Alcohol in Moderation

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

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Physical activity, alcohol consumption, and digestive system cancer risk: a large prospective cohort study

Whether physical activity could modify the association between alcohol consumption and digestive system cancer (DSC) is still unclear. The primary aim of a study published in the journal Nutrition Prescision was to evaluate the independent and joint effects of physical activity in various intensities and alcohol consumption on DSC risk.

A total of 305,699 participants free of cancer at baseline in the UK Biobank were included in this study. Physical activities, including total physical activity, vigorous physical activity, moderate-to-vigorous physical activity, moderate physical activity, walking and leisure-time physical activity, were self-reported at baseline. Total alcohol consumption was divided into four categories, including non-consumption, "safe" consumption (1–22 units/week for males and 1–15 units/week for females), "hazardous" consumption (22–49 units/week for males, and 15–35 units/week for females), and "harmful" consumption (>49 units/week for males, and >35 units/week for females), adapted from the UK guidelines. Multivariate Cox regression models were used to evaluate the independent and joint associations between physical activity, alcohol consumption, and outcomes (DSC, digestive tract cancer, and digestive accessory organ cancer).

Except walking, higher levels of physical activities were associated with a lower risk of DSC. The inverse associations were more evident for vigorous physical activity (hazards ratio [HR] = 0.90 [95% confidence interval {CI} = 0.84–0.95]) and moderate-to-vigorous physical activity (HR = 0.86 [95% CI = 0.81–0.92]) than total physical activity, moderate physical activity, and walking and leisure-time physical activity. No additive or multiplicative interactions between physical activity and alcohol consumption on DSC risk were detected. When stratified by physical activity, harmful drinking was consistently associated with increased DSC risk. Similar trends were found for digestive tract cancer and digestive accessory organ cancer.

Physical activity, especially VPA and MVPA, was inversely associated with DSC risk. However, a high level of PA could not counteract the detrimental effect of alcohol consumption on DSC risk. These results support current recommendations about alcohol cessation even in physically active individuals.

Source: Wang, Weiqi; Wang, Qiaoyu; Liu, Lin; Song, Qingrao; Chen, Yaxin; Hou, Wanying; Sun, Changhao. Physical activity, alcohol consumption, and digestive system cancer risk: a large prospective cohort study. Precision Nutrition 5(1):p e00123, March 2026. https://doi.org/10.1097/PN9.0000000000000123.

Alcohol consumption and atrial fibrillation risk: An overview of systematic reviews and network meta-analysis

Hadi, M., Saha, S., Petrie, D., Woode, M.E., Gerdtham, U.F. Drug and Alcohol Review (2026) 45:e70089 doi.org/10.1111/dar.70089

Abstract

Background: Although alcohol consumption is linked to atrial fibrillation (AF), the relationship across different intake levels and between sexes remains unclear. This study presents the first network meta-analysis of prospective cohort studies bringing greater precision to these associations.

Methods: 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, including sex-stratified analyses.

Results: Compared to 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), similar at 24–< 36 g/day (HR = 1.09; 95% CI 1.00–1.20). No significant risk increase was observed for 36–< 60 g/day. Heavy consumption (≥ 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, while 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).

Conclusions: 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, while 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.

ISFAR Summary

The review and meta-analysis by Hadi et al. (2026) summarise the evidence on the association between alcohol consumption and atrial fibrillation (AF).

Hadi et al. (2026) report results similar to other meta-analyses, namely that moderate alcohol consumption (12-24 g alcohol/day) slightly increases the risk of AF in men but not in women. Higher drinking levels (>60 g alcohol/day) increase the risk of AF in both genders. The study includes network meta-analyses to explicitly assess associations across different drinking levels and sex subgroups.

The study reports a significantly increased risk of about 7% in moderately drinking men only. This relatively small increase is similar to that observed in non-drinking men, which may cast doubt on the biological relevance of this finding and may indicate a J-shaped relation, if any. Sex-specific physiological mechanisms remain underexplored, and the relevance of other important clinical variables, such as age, hypertension, obesity and other lifestyle factors, is not adequately considered. Also, adequate data on drinking patterns, including the regularity of consumption, binge drinking, and drinking with meals, are lacking. Therefore, a possible confounder, viz. occasions of intoxication, is missing, which may have contributed significantly to the associations reported.

The combination of a lack of drinking pattern data, small effect sizes and residual confounding limits the study's ability to draw firm conclusions about the causality and clinical significance of alcohol consumption for AF.

ISFAR Critique

Background

Atrial fibrillation (AF) occurs when the electrical signals in the top chambers (atria) of the heart are not conducted properly. These signals should be steady and regular, but instead they quiver or twitch (fibrillation). This causes the heart to beat irregularly, so it does not pump blood as well as it should. Atrial fibrillation is not life-threatening, but it can cause blood clots in the heart that may lead to a stroke. Treatment of AF includes anticoagulants, beta-blockers and calcium channel blockers, which help slow a fast heart rate, and anti-arrhythmic drugs, which help maintain a normal sinus rhythm.

The worldwide prevalence of atrial fibrillation is estimated at 37,574 million cases and increased by 33% during the last 20 years (Lippi et al., 2021). Cases are surging due to an ageing population and higher rates of obesity, diabetes, and hypertension (Vermeer et al., 2024). While not always immediately life-threatening, it causes severe comorbidities, including hypertension,

chronic kidney disease and heart failure (Shantsila et al., 2024).

Earlier meta-analyses have generally shown a dose-response increase in AF risk with increasing alcohol consumption, though effects at light to moderate levels have been mixed in prior work (Samokhvalov et al. 2010). Some dose-response studies have also suggested differential patterns by sex and region, but the magnitude and shape vary by methodology (Jiang et al. 2022). Apart from alcohol moderation, however, other lifestyle factors contribute to the management of AF. These include maintaining a healthy body weight (Li et al., 2025), regular moderate exercise (Buckley et al., 2025) and cessation of smoking (Zhu et al., 2016).

This paper by Hadi et al (Hadi et al., 2026) summarises the available data on the association between the lifestyle factor alcohol consumption and AF, providing an overview of previously published meta-analyses and a network analysis based on prospective cohort studies. The latter was intended to provide greater statistical precision for the alcohol consumption—AF association. For example, data were pooled from 13 prospective cohort studies nested within five prior meta-analyses, totalling >80 million person-years of follow-up, thereby increasing statistical precision compared with most prior meta-analyses.

Their results show that moderate alcohol consumption (12-24 g alcohol/day) slightly increased AF risk compared with light drinking (0-12 g alcohol/day) in males only. Higher drinking levels did not increase the risk of AF up to more than 60 g of alcohol per day. When drinking 60+ g of alcohol per day, the risk of AF increased in both men and women.

Critique

This study by Hadi et al. (2026) is another review/meta-analysis summarising results on the association between alcohol consumption and AF. ISFAR discussed previous studies on the alcohol-AF association by Tolstrup et al. (2016) and Ariansen et al. (2020) , . Hadi et al. (2026) used five other recent meta-analyses, namely those of Jiang et al. (2022), Zhang et al. (2022), Yang et al. (2022), Giannopoulos et al. (2022) and (Gallagher et al. (2017). These five meta-analyses were used to substantiate and further analyse previously reported findings by performing general and sex-specific network meta-analyses (NMA), along with heterogeneity and inconsistency tests and comparative rankings. NMA allows simultaneous comparison across multiple drinking categories, including both direct and indirect evidence, which is a methodological advance over traditional pairwise meta-analysis, which typically compares only two groups at a time. This NMA formally integrates evidence across categories and estimates hazard ratios for segmented intake levels.

Hadi et al. (2026) show results similar to other meta-analyses, namely, that moderate alcohol consumption slightly increases the risk for AF in men, but not in women, and higher drinking levels increase the risk for AF in both genders. Indeed, it is one of the first network meta-analyses to explicitly assess associations across different drinking levels and sex subgroups. How alcohol-related AF risk differs between males and females is an important clinical and public health question.

Their NMA shows that the comparisons most often made are those between various control groups (former drinkers, never drinkers, teetotallers, occasional drinkers), light drinkers (0-12 g/day), moderate drinkers (12-24 g/day) and heavy drinkers up to and more than 60 g/day for men and up to 36 g/day for women. This may indicate that all relevant comparisons between drinking groups used for their conclusions were adequately represented in their analysis, except for the higher drinking group comparisons for women.

The meta-analyses show a significantly increased hazard ratio (HR) of 1.076 in the 12-24 g/day consumption group for men. This relatively small increase is similar to the increase observed in non-drinking men (HR 1.050) and occasional drinking women (HR 1.061). Occasional drinking men have a similarly small decrease in HR (HR 0.930), whereas non-drinking women have a somewhat higher increased risk, namely at an HR of 1.135. These small increases and decreases do not have a consistent pattern; men and women are affected differentially, and occasional drinking has an opposite effect in men than in women. Since the HRs are significant but quite small, this may cast doubt on the biological relevance of these findings. Although the authors mention biological mechanisms, including both acute and longer-term effects, no clear, consistent explanation for the observed pattern is provided, nor are the gender differences explained in their discussion of mechanisms.

Although consistency across the outcomes of the various meta-analyses was assessed, with low heterogeneity and non-significant inconsistency, this does not preclude bias arising from shared limitations in the underlying studies. The most important risk factors for AF include ageing, hypertension, obesity and diabetes; however, none of the analyses focused on rigorous and consistent adjustment for these key confounders. Given that important confounding may remain uncorrected and that unknown confounding (for example, drinking pattern) may exist, the findings are most conservatively interpreted as suggesting a positive association between alcohol consumption and AF risk, primarily at high or very high levels of intake. This interpretation is further complicated by differences across cohort studies in how alcohol consumption was measured and categorised, potentially leading to exposure misclassification. Most studies relied on self-reported alcohol intake, which is prone to recall bias and under-reporting. In addition, variation in reference groups (for example, never, former, or occasional drinkers) across cohorts complicates comparisons and the interpretation of risk estimates.

The authors, however, concluded that there is a non-linear relationship between alcohol consumption and AF risk, a conclusion that differs from some of the meta-analyses included in their systematic review and network meta-analysis. Also, their advice to limit alcohol consumption to reduce AF is only supported by the data for moderately drinking men and for men and women drinking more than 60 g of alcohol per day. Their advice could have been phrased as being most relevant for heavily drinking men and women.

While this paper is a valuable contribution that clarifies how different levels of alcohol consumption relate to AF risk and highlights important sex differences, interpretation should remain cautious. This is due to methodological constraints in the underlying observational data, residual confounding, and potentially heterogeneous primary studies. Future research with standardised exposure measurement and rigorous dose-response analyses would further strengthen causal inference.

Specific comments

Forum member Ellison noted that "this paper presents newer statistical approaches for analysing large datasets. I am not qualified to judge the appropriateness of these techniques for assessing the relationship between alcohol consumption and atrial fibrillation (AF), but more knowledgeable members of our Forum consider them appropriate. Personally, however, I am always reluctant to make public recommendations that may be based only on: (1) the amount of alcohol consumed without data on the pattern of drinking; and (2) results from analyses that include data from markedly diverse groups or populations who differ in socioeconomic, educational, and many cultural factors that affect risk, as outlined below:

1. The present study, as do many other large studies, estimates the effects of alcohol only on the amount reported, without adequate data on the type of alcoholic beverage consumed, the regularity of consumption, how often binge drinking occurs, whether alcohol was consumed with food, and other factors that describe the pattern of drinking. All these details are necessary to determine how safe or unsafe a given amount of alcohol may be regarding its health effects.
2. Further, by combining data from many different countries and cultures into a single analysis, it is difficult to determine for which group of people (if any) certain recommendations on alcohol consumption based on the results of the study should apply. Unfortunately, the effects of alcohol tend to vary markedly across different cultures. For example, effects often differ between developing and highly developed countries, between cultures in which wine is or is not consumed with meals, between countries where spirits are the most commonly consumed alcoholic beverages, and between countries with markedly different religious restrictions or socioeconomic levels. In any case, recommendations for a specific segment of the population should be based on data from that segment, not on recommendations derived from data collected from widely varying populations.

For me, an elderly, educated white male living in a highly developed country who primarily drinks wine with meals each day, needs to know what the expected net health effects of drinking or not drinking are for people with similar characteristics and a similar drinking pattern.

Forum member Skovenborg suggests that "if you are a moderate drinking male you might choose to lower your intake to one glass of wine per day or raise your intake to between half a bottle to almost a whole bottle per day to eliminate your increased risk of atrial fibrillation. In my book this is a strange behaviour of a risk factor and I am looking in vain for an explanation. I am also at loss for an explanation as to why females are without the male risk for moderate intake. Maybe different drinking patters is the explanation."

Forum member Goldfinger considers that "atrial fibrillation (AF) is a common dysthymia seen in clinical practice and is often associated with hypertension, hypertensive heart disease, valvular heart disease, particularly mitral valve disease, coronary bypass surgery, congestive heart failure/ cardiomyopathy, chronic lung disease/OSA/cor pulmonale, etc." (Chyou et al., 2015, Kotlyarov and Lyubavin, 2024). Further, a prior history of atrial fibrillation is associated with an increased risk of recurrence (Kisheva and Yotov, 2021)

Although this review attempted to address differences in sex, age and smoking, it is unclear whether there was consistent monitoring for these important comorbidities. The heterogeneity of the studies included certainly makes this quite complicated. It would appear that this study demonstrates a very low risk of primary AF in low to moderate drinkers and a higher risk in heavy drinkers among all comers. Persons with comorbidities that would be associated with a high risk of AF may be outliers with respect to these findings."

