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E: info@alcoholinmoderation.com

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Please contact [Zoe@](mailto:Zoe@alcoholinmoderation.com)

alcoholinmoderation.com for

information about AIM's subscription levels and payment details.

Henk Hendriks - **Co-director**

E: henk@alcoholinmoderation.com

Creina Stockley - **Co-director**

E: creina@alcoholinmoderation.com

Alison Rees - **Editor**

E: alison@alcoholinmoderation.com

Zoe Westwood – **Finance and subscriptions**

E: zoe@alcoholinmoderation.com

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Analysis of biomarkers of low to moderate alcohol intake in the Postmenopausal Women's Alcohol Study

Epidemiological studies of the health impact of alcohol consumption have largely relied on self-reported measures of intake. Objective markers may offer more accurate measures of alcohol intake and its biological effects, potentially elucidating disease mechanisms. However, there are currently no validated biomarkers to assess low-to-moderate drinking.

To apply semi-targeted metabolomics to identify biomarkers of low-to-moderate alcohol consumption, plasma samples were collected in the Postmenopausal Women's Alcohol Study (WAS), a randomised controlled crossover feeding study.

In the study, 51 postmenopausal women were randomly assigned to consume 0, 15, or 30 g of alcohol per day (equivalent to 0, 1, or 2 drinks per day) for 8 weeks each as part of a controlled diet, with washout periods between treatments. Metabolites were measured in fasting plasma samples collected at baseline, during washout, and after treatment.

Researchers measured 1,422 substances in the blood and found that 150 had previously been linked to alcohol consumption. Alcohol consumption significantly altered the levels of 46 of these substances, including several that are directly produced when the body metabolises alcohol, as well as other compounds involved in metabolism and cell function. The greatest changes were observed in certain blood markers, which increased with higher alcohol consumption. One marker, ethyl α -glucopyranoside, showed a particularly strong relationship with alcohol intake, with levels rising dramatically as the amount of alcohol consumed increased.

The study confirmed earlier findings for 14 known alcohol-related blood markers and identified several new substances that could be used as biomarkers for low-to-moderate alcohol consumption. These biomarkers may also help researchers investigate how alcohol affects health and disease in large population studies that include detailed metabolic data.

Source: Yano, Y., Albert, P.S., Roy, S., Farhat, Z., Baer, D.J., Moore, S.C. et al. (2026) Semi-targeted metabolomics analysis of biomarkers of low to moderate alcohol intake in the Postmenopausal Women's Alcohol Study: A randomized controlled crossover feeding study. *The Journal of Nutrition*, 156(5), 101488. <https://doi.org/10.1016/j.tjnut.2026.101488>.

Moderate wine consumption, defined by the mediterranean diet, is associated with delayed biological aging in men from the Moli-sani study

Esposito, S., Di Castelnuovo, A., Costanzo, S., Gialluisi, A., Pepe, A., Ruggiero, E., De Curtis, A., Magnacca, S., Persichillo, M., Casanovas-Garriga, F., Cerletti, C., Donati, M.B., de Gaetano, G., Iacoviello, L., Bonaccio, M.

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Abstract

Background: To investigate the association between wine consumption and biological aging in the Moli-sani Study.

Methods: Dietary data were assessed using a 188-item FFQ. Participants (n = 22,495) were classified as abstainers, former drinkers, moderate drinkers according to national guidelines (≤ 250 mL/d men; ≤ 125 mL/d women) or Mediterranean Diet (MD) (125–500 mL/d men; 62.5–250 mL/d women), and heavy drinkers (> 500 mL/d men; > 250 mL/d 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.

Results: In men, wine consumption, at doses defined moderate by a current MD Score, was associated with slower biological aging (Δ age $\beta = -0.39$; 95%CI: $-0.78, -0.01$ vs. abstainers). Dose–response analyses showed a J-shaped curve, with the slowest Δ age at ~ 170 mL/d (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 aging at higher doses.

Conclusions: Moderate wine consumption, but not overall ethanol intake, may contribute to slower biological aging in men.

ISFAR Summary

This innovative study offers an approach to capture the effects of lifestyle factors, such as wine consumption, on biological age. Biological age was computed using a supervised machine-learning algorithm, a Deep Neural Network, based on 36 biomarkers reflecting the body's major physiological systems. The maximal overall difference between biological and chronological ageing was reported to be 6 years. Wine-consuming men (approximately 1.5–2 glasses

per day) were approximately 0.4 years younger in biological age than non-drinkers. Although the study considered both the quantity and pattern of wine consumption, as well as other lifestyle factors such as diet, clinical conditions, and socio-demographics, the results were inconsistent with other observations. Further research using more biomarkers, however, may help identify the lifestyle factors important in biological ageing and support a healthy, long life.

Although Forum member de Gaetano is one of the authors of this paper, neither he nor any of his colleagues contributed to this Forum critique.

Background

Ageing is a biological process characterised by the progressive accumulation of molecular and cellular damage, resulting in a gradual decline in physical and mental capacity. The global population is ageing, and by the late 2070s, those aged 65 and older are projected to reach 2.2 billion, surpassing the number of children under 18.

Biological ageing is complex and varies between individuals, making it difficult to characterise. Several definitions and methods have been developed, including questionnaires such as the SF-36 (Ware & Gandek, 1998) and the Subjective Vitality Scales (Ryan & Frederick, 1997) developed in the 1990's.

A WHO working group developed the concept of vitality (Bautmans et al., 2022) as an indicator of biological ageing, based primarily on biomarkers. However, this concept has varied across studies and has initially focused on nutrition and muscle strength, with limited validation (Chew et al., 2025). Recent evaluations of the 'vitality/biological ageing' concept indicate substantial variability in measurement tools, with most instruments assessing only one or two domains of vitality (Logvinov & Loerzel, 2026).

Over the last decades, genetic (a.o. telomere length) and epigenetic changes (a.o. DNA methylation) have been proposed as important drivers of the ageing process (Horvath & Horvath, 2013; López-Otín et al., 2023). These genetic and epigenetic changes lead to biological and metabolic alterations, which may be reflected in disease biomarkers.

Esposito et al. (2026) investigated the association between wine consumption and biological ageing in a Southern Italian population using a composite marker based on 36 circulating (blood-based) biomarkers. This approach is more comprehensive than single biomarkers, as it captures multiple physiological systems, including metabolic, cardiovascular, inflammatory, and renal pathways, thereby providing an integrated measure of whole-body physiology (Morelli et al., 2025; Tian et al., 2023; Zhang et al., 2022).

Biological age was computed using a supervised machine learning algorithm, called a Deep Neural Network (DNN) (Gialluisi et al., 2019; 2022). Using this approach, the authors found that moderate wine consumption, but not overall alcohol consumption, may contribute to slower biological ageing in men only.

Critique

The authors employ an innovative approach to examine associations between a lifestyle factor and the complex, multifactorial process of ageing. Specifically, they use artificial intelligence, a deep neural network (DNN), to estimate biological age from multiple biomarkers. While this approach is methodologically advanced, DNNs are inherently complex and function as a 'black box,' making it impossible to identify which variables drive the observed associations. As noted by the authors, both epidemiological analyses and DNN-derived estimates are based on associations and should not be interpreted causally. The model was trained on 80% of the dataset to minimise the mean squared error between chronological and predicted biological age. Performance metrics, including a Pearson correlation of 0.76 and a Nagelkerke's R^2 of 0.57, indicate moderately good predictive accuracy, suggesting that the DNN explains a substantial proportion, but not all, of the variance. However, the resulting biological age measure may lack interpretability and depend on model assumptions and training data, thereby limiting transparency and generalisability. Moreover, different modelling choices or populations may yield varying biological age estimates, raising questions about reproducibility.

The maximal overall difference between biological and chronological ageing, expressed as Δ age, was reported to be 6 years. Wine-consuming men (approximately 1.5–2 glasses per day) were approximately 0.4 years younger in biological

age than non-drinkers, suggesting that moderate wine consumption may benefit biological ageing in men. Effect sizes, however, were often small and borderline. Also, the confidence intervals were often wide and sometimes crossed the null in fully adjusted models, making clinical significance uncertain.

However, the association between moderate wine consumption and Δ age did not vary by adherence to the Mediterranean diet, which is notable given the Mediterranean diet's impact on survival (Nucci et al., 2026). The authors indicate in their discussion that "a potential mechanism may involve polyphenols contained in wine, which are implicated in reducing inflammation, oxidative stress, and improving metabolic function, all mechanisms involved in ageing, and specifically reflected in our biological age measure". The latter may be considered in contrast to the finding that adherence to the Mediterranean diet did not affect the outcome. Also, the authors suggest that polyphenols and their antioxidant and anti-inflammatory effects are reflected in their biological age measure, whereas the 36 biomarkers do not include any measure of antioxidant status and include only one inflammation marker. In addition, the use of restricted cubic splines allows modelling of non-linear associations, revealing a J-shaped relationship in which moderate wine consumption of approximately 170 mL/day for men was associated with the lowest biological ageing, providing a more nuanced analysis than simple drinker versus non-drinker comparisons.

In contrast, no differences in Δ age were observed across wine consumption patterns in women, even though the Mediterranean diet is associated with reduced mortality in both men and women (Lopez-Garcia et al., 2014). The authors attribute sex differences in alcohol-related health effects to variations in metabolism and hormones. Although this may be true, it does not fully explain the moderate effects of wine consumption on biological ageing in men versus women, since overall survival effects are similar in men and women on a Mediterranean diet. Also, the authors use the term 'biological ageing' in their paper, whereas they reference a paper on brain ageing (Cole et al., 2018), which is confusing.

Overall, this study offers an innovative approach to capturing the effects of lifestyle factors, such as wine consumption, on biological age, by considering both the quantity and pattern

of consumption and specifically whether consumption occurs at moderate levels, with meals, and as wine rather than other alcoholic beverages. The substantial data on lifestyle, diet, clinical conditions, and socio-demographics enabled extensive adjustment for confounders. Further research using epigenetic markers and refined blood-based biomarkers, however, may enhance the study of biological ageing. It may help identify the lifestyle factors important in biological ageing and help support a healthy, long life.

Specific Comments

Forum member Harding suggests that “a distinction is made in the paper between ‘moderate drinkers’ and ‘Mediterranean moderate drinkers’, the latter being moderate drinkers who also adhere to a Mediterranean diet. A Mediterranean diet is not defined in the paper, but it is in one of the references (#13, Trichopoulou et al. 2009). It is a diet characterised by a high intake of vegetables, fruits and nuts, legumes, fish and seafood, and cereals; low intake of meat and meat products and dairy products; high ratio of monounsaturated to saturated lipids; and moderate intake of ethanol.

Dietary intake for this cohort was assessed by the EPIC food frequency questionnaire, which had been ‘validated and adapted to the Italian population’ (#31, Pisani et al. 1997). The questionnaire was validated through subsequent 24-hour recall interviews conducted monthly for 12 months and urine collection every 2 months.

The Pisani paper is clear that the questionnaire was only successfully validated for alcohol consumption. For other dietary items, the agreement between the questionnaire and 24-hour recalls was poor. The discussion states,

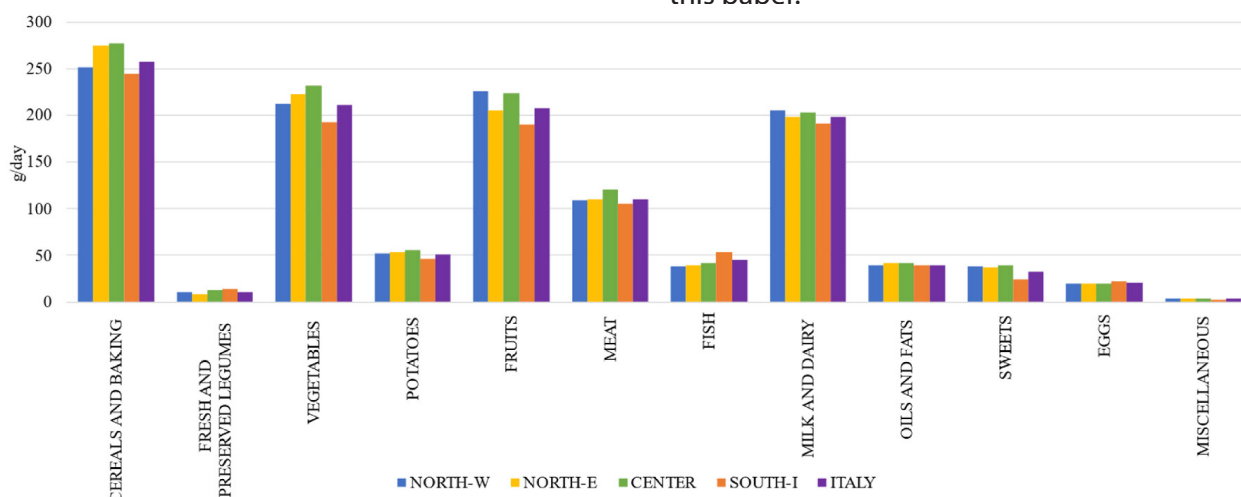
‘inaccuracy in estimating the intake of some items was expected, although quantitatively unknown’, so this came as no surprise. The response to this finding was simply to add more questions to the questionnaire.

Finding out what people actually eat and drink is notoriously difficult, but the intakes recorded by these food-frequency questionnaires do seem very wide of the mark. For example, the mean meat consumption is 87g/day for men and 84g/day for women. A study of regional food consumption in Italy (Mattarello et al. 2024) used data from the Italian National Food Consumption Survey, in which participants recorded their food and drink consumption in a three-day diary. The results overall were summarised in this graph (below).

This indicates that there is little variation across Italy’s different regions. Meat consumption is recorded as about 125g/day. Milk and dairy consumption are high, and legume consumption is very low. This is a very long way from the Mediterranean diet as described above. Also, actual per capita meat consumption in Italy is 80.96kg/year (222g/day), while in Spain it is 100.26kg/year.

For these reasons, I don’t have confidence in the findings on dietary intake in this paper, except for alcohol consumption.

Forum member Ellison writes that “this paper makes me realise how much is new and innovative in approaches for evaluating health outcomes. As someone in his 90s, I have given up trying to understand in any depth the multitude of emerging scientific approaches to methodology being developed, but I found the opening critique by the Directors of our Forum very useful for gaining some insight into the approach used in this paper.



However, I am very pleased that scientists are beginning to view biological ageing as a better approach than simply using chronological age to assess the potential effects of wine consumption on health and longevity. I look forward to many more studies using this approach.

As for the results of these analyses, a few comments. As expected, the effects on biological ageing were not seen in the youngest group of subjects (and CVD is rare at this age), but primarily in older subjects. As the authors stated, the estimated effects of wine were relatively small. This could be because the actual effects are not large, or that the 36 biomarkers used to judge the extent of biological ageing did not provide an ideal assessment of this important outcome. It will be interesting to see the results of further studies that use a variety of measures for assessing biological ageing.

