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The health impacts of alcohol depend on what you drink – and how much

New findings presented at the American College of Cardiology's Annual Scientific Session (ACC.26) suggest that the effects of low to moderate drinking may differ depending on the type of alcohol consumed. The study, which included over 340,000 adults in the UK, reinforces existing evidence that drinking less alcohol is generally better for health while offering new insights into how moderate consumption may vary in its impact.

Researchers analysed data from 340,924 participants in the UK Biobank study collected between 2006 and 2022. Participants completed dietary questionnaires at the start and were grouped into categories based on their alcohol intake, measured in grams of pure alcohol. These categories ranged from never or occasional drinking to low, moderate, and high consumption. Health outcomes were then tracked for more than 13 years on average.

The results showed that high alcohol intake was associated with significantly increased risks. Compared with never or occasional drinkers, heavy drinkers were 24% more likely to die from any cause, 36% more likely to die from cancer, and 14% more likely to die from heart disease. At lower levels of consumption, however, the type of alcohol appeared to matter. Drinking beer, cider, or spirits was linked to a higher risk of death, while similar levels of wine consumption were associated with a lower risk.

When focusing specifically on cardiovascular disease, moderate wine drinkers had a 21% lower risk of death compared with those who rarely or never drank. In contrast, even low consumption of beer, cider, or spirits was linked to a 9% higher risk of cardiovascular-related death. Researchers suggested that compounds found in red wine, such as polyphenols and antioxidants, may contribute to these differences. They also noted that wine is more often consumed with meals and by people who tend to follow healthier lifestyles overall.

The study accounted for a wide range of factors, including demographics, socioeconomic status, life-style habits, and family medical history. However, as an observational study, it has limitations, including reliance on self-reported alcohol intake and the inability to track changes in drinking habits over time. Additionally, participants in the UK Biobank are generally healthier than the broader population, which may affect how widely the findings apply. Despite this, the large sample size and long follow-up period provide strong evidence and offer a more detailed understanding of how both the amount and type of alcohol may influence health outcomes.

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Alcohol Intake and Incidence of Heart Failure and Its Subtypes: VA Million Veteran Program

Nguyen, X.-M.T., Elhouderi, E., Li, Y., Williams, A.R., Gaziano, L., Joseph, J., Gaziano, J.M., Cho, K., Djousse, L. on behalf of the VA Million Veteran Program

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Abstract

Background: Little is known about the relation between total alcohol intake and beverage types with the risk of heart failure (HF) and its subtypes in the veteran population. This study aims to examine the associations between total and type of alcohol consumption and risk of HF and its subtypes, namely HF with reduced [HFrEF] and preserved [HFpEF] ejection fraction, in a large cohort of US veterans.

Methods: The study cohort included 401,348 Million Veteran Program participants with complete alcohol information collected through a survey and no HF at baseline. HF events were defined as 1 inpatient or 1 outpatient diagnosis code together with at least two ejection fraction (EF) measurements. We defined HFrEF as HF with left ventricular ejection fraction (LVEF) of $\leq 40\%$ and HFpEF as heart failure with LVEF $\geq 50\%$. The associations between alcohol intake, type of beverage consumed (i.e., beer, wine, or liquor), and incidence of HF, HFpEF, and HFrEF were assessed using Cox proportional hazard models. Restricted cubic spline regression was used to assess for a dose–response association between alcohol consumption and the risk of HF.

Results: Mean age was 65 years, and 91% were men. With a mean follow-up of 6.4 years, we observed 38,420 incident HF events (15,356 HFrEF, 19,047 HFpEF, and 4017 HF with an EF value of 41–49%). Compared to never drinkers, multivariable adjusted hazard ratios for HF were 0.90 (95% CI: 0.86, 0.94), 0.88 (95% CI: 0.84, 0.93), 0.86 (95% CI: 0.81, 0.91), 0.92 (95% CI: 0.86, 0.98), 0.95 (95% CI: 0.84, 1.06), and 1.08 (95% CI: 1.01, 1.15) for current drinkers of 0.1–0.5, 0.6–1, 1.1–2, 2.1–3, 3.1–4 drinks/day, and heavy drinkers (i.e., >4 drinks/day and/or those diagnosed with alcohol use disorder), respectively. We found a similar association between alcohol intake and risk of HFpEF and HFrEF, except heavy drinking was significantly associated with HFrEF (HR: 1.13, 95% CI: 1.02, 1.24), not HFpEF (HR: 1.05, 95% CI: 0.96, 1.13). Types of alcoholic beverage preference did not influence the alcohol-HF relation.

Conclusions: Our data are consistent with a J-shaped relation between alcohol consumption and risk of heart failure, irrespective of subtypes.

ISFAR Summary

Heart failure (HF) is often caused by conditions that damage the heart muscle. Consequently, the majority of HF patients have multiple comorbidities such as cardiovascular diseases, diabetes, chronic kidney disease, and anaemia.

The study showed that drinking one to two drinks per day was associated with a reduced incidence of HF of about 15%, whereas drinking more than four drinks per day was associated with an increased risk. This association was independent of HF type, various comorbidities, preferred beverage type, drinking history, and other lifestyle factors.

This study was well conducted, as it involved a large population of participants with a high incidence of HF and detailed phenotyping, enabling robust control of relevant confounders. Participants were also classified as never, former, light–moderate, and heavy/AUD consumers, enabling a nuanced assessment of risk.

Unfortunately, the drinking pattern was not characterised. Additionally, participants were mainly older men, which may limit the generalisability of the results. Errors in assessing alcohol consumption and competing risks may also have led to an underestimation of the effects of alcohol intake. The association did not differ by preferred alcoholic beverage, which may suggest that the link is mediated by alcohol itself rather than other compounds in alcoholic beverages.

Background

Heart failure (HF) is a chronic condition in which the heart cannot pump enough blood to meet the body's needs. This can cause fluid to build up in the lungs, legs, or feet, a condition known as congestive heart failure (Shams et al., 2025).

The incidence of HF in Australia, European countries and the USA ranges widely from 1 to 9 cases per 1000 person-years and depends strongly on the population studied. In developed countries, incidence rates stabilised between 1970 and 1990 and are now thought to be decreasing (Groenewegen et al., 2020). HF causes approximately 1 in 50 deaths in Australia alone, where a seemingly higher burden among women could be attributed to the longer life expectancy

and higher incidence in later years of life in women than men (Lenzen et al., 2008).

The majority of patients with HF have multimorbidity, and the proportion with three or more chronic comorbidities increased from 68% in 2002 to 87% in 2014 (Conrad et al., 2018). Comorbidity is associated with more severe HF symptoms and is linked to a poor quality of life and a worse prognosis (Van Deursen et al., 2014). Co-morbidities vary, and some report that diabetes, chronic kidney disease, and anaemia are mainly related to heart failure (Van Deursen et al., 2014), while others report a high incidence of cardiovascular co-morbidities (Conrad et al., 2018).

HF is often caused by conditions that damage the heart muscle, such as a heart attack or high blood pressure. Consequently, risk factors for HF include coronary artery disease, high blood pressure, type 2 diabetes and ageing, where it is three or more times higher in the elderly than in the general population. Lifestyle risk factors include smoking, obesity, alcohol or drug abuse and physical inactivity.

It may be classified by side of the heart (left vs right), by pumping function, by timing (acute vs chronic), by symptoms limiting physical ability, and by HF stages. Each approach has its pros and cons, and a universal definition and classification of heart failure was proposed, depending on the left ventricular ejection fraction (Bozkurt et al., 2021). Left ventricular ejection fraction (LVEF) was chosen as the primary classification tool for heart failure because it is a powerful prognostic indicator, a direct measure of systolic function, and a crucial determinant for guiding targeted therapies.

Various subtypes of HF are defined by LVEF. These include: HF with preserved ejection fraction (HFpEF) with an LVEF $\geq 50\%$; HF with reduced ejection fraction (HFrEF) with an LVEF $\leq 40\%$; heart failure with mildly reduced ejection fraction (HFmrEF) with an LVEF of 41% to 49%; and HF with improved ejection fraction (HFimpEF) with an LVEF $\geq 40\%$ (previously $\leq 40\%$) (Heidenreich et al., 2022).

In this interesting paper by Nguyen et al. (2026), HF subtypes HFrEF (r for reduced: an ejection volume of less than 40%) and HFpEF (p for preserved: an ejection volume of more than 50%) were

investigated in relation to alcohol consumption. Alcohol consumption was evaluated not only as total alcohol consumption but also subdivided into preference for one of three main beverage types, viz. beer, wine and liquor. These associations were evaluated using the Veterans Affairs Million Veteran Program, a US longitudinal cohort study comprising over a million US veterans.

Critique

This well-conducted study included over 400,000 participants and featured detailed phenotyping, enabling robust control of relevant confounders. Participants were also classified as never, former, light-moderate, and heavy/AUD consumers, enabling a nuanced assessment of risk. They were followed for an average of 6.4 years, during which 38,420 incident HF events were recorded, with similar numbers across the two main subtypes of heart failure, HFrEF and HFpEF. The large number of HF events, evenly distributed across both subtypes, is a notable strength of this study. The overall incidence of HF in this population is relatively high, about 16 per 1000 person-years, compared to the general population, where it ranges from 1 to 9 per 1000 person-years. This figure does not account for the approximately 35,000 prevalent HF cases already excluded from the analysis. How such a high incidence of HF may have influenced the association with alcohol consumption is difficult to determine, but it likely enhanced the reliability of the findings.

Another factor that may have positively influenced the reliability of the association is the similar findings observed for the two subtypes of heart failure. These subtypes do not necessarily indicate two distinct disease aetiologies but rather stages of the same disease with different severity, namely left ventricular ejection fractions of less than 40% and more than 50%.

An important limitation of the study, as the authors mention in the last sentence of their discussion, is the single assessment of alcohol intake at baseline. This might be a real limitation, since people change their behaviour and lifestyle over their lifetimes. However, the average follow-up period was just 6.4 years, suggesting that alcohol consumption was evaluated relatively soon before the outcome measures were assessed.

Another important issue is confounding factors, which are numerous in HF because it coexists

with many morbidities. Nguyen et al. (2026) utilise two main models to adjust for these confounding factors; the second model includes all previously mentioned comorbidities, such as diabetes, hypertension, and myocardial infarction. These adjustments are another strength of the study.

The conclusion of a J-shaped relationship between alcohol consumption and HF risk is fully supported by Table 2 and Figure 1, which show the lowest HF risk at 0.6–2 drinks/day and an increased risk for heavy drinkers (HR 1.08).

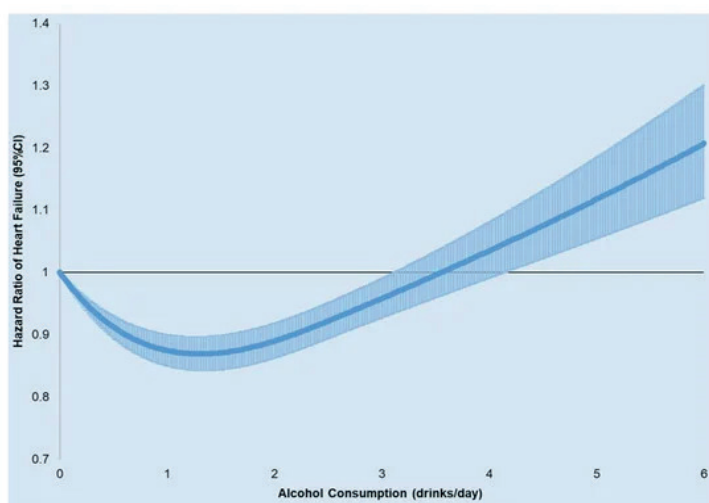


Figure 1. Spline regression of alcohol consumption (drinks/day) and hazard ratios (95% CI) for incident HF. (adjusted for age, gender, race/ethnicity, education level, marital status, income level, exercise frequency, body mass index, DASH score, smoking, statin use, and baseline comorbidities including atrial fibrillation, diabetes, hypercholesterolemia, depression, COPD, stroke, myocardial infarction, and cancers).