Forum member Romano states that "this article clearly outlines the clinical and epidemiological relevance of atrial fibrillation (AF). It adequately justifies the focus on alcohol as a modifiable risk factor and acknowledges inconsistencies in the existing evidence. The study's objective is clearly defined. However, the paper implicitly assumes that AF is a homogeneous outcome and does not explore sex-specific biological mechanisms in sufficient depth. The concept of low alcohol consumption is not adequately problematised, and the relevance of other important clinical variables, such as age, hypertension, and additional cardiovascular risk factors, is not sufficiently anticipated.

Regarding methodology, the authors use a network meta-analysis approach, include prospective cohort studies, register the protocol on PROSPERO, standardise alcohol consumption measures, and assess heterogeneity. These methodological choices are clear strengths of the study.

Statistical Analysis Critique

The statistical analysis conducted by Hadi et al. (2026) has notable methodological strengths, alongside important limitations that affect the interpretation of the findings. Among the strengths is the use of a network meta-analysis with random-effects models, an advanced statistical approach that allows simultaneous comparison across multiple levels of alcohol consumption while integrating direct and indirect evidence. This approach is particularly suitable for evaluating dose–response associations when primary studies use heterogeneous exposure categories. In addition, the formal assessment of heterogeneity (I^2, τ^2) and inconsistency enhances transparency and suggests acceptable overall coherence among the included studies.

Nevertheless, several limitations warrant consideration. First, the analysis relies on heterogeneous adjusted estimates from primary studies that did not use a uniform set of adjustment variables. This introduces the risk of residual confounding, as key factors such as age, hypertension, obesity, diabetes, and drinking patterns were not consistently adjusted for across models. By design, network meta-analysis cannot correct for these structural differences between studies.

Second, although statistically significant associations were observed at certain levels of alcohol consumption—particularly among men with moderate intake—the magnitude of the effects was small, with hazard ratios close to unity. This raises questions about the clinical relevance of these findings, especially given the large sample size, which may favour statistical significance even when absolute effects are minimal.

Another important limitation is the absence of continuous modelling of alcohol dose. Categorisation into broad intake intervals (e.g., 12–24 g/day) may mask meaningful within-category variation and limit the ability to identify true risk thresholds. Furthermore, the use of different reference groups (abstainers, former drinkers, occasional drinkers) complicates the interpretation of comparative risk estimates.

Finally, although sensitivity analyses were

conducted, they did not adequately address the potential impact of systematic biases shared across studies, such as self-reported alcohol intake and exposure misclassification. The lack of analyses exploring statistical interactions with relevant clinical variables beyond sex further limits the depth of the analysis and its clinical applicability.

Overall, although the statistical analysis is technically sound and appropriate given the available data, the findings should be interpreted with caution. The combination of residual confounding, small effect sizes, and broad exposure categorisation limits the study's ability to draw firm conclusions about causality and clinical significance.

Additional limitations

Additional limitations of the study include reliance on self-reported alcohol consumption, assumptions about standard drink definitions, lack of evaluation of drinking patterns, heterogeneous exposure categories, and the absence of analyses stratified by additional clinical variables. In summary, the study demonstrates a robust methodology, but one that remains constrained by the inherent limitations of observational data.

The results are presented clearly and indicate a non-linear association between alcohol consumption and AF risk, with analyses stratified by sex. However, confidence intervals are wide, the clinical relevance of moderate consumption remains debatable, residual confounding persists, and further stratified analyses are lacking. Although the findings are coherent, they require cautious interpretation. Sex-specific physiological mechanisms remain underexplored, and the impact of other modifying variables is not adequately addressed.

Future studies should include, or explicitly recommend, comprehensive multivariable analyses and place greater emphasis on causal inference. Overall, the discussion is prudent and conservative, and the conclusions are coherent but remain general."

Forum member Harding admits to "having long harboured a suspicion of meta-analyses. Blind faith in the idea that the answer must be there somewhere if the collective data is tortured enough glosses over the inconvenient truth that no amount of mathematical wizardry makes the reliability of the underlying studies any more robust. And pooling data from different studies is surely fraught with unreasonable assumptions.

The collection of studies on alcohol and atrial fibrillation (AF) has already been the subject of six meta-analyses, and this study chose to focus on five of them. All five were conducted on a subset of the 23 available studies, each selecting between 9 and 16, depending on the criteria used. They found the following:

Gallagher et al. (2017)

- Low intake is not associated with AF.
- Moderate intake is associated with AF among men only.
- High intake is associated with AF among men and women.

Giannopoulos et al. (2022)

- J-shaped relationship for men and women.

Yang et al. (2022)

- Low to moderate intake is associated with an increased risk of AF in males but not in females.
- Moderate intake is associated with an increased risk in Europeans and Asians, but not in Americans.
- Low intake increases the risk in Europeans, but not in North Americans.
- Moderate beer consumption generally increases the risk.

Jiang et al. (2022)

- The risk of AF increases linearly in men, but in women it follows a J-shaped relationship.

Zhang et al. (2022)

- At low intakes, there was no effect on AF.
- Moderate intakes increased the risk in males but not in females.

In other words, a mess of disparate conclusions. They can't all be right. Hadi and his colleagues have had another go and selected 13 cohort studies (I counted 15) for a 'random-effects network meta-analysis'. They concluded that:

- Low-level intake carries the lowest risk of AF;
- Moderate consumption slightly increases the risk of AF in males, but not in females; and
- In females, the risk of AF rises only with heavy intake.

I noticed another conclusion mentioned in the Discussion (first paragraph), but not in the Abstract or Conclusions, that 'abstaining from alcohol was linked to a subtle but significantly higher level of risk'. In other words, a J-shaped relationship. Overall, I conclude that this meta-analysis adds no more to the sum of human knowledge than the others.

Colleagues have already pointed out the woeful lack of attention paid to drinking patterns in this paper (and indeed also in the other five). And given that atrial fibrillation is known as 'holiday heart syndrome', i.e. caused by binge drinking, this is a major flaw. All this data could be explained by occasions of intoxication, no matter what the overall level of alcohol consumption of individuals. It could be as simple as that.

The Discussion section speculates on what mechanisms might explain the associations observed in these epidemiological studies, indicating the way forward. There is already more than enough to justify further studies to test these possible mechanisms, and that is what is needed, not more epidemiology like this. Physicist Ernest Rutherford said, 'If your experiment needs statistics, you ought to have done a better experiment'.

Forum member Mattivi muses that "several colleagues have already highlighted the chronic lack of in-depth analyses (in the reviewed studies and in the meta-analysis) of alcohol consumption patterns, as well as the complete absence of biomarkers to verify the veracity of the collected data, which is essentially based on participants' self-reports.

I struggle to understand how studies structured in this way can provide reliable answers to such specific questions about holiday heart syndrome (HHS). HHS refers to acute heart rhythm disturbances, most commonly atrial fibrillation (AF), induced by hangovers, often during holidays, weekends, or celebrations. I would, therefore, have expected an experimental design that takes this relevant aspect into account."

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Alcohol consumption and mortality among stroke survivors: A NHANES observational cohort study with mediation analysis

The long-term effects of alcohol consumption among stroke survivors are unclear. A study investigated the association between alcohol intake and all-cause and cardiovascular mortality, and whether inflammatory markers mediate this relationship.

A total of 793 stroke survivors from the National Health and Nutrition Examination Survey 2005 to 2016 were classified by alcohol intake frequency. Mortality data were obtained from the National Death Index. Cox models estimated hazard ratios for mortality. Mediation analysis examined inflammatory biomarkers (neutrophil-to-lymphocyte ratio, platelet-to-lymphocyte ratio, neutrophil-albumin ratio, white blood cell count). During follow-up, 313 participants died (86 cardiovascular deaths). Mild and moderate drinking were associated with reduced all-cause mortality compared to former drinkers (hazard ratio = 0.711 and 0.657, respectively). No significant association was found with cardiovascular mortality. A J-shaped association was observed between alcohol use and all-cause death. Inflammatory markers showed minimal, nonsignificant mediation (≤8.2%). Light-to-moderate alcohol consumption was statistically associated with lower all-cause mortality among stroke survivors, while no significant association was observed for cardiovascular mortality. These findings represent observational associations based on the available data.

Source: Zhu, Xiaoxiu; Zhang, Qianqian. Alcohol consumption and mortality among stroke survivors: A NHANES observational cohort study with mediation analysis. Medicine 105(6):p e47514, February 06, 2026. doi.org/10.1097/MD.0000000000047514

'Put in perspective'
How the Mediterranean way of drinking may affect cancer risk

Barbería-Latasa M, Toledo E, Bes-Rastrollo M, Olmedo M, Pérez-Araluce R, Gea A, Martínez-González MÁ. Mediterranean Alcohol-Drinking Pattern and Alcohol-Related Cancer Incidence in the "Seguimiento Universidad de Navarra" (SUN) Cohort. Med Sci (Basel). 2025 Dec 31;14(1):20. https://doi.org/10.3390/medsci14010020.

Most people know that drinking alcohol can increase the risk of developing seven types of cancer, including cancers of the mouth, throat, oesophagus, liver, colon, and, in women, breast cancer, collectively referred to as alcohol-related cancers. Although more than 100 different cancers exist (over 200 when cell and molecular subtypes are included), alcohol is causally linked only to this specific group. This risk generally increases with the amount of alcohol consumed. Less often discussed is that drinking patterns, such as whether alcohol is consumed with meals or in large quantities in one sitting, may also influence that risk.

A Spanish research team explored this question using data from the SUN Cohort, a large, long-running health study that has followed university graduates since 1999. The cohort was originally established to investigate how the Mediterranean diet and other lifestyle factors relate to chronic diseases. Participants complete follow-up questionnaires every two years, and the study maintains an excellent retention rate of 90.6%. Building on this framework, the researchers examined whether a traditional Mediterranean drinking style, characterised by moderation, wine consumed with meals, and avoidance of binge drinking, might also influence the risk of developing alcohol-related cancers.

What is the Mediterranean Alcohol-Drinking Pattern?

This pattern of drinking has several key features:

- Low to moderate amounts of alcohol
- Wine, especially red wine, is the preferred drink
- Alcohol is consumed with food, not on an empty stomach
- Drinking is spread throughout the week, not saved for weekends
- Binge drinking is avoided
- Very few spirits are consumed

This pattern reflects everyday habits traditionally found in Mediterranean cultures, such as Spain, Italy, and Greece.

What did the study do?

Researchers followed 19,541 adults for nearly 14 years. Participants were grouped according to how closely their drinking habits matched the Mediterranean pattern, ranging from very little resemblance to very strong adherence. The team then documented who developed any of the seven cancers known to be caused by alcohol.

What did the study find?

1. In men, the drinking pattern made a difference

Men who followed the Mediterranean drinking pattern most closely had a 56% lower risk of developing an alcohol-related cancer than those with the least Mediterranean pattern.

This reduction was observed even though all men in the comparison groups consumed alcohol. The benefit appeared to stem from how they drank, not just how much.

2. In women, the pattern did not reduce cancer risk

Women who followed the Mediterranean drinking pattern did not show a lower risk of cancer. This was expected, as most alcohol-related cancers in women are breast cancers, and even small to moderate amounts of alcohol will increase your breast cancer risk to some extent.

Why might this pattern help men?

Several factors may explain the reduced risk among men:

- Food helps reduce direct tissue exposure to alcohol
- Red wine contains polyphenols, natural plant compounds that may have anti-inflammatory or antioxidant effects
- Moderation avoids high-risk blood and tissue levels of alcohol
- Avoiding binge drinking prevents extreme spikes in harmful alcohol metabolites such as acetaldehyde, a known carcinogen
- Steady drinking over the week supports safer alcohol metabolism

These effects may be particularly relevant for cancers such as colorectal cancer, which was the most common alcohol-related cancer in men in this study.

What does this mean for the public?

If you are a woman:

- This study reinforces existing advice that any amount of alcohol increases the risk of breast cancer.
- A Mediterranean drinking pattern does not remove this risk.

If you are a man who chooses to drink:

- Adopting the Mediterranean way of drinking, that is, moderate amounts, wine with meals, no binge drinking, may reduce your risk of alcohol-related cancers.
- This does not mean drinking is risk-free, but it suggests that some ways of drinking are riskier than others.

Conclusion

Alcohol consumption is linked to seven alcohol-related cancers, and the risk generally rises with increasing intake. This study from the long-running SUN Cohort suggests that drinking patterns, not only the amount consumed, also influence risk, particularly for men. Among men who choose to drink, *following a Mediterranean-style drinking pattern, which emphasises moderation, wine with meals, and the avoidance of binge drinking, may reduce the risk of developing one of these cancers.* When in doubt, consult your country's alcohol guidelines for evidence-based advice on reducing the health risks associated with alcohol consumption.

Alcohol consumption patterns and long-term anxiety: The influence of sex, age, and income

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.

Participants were from a nationally representative sample of Australian adults (N = 21,405) from the Household, Income, and Labour Dynamics in Australia (HILDA) survey between 2006 and 2021. Linear mixed-effects models predicted anxiety based on alcohol consumption one-year prior 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 alcohol consumption frequency (alcohol consumption occasions per week) and alcohol consumption quantity (standard drinks consumed on alcohol consumption occasions).