The authors' Discussion postulated potential mechanisms for the lack of a demonstrated effect among women, but more extensive studies will be required to evaluate the observed differences. Further, the relationships with the separate components of the Med-Diet were interesting, as it has always been difficult to judge which of its many components are most important for their health effects. The results of these analyses suggest that, in addition to wine intake, higher vegetable and monounsaturated fat intake have greater effects on biological ageing than other dietary components. For example, in these results, the intake of milk and dairy products had essentially no effect, and there were fewer effects from the intake of cereals or fruits. Overall, the data support the advantages of the Med-Diet in terms of improving biological age."

Forum member Skovenborg have a few observations. "It is interesting that the proportion of abstainers in this cohort of 24,325 individuals from the Molise region in the Central-Southern part of Italy was 30.4% while the number of former drinkers was 3.3%. With 44.7% moderate drinkers, the number of abstainers is almost the same, and that would make it plausible that the abstainers in most ways are "normal people", which diminishes the problem of confounding factors stressed by authors like Stockwell et al. When I think of a typical Italian family, I imagine the parents eating pasta and drinking a few glasses of local wine with their meal. Is that just a romantic picture from the

past? The number of that type of "Mediterranean moderate drinkers" was only 15.7% in the Molise cohort.

A J-shaped association was observed among healthy men, while no association was observed among healthy women. According to Supplementary Figure S3c, consumption of wine between 50 ml and 500 mL per day was associated with a non-significant increase in biological ageing. This is a very disturbing result that requires a plausible explanation, none of which has been suggested by the authors. Reference #40 reported a 27% lower alcohol elimination rate (AER) in women than in men, attributable to differences in lean body mass and liver size. However, that would not explain the curve in Figure S3c.

In the study, the inverse association between wine intake and biological ageing appeared stronger in middle-aged participants, suggesting "this may reflect age-related declines in liver function and alcohol-metabolising enzymes, which slow alcohol processing." However, reference #40 found no age-related impairment of AER, and reference #42 is a flawed study. In fact, liver function and AER are robust and not affected by age, as confirmed in many studies."

Forum member Ursini states that this study by Esposito et al. (2026) investigates the relationship between wine intake and biological ageing within a large Italian cohort of 22,495 participants. The research emerges during a period of intense global debate regarding alcohol consumption. While traditional Mediterranean Diet guidelines have long considered moderate wine consumption a component of a healthy lifestyle, more recent international public health perspectives, particularly those promoted by the WHO, increasingly argue that no level of alcohol consumption can be considered entirely risk-free. Within this context, the study identifies a distinct J-shaped relationship between wine consumption and biological ageing in men. Slower biological ageing was observed among men consuming between 125 and 500 mL of wine per day, with the greatest apparent benefit occurring at approximately 170 mL daily. Importantly, this association appeared specific to wine consumption, as high total ethanol intake derived from beer or spirits was instead associated with accelerated biological ageing. The study also reported a notable gender divergence, with

no significant association observed in women. The authors suggest that this discrepancy may reflect physiological differences between sexes or lower variability in alcohol consumption patterns among women in the cohort.

A major innovation of the study lies in its use of Biological Age rather than chronological age as the primary outcome measure. Biological age was calculated using a Deep Neural Network trained on 36 circulating biomarkers, including indicators of renal function, such as creatinine and albumin, markers of glucose metabolism, and inflammatory markers, including C-reactive protein. This approach provides a more comprehensive physiological assessment than analyses relying on a single biomarker. Deep learning methods are particularly suited to modelling the complex and non-linear interactions that characterise biological systems. Nevertheless, the use of a Deep Neural Network also introduces limitations associated with the so-called “black box” problem. Although the model suggests that moderate wine consumers appear biologically younger, it does not clearly identify which physiological pathways may be responsible for this association. It therefore remains uncertain whether the observed effect is primarily related to cardiovascular function, systemic inflammation, metabolic efficiency, or other mechanisms. Additional minor limitations arise from the specificity of the cohort itself. The model was trained exclusively on the Moli-sani population, meaning that the biological ageing signatures identified may be influenced by Mediterranean dietary habits, environmental exposures, and genetic background. As a result, the findings may not be directly generalizable to populations with substantially different lifestyles or genetic profiles. Furthermore, despite the sophistication of the machine learning approach, the study remains observational in nature and therefore cannot establish causality. The possibility of healthy user bias cannot be excluded, as individuals who consume wine moderately within a Mediterranean lifestyle may also engage in other beneficial health behaviours that were not fully measured or controlled for.

Overall, the work by Esposito et al. (2026) contributes an important and technologically sophisticated perspective to the longstanding discussion surrounding the “French Paradox” and the health effects of moderate wine consumption. By applying machine learning techniques to the

study of biological ageing, the research suggests that moderate wine intake within the context of a Mediterranean dietary pattern may be associated with preservation of physiological function in men. However, the absence of clear mechanistic explanations within the Deep Neural Network model, together with the neutral findings observed in women, indicates that the results should be interpreted cautiously.”

Forum member Romano shares that “the study by Esposito et al. (2026) attempts to demonstrate that moderate wine consumption within the context of the Mediterranean diet is associated with slower biological ageing in Italian men. Although the study includes a large sample size and employs a sophisticated artificial intelligence model based on circulating blood biomarkers, its conclusions should be interpreted with considerable caution due to several methodological and conceptual limitations.

First, the study design is observational and cross-sectional, which precludes establishing causality. Although the authors acknowledge this limitation, they nevertheless formulate biological interpretations suggesting that wine consumption has protective effects. In reality, the study only identifies weak statistical associations. The main finding corresponded to approximately –0.39 years of biological age among moderate wine consumers compared with abstainers, an extremely small effect with questionable clinical relevance. Furthermore, several confidence intervals approached the null value, indicating statistical instability.

Another important concern is the potential “healthy user bias.” Moderate wine drinkers within the Mediterranean dietary pattern also showed healthier overall characteristics, including lower body mass index, higher physical activity, better socioeconomic status, and healthier dietary habits. Although the authors adjusted for multiple variables, statistical adjustment can never fully eliminate residual confounding. Consequently, the apparent protective effect may simply reflect a generally healthier lifestyle rather than wine consumption itself.

In addition, the study relied on food frequency questionnaires (FFQs), a methodology well known for introducing recall bias and underreporting, particularly regarding alcohol intake. Actual drinking behaviours, such as binge drinking or

weekly variability in alcohol consumption, were not adequately captured. This limitation is critical because alcohol-related toxicity depends not only on average intake but also on the pattern of consumption.

A further conceptual weakness is that the authors attribute potential benefits to wine polyphenols, yet do not measure specific polyphenol biomarkers or directly assess biological mechanisms. Therefore, the proposed mechanistic explanation remains speculative. Moreover, the study itself showed that total ethanol intake was not consistently associated with beneficial effects on biological ageing, partially contradicting the central hypothesis.

The article also minimises contemporary epidemiological evidence questioning the existence of safe levels of alcohol consumption. The World Health Organization explicitly states that no level of alcohol consumption can be considered completely safe. Nevertheless, the authors continue to support the classical "J-shaped curve" paradigm, which has long been criticised because of selection bias, the inclusion of former drinkers with preexisting illness among abstainers, and socioeconomic confounding.

Nevertheless, the study also presents important strengths. The analysed cohort was large and well characterised, comprising more than 22,000 participants, and the authors employed an innovative approach to estimate biological age using deep neural networks and 36 circulating biomarkers, thereby providing a modern, multidimensional methodological framework. In addition, the analyses considered numerous confounding factors and distinguished between wine and total ethanol intake, an uncommon feature in alcohol epidemiology research. These characteristics make the study a relevant contribution for generating new hypotheses regarding biological ageing and Mediterranean dietary patterns.

Finally, the external validity of the findings remains limited. The cohort consisted of adults from Southern Italy with specific cultural, dietary, and genetic characteristics. Therefore, extrapolation of these findings to other populations is methodologically questionable.

In conclusion, the study provides an interesting observation regarding associations between wine consumption and biomarkers of biological ageing;

however, it does not demonstrate that wine delays biological ageing. The observed effects are small, potentially confounded by lifestyle factors, and based on self-reported data. Consequently, the conclusions should be interpreted as exploratory hypotheses rather than sufficient evidence to recommend alcohol consumption for health purposes."

Forum member Waterhouse muses that "after reading my colleagues' comments, I see we have many, though different, concerns about the limitations of the study. I am concerned that we do not have a consensus on this report.

My personal observation is that they created a biological ageing model and then applied it to wine consumption. I would like to see the new biological ageing model vetted in some way before it is used to evaluate the impact of a dietary factor. For instance, does the model predict observable fitness, morbidity, or longevity? I agree with Forum member Ellison that this is an exciting new development that could provide new insights into health, but it seems premature to say that it provides new evidence that wine consumption is "healthy".

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- Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:
- Henk Hendriks, PhD, Independent consultant and partner of the Nutrition Consultants Cooperative, Netherlands
- Creina Stockley, PhD, MBA, Independent consultant and Adjunct Senior Lecturer in the School of Agriculture, Food and Wine at the University of Adelaide, Australia
- Richard Harding, PhD, Formerly Head of Consumer Choice, Food Standards and Special Projects Division, Food Standards Agency, UK
- R. Curtis Ellison, MD, Section of Preventive Medicine/Epidemiology, Boston University School of Medicine, Boston, MA, USA
- Erik Skovenborg, MD, specialised in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark
- Fulvio Ursini, MD, Emeritus Professor of Biochemistry, University of Padova, Padova, Italy
- Raquel Romano, PhD, Independent consultant and Professor of Applied Technology at the University of Aconcagua, Argentina
- Andrew L. Waterhouse, PhD, Professor Emeritus of Enology, Department of Viticulture and Enology, University of California, Davis, CA, USA

Alcohol consumption and cancer progression: Mechanistic insights, immune dysregulation, and public health implications

A review article published in the journal *Translational Oncology* states that alcohol consumption is a modifiable, dose-dependent risk factor that accelerates cancer initiation, progression, and therapy resistance across breast, liver, colorectal, oesophageal, and melanoma cancers.

According to the authors, alcohol metabolism generates acetaldehyde, a genotoxic metabolite that induces DNA damage and impairs repair; drives oxidative stress and hormonal imbalance, and promotes a tumour-supportive microenvironment. These effects are amplified by obesity and insulin resistance, which heighten aggressiveness and blunt treatment response. Alcohol can alter the tumour microenvironment in ways that help cancer grow and make treatments less effective. It weakens the body's immune response by reducing the ability of immune cells to recognise and attack cancer cells, while increasing the number of cells that suppress immune activity.

Alcohol also promotes ongoing inflammation and oxidative stress, which can create conditions that allow tumours to thrive. In addition, it alters the structure of tissues and blood vessels around tumours, making it harder for immune cells and cancer treatments to reach and destroy cancer cells. As a result, alcohol may reduce the effectiveness of immunotherapy, targeted therapies, and chemotherapy.

Alcohol can also disrupt the balance of bacteria in the gut, which is important for a healthy immune system and may influence how well cancer immunotherapies work. Furthermore, alcohol increases the release of tiny particles called exosomes into the bloodstream. These particles carry molecular signals that can alter immune function, encourage cancer spread, and contribute to treatment resistance. Together, these effects suggest that alcohol can create conditions that help cancers evade the immune system and become harder to treat.

The cancer risk associated with alcohol is even greater when combined with smoking, and

it increases with age as the body's ability to remove harmful substances and repair DNA damage becomes less effective. Women may be particularly vulnerable because they process alcohol differently and generally have body compositions that can lead to greater alcohol exposure.

Social and economic challenges can also delay cancer diagnosis and access to treatment, increasing the risk of poorer outcomes. To reduce alcohol-related cancer risk, prevention efforts should focus on reducing alcohol consumption, helping people quit smoking, and improving nutrition. Researchers are also exploring new biological markers, such as substances found in the blood that are linked to alcohol use, which may help identify people at higher risk and detect cancer earlier.

Although alcohol is known to increase cancer risk, more research is needed to fully understand how it affects the success of treatments such as immunotherapy and chemotherapy. Nevertheless, reducing alcohol use remains an important strategy for lowering cancer risk and improving overall health.

Source: Deshpande, R.P., Tyagi, A., & Watabe, K. (2026) Alcohol consumption and cancer progression: Mechanistic insights, immune dysregulation, and public health implications. *Translational Oncology*, 68, 102793. <https://doi.org/10.1016/j.tranon.2026.102793>.



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Low to moderate alcohol intake is not associated with increased liver stiffness or cardiometabolic risk in MASLD

Steatotic liver disease is subdivided into metabolic dysfunction-associated steatotic liver disease (MASLD), alcohol-related liver disease (ALD), and metabolic dysfunction- and alcohol-related liver disease (MetALD) based on alcohol intake. However, the diagnostic thresholds for alcohol consumption across these subgroups are debated. A study aimed to determine whether low-to-moderate alcohol consumption compatible with the diagnosis of MASLD is associated with worse cardiometabolic parameters and greater severity of liver injury.

Researchers conducted a cross-sectional analysis using data from the 2017-2018 cycle of the National Health and Nutrition Examination Survey. Demographic variables, cardiometabolic parameters, and liver health indicators were compared between groups and within MASLD individuals stratified by alcohol consumption. Of 3,628 study participants, 41.2% met the criteria for MASLD. Anthropometric parameters, including body mass index and waist circumference, as well as liver injury parameters such as liver stiffness

and transaminase values, were significantly higher in individuals with MASLD compared with those without MASLD, despite similar reported alcohol consumption in both groups. However, there was no significant difference in the severity of liver injury or the presence of cardiometabolic risk factors when MASLD individuals were subdivided into 0, 1, and 2 alcoholic drinks per day for males, and 0 and 1 drinks for females.

Low-to-moderate alcohol consumption did not increase liver injury or cardiometabolic risk among MASLD individuals. Further longitudinal cohorts are warranted, using narrower ranges for alcohol consumption, to ensure that the alcohol consumption thresholds in MASLD properly stratify risk.

Source: Altinbas, A., Biran, L., Ashkenazi, A., Lou, W., & Niranjan, V. (2026). Low to moderate alcohol intake is not associated with increased liver stiffness or cardiometabolic risk in MASLD: a cross-sectional analysis from NHANES 2017–2018. *Scandinavian Journal of Gastroenterology*, 61(5), 555–560. <https://doi.org/10.1080/00365521.2026.2632059>

Lifestyle behaviours and health span in older adults

As populations age, extending health span, or years lived in good health, is a global priority. Most evidence on healthy lifestyles and prolonged health span comes from middle-aged or comorbid populations, leaving it unclear whether benefits apply to healthy older adults. A study evaluated whether combined lifestyle behaviours are associated with disability-free survival in community-dwelling older adults.

The study included 11,287 Australian participants (median age 74 from the ASPirin in Reducing Events in the Elderly (ASPREE) study, with a median follow-up of 6.6 years. Participants received one point for adherence to each of the following lifestyle factors: Mediterranean diet, moderate physical activity, non-smoking, and moderate alcohol consumption, and were categorised as having low (0-1 factors), moderate (2 factors), or favourable (≥ 3 factors) lifestyle. The primary outcome was a composite endpoint comprising the first occurrence of death, dementia, or persistent physical disability.