All three beverage preferences (and their mixes) were reported to show a similar association with HF and alcohol consumption. Although the analysis was conducted only for total HF and not for the two subtypes, which vary in condition severity, the beneficial effects at moderate drinking levels appear to be mediated by alcohol rather than by other bioactive compounds present in alcoholic beverages. This suggests that muscle function may be improved at moderate levels of alcohol consumption. Although it is clear that heavy drinking and consuming alcohol immediately before exercise negatively affect muscle function, little is known about the effects of habitual moderate alcohol consumption on muscle function. Some studies have shown that adiponectin increases with moderate alcohol

consumption, accompanied by increased muscle oxidative capacity (Beulens et al., 2007).

Whereas cardiovascular diseases can result from atherosclerosis, HF results from damage to the heart muscle. This damage may be caused by strenuous conditions affecting the heart muscle, such as hypertension, diabetes, and ageing. Since all these various morbidities often coexist in heart failure, another strength of this study is its correction for these comorbidities and lifestyle factors. However, some potentially relevant factors, such as drinking patterns and stress, may still be omitted. Stress induced by life events like participation in combat may have contributed to the high incidence of heart failure and other comorbidities in this specific population of veterans.

In conclusion, this study ranks among the strongest epidemiological analyses of alcohol consumption and heart failure risk to date, especially for its detailed focus on HF subtypes, large sample size, and high-quality validation of outcomes. The results demonstrating a J-shaped relationship and an increased HF_{rEF} risk among heavy drinkers align with cardiomyopathy physiology and previous meta-analyses. However, it should be noted that the veteran cohort had very limited female representation (approximately 9%), meaning the findings are most relevant to men and should not be broadly generalised to women without further research.

Specific comments

Forum member Ellison regarded this as “an excellent analysis that strongly supports previous research by demonstrating a J-shaped curve in the relationship between alcohol consumption and HF. Notably, it features a large number of subjects with exceptionally high-risk levels for HF, suggesting this may be an ideal cohort for evaluating the link between alcohol and HF. It is observed that among drinkers, the estimated risk for each intake category up to heavy drinking was below 1.00, the risk level for non-drinkers. This may imply that the beneficial effects of alcohol could begin at low consumption levels or that protective results at these levels might stem from under-reporting of intake by subjects.

While the classification of alcohol intake was clearly stated, it is disappointing that the authors lacked

data to better classify the “pattern of drinking,” particularly whether beverages were consumed regularly and with food. Such information might have revealed greater effects among drinkers who consumed alcohol, especially wine, daily and with food—the traditional pattern seen in southern Europe, where wine is considered part of daily meals.

The medical and socioeconomic factors known to influence the relationship between alcohol and disease, such as education and income, were appropriately included as potential confounders. Another strength of the paper is the authors’ approach of combining drinkers who report light drinking but show evidence of alcohol misuse, such as alcoholic liver disease or hospitalisations due to ‘alcoholism’, with those who self-report heavy drinking. In other words, it is crucial to include individuals with evidence of alcohol use disorders within the ‘heavy drinking’ categories, regardless of their current self-reported level of alcohol consumption. This was clearly demonstrated by Klatsky et al. (1981, 1983), who reported that indicators of abuse aided in classifying such individuals as current or former ‘heavy drinkers’. Regardless of what they now report as their intake, these individuals should not be grouped with true ‘light drinkers’ (those with no other data indicating alcohol misuse) when assessing the effects of alcohol.”

Forum member Romano notes that this study “analyses the relationship between alcohol consumption and the risk of developing AF, one of the most common cardiac arrhythmias and a condition with significant clinical consequences, addressing alcohol as a potentially modifiable risk factor. The research is based on observational data collected from a large cohort of patients receiving care within the US Department of Veterans Affairs healthcare system, primarily comprising war veterans. This design provides a substantial sample size and enables the evaluation of associations between exposure (alcohol consumption) and outcome (AF) in a real-world clinical setting.

Several methodological limitations should be recognised. The study treats AF as a relatively uniform outcome, without clearly distinguishing among clinical subtypes. Additionally, alcohol consumption is assessed via self-report, which may introduce recall bias or underreporting. Moreover, since the sample mainly comprises veterans, most

of whom are men, the applicability of the findings to broader populations is limited. Over an average follow-up of 6.4 years, a significant number of HF events were recorded, totalling 38,420 cases, providing substantial statistical power to detect associations.

While observing a J-shaped relationship between alcohol consumption and the risk of HF suggests that low to moderate intake (around 0.6–2 drinks per day) is associated with the lowest relative risk, such patterns should be interpreted with caution, as observational studies may be affected by residual confounding or differences in baseline health status among groups, including the well-known “healthy drinker” effect. Furthermore, the finding that heavy alcohol consumption (>4 drinks per day) is associated with a higher risk of HF_{rEF} but not HF_{pEF} is physiologically plausible, since excessive alcohol intake can cause direct toxic effects on the myocardium and lead to systolic dysfunction. However, the significant predominance of male participants and the observational nature of the study limit the wider applicability of the results and prevent establishing a definitive causal link between alcohol consumption and the different types of heart failure.

Overall, this study offers important epidemiological evidence about the potential role of alcohol consumption as a risk factor for HF. However, the findings should be viewed cautiously because of the inherent limitations of observational study designs and the specific characteristics of the study population.”

Forum member Waterhouse considers that “overall, this appears to be a substantive study as noted above. I am not surprised by the high incidence of HF compared to the general population, as the average age of the study group was 65 years. As with many other studies, this one is also limited by the lack of data on drinking pattern.”

Forum member McIntosh comments that “this study investigates the effect of alcohol consumption on HF outcomes using a large US sample of predominantly male veterans. The primary findings are presented in Table 2, which shows that hazard ratios in the unadjusted models have a J shape, a pattern observed by many other researchers: all forms of alcohol consumption have beneficial effects on longevity, contrary to

claims made by some of the New Temperance researchers, such as Zhao et al. (2023), in their examination of the relationship between alcohol use and all-cause mortality.

The unadjusted models show the largest effects. Hazard ratios are smaller in this case because they account for the total impact of alcohol use over the lifetime. In adjusted models, some of the effect of alcohol use is attributed to regressors like education or income, which are correlated with alcohol use, and therefore these estimates underestimate the true effects of alcohol on life durations.

There are two potential biases in the results. The first is competing risk bias. As shown in McIntosh (2014), failing to account for the censoring of heart disease durations and other causes of death like cancer can lead to biased estimates of the effect of alcohol on heart failure durations. The direction of this bias depends on how alcohol use affects cancer mortality.

If cancer patients are alcohol consumers it is commonly believed that they will live less long than non-users. But the effect on heart failure durations will be shorter durations because of the censoring of these by cancer deaths. Thus, the estimated effects of alcohol consumption on HF durations are likely underestimated. This aligns with the findings in Mewton et al. (2023: Table 3), who observed larger effects in competing risk models.

The second bias arises from possible measurement errors in the amount of alcohol consumed. There are valid concerns here, as significant discrepancies exist between survey self-reported consumption and actual alcohol sales data. However, simulations using American BRFSS data on heart disease for 2023 showed that, although plausible increases in alcohol consumption decreased the effect on the likelihood of developing heart disease, the significant J-shaped relationship identified by the authors of this paper remained.

In conclusion, this is an important new contribution to the long and sometimes contentious literature on the benefits of alcohol use. I can find no credible reason to doubt their results."

Forum member Harding "endorses the comments of others regarding the lack of data on drinking patterns within this very large cohort. I only have a couple of additional points. The first is that the

cohort consisted of 91% men. It might have been better to make the cohort 100% men, as that would have eliminated one variable. One of the earlier papers on this subject (Arafa et al., 2023) found a J-shaped relationship among Japanese men, but not among women, so that would have enabled a direct comparison with that study.

Secondly, the authors defined beverage preference as whether or not a single beverage contributed to more than 50% of the total alcohol consumed, based on food frequency questionnaires. That does not seem to me a very clear distinction and, therefore, makes it difficult to draw any definitive conclusions. Another earlier study (Yeo et al., 2022) concerned a cohort from a population-based study in Korea, and indeed, the association was J-shaped. An earlier ISFAR critique (#295) revealed that almost all alcohol consumption in Korea was from soju, a grain-based spirit with about 20% alcohol, so it was presumably also mainly consumed by those in the Yeo cohort study."

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Alcohol consumption and the risk of dementia in patients with depression: A nationwide cohort study

Although alcohol consumption and depression are risk factors for dementia, the impact of alcohol consumption on dementia risk in individuals with depression remains uncertain. A study in South Korea examined this relationship using national health claim data. It included 1,856,078 patients diagnosed with depression who had undergone a health examination within two years prior to their depression diagnosis. Based on drinking habits and alcohol intake levels, participants were divided into three groups: non-drinkers, mild-to-moderate drinkers, and heavy drinkers. The incidence of dementia (Alzheimer's and vascular) was assessed. Among the participants, 1,246,750 were non-drinkers, 504,112 were mild-to-moderate drinkers, and 105,216 were heavy

drinkers. Compared to non-drinkers, heavy drinkers exhibited an increased risk of dementia (aHR, 1.087; 95% CI, 1.057 to 1.117), whereas mild-to-moderate drinkers showed a reduced risk (aHR, 0.844; 95% CI, 0.871 to 0.898). In individuals diagnosed with depression, heavy drinking was associated with a higher risk of dementia, while moderate drinking was linked to a lower risk, emphasising the importance of limiting alcohol intake in depression patients within clinical practice.

Source: Shin, J., Jung, J., Han, K. et al. (2026) Alcohol consumption and the risk of dementia in patients with depression: A Nationwide Cohort Study. *Int J Ment Health Addiction* 24, 793–811. <https://doi.org/10.1007/s11469-024-01434-6>

Association between alcohol consumption and all-cause mortality in patient undergoing hemodialysis

Patients on kidney dialysis face a mortality risk eight times higher than that of the general population. The impact of alcohol consumption among kidney dialysis patients remains unclear. A study evaluated the association between alcohol consumption and all-cause mortality in this population.

Researchers prospectively assessed alcohol intake using the food frequency questionnaire in kidney dialysis patients from Europe and Argentina. Alcohol consumption was divided as abstinent, occasional drinker (<14 g/day) and regular drinker (>14 g/day). Participants were followed until death or discharge from the dialysis unit. The primary outcome was all-cause mortality; secondary outcomes were cardiovascular and non-cardiovascular mortality. Associations were examined using Cox proportional hazards (PH) models as the primary analysis and Fine and Gray competing risks models as secondary analysis, as well as a dose response analysis. Confounding by demographic, clinical and lifestyle factors was addressed using propensity score inverse probability weighting.

Among 7,917 participants, 22% were abstinent, 68% were occasional drinkers, and 11% were regular drinkers. Wine accounted for 77% of total alcohol consumed, with a mean intake was 26 g/day among regular drinkers. Over a median follow-

up of 4.0 years, 3,753 deaths (36%) occurred. In the weighted and adjusted Cox PH model, all-cause mortality was lower among occasional drinkers (HR = 0.84; 95% CI: 0.75–0.95), but not among regular drinkers (HR = 0.87; 95% CI: 0.71–1.06). Non-cardiovascular mortality was lower among occasional (HR = 0.81; 95% CI: 0.68–0.95) and regular drinkers (HR = 0.71; 95% CI: 0.53–0.95), whereas cardiovascular mortality showed no significant association. In the dose-response analysis, the unadjusted model showed a J-shaped curve, with the lowest relative risk around 10–15 g/day followed by a rise at higher intakes. After adjustment for covariates, the association was substantially attenuated but remained nonlinear. In this large cohort of adults receiving maintenance kidney dialysis, moderate alcohol consumption was not associated with increased mortality. A possible protective association was observed among occasional drinkers, mainly for non-cardiovascular mortality, although residual confounding cannot be excluded.

Source: Heitz, Pierre-Henri, Bernier-Jean, Amélie, Saglimbene, Valeria, Strippoli, Giovanni, Association between Alcohol Consumption and All-Cause Mortality in Patients Undergoing Hemodialysis: A Survival Analysis from the DIET-HD Cohort. *Clinical Journal of the American Society of Nephrology* <https://doi.org/10.2215/CJN.0000011052>

Rising global burden of alcohol-attributable breast cancer in women: Regional inequalities and temporal trends

Breast cancer is the most common malignancy and a leading cause of death among women of reproductive age. Although high alcohol consumption is a known modifiable risk factor, its global and regional impact on breast cancer mortality and disability-adjusted life years (DALYs) remains insufficiently understood. Data on alcohol-attributable breast cancer mortality and DALYs among women aged 15–49 years were collected from 204 countries and territories from 1990 to 2021. Temporal trends were analysed using estimated annual percentage changes (EAPC). Relationships with the sociodemographic index (SDI) were assessed, and projections to 2050 were modelled to predict future patterns.