After adjusting for other factors, we found small effects of both drinking frequency and drinking amount on anxiety one year later. Drinking more often was linked to slightly lower anxiety (IRR = 0.98), while drinking larger amounts was linked to slightly higher anxiety (IRR = 1.02). Age influenced these relationships, but sex and income did not. For adults aged 51 and older, drinking more frequently was linked to slightly lower anxiety over time. However, this link was not seen in adults aged 18 to 50. In contrast, drinking larger amounts was linked to slightly higher anxiety over time for adults aged 51 and older and those aged 26 to 50. This relationship was not found in young adults aged 18 to 25.

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: Simon D'Aquino, Benjamin Riordan, Megan Cook, Sarah Callinan, Alcohol consumption patterns and Long-Term Anxiety: The influence of Sex, Age, and income, Addictive Behaviors, Volume 175, 2026, 108594, https://doi.org/10.1016/j.addbeh.2026.108594.

Association between alcohol consumption and musculoskeletal pain among employed and retired British civil servants

Problematic alcohol use has been suggested to be associated with higher prevalence of musculoskeletal pain (MSP) among manual workers; however, such relationship remains understudied among non-manual workers. This cross-sectional study investigated the association between alcohol consumption and MSP patterns among non-manual workers.

The study analysed 6847 non-manual civil servants and retirees aged 50-75 years from the phase 7 of the British Whitehall II Cohort study. Self-reported alcohol consumption was measured as average weekly intake and an alcohol dependency score. MSP was assessed through self-reported anatomical pain sites in the upper body and their frequency. Researchers used multiple-group latent class analysis to identify MSP patterns by age, sex, and employment status and the association between alcohol and pain patterns, was assessed.

There were 3651 (53.3%) reported MSP, with four patterns identified: all upper-body pain sites (6.9%), low back pain (LBP) alone (10.3%), combined LBP and cervical pain (24.8%), and upper-extremity pain (11.3%). Researchers did not observe any significant association between alcohol consumption/dependency and any pain patterns. Above-moderate alcohol consumption was associated with combined LBP/cervical pain (OR: 1.31, 95% CI: 1.05-1.31) among retirees. Potential alcohol dependency was associated with upper-extremity pain among women (OR: 2.04, 95% CI: 1.15-3.60) and early retirees (OR: 1.81, 95% CI: 1.15-2.84).

No overall association between alcohol consumption and MSP was found. Increased spinal pain was found in retirees who exceeded recommended limits, and increased extremity pain was found in women and early retirees with potential alcohol dependency.

Source; Zhao, Z., Lallukka, T., Chandola, T., Britton, A. Association between alcohol consumption and musculoskeletal pain among employed and retired British civil servants: a multiple group latent class analysis. Eur J Public Health. 2026 Feb 1;36(1):183-192. https://oi.org/10.1093/eurpub/ckaf226.

The causal interplay between depression and alcohol use from adolescence to young adulthood

Depression is often comorbid with alcohol use problems, and sex differences may further complicate this interplay.

A research team conducted a longitudinal study using a large European adolescent cohort assessed at ages 14, 16, 19, and 23. Depression and alcohol use were measured using standardised behavioural scales. Cross-lagged analysis, improved Mendelian randomization (MR) analysis, and mediation analysis were conducted to infer the causal interplay.

A total of 2,110 teenagers took part in the study at the beginning. At first, depression and alcohol use were positively related, meaning that teens with more depression tended to drink more alcohol. However, this link became weaker over time and eventually turned negative. Depression and alcohol-related problems stayed strongly connected across all three follow up time points in the study (ages 16, 19 and 23). Further analysis showed that depression could predict later alcohol problems.

Additional genetic analyses supported a two-way relationship between depression and alcohol use. Interestingly, MR results also suggested that moderate alcohol consumption might slightly reduce depression. This effect was especially seen in females at the third follow-up (age 23) and was largely explained by anxiety levels and the personality trait neuroticism. These findings were confirmed in an independent matched sample of 562 participants from the Human Connectome Project.

Depression may predict future alcohol use problems, whereas moderate alcohol consumption might alleviate depressive symptoms, especially in females.

Source: Wang, X., Xiang, S., Kang, J., et al. The causal interplay between depression and alcohol use from adolescence to young adulthood: a Mendelian randomization study. Psychological Medicine. 2026;56:e28. https://doi.org/10.1017/S0033291725102444

Association of alcohol intake over the lifetime with colorectal adenoma and colorectal cancer risk

Alcohol drinking is associated with higher colorectal cancer (CRC) risk, but research on lifetime alcohol drinking is limited. A study estimated the association of lifetime alcohol drinking with incident colorectal adenoma and cancer.

US adults enrolled in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial reported alcohol intake during four age periods. Average lifetime alcohol intake was calculated as average drinks per week from age 18 years until study baseline. Alcohol intake patterns were defined by past and current drinking frequency. Among 12,327 participants with a negative baseline screen, 812 had an adenoma on the second screen. Logistic regression was used to estimate odds ratios (ORs) and 95% confidence intervals (CIs) for incident adenoma. During 20 years of follow-up, 1679 incident CRC cases occurred among 88,092 participants. Cox proportional hazards regression was used to estimate hazard ratios (HRs) and 95% CIs for CRC.

Current drinkers with an average lifetime alcohol intake of 14 or more drinks per week, compared with one drink or less per week, had a higher risk of CRC (HR, 1.25; 95% CI, 1.01–1.53), especially rectal cancer (HR, 1.95; 95% CI, 1.17–3.28). Consistent heavy drinking versus light drinking was positively associated with CRC risk (HR, 1.91; 95% CI, 1.17–3.12). Compared with current drinkers averaging less than one drink per week, former drinkers had lower odds of nonadvanced adenoma (OR, 0.58; 95% CI, 0.39–0.84). Current drinkers averaging from seven to less than 14 drinks compared with less than one drink per week had a lower risk of CRC (HR, 0.79; 95% CI, 0.64–0.97), especially distal colon cancer (HR, 0.64; 95% CI, 0.42–1.00).

Consistent heavy alcohol intake and higher average lifetime alcohol drinking may increase CRC risk, whereas cessation may lower adenoma risk. Associations may differ by tumour site.

Source: O'Connell, C.P., Berndt, S.I., Chudy-Onwugaje K., et al. Association of alcohol intake over the lifetime with colorectal adenoma and colorectal cancer risk in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial. Cancer. 2026;e70201. https://doi.org/10.1002/cncr.70201

Mediterranean diet and the risk of stroke subtypes in women - The California Teachers Study

Mediterranean diet (MeDi) has been linked to lower incidence of cardiovascular and neurodegenerative diseases, and overall mortality, in several prospective studies. There are limited data, however, regarding the relationship between MeDi and stroke subtypes. Researchers hypothesised that MeDi would be associated with a lower incidence of total, ischemic, and haemorrhagic stroke.

The California Teachers Study is a prospective cohort study that comprises 133,477 women who were educators and administrators enrolled in 1995–1996 and followed since. The researchers identified incident strokes using linked California state hospitalisation data and national death records from 1996 to 2020. The MeDi adherence score (range 0–9, higher score indicating better adherence) was calculated based on participants' response to the Block food frequency questionnaire at study baseline. The association between MeDi score and risk of stroke and its subtypes was assessed, adjusted for sociodemographic, lifestyle, and vascular risk variables.

A total of 105,614 participants were eligible and included in the final analytic cohort (mean age 52.5 ± 13.8 years). Over the follow-up period (average follow-up time was 20.5 years), there were 4,083 incident stroke events (3,358 ischemic; 725 haemorrhagic). In fully adjusted models for all stroke, ischemic, and haemorrhagic subtypes, there was a lower risk of stroke among those with MeDi scores of 6–9 compared with those with scores of 0–2 (all stroke HR 0.82, 95% CI 0.74–0.92; ischemic HR 0.84, 95% CI 0.75–0.95; haemorrhagic HR 0.75, 95% CI 0.58–0.97).

Adherence to the MeDi is associated with lower risk of total, ischemic, and haemorrhagic stroke among women. Potential study limitations include recall bias, misclassification bias, and residual confounding, which would bias our results to the null.

Source: Sherzai, A.Z., et al. Mediterranean diet and the risk of stroke subtypes in women: the California Teachers Study. Neurology Open Access. (2026) doi.org/10.1212/WN9.0000000000000062.

Alcohol consumption patterns and traditional beverages associated with hypertension subtypes

Alcohol consumption is a significant risk factor for hypertension, a prevalent condition that substantially affects cardiovascular health. In Peru, where various traditional alcoholic beverages exist, the relationship between alcohol consumption and hypertension has not been fully explored. A study sought to determine the association between different patterns of alcohol consumption, types of beverages, and various types of hypertension.

The cross-sectional analytical study used data from the Peruvian Demographic and Family Health Survey (2018–2023), including 236,243 adults (55.95% male; mean age: 41.06 years). General hypertension, isolated systolic hypertension (ISH), isolated diastolic hypertension (IDH), and systolic-diastolic hypertension (SDH) were evaluated. Alcohol consumption was assessed through self-reported questionnaires evaluating consumption pattern (non-excessive vs. excessive), intensity (light, moderate, heavy), consistency (intermittent vs. consistent), and primary beverage type, including both commercial and traditional Peruvian drinks.

Excessive alcohol use was linked to a higher risk of high blood pressure. People who drank excessively were 19% more likely to have hypertension overall. They were 61% more likely to have isolated diastolic hypertension and 45% more likely to have both systolic and diastolic hypertension. Drinking traditional beverages such as chicha and masato was also linked to a higher risk of different types of high blood pressure. In contrast, wine consumption was linked to a lower risk of overall hypertension and isolated diastolic hypertension.

Alcohol consumption patterns and beverage types have differential effects on hypertension risk in the Peruvian population. These findings underscore the need for culturally adapted prevention strategies and more nuanced public health recommendations regarding alcohol consumption in Peru.

Source: Zuzunaga-Montoya, F.E., Ballena-Caicedo, J., Rivera-Lozada, O., Valladares-Garrido, M.J., Zila Velasque, J.P.E., Vera-Ponce, V.J. Alcohol Consumption Patterns and Traditional Beverages Associated with Hypertension Subtypes. Medical Sciences. 2026; 14(1):60. https://doi.org/10.3390/medsci14010060

Joint associations of multiple healthy lifestyles with the risk of cardiovascular disease

Cardiovascular disease (CVD) is a major contributor to disability and the leading cause of global mortality. A population-based prospective cohort study examined the combined impact of multiple lifestyle factors on CVD risk and examined the differences in the relationships across sociodemographic groups. Researchers used data from the UK Biobank. Exposures included seven lifestyle behaviours (smoking, physical activity, alcohol consumption, diet, sleep duration, sedentary behaviour, and social connection) and combined multiple behaviours. Moderate alcohol consumption was defined as never drinking or consuming 0–14 g/day for women and 0–28 g/day for men, according to the U.S. Dietary Guidelines for Americans. The lifestyle score was subsequently categorized as favourable (5 to 7 healthy lifestyle factors), intermediate (2 to 4 healthy lifestyle factors), and unfavourable (0 to 1 healthy lifestyle factor) lifestyle classes. Hazard ratios (HRs) for incident CVD and its subtypes were estimated.

The study showed a significant association of favourable lifestyle with incident CVD (HR = 0.58, 95% CI: 0.54-0.63), myocardial infarction (HR = 0.58, 95% CI: 0.54-0.64), and ischemic stroke (HR = 0.56, 95% CI: 0.48-0.65). Similarly, there was a significant association of intermediate lifestyle with incident CVD (HR = 0.69, 95% CI: 0.64-0.75), myocardial infarction (HR = 0.70, 95% CI: 0.64-0.77), and ischemic stroke (HR = 0.66, 95% CI: 0.57-0.77). The protection effect of lifestyle was more pronounced in the midlife group, females, and those individuals with high Townsend deprivation index levels. Adherence to a broad range of healthy lifestyle factors was associated with a significantly lower risk of CVD and subtypes. Lifestyle modification through multifactorial approaches should be prioritized for preventing and delaying onset of CVD.

Source: Zewen Yang, Yujie Zhao, Jia You, Cheryl Carcel, Yuzhu Li, Shitong Xiang, Jujiao Kang, Wei Zhang, Zeyu Li, Yongwei Zhang, Lijun Wang, Pengfei Xing, Pengfei Yang, Jianfeng Feng, Jianmin Liu, Yu Zhou, Wei Cheng, Yang Zhao, Joint associations of multiple healthy lifestyles with the risk of cardiovascular disease: a prospective cohort study of UK Biobank, European Journal of Public Health, 2026;ckaf110, https://doi.org/10.1093/eurpub/ckaf110.

Wine consumption, Mediterranean diet, and cardiovascular risk in two Spanish cohorts

The benefits of the Mediterranean diet (MedDiet) are well established. However, one component, wine, remains controversial. This study assessed the association between MedDiet (with or without wine consumption) and major cardiovascular disease (CVD) or all-cause mortality.