Associations of lifestyle categories with the composite endpoint and its individual components were examined, alongside effect

modification by key demographic and health variables. Years gained in disability-free survival and compression of morbidity were calculated.

Compared with those with an unfavourable lifestyle, a moderate [HR 0.75 (95% CI 0.65-0.87)] and favourable [HR 0.60 (95% CI 0.52-0.70)] lifestyle were associated with a lower risk of the composite endpoint. A favourable lifestyle was associated with a 10% gain in years of health span and a moderate compression of morbidity. Associations did not differ across groups by age, sex, education, aspirin treatment, BMI, diabetes, and hypertension.

In healthy older adults, adherence to a healthy lifestyle was associated with a greater likelihood of surviving free from disability and dementia and was prospectively linked with a prolonged health span and a compression of morbidity, highlighting its potential importance in promoting healthy ageing.

Source: Robb, C., Carr, P.R., Ball, J., Pilekhina, G., Clayton-Chubb, D., George, E.S. et al. (2026). Association of combined lifestyle behaviors with healthspan in older adults. *Journal of the American Geriatrics Society*, 1–12, <https://doi.org/10.1111/jgs.70426>

Reassessing alcohol consumption and cardiovascular disease by addressing bias in observational data

The authors of a paper in the *European Journal of Preventive Cardiology* state that the relationship between alcohol and cardiovascular disease (CVD) remains contentious. Several observational studies have reported cardioprotective associations, whereas Mendelian randomisation studies have found null or harmful effects of moderate drinking. Biases, including abstainer misclassification and sick-quitter effects, may obscure true associations. It is widely understood that former drinkers are often sick quitters. However, removing former drinkers from analyses addresses bias in the abstainer group but fails to account for induced survivorship among current drinkers. A study sought to determine whether adjusting for biases altered the association between alcohol and CVD by comparing conventional models with those using (1) occasional drinkers as the reference group instead of lifetime abstainers and (2) intention-to-treat (ITT) reallocation of former drinkers based on past drinking patterns.

The Multi-Ethnic Study of Atherosclerosis (MESA) is a prospective cohort of 6,814 participants aged 45-84 years, recruited between 2000 and 2002 without baseline CVD. 6,755 participants were included after excluding those with missing data. Alcohol consumption was self-reported and classified as lifetime abstainer, former, or current drinker (occasional [≤ 1 drink/week], light [2-7 drinks/week], moderate [8-14 drinks/week], heavy [> 14 drinks/week]). Outcomes included Coronary Artery Calcium (CAC) (0, 1-100, 101-300, and > 300),

and clinical events (MI, stroke, cardiovascular mortality, composite MACE, and heart failure).

Of 6,755 participants, 20.6% were lifetime abstainers, 24.1% former drinkers, and 55.3% current drinkers. Adjusting for biases altered the observed relationship between alcohol and CVD, showing increased harm with light drinking, decreased protection with moderate drinking, and a dose-response relationship between alcohol and CAC, particularly CAC > 300 in adjusted models. Protective associations between moderate drinking and MI (HR: 0.64, 95% CI: 0.38-1.06) and cardiovascular mortality (HR: 0.81, 95% CI: 0.53-1.25) were attenuated and became non-significant. Light drinking shifted from null to increased risk for MI (HR: 1.46, 95% CI: 1.11-1.92), stroke (HR: 1.54, 95% CI: 1.17-2.03), MACE (HR: 1.33, 95% CI: 1.12-1.57), and heart failure (HR: 1.42, 95% CI: 1.10-1.84).

Associations between alcohol and CVD in observational studies are sensitive to methodological variation. Results from models correcting for abstainer/sick-quitter biases may help explain discrepant results from previous studies.

Source: Srivatsa, S., Farkouh, E.K., Stockwell, T. Pike, J.R., Clay, J.M., Bey, G.S. et al. (2026) Reassessing alcohol consumption and cardiovascular disease by addressing bias in observational data: results from the multi-ethnic study of atherosclerosis, *European Journal of Preventive Cardiology*, zwag201, <https://doi.org/10.1093/eurjpc/zwag201>

Health effects associated with alcohol consumption: a Burden of Proof study

The relationship between alcohol and health is complex, and evidence linking alcohol consumption to cardiovascular diseases, cancers and other conditions is evolving. Moreover, drinking guidelines vary widely. Researchers conducted 16 systematic reviews across four databases and conservatively re-evaluated dose-response relationships between alcohol consumption and 20 health outcomes, analysing 843 cohort and case-control studies using the Burden of Proof meta-analytic framework.

The study found that current alcohol consumption is associated with increased risk of cancers of the breast, colorectum, oesophagus, larynx, lip and oral cavities, pharynx, liver, stomach, pancreas and prostate, as well as pancreatitis, cirrhosis and

other chronic liver diseases, lower respiratory infections, tuberculosis, and atrial fibrillation and flutter.

J- or U-shaped relationships were observed between alcohol consumption and type 2 diabetes, Alzheimer's disease and other dementias, ischaemic heart disease, ischaemic stroke and haemorrhagic stroke. While potential health impacts at low-to-moderate levels varied by outcome, high levels of alcohol consumption were associated with increased risk across all outcomes.

Source: Dai, X., Nicholson, S.I., Lawlor, H.R. Carr, S., Steinmetz, J.D., Chen, N.M. et al. (2026) Health effects associated with alcohol consumption: a Burden of Proof study. *Nature Health*. <https://doi.org/10.1038/s44360-026-00139-5>

Methodological bias and selective reporting of effects shape evidence on alcohol and cardiovascular health

In 2023, following a review concluding that methodological shortcomings are mainly responsible for reported beneficial health effects of alcohol, public health institutions recommended abstaining from drinking. Yet reports of health benefits from moderate drinking persist. A team of researchers aimed to explore whether known sources of bias and distortion were accounted for in the underlying analyses.

In a systematic literature review, papers on associations between alcohol consumption and all-cause mortality and cardiovascular outcomes published between January 2023 and July 2025 were identified. Study population and analysis characteristics were described, and the acknowledgement and addressing of relevant methodological issues were examined.

Five of eight studies reported protective effects of low or moderate alcohol intake, while three reported less positive effects. Studies showing protective effects used non-drinkers or lifetime abstainers as reference categories, which are known to be prone to misclassification and bias. Only one study discussed methodological issues,

and none applied any method to assess or mitigate potential distortion. Reported hazard reductions of 40% for cardiovascular outcomes after minimal exposure (<1 glass/week) compared with non-drinkers seem implausible. In analyses showing less benefit, non-drinking participants were excluded or Mendelian Randomisation methods were used to account for residual confounding. Some analyses allowed reporting of beneficial or harmful effects.

Beneficial health effects of low alcohol consumption were largely due to methodological negligence, as misclassification, bias or residual confounding remained unaddressed. When authors selectively decide what to report as the main result, their responsibility towards public health is high to prevent the spread of misleading messages.

Source: Stolpe, S., Schlöbler, K., Vollmar, H.C., & Kowall, B. (2026) The illusion of healthy drinking: Methodological bias and selective reporting of effects shape evidence on alcohol and cardiovascular health. *Public Health*, Volume 256, 106331. <https://doi.org/10.1016/j.puhe.2026.106331>

Sex-specific disparities in alcohol-associated liver disease and cancers

Alcohol consumption is a known risk factor for liver disease and cancers; however, sex-specific susceptibilities and biological mechanisms linking various dimensions of alcohol intake to alcohol-associated liver disease (ALD) and cancers remain poorly understood.

Researchers analysed 365,966 participants from the UK Biobank to evaluate hazard ratios (HRs) for alcohol dose, frequency, and pattern in relation to ALD and alcohol-related cancers. In a representative subcohort (n = 38, 328), plasma proteomic profiling (2911 proteins) was conducted to identify sex-specific biological drivers.

Over a median 13.8-year follow-up, every 70 g/week increment in alcohol intake was associated with a disproportionately higher risk of ALD in females (HR = 1.21, 95% CI: 1.19-1.23) than in males (HR = 1.06, 95% CI: 1.06-1.06). At 200 g/week, females had a 2.8-fold higher risk of ALD than males. Females also showed greater vulnerability to oesophageal cancer at higher intake levels. Daily drinking and drinking without meals significantly amplified risks across both sexes. Researchers identified carcinoembryonic antigen-related cell adhesion molecule 16 (CEACAM 16) as the strongest shared biological

link between alcohol consumption and alcohol-related liver disease (ALD) in both men and women. This protein appeared to account for a meaningful proportion of the relationship between alcohol use and liver disease.

The study also found important differences between the sexes. In men, alcohol-related biological changes were mainly linked to inflammatory pathways, suggesting that excessive immune activity may play a key role in liver damage. In women, the main pathways were related to maintaining healthy cells and tissue structure, indicating that alcohol may affect liver health through different biological mechanisms.

This study provides epidemiological and proteomic evidence that sex significantly modifies alcohol-induced health risks, warranting the implementation of sex-stratified guidelines and clinical screening for alcohol-associated diseases.

Source: Fang, L., Zhao, J., Liu, G., Shi, Y., Zeng, H., Ding, Z., et al. (2026) Sex-specific disparities in alcohol-associated liver disease and cancers: Insights from a large, prospective cohort and plasma proteomics. *Cancer Epidemiology*, 103, 103129. <https://doi.org/10.1016/j.canep.2026.103129>

Alcohol consumption and age-specific risk of oesophageal cancer

China accounts for more than 40% of new global cases and deaths from oesophageal cancer and has a relatively high rate of past-year alcohol use, reaching up to 27%. The incidence and risk factors of oesophageal cancer show marked age-related variation; however, the impact of alcohol consumption on the risk of oesophageal cancer across different age groups remains poorly understood. A study investigated age-specific associations between alcohol consumption and the risk of oesophageal cancer.

Using data from the China Kadoorie Biobank, a large-scale, nationwide prospective cohort study, an analysis was conducted of 489,664 adult participants aged 30 to 79 years enrolled at baseline between 2004 and 2008. Age-specific incidence rates of oesophageal cancer per 100,000 person-years were calculated, and associations between alcohol consumption and risk were assessed, stratified by age group.

In the study cohort, incidence rates of oesophageal cancer consistently increased with higher frequency of alcohol consumption across all age groups younger than 70 years. The association exhibited an age-specific pattern: within each age group, the rate ratio for weekly versus never drinkers was highest in the youngest group (rate

ratio 8.31 for the 30-49- year age group) and declined with age; across age groups, among weekly drinkers, the incidence rate increased sharply from the 30-49- year to the 50-54- year age group (rate ratio 2. 81). Within each age group, compared with never drinkers, the adjusted hazard ratios for weekly drinkers decreased progressively with age group, from 4.06 (95% CI 2. 73-6. 02) in adults aged 30-49 years to 3. 17 (95% CI 2. 34-4. 30), 2. 88 (95% CI 2. 20-3. 77), 2. 36 (95% CI 1. 78-3. 14), 2. 25 (95% CI 1. 69-3. 00), and 1. 61 (95% CI 1. 15-2. 25) in those aged 50-54, 55-59, 60-64, 65-69, and 70-74 years, respectively.

The study authors say their findings highlight a potential age-modifying effect of alcohol consumption on the risk of oesophageal cancer, with a strong relative risk observed in young adults and a marked acceleration during the transition to midlife. This underscores the need to develop age-specific public health strategies to reduce alcohol use and to strengthen screening and intervention efforts to reduce the burden of oesophageal cancer.

Source: Yang, Y., Xing, X., Qin, Z., Han, C., & Zhu, H. (2026) Alcohol consumption and age-specific risk of oesophageal cancer: prospective cohort study. *JMIR Public Health Surveillance*, 12, e92949. <https://doi.org/10.2196/92949>

Early alcohol initiation and Parkinson's disease risk

Observational evidence linking alcohol consumption to Parkinson's disease (PD) is inconsistent, possibly because conventional analyses do not account for the long latency between alcohol initiation and clinical onset or diagnosis. A study investigated whether latency-aware modelling altered alcohol-PD associations and whether earlier initiation increased lifetime risk.

Researchers analysed data from two large community studies in Taiwan to examine the long-term relationship between alcohol consumption and Parkinson's disease (PD). Traditional statistical methods suggested that drinkers had a lower risk of PD. However, when the long delay between alcohol exposure and disease development was accounted for, alcohol use was linked to a higher risk of PD. The increased risk appeared decades after drinking began and was greatest among those who started drinking at a younger age. Smoking appeared to shorten the time between alcohol exposure and the onset of PD. Results from the second, larger study supported these findings,

showing that Parkinson's disease occurred more often in drinkers than non-drinkers, particularly at older ages.

When the timing of alcohol use and the long delay between exposure and disease development were taken into account, the previously observed suggestion that alcohol might be protective disappeared. Instead, the findings indicated that alcohol use was associated with a higher lifetime risk of developing Parkinson's disease (PD), especially among people who started drinking at a younger age. These results suggest that considering the timing of alcohol exposure and the long-term effects of drinking may provide a more accurate understanding of how alcohol influences Parkinson's disease risk and could help guide future prevention efforts.

Source: Chang, J.-C, Yen, A.M.-F., Chen, S.L.-S., Liou, H.-H., & Chen, T.H.-H. (2026) Early alcohol initiation is associated with higher lifetime Parkinson's disease risk after accounting for exposure latency. *Journal of Parkinson's Disease*. <https://doi.org/10.1177/1877718X261453796>

A review of the relationship between dimensions of alcohol consumption and the burden of disease: 2026 update

Evidence on the causal impact and risk relationships between dimensions of alcohol consumption and health outcomes continues to evolve, with some contradictory findings across study designs. A review published in the journal *Addiction* aimed to update current knowledge on causality and risk relationships to inform global and national comparative risk assessments for alcohol.

Fully alcohol-attributable conditions were identified using International Classification of Diseases (ICD) 10th and 11th revision codes. ICD-11 provides more detailed categories, defining 62 fully alcohol-attributable conditions compared with 48 in ICD-10. A scoping review was conducted of meta-analyses of cohort studies on average consumption and health outcomes (56 reviews), a systematic review of Mendelian randomisation (MR) studies on alcohol and ischaemic heart disease (IHD; 20 studies), and narrative syntheses on injuries, biological pathways, and reversibility of effects.

Meta-analyses support monotonic, increasing dose-response relationships between average consumption and most attributable health outcomes across infectious diseases, cardiovascular diseases, cancers, and digestive diseases. Relationships are J-shaped for IHD, ischaemic stroke, and type 2 diabetes, with lower risk at low-to-moderate consumption (generally only without

heavy episodic drinking). For dementia, heavy drinking is harmful, and among non-heavy drinkers, relationships are age-specific. MR evidence for IHD largely suggests null or harmful relationships, but only three studies tested non-linear effects.

The researchers state that the overall synthesis indicates that current MR evidence is insufficient to refute a J-shaped relationship for IHD. Injury risk is driven primarily by acute intoxication and includes substantial harm to others. Acute risks are reversible with reductions in drinking or abstinence, whereas many chronic disease processes are only partly reversible.

