researchers conclude that acute alcohol intoxication among ED patients presenting with suicidal behaviour was not independently associated with higher six-month suicide mortality. Patients with acute alcohol intoxication had increased use of involuntary holds, longer lengths of stay, and more frequent ED return visits. Future work should explore other psychosocial and clinical factors, including substance use and psychiatric comorbidities, that may influence outcomes beyond the acute setting.

Source: Skoblenick, K., Yang, E., Wilson, M. P., Youngson, E., & Rowe, B. H. (2026). Impact of alcohol intoxication on mortality and emergency department resource use in suicidal patients. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 27(1). doi.org/10.5811/westjem.48788

The impact of alcohol consumption on stroke prognosis: a systematic review and meta-analysis

Stroke imposes a substantial global burden. Alcohol consumption is an important and potentially modifiable risk factor, yet its impact on stroke prognosis across different follow-up periods and stroke types remains inconsistent across studies. A study systematically evaluated the association between alcohol consumption and stroke prognosis across various follow-up durations and stroke subtypes.

Multiple databases, including PubMed, Web of Science, Embase, and others, were systematically searched for relevant studies published from inception to January 2024. 58 studies were evaluated for their methodological.

The study found that alcohol consumption significantly affects stroke prognosis across various follow-up periods and stroke types. At short-term follow-up, it increases the risk of poor prognosis in stroke patients (OR 1.62; 95% CI 1.32–1.99). In short- to medium-term follow-up, alcohol consumption is associated with increased risks of stroke recurrence (OR 1.40; 95% CI 1.10–1.78)

and poor prognosis (OR 1.74; 95% CI 1.21–2.49). Long-term follow-up reveals a heightened risk of death in stroke patients who consume alcohol (OR 5.14; 95% CI 1.96–13.49). When strokes are categorised as ischaemic or haemorrhagic, alcohol consumption poses significant risks. It increases the risk of poor prognosis in ischaemic stroke patients (OR 1.51; 95% CI 1.23–1.86), while also raising the risk of death (OR 1.77; 95% CI 1.26–2.48) and poor prognosis in patients with haemorrhagic stroke (OR 1.88; 95% CI 1.22–2.91). Alcohol consumption was associated with an elevated relative risk of mortality, recurrence, or poor prognosis in stroke patients across stroke types and during specific follow-up periods. Future studies should more fully explore the effect of alcohol consumption on stroke prognosis in different populations and regions.

Source: Wu, W., Zhao, T., Gao, L., Fan, T., Tian, L., & Wu, X. (2026) The impact of alcohol consumption on stroke prognosis: a systematic review and meta-analysis. *BMC Public Health*. doi.org/10.1186/s12889-025-26156-9

Global burden and cross-country inequalities of alcoholic cardiomyopathy: A 1990–2021 analysis

Alcoholic cardiomyopathy (ACM) remains a significant yet understudied contributor to global cardiovascular disease, with substantial socioeconomic influences on its epidemiology. A study investigated the global burden, temporal trends, and health inequalities of ACM across 204 countries.

Using Global Burden of Disease 2021 data (1990–2021), researchers analysed age-standardised mortality (ASMR), prevalence (ASPR), and disability-adjusted life years (ASDR) for populations aged ≥ 15 years. Trend analysis employed the estimated annual percentage change (EAPC), while inequality metrics assessed socioeconomic disparities using the socio-demographic index (SDI).

Globally, ACM caused 47,073 deaths and 2.19 million DALYs in 2021, with an overall decreasing trend (ASMR EAPC: -1.72%). High-middle SDI regions bore the highest burden (ASDR: 88.27/100,000), particularly Eastern Europe (ASDR:

510.47). A distinct nonlinear relationship with SDI was identified: burden peaked at $SDI \approx 0.75$, with Eastern Europe showing the steepest rise or decline. Inequality analysis revealed persistent concentration in high-SDI regions (positive concentration indices: 0.51–0.60), though relative inequalities decreased over time. Kazakhstan exhibited the most rapid burden increase (ASMR EAPC: $+11.15\%$), while Southern Latin America showed the greatest decline (ASMR EAPC: -6.69%).

ACM disparities are strongly linked to socioeconomic development, highlighting the need for targeted alcohol policies in high-burden regions and equitable healthcare resource allocation.

Source: Zheng, M., Sun, C., Li, M., Xiang, H., Ren, H., & Cheng, J. (2026) Global burden and cross-country inequalities of alcoholic cardiomyopathy: A 1990–2021 analysis, *International Journal of Cardiology Cardiovascular Risk and Prevention*, 28. doi.org/10.1016/j.ijcrp.2025.200561.

Alcohol consumption and atrial fibrillation risk

Although alcohol consumption is linked to atrial fibrillation (AF), the relationship across different intake levels and between sexes remains unclear. A study published in the *Drug and Alcohol Review* presents the first network meta-analysis of prospective cohort studies, providing greater precision for these associations.

A systematic review identified five meta-analyses on alcohol and AF risk. From these, 13 cohort studies totalling over 80 million person-years were included in a random-effects network meta-analysis, with sex-stratified analyses.

Compared with low-level consumption (< 12 g/day), moderate intake (12-< 24 g/day) slightly increased AF risk (hazard ratio [HR] = 1.07; 95% confidence interval [CI] 1.04-1.10), and the effect was similar at 24-< 36 g/day (HR = 1.09; 95% CI 1.00-1.20). No significant increase in risk was observed for 36-< 60 g/day. Heavy consumption (\geq 60 g/day) showed the highest risk (HR = 2.84; 95% CI 1.57-5.14). Non-drinkers ('Former', 'Never' or 'Occasional') had HRs near 1, except 'None', which showed a slight increase (HR = 1.08; 95% CI 1.04-1.11).

In males, moderate consumption increased AF risk slightly, whereas heavy intake had a more pronounced effect (HR = 1.49; 95% CI 1.22-1.81). In females, moderate intake had no significant effect, but heavy intake significantly increased risk (HR = 2.53; 95% CI 1.05-6.08).

This network meta-analysis shows a nonlinear relationship between alcohol consumption and AF risk. Low-level or occasional intake poses the lowest risk. In males, moderate consumption slightly increases AF risk, whereas in females, risk rises substantially only with heavy intake. These findings support limiting alcohol consumption to reduce AF risk and highlight the need for further sex-stratified studies and consideration of sex-specific recommendations.

Source: Hadi, M., Saha, S., Petrie, D., Woode, M.E., & Gerdtham, U.G. (2026) Alcohol Consumption and Atrial Fibrillation Risk: An Overview of Systematic Reviews and Network Meta-Analysis. *Drug and Alcohol Review*, 45(1):e70089. doi.org/10.1111/dar.70089.

Association between alcohol consumption per capita and suicide mortality rate across 30 European countries

Suicide was the cause of 86 000 deaths in Europe in 2021. Accordingly, the World Health Organisation (WHO) has designated suicide prevention as a serious public health concern. Alcohol use is a causal risk factor for suicide and may be a cost-effective target for prevention efforts. Globally, the United Nations' Sustainable Development Goals have set a target of a 20% reduction in alcohol consumption per capita (APC). However, evidence on the utility of APC as a metric for preventing alcohol-attributable suicides is currently limited.

A study published in *BMJ Mental Health* evaluated the association between alcohol consumption per capita and the suicide mortality rate across 30 European countries.

Suicide mortality rates were obtained for 27 European Union countries, as well as the UK, Switzerland and Norway, for 1991-2021 from the Institute of Health Metrics and Evaluation. Alcohol consumption per capita data were obtained from the WHO Global Information System on Alcohol and Health. The association between alcohol consumption per capita and the suicide mortality

rate was examined. Tests of interaction were conducted to assess the impact of sex, country-level drinking patterns and the 2008 global economic recession.