The PREDIMED trial included 7447 high-risk participants. Adherence to MedDiet was measured using a validated 14-item questionnaire, including one item on wine (cut-off: seven glasses/week). The CVD events were recorded over a 4.8-year follow-up, while all-cause mortality was tracked for 17 years. A younger Spanish cohort (the SUN project), including 23,133 participants followed up for 22 years, was also evaluated.

In PREDIMED, compared with poor compliers with MedDiet (excluding wine), good compliers (excluding wine), had a multivariable-adjusted hazard ratio (HR) of 0.84 [95% confidence interval (CI) 0.61–1.15] for CVD. For good compliers with MedDiet (including wine), the HR for CVD was 0.55 (95% CI 0.36–0.83). For all-cause mortality, MedDiet compliers (excluding wine) had HR of 0.77 (95% CI 0.68–0.87), which was 0.67 (95% CI 0.57–0.78) for MedDiet compliers (including wine). In exploratory dose–response analyses, reduced risk for death was not present in PREDIMED participants who drank three or more glasses of wine/day. Additionally, analyses least vulnerable to threats of abstainer bias were not significant and neither were multiplicative interaction terms for the wine item in the questionnaire. In the SUN cohort, no significant associations were observed between MedDiet compliance, wine, and CVD. However, for all-cause mortality, the HR was 0.94 (95% CI 0.71–1.26) for MedDiet compliers (excluding wine) and 0.54 (95% CI 0.28–1.04) for MedDiet compliers (including wine). When pooling both cohorts, wine consumption within the MedDiet was associated with lower all-cause mortality.

In PREDIMED, moderate wine consumption, as part of the MedDiet, appeared to be associated with lower mortality and CVD risk. The authors state that some non-significant associations and interactions advise caution in interpretation of these findings.

Source: Martínez-González, M.A., Bes-Rastrollo, M., Sayon-Orea, C., et al. Wine consumption, Mediterranean diet, and cardiovascular risk in two Spanish cohorts, European Heart Journal, 2026;, https://doi.org/10.1093/eurheartj/ehaf1081

Alcohol intake and incidence of heart failure and its subtypes: VA Million Veteran Program

Researchers studied how total alcohol use and different types of alcoholic drinks relate to the risk of heart failure (HF) in U.S. veterans. They looked at overall heart failure and two main types: heart failure with reduced ejection fraction (HFrEF) and heart failure with preserved ejection fraction (HFpEF).

The study included 401,348 participants from the Million Veteran Program who had no heart failure at the start and had completed a survey about alcohol use. The average age was 65 years, and 91% were men. Participants were followed for an average of 6.4 years. During that time, 38,420 people developed heart failure.

Compared with people who never drank alcohol, light to moderate drinkers (up to about 3 drinks per day) had a lower risk of heart failure. The lowest risk was seen in those who drank about 1 to 2 drinks per day. However, heavy drinkers (more than 4 drinks per day or those with alcohol use disorder) had a higher risk of heart failure. When looking at heart failure subtypes, the pattern was similar. However, heavy drinking was clearly linked to a higher risk of HFrEF, but not HFpEF. The type of alcohol (beer, wine, or liquor) did not change the relationship between alcohol use and heart failure risk.

The study authors say that their data are consistent with a J-shaped relation between alcohol consumption and risk of heart failure, irrespective of subtypes.

Source: Nguyen X-MT, Elhouderi E, Li Y, Williams AR, Gaziano L, Joseph J, Gaziano JM, Cho K, Djousse L, on behalf of the VA Million Veteran Program. Alcohol Intake and Incidence of Heart Failure and Its Subtypes: VA Million Veteran Program. Nutrients. 2026; 18(3):471. https://doi.org/10.3390/nu18030471

Binge drinking and mortality among older adults

Researchers from Toronto University state that binge drinking is a growing public health concern among older adults, yet research has disproportionately focused on younger adults. Currently, the relationship between binge drinking and mortality among older adults represents a critical research gap. In a study published in the journal, Alcohol, they examined the association between binge drinking frequency and mortality among older adults; and assessed whether this relationship is attenuated by controlling for various sociodemographic and health factors.

Data were drawn from the 2005-2014 Canadian Community Health Survey linked to the Canadian Vital Statistics Death Database. The final sample of 129,470 adults was restricted to those aged 50 and older who reported consuming an alcoholic drink at least once per month. Binge drinking was measured by the question: "How often in the past 12 months have you had 5 or more drinks on one occasion?". In the CCHS 2014 and 2015, the question changed to 4 drinks or more for women and 5 drinks or more for men. The associations between binge drinking and other potential covariates with the time to all-cause mortality were examined.

Most of the sample did not engage in binge drinking (60.1%), while 21.2% engaged in binge drinking less than once per month, 10.7% engaged in binge drinking one to three times per month, and 8.0% engaged in binge drinking once per week or more. Those who had never engaged in binge drinking in the preceding year had significantly lower mortality risk (HR = 0.81; 95% CI, 0.74-0.90) compared to those who engaged in binge drinking once a week or more after sociodemographics and health-related covariates were considered.

Binge drinking frequency is associated with an increased mortality risk among older adults. Targeted interventions and screening campaigns are needed to address binge drinking among older adults.

Source: Andie MacNeil, Yu Lung, Esme Fuller-Thomson, Binge drinking and mortality among older adults: Findings from the Canadian Community Health Survey linked to the Canadian Vital Statistics Death Database, Alcohol, Volume 131, 2026, Pages 38-45, ISSN 0741-8329, https://doi.org/10.1016/j.alcohol.2026.02.002.

Phenome-wide study on alcohol consumption provides genetic evidence for a causal association with multiple diseases and biomarkers

A study investigated genetic evidence for a causal association between alcohol intake, 1174 diseases and various biomarkers.

A phenome-wide Mendelian randomization (MR) study was conducted using data from 337,463 UK Biobank participants. Five MR methods and sensitivity analyses tested linear associations, while non-linear MR assessed intake-dependent effects.

Alcohol consumption was associated with 22 distinct diseases across ten categories. Beyond the strong association between genetically indexed alcohol intake with 'alcohol-related disorders' (OR per log-unit/week: 7.02, 95% CI: 5.26–9.37), MR analyses suggested robust evidence for increased risks of 'cerebrovascular diseases' (1.63, 1.20–2.21), 'essential hypertension' (1.34, 1.07–1.67), 'electrolyte imbalance' (1.82, 1.34–2.48), 'magnesium metabolism disorder' (4.39, 2.06–9.39), 'open wounds of head, neck, and trunk' (2.15, 1.39–3.33), and 'symptoms involving nervous and musculoskeletal systems' (2.16, 1.60–2.91). Suggestive evidence indicated higher risks for 12 diseases, mostly mental and digestive disorders, and lower risks for 'benign neoplasms of connective and other soft tissue', 'urinary calculus', and migraines. Seven diseases exhibited non-linear yet monotonic trend. Alcohol intake was robustly associated with biomarkers including bilirubin, urine sodium, urea, and blood pressure.

The study authors conclude that this comprehensive analysis supports alcohol's causal role in multiple diseases and biomarkers, highlighting significant risks with minimal benefits.

Source: Phenome-wide study on alcohol consumption provides genetic evidence for a causal association with multiple diseases and biomarkers. Assefa Kassaw, Nigussie et al. Nutrition, Metabolism and Cardiovascular Diseases, Volume 0, Issue 0, 104624. https://doi.org/10.1016/j.numecd.2026.104624.

Acute effects of cannabis on alcohol craving and consumption: A randomised controlled crossover trial

Cannabis use is strongly linked with heavy drinking and worse alcohol treatment outcomes; however, it may also contribute to decreased alcohol consumption. To date, no human studies have established a causal effect of cannabis on alcohol motivation. A double-blind crossover randomized clinical trial examined dose-dependent acute effects of delta-9-tetrahydrocannabinol (THC) on alcohol craving and consumption.

Across three experimental days, 157 participants reporting heavy alcohol use and cannabis use two or more times weekly were randomized to smoke cannabis cigarettes containing 7.2% THC, 3.1% THC, or 0.03% THC (placebo), followed by exposures to neutral and personalised alcohol cues and an alcohol choice task for alcohol self-administration. A total of 138 participants completed two or more experimental sessions (mean age, 25.6 years [SD=5.1]; 35% women; 45% racial/ethnic minorities). The study assessed craving and the amount of alcohol consumed.

There were no significant effects of cannabis on craving after smoking and during alcohol cue exposure, but 7.2% THC reduced alcohol urge immediately after smoking. Participants consumed significantly less alcohol after smoking cannabis with 3.1% THC and 7.2% THC, reducing consumption by 19% and 27%, respectively.

Following overnight cannabis abstinence, smoking cannabis acutely decreased alcohol consumption compared to placebo. Further controlled research on a variety of cannabinoids is needed to inform clinical alcohol treatment guidelines.

Source: Metrik, J., Aston, E.R., Gunn, R.L., Swift, R., MacKillop, J., Kahler, C.W. Acute Effects of Cannabis on Alcohol Craving and Consumption: A Randomized Controlled Crossover Trial. Am J Psychiatry. 2026 Feb 1;183(2):134-143. doi.org/10.1176/appi.ajp.20250115

Association between alcohol consumption and breast cancer incidence and prognosis: A systematic review and meta-analysis

While alcohol consumption appears to influence the incidence of breast cancer, its association with prognosis after a breast cancer diagnosis remains less established. A meta-analysis aimed to explore the association between alcohol consumption on both breast cancer incidence and outcomes.

A systematic literature search was conducted up to May 1st, 2025 (CRD42025593784). Retrospective and prospective studies reporting breast cancer incidence, recurrences, and survival outcomes in women with history of alcohol consumption were included. Analyses according to alcohol intake levels (light, intermediate, heavy consumption) were performed. Main outcomes were breast cancer incidence, breast cancer recurrences, breast cancer-specific survival (BCSS), and overall survival (OS).

The meta-analysis included 37 studies with 2,565,920 female participants. Among 17 studies any alcohol consumption was associated with an increased breast cancer incidence (RR 1.17, 95%CI 1.09–1.26). Breast cancer incidence increased proportionally with higher levels of alcohol consumption: light RR 1.13 (95%CI 1.05–1.23), intermediate RR 1.28 (95%CI 1.18–1.39), and heavy consumption RR 1.52 (95%CI 1.38–1.67).

Among 20 studies assessing breast cancer outcomes, no associations were found between alcohol consumption and breast cancer recurrences (RR 1.02, 95%CI 0.93–1.11) nor BCSS (HR 0.93, 95%CI 0.87–1.00), while light and intermediate alcohol consumption were associated with slightly improved OS: HR 0.85 (95%CI 0.78–0.92; $p < 0.001$) and HR 0.84 (95%CI 0.75–0.94; $p = 0.002$), respectively.

Among over 2.5 million women, alcohol consumption was associated with a dose-dependent increased risk of breast cancer, while alcohol consumption did not appear to worsen prognosis in patients with prior breast cancer diagnosis.

Source: Arecco L, Cacilhas PM, Bobato Lara Gismondi C, Bruzzone M, Gentile G, Gerosa R, Blondeaux E, Agostinetto E, Dauccia C, Lobo-Martins S, Grochot R, Saini KS, Azim HA Jr, Debiasi M, De Caluwé A, Buisseret L, Del Mastro L, Lambertini M, de Azambuja E. Association between alcohol consumption and breast cancer incidence and prognosis: A systematic review and meta-analysis. Breast. 2026 Feb 5;86:104719. doi.org/10.1016/j.breast.2026.104719.

Medical research by publication date

Acute effects of cannabis on alcohol craving and consumption: A randomized controlled crossover trial. Published: 18 November 2025

Association between alcohol consumption and musculoskeletal pain among employed and retired British civil servants: a multiple group latent class analysis. Published: 17 December 2025

Mediterranean Alcohol-Drinking Pattern and Alcohol-Related Cancer Incidence in the "Seguimiento Universidad de Navarra" (SUN) Cohort. Med Sci (Basel). Published: 31 December 2025

Alcohol consumption patterns and long-term anxiety: The influence of sex, age, and income. Available online 6 January 2026, Version of Record 7January 2026.

The causal interplay between depression and alcohol use from adolescence to young adulthood: a Mendelian randomization study. Published: 7 January 2026.

Alcohol Consumption and Atrial Fibrillation Risk: An Overview of Systematic Reviews and Network Meta-Analysis. First published: 19 January 2026.

Association of alcohol intake over the lifetime with colorectal adenoma and colorectal cancer risk. First published: 26 January 2026.

Alcohol consumption patterns and traditional beverages associated with hypertension subtypes. Published 27 January 2026.

Joint associations of multiple healthy lifestyles with the risk of cardiovascular disease: a prospective cohort study of UK Biobank. Published: 27 January 2026.

Alcohol intake and incidence of heart failure and its subtypes: VA Million Veteran Program. Published: 30 January 2026.

Mediterranean diet and the risk of stroke subtypes in Women - The California Teachers Study. Published: February 4, 2026.

Association between alcohol consumption and breast cancer incidence and prognosis: A systematic review and meta-analysis. Published online: 4 February 2026.

Alcohol consumption and mortality among stroke survivors: A NHANES observational cohort study with mediation analysis. Published: 6 Feb 2026

Phenome-wide study on alcohol consumption provides genetic evidence for a causal association with multiple diseases and biomarkers. Published online: 10 February 2026.

Binge drinking and mortality among older adults: Findings from the Canadian Community Health Survey linked to the Canadian Vital Statistics Death Database. Available online: 11 February 2026, Version of Record 14 February 2026.