Epidemiological evidence to inform comparative risk assessments for alcohol is comprehensive but prone to major limitations. Triangulation, alongside biological plausibility, can strengthen synthesis across cohort and Mendelian randomisation studies, and the target trial framework can help future studies avoid design-induced biases. Comparative risk assessments with ischaemic heart disease should, at this point, prioritise evidence from cohort studies.

Source: Carr, S., Espinosa Dice, A.L., Gmel, G.E.Sr., Hassan, A.S., Shield, K.D., & Rehm, J. A. (2026) A review of the relationship between dimensions of alcohol consumption and the burden of disease: 2026 update including Mendelian randomisation studies. *Addiction*. <https://doi.org/10.1111/add.70435>

Chronic alcohol consumption disrupts the gut microbial and metabolic landscapes

Alcohol use disorder (AUD) increases the incidence of infections, organ damage, and cancers. One reason for these health problems may be chronic inflammation caused by long-term alcohol use. Previous research has shown that chronic alcohol consumption (CAC) can alter important immune cells, macrophages and monocytes, making them more likely to trigger excessive inflammatory responses.

Researchers used a non-human primate model of ethanol self-administration to characterise alcohol-induced alterations in gut microbes and associated metabolomes. The microbiome was analysed using 16S rRNA sequencing, and changes in metabolites were assessed.

After 12 months of alcohol use, the researchers found lower levels of beneficial gut bacteria that normally produce short-chain fatty acids (SCFAs), along with reduced levels of these important

compounds. Because SCFAs help maintain a healthy gut lining, their reduction may weaken the intestinal barrier and make it easier for harmful substances to enter the bloodstream. The study also identified other changes consistent with increased inflammation in the body.

These findings suggest that long-term alcohol consumption disrupts the normal balance of gut bacteria, leading to changes in important substances in the gut and bloodstream. These changes may alter the behaviour of monocytes, a type of immune cell, causing them to become overactive or function abnormally.

Source: Blanton, M.B., Napier, E.G., Keen, K.E., Stuart, E.V., Cinco, I.R., Hemati, H., et al. (2026) Chronic alcohol consumption disrupts the gut microbial and metabolic landscapes. *Frontiers of Microbiology*, 17, 1794794. <https://doi.org/10.3389/fmicb.2026.1794794>

Alcohol consumption and risk of atrial fibrillation

Despite well-established evidence linking alcohol consumption to an increased risk of atrial fibrillation (AF), a clear threshold for safe intake remains undefined. Most clinical guidelines recommend abstinence or moderation but lack specificity regarding quantitative limits and evidence-based thresholds for the primary prevention of AF. Researchers reviewed and combined results from multiple studies to assess whether different levels of alcohol consumption affect the risk of developing AF.

Participants were grouped by typical daily intake: no intake, very low (<12 g/day), low (12.1-24 g/day), moderate (24.1-48 g/day), high (48.1-60 g/day), and very high (>60 g/day). The researchers compared the risk of AF in each drinking group with the risk in people who did not drink alcohol. They also used advanced statistical methods to synthesise data across studies and compare all drinking levels simultaneously. Overall, they estimated how alcohol consumption influenced the likelihood of developing AF and examined whether the relationship differed between men and women.

Twenty-six studies with nearly 15 million participants were included. Compared with people who did not drink alcohol, those who consumed very high amounts had a 75% higher

risk of developing AF. In contrast, people who drank less than 48 grams of alcohol per day generally had a slightly lower risk of AF, with the lowest risk seen among those who drank less than 12 grams per day.

Participants were followed for an average of about 6.4 years. Additional analyses that combined and compared all levels of alcohol consumption supported these findings, showing that very heavy drinkers had a significantly higher risk of AF than those who drank low, moderate, or high amounts. Similar patterns were observed in both men and women.

Alcohol consumption is associated with a nonlinear, threshold-dependent relationship with incident AF. While low-to-moderate intake may not increase AF risk, intake beyond 60 g/day significantly increases AF risk. These findings suggest that a more liberal approach to alcohol consumption, particularly at low-to-moderate levels, may be reasonable in the general population, although further prospective studies are needed to confirm causality and refine individual risk stratification.

Source: Asad, Z.U.A., Jafry, A.H., Akbar, U., Beard, C., Khan, J.A., Krishan, S. et al. (2026). Alcohol consumption and risk of atrial fibrillation: a pairwise and network meta-analysis, EP Europace, euag111, <https://doi.org/10.1093/europace/euag111>

Changes in alcohol consumption and their association with lipid profiles among Korean adults

Alcohol consumption influences lipid profiles and cardiovascular risk; however, the longitudinal effects of changes in drinking behaviour on serum lipid levels remain unclear. A study evaluated associations between alcohol initiation and cessation and changes in lipid profiles among Korean adults.

Researchers analysed data from the community-based Korean Genome and Epidemiology Study (KoGES), including adults aged 40-69 years. Changes in low-density lipoprotein cholesterol (LDL-C), high-density lipoprotein cholesterol (HDL-C), triglycerides, and total cholesterol were assessed across follow-up visits. Associations between changes in alcohol intake-initiation, cessation, and average number of standard drinks per day-and lipid changes were estimated, adjusted for demographic, lifestyle, and clinical factors.

Compared with individuals who remained non-

consumers, alcohol initiation was associated with increased HDL-C levels ($\beta = 1.07$; 95% CI, 0.60 to 1.55), with no significant change in LDL-C. Compared with continued consumers, alcohol cessation was associated with decreased HDL-C ($\beta = -2.37$; 95% CI, -3.80 to -1.94), triglycerides ($\beta = -2.92$; 95% CI, -5.81 to -0.02), and total cholesterol ($\beta = -2.30$; 95% CI, -3.80 to -0.79). Each one-standard drink/day increase was associated with higher HDL-C ($\beta = 0.94$; 95% CI, 0.51 to 1.36) and lower LDL-C ($\beta = -0.87$; 95% CI, -1.68 to -0.05).

Alcohol initiation and cessation were associated with distinct lipid changes, highlighting metabolic implications of drinking patterns and supporting moderation in alcohol consumption.

Source: Park, S., & Park, B. (2026). Changes in alcohol consumption and their association with lipid profiles among Korean adults aged 40-69 years: the Korea Genome and Epidemiology Study. Nutrition, Metabolism and Cardiovascular Diseases, 36. <https://doi.org/10.1016/j.numecd.2026.104643>

Medical research by publication date

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

Semi-targeted metabolomics analysis of biomarkers of low to moderate alcohol intake in the Postmenopausal Women's Alcohol Study: A randomized controlled crossover feeding study. Available online 21 March 2026

Changes in alcohol consumption and their association with lipid profiles among Korean adults aged 40-69 years: the Korea Genome and Epidemiology Study. Available online 27 February 2026

Alcohol consumption and cancer progression: Mechanistic insights, immune dysregulation, and public health implications. Available online 29 April 2026

Chronic alcohol consumption disrupts the gut microbial and metabolic landscapes. Published May 2026

Low to moderate alcohol intake is not associated with increased liver stiffness or cardiometabolic risk in MASLD: a cross-sectional analysis from NHANES 2017-2018. Available online 6 May 2026.

Association of combined lifestyle behaviours with healthspan in older adults. Published 07 May 2026

Reassessing alcohol consumption and cardiovascular disease by addressing bias in observational data: results from the multi-ethnic study of atherosclerosis. Published 09 May 2026

The illusion of healthy drinking: Methodological bias and selective reporting of effects shape evidence on alcohol and cardiovascular health. Available online 13 May 2026

A review of the relationship between dimensions of alcohol consumption and the burden of disease: 2026 update including Mendelian randomisation studies. Published 13 May 2026

Alcohol consumption and risk of atrial fibrillation: A pairwise and network meta-analysis. Published 15 May 2026

Genetic and epidemiological analyses of alcohol consumption patterns and age-related macular degeneration risk among current drinkers: a role for TNFRSF10A

Early alcohol initiation is associated with higher lifetime Parkinson's disease risk after accounting for exposure latency. Available online 25 May 2026

Health effects associated with alcohol consumption: a Burden of Proof study. Published 01 June 2026

Sex-specific disparities in alcohol-associated liver disease and cancers: Insights from a large prospective cohort and plasma proteomics. Available online 2 June 2026

Alcohol consumption and age-specific risk of oesophageal cancer: prospective cohort study. Published 03 June 2026.

A longitudinal study of binge drinking in Asian and Latinx immigrant youth in the US

Alcohol consumption is a significant public health concern in the US, increasingly affecting racial and ethnic minority youth. A study examined binge drinking from adolescence to adulthood among Asian and Latinx Americans, using three waves of Add Health data and a mixed-effects modelling approach. Nativity and gender were used as key moderating variables.

Guided by the acculturative risk framework, which posits that immigrants' healthier behavioural profiles diminish with longer US residence, the findings offer only partial support for this hypothesis but provide stronger evidence for selection effects. Immigrants reported lower binge

drinking rates than their US-born counterparts. While some acculturative risk was observed (e.g., English use among Latinx individuals), most immigrant groups maintained healthier profiles. Notably, immigrant females, particularly within the Latinx group, exhibited the flattest binge drinking trajectories, highlighting gender as a fundamental indicator of selective retention of alcohol consumption among US immigrants.

Source: Ahmmad, Z. (2026) Acculturative risk or selective retention? A longitudinal study of binge drinking in Asian and Latinx immigrant youth. *Journal of Migration and Health*, 13, 100415. <https://doi.org/10.1016/j.jmh.2026.100415>

Alcohol-cancer risk communication on social media: A content analysis of alcohol-related Instagram and TikTok posts

Despite consistent evidence linking alcohol use to cancer risk, awareness of the alcohol-cancer link remains low among American adults. Given the growing prominence of social media as a health information source, a study systematically examined samples of alcohol-related Instagram and TikTok posts to identify mentions of the alcohol-cancer link and characterise post content.

Researchers collected public Instagram and TikTok posts tagged with alcohol-related hashtags such as #alcohol, #beer, #wine, #liquor, and #cocktail. Two independent coders reviewed samples of these posts and developed a coding framework to identify key themes. The analysis focused on content featuring intoxication, binge drinking, alcohol promotion by influencers, alcohol products, and posts targeting specific audiences.

Across both platforms, only one post, a TikTok video, mentioned the link between alcohol use and increased cancer risk. Posts often portrayed

alcohol positively and treated beverages with high alcohol content as single drinks. 48.6% of Instagram posts were from commercial entities, and 69.7% featured an alcohol product. 68.1% of TikTok posts were from influencers, 52.7% were comedic, and 24.7% referenced intoxication, binge drinking, or high-intensity drinking.

Cancer risk communication is largely absent from Instagram and TikTok posts, which often portray alcohol use in a positive light. Social media is a critical yet underutilised channel for disseminating public health information about the alcohol-cancer link. Content analyses can inform strategic, audience-tailored messaging to improve public awareness.

Source: Alejandro, J., Mair, C., Coulter, R.W.S., Chu, K.-H., Pierce, A., Sawicki, K. et al. (2026) Alcohol-cancer risk communication on social media: A content analysis of alcohol-related Instagram and TikTok posts. *Alcohol: Clinical and Experimental Research*, 50, e70260. <https://doi.org/10.1111/acer.70260>

LGBTQ+-Targeted alcohol marketing in a midwestern US City: Retail practices that may reinforce health disparities

In the USA, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) populations experience alcohol use-related disparities, which may be influenced by targeted marketing by the alcohol industry. A group of researchers assessed point-of-sale (POS) LGBTQ+-targeted marketing strategies used by alcohol companies and retailers in a Midwestern US city to inform future studies examining the effect of culturally targeted alcohol marketing on perceptions and use among LGBTQ+ adults.

In June 2023, researchers audited 24 stores in neighbourhoods that, anecdotally, serve LGBTQ+ communities in Columbus, Ohio. Each retailer was audited twice. Data captured in photographs taken during audits of alcohol displays and products were coded.

Of the twenty-four retailers audited, 14 (58.0%) offered LGBTQ+-targeted alcoholic products. Of these 14, 64.3% (n = 9) featured a Pride-themed display that included alcohol. "Pride/Proud" was the most prominent descriptor in displays

(53.5%) and products (55.6%). All displays and products used rainbow or Pride flag imagery. Brand partnerships were also featured in displays (22.3%) and products (33.3%). Alcohol products were often described as "fruity" (26.7%) and "limited edition" (26.7%).

POS-targeted marketing remains prevalent in the digital age. Alcohol brands use POS marketing strategies that may reinforce health disparities within and across LGBTQ+ communities. Given the history of targeted marketing towards this demographic, regulatory bodies should consider how LGBTQ+-targeted alcohol marketing may disproportionately affect alcohol use and alcohol-related health outcomes.

Source: Ennis, A.C., Stanwick, M., Willett, C., Bader, K., Jankowski, E., Elson, E., et al. (2026) LGBTQ+-Targeted alcohol marketing in a midwestern U.S. city: Retail practices that may reinforce health disparities. *Journal of Studies on Alcohol and Drugs*, 87(2), 241-248. <https://doi.org/10.15288/jsad.24-00318>

Explaining the declining trend in adolescent drunkenness between 2002 and 2022 across 46 countries

Using Diffusion of Innovations Theory, academics investigated whether countries with higher innovation capacity reached earlier tipping points (the shift from increasing to decreasing drunkenness) and steeper declines in adolescent drunkenness (2002–2022). Innovation capacity likely facilitates these shifts through knowledge generation, policy implementation, and norm diffusion.

Trends in adolescent drunkenness were examined across 46 countries using six cross-sectional school-based survey waves from the international HBSC study (N = 319,843 15-year-olds). Data were supplemented with country-level measures of innovation capacity, per capita GDP, and Gini coefficients. Cross-level interactions between innovation capacity and linear and quadratic time trends in the frequency of adolescent drunkenness were tested.

Significant small-to-moderate cross-level interactions were found. Countries with high innovation capacity showed immediate linear declines that flattened or shifted upwards by 2022.

Countries with low innovation capacity displayed an inverted U-shaped trend in the early 2000s, with a later tipping point. A steeper linear decline was observed for countries with higher (vs. lower) innovation capacity from their respective tipping point onwards.

Innovation capacity may accelerate the adoption and diffusion of healthier behaviours by translating health evidence into effective policy, parenting, and norms more rapidly. While countries with high innovation capacity showed earlier declines, their initially higher levels of drunkenness may have created greater urgency for action. These countries are expected to reach peaks earlier and see faster subsequent reductions in future alcohol-related health care needs, though the possible recent trend reversal warrants close monitoring.

Source: Schelleman-Offermans, K., Kuntsche, E., de Looze, M.E., Stevens, G.W.J.M., Vieno, A., & Bosma, H. (2026) Using the Diffusion of Innovation Theory to explain the declining trend in adolescent drunkenness between 2002 and 2022 across 46 countries, *Social Science & Medicine*, 399, 119162. <https://doi.org/10.1016/j.socscimed.2026.119162>.