On average, a 1 L increase in total APC was associated with a 0.39% increase in the suicide mortality rate (95% CI 0.03% to 0.76%) among males, and a 0.59% increase in the suicide mortality rate (95% CI 0.12% to 1.06%) among females. There was no evidence of a significant sex difference, nor was there evidence of a modifying effect of country-level drinking patterns or the 2008 global economic recession on the respective association.

National suicide prevention strategies should consider incorporating APC as an indicator for monitoring and assessing the impact of interventions targeting alcohol use on suicide.

Source: Guo, K., Jiang, H., Shield, K.D., Spithoff, S., & Lange, S. (2025) Association between alcohol consumption per capita and suicide mortality rate across 30 European countries. *BMJ Mental Health*, 28:e302114. doi.org/10.1136/bmjment-2025-302114.

Alcohol consumption and mortality from four alcohol-related cancers in Australia 1950-2018

In a paper published in the British Journal of Cancer, researchers state that long-term alcohol use is a recognised risk factor for liver, upper aerodigestive tract (UADT), colorectal, and female breast cancers, yet aggregate-level evidence linking alcohol consumption to mortality from these cancers remains limited. Their research examined the potential preventive impact of reducing population drinking on cancer mortality in Australia, accounting for tobacco use and health expenditure.

Annual per capita alcohol and tobacco consumption data (aged 15+) from 1910-2018, and mortality data for UADT, liver, breast, and colorectal cancers from the 1950s-2018, were collected from national registries. Time-series models were used to estimate sex- and age-specific associations and long-term lagged effects of alcohol and tobacco consumption.

A one-litre per capita annual reduction in alcohol consumption was significantly associated with decreases in mortality: 3.6% (95% CI: 1.0-6.2%) in male and 3.4% (1.8-4.9%) in female UADT cancer; 3.9% (0.2-7.7%) in male liver cancer; 1.2% (0.7-1.7%) in male and 0.7% (0.2-1.4%) in female colorectal cancer; and 2.3% (1.7-3.0%) in female breast cancer over a 20-year period.

Reducing population-level alcohol consumption in Australia could substantially lower mortality from UADT, colorectal, male liver, and female breast cancers, particularly among older adults, the research concludes.

Source: Jiang, H., Livingston, M., Room, R. Kibret, A.A., English, D.R., & Cheall, R. (2026) Alcohol consumption and mortality from four alcohol-related cancers in Australia 1950-2018: a time series analysis. *British Journal of Cancer*. doi.org/10.1038/s41416-025-03273-1

Medical research by publication date

Heavy adolescent drinking makes the adult brain more vulnerable to ethanol by permanently altering the age-dependent interplay between alcohol, GIRK channels and activin. First published online: 3 Sept. 2025

Binge drinking acutely induces hepatic steatosis, which is readily reversible: A real-world observational study in healthy adults. First available online: 9 Oct. 2025

Alcohol consumption during pregnancy and conduct problems: a brief overview of the literature. First published online: 19 November 2025

Alcohol consumption and risk of dementia: a systematic review and meta-analysis. First published: 10 Dec. 2025

Structural brain recovery following reductions in adolescent and young adult binge drinking: A longitudinal NCANDA study. Published 15 Dec. 2025

Global burden and cross-country inequalities of alcoholic cardiomyopathy: A 1990–2021 analysis. First published online: 15 December 2025

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

Wine polyphenols in the prevention of metabolic syndrome: a critical review of multitarget mechanisms and translational perspectives. Published 19 December

Association between alcohol consumption per capita and suicide mortality rate across 30 European countries First published: 25 Dec. 2025

Alcohol consumption and acute coronary syndrome: Epidemiology, pathophysiology, and clinical perspectives First published: 29 Dec. 2025

Mediterranean alcohol-drinking pattern and alcohol-related cancer incidence in the "Seguimiento Universidad de Navarra" (SUN) Cohort. First published: 30 Dec. 2025

The impact of healthy lifestyles on cognitive function in community-dwelling older adults: A cross-sectional study in Shanghai, China. First published: 31 Dec. 2025

miRNA expression profile in whole blood of healthy volunteers and moderate beer consumption with meals. First published: 31 Dec. 2025

Impact of alcohol intoxication on mortality and Emergency Department resource use in suicidal patients. First published: 4 Jan. 2026

Alcohol consumption patterns and Long-Term Anxiety: The influence of Sex, Age, and income. Available online 6 January 2026, Version of Record 7 Jan. 2026.

The impact of alcohol consumption on stroke prognosis: a systematic review and meta-analysis. First published: 9 January 2026

Alcohol consumption and mortality from four alcohol-related cancers in Australia 1950-2018: a time series analysis. First Published: 9 Jan. 2026

Population-level evidence that alcohol brief interventions improve drinking and blood pressure outcomes in patients with hypertension and unhealthy alcohol use. First published online: 11 Jan. 2026

Alcohol consumption and atrial fibrillation risk: an overview of systematic reviews and network meta-analysis. First published: 19 Jan. 2026

Impact of Alcohol Intake on Parkinson's Disease Risk and Progression: A Systematic Review and Dose-Response Meta-Analysis of Prospective Studies. First published: 24 Jan. 2026

The interrelation of parental alcohol use, parental practices, and binge drinking among secondary and high school students

Understanding the role of parenting practices and their potential interaction effects on parental and adolescent alcohol use is critically important for informing and developing interventions to prevent binge drinking among adolescents. Researchers evaluated the effects of parental problematic alcohol consumption and parenting practices on alcohol use among students, using a nationally representative sample of adolescents in Mexico.

A secondary analysis was conducted using data from the National Survey on Drug Use among Students, with 114,364 middle and high school students. The results indicated a higher risk of binge drinking among students who reported a father with problematic alcohol use and perceived negative supervision or a lack of parental involvement (Prevalence Ratio (PR) = 1.63 [95% CI: 1.43–1.86]; PR = 1.36 [1.19–1.56], respectively); among those who reported problematic use in both parents and perceived negative supervision

(PR = 1.32 [95% CI: 1.06–1.64]); among those whose parents did not report problematic use but perceived negative supervision or negligent parenting practices (PR = 1.50 [95% CI: 1.41–1.59]; PR = 1.13 [95% CI: 1.04–1.24], respectively); and among those who perceived no parental involvement or encouragement (PR = 1.44 [95% CI: 1.35–1.53]; PR = 1.12 [95% CI: 1.04–1.24], respectively).

The findings highlight the importance of developing and strengthening prevention efforts that promote positive parenting practices and enhance parents' understanding of how their alcohol use affects their children's behaviour.

Source: Mondragón Gómez, R., Villatoro Velázquez, J.A., Medina-Mora Icaza, M.E. & Lucio y Gómez Maqueo, E. (2025) The interrelation of parental alcohol use, parental practices, and binge drinking among secondary and high school students: analysis of a national survey. *Frontiers in Public Health*, 13:1662188. doi.org/10.3389/fpubh.2025.1662188.

Feelings of guilt and remorse after alcohol consumption among people who drink at increasing and higher-risk levels

Feelings of guilt and remorse after drinking may act as barriers to seeking support. A study aimed to estimate the prevalence and frequency of such feelings among adults in England who drink at increasing and higher-risk levels, and to examine differences by socio-demographic and drinking subgroups.

Data were analysed from 40,708 adults (≥ 18 years) who drank at increasing and higher-risk levels (AUDIT-C score ≥ 5) in a monthly cross-sectional survey in England from 2014 to 2022. Feelings of guilt and remorse after drinking in the past 6 months were assessed using the AUDIT. Associations with socio-demographic characteristics, alcohol consumption and harm to oneself or others as a result of drinking were analysed.