Wine consumption, Mediterranean diet, and cardiovascular risk in two Spanish cohorts. Published: 11 February 2026

Physical activity, alcohol consumption, and digestive system cancer risk: a large prospective cohort study. Published online 7 Feb 2026.

The exploration of cannabis beverage substitution for alcohol

Alcohol consumption is associated with nearly 200 health conditions. As cannabis-infused beverages emerge in the legal market, their potential as a substitute for alcohol is of growing interest. This study investigates whether cannabis beverages may reduce alcohol use.

A total of 438 anonymous adults who used cannabis in the past year completed a survey including cannabis use and alcohol consumption items from the Behavioural Risk Factor Surveillance System (BRFSS). Alcohol use between cannabis beverage users and non-users, and before vs. after cannabis beverage initiation were compared.

33.6% of respondents used cannabis beverages, typically consuming one per session. Users were more likely to report substituting cannabis for alcohol (58.6%) than non-users (47.2%). They also reported fewer weekly alcoholic drinks after starting cannabis beverages (M = 3.35) compared to before (M = 7.02), and binge drank less frequently (80.7% reported less than monthly or never, vs. 47.2% before). Those who cited reducing other substance use were more likely to use cannabis beverages (45.8%).

Findings suggest cannabis beverages may support alcohol substitution and reduce alcohol-related harms, offering a promising alternative for individuals seeking to lower alcohol intake.

Source: Kruger, J.S., Felicione, N., Kruger, D.J. (2026). The Exploration of Cannabis Beverage Substitution for Alcohol: A Novel Harm Reduction Strategy. Journal of Psychoactive Drugs, 1–7. https://doi.org/10.1080/02791072.2026.2614506

Toxicological findings in suspected drugging/ drink spiking incidents in Denmark from 2022 – 2024

Suspicions of drugging or spiking – the covert administration of psychoactive substances – have been increasing in Denmark. A research project aimed to identify risk factors and characterise the substances detected in suspected drugging incidents. Researchers reviewed toxicological results and police-provided information for all subjects referred for forensic toxicological examination in Denmark between April 2022 and June 2024 due to suspected drugging/ spiking.

Three-hundred-and-seventy-three subjects were examined, of which 280 (75%) were female and ages ranged from 19 to 29 years. Median time from suspected incident to blood sampling was reported in 223 subjects, and was 18 hours. Psychoactive drugs were detected in 65% of subjects; most frequently ethanol (48%). In samples taken within 12 h, the median blood and urine alcohol concentration was 1.0 ‰ [0.5–1.5] and 1.7 ‰ [1.0-2.2] respectively. Central stimulants, antidepressants, and cannabis were present in 11%, 9% and 7% of subjects, respectively. Self-intake was reported for 82 persons (22%). Among these, psychoactive drugs other than ethanol, which were not reported as self-intake, were detected in 24% of subjects, most frequently central stimulants, antidepressants, and cannabis. However, in 10% of subjects, benzodiazepines, opioids, or sedating antihistamines not explained by self-intake were detected. Blackout was the most frequently reported symptom, noted by 61% of subjects, for whom symptom data were available.

The study concludes that risk factors for experiencing suspected drugging included young age, female sex, and exposure to alcohol, antidepressants and/or central stimulants. The detected drugs mostly reflected frequently used drugs in society.

Source: Andersen, C.U., Johansen, S.S., Rygaard, K. et al. Toxicological findings in suspected drugging incidents in Denmark from 2022 - 2024. Forensic Toxicol 44, 167–176 (2026). https://doi.org/10.1007/s11419-025-00752-1

Protective behavioural strategies and planned drinking relate to high intensity drinking and consequences at the day level

Heavy episodic drinking (HED), high-intensity drinking (HID) and drinking events that are planned are all associated with negative consequences. Protective behavioural strategies (PBS) are techniques to minimise alcohol-related consequences. In a day-level study, researchers hypothesised (1) PBS use would be associated with safer same-day drinking (lower odds of HID and negative consequences), and (2) risks of HID and consequences associated with planned drinking would be reduced on days with higher PBS use. Additionally, (3) on HID days, having planned to engage in HID was hypothesised to relate to use of fewer PBS.

For the study HED was defined as 4+ drinks/occasion, for females and 5+ drinks/occasion for males and HID was defined as 8+ drinks/occasion females 10 + drinks/occasion for males. 203 Young adults completed a baseline assessment and 28-day ecological momentary assessment of drinking intentions, and number of drinks. In total, 2,467 drinking days were captured (52% planned, 27% HID). Using more PBS was associated with lower odds of HID (relative to HED but not moderate drinking), and fewer consequences, partially supporting the researchers' first hypothesis. PBS did not moderate effects of planned drinking on HID or negative consequence odds. On planned (vs unplanned) HID days, fewer PBS were used, supporting their third hypothesis.

Planning to drink is linked reliably to heavier drinking and negative consequences, but day-level associations between PBS and risky drinking are complex. PBS appear to have less impact on consequences when drinking is planned. When HID in particular is planned, fewer PBS are used. For days when HID is planned, real-time reminders of PBS may add value to intervention efforts.

Source: Merrill, J.E., Peterson, R., Garcia, C.C., Howe, L.K., Carey, K.B., Barnett, N.P., Jackson, K.M., Miller, M.B. Protective behavioral strategies and planned drinking relate to high intensity drinking and consequences at the day level, Addictive Behaviors, 175, 108591 (2026) https://doi.org/10.1016/j.addbeh.2025.108591.

Heavy episodic drinking and hazardous drinking among Japanese young adults: A cross-sectional study on prevalence and associated factors

No studies have investigated alcohol consumption patterns in a mixed sample of students and employees among Japanese young adults. Researchers in Japan estimated the prevalence of problematic drinking in a sample of 18- to 19-year-olds and aimed to identify factors related to problematic drinking, which may ultimately contribute to its prevention.

The cross-sectional study conducted in 2019 included 5,500 randomly selected adults from 11 cities. Data on geographical and socioeconomic characteristics, alcohol consumption, and drinking patterns were collected. The prevalence of heavy episodic drinking (HED; consuming ≥60 g pure alcohol on a single occasion) and hazardous drinking (HD; daily ethanol intake ≥40 g for men and ≥20 g for women) was calculated.

Among 1743 participants who were analysed the prevalence of HED and HD was 27.2% and 17.9%, respectively. Being a student (OR = 2.20, 95% CI: 1.43–3.37) and male sex (OR = 2.26, 95% CI: 1.60–3.19) were associated with HED + HD – group, while living with parents (OR = 0.64, 95% CI: 0.43–0.94) was negatively associated with HD. Underage drinking, all-you-can-drink use, smoking, and alcohol mixed with energy drinks were positively associated with all dependent variables.

This study provided data on HED and HD prevalence and associated variables. These findings could help prioritise populations for targeted intervention, the study authors say.

Source: K. Yoshida, A. Kinjo, Y. Kuwabara, et al., Heavy Episodic Drinking and Hazardous Drinking Among Japanese Young Adults: A Cross-Sectional Study on Prevalence and Associated Factors Neuropsychopharmacology Reports 46, no. 1 (2026):e70091, https://doi.org/10.1002/npr2.70091.

Maturing out or in? Demographic determinants of young adult drinking trajectories and midlife alcohol use disorder risks

Heavy alcohol use in young adulthood impacts future health, including alcohol use disorder (AUD). Dynamic trajectories of adolescent to adult alcohol use are understudied, as are sociodemographic correlates of trajectories.

Researchers employed repeated-measures latent class analysis to identify trajectories of age 18-30 alcohol use among participants from Monitoring the Future, a representative, ongoing national sample of 32,121 US adults surveyed longitudinally from 1976 to 2020. In each survey, participants' alcohol use was categorised as abstinence, "higher risk" (daily or binge drinking), or "lower risk" (no daily or binge drinking). The study assessed how class membership was associated with sociodemographic predictors (sex, ethnoracial identity, birth cohort, and parental education) and age 35 AUD symptomatology.

Analyses supported an eight-class solution, characterised by three broad trajectory categories: (1) stable, (2) movement toward higher intensity drinking, and (3) movement toward lower intensity drinking. Across demographics, later birth cohorts were more likely to move toward higher intensity drinking, as well as to abstain completely. Among drinkers, those who moved from lower risk drinking to abstention across ages 18-30 had a relatively low (4%) probability of age 35 AUD symptomatology. In contrast, participants with stable higher risk drinking patterns had a 67% probability of age 35 AUD symptomatology, as did 53% of participants whose alcohol trajectories increased from lower to higher risk.

Over half of adults reported stable patterns of drinking across ages 18-30, but over half also reported at least one period of higher risk drinking. More recent cohorts are less likely to "mature out" of higher intensity alcohol use but also more likely to abstain. Even "lower risk" drinking conferred increased probability of AUD symptomatology relative to abstention. These findings underscore the need to identify hazardous alcohol patterns during adolescence and young adulthood to prevent later life misuse and dependency.

Source: McKetta, S., Espinoza, P., Keyes, K. & Jager, J. (2026) Maturing out or in? Demographic determinants of young adult drinking trajectories and midlife alcohol use disorder risks. Alcohol: Clinical and Experimental Research, 50, 1–14. Available from: https://doi.org/10.1111/acer.70226

A brief provision of non-alcoholic beverages reduces alcohol consumption: A pilot, single-arm study

In a previous study researchers from Japan demonstrated that providing three cases of non-alcoholic beverages on separate occasions significantly reduced alcohol consumption among heavy drinkers. However, interventions with reduced costs are required, particularly for health promotion in the workplace. Therefore, they investigated whether a single provision of one case of non-alcoholic beverages could reduce alcohol consumption among workers who drink heavily.

For this study, participants aged 20 years or older who usually drank heavily but were not diagnosed with alcohol dependence were recruited. Each participant received one case of free non-alcoholic beverages (twenty-four 350 mL cans). From three weeks before to six weeks after the provision of non-alcoholic beverages, the consumption of alcoholic and non-alcoholic beverages was recorded in a drinking diary. Twenty-four individuals participated in this study, one of whom dropped out. Changes in alcohol consumption were analysed.

Alcohol consumption significantly decreased three weeks after the intervention compared to baseline, but this effect was no longer evident at six weeks after the intervention. The reduction in alcohol consumption was associated with the replacement of non-alcoholic beverages without changes in the total intake of alcoholic and non-alcoholic beverages. These findings demonstrate that even a one-time provision of non-alcoholic beverages may be an effective, scalable strategy to reduce alcohol consumption among heavy-drinking workers.

Source: Dobashi, Shohei & Kikuchi, Ayako & Saito, Go & Yoshimoto, Hisashi. (2026). A brief provision of non-alcoholic beverages reduces alcohol consumption: A pilot, single-arm study. Heliyon. 12. e44519. https://doi.org/10.1016/j.heliyon.2026.e44519.

Drinking patterns, drinking-at-risk, and the influence of the COVID-19 pandemic in eight European countries

A paper published in the journal Alcohol and Alcoholism compares alcohol consumption and preferences among both drinkers, and high-risk drinkers prior to and after the onset of the COVID-19 pandemic across eight European countries.

The researchers conducted a secondary analysis of a dataset from 24,946 respondents 18–90 years old from eight European countries who reported having drunk any alcoholic beverages during the week prior to an online interview (October–November 2022).

Weekly alcohol consumption across countries was between 123.6 and 197.2 grams of pure alcohol per person, with a male/female ratio between 1.1:1 and 1.5:1. Traditional wine-drinking pattern was confirmed for France, Italy, and Greece, as well as for Great Britain. Prevalence of high-risk drinkers (daily consumption >30 grams for females, >40 grams for males) was highest in Great Britain; M/F ratio was between 1.1:1 and 1.3:1, except in Belgium, Great Britain, and Greece, where females outnumbered males. Those older than 65 years and those who resided in the countryside were less likely to be high-risk drinkers. Most respondents reported drinking the same amount of wine and beer in 2022 as before the COVID-19 outbreak, with high-risk drinkers increasing their drinking frequency of all types of alcoholic beverages.

The results of the analysis confirm a downward trend in alcohol consumption in most European countries. The gender gap between male and female high-risk drinkers is narrowing or, in some cases, reversing. In 2022, compared with before the COVID-19 outbreak, the majority of respondents reported drinking the same number of alcoholic beverages, whereas high-risk drinkers increased the frequency of their drinking.

Source: Allamani, A., Pacifici, M., Kraus, L., Decorte, T., Estruch, R., Lamuela-Raventós, R., Mellos, E.,Moreau, C., Pająk, A., Thom, B., Gordon, D., Olivadoti, S.,Voller, F. Drinking patterns, drinking-at-risk, and the influence of the COVID-19 pandemic in eight European countries, Alcohol and Alcoholism, 61, Issue 2, (2026), https://doi.org/10.1093/alcalc/agag003.

Celebrity-owned alcohol brands promoted on social media

On social media, people are expected to disclose any sponsored content. However, celebrities who own alcohol brands and make posts promoting their brands may circumvent these disclosure policies, potentially exposing young audiences to alcohol marketing. A study examined the extent to which celebrities promoted their own alcohol brands on Instagram, whether they disclosed the content as sponsored, and whether the posts were visible to underage users.