Globally, alcohol-attributable breast cancer mortality decreased from 0.27 to 0.17 per 100,000 (EAPC – 1.79%), and DALYs from 14.00 to 9.02 per 100,000 (EAPC – 1.71%). Women aged 45–49 had the highest mortality rates, although these rates declined significantly (EAPC – 2.71%). High-SDI regions, especially Western Europe, North

America, and Australasia, experienced notable reductions. Conversely, low- and middle-SDI regions saw sharp increases, with mortality rising over 300% in low-middle SDI areas and South Asia (EAPC +2.57% and +2.87%, respectively). The United States, Brazil, and China recorded the highest national rates, while Gulf States had the lowest. Mortality and DALY rates showed positive correlations with SDI ($p = 0.709$ and 0.719). Projections indicate continued declines in high-SDI regions but worsening trends in low-SDI areas by 2050. Despite global progress, the increasing burden of alcohol-attributable breast cancer in less developed regions highlights the importance of targeted prevention and alcohol control strategies.

Source: Dai L, Yao H, Liu W. (2026) Rising global burden of alcohol-attributable breast cancer in women: regional inequalities and temporal trends. *Int J Women's Health*, 18, 1-14. <https://doi.org/10.2147/IJWH.S578177>

Sex-specific fifteen-year alcohol consumption trajectories and their association with cardiovascular events and mortality: The Framingham Heart Study

Alcohol use patterns influence health outcomes. A study examined sex-specific drinking trajectories and their associations with all-cause mortality and coronary heart disease (CHD) in the US-based Framingham Heart Study. Among 6570 participants (mean age: 55 ± 13 ; 55% women) followed for 15 years, a growth mixture model identified four sex-specific alcohol consumption trajectories. Cox models examined associations of alcohol trajectories with CHD and mortality over 10 years of follow-up, adjusting for covariates.

The study identified four distinct, sex-specific alcohol consumption trajectories: the Moderate-Decreasing group (1179 women, 0-14 g/day; 1534 men, 0-28 g/day) showed a declining moderate intake; The Low-to-None group included light or non-drinkers (992 women, 826 men); the Inverse-U group (606 women, 199 men) showed variable intake over time; while the High-Decreasing group (858 women, 376 men) had high initial consumption (women > 14 and men > 28 g/day) that declined over time. Compared with the Moderate-Decreasing group, women in other groups had higher CHD risks (HRs 1.58-1.61)

and greater mortality risk in the Low-to-None (HR 1.25) and Inverse-U (HR 1.28) groups. Men in Low-to-None had higher mortality (HR 1.17) and CHD (HR 1.60), while High-Decreasing showed the highest mortality (HR 1.27). Low-to-moderate drinking was associated with lower mortality and CHD risks; however, these findings do not confirm the protective effects of alcohol use.

The study findings suggest that sustained low to moderate drinking was associated with lower risks of mortality and CHD in both women and men, compared to high-level or fluctuating patterns. Although these associations may not confirm causality, the findings emphasise the importance of investigating long-term drinking patterns in public health. Nevertheless, we caution against promoting moderate alcohol consumption as a strategy to reduce mortality risk or prevent CHD.

Source: Leng, Y., Ding, H., Li, Y., Liu, X., Wang, M., Cao, Y., Lyu, C., Levy, D., Ma, J., Liu, C. 2026) Sex-specific fifteen-year alcohol consumption trajectories and their association with cardiovascular events and mortality: The Framingham Heart Study. *Nutrients*, 18(5), 849. <https://doi.org/10.3390/nu18050849>.

Understanding the relationship of social anxiety with alcohol use and alcohol-related problems in young people: A meta-analysis

Social anxiety relates to different alcohol-related outcomes among young people. A meta-analysis reviewed the existing research to identify factors, such as impulsivity, that may explain differences in these outcomes. Empirical studies reporting the link between social anxiety and alcohol use or problems in young people (aged 13–29 years) were found through a systematic literature search. Five random effects meta-analyses were conducted on alcohol-related issues, problematic drinking, and measures of frequency and quantity of alcohol consumption. Seventy studies with 233 effect sizes were included. The average age was 20 years ($n=38,517$; 66.2% female). Social anxiety was linked to lower alcohol use based on index measures, but the association was not statistically significant for quantity or frequency of drinking. However, social anxiety was significantly positively associated with alcohol-

related problems and problematic alcohol use. Impulsivity was a significant moderator: as impulsivity's correlation with social anxiety increased, so did the association between social anxiety and index alcohol use. Subgroup analyses for different measures of alcohol-related problems also showed significant results. Young people with higher social anxiety tend to drink less alcohol than their peers but report more problematic use and related issues. Impulsivity might help explain these unexpected patterns of lower alcohol consumption, although the conclusions are still tentative due to methodological limitations.

Source: Fichtenmaier, A.J, George, A.M. (2026) Understanding the relationship of social anxiety with alcohol use and alcohol-related problems in young people: A meta-analysis. *Addiction*. <https://doi.org/10.1111/add.70345>

The role of obesity in the association between alcohol consumption and HDL-c Levels: Baependi Heart Study

Cardiovascular diseases (CVD) are a leading cause of global mortality, with dyslipidaemia playing a central role in their development. The effect of alcohol consumption on lipid profiles, especially high-density lipoprotein cholesterol (HDL-c), in relation to obesity status remains insufficiently studied.

A group of researchers examined the association between alcohol intake and HDL-c levels in individuals with and without obesity within a Brazilian population. The cross-sectional analysis used data from the Baependi Heart Study, involving 2,345 participants aged 18-100 years. Alcohol consumption was categorised based on weekly ethanol intake, and HDL-c levels were measured through standard biochemical methods. No significant differences were observed between alcohol consumption groups for total cholesterol, LDL-c, triacylglycerols, and fasting glucose; however, the HDL-c/LDL-c ratio was notably higher among male moderate consumers. A significant interaction was identified between obesity and moderate alcohol intake ($\beta = 0.90$, $p = 0.015$), suggesting that the relationship between

alcohol consumption and low HDL-c varies according to obesity status. Moderate alcohol consumers showed significantly higher HDL-c levels compared to abstainers, an association that was exclusive to non-obese participants. In this group, moderate alcohol intake was linked to a 65% reduction in the odds of low HDL-c in women and a 66% reduction in men. No significant association was observed among individuals with obesity.

Overall, moderate alcohol consumption was associated with increased HDL-c levels and decreased odds of low HDL-c, particularly among those without obesity. These findings enrich the understanding of the complex interplay between alcohol intake, lipid metabolism, and adiposity.

Source: Cirino, L.E.B., Zaniqueli, D., Enriquez-Martinez, O.G., de Oliveira, C.M., da Costa Pereira, A., Siqueira, J.H., Alvim, R.O. (2026) The role of obesity in the association between alcohol consumption and HDL-c levels: Baependi Heart Study. *Lipids*. <https://doi.org/10.1002/lipd.70050>

Metabolome contribution to sex differences in the link between alcohol consumption and type 2 diabetes

Light to moderate alcohol consumption has been linked to improved insulin resistance and a lower risk of type 2 diabetes (T2D), mainly in females but not in males. The mechanisms behind this sex difference remain unclear. A study assessed the associations between sex-specific alcohol-related metabolomic signatures (AMSs) and the risk of insulin resistance and T2D in Hispanic/Latino adults in the United States.

Serum metabolome data were analysed from the Hispanic Community Health Study/Study of Latinos, a prospective, multicentre, community-based study of Hispanics/Latinos aged 18 to 74, recruited from four US metropolitan areas between 2008 and 2011. Sex-specific AMSs were created to identify serum metabolites uniquely associated with alcohol consumption in 2,747 females and 1,737 males without diabetes at baseline, excluding heavy drinkers. The cross-sectional relationships of AMSs with insulin resistance, along with the prospective links to T2D risk over approximately six years, were examined, adjusting for demographic, socioeconomic, and behavioural factors.

Forty and 54 metabolites uniquely linked to light-to-moderate alcohol consumption were

identified in females and males, respectively. Cross-sectionally, female-specific AMS (FAMS) was inversely related to insulin resistance and various metabolic traits related to T2D in females, while male-specific AMS showed positive associations with insulin resistance and related metabolic traits in males. Prospectively, females in the highest quartile of FAMS had around 82% (95% confidence interval: 70%, 89%) lower T2D risk compared to those in the lowest quartile. The beneficial link between alcohol consumption and T2D risk was reduced after adjusting for FAMS. In males, there was no statistically significant relationship between male-specific AMS and T2D risk.

The findings indicate distinct blood metabolomic profiles linked to alcohol consumption in females and males, which may help explain sex differences in the relationship between alcohol intake and T2D.

Source: Wang, B., Luo, K., Ma, W., Zhang, Y., Cordero, C., Pirzada, A., Daviglius, M., Perreira, K.M., et al. (2026) Metabolome contribution to sex differences in the link between alcohol consumption and type 2 diabetes: a prospective analysis in the Hispanic Community Health Study/Study of Latinos. *Am J Clin Nutr*, 123(3), 101203. <https://doi.org/10.1016/j.ajcnut.2026.101203>.

Moderate wine consumption, defined by the Mediterranean Diet, is associated with delayed biological aging in men from the Moli-sani Study

A study published in the *International Journal of Public Health* investigated the association between wine consumption and biological aging in the Moli-sani Study.

Dietary data were assessed for 22,495 participants, using a 188-item Food Frequency Questionnaire (FFQ). Participants were classified as abstainers, former drinkers, moderate drinkers according to national guidelines (≤ 250 mL/day men; ≤ 125 mL/day women) or Mediterranean Diet (MD) (125–500 mL/day men; 62.5–250 mL/day women), and heavy drinkers (> 500 mL/day men; > 250 mL/day women). Biological age (BA) was estimated with a deep neural network using 36 circulating biomarkers, and Δ age (BA–chronological age) served as an index of biological aging. In men, wine consumption, at doses defined as moderate by a current MD score, was associated with slower

biological ageing (Δ age $\beta = -0.39$; 95% CI: $-0.78, -0.01$ vs. abstainers). Dose–response analyses revealed a J-shaped curve, with the slowest Δ age at approximately 170 mL/day (Δ age = -0.34 years; 95% CI: $-0.66, -0.03$).

Overall ethanol intake, including all alcoholic beverages consumed, was neutral at moderate levels and associated with faster biological ageing at higher doses. Moderate wine consumption, but not overall ethanol intake, may contribute to slower biological ageing in men.

Source: Esposito, S., Di Castelnuovo, A., Costanzo, S., Gialluisi, A., Pepe, A., Ruggiero, E., De Curtis, A. et al. (2026). Moderate wine consumption, defined by the Mediterranean Diet, is associated with delayed biological aging in men from the Moli-sani Study. *Int. J. Public Health*, 71, 1609410. <https://doi.org/10.3389/ijph.2026.1609410>

Association between alcohol drinking patterns and multiple metabolic syndrome components in non-obese and obese individuals

A cross-sectional study examined the relationship between drinking patterns (the combination of how often and how much alcohol is consumed) and the presence of multiple metabolic syndrome (MetS) components in both non-obese and obese individuals.

Researchers analysed data from 36,006 people aged 40–64, collected through medical exams, health questionnaires, and insurance records from five Japanese company health insurance groups.

They employed a statistical method to examine how different drinking patterns were associated with various components of metabolic syndrome (MetS). The analysis also considered factors such as sex, age, weight gain of 10 kg or more since age 20, and other lifestyle habits apart from drinking.

Drinking patterns linked to a high risk of having multiple MetS components included “everyday drinking” at ≥ 20 g/day and “sometimes drinking” at ≥ 40 g/day in non-obese individuals, and “everyday drinking” at ≥ 60 g/day in obese

individuals. The prevalence ratios for having multiple MetS components were higher in non-obese individuals than in obese ones across these risky drinking patterns. Conversely, patterns associated with a lower risk of having multiple MetS components were “everyday drinking < 20 g/day” in non-obese individuals, and “sometimes drinking < 20 g/day” and “everyday drinking < 20 g/day” in obese individuals.