Overall, 13.3% (95% CI 12.9%-13.6%) reported experiencing guilt or remorse after drinking in the past 6 months. Among those who reported such feelings, 95.3% (95% CI 91.4%-94.9%) experienced them less than once a month. The prevalence of guilt and remorse increased non-linearly with

higher AUDIT-C scores, from 9.3% (95% CI 8.8%-9.9%) among those drinking at the lightest levels within the increasing/higher-risk range [AUDIT-C = 5] to 20.9% (95% CI 17.2%-24.8%) among the heaviest [AUDIT-C = 12]. After adjusting for alcohol consumption and alcohol-related injury, these feelings were more common among women (aOR 1.38; 95% CI 1.31-1.46) and people from more advantaged social grades (aOR 1.27; 95% CI 1.20-1.36), and much less common among older than younger adults (e.g., ≥ 65 vs. 16-24 years: aOR 0.23; 95% CI 0.20-0.26).

In England, around one in eight adults who drink at increasing and higher-risk levels report experiencing guilt or remorse after drinking. These feelings are more common in women, younger adults and those of a more advantaged social grade.

Source: Cox, S., Oldham, M., Tattan-Birch, H., Marlow, S., Robson, D., Garnett, C., & Jackson, S. (2026) Feelings of guilt and remorse after alcohol consumption among people who drink at increasing and higher-risk levels: A population study in England. *Drug and Alcohol Review*, 45(1):e70076. doi.org/10.1111/dar.70076.

Occupational, sociodemographic and health determinants of high-risk alcohol consumption among Australian workers

Although occupational stressors are recognised as contributors to high-risk alcohol consumption, their relative impact compared with sociodemographic and health factors remains unclear. A study investigated how occupational stressors compare with sociodemographic and health factors in influencing three high-risk drinking patterns among Australian workers.

This analysis included 26,255 employed individuals (48.2% female) from 23 waves (2001-2023) of the Household Income and Labour Dynamics in Australia survey. The study conducted multivariate regressions on three types of high-risk drinking: (i) high-risk drinking across the week; (ii) single-occasion high-risk drinking; and (iii) any high-risk drinking.

Working more than full-time hours was associated with higher odds of high-risk drinking across the week (OR 1.12, 95% CI [1.05, 1.19]). Shift workers were associated with single-occasion high-risk drinking (OR 1.09, 95% CI [1.02, 1.16]). Desiring to work more hours was associated with single-

occasion high-risk drinking (OR 1.16, 95% CI [1.09, 1.24]). Workers aged 18-29 years had a twofold increase in odds of any high-risk drinking (OR 1.99, 95% CI [1.77, 2.23]), while women had lower odds (OR 0.11, 95% CI [0.10, 0.13]). Smoking was the modifiable risk factor most strongly associated with any high-risk drinking (OR 2.80, 95% CI [2.60, 3.02]).

This analysis found that occupational factors were associated with high-risk drinking; however, their impact was less substantial than that of sociodemographic and health factors. Interventions targeting risk factors in high-prevalence groups and health promotion campaigns highlighting the health risks associated with high-risk alcohol consumption are warranted.

Source: Di Censo, G., Thompson, K., & Bowden, J. (2026) *Work Hard... Drink Hard? Occupational, sociodemographic and health determinants of high-risk alcohol consumption among Australian workers.* *Drug and Alcohol Review* 45(1): e70092, doi.org/10.1111/dar.70092.

How healthy are food and beverage products promoted by TikTok influencers?

Researchers in the USA evaluated the healthfulness of the food and beverage products featured by TikTok influencers whose audiences include millions of adolescents.

In a cross-sectional study, up to 100 videos were collected from the top 100 TikTok influencers in the US—based on views, likes, comments, and shares—in July 2022. For each video, the most prominent food or beverage product was identified and classified as healthy or unhealthy, based on the Nutrient Profile Index (NPI) for food products, and beverages were grouped by category.

The sample included 8,871 videos, 1,360 (15.3%) of which featured at least one food (n=755, 55.5%), beverage (n=580, 42.6%), or dietary supplement (n=25, 1.8%). The mean NPI score for foods was 54.73 (SD 19.95). Most foods (58%) were considered unhealthy, 70.8% were branded, and 50.8% were unbranded. Among beverages, alcoholic (n=154, 26.6%) and energy (n=149,

25.7%) drinks were the most featured overall. Among branded beverages, energy drinks were the largest category (n=148, 38.9%). Among unbranded beverages, alcoholic drinks were the largest category (n=73, 36.5%).

More than half of the foods promoted by TikTok influencers were considered unhealthy, and most of the beverages featured were alcoholic and energy drinks. The authors comment that many foods and a large share of alcoholic beverages were unbranded, either reflecting genuine influencer preferences or potentially masking the true extent of commercial marketing. Given the reach of influencers, including millions of adolescents, stronger regulations are needed for social media platforms, influencers, and brands to protect consumers from undue harm from food and beverage marketing.

Source: Dupuis, R., Musicus, A.A., Cassidy, O., & Bragg, M.A. (2026) *How Healthy are Food and Beverage Products Promoted by TikTok Influencers?* *Public Health and Nutrition*, 1-16. doi.org/10.1017/S136898002510181X.

Lifetime drinking patterns shape awareness of alcohol-related chronic disease risks in US adults

Understanding the relationship between people's lifetime alcohol use and their awareness of the risk of common chronic diseases from alcohol use is important for informing health messaging efforts. A paper aimed to 1) assess awareness that alcohol use increases the risk of cancer, diabetes, and hypertension, and 2) examine the association between lifetime drinking patterns and levels of awareness.

The researchers used data from the 2019-2020 National Alcohol Survey (NAS), which included awareness that cancer, hypertension, and diabetes could result from drinking too much alcohol (yes/no/unsure), past-year alcohol use, and lifetime alcohol use, operationalised as peak lifetime drinking pattern and ever having 2+ symptoms of alcohol use disorder (AUD). The associations between lifetime alcohol use and awareness of alcohol as a risk factor for each health outcome were examined, controlling for past-year use.

Overall, 42.1% acknowledged the link between alcohol use and cancer, 52.2% between alcohol use and diabetes, and 61.3% between alcohol use and hypertension. Nearly all peak lifetime drinking pattern levels were associated with a lower likelihood of awareness of the alcohol-cancer link. Conversely, nearly all levels were associated with a higher likelihood of awareness of the link between alcohol use and hypertension, and only one level was associated with awareness of the alcohol-diabetes link.

Awareness of alcohol's effects on chronic diseases varies by type of disease. Lifetime alcohol use is a relevant factor for understanding levels of awareness of alcohol's health effects.

Source: Martinez-Matyszczyk, P., Cook, W.K., & Kerr, W.C. (2026) Lifetime drinking patterns shape awareness of alcohol-related chronic disease risks in U.S. adults: Findings from the National Alcohol Survey. *Journal of Studies on Alcohol and Drugs*, doi.org/10.15288/jsad.24-00435.

Factors associated with alcohol-impaired driver crash deaths in the United States, 2018–2022

In the United States, the number of passenger vehicle drivers killed in crashes with blood alcohol concentrations (BACs) at or above 0.08% increased from 4,791 in 2019 to 5,540 in 2020 and remained elevated at 6,042 in 2022. A paper published in *The Journal of Safety Research* examines changes in alcohol policies, mental health factors, and law enforcement employment during 2018–2022 and their associations with alcohol-impaired driver deaths.