Through systematic Google searches, researchers identified 112 celebrities who own alcohol brands. 85 673 of their Instagram posts published between January 1, 2020, and December 31, 2023 were retrieved. Alcohol-brand posts were identified through text-pattern matching. The accessibility of alcohol-brand posts to underage users was checked using a simulated 15-year-old account.

Among 112 celebrities (mean age = 50.8 years; 72.3% male), 42 (37.5%) explicitly mentioned their brand in their Instagram bio, and 84 (75%) referenced their own alcohol brand in at least 1 post during the study period. Of the 85,673 total posts, 3.4% mentioned a celebrity's alcohol brand. Concerningly, only 1.7% of these alcohol-brand posts included a clear disclosure in the caption and 98% (646/660) of sampled alcohol-brand posts were visible to a simulated 15-year-old account.

Celebrities' posts about their own alcohol brands were common and accessible to underage users. Policymakers should implement stricter regulations on alcohol promotions on social media to protect adolescents from exposure to alcohol-related content.

Source: Gedefaw Diress Alen, Megan Cook, Dan Anderson-Luxford, Emmanuel Kuntsche, Zhen He, Paula O'Brien, Jack Delmenico, Benjamin Riordan, Celebrity-Owned Alcohol Brands Promoted on Social Media. Pediatrics 2026; e2025072753. https://doi.org/10.1542/peds.2025-072753

Parenthood and longitudinal changes in alcohol use: findings from two cohort studies

The transition to parenthood is a significant life event that can influence various aspects of individuals' lives, including alcohol consumption patterns in the long term. A study examined alcohol use changes in relation to parenthood in two Finnish cohorts.

Data were derived from two follow-up studies: Stress, development and mental health (TAM) (ages 16, 22, 32, 42, and 52) and the FinnTwin16 cohort (ages 16, 18, 25, and 35). The association between parenthood years and alcohol use from adolescence to mid-adulthood was examined. Frequent alcohol use (FAU) and heavy episodic drinking (HED) were examined separately.

Frequent alcohol use increased with age in both cohorts, while heavy episodic drinking peaked in late adolescence among women and in young adulthood among men. Prior to parenthood, alcohol use was generally lower in the earlier years and increased as the transition to parenthood approached in FinnTwin16. Heavy episodic drinking declined in the early years following the transition to parenthood, while frequent alcohol use remained stable. In both women and men, long-term increases in alcohol use were observed around 7 years after becoming a parent. Differences between parents and non-parents were minimal.

These findings suggest that parenthood is associated in particular with short-term reductions in heavy episodic drinking, but that overall alcohol use tends to increase over time.

Source: Grundström, J., Kiviruusu, O., Konttinen, H. et al. Parenthood and longitudinal changes in alcohol use: findings from two cohort studies. J Public Health (Berl.) (2026). https://doi.org/10.1007/s10389-026-02696-1

Alcohol sales taxes are associated with reduced preterm birth and low birthweight in the United States

Historically, alcohol taxation has been one of the best strategies to reduce drinking and related harms in the general population, and prior analyses support that increased alcohol taxes are associated with fewer harms related to drinking during pregnancy. A research team examined how alcohol taxes are related to preterm and low birthweight births.

Their study used birth certificate data for 101,191,080 births conceived between January 1993 - March 2019 from the US National Vital Statistics System. Outcomes were preterm birth (< 37 weeks) and low birthweight (< 2500 grams). Time-varying state-level alcohol tax policies were beverage-specific volume-based, sales, and ad valorem taxes.

Only sales taxes were consistently related to birth outcomes. Having a beer sales tax was significantly related to lower odds of preterm birth (OR = 0.94, 95% CI: 0.90, 0.98) and lower odds of low birthweight (OR = 0.98, 95% CI: 0.96, 0.99). Having a wine sales tax was significantly related to lower odds of preterm birth (OR = 0.94, 95% CI: 0.90, 0.98) and lower odds of low birthweight (OR = 0.97, 95% CI: 0.95, 0.99). Having a spirits sales tax was also significantly related to lower odds of preterm birth (OR = 0.95, 95% CI: 0.91, 0.98) and lower odds of low birthweight (OR = 0.97, 95% CI: 0.95, 0.99).

The researchers conclude that State-level beverage-specific sales taxes are associated with fewer adverse birth outcomes. This study provides additional evidence that increased alcohol taxes may be relevant for reducing adverse effects related to pregnant people's alcohol consumption.

Source: Subbaraman, M.S., Thomas, S., Treffers, R., Roberts, S.C. Alcohol Sales Taxes Are Associated With Reduced Preterm Birth and Low Birthweight in the United States. J Stud Alcohol Drugs. 2026 Feb 16. https://10.15288/jsad.25-00305.

The effect of price on the behavioural economic substitutability of non-alcoholic and alcoholic beverages

Increased availability of non-alcoholic beverages, or beverages emulating characteristics of alcoholic drinks but that contain no or substantively lower alcohol content, is largely assumed to decrease alcohol consumption. The degree to which consumption of non-alcoholic beverages may replace alcoholic beverages as alcoholic beverage prices increase (economic substitutability) has not been established. A study investigated the substitutability of non-alcoholic beer for alcoholic beer and how this is affected by price.

120 US adults reporting alcoholic beer consumption completed demand tasks in which alcohol was available alone and with a fixed price alternative concurrently available ($5.00 non-alcoholic beer, $2.50 non-alcoholic beer, $2.50 alternative such as juice, soda).

Introducing any alternative was associated with a one drink reduction in alcohol purchasing. $2.50 non-alcoholic beer demonstrated the strongest evidence for substitutability, with a negative I value (degree of consumption sensitivity to the price of an alternative commodity) significantly different from zero (−0.238) and greater increases in $2.50 non-alcoholic beer consumption at ascending alcoholic beer prices.

The study authors found that non-alcoholic beer may serve as an economic substitute to alcoholic beer, though only when the non-alcoholic beer is available at a lower price (i.e., $2.50) than it is typically sold at on-premise alcohol outlets. non-alcoholic beer sold at prices similar to alcoholic beer is no more effective as a substitute than traditional non-alcoholic beverages, whereas substantively cheaper non-alcoholic beer functions as a more effective substitute. Results support a concerted public health effort to reduce the relative cost of non-alcoholic beers to increase their potential to reduce alcohol consumption.

Source: Acuff, S.F. Strickland, J.C. Reed, D.D. The Effect of Price on the Behavioural Economic Substitutability of Non-Alcoholic and Alcoholic Beverages Drug and Alcohol Review 45, no. 2 (2026): e70121, https://doi.org/10.1111/dar.70121.

Investigating the relationship between health literacy, sociodemographic factors, and alcohol consumption patterns

A study examined data from a representative sample of Tuscan residents aged 18-69 years in order to investigate the relationship between health literacy, other sociodemographic factors, and their influence on binge and consistent heavy drinking among the general population in Tuscany.

The study examined data gathered from 2017 to 2022 from a subset of the Tuscan population within the Italian Behavioural Risk Factor Surveillance System known as PASSI (Progressi delle Aziende Sanitarie per la Salute in Italia).

Among the 12,953 respondents, 8.49% reported engaging in binge drinking, and 3.53% were classified as consistent heavy drinkers. Analysis revealed that participants over 34 years of age, Italians, those with low educational attainment, and those with problematic or inadequate health literacy levels had higher odds of consistent heavy alcohol consumption. In contrast, females, individuals over 34 years of age, and those of foreign nationality were less likely to engage in binge drinking. While low health literacy was independently associated with consistent heavy drinking, it was not associated with binge drinking.

This study reveals distinct factors influencing alcohol consumption. Given that health literacy affects only consistent heavy drinking, it is advisable for policymakers to focus on health literacy initiatives tailored to this specific group. On the other hand, campaigns designed to enhance health literacy with the goal of curbing binge drinking are unlikely to significantly influence the population.

Source: Zanobini, P., Bonaccorsi, G., Saviozzi, V. et al. Investigating the relationship between health literacy, sociodemographic factors, and alcohol consumption patterns: Findings from the Italian surveillance system PASSI. J Public Health (Berl.) (2026). https://doi.org/10.1007/s10389-026-02690-7

Social and Policy research by publication date

Toxicological findings in suspected drugging/drink spiking incidents in Denmark from 2022 – 2024. Published: 15 December 2025.

Protective behavioural strategies and planned drinking relate to high intensity drinking and consequences at the day level. Available online: 31 December 2025, Version of Record 6 January 2026.

The exploration of cannabis beverage substitution for alcohol: a novel harm reduction strategy. Published online: 14 Jan 2026.

A brief provision of non-alcoholic beverages reduces alcohol consumption: A pilot, single-arm study. Available online: 15 January 2026, Version of Record 15 January 2026.

Maturing out or in? Demographic determinants of young adult drinking trajectories and midlife alcohol use disorder risks. First published: 01 February 2026.

Drinking patterns, drinking-at-risk, and the influence of the COVID-19 pandemic in eight European countries. Published: 05 February 2026.

Investigating the relationship between health literacy, sociodemographic factors, and alcohol consumption patterns: Findings from the Italian surveillance system PASSI. Published: 05 February 2026.

Celebrity-Owned Alcohol Brands Promoted on Social Media. Published 09 February 2026.

Heavy episodic drinking and hazardous drinking among Japanese young adults: A cross-sectional study on prevalence and associated factors. First published: 10 February 2026.

Parenthood and longitudinal changes in alcohol use: findings from two cohort studies. Published: 16 February 2026.

Alcohol sales taxes are associated with reduced preterm birth and low birthweight in the United States. Published Online: 16 February 2026.

The effect of price on the behavioural economic substitutability of non-alcoholic and alcoholic beverages. First published: 17 February 2026

UK's Royal Navy to restrict alcohol on ships

The Royal Navy has ordered sailors to abstain from alcohol for at least two days a week in a recent crackdown on alcohol aimed to meet the government's health targets. Sailors will also be restricted to 14 units each week.

Official documents titled Alcohol Policy Onboard Ships show that the level of alcohol consumption aboard ships "remains a significant concern" to service chiefs. It revealed that 48 per cent of Navy crew are believed to consume alcohol to excess, down from 55 per cent in 2023. The report said: "These figures highlight the critical need for stricter alcohol policies to safeguard personnel, enhance operational performance and mitigate risks to operational capacity."

Under the new rules, men and women will not be allowed more than three units a day, with sailors told to fill in a form at the bar listing what drinks they had consumed. Ships will also enforce at least two alcohol free days each week and bars have been encouraged to stock non-alcoholic beers to support "healthier lifestyle choices" in new orders that replace the "two-can rule" observed across the British Army.

https://www.bbc.co.uk/news/articles/c8e5293dp6ro

IAS reports on alcohol industry involvement in England's 10 Year Health Plan

In July 2025, the UK Government published its 10 Year Health Plan for England. Despite a media leak and subsequent Department of Health and Social Care (DHSC) statement indicating that the Plan would contain alcohol marketing restrictions, these did not appear in the final document.

An IAS paper investigates to what degree the removal of marketing restrictions from the 10 Year Health Plan might have been a result of commercial influence. The research used freedom of information (FOI) requests to different UK Government departments for correspondence with the alcohol industry in the month ahead of the Plan's release.

The researchers demonstrate that the alcohol industry targeted the Health Secretary and DHSC over potential marketing restrictions and other Government departments were leveraged to lobby DHSC on behalf of the alcohol industry. The report states that alcohol industry actors likely coordinated their approach, with alcohol industry correspondence containing "a range of well-known arguments and rhetorical strategies used by alcohol, tobacco, unhealthy food and drink and fossil-fuel companies, among others".

https://www.ias.org.uk/report/now-you-see-it-now-you-dont/

Senedd passes new regulations to tackle alcohol misuse in Wales

On 3rd February, Members of the Senedd passed regulations to continue the minimum pricing for alcohol policy and to increase the minimum unit price from 50p to 65p, bringing it into line with the rate in Scotland.

Independent research commissioned by the Welsh Government has found that increasing the minimum unit price to 65p could prevent more than 900 alcohol-related deaths over 20 years and reduce the number of harmful drinkers by nearly 5,000.

Minimum unit pricing was originally introduced in Wales in March 2020 when the Public Health (Minimum Unit Price for Alcohol) (Wales) Act 2018 came into force. The Act contained a sunset clause, which meant minimum unit pricing would have ended on 1 March 2026, if the Senedd had not voted to extend the policy.

Public Health Wales figures show between 2019 and 2023 there was a rise of more than 50% in alcohol-related deaths. Alcohol abuse charities have previously supported raising the minimum unit price for alcohol to 65p but also raised concerns that the most deprived areas could be adversely affected.

Minister for Mental Health and Wellbeing Sarah Murphy said: "Cheap, high-strength alcohol disproportionately affects hazardous and harmful drinkers. The evidence is clear – minimum unit pricing works.

The price change regulations will come into effect from 1 October 2026.

https://www.gov.wales/senedd-passes-new-regulations-tackle-alcohol-misuse-wales

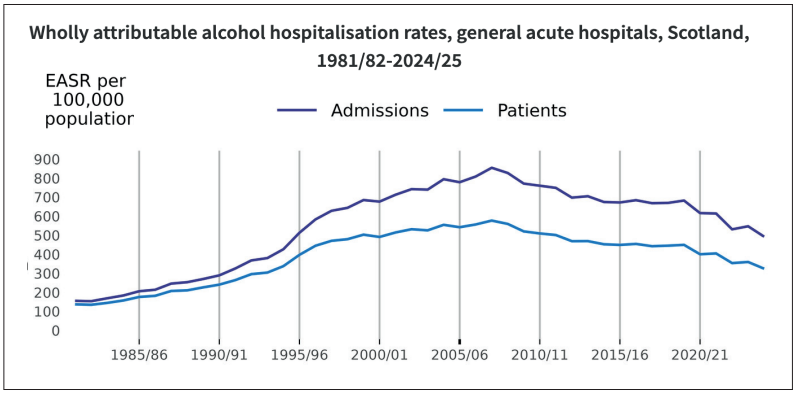
Alcohol consumption and harms dashboard - Scotland

Public Health Scotland (PHS) has provided an update on the Wholly Attributable Alcohol Hospital Statistics and the Wholly Attributable Alcohol Mortality figures to include financial year 2024/25 and calendar year 2024 respectively.

In 2024/25, the European Age-sex Standardised Rate (EASR) of admissions to general acute hospitals in Scotland for conditions wholly attributable to alcohol was 494 per 100,000 population and was 10% lower than the rate in 2023/24 (548 per 100,000 population). Males (489 patients per 100,000 population) were over two times more likely than females (213 patients per 100,000 population) to be admitted to hospitals (general acute or psychiatric) for conditions wholly attributable to alcohol. During the same period, people in the most deprived areas (848 patients per 100,000 population), as measured by the Scottish Index of Multiple Deprivations (SIMD), were over six times more likely to be admitted to hospitals for conditions wholly attributable to alcohol than those in the least deprived areas (123 patients per 100,000 population).

In 2024, the EASR of wholly attributable alcohol deaths was 20.8 per 100,000 population and was 7% lower than the rate in 2023 (22.4 per 100,000 population). The mortality rate for conditions wholly attributable to alcohol in males (30 per 100,000 population) was over two times higher than the rate observed in females (13 per 100,000 population). During the same period, the mortality rate for conditions wholly attributable to alcohol in people residing in the most deprived areas (45 per 100,000 population) was over five times higher than for those residing in the least deprived areas (8 per 100,000 population).

https://publichealthscotland.scot/publications/alcohol-consumption-and-harms-dashboard/alcohol-consumption-and-harms-dashboard-27-january-2026/



Alcohol-Specific deaths in Northern Ireland, 2014 to 2024

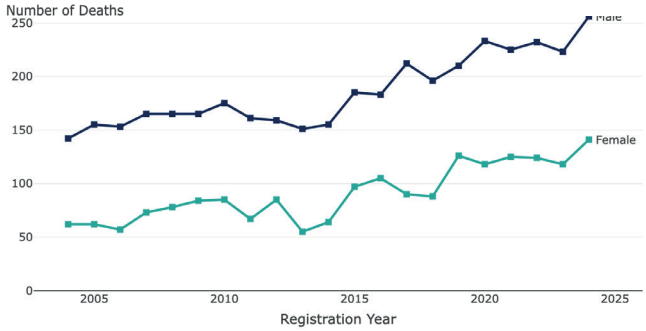
The Northern Ireland Statistics & Research Agency published the latest information on alcohol-related deaths on 11 February 2026.The new figures show that there was a total of 397 alcohol-specific deaths registered in Northern Ireland in 2024. Since 2014, Northern Ireland has seen registered deaths due to alcohol-specific causes rise by 81.3% from 219 to 397 in 2024. Over the past ten years, the three-year rolling average for registered alcohol-specific deaths rose from 223 between 2012 to 2014 to 365 between 2022 to 2024.

Considering the trend based on the year of occurrence, for which 2023 is the most reliable year, the three-year rolling average of alcohol-specific deaths rose from 222 in 2014 to 367 in 2023, a series high. The alcohol-specific age-standardised mortality rate per 100,000 people was the highest on record in 2024 (21), up from 13 in 2014. The age-standardised mortality rate per 100,000 population of alcohol-specific deaths for males was almost twice that of the rate for females (28 and 15 respectively) in 2024 and 65% of the 397 deaths registered were male.

Alcohol-specific deaths continue to be more prevalent among the 45-54 and 55-64 age groups, which together accounted for 59.4% of all alcohol-specific deaths registered in 2024. 2024 saw an increase in such deaths among people aged 25 and older, with the rates having doubled compared to last year. For the 35 to 44 age group, deaths increased by a third.

https://datavis.nisra.gov.uk/vitalStatistics/Alcohol_Specific_Deaths_2024.html

Figure 2: Number of alcohol-specific deaths by registration year and sex, 2004 to 2024



Health Survey for England, 2024

The Health Survey for England, which reports on the prevalence of health related behaviours and health status and conditions of adults and children in private households in England, was published in February.

The survey measures average weekly alcohol consumption and classifies consumption according to current UK sensible drinking guidelines: lower risk (up to 14 units per week for men and women), increasing risk (above 14 and up to 50 units for men, above 14 and up to 35 units for women), and higher risk (above 50 units for men and above 35 units for women). These categories are based on typical weekly intake rather than consumption in any specific week.

In 2024, 77% of adults aged 16 and over reported drinking alcohol in the previous 12 months, and 44% said they drank at least once a week. Men were slightly more likely than women to have consumed alcohol in the last year (78% compared with 75%), and they were also more likely to have drunk alcohol in the last week. Drinking patterns varied by age. Among men, alcohol consumption increased steadily with age, from 64% of those aged 16 to 24 to 86% of those aged 55 to 64, remaining high among those aged 65 and over. Among women, the proportion also increased with age before declining in the oldest age group. Weekly drinking was most common among adults aged 55 to 74.

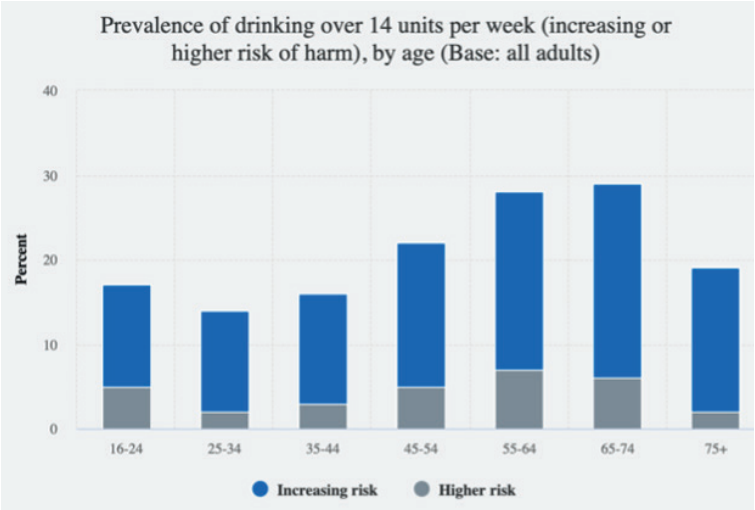
24% of adults had not drunk alcohol in the last year. Overall, 55% drank within the lower-risk guideline of 14 units or fewer per week, while 16% drank at increasing risk levels and 4% at higher risk levels. Women were more likely than men to either abstain or drink at lower-risk levels. In contrast, 27% of men compared with 15% of women drank more than 14 units per week. Higher-risk drinking was reported by 5% of men and 3% of women. The highest proportion of increasing or higher-risk drinkers was among those aged 65 to 74.

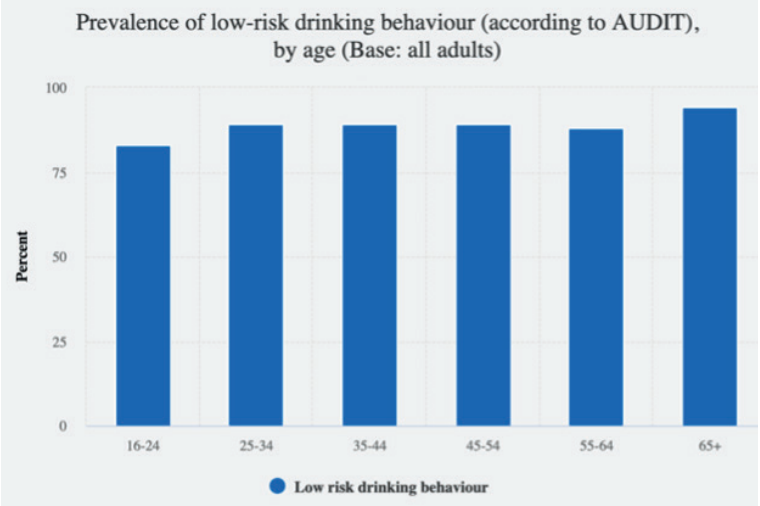
Trends show that the proportion of adults who had not consumed alcohol in the previous 12 months rose from 19% in 2022 to 24% in 2024, following years of relative stability.

Problem drinking was assessed using the Alcohol Use Disorders Identification Test (AUDIT). In 2024, 9% were identified as increasing risk drinkers, 1% as higher risk, and 1% as possibly alcohol dependent. Men were more likely than women to fall into the at-risk categories. Younger adults, particularly those aged 16 to 24, had the highest average AUDIT scores and the greatest prevalence of at-risk drinking behaviour, while older adults were more likely to be classified as low risk.

Overall, although most adults drink within recommended guidelines or abstain, a notable minority continue to drink at levels that pose potential health and social risks.

https://www.gov.uk/government/statistics/health-survey-for-england-2024





Sweden reaffirms retail monopoly and alcohol tax as key public health tools

On February 17, 2026, the Swedish government received the final report of a major public health inquiry titled 'Strengthened follow up and evaluation of public health policy (SOU 2026:7)'. The inquiry concludes that Sweden's state retail alcohol monopoly and alcohol taxation remain important tools for reducing alcohol consumption and related harm. The review was launched in 2024 to both strengthen how public health policies are evaluated and assess whether key alcohol policy instruments are effective.

The report proposes that the Public Health Agency of Sweden take responsibility for a strengthened health economic evaluation framework to improve data use and policy analysis. It also recommends better coordination and more comprehensive individual-level data to support evidence-based decision-making.

Regarding alcohol policy, the inquiry confirms that the state-owned retailer Systembolaget and differentiated alcohol taxes continue to limit consumption and reduce societal harm. Although alcohol use and related mortality have declined over the past two decades, challenges remain, including socioeconomic inequalities and rising consumption among older adults. The government will now review the proposals.

https://www.nordicalcohol.org/post/swedish-government-inquiry-retail-monopoly-and-alcohol-tax-remain-central-to-public-health-policy

New measures to protect and promote the EU's wine sector

The European Parliament has overwhelmingly adopted new legislation designed to safeguard wine producers facing growing challenges — including climate change, plant diseases, shifting consumer preferences, and intensifying global competition. By 625 votes in favour, with 15 against and 11 abstentions, Members of the European Parliament approved the provisional agreement reached with EU member states in December 2025. The new measures establish a broad framework intended to modernise the sector and strengthen its long-term stability. A key reform focuses on labelling rules. As demand rises for low- and no-alcohol alternatives, Parliament has clarified how these products can be presented to consumers.

Under the updated provisions:

- Wines containing no more than 0.05% alcohol by volume may be labelled "alcohol-free 0.0%."
- Wines with more than 0.5% alcohol but at least 30% less alcohol than the standard level for their category may carry the label "alcohol reduced."

The objective is to enhance transparency for consumers while providing producers with greater legal certainty as they adapt their portfolios to an evolving and increasingly competitive market.

https://www.europarl.europa.eu/news/en/press-room/20260205IPR33615/new-measures-to-protect-and-promote-the-eu-s-wine-sector

Netherlands coalition government to implement zero tolerance policy for alcohol use for drivers

The new coalition government of D66, CDA, and VVD wants to make the Netherlands safer on the road for pedestrians, cyclists, and motorists. This is stated in the coalition agreement "Getting Started". The incoming Jetten government wants to address inconsiderate behaviours on the road by implementing stricter enforcement and focusing on behavioural change. This will be achieved, among other things, by implementing a zero-tolerance policy for alcohol and drug use in traffic.

The plans include stricter enforcement, harsher penalties, the reintroduction of the alcohol interlock, and a tightening of the points-based driving license. The coalition has also announced that new validated drug tests will be implemented during traffic checks as soon as possible. Last year, nearly 48,000 drunk driving fines were issued in the Netherlands, according to police data. Compared to 10 years ago, this represents an 80% increase. In 2015, 27,000 drunk driving fines were issued, but last year, that number was almost 21,000 more.

https://www.stap.nl/nl/nieuws/laatste-nieuws.html/3454/10587/coalitie-wil-zero-tolerancebeleid-in-verkeer-en-terugkeer-alcoholslot#p3454

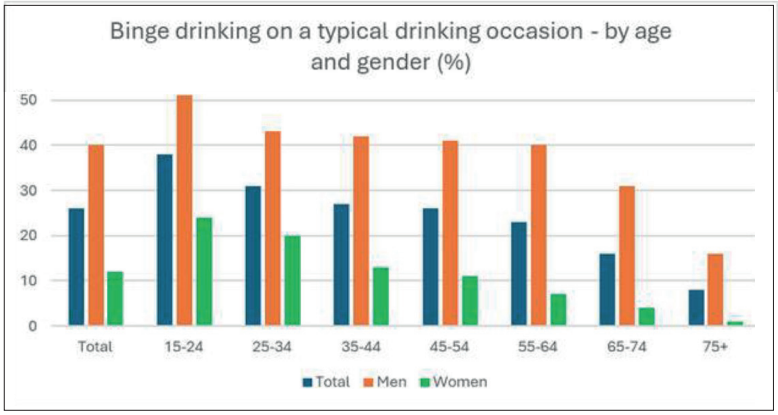
Young people in Ireland living with alcohol dependence

A new report from Alcohol Action Ireland (AAI) warns that more than 43,000 young people aged 15–24 in Ireland are living with alcohol dependence. The updated report, based on data from the 2025 Healthy Ireland Survey, shows that youth drinking has risen sharply in recent years. After declining between the mid-2000s and mid-2010s, alcohol consumption among 15–24-year-olds increased from 66% in 2018 to 78% in 2025 — including a 3% rise in the past year alone.

Although the average age of first drink has increased slightly (from 15.6 years in 2002 to 16.6 years in 2019), risky drinking patterns remain common. Around 64% of young drinkers regularly binge drink, and one in three has an Alcohol Use Disorder. Approximately 50,000 children begin drinking each year in Ireland, despite underage drinking being illegal. Ireland also ranks second highest for binge drinking among OECD countries. Alcohol contributes significantly to harm, including rising hospitalisations among young people and involvement in about half of young driver fatalities.

The report highlights concerns about widespread alcohol marketing, particularly online. Annual spending on alcohol marketing in Ireland is estimated at €115 million, with young people considered a key target audience. AAI is calling for stronger action in the upcoming national drug and alcohol strategy, including full implementation of existing alcohol laws, higher excise duties adjusted for inflation, stricter enforcement of drink-driving and underage supply laws, better youth treatment services, tighter regulation of alcohol advertising on social media, and improved oversight of home alcohol deliveries.

https://alcoholireland.ie/wp-content/uploads/2026/01/Youth-Drinking-in-Ireland-Ed-2-For-Release-Copy-compressed.pdf



Global report on the use of alcohol taxes, 2025

A recent report from the World Health Organization provides an assessment of taxes applied to alcoholic beverages at the global level. It qualitatively compares their design and provides estimates of standardised metrics to compare tax levels between countries, it is a second report in a series since first publication in 2023. The assessment is based on a new database compiled by WHO, which provides standardised indicators of price and tax level for beer and spirits and information on tax policy for beer, spirits and wine.

The report highlights major differences across countries in how alcohol taxes are designed and applied. At least 167 countries use national excise taxes on alcoholic beverages, but at least 25 exempt wine. WHO recommends taxing all types of alcohol to prevent consumers from switching to lower-taxed products.

Most countries use volume-based taxes for beer and wine and alcohol-content-based taxes for spirits. However, more than two-thirds of countries with specific excise taxes do not automatically adjust them for inflation, which reduces their real value over time. About half of countries tax beer and spirits differently based on alcohol content. While this approach can reduce overall consumption and encourage lower-alcohol products, it requires strong tax administration systems. Overall, alcohol tax levels are generally low, with a global median tax share of 20.9% of retail price for beer and 28.4% for spirits.

Between 2022 and 2024, alcohol became more affordable in more countries than it became less affordable. Although strong evidence supports raising alcohol taxes to reduce consumption and harm, most countries still maintain low and poorly designed tax systems. WHO's 2025 "3 by 35" Initiative calls for increasing the real prices of alcohol, tobacco, and sugary drinks by at least 50% by 2035 through tax increases. The report concludes that countries should improve tax design and raise excise taxes to make alcohol less affordable and reduce alcohol-related harm.

https://www.who.int/publications/i/item/9789240118928

Government to introduce Alcohol Control Regulations Bill in Parliament in Ghana

In February, Ghana's government announced plans to introduce an Alcohol Control Regulations Bill to Parliament in order to tighten restrictions on the marketing, advertising, and sale of alcohol, with a strong focus on protecting young people and public health. The Food and Drugs Authority (FDA) will enforce new guidelines on advertising times and sponsorship, following evidence of high alcohol consumption among minors.

The bill aims to strictly regulate alcohol promotion across media platforms, reducing exposure to young people. The legislation is designed to reduce excessive consumption and alcohol-related harm. The FDA is tasked with setting, for example, specific times for television/radio ads and restricting sponsorship of events popular with youth. The move follows lobbying from groups like Vision for Accelerated Sustainable Development-Ghana (VAST-Ghana) and the Ghana Alcohol Policy Alliance (GhanAPA), with some calls to ban sachet alcohol. The bill is expected to be debated soon, involving consultations with health professionals and industry players.

This initiative builds on the existing National Alcohol Policy in response to current levels of underage drinking, with data suggesting over 12% of students aged 11-19 are active alcohol users.

https://movendi.ngo/media-snapshot/ghana-moves-toward-alcohol-policy-reform-as-civil-society-builds-momentum/

South African government to push for stronger alcohol legislation

Government in South Africa will move to strengthen regulatory controls of alcohol in the country in a bid to reduce road accidents, crime and other social ills. This was announced by President Cyril Ramaphosa during his delivery of the State of the Nation Address in Cape Town in February.

Last month, the Transport Department revealed that while crashes and fatalities reduced by 5% during the festive season, 8,561 drivers tested positive for alcohol consumption – an increase of 144% from the same period last year.

"Alcohol abuse leads to violence, road accidents and crime. To address this scourge, we call on provincial governments to strengthen the regulation of alcohol by limiting the density of liquor outlets, restricting trading hours and ending the sale of alcohol in large containers.

"As national government, we have proposed measures to curb excessive alcohol use, including minimum unit pricing or higher excise duties and greater restrictions on alcohol advertising, which we are consulting on with stakeholders," President Ramaphosa said.

https://www.sanews.gov.za/south-africa/government-push-stronger-alcohol-legislation

Thailand cracks down on drink-driving

Thailand has announced stricter enforcement against drink-driving, with the Royal Thai Police confirming that offenders will face immediate legal action. Police stated there will be no verbal warnings for drivers found under the influence of alcohol. Refusing to take a breathalyser test will now be treated as an offence equivalent to drink-driving.

The crackdown will focus particularly on major tourist areas, including Pattaya, Phuket, Chiang Mai, and Bangkok. Authorities say heavy traffic and late-night alcohol consumption in these destinations increase the risk of road accidents. Police checkpoints and mobile patrols will be intensified in nightlife districts, beach areas, and on main roads connecting popular tourist zones.

Police General Samran Nualma, deputy commissioner-general of the Royal Thai Police, said officers nationwide have been instructed to apply a strict zero-tolerance approach. The measures form part of the 2026 fiscal policy set by national police chief Kitrat Phanphet, aimed at improving road safety across the country.

Authorities say the intensified enforcement is intended to deter risky behaviour and reduce the number of alcohol-related crashes, particularly in high-traffic tourist areas

https://www.thedrinksbusiness.com/2026/02/thailand-cracks-down-on-drink-driving/

No-alcohol and functional drinks both booming but for different reasons

Both no-alcohol drinks and the "alcohol adjacent" drinks (including functional beverages) are surging in popularity, but, according to new data released by International Wine and Spirits Record (IWSR) in January, the two categories are not in direct competition. Consumption of each category is driven by diverging consumer trends. Alcohol adjacents include non-intoxicating hemp beverages, nootropic and adaptogenic functional beverages, and drinks with alcohol cues such as botanicals, sparkling tea, and fermented beverages.

In a survey of no/low-alcohol buyers across ten key markets, the most commonly cited motivations for buying no-alcohol analogue products like no-alcohol beer or no-alcohol wine were health related. 37% of those choosing no-alcohol beer and 40% of those choosing no-alcohol wine and no-alcohol spirits cited "a healthy lifestyle choice." Meanwhile, only 26% of respondents cited choosing "alcohol adjacent" drinks for the same reason, a lower percentage than any no-alcohol analogue product.

Alcohol adjacent beverages were most likely category to be chosen "to experience similar effects to alcohol through functional ingredients" (17%), or because "I was curious to try it" (20%).

Despite serving different consumer needs, both categories are expected to grow strongly. IWSR estimates that global volumes of no-alcohol alternatives grew by 9% in 2025 and will increase by 36% between 2024 and 2029, reaching more than 18 billion servings by 2029. Although starting from a smaller base, alcohol-adjacent beverages are also expanding quickly, with projected growth of 11% in 2025.

https://www.theiwsr.com/insight/press-release/no-alcohol-and-functional-drinks-both-booming-but-for-different-reasons/

New global analysis from the WHO and its International Agency for Research on Cancer

A new global analysis by the World Health Organization (WHO) and its cancer research arm, the International Agency for Research on Cancer (IARC), finds that up to 40% of cancer cases worldwide could be prevented. Released ahead of World Cancer Day (4 February), the study estimates that 37% of all new cancer cases in 2022 — about 7.1 million cases — were linked to preventable risk factors.

The analysis examined 30 preventable causes across 185 countries and 36 cancer types. These included tobacco use, alcohol consumption, high body mass index, physical inactivity, air pollution, ultraviolet radiation, and — for the first time in a global estimate — nine cancer-causing infections. Tobacco was identified as the leading preventable cause, responsible for 15% of all new cancer cases worldwide, followed by infections (10%) and alcohol (3%).

The burden of preventable cancer was higher in men (45% of new cases) than in women (30%). Among men, smoking accounted for 23% of new cancer cases, followed by infections (9%) and alcohol (4%). Among women, infections were the leading preventable cause (11%), followed by smoking (6%) and high body mass index (3%). Regional differences were substantial: among men, preventable cancer ranged from 28% in Latin America and the Caribbean to 57% in East Asia, while among women it ranged from 24% in North Africa and West Asia to 38% in sub-Saharan Africa.

The report highlights the need for tailored prevention strategies, including strong tobacco and alcohol control policies, vaccination against cancer-causing infections such as HPV and hepatitis B, improved air quality, safer workplaces, and healthier food and physical activity environments. WHO emphasises that coordinated action across sectors can significantly reduce cancer cases, lower long-term health-care costs, and improve overall population health.

https://www.who.int/news/item/03-02-2026-four-in-ten-cancer-cases-could-be-prevented-globally

Proposed changes to laws in California for drunk drivers

Proposed 2026 California DUI (Driving Under the Influence) laws aim to target repeat offenders and those who cause death by driving under the influence of alcohol.

Bill (AB 1605), would allow judges to place a "NO ALCOHOL SALE" sticker on the driver's license or REAL ID of those convicted of a "Severe DUI." This is defined as having a blood-alcohol level twice the legal limit, a second DUI within three years, or a DUI causing major injury or death.

It is also proposed that all DUI offenders, including first timers, would be required to install an ignition interlock device (IID) to start their vehicles.

For those with a third DUI, the Department of Motor Vehicles would be authorised to revoke driving privileges for up to eight years, a significant increase from the current three-year maximum.

License suspensions would be required to begin after a driver is released from prison, rather than at the time of conviction, to ensure they remain off the road once they are out of custody.

New bills seek to allow prosecutors to charge a second DUI offense within 10 years as a felony (currently it requires four) and increase penalties for third offenses. Legislation would reclassify vehicular manslaughter with gross negligence as a violent felony. This change would require offenders to serve a larger portion of their prison sentence before becoming eligible for release. For fatal crashes, the number of points added to a driver's license would increase from two to three, and a "loophole" would be closed to ensure points are added even if the driver enters a diversion program.

As of January 1, 2026, certain updates are already in force:

- For vehicular manslaughter while intoxicated, the probation term is now set between three and five years (previously capped at two).
- The statewide Ignition Interlock Device pilot program has been officially extended through January 1, 2033.

https://www.newsfromthestates.com/article/its-time-california-leaders-unveil-biggest-crackdown-drunk-drivers-decades

Major overhaul of alcohol laws in Nairobi

Nairobi County in Kenya has unveiled plans for a sweeping overhaul of its alcohol laws, introducing proposed legislation aimed at protecting families, improving public health, and restoring order in the sector. The proposed Nairobi City County Alcoholic Drinks Control and Licensing Bill (Repeal), 2025 seeks to tighten regulation of the production, distribution, sale, and consumption of alcohol — including online sales.

The draft law places public health and safety at the centre of regulation. It introduces stricter measures to curb underage access to alcohol, tighter controls on advertising to limit minors' exposure, and tougher compliance requirements for traders. The legislation also targets misleading promotions and deceptive marketing practices, while mandating clearer labelling to ensure consumers are properly informed about the risks associated with excessive alcohol consumption.

Authorities say the reforms will be backed by stronger enforcement mechanisms designed to eliminate illegal operators, crack down on counterfeit and unsafe products, and combat smuggling and illicit brewing. At the same time, the Bill provides for expanded public awareness campaigns and community-based rehabilitation programmes for individuals affected by alcohol abuse. In addition, the proposed law aims to streamline licensing procedures, enhance accountability, and create a structured and fair operating environment for legitimate businesses.

If approved, the Bill is expected to strengthen regulatory oversight, reduce alcohol-related harm, improve public health outcomes, and foster safer communities across Nairobi.

https://www.capitalfm.co.ke/news/2026/02/nairobi-moves-to-tighten-alcohol-laws-in-major-overhaul-to-protect-families/

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

AIM Mission Statement

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

AIM Social, Scientific and Medical Council