How often we see alcohol in movies: A systematic review and meta-analysis

Exposure to alcohol portrayals in films has been linked to increased alcohol use. Although several studies have examined the prevalence and frequency of such portrayals, a systematic synthesis of this evidence is lacking. A review estimated the pooled proportion of films that portrayed alcohol and the average frequency of such portrayals per film.

Systematic searches were conducted across three major databases (MEDLINE, PsycINFO, and Web of Science). A meta-analysis of 20 studies found that 84.0% of films portrayed alcohol at least once (95% CI: 78.0-89.0). 24.0% (95% CI: 16.0-33.0) of 5-minute film segments portrayed alcohol. The pooled estimate of the mean number of alcohol portrayal scenes per film was 21.3 (95% CI: 3.7-46.4), and alcohol was portrayed on screen for 263.1 s per film (95% CI: 184.5-341.7). Narrative synthesis showed that most studies were conducted in the United States, the majority employed cross-sectional content analysis designs, and operationalisation

of alcohol portrayals varied, with most reporting presence and frequency metrics, while additional features such as branding or valence were inconsistently measured.

Media consumption, especially films, has proliferated and diversified in recent decades due to the rise of smart devices and online streaming platforms. The study found that the vast majority of films portrayed alcohol, and such portrayals were frequent. Given the well-established link between on-screen alcohol portrayal and subsequent drinking behaviours, the study authors say that policy should aim to target alcohol portrayal in films (i.e., include alcohol portrayal when classifying films and ban alcohol product placement).

Source: Salim, S.P., Alen, G.D., Kuntsche, E., He, Z., & Riordan, B. (2026) How often we see alcohol in movies: A Systematic review and meta-analysis. *International Journal of Drug Policy*, 151, 105246. <https://doi.org/10.1016/j.drugpo.2026.105246>

A content analysis of how alcohol brands in Australia and Aotearoa New Zealand promote zero alcohol products

The rapid expansion of zero-alcohol products (ZAPs) and associated marketing is of growing public health interest. Investigating marketing approaches can inform policy responses to this emerging issue.

Researchers conducted a content analysis of marketing campaigns by alcohol-branded ZAPs in Australia and Aotearoa New Zealand (NZ), using publicly available information to identify alcohol-branded ZAPs available in each country; collect information on marketing campaigns for each product; collect marketing assets; and identify campaign strategies.

13 alcohol-branded ZAPs were identified in Australia and six in NZ, promoted in 20 and 10 marketing campaigns, respectively, between 2018 and 2024. Mateship/friendship was the most common strategy, present in 80% of campaigns. 63% of all campaigns promoted the product in the context of new drinking occasions (e.g., at the

gym, while driving). Benefits of ZAP use included providing a viable alcohol alternative (73% of campaigns), taste (47%), fitness/health (27%) and productivity (23%).

This study provides evidence from Australia and NZ that alcohol-branded ZAP marketing campaigns promote novel drinking occasions, adding to concerns raised by public health professionals. Stronger community protections for alcohol marketing, including marketing of ZAPs that share branding with alcoholic products, are warranted. Established alcohol brands appear to be using ZAP marketing campaigns to also promote alcohol branding in new drinking contexts.

Source: Keric, D., Edwardes, F., Stafford, J., Harrison, N.J., Mandzufas, J., Bartram, A. & Pettigrew, S. (2026). Brand sharing and new drinking occasions: A content analysis of how alcohol brands in Australia and Aotearoa New Zealand promote zero alcohol products. *Drug and Alcohol Review*, 45(4), e70148, <https://doi.org/10.1111/dar.70148>.

Impact of later trading hours for bars and clubs on alcohol-related ambulance call-outs and crimes in Scotland: a controlled interrupted time series study

Alcohol-related harms are prevalent late at night, especially on weekends, when high levels of intoxication contribute to higher rates of injury and violence. Extending or reducing late-night trading hours in bars and clubs is generally associated with increased or reduced harms, respectively.

A study evaluated the impact of later trading hours in the Scottish cities of Aberdeen and Glasgow on alcohol-related ambulance call-outs and crimes. Under local policy changes, 38 bars in Aberdeen had trading hours extended by 1–3 h, with closing times up to 3am, and 10 nightclubs in Glasgow had a 1-h extension to 4am.

Using a natural experiment evaluation framework, researchers applied a controlled interrupted time series design to compare outcomes before and after policy changes, from May 2015 to March 2020. The primary outcome was the count of weekend night-time alcohol-related ambulance call-outs. Secondary outcomes included weekend night-time crimes.

In Aberdeen, the policy led to a significant relative increase of 11.4% in alcohol-related ambulance call-outs and 8.5% in reported crimes at weekend night-times, compared with Edinburgh (control). Findings were not significant or robust across analyses for Glasgow.

Later trading hours had a significant negative impact on alcohol-related ambulance call-outs and reported crimes in Aberdeen (where more premises had longer extensions) but not in Glasgow, suggesting that the number, capacity and type of premises moderated outcomes. This is important for the design of future national and local licensing policies and regulations.

Source: Sheikh, N., Lewsey, J., Henriques-Cadby, I., Angus, C., Manca, F., Haghpahan, H, et al. (2026) Impact of later trading hours for bars and clubs on alcohol-related ambulance call-outs and crimes in Scotland: a controlled interrupted time series study. *BMJ Public Health*, 4, e003722. <https://doi.org/10.1136/bmjph-2025-003722>

Analysis of industry framings of partnership and conflict of interest in WHO public consultations on alcohol policy

In the *Journal of Studies on Alcohol and Drugs*, researchers report that strong commitments to engaging the private sector in governance, coupled with limited attention to managing conflicts of interest (COIs), have enabled alcohol industry actors to participate in policy development. This is recognised as a key barrier to developing effective alcohol policy and as important to the industry's efforts to position itself as a contributor to sustainable development. Their article examines alcohol industry perspectives on governance, particularly partnerships and COIs, as expressed in submissions during the development of the World Health Organization (WHO) Global Alcohol Action Plan.

Their research was a frame analysis of 111 submissions from alcohol industry actors to two public consultations held during the development of the WHO Global Alcohol Action Plan 2022–2030. Alcohol industry actors engaged with two broad frames in their submissions, collaborative and adversarial. Industry submissions overwhelmingly used the collaborative frame, positioning the

alcohol industry as a partner by claiming alignment with policy goals and by referencing forms of governance that prioritise industry involvement. Respondents also engaged with a contrasting adversarial frame, most commonly articulated by public health actors, by rejecting the relevance of COIs, resisting restrictions on the industry's role in governance, and dismissing a potential binding global instrument for alcohol.

The authors argue that the alcohol industry places significant value on participating in policy initiatives and is resistant to challenges to its engagement. The WHO Action Plan's continued ambivalence towards the alcohol industry may point to a challenging environment for effective policy. This underscores a need for stronger norms around COIs and a more cautious approach to the alcohol industry.

Source: Thompson, E., Maani, N., Collin, J. (2026) This supposed conflict of interest: Analysis of industry framings of partnership and conflict of interest in WHO public consultations on alcohol policy, *Journal of Studies on Alcohol and Drugs*, 87(3), 454-465. <https://doi.org/10.15288/jsad.25-00048>

Risks of alcohol–energy drink co-consumption: Patterns, correlates and psychological outcomes in youth

A study examined the prevalence of alcohol mixed with energy drinks (AmED) among Spanish adolescents and young adults and analysed its associations with sociodemographic factors, substance use, and mental health. The primary objective was to compare AmED users with alcohol-only users to identify distinct risk profiles. A cross-sectional survey was administered to 6156 individuals aged 16–30 enrolled in educational programmes. Participants completed self-report measures assessing substance use, emotional distress, schizotypal traits, and suicidal behaviour. Bivariate analyses compared AmED users with alcohol-only users and non-drinkers. Logistic regression identified independent correlates of AmED use within the alcohol-using population.

Among individuals who consumed alcohol, 31.3% reported using AmED. Compared with alcohol-only users, AmED users were more likely to be younger, male, and to have started drinking at an earlier age. They also had higher rates of

tobacco, e-cigarette, and cannabis use, and an increased risk of problematic alcohol, nicotine, and cannabis use. Furthermore, AmED users reported greater emotional distress, higher rates of suicidal behaviour, and elevated scores on the schizotypal trait dimension of anhedonia (a diminished capacity to experience pleasure). Analysis identified younger age, male sex, binge drinking, e-cigarette use, nicotine dependence, alcohol-related problems, cannabis abuse risk, suicidal behaviour, and schizotypal traits as significant correlates of AmED use.

AmED consumption is common among Spanish youth and is more strongly linked to polysubstance use and poor mental health than alcohol use alone.

Source: Secades-Villa, R., Iza-Fernández, C., García-Pérez, Á., Alemán-Moussa, L., & González-Roz, A. Risks of alcohol–energy drink co-consumption: patterns, correlates and psychological outcomes in youth. *Am J Addict.* 2026;1-8. <https://doi.org/10.1111/ajad.70173>

Alcohol use during pregnancy and public awareness of harms: findings from the CAMH Monitor Survey, Ontario, Canada

Alcohol use during pregnancy and breastfeeding can have adverse consequences for child development, including foetal alcohol spectrum disorder (FASD). This study investigated the prevalence of alcohol use during pregnancy and breastfeeding, and its associations with current substance use behaviours and beliefs about the safety of alcohol use in pregnancy.

This cross-sectional study used pooled data from the 2018–2020 CAMH Monitor Survey, a population-based survey of adults in Ontario. Associations between maternal alcohol use and sociodemographic characteristics, substance use, and beliefs were examined.

Of 1,512 women who had given birth, 14.7% reported drinking alcohol during their most recent pregnancy (30 years prior, on average) and 17.8% while breastfeeding. Alcohol use during pregnancy was associated with lifetime substance use, current tobacco and alcohol use, and misconceptions about alcohol use in pregnancy. Gender differences emerged in beliefs: while

awareness of FASD was relatively high among both women (87.2%) and men (80.6%), men were more likely than women to hold inaccurate beliefs, including that small amounts or certain types of alcohol may be safe during pregnancy. Men and women who were current drinkers were significantly more likely to endorse these misconceptions.

Public health messaging and maternal alcohol use prevention strategies must address persistent misconceptions about alcohol use in pregnancy and engage not only women and expectant mothers, but also men, partners, and broader social networks. Interventions should integrate education, universal screening, and trauma-informed care.

Source: Dozet, D., Ialomiteanu, A.R., Hamilton, H.A., & Popova, S. (2026) Alcohol use during pregnancy and public awareness of harms: findings from the CAMH Monitor Survey, Ontario, Canada. *Alcohol and Alcoholism*, 61(4), agag029, <https://doi.org/10.1093/alcalc/agag029>

Examining changes over time in the sociodemographic characteristics of adolescents who drink heavily in Australia

Youth drinking in Australia and other high-income countries has declined markedly since the early 2000s, suggesting that the profile of adolescent drinkers may have changed. A paper published in the journal of Adolescent Health examines the sociodemographic characteristics of underage adolescents who engage in heavy drinking in Australia and investigates whether these characteristics have shifted over time.

Data were analysed from 7,618 Australians aged 14–17 years who completed the National Drug Strategy Household Survey between 2001 and 2022. The study examined whether sociodemographic characteristics (sex, age, geographic location, socioeconomic status, cultural background, student status) were associated with heavy alcohol use (single-occasion risky drinking [5+ drinking] and heavy episodic drinking [11+ drinking]) over time.

All sociodemographic subgroups decreased their drinking between 2001 and 2022, with the

magnitude of the decline generally larger among subgroups that consumed alcohol more heavily in 2001. Older age, living in regional areas, higher socioeconomic status, being born in Australia, and not being a student were associated with 5+ drinking independent of time, though these relationships narrowed over time. Broadly similar results were found for 11+ drinking.

The profile of underage adolescents who drink heavily has shifted as youth drinking has declined. Subgroups with higher baseline rates of heavy drinking have reduced their drinking more, and in some cases have converged with subgroups that did not drink as heavily, meaning sociodemographic characteristics are now less of an indicator of heavy drinking among Australian adolescents.

Source: Cerocchi, N., Pennay, A., Holmes, J., & Callinan, S. (2026). Examining changes over time in the sociodemographic characteristics of adolescents who drink heavily in Australia. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2026.03.008>

Prevalence of unrecorded alcohol consumption and associated factors

Evidence from the World Health Organization shows that measures exist to regulate both recorded and unrecorded alcohol. In Thailand, comprehensive evidence on the amount of unrecorded alcohol consumed is lacking. A study aimed to quantify the prevalence of unrecorded alcohol consumption and determine associated factors.

A cross-sectional survey was conducted from July to August 2022. Thai residents aged 15 years or above were recruited from 15 provinces, including Bangkok. Types of unrecorded alcohol included surrogate, home-brewed, smuggled or industrially produced illegal, and duty-free outlet products. Annual alcohol consumption was calculated by multiplying the daily quantity by the estimated number of drinking days.

Among 3,924 participants, unrecorded alcohol accounted for 4.4% (95% CI 4.3–4.4) of total alcohol consumption (10.9 million of 248.5 million litres/year). The annual unrecorded pure alcohol intake per current drinker was 2.2L. Drinkers

aged 45–59 years had the highest prevalence of unrecorded alcohol consumption (13.2%), while those aged 60 years and over had the largest share (10.0%). Consumption was higher in males (2.5 L/year) than in females (0.5 L/year), and in heavy episodic drinkers (3.2 L/year) than in non-heavy episodic drinkers (0.9 L/year).

Although middle-aged adults had the highest consumption rates, the greatest intensity of intake, and therefore potential for harm, was seen among older adults and heavy episodic drinkers. Given the risks of unknown ethanol concentrations and contaminants in unrecorded products, the study authors state that policymakers should prioritise high-intensity users over overall prevalence to better mitigate risks within Thailand's alcohol consumption profile.

Source: Siri, S., Bhagaman, N., Assanangkornchai, S., & Nontarak, J. (2026) Prevalence of unrecorded alcohol consumption and associated factors: Findings from a nationally representative survey in Thailand in 2022. *Drug and Alcohol Review*, 45(5), e70173. <https://doi.org/10.1111/dar.70173>.

Predicting transitions in alcohol use among adolescents and young adults by nicotine and tobacco products used

A paper published in the journal *Drug and Alcohol Dependence* characterises transitions in alcohol consumption behaviours among a diverse cohort of 2,608 adolescents and young adults, by nicotine and tobacco products (NTPs) used.

Nine possible transitions across three exclusive states of alcohol use (none, past 30-day drinking, and past 14-day binge drinking) were examined. The probabilities of transitioning between alcohol use behaviours by NTPs used were estimated (none, exclusive e-cigarette, exclusive combustible tobacco, dual use), controlling for age, race/ethnicity, sex, depressive symptoms, and current cannabis use.

Any NTP use was associated with a significantly greater risk of transitioning from non-drinking to binge drinking. Combustible tobacco and dual use were associated with a lower risk of transitioning from binge drinking to current drinking. Among females, dual use predicted onset of current or

binge drinking from non-drinking. In contrast, female dual use also predicted discontinuation of binge drinking to non-drinking. Among males, exclusive combustible or e-cigarette use predicted rapid onset of binge drinking from non-drinking.