Non-obese individuals, even when drinking less frequently and in smaller amounts, exhibited a higher risk of having multiple MetS components than obese individuals, emphasising the importance of supporting reduced alcohol consumption among non-obese individuals.

Source: Kikuchi, A., Yoshimoto, H., Monma, T., Ozawa, S., Tsuchida, M., Takeda, F. (2026) Association between alcohol drinking patterns and multiple metabolic syndrome components in non-obese and obese individuals. *Neuropsychopharmacology Reports*, 46(2), e70105. <https://doi.org/10.1002/npr2.70105>.

Medical research by publication date

Alcohol consumption and the risk of dementia in patients with depression: A nationwide cohort study. Published 06 January 2025

Rising global burden of alcohol-attributable breast cancer in women: Regional inequalities and temporal trends. Published 6 January 2026

Metabolome contribution to sex differences in the link between alcohol consumption and type 2 diabetes: a prospective analysis in the Hispanic Community Health Study/Study of Latinos. Published online 21 January 2026

Alcohol Intake and Incidence of Heart Failure and Its Subtypes: VA Million Veteran Program. Published 30 January 2026

Association between Alcohol Consumption and All-Cause Mortality in Patients Undergoing Hemodialysis: A Survival Analysis from the DIET-HD Cohort

Sex-specific fifteen-year alcohol consumption trajectories and their association with cardiovascular events and mortality: The Framingham Heart Study. Published 4 March 2026

Understanding the relationship of social anxiety with alcohol use and alcohol-related problems in young people: A meta-analysis. Published 08 March 2026

The role of obesity in the association between alcohol consumption and HDL-c Levels: Baependi Heart Study. Published 14 March 2026

Association between alcohol drinking patterns and multiple metabolic syndrome components in non-obese and obese individuals. Published 15 March 2026

Moderate wine consumption, defined by the Mediterranean Diet, is associated with delayed biological aging in men from the Moli-sani Study. Published 16 March 2026

The health impacts of alcohol depend on what you drink – and how much. Presented 28 March 2026

Alcohol marketing exposure to children in New Zealand: A systematic narrative review

Although the New Zealand Advertising Authority prohibits marketing alcohol to children, young people continue to be exposed to alcohol advertising, which is known to influence behaviour. A study systematically reviewed literature on children's exposure to alcohol marketing in New Zealand.

Following PRISMA guidelines, eight databases were searched for studies involving children aged 2–17 years, from inception through January 2024. Out of 1,019 articles screened, 22 met the inclusion criteria. These were deductively coded and analysed using a framework adapted from unhealthy food and drink advertising research, particularly the ASEAN and UNICEF (2023) diagram outlining the progression from marketing exposure to consumption and health consequences. The findings, presented as a

narrative review, reveal widespread exposure of children to alcohol marketing and demonstrated its significant role in shaping attitudes and behaviours leading to alcohol consumption. This persistent exposure suggests that current self-regulatory measures are inadequate. The authors argue that stronger government-led legislation is needed to limit alcohol marketing and disrupt the pathway from exposure to harm. Protecting children from alcohol marketing is crucial for improving their long-term health outcomes and reducing the burden of alcohol-related harm in New Zealand.

Source: Frost, H., Te Morenga, L., Mackay, S., McKerchar, C., Cole, E., Egli, V. (2026) Alcohol marketing exposure to children in New Zealand: A systematic narrative review. *Journal of the Royal Society of New Zealand*, 56, e70007. <https://doi.org/10.1002/snz2.70007>.

A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption

Adolescent alcohol consumption decreased in high-income countries during the 2000s and 2010s. While evidence for declining consumption is clear, there has been less research tracking trends in alcohol-related harms. An article published in the journal *Addiction* reviewed trends in adolescent alcohol-related harms in high-income countries where a decline in consumption has occurred and investigated sex-based differences in trends.

The researchers systematically searched Medline, CINAHL, Scopus, and PubMed databases, with grey literature searches also conducted. Studies were included if they reported harm rates between 2005 and 2019 for adolescents (10–19 years) from countries where a reduction in adolescent drinking took place. Health-system-based measures of alcohol-related harm were used (e.g., hospital admissions or mortality data). The results are presented via narrative synthesis.

Systematic searches resulted in 1,311 results. A total of 18 systematic reviews and 23 grey literature sources were included. For many countries, alcohol-related harms have decreased since 2005,

following trends in declining consumption. This evidence was strongest in Anglosphere countries, where eight of thirteen records (62%) indicated declines, followed by North America, where declines appeared in four of eleven records (36%). Trends from mainland Europe were contradictory, with only four of thirteen (31%) indicating decreases in harms. Increases in harms among some female and student populations were reported in certain jurisdictions.

Alcohol-related harms for young people generally declined in countries where youth drinking has fallen, although the reductions in harm have been smaller than those in drinking. Declines in alcohol-related harm were most notable in the United Kingdom, Australia, New Zealand, and Ireland, followed by North America.

Source: Vieira, E., Taylor, N., Stevely, A., Pennay, A., Raninen, J., Holmes, J., et al. (2026) A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption. *Addiction*, 120(8), 1551–1570. <https://doi.org/10.1111/add.70026>.

Drinking motives, socioeconomic factors and the harm-reduction potential of NoLo alcohol products for mid-life women

A study published in the *Journal of Drug Policy* provides new evidence on how mid-life women, a group rarely represented in alcohol research, perceive and use alcohol-free and low-alcohol (NoLo) products.

A cross-sectional survey of 497 women aged 40–65 evaluated understanding of alcohol by volume (ABV) definitions (low-alcohol $\leq 1.2\%$; alcohol-free $\leq 0.05\%$), patterns of NoLo use, attitudes, and perceptions of helpfulness for harm reduction. Most respondents misunderstood ABV terms, with 64% believing “alcohol-free” meant 0% ABV. Nearly half had used NoLo products in the past year, with higher usage among participants with higher education levels and, to a lesser extent, higher income, raising concerns about equity. Taste motives emerged as strong positive predictors of NoLo use, while enhancement motives (drinking for pleasure) were negative predictors. About 75% rated NoLo substitution as helpful for reducing alcohol intake. Enhancement motives and AUDIT scores were mostly negatively associated with

perceived helpfulness, whereas taste motives showed no clear effect, suggesting that factors influencing use and beliefs about helpfulness may differ. Acceptability varied depending on the context: celebratory situations were viewed as most appropriate, while during pregnancy or in the workplace were least acceptable. Factor analysis identified three sub-scales of NoLo perceptions; recent users reported higher social and health benefits and fewer associations with alcohol-related cues. The findings emphasise the need for policy to focus on clear ABV labelling, inclusive messaging, and equitable access to appealing NoLo options that highlight taste, social acceptability, and health benefits to maximise harm-reduction efforts.

Source: Davies, E.L., Wilde, N., Chigevenga, R., Matley, F., Seddon, S. (2026) Drinking motives, socioeconomic factors and the harm-reduction potential of NoLo alcohol products for midlife women, *International Journal of Drug Policy*, 152, 105254. <https://doi.org/10.1016/j.drugpo.2026.105254>.

Sources of alcohol and associations with drinking frequency and binge drinking among a large sample of adolescents

Underage drinking remains a significant public health issue globally, linked to various health and social problems. Although adolescent alcohol use has been extensively studied, there is limited evidence on how young people obtain alcohol and how these sources influence their drinking behaviours.

A cross-sectional analysis used data from 8,507 students in Grades 9–12 participating in the 2022–2023 COMPASS study across 66 schools in Canada. Analyses focused on students who reported alcohol consumption in the past 12 months. The relationships between alcohol sources and both drinking frequency and binge drinking frequency were examined.

Parents or guardians were the most common source of alcohol (32%), followed by parties or events (22%), and purchasing or receiving alcohol from others (17%). Parental provision was most prevalent among occasional or infrequent drinkers, whereas commercial sources (such

as stores, restaurants, or bars) were prominent among regular and binge drinkers. Adjusted models demonstrated that obtaining alcohol from commercial sources was associated with more than a fivefold increase in the odds of frequent and binge drinking compared to parental supply. These results highlight distinct patterns in how Canadian adolescents access alcohol, emphasising the need for prevention strategies addressing both social and commercial sources. Interventions targeting family environments, party contexts, and retail access may help reduce opportunities for alcohol acquisition and lower the risk of higher-risk drinking behaviours among youth.

Source: Gohari, M.R., Patte, K.A., Ferro, M., Leatherdale, S.T. (2026) Sources of alcohol and associations with drinking frequency and binge drinking among a large sample of adolescents, *Addictive Behaviors Reports*, 100690. Volume 23, 2026, 100690, ISSN 2352-8532, <https://doi.org/10.1016/j.abrep.2026.100690>

Support for alcohol policies and its association with knowledge of alcohol-related health consequences: findings from 5 EU countries

A new European study indicates that public awareness of alcohol's health risks, particularly its connection to cancer, may play a crucial role in fostering support for stricter alcohol policies. The paper published in the *European Journal of Public Health*, explores how knowledge of alcohol-related harms influences policy backing. Researchers conducted an online survey across five EU countries in October-November 2024, assessing awareness of alcohol health risks and support for alcohol policies. The survey involved 3,620 participants, and correlations were analysed through adjusted linear regression models.

Overall, support for alcohol control measures was fairly consistent among countries, with the lowest support for increasing alcohol prices and the highest for measures targeting drink-driving. Factor analysis of 15 policy items revealed four categories: Supportive and Educational Interventions, Marketing and Youth Protection Policies, Point of Sale and Display Regulations, and Pricing and Physical Availability Controls.

After controlling for sociodemographic factors and drinking habits, awareness that alcohol causes cancer was positively linked to support for Point of Sale and Display Regulation as well as Pricing and Physical Availability Controls. Conversely, believing that wine benefits heart health was negatively associated with support for Marketing and Youth Protection Policies and Price and Availability Controls.

This research confirms previous findings about the link between cancer awareness and support for population-level alcohol policies in Europe. Enhancing public knowledge about alcohol's health risks should be a vital part of effective alcohol control strategies, as well-informed citizens are more inclined to back and participate in such measures.

Source: Kokole, D., Neufeld, M., Olsen, A., Ferreira-Borges, C., Paradis, C., Rehm, J., Correia, D. (2026) Support for alcohol policies and its association with knowledge of alcohol-related health consequences: findings from 5 EU countries. *European Journal of Public Health*. <https://doi.org/10.1093/eurpub/ckag008>.

What are the characteristics of households that purchase alcohol-free and low-alcohol drinks in Great Britain in 2018 and 2021?

The growing popularity of alcohol-free and low-alcohol (NoLo) drinks could decrease alcohol-related harm if those at greatest risk switch from their standard alcoholic beverages to these alternatives. A study published in the *Drug and Alcohol Review* aimed to identify traits linked with occasional purchase of NoLo drinks in Great Britain in 2021 and to examine whether these traits shifted between 2018 and 2021.

Using data from the Worldpanel by Numerator dataset, which details alcoholic and NoLo drink purchases in the off-trade by 14,702 households in Great Britain in 2018 and 15,257 in 2021. The main outcome measured was occasional NoLo purchasing (≥ 4 times in the past year), with secondary out-comes being occasional NoLo beer, cider, or wine buying.

In 2021, 5.7% of households purchased NoLo ≥ 4 times in the past year, compared to 3.0% in 2018. In 2021, these households were more likely to be

alcohol purchasers than non-purchasers [low-risk purchasers (≤ 112 g per week): OR=7.11; increasing risk (113–280g per week): OR=10.72; higher risk (> 280 g per week): OR=12.10] and less likely to be from lower social grades than grade AB (Grade C2: OR=0.72; Grade D: OR=0.58; Grade E: OR=0.46). Results were similar for occasional purchasers of NoLo beer, but there was no significant link with social grade for purchasing NoLo cider or wine. The traits associated with occasional NoLo buying did not change notably between 2018 and 2021.

Households from higher social grades, who tend to purchase more alcohol, are more likely to regularly buy NoLo products, the paper concludes.

Source: Clarke, Z.L., Pryce, R., Holmes, J., Stevely, A.K., Wilson, L.B., Kersbergen, I. (2026) What are the characteristics of households that purchase alcohol-free and low-alcohol drinks in Great Britain in 2018 and 2021?," *Drug and Alcohol Review*, 45(4), e70146, <https://doi.org/10.1111/dar.70146>.

Regulation of alcohol-free and low-alcohol drinks: learning from a comparative analysis of eight countries

Governance of alcohol-free and low-alcohol (No/Lo) drinks can influence their public health impact. However, regulation remains poorly understood. A study published in the Drug and Alcohol Review aimed to identify, summarise, and compare formal legal frameworks, non-binding government guidance, and recognised self-regulatory frameworks for the labelling, taxation, licensing, and conditions of sale and marketing of No/Lo drinks across various countries.

Researchers conducted a desk-based analysis, supplemented by expert input. Eight case-study countries (Australia, Finland, Germany, the Netherlands, Norway, Thailand, the United Kingdom [UK], and the United States) were selected for their diversity in geography, alcohol consumption, and policy environments. Targeted searches identified documents to determine how No/Lo products are regulated concerning their labelling, taxation, licensing, and sale and marketing conditions. Data were extracted, tabulated, and reviewed for accuracy.

Regulatory thresholds (%ABV) that determine when drinks fall under alcohol legislation vary widely across and within countries, and definitions of No/Lo products are uncommon. For example, drinks can be labelled as alcohol-free at $\leq 0.05\%$ alcohol by volume (ABV) in the UK, but $\leq 1.15\%$ ABV in parts of Australia. Sales of drinks below these thresholds usually do not require a premises licence. Marketing restrictions are generally shaped by those for standard alcoholic drinks, although new self-regulatory guidance has been developed in Australia, the Netherlands, and the UK.

Governance of No/Lo drinks is fragmented and inconsistent, with definitions and regulatory thresholds differing both across countries and between policy areas within countries.

Source: Burton, R., Angus, K., Morgan, A. et al. (2026) Regulation of alcohol-free and low-alcohol drinks: Learning from a comparative analysis of eight countries. *Drug and Alcohol Review*, 45(3), e70126. <https://doi.org/10.1111/dar.70126>.

Age-varying associations between adverse childhood experiences profiles and heavy episodic drinking across adolescence and adulthood

A study explored how profiles of adverse childhood experiences (ACEs) relate to heavy episodic drinking (HED) across ages 12–42, using longitudinal data from the nationally representative National Longitudinal Study of Adolescent to Adult Health (Add Health). Researchers utilized up to five waves of longitudinal data from Add Health (N = 3,147; 58.8% female, 41.2% male; 64.7% White, 19.7% African American/Black, 9.3% Hispanic/Latino, 2.8% Asian, 2.7% other). They first employed latent class analysis to identify profiles characterised by different patterns of ACEs experienced before age 12/Grade 6, then used these profiles as predictors in a time-varying effect model to examine how they predicted the odds of past-year HED and frequent HED across ages.

Six latent classes of ACEs were identified: low ACEs (58%), parental alcohol use and divorce (19%), physical and emotional abuse (8%), violent crime exposure (6%), abuse and violent crime

victimisation (5%), and sexual abuse and physical maltreatment (4%). Parental alcohol use and divorce, violent crime exposure, parental abuse and violent crime victimisation, and sexual abuse and physical maltreatment were associated with increased odds of HED compared to the low ACEs class at certain ages, mainly during adolescence or in the 30s.

Distinct patterns of ACEs are linked to unique drinking patterns, differing from those among individuals without ACE exposure, who experience a temporary rise in risk for HED during early adulthood. Targeted and tailored prevention programmes should focus on understanding the patterns and motivations behind drinking for individuals with different ACE exposures.

Source: Vasilenko, S.A., Jiang, L., Turner, R., Wang, X. (2026). Age-varying associations between adverse childhood experiences profiles and heavy episodic drinking across adolescence and adulthood. *Psychology of Addictive Behaviors*. Advance online publication. <https://doi.org/10.1037/adb0001134>.

Parental beliefs are associated with youth response to alcohol intervention

Youth with chronic medical conditions (YCMC) are at higher risk of experiencing alcohol-related health issues compared to healthy peers. Addressing influential parent beliefs and behaviours may help reduce YCMC alcohol use.

A study examined 251 YCMC and parent surveys collected during a randomised controlled trial at an urban academic paediatric hospital testing "Take Good Care," a psychoeducational intervention targeting YCMC alcohol consumption.

Baseline and follow-up YCMC surveys measured alcohol use, tolerance of alcohol-related risks, and knowledge of alcohol's health effects. Baseline parent surveys assessed parent beliefs related to YCMC alcohol use and parenting behaviours. The connections between parent factors and follow-up YCMC outcomes were analysed, adjusting for

youth age, baseline measures, parent education, and intervention receipt.

Among youth with chronic medical conditions, a pattern of consistently high versus persistently low or decreasing tolerance of alcohol-related risks at follow-up was linked to parent beliefs that youth use is "inevitable," "OK with supervision," or "harmless."

Parent beliefs about alcohol are associated with youth with chronic medical condition responses to an intervention aimed at addressing alcohol use. A parent-focused approach alongside TGC could offer opportunities to address parent beliefs and strengthen effects on youth risk perception and alcohol behaviour use.

Source: Calihan, J.B., Minegishi, M., Levy, S.J., Stamoulis, C., Weitzman, E.R. (2026). Parental Beliefs Are Associated with Youth Response to Alcohol Intervention. *Substance Use & Misuse*, 1–5. <https://doi.org/10.1080/10826084.2026.2637140>

The effect of alcohol minimum unit pricing and cancer warning labels on cancer incidence and mortality in Canada

Alcohol consumption increases the risk of cancer and is responsible for a significant number of cancer cases and deaths. Alcohol policies could help reduce this burden but are still not widely implemented. Several Canadian jurisdictions are considering strategies like minimum unit pricing (MUP) and alcohol warning labels (AWLs). A team of researchers evaluated how these policies might affect cancer incidence and mortality in Canada.

Using estimated baseline figures of alcohol-related cancer cases and deaths in Canada for 2022, the project modeled the impact of five different alcohol policy scenarios involving MUP and AWLs. Researchers used data from cancer registries, mortality records, representative alcohol consumption surveys, and alcohol sales at the product level. The International Model of Alcohol Harms and Policies helped estimate the alcohol-related burden at baseline and under each scenario. The scenarios tested included: cancer warning labels (scenario 1); rotating multi-message labels with a cancer warning, a standard drink label, and low-risk drinking guidelines (scenario 2); MUP set at CA\$1.75 per standard drink (scenario 3); MUP at CA\$2.00 (scenario 4);

and a combined scenario with a \$2.00 MUP and a cancer warning label (scenario 5).

In 2022, alcohol was estimated to cause approximately 9,498 cancer cases (95% uncertainty range 8,950–10,049) and 3,866 cancer deaths (3,624–4,106) in Canada. All policy scenarios were projected to decrease alcohol consumption and reduce the cancer burden, with greater effects observed under stricter interventions. For example, a \$2.00 MUP combined with cancer labels was forecasted to decrease alcohol-attributable cancer cases by 674 (484–911; 7.1% [5.1–9.6]) and related deaths by 216 (155–292; 5.6% [4.0–7.5]) when the effects are fully realised. The greatest proportional benefits were seen among lower-income groups and younger populations.

The study suggests that alcohol policies, especially those combining pricing strategies with labelling, could substantially reduce the cancer burden and help address health inequalities.

Source: Sherk, A., Lawrence, K., Clay, J. et al. (2026) The effect of alcohol minimum unit pricing and cancer warning labels on cancer incidence and mortality in Canada: an epidemiological modelling study. *The Lancet Public Health*, 11, e164–e175. [https://doi.org/10.1016/S2468-2667\(26\)00006-X](https://doi.org/10.1016/S2468-2667(26)00006-X)

The global burden of alcohol-attributable cancers from 1990 to 2021

Alcohol consumption is a well-established risk factor for multiple types of cancer, yet its contribution to the global cancer burden remains inadequately quantified. A study systematically evaluated the global, regional, and national impact of alcohol-attributable cancers (AAC) from 1990 to 2021.

Alcohol-attributable cancer mortality and disability-adjusted life-years (DALYs), along with corresponding age-standardised rates, were obtained from the Global Burden of Disease (GBD) 2021 database. Trends over time were analysed, and future burdens were projected.

Between 1990 and 2021, worldwide alcohol-attributable deaths increased from 195,525 to 343,370, despite a decline in the age-standardised death rate (ASDR) from 4.87 to 3.97 per 100,000 (AAPC: -0.67% ; 95% CI -0.79 to -0.55). Similar patterns were observed for DALYs, with a 23% decrease in the age-standardised DALYs rate. Socioeconomic disparities persisted, with high-SDI regions experiencing a reduction in ASDR despite rising absolute death numbers, while low-SDI regions showed minimal change. Regionally, East Asia bore the highest alcohol-attributable cancer

burden, whereas high-income North America had the lowest burden but showed a slight increase in ASDR. Liver, oesophageal, and colorectal cancers contributed most to the alcohol-attributable cancer burden.

Population aging and growth were identified as key factors driving the increasing burden. The study also highlighted disparities in alcohol-attributable cancer prevention, with Mongolia experiencing the greatest prevention gap. Projections indicate a continued decline in ASDR, although the total alcohol-attributable cancer burden is expected to rise. Although the ASDR of alcohol-attributable cancer has decreased globally and is anticipated to decline further over the next 25 years, the absolute burden remains on the rise.

Therefore, strengthening and improving global alcohol control policies is essential to reducing the worldwide impact of alcohol-attributable cancers.

Source: Hu, Z., Gong, Z., Zhang, Z. et al. (2026) The global burden of alcohol-attributable cancers from 1990 to 2021: assessment and projection based on the global burden of disease study 2021. *Int J Clin Oncol*, 31, 598–610. <https://doi.org/10.1007/s10147-025-02927-7>.

Online marketing for alcohol home delivery and alcohol purchasing behaviour: A mixed-methods study

Alcohol home delivery is linked to increased alcohol consumption, with online marketing (including advertisements and promotions) potentially boosting online purchases. Researchers aimed to understand consumers' exposure to online advertising and promotions for alcohol home delivery and its connection to drinking patterns.

Both quantitative (Study 1) and qualitative (Study 2) data were gathered. Study 1 involved 702 adult (≥ 18 years) Australian high-risk drinkers (AUDIT-10 score ≥ 8) to explore the relationship between purchase methods (in-store only, occasional online, and mainly online) and exposure to, and influence of, online alcohol advertising. Study 2 collected screen recordings of online alcohol purchases from 30 Australian adult drinkers (15 low-risk and 15 high-risk), followed by interviews. Participants in Study 1 from both online purchase groups had higher chances of reporting exposure to online alcohol advertising compared to those who only purchase in-store, with predominant

online purchasers also more likely to encounter advertising daily. App notifications and virtual cart reminders were more likely to prompt predominant online purchasers to complete their alcohol purchase compared to occasional purchasers. Study 2 observed frequent in-platform, time-limited promotions, such as temporary discounts. Participants said promotions affected their buying decisions, encouraging them to seize special prices. They also noted that general exposure to online alcohol marketing sometimes leads them to make a purchase.

These results show that current marketing tactics encourage drinkers to buy more alcohol. Stronger policy actions are needed to help reduce alcohol-related harms caused by marketing practices.

Source: Coomber, K., Button, K., Masiero, E., Martino, F., Gupta, A., Baldwin, R., Miller, P.G., Back-holer, K., Stafford, J. (2026) Online marketing for alcohol home delivery and alcohol purchasing behaviour: A mixed-methods study, *International Journal of Drug Policy*, 150, 105202. <https://doi.org/10.1016/j.drugpo.2026.105202>

Low and no alcohol availability and sales in small retailers in Great Britain: A geographic longitudinal analysis from 2018 to 2022

The United Kingdom Government is dedicated to lowering alcohol consumption by increasing the availability of alcohol-free and low-alcohol (No/Lo) drinks. However, little is known about whether these products are equally accessible across different neighbourhood types, which could have implications for inequalities in potential health benefits or harms from exposure to No/Lo drinks. A study published in the journal *Addiction* examined differences in the availability and sales of No/Lo products in small retailers across various types of neighbourhoods in Great Britain and over time.

The study covered Great Britain (England, Scotland and Wales). It employed a longitudinal geographic design using retail transaction data collected over 20 weeks, seasonally distributed between 2018 and 2022. The data included 11,278,479 alcohol transactions from 1,432 small retailers situated in neighbourhoods with varying levels of socioeconomic deprivation and urbanicity. No/Lo products were defined as alcoholic-mimic beverages containing $\leq 1.1.2\%$ alcohol by volume (ABV).

No/Lo sales volume tripled during the study period but still accounted for only 0.25% of total alcohol sales by 2022. In 2018, 34% of retailers

reported sales of No/Lo products, increasing to 68% by 2022. Retailers in low-deprivation areas were more likely to sell No/Lo products and offered a broader product range compared to those in high-deprivation areas (incidence rate ratio (IRR) = 2.30, 95% confidence interval (CI) = 1.60–3.30 in 2022). No/Lo alcohol sales volume was significantly higher among retailers in the least deprived neighbourhoods (IRR = 1.33, 95% CI = 1.14–1.57 in 2022) and rural areas compared with high-deprivation and urban areas, but only in the most recent years.

The researchers conclude that the availability and sales of alcohol-free and low-alcohol (No/Lo) products increased among small retailers in Great Britain from 2018 to 2022. Nevertheless, these increases have been uneven, with better access and uptake in more affluent and rural areas. This indicates emerging geographic disparities in access to and sales of No/Lo alternatives, along with their potential benefits or harms.

Source: Valiente, R., Tunstall, H., Wilson, L.B., Gillespie, D., Pearce, J., Shortt, N.K. (2026) Low and no alcohol availability and sales in small retailers in Great Britain: A geographic longitudinal analysis from 2018 to 2022. *Addiction*. <https://doi.org/10.1111/add.70391>.

Prevalence of alcohol consumption and awareness of consumption guidelines: A population-based study in Geneva, Switzerland

Alcohol consumption remains a major preventable cause of illness and death. In Switzerland, roughly 1,500 deaths annually are linked to alcohol. A study evaluated awareness of national low-risk drinking guidelines and estimated the percentage of adults exceeding them in Geneva, based on sociodemographic and health factors.

In 2025, 7,509 adults from the Specchio population-based cohort were invited to complete a questionnaire on alcohol intake, knowledge of Swiss guidelines, and risk perception. Exceeding guidelines meant >2 drinks/day for men, >1 for women, or fewer than two alcohol-free days per week.

Among 4,274 respondents (average age 51.5 years; 59.8% women), 88.3% reported consuming alcohol, with 53.5% exceeding the national guidelines. Women more often surpassed

daily limits, while men and older adults more frequently failed to have alcohol-free days. Exceeding guidelines was linked to younger age, higher education, better financial situation, and substance use. Only 49.1% accurately identified all guidelines, and 29.1% recognised cancer-related risks.

Nearly half of adults in Geneva exceed national drinking recommendations, highlighting the need for enhanced public communication and targeted preventive efforts in primary care.

Source: Dumont, R., Baysson, H., Mechoullam, S., Mettraux, C., Stringhini, S., Guessous, I., Nehme, M. (2026). Prevalence of alcohol consumption and awareness of consumption guidelines: A population-based study in Geneva, Switzerland. *Preventive Medicine Reports*, 63, 103415. <https://doi.org/10.1016/j.pmedr.2026.103415>.

Health's influence on alcohol use - a longitudinal study of working adults in Sweden

While the health effects of alcohol are well documented, less is known about how health influences alcohol use and whether this varies by socioeconomic position (SEP). A study published in the *European Journal of Public Health* examined the relationship between health-related quality of life (HRQoL), mental health, and alcohol consumption, and whether SEP moderates these relationships.

Baseline data from 7,097 participants in the 2010 Stockholm Public Health Cohort were utilised. The exposures were HRQoL and mental health (categorised as good, moderate, poor); outcomes (measured in 2014) included heavy episodic drinking (HED: ≥ 5 units/ ≥ 2 times/month) and heavy drinking (men: ≥ 21 units/week; women: ≥ 14 units/week). Compared with good HRQoL, moderate (odds ratio (OR): 1.26, 95% CI: 1.02–1.56) and poor HRQoL (OR: 1.39, 95% CI: 1.08–1.78) were associated with higher odds of heavy drinking. Moderate HRQoL combined with low SEP showed increased odds of HED (OR: 1.48, 95% CI: 1.02–2.15)

and heavy drinking (OR: 1.62, 95% CI: 1.01–2.60), with evidence of additive interaction (relative excess risk of interaction (RERI): 0.79; attributable proportion (AP): 0.49). The findings related to mental health were less consistent: good mental health combined with low SEP was associated with increased HED (OR: 1.35), while moderate mental health and intermediate SEP were linked to decreased HED (OR: 0.66).

The study results suggest a dose-response relationship between HRQoL and self-reported heavy drinking, as well as an interaction between moderate HRQoL and low SEP. Associations involving mental health were weaker and less consistent.

Source: Jonsson, E., Elling, D.L., Landberg, J., Helgesson, M., Lundin, A., Thern, E. (2026) Health's influence on alcohol use - a longitudinal study of working adults in Sweden. *European Journal of Public Health*, 36(2), ckag037, <https://doi.org/10.1093/eurpub/ckag037>

Adolescents' exposure to zero-alcohol advertisements and attitudes and consumption intentions towards alcohol: a cross-sectional study

Exposure to alcohol advertising significantly influences adolescent alcohol consumption. Zero-alcohol drinks ($< 0.5\%$ alcohol by volume), which resemble and often share branding with alcoholic beverages, may act as a form of surrogate alcohol marketing. A study investigated whether exposure to zero-alcohol advertising was linked to adolescents' attitudes and their intentions to consume alcohol.

382 Australians aged 15–17 years completed a cross-sectional online survey, during which they viewed zero-alcohol advertisements from four parent alcohol brands. Participants reported their previous exposure to and liking of each advertisement, their attitudes and intentions regarding alcohol from the parent brand, their general attitudes and intentions towards alcohol, their location-based exposure to zero-alcohol advertising, past alcohol and zero-alcohol consumption, and demographics. The study examined the associations between exposure, liking, attitudes, and consumption intentions.

After adjusting for prior zero-alcohol and alcohol consumption, gender, and parent presence during

the survey, it was found that attitudes towards and intentions to consume alcohol from the parent brand were associated with prior exposure to zero-alcohol advertisements (attitudes: $B=0.22$, $p=0.005$; intentions: $B=0.20$) and liking of zero-alcohol advertisements (attitudes: $B=1.42$; intentions: $B=0.67$). No link was observed between self-reported location-based exposure to zero-alcohol advertising and general attitudes or intentions towards alcohol.

The findings, that adolescents who view and like zero-alcohol adverts tend to have more positive attitudes and stronger intentions to consume parent alcohol brands, suggest that zero-alcohol adverts may serve as surrogate alcohol marketing. This supports calls for including such adverts within alcohol advertising regulations.

Source: Bartram, A., Ahad, M.A., Bogomolova, S. et al. (2026) Adolescents' exposure to zero-alcohol advertisements and attitudes and consumption intentions towards alcohol: A cross-sectional study. *Drug and Alcohol Review*, 45(2), e70125, <https://doi.org/10.1111/dar.70125>.

The social context of drinking and its association with days of heavy episodic drinking in the past month among adolescents and young adults

Previous research associates solitary drinking under 21 (the legal drinking age in the US) with adverse health outcomes later in life. A study investigated the relationship between the social context of drinking (i.e., drinking alone vs. with others) and the frequency of heavy episodic drinking (HED) days in the past 30 days among 12–20-year-olds in the US.

Data from the National Survey on Drug Use and Health, aggregated from 2021 to 2023, covered all 6,261 individuals aged 12–20 years who consumed alcohol in the past month. The main independent variable was the social context of drinking in the past month, while the primary outcome was the categorical frequency of HED days during that period.

Drinking alone, as opposed to drinking with others, was linked to a higher likelihood of experiencing HED on 20–30 days in the past month compared

to 0 days in the adjusted model (relative risk ratio: 5.48, 95% confidence interval: 2.45, 12.25).

Among this nationally representative sample of adolescents and young adults under the legal drinking age in the US who drank alcohol in the past month, researchers found that drinking alone was associated with the highest frequency of HED days. This link was not observed across lower HED day categories. Targeted inter-ventions for individuals in this age group who drink alone may be needed to help reduce frequent HED.

Source: Walsh, M.O., Myers, M.G., Liang, X., Bohnert, K.M. (2026). The social context of drinking and its association with days of heavy episodic drinking in the past month among a nationally representative sample of adolescents and young adults in the United States, 2021–23, *Alcohol and Alcoholism*, 61(3), agag016, <https://doi.org/10.1093/alcalc/agag016>.

Social and Policy research by publication date

Alcohol marketing exposure to children in New Zealand: A systematic narrative review
Published 11 February 2026

Online marketing for alcohol home delivery and alcohol purchasing behaviour: A mixed-methods study. Published online 14 February 2026

Drinking motives, socioeconomic factors and the harm-reduction potential of NoLo alcohol products for mid-life women. Published online 14 February 2026

Prevalence of alcohol consumption and awareness of consumption guidelines: A population-based study in Geneva, Switzerland . Published online 15 February 2026

Support for alcohol policies and its association with knowledge of alcohol-related health consequences: findings from 5 EU countries. Published 19 February 2026

Adolescents' exposure to zero-alcohol advertisements and attitudes and consumption intentions towards alcohol: A cross-sectional study. Published 22 February 2026

Regulation of alcohol-free and low-alcohol drinks: Learning from a comparative analysis of eight countries. Published: 25 February 2026

The effect of alcohol minimum unit pricing and cancer warning labels on cancer incidence and mortality in Canada: an epidemiological modelling study. Published March 2026

Age-varying associations between adverse childhood experiences profiles and heavy episodic

drinking across adolescence and adulthood.
Published March 2026

A systematic review of adolescent alcohol-related harm trends in high-income countries with declines in adolescent consumption. First published 05 March 2026

The global burden of alcohol-attributable cancers from 1990 to 2021: assessment and projection based on the global burden of disease study 2021. Published 02 March 2026

Parental beliefs are associated with youth response to alcohol intervention. Published online 06 Mar 2026

Low and no alcohol availability and sales in small retailers in Great Britain: A geographic longitudinal analysis from 2018 to 2022. Published 19 March 2026

Sources of alcohol and associations with drinking frequency and binge drinking among a large sample of adolescents. Published online 20 March 2026

Health's influence on alcohol use- a longitudinal study of working adults in Sweden. Published 22 March 2026

The social context of drinking and its association with days of heavy episodic drinking in the past month among a nationally representative sample of adolescents and young adults in the United States 2021–23. Published 30 March 2026

What are the characteristics of households that purchase alcohol-free and low-alcohol drinks in Great Britain in 2018 and 2021? Published 01 April 2026

New long-term strategy launched to tackle drug and alcohol harm in Scotland

The Scottish Government has introduced a new strategic plan aimed at reducing the harm caused by drugs and alcohol across Scotland.

Developed jointly with The Convention of Scottish Local Authorities (COSLA), the plan emphasises strengthening collaboration between national government and local services. It advocates for a locally led, accountable system supported by clear national guidance. Backed by over £160 million for 2026–27, the strategy builds on the Government's five-year National Mission on Drugs, which concludes in April.

The strategy is rooted in a human rights-based approach, ensuring that people with lived experience play a key role in shaping services and receive person-centred care. The plan has been shaped by extensive engagement with individuals and families affected by substance use, as well as service providers, academics, clinicians, commissioners, and voluntary sector representatives.

The strategy aims to prevent harm while supporting long-term recovery and wellbeing. A central priority is expanding treatment standards

to include both alcohol and all drugs. Continued support for residential rehabilitation remains, along with improvements to pathways through detox, crisis care, and stabilisation services. The plan also reaffirms the importance of prevention, with targeted actions to stop people developing problematic substance use. New proposals are also being developed to reduce the appeal, affordability, and availability of alcohol. These include potential restrictions on advertising, clearer health and calorie labelling, and increased awareness of the link between alcohol use and cancer.

Speaking at the Haven residential rehabilitation centre, Drugs and Alcohol Policy Minister Maree Todd said the past five years have seen record investment and meaningful progress, but further action is needed. She described the new plan as the next phase in tackling alcohol and drug-related harm, emphasising its role in strengthening both national and local partnerships to ensure timely and appropriate support.

<https://www.gov.scot/publications/preventing-harm-promoting-recovery-scotlands-alcohol-drugs-strategic-plan-2026-2035/>

Netherlands - excessive and heavy drinking are at their lowest level ever

Excessive and heavy drinking in the Netherlands reached their lowest levels ever in 2025, continuing a long-term downward trend. According to data from the Lifestyle Monitor by Central Bureau for Statistics (CBS) and National Institute for Public Health and the Environment (RIVM), both forms of drinking have more than halved since 2001, demonstrating sustained progress in reducing alcohol-related harm.

Recent figures indicate steady year-on-year improvements. The proportion of heavy drinkers among adults fell from 7.9% in 2023 to 6.7% in 2025, while excessive drinking declined from 6.7% in 2023 to 5.5% in 2024 and remained stable in 2025. These trends place the Netherlands ahead of schedule in meeting the National Prevention Agreement target of reducing both to 5% by 2040. Positive changes are also apparent in other areas. Alcohol use during pregnancy has dropped significantly, from 5% in 2016 to 1.9% in 2023, while alcohol consumption among minors has more than halved since 2003. These patterns

suggest broader cultural and behavioural shifts surrounding alcohol use.

The progress is credited to a comprehensive national approach combining regulation, public awareness campaigns, industry self-regulation, and early intervention strategies. The Dutch approach to responsible alcohol consumption includes a mix of measures and societal initiatives: compliance with age limits is monitored, campaigns promote moderation, the sector enforces rules regarding advertising and sales, and emphasis is placed on early detection through care and local prevention. Developments are continuously tracked using data from CBS and RIVM, among others, so adjustments can be made where necessary. Peter de Wolf, Director of STIVA: "The latest figures confirm that the Dutch approach works, and it is wonderful that we can contribute to this through self-regulation of alcohol advertising and partnership."

<https://stiva.nl/nieuws/overmatig-en-zwaar-drinken-in-2025-op-laagste-niveau-ooit/>

Calls for clearer timeline for implementation of late licensing law reforms in Ireland

There are increasing calls for clarity on when Ireland will implement reforms to its outdated licensing laws. The proposed Sale of Alcohol Bill 2022 aims to extend opening hours for pubs, late bars, and nightclubs, but despite earlier expectations that it would be passed by 2023, it has yet to advance through the Oireachtas and remains unimplemented in 2026. While the current government has pledged to update licensing legislation, no clear timetable has been provided, and the bill is not included in the Spring 2026 legislative programme.

Industry figures and campaigners argue that the delay is hampering Ireland's nighttime economy.

Advocates say extending opening hours could help struggling venues, especially as nightclub numbers have fallen significantly. There are now 83 nightclubs remaining in Ireland, down from over 500 since 2000. Some also suggest that opportunities, such as major sporting events, could be used to trial later closing times. However, critics remain concerned about potential increases in alcohol consumption, leaving the future of the reforms uncertain, as the government has yet to act.

<https://www.rte.ie/news/ireland/2026/0319/1564082-nightclubs-politics-ireland/>

Spanish Wine Code updated to address influencer marketing and social media communication

The Spanish Wine Code for Commercial Communications has been updated to reflect the increasing importance of digital channels, adding a new section specifically focused on social media advertising and influencer collaborations - areas that are rapidly growing for wineries.

The revision enhances the sector's dedication to responsible communication within the Wine in Moderation programme. It specifies when influencer content should be regarded as advertising and, in such cases, mandates the inclusion of responsible drinking messages such as "Wine is only enjoyed in moderation" and "Do not share with minors." The updated Code also offers practical guidance to ensure that communication on digital platforms remains ethical, transparent, and suitable for all audiences.

The Code is mandatory for all members of the Spanish Wine Federation (FEV), as well as for all supporters of the Wine in Moderation programme in

Spain, ensuring a consistent and unified approach to responsible communication across the board sector.



Importantly, this update builds on existing self-regulatory frameworks, including the Autocontrol and Spanish Advertisers Association Code of Conduct on influencer advertising, as well as other similar initiatives. By aligning with these frameworks, the revised Code further enhances consistency, accountability, and credibility in how wineries communicate online.

<https://wineinmoderation.eu/news/spanish-wine-code-updated-to-address-influencer-marketing-and-social-media-communication>

Syria's alcohol ban

In March 2026, authorities in Damascus, Syria, enforced a temporary ban on alcohol sales in restaurants and bars, restricting sales to specific, mostly Christian neighbourhoods. However, after protests and public outrage over personal freedoms and possible sectarian bias, authorities reversed this decision, allowing sales in tourist-approved venues.

The Damascus governorate initially banned alcohol in restaurants and cafes to uphold public

morality, permitting only limited retail in areas like Bab Tuma, Qassaa, and Bab Sharqi. Hundreds of protesters demonstrated in Damascus, claiming the ban restricted personal freedom, which led to a swift reversal of the ban for authorised, tourist-related venues. Alcohol is still legal in Syria, but its availability varies by region, with stricter restrictions often enforced in more conservative or opposition-controlled areas.

<https://www.syriahr.com/en/380099/>

Belgium's federal government has agreed to tighten alcohol advertising regulations

Belgium's federal government has introduced stricter rules on alcohol advertising to help protect public health, especially among young people. The amendment to the rules – a proposal by Health Minister Frank Vandenbroucke – had been under discussion within the government for some time. From now on, the new health warning "Alcohol is harmful to health" will appear on all advertising for alcoholic beverages. The warning is not mandatory on the labels and packaging of alcoholic drinks and does not apply to decorative items or utensils.

The changes mainly focus on reducing young people's exposure to alcohol marketing. Health Minister Frank Vandenbroucke explained that the aim is to limit how often minors see alcohol-related content and reduce the appeal of such marketing.

Under the new rules, alcohol advertising will be banned in media where at least 30% of the audience are minors. This restriction also applies to social media influencers whose followers are mostly underage, preventing them from promoting alcohol products.

"We want to better protect young people from the dangers of alcohol. With these measures, we are limiting minors' exposure to alcohol marketing and preventing young people from being attracted by alcohol marketing messages," stated Minister Vandenbroucke.

In addition, companies will no longer be allowed to offer free alcohol as part of promotions, such as with magazines, subscriptions, or other purchases. <https://www.belganewsagency.eu/federal-government-tightens-rules-on-alcohol-advertising-alcohol-is-harmful-to-health>

Greece launches digital age verification system to curb tobacco and alcohol sales to minors

Greece has introduced a new digital system to prevent minors from purchasing tobacco and alcohol, strengthening enforcement of a law passed in 2025 that bans sales of these products to underage individuals.

The system utilises a mobile application to verify a customer's age at the point of sale, aiming to close a loophole that previously allowed sellers to claim they did not know a buyer was underage. The initiative was presented by Health Minister Adonis Georgiades alongside other government officials. He stated that the new system removes excuses for illegal sales by making age checks clearer and easier to enforce, while simplifying the process of issuing fines when violations occur.

According to officials, the system is the first of its kind in Europe. Digital Governance Minister Dimitris Papastergiou explained that it follows the same technical approach used by the European Union for verifying age on online platforms, but applies it in real-world settings through Greece's digital wallet infrastructure. Since the law came into effect on 7 July 2025, authorities have significantly increased enforcement efforts. Around 82,000 checks have already been carried out—more than half the total conducted in all of 2024. These inspections have led to 313 arrests,

with the majority linked to offences related to alcohol, as well as 150 fines and over 120 reports connected to private events involving minors.

In addition to the digital system, the legal framework now requires sellers to actively verify customers' ages and mandates that private events involving minors be reported to authorities. Together, these measures are intended to give law enforcement stronger tools to reduce underage access to alcohol and tobacco.

<https://www.euronews.com/health/2026/03/18/greece-launches-digital-age-verification-system-to-curb-tobacco-and-alcohol-sales-to-minor>

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Danes' alcohol consumption declines, but concerns remain

New figures indicate slight improvements in Danes' alcohol habits. However, Denmark remains a country with high alcohol consumption, and among young people, the trend seems to be heading in the wrong direction.

According to new data from the National Health Profile 2025, the proportion of Danes drinking more than 10 units of alcohol per week has decreased. In 2010, 24.6% of Danes exceeded this level. By 2025, the figure had fallen to 14.4%. There has also been a slight decline since the last measurement in 2021, when the figure was 15.7%.

The figures also reveal a slight decrease in the proportion of people who binge drink weekly, defined here as consuming five or more drinks on the same occasion. That proportion dropped from 9% in 2021 to 8.6% in 2025.

Among young people aged 16 to 24 there has been a slight rise between 2021 and 2025. In 2025, 22.5% of young men and 16.1% of young women reported binge drinking. In 2021, the corresponding figures were 19.1% and 12.5%.

Maria Koch Aabel, director of Alkohol & Samfund, a non-profit interest organisation dedicated to promoting a sustainable and healthier alcohol culture in Denmark, commented, "It is hugely positive that the share of Danes with high alcohol consumption is decreasing. But this is a gradual change over many years, and Denmark still has an

alcohol culture that ranks among the highest in Europe. She added that the increase among young people is concerning, emphasising the ongoing need to change the alcohol culture among youth and more broadly across society.

Overall, the figures may suggest that there has not been a significant decline in alcohol consumption among young people since 2017, as the 2021 data were collected during the COVID-19 period and might not reflect typical patterns.

The National Health Profile also shows that more Danes who drink over 10 units a week want to cut back. Alkohol & Samfund sees this as another positive sign, highlighting the need for better support for those seeking to change their drinking habits.

"We are on the right track, but if we truly want to change the alcohol culture in Denmark, it requires ongoing efforts, both through structural political measures and support for those wanting to alter their drinking habits," said Maria Koch Aabel. Alkohol & Samfund also say that lasting change in Denmark's alcohol culture will need political action. The organisation highlights lower alcohol availability, reduced marketing, and higher prices as key measures.

<https://www.nordicalcohol.org/post/new-figures-on-danes-alcohol-habits-are-broadly-positive-but-concerns-remain>

New Zealand government proposes sweeping changes to alcohol laws

New Zealand's government has introduced a new bill aimed at overhauling alcohol laws to reduce red tape and support the hospitality sector. Associate Justice Minister Nicole McKee said the reforms are intended to simplify what has become an overly complex and bureaucratic licensing system. The proposed changes aim to make it easier for businesses to operate while ensuring regulations focus on preventing harm rather than restricting responsible behaviour.

The bill, supported by Regulation Minister David Seymour, is part of a broader effort to boost economic growth and improve conditions for the hospitality industry, which contributes significantly to jobs and the economy. The reforms would allow licensed venues more flexibility, including the ability to stay open outside normal hours to broadcast major events, without requiring repeated legislative changes.

Key proposals include simplifying the licensing process, limiting who can object to licence applications, and giving applicants a fairer chance to respond to objections. The bill would also make it easier to host events, allow certain businesses like hairdressers and barbers to serve small amounts of alcohol without a licence, and permit restaurants and clubs more flexibility in selling alcohol to customers.

Additional measures aim to modernise the system by supporting takeaway sales, expanding tasting permissions beyond wineries, and ensuring alcohol delivery services follow stricter rules to prevent sales to minors or intoxicated individuals.

<https://www.stuff.co.nz/nz-news/360951672/government-proposes-sweeping-changes-alcohol-laws>

Statistics reveal a change in how New Zealanders drink

According to recently released Stats NZ data, per capita consumption of beer, wine, and spirits is at an all-time low, decreasing by 8.4% in the past year and by 23% over the last 20 years, now at 7.6 litres of pure alcohol. The total volume of beer, wine, and spirits available for consumption was 442 million litres. The volume of beer declined by 10% to 265 million litres, wine by 11% to 85 million litres, while spirits increased marginally by 1.3% to 93 million litres. As a proportion of the total volume of alcoholic beverages available for consumption between 2011 and 2025, beer decreased from 63% to 60%; wine dropped from 21% to 19%; and spirits and spirit-based drinks rose from 16% to 21%.

Since 2011, the number of standard drinks available for consumption per person per day has decreased from 2.2 to 1.6 in 2025, a reduction of 24%. In the past year, the average consumption of standard drinks dropped 8.4% to 11.4 per week in 2025, the lowest level since records began in 2011. Health NZ's low-risk drinking guidelines are no more than two standard drinks a day for women and three for men, with at least two alcohol-free days each week. It is important not to drink while pregnant.

"Beer, wine and spirits have responded to this moderation trend by offering a wide range of

full-strength, mid-strength, and zero-alcohol products. This innovation reflects our commitment to supporting responsible drinking," said NZABC Executive Director Virginia Nicholls.

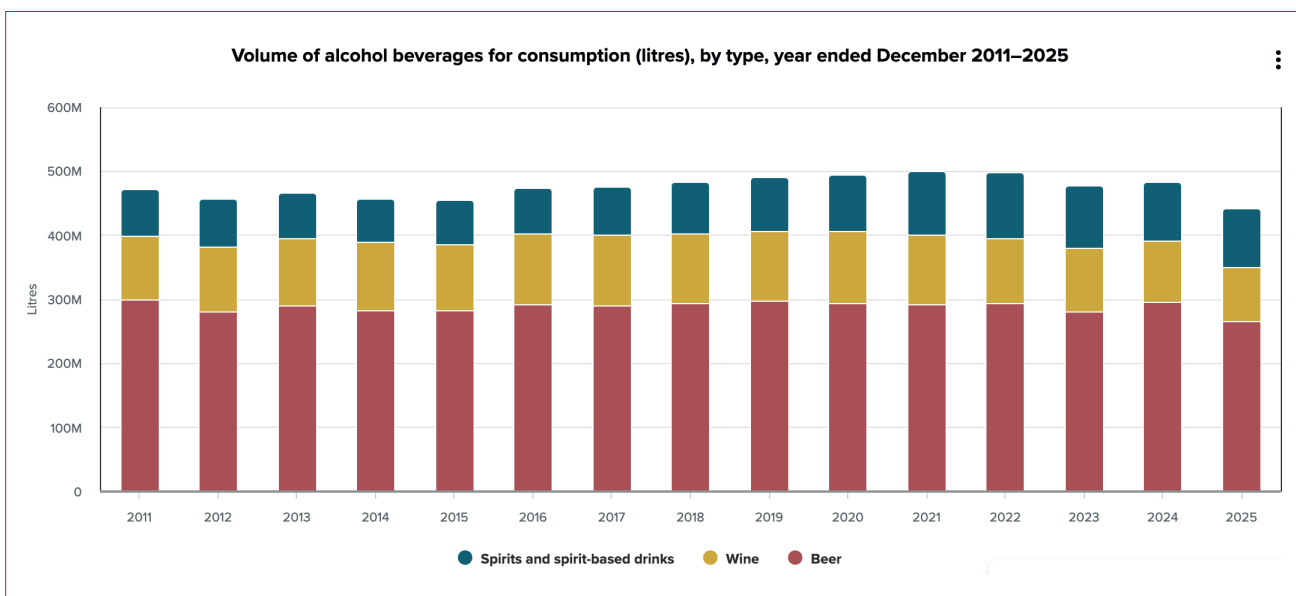
An independent industry research poll of 1,000 New Zealanders in October 2025 [3] found that 50% of respondents drink low-alcohol beverages at least some of the time, and some of us prefer low-alcohol beverages.

In the NZ Health survey [4] (Nov 25), which provides information on New Zealanders' health and wellbeing, five out of six New Zealanders (83.4%) drink beer, wine, and spirits responsibly, and there has been a consistent decline across various measures of riskier drinking compared to 2016/17.

When we compare our drinking with other countries in the OECD [5], Kiwis are drinking less than the OECD average. This includes less than the US, UK, Australia, Germany, France, and Ireland.

"In NZ we are committed to encouraging responsible drinking and believe that for adults, moderate alcohol consumption can be part of a well-balanced lifestyle", said Virginia.

<https://nzabc.org.nz/statistics-nz-data-reveals-a-quiet-revolution-in-how-we-drink/>



Indian state scraps government-controlled alcohol pricing

India's Karnataka state is planning to remove government control over alcohol pricing from April 2026 as part of efforts to modernise the sector and increase revenue. The move, announced in the state budget by Chief Minister Siddaramaiah, will introduce a new tax system based on alcohol strength and enable producers to set their own prices instead of seeking state approval. However, the decision has raised some concerns among observers.

The reform signifies a major departure from the long-standing system in which the government set final retail prices after manufacturers declared their base costs. Under the new approach, pricing categories will be expanded, and excise duties will be more closely linked to the alcohol content of beverages, altering how products are taxed across the market.

Karnataka's alcohol market is one of the largest in India, driven by a growing population of young professionals and strong demand for premium international brands. The region also has some of the highest alcohol taxes in the country, with multiple pricing tiers adding further duties.

Following the announcement, shares in several alcohol companies increased, reflecting optimism about the reforms. The government has stated that the new system will be introduced gradually over the next three to four years to allow the market to adapt smoothly.

<https://www.thedrinksbusiness.com/2026/03/indias-karnataka-state-to-scrap-alcohol-price-controls-from-april/>

New responsible drinking campaign in Australia

DrinkWise has partnered with Olympic gold medallist Shayna Jack to launch a national campaign encouraging open conversations about alcohol use and mental health. The "Never Have I Ever" campaign targets young Australians, particularly women, and aims to reduce reliance on alcohol as a coping mechanism for stress and anxiety. It is being rolled out across social media, venues, and influencer platforms, and is supported by medical experts and mental health organisations.

The campaign is based on research showing changing drinking patterns among young people. While overall risky drinking among 18–24-year-olds has declined, it has increased among young women. Studies also reveal that many young women experience high levels of stress and are

more likely to use alcohol to cope, often linked to feelings of loneliness or isolation.

DrinkWise CEO Simon Strahan said the initiative aims to encourage healthier coping strategies and peer support, reinforcing that alcohol is not a solution to mental health challenges. Medical expert Andrew Rochford added that using alcohol to manage stress can worsen mental health by affecting sleep, mood, and overall wellbeing.

The campaign builds on previous youth-focused initiatives and includes collaboration with organisations like ReachOut. Supporters say it plays an important role in reducing stigma around mental health and encouraging young people to seek help through open conversations and support networks.

<https://drinkwise.org.au/campaigns/never-have-i-ever/>

New rules introduced for alcohol in Vietnam

Vietnam will impose fines of up to VND3 million (approximately \$114) for individuals caught drinking during working or school hours, as well as for those selling alcohol to anyone under the age of 18. These new regulations are part of Decree 90, a government initiative aimed at tightening control over the consumption, sale, and promotion of alcohol.

According to the decree, which takes effect on 15 May, individuals who drink in restricted areas or encourage others to do so may face fines ranging from VND500,000 (\$19) to VND1 million (\$38). More serious violations—such as drinking during work or school hours, or forcing others to drink—can result in fines between VND1 million and VND3 million.

Businesses that sell alcohol to minors or fail to display appropriate warnings against such sales may also be fined up to VND3 million. Retail outlets operating in restricted zones, including within 100 metres of schools or healthcare facilities, could be penalised with fines from VND5 million (\$190) to VND10 million (\$380). Online alcohol sales without proper age verification may attract

fines of up to VND20 million (\$760), along with potential suspension of business licences for up to three months. The decree also intensifies penalties for illegal advertising and promotion of alcohol. Violations—particularly those targeting minors, students, or pregnant women—may result in fines up to VND30 million (\$1,139). Advertising alcohol at cultural or sporting events, or via outdoor media, might incur fines of up to VND40 million (\$1,519), with any offending content required to be removed.

Additionally, workplace managers who fail to prevent alcohol misuse among employees could face fines from VND3 million to VND10 million. Businesses involved in the alcohol trade that employ underage workers or provide misleading product information can be fined up to VND15 million (\$570). The decree also bans alcohol-based sponsorships and assigns enforcement responsibilities to authorities such as market surveillance agencies and the police.

<https://news.tuoitre.vn/vietnam-to-impose-fine-of-up-to-114-on-those-drinking-at-work-selling-alcohol-to-minors-103260406165951151.htm>

4 in 5 Australians back action on alcohol advertisements

Recent polling shows that four in five Australians support stricter restrictions on advertising for alcohol, gambling, and unhealthy foods. The findings come as over 130 organisations and public figures call on the Federal Government to take action to better protect children and enhance long-term public health outcomes.

The national campaign Give Us an Ad Break, launched in March, warns that continuous exposure to marketing for harmful products is increasing consumption and leading to serious health problems such as cancer, liver disease, type 2 diabetes, heart disease, and mental health issues. Advocates say Australians, including children, are regularly exposed to these advertisements across digital platforms, social media, and sports broadcasts.

Campaign leaders argue that the current system allows companies to largely self-regulate their advertising practices, with limited restrictions on when and where harmful products can be

promoted. They are calling for new legislation—a proposed Harmful Products Marketing Act—modelled on Australia's tobacco laws—to introduce clear and enforceable limits, particularly to reduce children's exposure.

More than 130 organisations and leaders across health, sport, social services, and research have signed a statement, joining the call to the Federal Government to prioritise community wellbeing— not industry profit. The move has strong community support, with polling undertaken in February showing 4 in 5 Australians want less advertising for gambling, alcohol, and unhealthy foods, and are concerned about the harm caused by these ads.

VicHealth CEO Professor Anna Peeters AM said reducing children's exposure to harmful marketing is one of the most powerful steps towards improving the nation's long-term health.

<https://giveusanadbreak.org.au/wp-content/uploads/FINAL-Give-us-an-ad-break-media-release.pdf>

Hold My Hand and Rethink Your Drink and campaigns in South Africa

The RethinkYour Drink campaign by the DG Murray Trust (DGMT) aims to reduce alcohol-related harm in South Africa by challenging social norms that promote heavy drinking. With about 43% of alcohol consumers engaging in binge drinking, the campaign emphasises that the consequences often go beyond individuals, disproportionately impacting children through neglect, trauma, and unsafe conditions environments.

In the lead-up to the Easter holidays, Rethink Your Drink has partnered with the Hold My Hand campaign to call for safer behaviours and greater protection of children. Both initiatives stress that while holidays are typically a time for family connection, they also bring increased risks of alcohol-related incidents, including road accidents and water-related injuries.

Campaign leaders emphasise that protecting children requires collective responsibility. Mesuli Kama of Hold My Hand noted that thousands of children are born in South Africa each day and depend on safe, stable environments. This aligns



with the National Strategy to Accelerate Action for Children (NSAAC), which prioritises safeguarding children from harm, violence, and exposure to harmful substances.

To reduce risks, the campaigns encourage the public to take practical safety measures, such as avoiding drinking and driving, supervising children near water, and advocating responsible behaviour around alcohol. They also emphasise the wider issue of the "alcohol harms paradox," where disadvantaged communities face the greatest burden, highlighting the importance of both individual and societal actions change.

<https://rethinkyourdrink.co.za>

No- and low-alcohol wine sales surge 22% as US consumers embrace new drinking habits

The no- and low-alcohol wine market is expanding rapidly in the United States and worldwide. Despite this growth, about 92% of buyers of non-alcoholic drinks still purchase alcoholic beverages as well, indicating that most consumers are not quitting alcohol entirely but rather choosing their drinks according to the occasion.

This change in consumer behaviour has prompted winemakers to invest in developing no- and low-alcohol wines. A key challenge is preserving the body, texture, and complexity of traditional wine, as alcohol is vital for carrying flavours and aromas. Removing it can diminish the overall sensory experience, making it hard to replicate the qualities of standard wines.

Vinteur.com reports that to address this, producers are exploring new techniques and technologies. These include using specialised yeast strains that

produce less alcohol while enhancing flavour and mouthfeel, as well as controlling fermentation through cooling to retain sugars and aromas. More advanced methods, such as vacuum distillation, reverse osmosis, and innovative filtration systems, aim to remove alcohol while maintaining the wine's original character.

Despite technological progress, winemakers emphasise that quality starts with high-quality grapes, as the dealcoholisation process can amplify both positive and negative traits. The increasing popularity of no- and low-alcohol wines reflects shifting consumer attitudes towards health and moderation, and ongoing innovation is helping to improve their quality and diversity alternatives.

<https://www.vinetur.com/en/no-and-low-alcohol-wine-sales-surge-22-as-us-consumers-embrace-new-drinking-habits.html>

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

AIM Mission Statement

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

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