The study compared high-BAC ($\geq 0.08\%$) driver deaths across states and months for all ages and ages 16–20. Predictors included state-level alcohol policy indicators (to-go and home-delivery), adult mental health indicators (past-year major depressive episodes and past-year suicide plans), and law enforcement employment levels. COVID-19 closures, vehicle miles travelled, and other variables were included as statistical controls. From 2018 to 2022, the number of states permitting to-go or home-delivery alcohol purchases from bars or restaurants doubled, law enforcement employment declined, and mental health indicators increased. Among all ages of drivers, alcohol home delivery policies, major depressive episodes, and suicide plans were associated with significantly

more high-BAC driver deaths, whereas alcohol to-go policies and law enforcement employment were associated with significantly fewer high-BAC driver deaths. Only two predictors (law enforcement employment and suicide plans) were significant predictors of high-BAC driver deaths among ages 16–20.

Although the number of states permitting home-delivery and to-go alcohol increased, the associations with driver deaths were not consistent. Law enforcement employment and suicidality were two independent factors consistently associated with alcohol-impaired driver deaths. As law enforcement employment levels fell and suicidality increased, alcohol-impaired driver deaths rose. The study authors state that the relationship between mental health factors and alcohol-impaired driving suggests that a broader public health focus that incorporates prevention and treatment services could play a role in helping to reverse the alcohol-impaired driving trend.

Source: Eichelberger, A.H. (2025) Factors associated with alcohol-impaired driver crash deaths in the United States, 2018–2022, *Journal of Safety Research*, 96:174-180. doi.org/10.1016/j.jsr.2025.12.011.

Risk factors for harmful alcohol consumption among employees and intervention strategies used in the workplace

Harmful alcohol consumption among employees is a significant public health problem, leading to adverse health and social outcomes and impaired occupational functioning. Identifying risk factors and effective prevention strategies is crucial to address this issue in the workplace. A study analysed the main determinants of harmful alcohol use among employees and assessed the effectiveness of interventions in occupational settings.

A literature review was conducted on studies published between 2020 and 2024. The PubMed, Scopus, and Web of Science databases were searched for international studies on workplace alcohol consumption and intervention strategies. Key risk factors, workplace interventions, and their effectiveness were analysed. Data on risk factors, types of interventions, target populations, and outcome measures were extracted and summarised.

Key risk factors identified include high job strain, workplace-related stress, low social support, job insecurity, unfavourable organisational culture, and shift work. Harmful alcohol use was associated

with an increased risk of workplace accidents, absenteeism, and reduced productivity. Effective preventive approaches included implementing digital interventions (e.g., mobile health applications, online brief interventions), involving management in educational campaigns, changing organisational policies, and implementing multi-level, sustained action plans. Interventions targeting both individual and organisational levels demonstrated the greatest potential for sustainable impact.

Reducing harmful alcohol use in the workplace requires a comprehensive, multi-level approach tailored to the organisational context and providing long-term employee support. Continued evaluation and adaptation of intervention strategies to specific workplace environments are recommended.

Source: Giezek, M., Szpakow, A., Mintus, B. & Karakiewicz, B. (2026) Risk factors for harmful alcohol consumption among employees and intervention strategies used in the workplace: current state of knowledge based on a literature review. *Frontiers of Public Health*, 13:1685325. doi.org/10.3389/fpubh.2025.1685325

Attitudes toward cancer and heart disease warning labels on alcoholic beverages in the United States

Most people in the USA are unaware that alcohol causes cancer and increases the risk of heart disease. Warning labels on alcohol containers can increase awareness of these harms. Yet it is unclear whether Americans support this policy. A study assessed attitudes towards cancer and heart disease warning labels on alcohol containers.

In May 2024, researchers surveyed 1,095 adults participating in AmeriSpeak, a nationally representative panel of the US noninstitutionalised civilian adult population. Support for warning labels was analysed overall and by sociodemographic characteristics using descriptive statistics weighted to represent the US population.

Overall, 4 in 10 respondents supported cancer or heart disease warning labels on alcohol containers. Fewer than 10% opposed warning

labels; many were neutral. More young adults (aged 18-29 y; 57.9% [95% CI, 44.6%-70.0%]) than older adults (aged ≥ 60 y; 36.0% [95% CI, 30.3%-42.1%]) supported cancer warning labels. More women (50.8%; 95% CI, 45.0%-56.6%) than men (40.5%; 95% CI, 34.1%-47.2%) supported heart disease warning labels.

Most people in the USA are neutral about or support cancer and heart disease warning labels on alcohol containers. Warning labels are a cost-effective way to inform the public about alcohol's link to cancer and heart disease.

Source: Greene, N.K., Kritikos, A.F., & Mumford, E.A. (2026). Attitudes toward cancer and heart disease warning labels on alcoholic beverages in the United States. *Public Health Reports*, <https://doi.org/10.1177/00333549251404847>

Exploring the motives for drinking less alcohol and attitudes towards abstinence in individuals with low-to-moderate alcohol use

Researchers explored the motives for (not) drinking alcohol in low-to-moderate drinkers because of their relevance for prevention strategies. The study is published in BMC Public Health.

First, the researchers analysed longitudinal self-report data from 540 low-to-moderate drinkers from the general population in Germany who participated in a randomised controlled trial. Over a period of three years, trajectories of alcohol use were examined, resulting in the identification of three distinct classes with similar patterns of change. To gain deeper insights into (non-) drinking motives, qualitative interviews were conducted with 22 individuals sampled from these classes. Interview transcripts were analysed. Social motives dominated across all trajectory classes. Enhancement and conformity motives were also present, while coping motives appeared rarely. Several participants offered fragmented, hesitant, or contradictory reasons for drinking, which illustrated their habitual and automated drinking patterns or unreflective routines. Impression management, as well as health-related beliefs, emerged as additional motivational

dimensions. Situational abstinence was common, yet sustained abstinence faced barriers such as the cultural normalisation of drinking, the low perceived health risks of light drinking, and the avoidance of the social costs of abstinence. Participants with the lowest consumption in the sample highlighted autonomy-related motives for abstaining, while higher-consuming groups described conformity and social adjustment more frequently.

Even within a narrow range of low-to-moderate drinking patterns, motives, resources, and barriers differ meaningfully. These findings highlight the need for prevention strategies that acknowledge cultural norms, social contexts, and motivational heterogeneity beyond heavy-drinking populations.

Source: Zeiser, M., Baumann, S., Freyer-Adam, J., Ullrich, A., John, U., & Staudt, A. (2026) Exploring the motives for drinking less alcohol and attitudes towards abstinence in individuals with low-to-moderate alcohol use – a mixed-methods study. BMC Public Health, doi.org/10.1186/s12889-025-26015-7

Long-term patterns of alcohol use in older different-sex couples

Longitudinal patterns of alcohol use among older couples may have important implications for health. A study identified trajectories of alcohol use among different-sex couples and their associations with health over 24 years.

Participants included 9,823 older married/cohabiting different-sex couples from the Health and Retirement Study (HRS), in which participants complete surveys every 2 years. Couples with at least three waves of alcohol and health data between 1996 and 2020 were included.

The researchers identified five longitudinal couple-level trajectories of alcohol use: concordant infrequent/abstaining, concordant light, concordant moderate, discordant husband heavy wife light, and discordant husband moderate wife infrequent/abstaining. Self-rated health was higher on average but decreased more rapidly over time for concordant moderate compared with concordant infrequent/abstaining husbands and wives. On average, chronic

health conditions were higher for concordant infrequent/abstaining than for concordant light and concordant moderate couples. The number of conditions increased more rapidly over time for concordant infrequent/abstaining and discordant husband heavy wife light compared with concordant light and discordant husband moderate wife infrequent/abstaining couples.