Given findings that combustible tobacco use diminishes the probability of alcohol deescalation among young adults, interventions should address both substances. Further research is needed to understand the moderating effect of sex on the relationship between NTP use and alcohol consumption.

Source: Ruleman, A.M., Mantey, D.S., Sokolovsky, A.W., Chen, B., Clendennen, S.L., & Harrell, M.J.B. (2026). Predicting transitions in alcohol use among adolescents and young adults by nicotine and tobacco products used. *Drug and Alcohol Dependence*, 285, 113197. <https://doi.org/10.1016/j.drugalcdep.2026.113197>

Social and Policy research by publication date

Alcohol-cancer risk communication on social media: A content analysis of alcohol-related Instagram and TikTok posts. Published 22 February 2026

Using the Diffusion of Innovation Theory to explain the declining trend in adolescent drunkenness between 2002 and 2022 across 46 countries. Available online 6 March 2026

LGBTQ+-Targeted alcohol marketing in a midwestern US City: Retail practices that may reinforce health disparities. Available online 11 March 2026

How often we see alcohol in movies: A systematic review and meta-analysis. Available online 25 March 2026

A content analysis of how alcohol brands in Australia and Aotearoa New Zealand promote zero alcohol products. Published 13 April 2026

Impact of later trading hours for bars and clubs on alcohol-related ambulance call-outs and crimes in Scotland: a controlled interrupted time series study. Published 27 April 2026

"This Supposed Conflict of Interest": Analysis of Industry Framings of Partnership and Conflict of

Interest in WHO Public Consultations on Alcohol Policy. Available online 5 May 2026

A longitudinal study of binge drinking in Asian and Latinx immigrant youth in the US. Available online 9 May 2026

Risks of alcohol-energy drink co-consumption: Patterns, correlates and psychological outcomes in youth. Published 11 May 2026

Alcohol use during pregnancy and public awareness of harms: findings from the CAMH Monitor Survey, Ontario, Canada. Published 13 May 2026

Predicting transitions in alcohol use among adolescents and young adults by nicotine and tobacco products used. Available online 14 May 2026

Examining changes over time in the sociodemographic characteristics of adolescents who drink heavily in Australia. Available online 26 May 2026

Prevalence of unrecorded alcohol consumption and associated factors. Published 01 June 2026

Sweden considers lowering the minimum age for purchasing lower-strength alcohol

Sweden's Moderate Party has proposed lowering the minimum age for purchasing lower-strength alcoholic drinks (under 22% alcohol) from 20 to 18 at the state-owned alcohol retailer, Systembolaget. The party presents the proposal as a limited reform that balances personal responsibility with existing alcohol controls, arguing that young adults should be trusted to buy alcohol legally, particularly as youth drinking rates have declined significantly over the past two decades. Supporters also suggest that allowing purchases through a regulated

retailer could reduce reliance on unofficial sources of alcohol. Critics, including Systembolaget, argue that the current age limit helps protect public health and restricts access for younger teenagers. The proposal is similar to alcohol policies in Norway and Finland, where lower-strength alcohol can be purchased at 18, while stronger drinks remain restricted until age 20.

<https://www.nordiskpost.com/2026/06/04/systembolaget-age-limit-enters-sweden-election-campaign-moderates/>

Alcohol Health Alliance audit on drinks labelling in the UK

'A Clear Way Forward' is the most comprehensive audit to date of alcohol labels in the UK and demonstrates why mandatory alcohol labelling is so urgently needed, according to the Alcohol Health Alliance (AHA).

Analysing more than 530 products, the AHA's analysis shows what information the alcohol industry prioritises, what information is missing or inconsistent across products, and where improved alcohol labelling could benefit consumers and the public. It also highlights the limits of the voluntary guidelines.

The AHA argues that the UK government's proposals for mandatory alcohol labelling are an opportunity to improve understanding of what's in alcoholic drinks and that mandatory labelling is a proportionate step that paves the way for reducing alcohol harms, and that it's time for the UK to join international progress in this important public health area. They say it is possible to put consumers first by ensuring they know how much they're drinking and the risks they're taking.

<https://ahauk.org/resource/a-clear-way-forward-alcohol-labelling/>

“It’ll Cost You” campaign in Scotland

Scottish authorities, retailers, and alcohol industry groups are relaunching the “It’ll Cost You” campaign during the summer school holidays to discourage adults from buying alcohol for people under 18 (proxy purchasing). Led by the Scottish Alcohol Industry Partnership in collaboration with Police Scotland, the campaign highlights that supplying alcohol to minors is a criminal offence that can result in fines, imprisonment, or both. The initiative aims to raise awareness of the health risks associated with underage drinking and to strengthen enforcement efforts at a time when

alcohol consumption among young people may increase. Retailers support the campaign because age-verification checks can be undermined when adults purchase alcohol on behalf of minors. By combining public education with law enforcement and retailer involvement, the campaign seeks to reinforce the message that buying alcohol for underage individuals is illegal and can have serious consequences for both adults and young people.

<https://thehighlandtimes.com/police-warn-adults-over-buying-alcohol-for-children/>

Alcohol consumption in Finland falls to the lowest level since the 1970s

Alcohol consumption in Finland continued its long-term decline in 2025, falling by 4.5% compared with the previous year, according to the Finnish Institute for Health and Welfare (THL). Recorded alcohol consumption reached approximately 6.9 litres of pure alcohol per person aged 15 years and older, the lowest level reported since the 1970s.

The findings reflect a trend that has been ongoing for more than 15 years, with consumption steadily decreasing across the country. This decline has persisted despite concerns that recent changes to alcohol legislation, including allowing grocery stores to sell stronger alcoholic beverages, might increase consumption.

Both alcohol consumed in bars and restaurants and alcohol purchased from retail outlets declined during 2025. Consumption in licensed premises fell by 4.5%, while retail sales decreased by 4.3%.

However, THL’s report further noted that it was not possible to provide an estimate of the total amount of alcohol consumed in Finland last year. This is due to a change in data collection methods that track passenger imports as well as purchases made from online stores located abroad. In previous years, these sources have accounted for approximately 15% of total consumption.

<https://yle.fi/a/74-20229308>

Home Office considers a change of rules for online alcohol delivery

The UK Government has issued an update on possible new regulations for online alcohol sales. In a statement, the Home Office confirmed it was due to convene a meeting to explore potential ‘solutions’ that could bring about significant changes for those buying alcohol online.

In a new Parliamentary written question, Liberal Democrat Helen Maguire asked the Secretary of State for the Home Department, Shabana Mahmood: “What assessment her Department has made of the potential merits of implementing alcohol blocks on delivery service apps and supermarket accounts.” In addition, Maguire also asked, “whether her Department is taking steps to limit the hours that alcohol can be delivered directly to homes” and “what assessment her Department has made of the potential merits of introducing a pause between the order and delivery of alcohol from delivery apps when the order is over a certain amount”.

In response, Sarah Jones, Minister of State for Policing and Crime, outlined how purchasing habits

had shifted and that amendments were under consideration: “The Licensing Act 2003 regulates the sale and supply of alcohol. The Government recognises that consumer purchasing habits have evolved in recent years, particularly with notable growth in alcohol sales through online platforms and rapid delivery services.

“The Department for Health and Social Care, which has responsibility for policy on health harms, and the Home Office are looking at how current licensing rules apply to these services and monitoring emerging evidence on the impact they may be having on people’s health. I am clear that we will act where necessary to protect public safety... To this end, I will shortly hold a roundtable jointly with the Minister for Public Health and Prevention to consider solutions with healthcare professionals and experts in the field.”

<https://questions-statements.parliament.uk/written-questions/detail/2026-05-13/605>

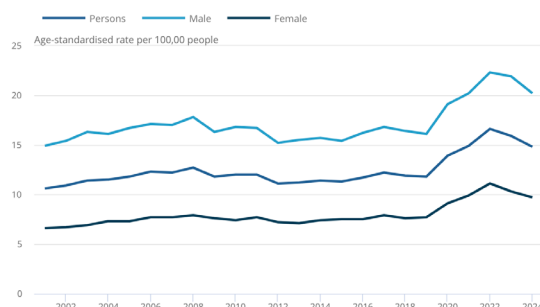
Alcohol-specific deaths in the UK, registered in 2024

The UK Office for National Statistics released the latest data on deaths from diseases known to be a direct consequence of alcohol, by age, sex, and region.

In 2024, 9,809 deaths from alcohol-specific causes were registered in the UK, the lowest number since 2021 (9,641 deaths), and the rate of alcohol-specific deaths (14.8 per 100,000 people) fell to its lowest level since 2020 (13.9 deaths per 100,000 people). Age-specific rates decreased compared with 2023 for people aged 25 to 79 years, while rates for those aged 80 years and over increased; rates for those aged 20 to 24 years remained similar to 2023. The rate of alcohol-specific deaths for males remained around double that for females (20.2 and 9.7 deaths per 100,000 people, respectively); this is consistent with previous years.

Figure 1: The UK's alcohol-specific death rate in 2024 was 6.9% lower than in 2023

Age-standardised alcohol-specific death rates per 100,000 people, by sex, UK, deaths registered between 2001 and 2024

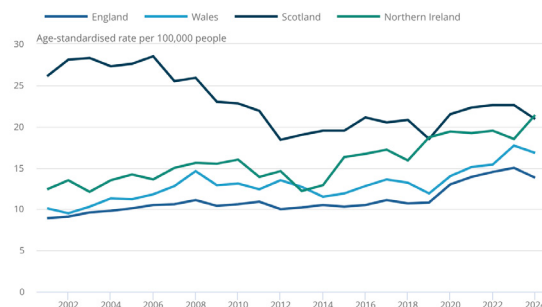


England and Wales saw a decrease in the rate of alcohol-specific deaths (13.8 and 16.8 deaths per 100,000 people, respectively) compared with 2023. Scotland and Northern Ireland continued to have the highest rates of alcohol-specific deaths (20.9 and 21.4 deaths per 100,000 people, respectively), with a decrease in Scotland and an increase in Northern Ireland compared with 2023. The Northeast had the highest rate of alcohol-specific deaths of any English region (21.1 deaths per 100,000); London had the lowest rate (10.9 deaths per 100,000).

ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2024

Figure 2: Alcohol-specific death rates decreased in England, Wales and Scotland but increased in Northern Ireland in 2024

Age-standardised alcohol-specific death rates per 100,000 people, UK constituent countries, deaths registered between 2001 and 2024



WHO Partners with the EU to reduce harms from alcohol

WHO is working with the European Union (EU) to reduce the harms caused by alcohol consumption in the EU. Eight of the 10 countries with the highest alcohol consumption in the world are in the EU, where almost 300,000 people die each year from alcohol-attributable injuries, diseases and conditions.

Cancer is the leading cause of death due to alcohol consumption in the EU. WHO states that too many people are unaware that, even at low levels, alcohol consumption can cause at least 7 types of cancer, including the most common, such as colorectal cancer and breast cancer in women. Raising awareness of these risks is a central aim of the WHO-EU Evidence into Action Alcohol Project (EVID-ACTION), co-funded by the European Union as part of Europe's Beating Cancer Plan, which works across 30 countries – the 27 EU Member States + Iceland, Norway and Ukraine – from 2022 to 2026.

EVID-ACTION focuses on:

- developing the evidence base to support implementation of effective alcohol health warnings, with a specific focus on cancer risks.
- strengthening expertise and sharing of experience among countries, as well as supporting their commitment to protect health interests in developing and implementing alcohol policies.
- supporting collaboration between countries in developing regulations and public health communications about the links between alcohol consumption and cancer risks, and options to reduce these and
- providing practical technical tools and training to support implementation of evidence-based screening and brief interventions in primary health care, the workplace and social services contexts.

<https://www.who.int/europe/activities/partnering-with-the-eu-to-reduce-harms-from-alcohol>

Alcohol consumption in Spain has declined, especially among young people

Alcohol consumption in Spain has fallen sharply over the past two decades, with the steepest declines among young people, according to the Spanish Health Survey 2023. Among those aged 15–24 years, the share drinking alcohol regularly fell from 43.8% in 2006 to 17.9% in 2023, a reduction of nearly 60%. Across the population, weekly alcohol consumption declined from 48.6% to 31.1% over the same period.

The report also noted shifts in drinking behaviours. Alcohol consumption is now more concentrated on weekends, with average intake on Friday to Sunday three times higher than on weekdays. Episodes of binge drinking have risen over the past decade, particularly among adults aged 25–64 years.

Patterns of alcohol use varied by gender and socioeconomic status. Among men, higher-risk drinking was more common among those with lower levels of education and among the unemployed. By contrast, women with higher levels of education, employment, and

socioeconomic status were more likely to drink regularly and to drink more heavily.

Beer remains the most commonly consumed alcoholic beverage, accounting for more than half of the alcohol consumed by regular drinkers, with wine a close second. Wine consumption is most common among older adults, whereas younger people are more likely to drink mixed alcoholic drinks and vermouth.

Despite the overall decline in alcohol consumption, around 6% of the population aged 15 years and older continues to drink above recommended low-risk levels. Regional differences were also evident, with the highest prevalence of alcohol consumption reported in the Balearic Islands and La Rioja, and the lowest in Melilla and the Canary Islands. These findings suggest that although alcohol use is becoming less common in Spain, important differences in drinking patterns persist across age groups, genders, socioeconomic groups, and regions.

<https://www.surinenglish.com/spain/alcohol-consumption-plummets-20260605164413-nt.html>

Irish government opposes members' bill to restrict advertising for low and zero alcohol drinks

In Ireland, the Government opposed a Social Democrats Bill seeking to restrict advertising of zero- and low-alcohol drinks. The debate centres on whether zero-alcohol advertising reduces alcohol consumption or indirectly promotes alcohol brands.

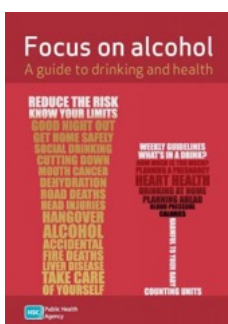
TD Padraig Rice argued that the Bill is needed to close a loophole allowing alcohol companies to promote their brands through alcohol-free products bearing the same logos and branding. The Government, however, said there is no clear public health evidence on whether such

advertising is harmful or beneficial. It added that the Bill could face legal challenges because alcohol-free products might be required to display alcohol health warnings.

The Government has asked the Health Information and Quality Authority to review the available evidence on zero-alcohol products. The findings are expected later this year and will inform whether further research is needed.

<https://www.thejournal.ie/padraig-rice-alcohol-ads-7052397-May2026/>

Focus on alcohol in Northern Ireland



A new leaflet for Northern Ireland incorporates the current advice on low-risk drinking from the four UK Chief Medical Officers. It lists the short- and long-term effects of drinking too much alcohol, outlines the

recommended limits for low-risk drinking, and provides tips on how to stick to these limits. The leaflet also offers a guide to the number of units of alcohol in common drinks.

https://www.publichealth.hscni.net/sites/default/files/2026-06/Focus%20on%20alcohol%20A5%20booklet%2004_26.pdf

Report on alcohol-related harm in France

Alcohol remains a major public health concern in France and is thought to contribute to around 41,000 deaths each year. Alcohol use is also linked to social harms, including interpersonal and sexual violence. A recent report from La Santé en action reviews the current state of alcohol consumption in France and examines strategies to reduce alcohol-related harm.

Although alcohol consumption has declined in recent decades, particularly among younger people, levels remain high by international standards, and alcohol continues to play an important role in French culture. While men are more likely to consume alcohol overall, risky drinking behaviours have increased among women, especially those with higher levels of education. The report highlights a range of factors that contribute to alcohol-related problems, including social inequalities, workplace influences, childhood trauma, and marketing by the alcohol industry.

The report emphasises the importance of prevention, particularly among children, adolescents, and young adults. Evidence-based programmes that strengthen psychosocial skills are highlighted as effective tools for reducing the risk of addiction. Examples include school-based initiatives delivered throughout childhood and

adolescence, as well as targeted interventions for young people treated in emergency departments for alcohol intoxication.

A wide range of organisations are involved in alcohol prevention efforts. Community groups have successfully promoted initiatives such as France's "Défi de janvier" (Dry January), which encourages people to abstain from alcohol for one month. Other organisations are working to address alcohol promotion on social media, particularly where influencers are used to market alcoholic products.

Healthcare professionals also play an important role in identifying risky drinking behaviours early and providing support, treatment, and referral to specialist services when needed. The report concludes that reducing alcohol-related harm requires not only individual and community-level interventions but also stronger public policies. Measures recommended by the World Health Organization include increasing alcohol taxes, raising prices, and providing clearer health warnings on alcoholic beverages to help reduce consumption and improve public health outcomes.

<https://www.santepubliquefrance.fr/en/news/protecting-public-risks-alcohol-special-report-la-sante-en-action-no-473-april-june-2026>

Per capita alcohol consumption down nearly 5% in 2025 in the Netherlands

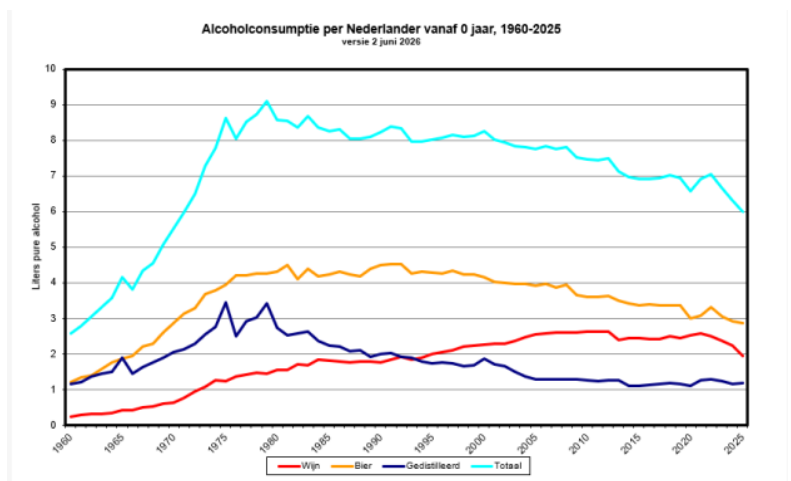
In 2025, the Dutch consumed 4.9% less alcohol per capita than in 2024. Average alcohol consumption per Dutch person had already decreased in 2024 and 2023. This is evident from statistics by the Netherlands Institute for Alcohol Policy STAP, based on consumption data from the Organisation Internationale de la Vigne et du Vin, excise revenue figures from Statistics Netherlands, and recent information on the Dutch beer market in 2025 from the Dutch Brewers.

The figures show that the volume of alcoholic beer sold decreased by 3.6% in 2025 (while alcohol-free beer increased). Wine sales declined by 12.7%, while spirits sales increased by 4.3%, largely due to the popularity of mixed drinks and spirits. Overall, the trend is a decline in alcohol consumption.

From a prevention perspective, it is relevant to know how much pure alcohol the average Dutch person ultimately

consumes. It is estimated that in 2025, 6 litres of pure alcohol were consumed per capita: 2.87 litres in the form of beer, 1.95 litres in the form of wine, and 1.18 litres in the form of spirits. The graph below shows the development of alcohol consumption per Dutch person since 1960, measured in litres of pure alcohol.

<https://www.stap.nl/en/news/>



Ukraine is to require age verification for online alcohol sales

Ukraine's parliament has approved a bill that would tighten online alcohol sales, require age verification for digital purchases of beer, wine and spirits, and impose fines on people who sell goods via social media without registering as entrepreneurs, according to the text of draft law No. 15111-d adopted by the Verkhovna Rada on June 9.

The measure still needs to be signed by President Volodymyr Zelenskyy and published before it takes effect. It is not expected to be implemented before January 2027 and may not come fully into operation until 2028, as information-sharing systems and related procedures would need to be put in place.

For alcohol sales, the bill would require online purchasers to present valid identification. Buyers would no longer be able to order alcoholic drinks through marketplaces or retail apps using only a standard checkout process. Instead, they would have to verify their age through one of several

methods outlined in the bill's framework, including an electronic passport or ID, smartphone-based facial recognition, live communication with an operator, or other identity verification tools.

According to the bill's authors, the stated aim is to prevent alcohol sales to minors and strengthen oversight of internet commerce. The proposal also requires sellers offering alcohol online to hold an appropriate licence, and websites and apps that sell alcoholic beverages would be entered into a special register. Online resources involved in the illegal alcohol or tobacco trade could be blocked.

These provisions could reshape how beverage companies and retailers operate online in Ukraine. For producers and sellers of wine, beer and spirits, the rules point to tighter control over digital channels, higher compliance demands for e-commerce, and greater regulatory risk for businesses that rely on marketplaces, delivery apps or social media to reach consumers.

<https://agronews.ua/en/news/ukrainians-will-buy-alcohol-and-cigarettes-online-under-new-rules/>

Alcohol policy debated in Greenland

Greenland's parliament has begun debating the development of a national alcohol policy that places children's rights and wellbeing at its core. The discussion was prompted by concerns about the impact of alcohol-related problems on children, including exposure to insecurity, violence, and abuse. While Greenland already has programmes addressing alcohol-related harm, policymakers argue that a comprehensive national strategy is needed to guide prevention, regulation, and family support. The government has expressed support for creating a long-term alcohol policy grounded in evidence and international public health recommendations, with the aim of reducing alcohol-related harm and improving outcomes for children and families. Although political parties broadly agree that children should be protected, opinions differ on how restrictive alcohol policies should be, with some favouring stronger regulation and others emphasising personal freedom and targeted interventions.

<https://www.nordicalcohol.org/post/greenland-debates-national-alcohol-policy-with-children-s-rights-at-the-centre>

Croatia introduces stricter rules for alcohol

The Croatian Parliament approved amendments to its Trade Act in late May 2026. The key measure allows municipalities to decide for themselves whether to restrict the sale of alcohol in shops at night. The measure is intended to combat excessive alcohol consumption, public nuisance, and damage to historic city centres. The rules apply only to shops, not to cafes, bars, or restaurants. In addition, rules for minors are being tightened: shopkeepers must refuse to sell alcohol and energy drinks if they suspect a customer is under 18, unless valid identification is shown. This obligation also applies to self-checkout tills and automated points of sale. For online alcohol sales, age must be verified via the Croatian digital identification system e-Građani. The new law is part of a broader strategy to limit the negative consequences of mass tourism and so-called 'party tourism'. Popular destinations such as Split, Hvar, and Zadar are considering or have already announced the introduction of nighttime sales restrictions on alcohol in shops.

<https://www.croatiaweek.com/croatia-alcohol-sales-hours-law-energy-drinks-minors-2026/>

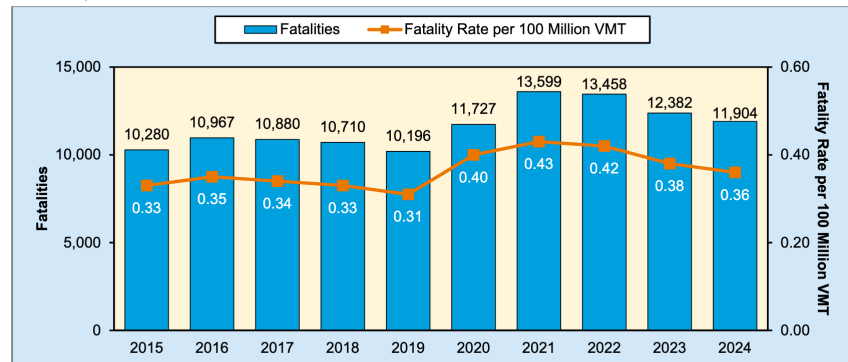
Alcohol-impaired driving in the USA for 2024

The US National Highway Traffic Safety Administration (NHTSA) published an update to Traffic Safety Facts in June. In the US, drivers are considered alcohol-impaired when their blood alcohol concentration (BAC) is .08 grams per decilitre (g/dL) or higher. Thus, any fatal traffic crash involving a driver with a BAC of .08 g/dL or higher is classified as an alcohol-impaired-driving crash, and fatalities in those crashes are classified as alcohol-impaired-driving fatalities. In 2024, there were 11,904 fatalities in motor vehicle traffic crashes in which at least one driver was alcohol-impaired. This represented 30% of all traffic fatalities in the USA for the year. Traffic fatalities in alcohol-impaired-driving crashes decreased by 3.9% (from 12,382 to 11,904) from 2023 to 2024. The 21- to 24-year-old age group had the highest percentage (28%) of alcohol-impaired drivers in fatal traffic crashes compared with other age groups in 2024.

In 2024:

- Males had a higher percentage (22%) of alcohol-impaired drivers in fatal traffic crashes than females (16%).

Figure 1. Traffic Fatalities and Fatality Rate per 100 Million VMT in Alcohol-Impaired-Driving Crashes, 2015–2024



Sources: FARS 2015–2023 Final File, 2024 Annual Report File (ARF); VMT – Federal Highway Administration (FHWA)
Note: NHTSA estimates BACs when alcohol test results are unknown.

- The percentage of alcohol-impaired drivers in fatal traffic crashes was highest among motorcycle riders (25%) and passenger car drivers (25%), compared with light truck drivers (19%) and large truck drivers (4%).
- Of the 1,032 traffic fatalities in 2024 among children aged 14 and under, an estimated 21% (221) occurred in alcohol-impaired-driving crashes.
- Of the 11,904 alcohol-impaired-driving fatalities, 68% (8,097) occurred in traffic crashes in which at least one driver had a BAC of .15 g/dL or higher.
- The percentage of alcohol-impaired drivers in fatal traffic crashes was three times higher at night than during the day.

<https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813815>

Global beverage alcohol is predicted to drop further before recovering

Global alcohol consumption is expected to continue declining until around 2031, then stabilise and gradually recover, according to new IWSR forecasts published in June. Although total beverage alcohol volume is projected to be about 1% lower in 2035 than in 2025, major shifts in consumption patterns are expected across regions. Consumption is forecast to fall substantially in established markets such as China, the USA, Japan, Germany, and the United Kingdom, while strong growth is anticipated in emerging markets, including India, Colombia, Vietnam, Mexico, and South Africa. By 2032, India is expected to overtake the USA as the world's second-largest alcohol market. The forecast reflects two opposing trends: declining alcohol

consumption per person, driven by increasing moderation and lifestyle changes, and growth in the global population of legal drinking-age adults. Category trends are also expected to continue, with wine experiencing the largest decline, spirits and beer remaining relatively stable, and ready-to-drink (RTD) beverages showing strong growth. In 2025, global alcohol consumption fell by 2%, with wine declining the most (-5%), while no-alcohol beer, RTD cocktails, Indian whisky, and soju recorded notable growth. The report also marks the first time that global spirits consumption has exceeded wine consumption, highlighting changing consumer preferences and the ongoing transformation of the global alcohol market.

<https://www.theiwsr.com/insight/a-major-reset-beverage-alcohol-volumes-fall-again-in-2025/>

Young Americans are redefining how they drink

A survey of 2,000 Americans aged 21 and over who drink alcohol found that Gen Z respondents were most likely to say they plan to consume alcohol when celebrating at summer events and socialising with friends this summer, yet they also plan to take the most intentional and moderate approach.

The survey found that 86% plan to consume alcohol during summer celebrations and social gatherings. Gen Z was the most likely generation to say they would drink at summer events (89%), ahead of millennials and Gen X (both 87%) and baby boomers (81%). However, younger consumers are also leading a growing shift towards moderation and mindful drinking.

Nearly half of all respondents (49%) said they have become more intentional about their alcohol consumption, with Gen Z showing the strongest commitment to moderation. Almost two-thirds of Gen Z respondents (64%) reported taking a more deliberate approach to drinking, compared with 49% of millennials, 43% of Gen X and 39% of baby boomers. The survey suggests that drinking decisions are increasingly driven by personal wellbeing rather than social pressure.

Among those who choose to drink, emotional wellbeing was the most commonly cited reason for drinking mindfully (30%), followed by a preference for quality over quantity (28%) and the desire for better sleep (28%). Moderation emerged as the single biggest factor shaping drinking habits this summer, cited by 35% of respondents, ahead of taste (33%), socialising (16%) and cost (13%). The findings also highlight a strong emphasis on personal choice, with 93% saying it is important that their drinking decisions are self-directed and not influenced by others.

Consumers are also putting moderation into practice. 52% said they plan to drink slowly, while 49% intend to eat before or while drinking, 41% will arrange a safe way home and 37% plan to set a personal drink limit in advance. According to the International Alliance for Responsible Drinking, which commissioned the research, the results suggest moderation is increasingly viewed not as a restriction but as part of a broader focus on wellbeing, personal control and responsible socialising, particularly among younger adults.

<https://talkerresearch.com/summer-drinking-culture-shifts-as-gen-z-embraces-moderation/>

Reducing alcohol-related harms in British Columbia

In May, the Office of the Provincial Health Officer of British Columbia (BC) released Living Well, Drinking Less: Reducing Alcohol Harms in BC, a report documenting alcohol's impact on British Columbians and drawing on research expertise and data from the University of Victoria's (UVic) Canadian Institute for Substance Use Research (CISUR), including the BC Alcohol and Other Drugs Monitoring Project, the Canadian Alcohol Policy Evaluation, and Canadian Substance Use Costs and Harms. CISUR researchers were consulted periodically throughout the report's development, and the launch was held at UVic, with Tim Naimi, CISUR director, offering remarks.

This is the first time BC's health officer has issued a report on alcohol since 2008. It provides information on the latest trends in provincial alcohol consumption and explores ways to support well-being.