These findings reveal the importance of considering couple patterns of drinking amount and drinking concordance to understand the impact of alcohol use on health among older couples.

Source: Turkelson, A., Birditt, K.S., Polenick, C.A., Cranford, J.A., & Blow, F.C. (2026) Long-term patterns of alcohol use in older different-sex couples: Concordant drinking appears initially protective but predicts declines in health over time. Journal of Studies on Alcohol and Drugs, 87(1):164-174.7 doi.org/10.15288/jsad.24-00013.

Associations between adherence to public health measures and changes in alcohol consumption among middle-aged and older adults during the COVID-19 pandemic

The COVID-19 pandemic and associated public health measures may have affected alcohol consumption. A group of researchers in Canada evaluated whether adherence to public health measures was associated with changes in alcohol consumption and binge drinking during the COVID-19 pandemic.

A prospective cohort study was conducted with 23 615 participants aged 50-96 years in the Canadian Longitudinal Study on Aging. Adjusted odds ratios (aORs) were estimated for associations between adherence to public health measures (self-quarantine, attending public gatherings, leaving home, mask wearing and handwashing) and self-reported changes in alcohol consumption during the first year of the pandemic, and for prospective changes in alcohol consumption frequency and the frequency of binge-drinking events from 2015-2018 to 2020.

During the first year of the pandemic, 13% of participants self-reported increased alcohol consumption, while 13% self-reported decreased consumption. Prospective measures suggested that 19.1% increased and 34.5% decreased

alcohol consumption frequency, while 12.9% increased and 17.6% decreased the frequency of binge-drinking events. High adherence to public health measures, compared with low, was associated with higher odds of decreased alcohol consumption frequency (aOR = 1.17; 95% confidence interval [CI]: 1.06-1.30). No associations were observed between public health measure adherence and self-reported change in alcohol consumption or the frequency of binge-drinking events. Associations were consistent across socioeconomic groups.

Adherence to public health measures was associated with decreased, rather than increased, alcohol consumption frequency among adults aged 50-96 years in the first year of the COVID-19 pandemic.

Source: Panno, K., Griffith, L.E., Jones, A., De Rubeis, V., Khattar, J., de Groh, M., Jiang, Y., McMillan, J., & Anderson, L.N. (2026) Associations between adherence to public health measures and changes in alcohol consumption among middle-aged and older adults during the COVID-19 pandemic: the Canadian Longitudinal Study on Aging (CLSA). *Health Promotion of Chronic Disease Prevention Canada*, 46(1):23-34. doi.org/10.24095/hpcdp.46.1.03

Social and Policy research by publication date

The interrelation of parental alcohol use, parental practices, and binge drinking among secondary and high school students: analysis of a national survey. First published online: 28 Oct. 2025

Feelings of guilt and remorse after alcohol consumption among people who drink at increasing and higher-risk levels: A population study in England. First published: 27 Nov. 2025

Work hard... drink hard? occupational, sociodemographic and health determinants of high-risk alcohol consumption among Australian workers. First published: 16 Dec. 2025

Factors associated with alcohol-impaired driver crash deaths in the United States, 2018-2022 First published online: 21 Dec. 2025

Associations between adherence to public health measures and changes in alcohol consumption among middle-aged and older adults during the COVID-19 pandemic: the Canadian Longitudinal Study on Aging (CLSA). First published: Jan. 2026

Risk factors for harmful alcohol consumption among employees and intervention strategies used in the workplace: current state of knowledge based on a literature review First published: 5 Jan. 2026

Exploring the motives for drinking less alcohol and attitudes towards abstinence in individuals with low-to-moderate alcohol use - a mixed-methods study. First published: 7 Jan. 2026

How healthy are food and beverage products promoted by TikTok influencers? First published online: 7 Jan. 2026

Long-term patterns of alcohol use in older different-sex couples: Concordant drinking appears initially protective but predicts declines in health over time First published online: 11 Jan. 2026

Attitudes toward cancer and heart disease warning labels on alcoholic beverages in the United States. First published online: 19 Jan. 2026

Lifetime drinking patterns shape awareness of alcohol-related chronic disease risks in US adults First published online: 19 Jan. 2026

The government considers age restrictions on zero-alcohol beverages in the UK

The UK government is considering introducing age restrictions on zero-alcohol and low-alcohol drinks, a move that has prompted debate within the hospitality industry. Health Minister Ashley Dalton said ministers are reviewing whether these products should be regulated more like traditional alcoholic beverages, as part of the government's 10-Year Health Plan, citing concerns that their close resemblance to beer, wine, and spirits sets them apart from ordinary soft drinks.

The government's interest is partly driven by emerging research suggesting that exposure to alcohol-like products at a young age could normalise drinking behaviour and potentially increase the risk of harmful alcohol use later in life. Currently, alcohol sales to under-18s are banned, but zero-alcohol drinks (under 0.05% ABV) and

low-alcohol products (under 1.2% ABV) face no age-based sales restrictions.

Industry figures have criticised the proposals, arguing that limiting access to alcohol-free alternatives may discourage responsible choices among younger consumers and harm pubs and bars already under financial strain. At the same time, the no- and low-alcohol market has grown rapidly, with strong investment and sales growth. The government says it supports the sector's expansion for adult consumers. No timeline has been announced for any regulatory changes, with the government currently in a consultation phase on the proposals.

thegrocer.co.uk/news/under-18s-low-and-no-alcohol-drinks-ban-proposal-doesnt-stand-up-to-scrutiny/714025.article

New road safety strategy in the UK

The UK government has announced its first road safety strategy in over a decade. New consultations are to take place on the minimum learning period for learner drivers, eye tests for older drivers, and lowering the alcohol limit for driving to help prevent collisions. The strategy aims to save thousands of lives and deliver on the government's commitment to growth, safer communities, and easing pressure on the NHS. Launched on 7 January 2026, the strategy sets out an ambitious plan to reduce deaths and serious injuries on Britain's roads by 65% by 2035, with an even more stretching target of 70% for children under 16.

The government consultation on proposed changes to penalties for motoring offences is

open until 31 March 2026 and will consult on lowering the drink-drive limit in England and Wales, which has remained unchanged since 1967 and is joint highest in Europe. In 2023, 1 in 6 road fatalities involved drink driving. The consultation will explore the use of preventative technology, such as alcohol interlock devices, and new powers to suspend driving licences for those suspected of drink or drug driving offences. This could mean that, in future, some drink-drive offenders might be required to have one of these devices fitted to their vehicle as a condition of being allowed to drive again.

gov.uk/government/consultations/proposed-changes-to-penalties-for-motoring-offences

Three in four UK adults embrace moderate drinking over Christmas

According to a survey by Drinkaware, published on 18 December 2025, 73% of UK adult drinkers planned to moderate their drinking over the Christmas and New Year period. Taking drink-free days emerged as the most popular way to cut back (21%), followed by setting a drink limit (19%) and alternating alcoholic drinks with soft drinks or water (18%).

This research, commissioned by Drinkaware, was carried out online by Opinion Matters between 28.11.2025 and 01.12.2025 among a panel of

2,002 UK nationally representative respondents aged 18+.

The survey found that 28% of drinkers intended to drink more over Christmas but planned to cut back in the New Year. Overall, two in five drinkers (43%) intended to cut back in the New Year. The most popular approach was to take a complete break for a period of time (27%), followed by drink-free days or keeping alcohol out of the house (24%).

Alcohol-attributable injuries in the WHO European Region

A new analysis of causes of death, commissioned by WHO/Europe with EU support, reveals that alcohol is a leading cause of fatal injuries in Europe. In 2019, alcohol caused nearly 145,000 injury deaths in Europe, representing 31.1% of all injury deaths in the region. The leading causes were suicide (approximately 43,650 deaths), traffic accidents (approximately 24,000 deaths), and falls (approximately 19,600 deaths).

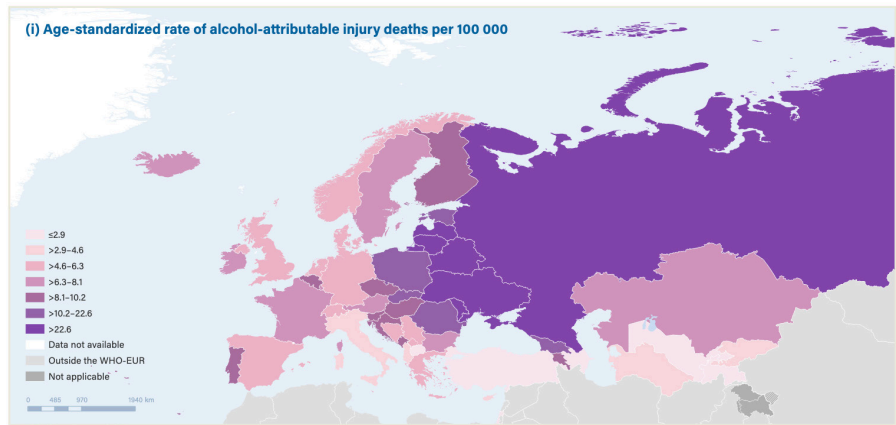
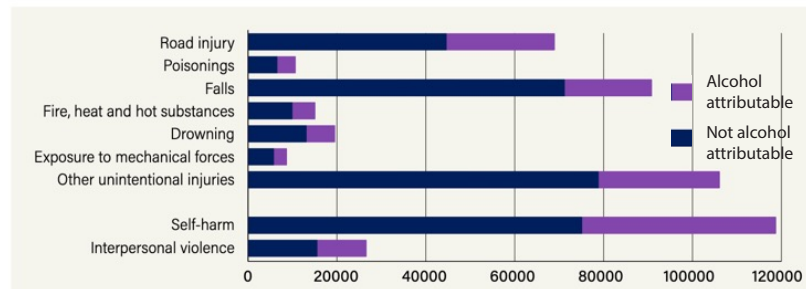
According to the report, excessive alcohol consumption significantly increases not only the risk of unintentional injuries, such as traffic accidents, falls, and drowning, but also the risk of intentional injuries, such as suicide and homicide.

Men account for most alcohol-attributable injury deaths because they drink more frequently, consume larger quantities, and are more likely to have alcohol dependence. Harm to others, particularly women and children, includes domestic violence, neglect, and other forms of physical and emotional distress. Young

people are at increased risk because alcohol contributes to risky behaviour and injury. The figures show significant differences between Eastern and Western Europe. These differences reflect different drinking patterns.

[who.int/europe/publications/i/item/WHO-EURO-2025-12985-52759-82010](https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12985-52759-82010)

Fig. 1. Injury deaths in the WHO European Region in 2019, by cause



The Netherlands measures to restrict alcohol advertising to under 18s

In the Netherlands, the Foundation for Responsible Alcohol Consumption (STIVA) annually commissions research into which radio and television stations are designated as youth channels, using viewing and listening figures from the National Media Research Institute (NMO). This year, research showed that Nickelodeon and Disney Channel had an average of more than 25% of minors among their viewers in 2025. Therefore, these channels are considered youth channels for 2026. No youth channels have been designated for radio this year.

These channels will not air any advertising for alcoholic beverages all year round. This restriction goes beyond the Media Act, which permits such advertising after 9:00 PM. Peter de Wolf, director of STIVA: "Our commitment is clear: advertising

for alcoholic beverages does not belong in the eyes of minors. With this research and additional measures, we will continue to work proactively to prevent this." STIVA and its partners have chosen not to place advertising on youth channels after 9:00 PM either. This way, we better protect young people from inappropriate advertising. Social media is also receiving attention; young people are watching increasingly less TV and listening to less radio. Therefore, strict rules also apply to social media. Platforms such as YouTube, Instagram, and Snapchat use age filters to ensure that alcohol advertising is not visible to those under 18. Currently, there is also a complete ban on alcohol advertising on TikTok. In addition, STIVA monitors influencer content with an influencer monitor to ensure that posts comply with the Advertising Code for Alcoholic Beverages.

The BOB campaign celebrates its 30th anniversary

The BOB campaign celebrates its 30th anniversary this year, marking three decades of commitment by Belgian brewers, Vias Institute, and Assuralia to improving road safety and combating drunk driving. Since its launch in 1995, BOB has grown into one of Europe's most recognised prevention campaigns, contributing to a major reduction in drunk driving in Belgium. The percentage of drivers testing positive for alcohol dropped from 6.4% during the first campaign to 1.6% by summer 2025, despite a significant increase in the number of controls. While this progress is substantial, the partners stress that any instance of drunk driving remains unacceptable, and they continue to work together to aim for zero road casualties.

Beyond encouraging sober driving, Belgian brewers emphasise their broader social responsibility by promoting responsible alcohol consumption through initiatives such as the BE RESPONSIBLE campaigns and by expanding alcohol-free alternatives. The new

winter campaign, "You'll find BOB everywhere," highlights the growing culture of conscious, responsible choices among drivers. Launched on 28 November, it is visible nationwide and includes a symbolic gesture for the 30th anniversary: the distribution of 30 exclusive gold BOB keychains to exemplary drivers. The campaign reinforces BOB's core message—if you drink, you don't drive—and underlines the shared ambition of making safe driving a natural choice for everyone.

belgianbrewers.be/kenniscentrum/



Changing attitudes toward health are a major driver of a reduction in alcohol consumption

According to research from Euromonitor International, although the global alcoholic drinks industry reached 253 billion litres in 2024, growth appears to be stagnating.

The concept of "zebra striping," where consumers alternate between alcoholic and non-alcoholic drinks during a single occasion, is gaining traction as people look to moderate their alcohol intake. This form of mindful drinking is becoming common across demographics but is particularly prominent among younger consumers. Changing attitudes towards health are a major driver of this shift. Euromonitor's consumer research indicates that 53% of people who drink alcohol are actively trying to cut back, compared with 44% five years ago, while the proportion of those who never drink has also increased. Among legal-age Gen Z consumers, 36% report never drinking alcohol. The growing trend towards sobriety is largely

driven by a desire to feel healthier (46%) and avoid long-term health risks (42%), along with practical considerations such as saving money (30%) and improving sleep quality (25%). Countries like Australia have seen a notable rise in people cutting back for wellness reasons.

As traditional alcohol consumption stagnates, sobriety and moderation are fuelling growth in adult non-alcoholic beverages. In 2024, the global alcoholic drinks market grew by just 0.6% in volume, while Asia Pacific recorded stronger momentum in non-alcoholic categories, including double-digit growth in spirits and ready-to-drink products. Looking ahead, the global adult non-alcoholic drinks market is forecast to expand by 24% between 2025 and 2029, exceeding 10.2 billion litres, underscoring a structural shift rather than a passing trend.

Monitoring the Future Survey finds that underage drinking levels remain stable in the US

The latest report from the Monitoring the Future study at the University of Michigan’s Institute for Social Research was published in December. The annual survey of drug use behaviours and attitudes among eighth, 10th and 12th graders found that the percentage of teens currently abstaining from alcohol, tobacco and nicotine held steady at historically high levels established five years ago, when a sharp decline in reported use of most drugs was observed from 2020 to 2021. This substantial fall was largely attributed to disruptions in drug availability and in the social lives of teens during the pandemic, when many were isolated at home with parents or other caregivers and spent less time with friends.

“One of the main findings from the survey this year is that teen use of the most common drugs has not rebounded after the large decline during the pandemic,” said Richard Miech, research professor at Institute for Social Research, and team lead of the MTF study. “Many expected teen drug use levels to return to pre-pandemic levels once the social distancing policies were lifted, but this has not happened.”

The data indicate that, compared with 2024, reported use of most drugs in most grades held steady in 2025. Key findings:

- Abstaining from, or not using, marijuana, alcohol and nicotine remained stable across all grades, with 91% of eighth graders, 82% of 10th graders and 66% of 12th graders reporting abstinence in the past 30 days.
- Alcohol use remained stable across all three grade levels, with 11% of eighth graders, 24% of 10th graders and 41% of 12th graders reporting use in the past 12 months.
- Cannabis use remained stable across all grades, with 8% of eighth graders, 16% of 10th graders and 26% of 12th graders reporting use in the past 12 months.
- Nicotine vaping and nicotine pouch use remained stable across all grades in the past 12

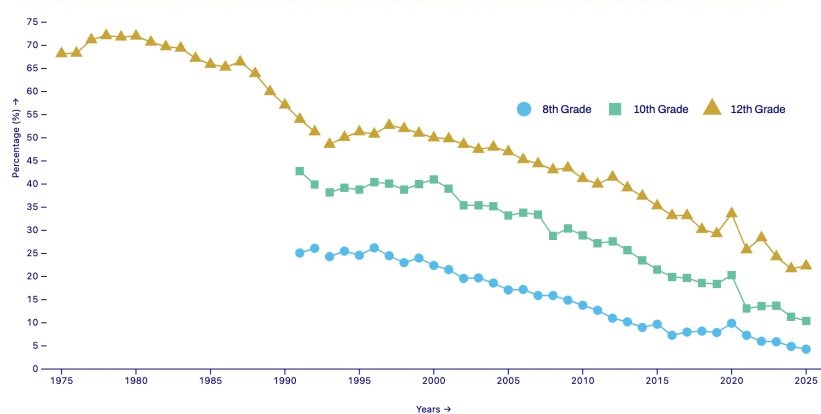
months. However, daily use of energy drinks or energy shots is at or near record highs across all three grades, with 18% of eighth graders, 20% of 10th graders and 23% of 12th graders reporting use at least once per day in the last 30 days.

The survey found that a record high number of teens report they have never consumed alcohol – 83% of students in 8th grade, 70% of 10th graders, and 51% of 12th graders. The longer-term trend over the past ten years shows lifetime consumption has declined 26%, proportionally, among 8th graders, 32% among 10th graders, and 21% among high school seniors.

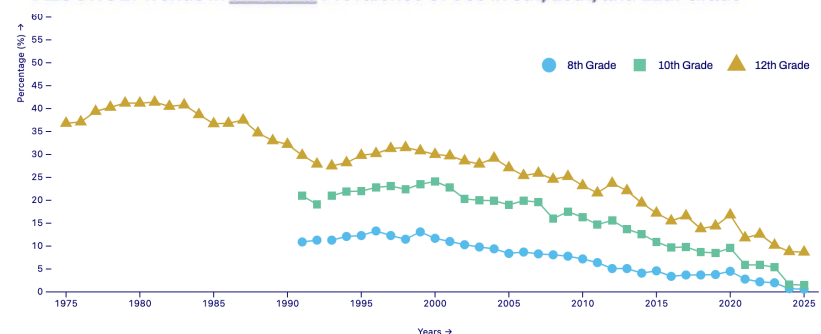
In 2025, past 30-day consumption remained at or near record lows. Current drinking among teens declined among 8th- and 10th-grade students from 2024 to 2025. The longer-term trend over the past ten years shows declines of 41% among 8th graders, 48% among 10th graders, and 33% among 12th graders.

Binge drinking (defined as consuming five or more drinks in a row at least once during the past two weeks) rates declined slightly – by 0.1 percentage point at each grade level – reaching record low levels among students in all three grade levels in 2025. While the one-year change

ALCOHOL: Trends in 30 Day Prevalence of Use in 8th, 10th, and 12th Grade



ALCOHOL: Trends in 5+ Drinks Prevalence of Use in 8th, 10th, and 12th Grade



was not statistically significant, over the past ten years the prevalence of binge drinking has been almost non-existent among younger students – down 82% among 8th graders, 85% among 10th graders, and 44% among 12th graders.

In 2025, the prevalence of ever being drunk or drunk in the past 12 months significantly decreased among 8th graders, while remaining relatively steady among 10th and 12th graders. “Being drunk” has been in long-term decline across all three grades for lifetime, past 12-month, and past 30-day measures, consistent with the

overall decline in alcohol consumption among youth.

Abstinence, indicated by no use of alcohol, marijuana, or nicotine (cigarettes or vaping), remained stable from 2024 to 2025, with 91% of 8th graders, 82% of 10th graders, and 66% of 12th graders reporting no use in the past 30 days. Additionally, lifetime abstinence followed the same trend, although at lower overall levels.

monitoringthefuture.org/wp-content/uploads/2025/12/mtfvol12026.pdf

2025 Road Safety Monitor on drinking and driving in Canada

In December, the Traffic Injury Research Foundation (TIRF), with sponsorship from Beer Canada and Desjardins Insurance, released the 2025 Road Safety Monitor (RSM) on drinking and driving in Canada. The report examines trends in alcohol-impaired driving, public attitudes towards risk, and enforcement practices, and is intended to support evidence-based road safety policies and prevention strategies.

While Canada has made substantial progress in reducing alcohol-impaired driving over the past three decades, 2025 saw a concerning reversal in some key indicators. Self-reported drinking and driving behaviours increased sharply in 2025, with 9.2% of drivers admitting to driving when they believed they were over the legal limit, up from 5.9% in 2024. Public concern about the risks has declined; in 2025, 71.8% of Canadians considered drinking and driving a very or extremely serious problem, the lowest level in two decades.

Post-pandemic changes in policing practices, competing enforcement priorities, and reduced capacity for local prevention efforts may have contributed to growing complacency and risk-taking. Drinking behaviours have also shifted since the pandemic, with a return to public drinking environments such as bars and social gatherings. Among drivers who admitted to driving over the legal limit in 2025, 27.7% had been drinking at bars, and 24.2% had been drinking with friends and relatives. These changes coincide with a rise in impaired-driving harms. The number of Canadians

killed in road crashes involving a drinking driver increased by 14% from 2021 to 2022, rising from 457 to 521 fatalities.

The report also highlights a widening gap between self-reported impaired driving and police-reported enforcement data, suggesting that enforcement figures increasingly reflect policing activity rather than true prevalence. Experts emphasise that the rise in impaired-driving deaths and risky behaviours underscores the continued need for targeted prevention, effective enforcement, and public awareness efforts to protect road users across Canada. Alcohol-related crashes, however, remain far below the levels recorded in the 1990s, with fatalities involving a drinking driver declining by 51.7% between 1996 and 2022.

tirf.ca/download/rsm2025-drinking-driving-canada/

Figure 2 | Percentage of Canadians killed in road crashes involving a drinking driver

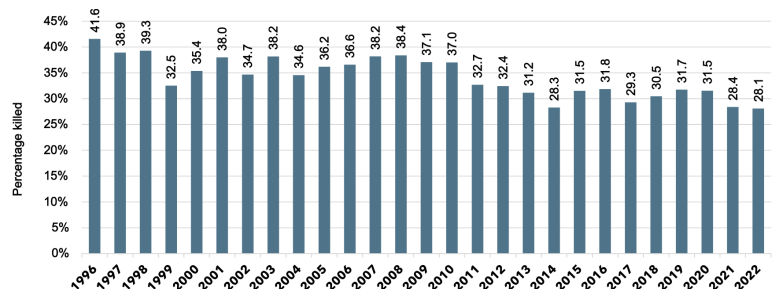
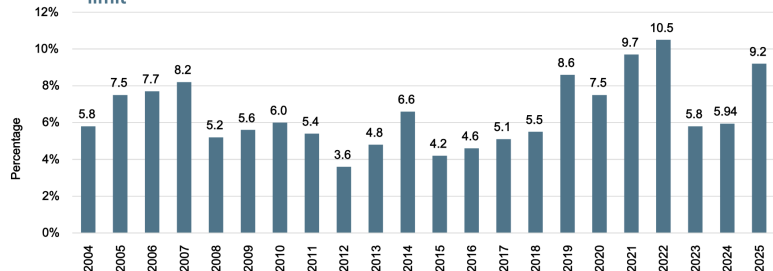


Figure 4 | Percentage of drivers who drove when they thought they were over the legal limit



Meta restricts alcohol accounts on Facebook

Meta has begun notifying alcohol-related businesses that their Facebook pages will no longer be recommended by the platform's algorithms, significantly reducing visibility and potential revenue. Wine, beer, and spirits businesses received alerts stating that their content "may not follow our rules" and that Meta's technology had taken action under its Community Standards, though no specific violations were identified. Page owners were told they could fix issues or request a review, but the links provided do not lead to a clear solution or appeal process.

Despite the restrictions, affected businesses report that their page status shows no Community Standards violations, and there have been no recent updates to Facebook's policies on alcohol advertising or restricted goods. Notifications offer

little clarity, describing the action as a "safety measure" tied to an undisclosed rule breach. According to industry reports, potentially millions of pages have been affected, including wineries, breweries, distilleries, bars, restaurants, retailers, media outlets, and educational programmes worldwide.

Some users with paid support have been told by agents that the issue may be a "bug," though Meta has not publicly confirmed this. The restrictions currently appear limited to Facebook and do not affect Instagram, which Meta also owns. The lack of transparency has fuelled concern across the alcohol sector, especially given the platform's importance for marketing and audience reach.

thespiritsbusiness.com/2026/01/meta-restricts-alcohol-accounts-on-facebook/

Criticism of ICCPUD report that found 'no safe limit for alcohol' in the US

The US House Committee on Oversight and Government Reform has released a strongly critical report on a study by six academics opposed to alcohol consumption, which was intended to influence the Dietary Guidelines for Americans 2025–2030.

In April 2022, the Biden Administration authorised the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) to conduct an alcohol intake and health study (AIH). The AIH was intended to examine the relationship between alcohol consumption and health outcomes. The Biden Administration intended the study's results to inform the 2025-2030 Dietary Guidelines, but Congress had already authorised the National Academies of Sciences, Engineering, and Medicine (NASEM) to study the relationship between alcohol consumption and health outcomes to inform the 2025-2030 Dietary Guidelines. As a result, in April 2024, the Committee launched an investigation into the ICCPUD AIH study.

NASEM published its findings in 2024, concluding that moderate alcohol consumption was associated with lower all-cause mortality than abstinence, while also noting risks for specific health outcomes.

According to the report, 'The Committee's investigation uncovered evidence that the Biden Administration's ICCPUD AIH study was conducted in a manner inconsistent with federal

law and was wastefully duplicative, raising outcome bias concerns, as Congress had already allocated \$1.3 million for the NASEM to study the relationship between alcohol consumption and negative health outcomes to inform the 2025-2030 Dietary Guidelines. Congress affirmed twice that NASEM was to be the sole group to conduct a study on the relationship between alcohol use and health to inform the upcoming 2025-2030 Dietary Guidelines. ICCPUD has a limited authority to curb underage drinking, not inform the Dietary Guidelines. The report concludes that

'The ICCPUD AIH study group in fact was fraught with bias. All six study group members are anti-alcohol advocates who had conducted previous research linking negative health outcomes with alcohol. The evidence points to the AIH study group having a pre-determined goal—to publish a biased study that parroted a "Canadian model" conclusion that no amount of alcohol consumption is safe. The AIH study group then took active steps to conceal their study from Congress and the public.'

The committee concluded that the ICCPUD Alcohol Intake and Health study was methodologically flawed and wastefully duplicative and should not be considered in the formulation of the 2025–2030 Dietary Guidelines.

oversight.house.gov/wp-content/uploads/2026/01/Final-Report-ICCPUD-Alcohol-Intake-Study-010726.pdf

2025-2030 US Dietary Guidelines released

In January, the USA released updated dietary guidelines under Health Secretary Robert F. Kennedy Jr. The guidelines are issued every five years by the U.S. Department of Agriculture and the Department of Health and Human Services and serve as the basis for federal nutrition programmes, including school meals initiatives.

The updated recommendations promote diets rich in protein, full-fat dairy, fibre-rich whole grains, fruits, and vegetables, while advising limits on added sugars and ultra-processed foods, such as packaged snacks and sweets. The guidelines recommend three servings of full-fat dairy per day, marking a departure from previous advice favouring low-fat or fat-free dairy to reduce saturated fat intake.

The guidelines revise longstanding alcohol consumption recommendations. The change eliminates a recommendation that has been in place for 35 years, advising men to limit alcohol to two drinks per day and women to one drink per day. Instead, the guidance advises Americans to consume less alcohol for overall health, without specifying daily thresholds. Certain groups are advised to avoid alcohol entirely, including pregnant individuals, people recovering from alcohol use disorder, those who have difficulty controlling intake, and individuals taking medications that may interact negatively with alcohol. The report highlights the calorific value of alcohol, stating "Adults who choose to drink, and are not among the individuals listed above

who should not drink, are encouraged to limit daily intakes to align with the Dietary Guidelines—and to consider calories from alcoholic beverages so as not to exceed daily calorie limits."

At a White House press conference announcing the guidance, Mehmet Oz, administrator for the Centers for Medicare & Medicaid Services, said, "So alcohol is a social lubricant that brings people together. In the best-case scenario, I don't think you should drink alcohol, but it does allow people an excuse to bond and socialise... And there's probably nothing healthier than having a good time with friends in a safe way. If you look at the blue zones around the world, where people live the longest, alcohol is sometimes part of their diet. Again, small amounts taken very judiciously and usually in a celebratory fashion. So there is alcohol in these dietary guidelines, but the implication is don't have it for breakfast, right? This should be something" done in a small amount, with hopefully some kind of an event that may have alcohol at it," he added.

dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf



How working from home affects alcohol use in Sweden

Remote work has increased significantly since the years before the pandemic, raising questions about its impact on employees' drinking habits, as alcohol policies are harder to monitor outside the workplace. In an article, Björn Trollidal examines whether remote work in Sweden is associated with increased alcohol consumption or binge drinking. Using data from CAN's Monitor survey, the study examines reported changes in drinking patterns among remote workers, the direction of these changes, and the reasons behind them.

The results show that changes in drinking patterns due to remote work were small, both in terms of total alcohol consumption and the number of binge drinking occasions. Overall, they suggest

that remote work does not constitute a major risk factor for increased alcohol consumption or binge drinking in the population. However, it is still possible that remote work has had a significant impact on the drinking habits of some individuals. Notably, among those who reduced their alcohol consumption, the most common reason was participating less frequently in work-related social events where alcohol is typically present, such as after-work gatherings – an insight that may be relevant for employers.

nordicwelfare.org/popnad/en/artiklar/how-working-from-home-affects-alcohol-use-in-sweden/

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

AIM Mission Statement

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

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