British Columbia's latest public health report shows that alcohol consumption has fallen to a 20-year low following a pandemic-era spike, with residents consuming an average of 8.8 standard drinks per week in 2023. However, this remains

above the Canadian average of 8.2 drinks and well above national low-risk drinking guidelines. The report highlights growing awareness of alcohol-related health risks, including cardiovascular disease and cancer, and notes that while young people are drinking less and starting later, male seniors consume the most alcohol and experience the highest rates of alcohol-related hospitalisations and deaths. Consumption is highest in the Interior, Northern and Island Health regions, which also record the greatest alcohol-attributable mortality. The report also emphasises First Nations, Métis and Inuit rights, self-determination and reconciliation obligations, and recommends stronger population-level measures, such as health warning labels, alcohol pricing based on alcohol content rather than volume, and the development of a provincial alcohol strategy aimed at reducing harm, improving public awareness and lowering long-term healthcare and enforcement costs.

<https://news.uvic.ca/media-release/bc-health-officer-calls-for-stronger-public-health-approach-to-alcohol/>

NZ Health Survey regional data shows responsible drinking rising across all regions

Recent regional alcohol data from the NZ Health Survey demonstrate a sustained positive shift in New Zealand's drinking culture. Responsible drinking rates have improved across all 16 regional councils. The data compare the earliest period, 2016/17, with the latest, 2024/25, using a three-year rolling average. Over this period, responsible drinking nationwide improved by 3.6 percentage points (80% to 83.6%).

The Tasman Region has the highest responsible drinking rate in the country at 88%, while Auckland follows closely at 87%, West Coast at 85.7% and Marlborough at 85.4%. Taranaki recorded a 12-percentage point increase from 72.2% to 84.2% – the largest improvement of any region. The Gisborne Region, despite having the lowest responsible drinking rate at 75.6%, showed strong improvement, with a 7.9-percentage-point increase. It also has the highest rate of hazardous drinking in the country. Other regions with more than 20% hazardous drinking include Hawke's Bay, Otago and Southland.

An industry poll found support for targeted education and intervention: 67% of Kiwis say school education reduces alcohol-related harm, 42% support alcohol education programmes in workplaces, and 73% support targeted programmes for harmful drinkers. Younger Kiwis are driving the shift towards responsible drinking. Over the past 9 years, 15-24-year-olds recorded the greatest improvement of any age group, rising nearly 7 percentage points to 81.0%. Adults (25-44 years) also showed gains of 4-5 percentage points, while Kiwis 55+ maintained their responsible drinking rates of 84.8% – 96%.

The data show responsible drinking is improving across all demographic groups. Women remain more likely than men to drink responsibly (89% versus 78%). Asian people have the highest responsible drinking rate at nearly 95%, followed by European at 82.1% and Pacific Peoples at 81.4%. Māori recorded a strong improvement of 5.4 percentage points but have the lowest responsible drinking rate at 72.7%. Past-year adult drinking rates declined from 79.8% to 75.8%, with fewer Kiwis consuming beer, wine and spirits.

"Over the past 9 years, improvements in responsible drinking have occurred across all

regions, but at different rates. This is why local, targeted action to reduce alcohol harm is more effective than broad, one-size-fits-all regulatory intervention," said NZABC Executive Director Virginia Nicholls.

Nicholls said the results support continued investment in community-based programmes, including alcohol education in schools and workplaces, and targeted support services for harmful drinkers. "The reduction in alcohol-related harm across many regions shows that targeted, local interventions can work," she said.

<https://nzabc.org.nz/nz-health-survey-regional-data-shows-responsible-drinking-rising-across-all-regions/>

New Zealand alcohol consumption falls to a record low

New government data has confirmed a long-term decline in alcohol consumption across New Zealand, with per-capita drinking levels at their lowest on record. Statistics New Zealand figures for the year to March 2026 show pure alcohol consumption fell to 7.24 litres per person, down 16.5% from 8.67 litres in 2020. Total volumes of beer, wine and spirits available for consumption also fell, declining 10.7% over the same period to 447 million litres.

While overall alcohol consumption continues to contract, beer remains the country's most popular alcoholic beverage and has proven more resilient than other categories. Beer volumes declined by 7.6% between 2020 and 2026 to 268 million litres, outperforming wine and spirits.

The figures reflect changing consumer behaviour and a growing focus on moderation. The wider public health picture also points to a sustained shift in drinking habits. Data from the New Zealand Health Survey shows hazardous drinking has fallen 22% since 2020, while binge drinking has declined by 21.8%. New Zealand's rate of heavy episodic drinking (17.5%) now sits well below the OECD average of 27% and is lower than comparable rates in Australia, Canada, the USA, Germany, Ireland, Italy and the United Kingdom.

<https://supermarketnews.co.nz/news/liquor-beverage/alcohol-consumption-declines-amid-excise-increases/>

South Korea is drinking less and spending more on travel and leisure

According to Statistics Korea, household expenditure on alcohol fell to a seven-year low in the first quarter of 2026. On an inflation-adjusted basis, real spending on alcoholic beverages dropped 9.0% year-on-year, marking the steepest decline since 2019 and the tenth consecutive quarter of contraction since Q4 2023.

South Korea has a long-standing reputation as one of Asia's biggest alcohol consumers. According to the World Health Organization, per capita alcohol consumption in South Korea stood at 8.2 litres in 2022, ahead of Japan's 6.3 litres and China's 4.5 litres. The change in alcohol consumption has been attributed to evolving Korean consumer culture: growing health consciousness, a generational shift away from heavy drinking, and the continued unwinding of workplace drinking norms, accelerated by the pandemic.

E-mart reported that sales of light beers with reduced calories and sugar jumped 32% year-on-year in 2024, while non-alcoholic and alcohol-free beer sales rose 21% over the same period, a sharp contrast to overall beer sales, which fell 6.4%.

Overall monthly household expenditure rose 4.2% year-on-year to KRW 4.241 million, with consumer spending up 5.3%. Travel is a clear beneficiary, and spending on dining and accommodation increased 5.1%. Korean consumers are spending less on alcohol and more on experiences, travel and leisure, signalling a broader shift in lifestyle priorities rather than a simple pullback in consumption.

<https://vino-joy.com/2026/06/09/koreas-household-alcohol-spend-drops-to-seven-year-low/>

Australians continue to cut back on alcohol

New national research suggests that alcohol moderation is becoming increasingly common in Australia. According to Vypr's Australian Consumer Horizon report, which surveyed more than 3,600 Australians, half of respondents had deliberately taken a break from alcohol during the past year, and 42% said they planned to reduce their drinking further. The findings indicate a growing shift towards more mindful and intentional alcohol consumption, driven largely by concerns about health, wellbeing, energy levels, and sleep quality.

Adults aged 25 and over were generally drinking less than they had a year earlier, with the strongest changes seen among 25–34-year-olds. This group was the most likely to report reducing their alcohol intake and planning further reductions, although they also remained the most likely to purchase alcohol in social settings such as pubs and bars. Meanwhile, adults aged 45–54 were the most likely to take structured breaks from alcohol through initiatives such as Dry July or personal health-focused challenges.

The report suggests that many Australians are not abandoning alcohol completely but are becoming

more selective about when, why, and how much they drink. Social drinking remains important, but there is growing interest in participating in social occasions while consuming less alcohol. An exception to this trend was the 18–24 age group, which was the only age category to report an increase in alcohol consumption compared with the previous year.

Vypr Chief Revenue Officer Sam Gilding says the findings show alcohol moderation is no longer a niche wellness trend, but an increasingly mainstream behaviour shift. "Drinking less is becoming a far more normal part of Australian life, particularly among working-age Australians who are thinking more carefully about how alcohol affects their health, energy and sleep," he says. "What's even more interesting is that people aren't necessarily rejecting social drinking altogether. Many still want the ritual, occasion and experience of having a drink, but they're increasingly looking for ways to participate without consuming alcohol at the same level."

<https://retailworldmagazine.com.au/aussies-continue-to-cut-back-on-alcohol/>

Review of TV alcohol advertising rules in Australia

Australia's communications regulator, the Australian Communications and Media Authority (ACMA), is reviewing the alcohol advertising rules in the Free TV Code to assess whether they provide adequate protection for the community, particularly children and young people. The review was launched after ACMA rejected proposed changes to the industry code in 2025, citing concerns that existing safeguards may not sufficiently limit children's exposure to alcohol marketing. A key focus is the long-standing exemption allowing alcohol advertising during live sports broadcasts, often referred to as the "sports loophole".

The review is examining the volume, placement and timing of alcohol advertising on commercial television, as well as the broader impact of alcohol marketing on consumption and alcohol-related harm. The consultation ran from 5 March to 30 April, and submissions have now been published. Public health organisations argue that exposure to alcohol advertising can influence drinking

behaviour, particularly among young people, and are calling for stricter restrictions, including limiting alcohol advertising during sports broadcasts and extending protections to streaming services. Industry groups, however, contend that alcohol advertising is already heavily regulated and note that both advertising expenditure and alcohol consumption have declined in recent years.

The outcome of the review could have significant implications for Australia's alcohol advertising framework. If ACMA determines that the current code does not adequately protect the public, it could introduce mandatory regulations that replace or strengthen the existing self-regulatory system. Potential changes include tighter advertising time restrictions, reduced sporting exemptions, stronger controls on broadcaster streaming platforms, and enhanced measures to reduce children's exposure to alcohol marketing.

<https://www.acma.gov.au/consultations/2026-03/review-alcohol-advertising-rules-free-tv-code>

Social factors driving alcohol use during pregnancy in South Africa

A report commissioned by AWARE.org found that, despite widespread awareness of the dangers of drinking during pregnancy, alcohol use during pregnancy remains common in many South African communities. The study, conducted across all nine provinces, reveals a significant gap between awareness and behaviour, with more than half of respondents reporting that they had seen pregnant women drinking alcohol in their communities.

The research identified several factors driving continued alcohol use during pregnancy, including poverty, financial stress, lack of partner support, trauma, social pressure, and the normalisation of drinking within communities. Many respondents held misconceptions about alcohol-related harm, believing that babies can recover from the effects of prenatal alcohol exposure or that certain types of alcohol are less harmful during pregnancy.

The report focuses on Fetal Alcohol Spectrum Disorder (FASD). South Africa has one of the highest estimated rates of FASD in the world, with some communities reporting particularly high levels of the condition.

Researchers argue that preventing alcohol-related harm during pregnancy requires more than raising awareness, emphasising the need for stronger community support, better education, improved access to services, and broader efforts to address the social and economic challenges faced by pregnant women. The report concludes that preventing FASD is a shared responsibility involving families, communities, healthcare providers, policymakers, and society as a whole, rather than placing responsibility solely on pregnant women.

<https://www.aware.org.za/blog-posts/new-research-exposes-the-realities-driving-alcohol-harm-during-pregnancy>

Karnataka introduces India's first alcohol-content-based tax system

Karnataka has become the first Indian state to introduce an Alcohol-in-Beverage (AIB)-based excise duty system, which took effect on 11 May 2026 and bases alcohol taxes on the actual alcohol content of beverages. The new system replaces the previous bulk-litre-based taxation model and is considered an internationally recognised approach to alcohol taxation. It also reduces government involvement in price-setting by allowing manufacturers to position products within broader pricing categories based on alcohol strength and market demand. In addition, the number of tax categories for Indian Made Liquor has been reduced from 16 to eight, simplifying the structure. The Karnataka government says the reform is intended to make alcohol pricing more transparent, align prices more closely with neighbouring states, and give producers greater flexibility in setting prices.

The reform is expected to affect prices differently across products. Prices of lower-strength beers, such as mild and lager beers containing around 5% alcohol, have reportedly fallen by 20–25%, while premium Scotch whiskies have become around 20% cheaper. In contrast, prices for several lower-priced Indian Made Liquor products have increased by approximately 20–25%.

<https://www.thedrinksbusiness.com/2026/05/karnataka-becomes-first-indian-state-to-tax-alcohol-by-strength-in-excise-overhaul/>

Thailand changes the hours of sale for alcohol

In Thailand, new nationwide sales hours are now in force, replacing the previous 2 pm and 5 pm sales ban. The Thai government has officially extended alcohol sales hours to 11 am to midnight, giving restaurants, bars, shops and supermarkets an uninterrupted stretch for daytime and evening sales. The change builds on last December's partial unlock, which allowed alcohol sales between 2 pm and 5 pm. The latest update goes further, with the new rules published in the Royal Gazette and effective immediately. Some venues are given further flexibility, including international airport terminals, licensed entertainment venues, hotels, large exhibition spaces and the Eastern Aviation City promotion zone, though screening measures must remain in place to prevent access by minors.

<https://www.tatnews.org/2026/05/alcohol-sales-and-consumption-rules-updated-in-thailand-what-tourists-need-to-know/>

Ladakh introduces new excise policy

A new excise policy has been introduced in Ladakh, following approval by Lieutenant Governor Vinai Kumar Saxena. The policy marks a significant reform of the Union Territory's excise regime, introducing a "liberalised, transparent and technology-enabled regulatory framework aimed at balancing public convenience, tourism promotion, revenue optimisation and effective and efficient regulation of the liquor trade".

Under the new policy, the sale of hard liquor, including Foreign Liquor and Indian Made Foreign Liquor (IMFL), is permitted through retail vends. Previously, only beer, wine and ready-to-drink beverages could be sold through retail outlets. Liquor availability will also be extended to the districts of Nubra, Changthang, Sham and Zaskar, whereas it was previously confined largely to Leh city. Retail sale of liquor in guest houses and homestays, upon payment of the prescribed licence fee, will also be allowed.

The administration said the excise policy primarily aims to "curb the growing dependence on narcotics and drugs and provide people with a wider choice of low alcoholic content liquor in the Ladakh region. The move has, however, triggered concern and criticism among several leaders and groups. Several political leaders have also spoken against the policy. Sajjad Kargili, a political leader from Kargil, said it is difficult to understand the logic of opening liquor shops in the name of combating drug abuse. He said Ladakh, and particularly Kargil, "has long been guided by social values and principles that discourage the use of intoxicants." "Alcohol has never been a part of our cultural ethos, nor is its consumption accepted by the overwhelming majority of our people. Any attempt to normalise or institutionalise alcohol under the pretext of revenue generation or tourism promotion runs contrary to the sentiments, traditions and aspirations of the local population," he said.

<https://www.newindianexpress.com/india/2026/May/31/lg-vk-saxena-approves-new-excise-policy-for-ladakh-hard-liquor-sale-allowed>

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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Independent consultant, Netherlands

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Independent consultant and Adjunct Senior Lecturer in the School of Agriculture, Food and Wine at the University of Adelaide, Australia

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Ellen Mack MD, Oncologist

Professor JM Orgogozo, Professor of brain science, Institut de Cerveau, University of Bordeaux, France

Dr Erik Skovenborg, Scandinavian Medical Alcohol Board

Arne Svilaas MD, PhD, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.

Professor Pierre-Louis Teissedre, PhD, Faculty of Oenology–ISVV, University Victor Segalen Bordeaux, France

Dag Thelle MD, PhD, Senior Professor of Cardiovascular Epidemiology and Prevention, University of Gothenburg, Sweden; Senior Professor of Quantitative Medicine at the University of Oslo, Norway

David Vauzour PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK