Alcohol in Moderation

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

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Impact of moderate wine consumption on type 2 diabetes

Type 2 diabetes (T2D) is a prevalent disease worldwide that increases the risk of cardiovascular (CV) complications, disability and mortality. While excessive alcohol consumption is harmful, the effects of moderate wine consumption remain debated. A review, published in the journal Nutrients, evaluates whether moderate wine intake affects the risk of developing T2D and its impact on subjects with T2D.

Twenty-eight studies were analysed. Evidence suggests an association between moderate wine consumption and the risk of developing T2D, with a J-shaped relationship, and reduced risk observed at low levels. This effect appears more pronounced with red wine, likely related to its higher polyphenol content, and when consumed with meals.

On the other side, in patients with T2D, moderate wine consumption has been associated with a reduced risk of CV complications, nephropathy and mortality. It has also been linked to improved lipid profiles and reduced inflammatory markers, without adversely affecting body weight or glycaemic control in well-managed patients.

These effects may be enhanced within a Mediterranean dietary pattern, suggesting synergistic actions. However, alcohol intake may increase the risk of hypoglycaemia, particularly in patients receiving glucose-lowering therapies. It should be avoided by vulnerable individuals, and those with comorbidities such as MASLD and other significant liver diseases, peripheral neuropathy or other severe conditions.

In conclusion, moderate wine consumption may be associated with a reduction in the risk of developing T2D and with several CV benefits in patients with T2D. Vulnerable patients should abstain and individuals who currently do not drink alcohol should not start drinking. If wine is consumed, intake should always remain moderate (as low as possible), within healthy meals and only after individual clinical assessment.

Source: A. Giacosa, J. Masip, U. Fradera, R. Estruch, M. Rondanelli. Impact of Moderate Wine Consumption on Type 2 Diabetes. Nutrients. 2026 Jun 20;18(12):2006. https://doi.org/10.3390/nu18122006

Reevaluating the Alcohol–Cancer Link: Long-Term Cancer Mortality Outcomes in the REGARDS Study

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Abstract

Background: Cancer prevention strategies often focus on behaviour change such as increased screening, smoking cessation, and healthy diets. Recently, enthusiasm for addressing alcohol as a significant cancer risk factor has gained attention. Using a large, population-based cohort, we sought to determine independent associations between alcohol consumption and cancer mortality.

Methods: We used data from the REGARDS cohort study, which enrolled 30,239 adults 45+ years between 2003 and 2007 and follows them today. At enrolment, participants self-reported alcohol consumption as none, light (≤ 3 drinks/week), moderate (4–7 drinks/week for women, 4–14 drinks/week for men), and heavy (≥ 8 drinks/week for women and ≥ 15 drinks/week for men). We estimated Cox models to determine associations between alcohol consumption and cancer mortality.

Results: Among 26,694 participants, mean age was 64.4 (SD 9.4) years, 44% were male, 42% were Non-Hispanic Black, 63% reported no alcohol, 22% light, 11% moderate, and 4% heavy alcohol consumption. Over a median 13.3-year follow-up, we observed 2306 cancer deaths. After full adjustment for covariates, compared to abstainers, heavy drinkers had an increased risk of cancer death (1.21; 95% CI 1.01–1.45), and light drinkers had a decreased risk of cancer mortality (0.87; 95% CI 0.78–0.98), and there was no association between moderate drinking and cancer mortality.

Conclusions: Our findings contribute to the growing evidence that heavy alcohol use is consistently linked with higher cancer mortality. We encourage cancer prevention strategies to step away from isolating single health behaviours and consider holistic perspectives of an individual's lifestyle including physical activity, smoking, diet, and alcohol consumption.

ISFAR Summary

Although the REGARDS (Pinheiro et al., 2026) and Burden of Proof (Dai et al., 2026) studies employ markedly different methodological approaches, both reinforce a consistent public health message that heavy alcohol consumption is associated with increased cancer mortality and incidence. The REGARDS study also suggests that light-to-moderate drinking may appear neutral or even protective against cancer mortality in certain analyses. These findings may have been sensitive to how drinking categories are defined, to adjustment for important confounders such as smoking and to non-adjustment for other important lifestyle factors. The authors emphasise the need for careful interpretation of epidemiological evidence and consideration of the broader lifestyle context.

Background

Cancer accounted for one in five deaths across OECD countries – particularly cancers of the lungs, colon and rectum, pancreas, breast, and prostate (OECD, 2025). A considerable proportion of cancers may be prevented through lifestyle changes. Various risk factors have been identified and ranked by their contribution to cancer incidence. Key lifestyle factors include smoking, excess body weight, UV radiation, poor diet, pathogenic infections, and physical inactivity. Alcohol consumption has been estimated to contribute 5.4% to all cancer cases.

Alcohol consumption and cancer risk have been discussed in previous ISFAR critiques. Some recent examples are ISFAR critiques #303, #300 and #290, to indicate that the alcohol-cancer association is topical. Critique #303 discussed findings by Arecco et al. (2026), confirming alcohol consumption as a modifiable risk factor, particularly for oestrogen receptor-positive breast cancer. However, alcohol appeared to have a limited influence on breast cancer prognosis. ISFAR critique #300 discussed a study by Larsson et al. (2025), which did not find an overall positive association between alcohol consumption and the incidence of any cancer type, but unfortunately, these authors defined their alcohol consumption using genetic information. ISFAR critique #290 discussed a brief feature article by Pearson (2025) that elaborated on the 2025 US Surgeon General's Advisory on Alcohol and Cancer Risk.

Overall, the aspects derived from these critiques of the alcohol-cancer association may be summarised

as follows. Firstly, a unilateral approach is usually applied to the alcohol-cancer association. Positive associations between alcohol consumption and cancer risk are emphasised, whereas negative associations are neglected. Secondly, alcohol consumption has been positively associated with only a limited number of cancers. Thirdly, the level of alcohol consumption is usually not considered, which is unfortunate, since only heavy alcohol consumption is associated with a number of cancer types affected by alcohol consumption. Fourthly, cancer risk is presented as the most important aspect of alcohol consumption, whereas other, more impactful and beneficial effects on cardiovascular health are not taken into account. This is a pity, because many prospective studies report a J-shaped association with overall mortality (death from all diseases and other causes combined), indicating that light and moderate alcohol consumption has an overall beneficial effect on mortality, including cancer deaths. Fifthly, alcohol consumption is not the only lifestyle factor affecting cancer risk; other lifestyle factors, such as smoking, overweight and obesity, and physical inactivity, contribute to the overall lifestyle-associated risk. Some interactions between lifestyle factors may exist and are not always accounted for. Sixthly, no context is provided in terms of the magnitude of all risks arising from lifestyle and non-lifestyle factors, such as environmental factors.

The paper by Pinheiro et al. (2026) takes a different approach. The authors did not estimate risks using publicly available data but used a longitudinal cohort to determine the association between self-reported alcohol consumption and cancer mortality in a large, diverse US cohort. Cancer mortality reflects not only cancer incidence but also the effects of cancer treatment. The author concluded that "Our findings contribute to the growing evidence that heavy alcohol use is consistently linked with higher cancer mortality."

A more common approach, inventorying risks for various diseases by alcohol-drinking category, was used by Dai et al. (2026) in a recent study from the Institute of Health Metrics and Evaluation. Selected reviews of health outcomes were used to estimate the burden of proof for the health effects associated with alcohol consumption. The authors arrived at very similar, already well-described conclusions; while acknowledging various health benefits of light and moderate drinking, they state, "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."

Critique

The REGARDS (REasons for Geographic and Racial Differences in Stroke) study enrolled some 25,000 participants aged 45+ and followed this diverse US population for almost 15 years. The study covered some 300,000 person-years, which may be considered relatively modest, especially given the population's great diversity. The cohort also included a large proportion of non-drinkers (63%), which may have affected the precision of estimates for the higher-drinking groups, where only approximately 4% of the cohort were heavy drinkers. In addition, alcohol consumption was assessed only once at baseline. Any changes in drinking during the subsequent 13 years could not be captured, introducing exposure misclassification that would tend to attenuate true associations. This limitation is particularly relevant for alcohol consumption, as drinking habits commonly change over time in older adults because of ageing, illness, medication use, or changes in lifestyle.

Characteristics of the participants varied significantly across drinking categories, so multiple models were used to adjust for these differences. Non-drinkers were relatively unhealthy; they had higher rates of diabetes and a history of stroke, and were more likely to be living with obesity, although they were less likely to be smokers. Although multivariable adjustment was undertaken, reverse causation cannot be completely excluded, as some participants may have reduced or stopped drinking because of underlying ill health. After full adjustment, a small but significantly lower hazard ratio was observed among light drinkers, whereas no significant association was found for moderate drinkers. Heavy drinkers consistently exhibited higher hazard ratios across all models. Overall, the findings support the authors' conclusion that heavy alcohol consumption is associated with increased cancer mortality. However, cancer mortality should not be interpreted as equivalent to cancer incidence, because mortality is influenced not only by the occurrence of cancer but also by tumour aggressiveness, stage at diagnosis, access to treatment, treatment effectiveness, and competing causes of death. Furthermore, given the relatively old age of the

cohort at enrolment (64 years), competing risks from cardiovascular disease and other causes should also be considered when interpreting cancer mortality outcomes.

Relatively little information has been provided on the possible drinking histories of the non-drinkers. Drinking categories were constructed based on the NIAAA guidelines and a recent meta-analysis by Stockwell (Stockwell et al., 2024), but the paper does not demonstrate the effect of this guidance. The paper indicates that light and moderate drinkers may not benefit substantially in terms of cancer mortality, but it also shows that heavy drinking increases the risk of cancer mortality. The only significant decrease in cancer mortality was observed in light drinkers after adjustment for smoking, which may indicate that smoking is an important contributor to cancer incidence and mortality and that some residual confounding may still exist among current and former smokers. Unfortunately, other important lifestyle factors, such as diet quality and physical activity, were not included in the analysis. In addition, factors such as drinking pattern (e.g. binge versus regular consumption), beverage type, changes in socioeconomic status during follow-up, healthcare utilisation, and participation in cancer screening programmes may also influence cancer mortality and could have contributed to residual confounding. Interestingly, the pattern of hazard ratios does not suggest a simple linear dose-response relationship. While light drinking was associated with a significantly lower hazard ratio and heavy drinking with a higher hazard ratio, the absence of an association among moderate drinkers was not explored and may warrant further investigation. Supplementary analyses using the conventional three-category NIAAA classification (none, moderate and heavy) are also informative. When light and moderate drinkers were combined into a single moderate drinking category (up to 7 drinks per week for women and up to 14 for men), the fully adjusted hazard ratio was 0.89 (95% CI 0.81–0.97), compared with 1.21 (95% CI 1.01–1.45) for heavy drinkers. These findings suggest that the interpretation of the association at lower levels of alcohol consumption is influenced by the categorisation of alcohol consumption, reinforcing the need for caution when interpreting apparent differences between light and moderate drinking categories.

Unlike the REGARDS study, which reflects the experience of a single prospective cohort, Dai et al. synthesised evidence from numerous cohort and case-control studies, thereby providing a broader overview of the available epidemiological evidence across multiple populations and health outcomes. Rather than relying solely on pooled effect estimates, the Burden of Proof framework incorporates assessments of study quality, potential bias and uncertainty to derive more conservative estimates of the strength of the evidence. Following a systematic review and study selection, dose-response relationships were estimated, potential bias was adjusted for, and uncertainty was incorporated using the Burden-of-Proof Risk Function (BPRF). These estimates and adjustments yield a Risk Outcome Score (ROS). The ROS is converted into a star rating that reflects the strength of the evidence. However, the resulting estimates depend on a series of modelling assumptions about exposure-response relationships, bias adjustment and uncertainty estimation. Consequently, they are more sensitive to modelling assumptions than estimates derived directly from an individual prospective cohort. Accordingly, the REGARDS and Burden of Proof studies should be viewed as complementary rather than competing approaches, each with distinct strengths and limitations. The results indicate that J- or U-shaped relationships exist between alcohol consumption and various health outcomes, each rated 1 or 2 stars. Only pharyngeal cancer has a high ROS and an accompanying five-star rating; other cancers associated with high alcohol consumption, as well as cirrhosis and chronic liver disease, have three stars. Converting continuous risk estimates into a one- to five-star evidence rating provides a useful summary for readers but may oversimplify complex and sometimes heterogeneous epidemiological evidence. Overall, the study likewise indicates that high or heavy alcohol consumption is associated with substantially increased and well-documented risks of disease and mortality.

The authors also state in their conclusions that their study should not be interpreted as endorsing alcohol consumption for health benefits. While the results may suggest benefits, these observations are uncertain under the scoring system used. Despite markedly different methodologies, both studies reach broadly similar conclusions: the strongest and most consistent adverse health

effects are observed among heavy drinkers, whereas the evidence on light-to-moderate alcohol consumption is less certain and varies by the health outcome examined.

In summary, these findings suggest that, within this cohort, heavy alcohol consumption was consistently associated with increased cancer mortality, whereas the interpretation of findings for low-risk drinking was influenced by analytical choices, including the categorisation of alcohol consumption and adjustment for important confounders such as smoking. These results should not be interpreted as evidence on cancer incidence, nor as establishing the safety of alcohol consumption. It is important to distinguish cancer mortality from cancer incidence. Cancer mortality is influenced not only by the occurrence of cancer but also by tumour characteristics, stage at diagnosis, treatment, and competing causes of death. Consequently, associations with cancer mortality cannot be equated with associations with cancer incidence.

Although the REGARDS and Burden of Proof studies employ markedly different methodological approaches, both reinforce a consistent public health message that heavy alcohol consumption is associated with adverse health outcomes. At the same time, the REGARDS study also shows that light-to-moderate drinking may be neutral or even protective against cancer mortality in certain analyses. The supplementary analyses presented by Pinheiro et al. (2026) further suggest that the interpretation of lower levels of alcohol consumption may be sensitive to how drinking categories are defined, emphasising the need for careful interpretation of epidemiological evidence and for consideration of the broader lifestyle context.

Specific comments

Forum member Ellison appreciated the opportunity to review this report, which is designed to estimate the cancer death rates that may be associated with alcohol consumption. However, he had some concerns about the methodology:

"(1) A majority of subjects were from the Southeastern USA, an area where alcohol use is strongly condemned by religious and social norms (an area with a high percentage of Protestants where any alcohol is considered "sinful"). We know that social and religious pressures would be expected to have many participants not want to disclose any alcohol drinking or the amount, so the usual finding of "under-reporting" would be high. This suggests to me that the commonly used three-level classification (none, light to moderate, heavy) may be a more appropriate way to judge the effects of increasing amounts. Further, the baseline characteristics, point estimates, and 95% confidence intervals in the main results, as reported by the authors in the text and in the supplementary data, are very similar between the two classification groups. allows comparisons with results from most earlier studies. In addition, the number of subjects reporting "heavy drinking" was very small, making it difficult to judge the degree of effect on mortality, especially impairing the ability to separate casual drinkers with values slightly above moderate levels from true heavy alcohol abusers.

(2) I sought in vain for a report of total mortality in the paper, but only "cancer mortality" was given. While the approach they used for this information may have been slightly improved over using death certificate data alone, there is still considerable uncertainty in determining whether the cause of death was due to cancer or simply death in someone with cancer. I was not given the total mortality rates in this study.

(3) The authors point out that the non-drinking group in this study had higher rates of diabetes and obesity, both strong risk factors for cardiovascular disease (CVD) deaths. Since moderate alcohol intake clearly reduces the risk of diabetes and, in many studies, lowers the prevalence of obesity, part of the increased risk in the abstainer group might be due to abstinence from alcohol, rather than being treated as a true confounder of effect.

(4) As with many studies, only baseline alcohol intake data were available, so changes over long periods of observation could not be used as a potentially more accurate measure of exposure. Also, the authors had no data on drinking patterns (type of beverage, with or without food, regularly or in binges, etc.), which provide a better estimate of exposure than the number of drinks consumed. Further, in most other studies, concurrent smoking, which is always more frequent among heavier drinkers, is a stronger factor in calculating the risk of death than that reported in this paper; smoking must always be included as a confounder."

Forum member Waterhouse comments that "the results strongly suggest that the first drop of alcohol does not increase risk, at least from a cancer perspective. The light drinkers had the lowest rate of mortality, significantly lower than non-drinkers. The data demonstrates a "J" shaped curve for cancer mortality, somewhat similar to heart disease mortality."

Forum member Ursini muses that "recent epidemiological analyses have renewed the debate on the relationship between alcohol consumption and health. Although alcohol is an established cause of several cancers, these studies also illustrate the complexity of its biological effects: the dose-response relationship is not linear, and several health outcomes—notably cardiovascular disease, and in some studies even cancer—display the familiar J-shaped curve. Rather than dismissing such observations as paradoxical, they should prompt a more fundamental question: why should living systems respond linearly to environmental challenges?

Since Aristotle, moderation has been regarded as a fundamental principle of health. The concept of the golden mean (Aurea Mediocritas), later echoed by Paracelsus in the famous statement that "the dose makes the poison," anticipated a central principle of modern biology: the biological effect of any exposure depends not only on its intrinsic properties but also on its dose. Glucose perhaps provides the clearest example. At physiological concentrations, it is indispensable for life; in excess, it becomes a major driver of metabolic disease. This is not a paradox but the natural consequence of a nonlinear biological response. There is no compelling reason why the same principle should not apply to alcohol, phytochemicals, or even some truly toxic compounds.

This concept underlies hormesis and, more specifically, parahormesis. A mild challenge does not simply produce less damage than a larger one; it activates endogenous adaptive programs that increase cellular resilience. During ethanol metabolism, the transient generation of electrophilic species, including acetaldehyde, may initially act as a stress signal that modifies the Keap1–Nrf2 system, promotes glutathione synthesis, and enhances the cellular nucleophilic tone. As exposure increases, however, acetaldehyde accumulates, DNA damage and mutagenesis predominate, and the same molecule behaves as the carcinogen it is unequivocally known to be.

The beneficial limb of the J-shaped curve, therefore, reflects not the intrinsic benefit of ethanol, but the predominance of adaptive responses over direct toxicity. Once adaptive capacity is exceeded, molecular injury progressively overwhelms cellular defences, and disease risk rises. The observed dose–response relationship is thus the result of two competing processes: direct toxicity and adaptive protection.

This interpretation has implications far beyond alcohol. If a mild biological challenge can activate adaptive pathways, operating on nucleophilic tone, that are sufficient to reduce cardiovascular risk, there is no obvious biological reason why the same mechanisms should not also contribute to protection against neurodegeneration and, at least during the initiation phase of carcinogenesis, against cancer. The nucleophilic tone is now recognised as a major determinant of resistance to oxidative, electrophilic, and inflammatory stress.

The J-shaped curve should, therefore, no longer be regarded as an epidemiological paradox, but as the epidemiological signature of biological adaptation. The real challenge is not to explain the paradox, but to understand the nonlinear biology that generates it."

Forum member McIntosh comments that "there are a number of statistical problems with the paper. First, in choosing cancer mortality due to alcohol use as the variable to be explained, there is a selection problem. In their duration model, the selection of cancer is related to alcohol because the probability of having cancer is related to alcohol use. But alcohol use is also a regressor in the model so the parameter estimates associated with alcohol use will be biased. There are many simple examples that show this.

There is another source of bias, and that is caused by the presence of competing risks. In a competing risk model of two diseases: heart disease and all other diseases, as outlined in McIntosh (2014). In their model, the probability of having died of cancer, PC, will rise if the probability of the other diseases is negatively related to alcohol use. In this framework, individuals die of cancer because they don't die of other diseases.

This paper also showed that there were parameter biases associated with the variable of interest

(cancer) when the other diseases which censor these durations are related to alcohol use.

Forum member Skovenborg endorses the critique and the later comments from ISFAR members. The results from a large cohort study are always an important addition to the increasingly popular meta-analyses; however,

- The abstainers were participants who, at enrollment, reported no alcohol use in the previous 7 days. The risk of potential misclassification in drinking categories is obvious; however, the study adjusted for a history of hypertension, high cholesterol, diabetes, heart disease, stroke and obesity. In view of the high percentage of abstainers in this US population, it is plausible that the majority of the abstainers are lifelong teetotalers;
- It is always difficult to separate the drink from the drinkers, as illustrated by the observation that some of the excess risk among heavy drinkers is attributable to their higher prevalence of smoking;
- The non-significance of moderate alcohol consumption and cancer mortality [0.91 (0,79-1.04)] may be compared with the borderline significance of heavy consumption [1.21 (1.01-1.45)]; and
- Data on the association between alcohol consumption and all-cause mortality should have been included in the report.

Forum member Romano writes that "the study benefits from a large sample and long follow-up; however, several methodological issues limit the strength of its conclusions. From a sampling perspective, the REGARDS cohort was designed to investigate stroke rather than cancer and enrolled only English-speaking U.S. adults aged 45 years or older. Therefore, the cohort is not representative of the general population, limiting external validity. Exclusion of participants with previous cancer and missing alcohol data may also have introduced selection bias. Furthermore, alcohol intake was assessed only once at baseline through self-report, assuming stable drinking habits over more than a decade despite the likelihood of substantial changes over time, thereby increasing exposure misclassification.

The statistical approach using Cox proportional hazards models and multiple imputation is appropriate, but important concerns remain. Marked baseline differences in smoking, obesity, diabetes, socioeconomic status, and functional health strongly suggest residual confounding. Particularly noteworthy is that the complete-case analysis lost statistical significance after full adjustment, indicating that the findings depend, at least in part, on the imputation strategy. In addition, the observed association for heavy drinking was modest (HR=1.21; 95% CI 1.01–1.45), with a borderline confidence interval. Such small effect sizes are especially susceptible to unmeasured confounding. The study also failed to evaluate drinking patterns (e.g., binge drinking), beverage type, cumulative lifetime alcohol exposure, or time-varying consumption.

The interpretation of the apparent protective effect of light drinking also deserves caution. Although the authors acknowledge residual confounding, they do not adequately address the well-recognised 'sick quitter' and 'healthy drinker' biases, whereby abstainers frequently include former drinkers with poorer health, while light drinkers often have healthier lifestyles and better access to healthcare. Moreover, all cancer deaths were analysed together despite substantial biological heterogeneity across alcohol-related cancers, potentially masking site-specific associations. Important determinants of cancer mortality, including cancer stage, treatment, screening practices, dietary quality, and healthcare utilisation, were unavailable.

Consequently, the conclusions should be more conservative. While the study supports an association between heavy alcohol consumption and cancer mortality, its observational design does not establish causality. The evidence presented is insufficient, by itself, to reinforce public health recommendations regarding alcohol and cancer without corroboration from studies incorporating repeated exposure measurements, cancer-specific analyses, and more comprehensive control of time-varying and residual confounding."

Forum member Mattivi "fully supports the critique and the suggestions of Raquel Romano; in particular, it is a severe limit that 'alcohol intake was assessed only once at baseline and without any detail'."

Forum member Kaplan considers that, "like many issues in epidemiology, this one is more complicated than it first appears. I did some work on this using the REGARDS dataset (see attached). In this large cohort of more than 30,000 participants, educational attainment was among the strongest predictors of survival. Adjustment for multiple covariates, including alcohol use, attenuated the association but did not eliminate it. We concluded that educational attainment is a powerful predictor because it serves as a proxy for what Pinheiro et al. (2026) describe as a holistic lifestyle. In general, people with more education tend to engage in healthier behaviours.

REGARDS revealed one notable exception to that pattern. Participants with lower educational attainment generally reported less potentially hazardous alcohol consumption, whereas those with more education tended to drink more. This relationship appears to be even stronger in the UK, where several studies have found that higher educational attainment is associated with significantly greater alcohol consumption (Beard et al. 2029, Rosoff et al. 2021).

One limitation of the Pinheiro et al. analysis is that alcohol consumption was not clearly disentangled from demographic factors because the covariates were entered in large blocks. As a result, it is difficult to determine the independent contribution of specific covariates. One advantage of the REGARDS study is that the investigators have made their data available, allowing others to explore these relationships in greater detail.

Many questions remain unanswered. As expected, the available evidence supports an association between high-risk drinking and several cancers. However, the authors appear to discount the possibility—suggested by their own data—that low levels of alcohol consumption may be associated with a lower risk of some cancers.

The unresolved question is whether alcohol itself has a protective effect at low levels of consumption, or whether the apparent association reflects a broader constellation of healthy lifestyle factors, with educational attainment serving as a marker for a collection of those characteristics. Access to the underlying data may help answer that question.

Forum member Harding also supports the critique, and shares the reservations expressed by other Forum members. A few specific points also occur to him as follows:

1. Heart disease and stroke remain the leading causes of death in the USA. According to the CDC, in 2024 heart disease was the cause of 683,037 deaths, stroke of 163,000 deaths, and cancer of 619,812 deaths. Given the strong protective effect of light to moderate alcohol consumption on heart disease and stroke, an increase in cancer deaths among light to moderate drinkers is expected simply because they live long enough to die from it.
2. Even so, cancer risks declined among light to moderate drinkers. The authors argue that 'the apparent protective effects of light to moderate consumption are less stable and may be explained by residual confounders' (Discussion, last paragraph). Could the same not be true of heavy drinkers?
3. Most research on alcohol and cancer is site-specific and shows both increases and decreases in risk, depending on the site. Therefore, it is hard to see the justification, or indeed the value, of lumping all cancers together.

Forum member Lanzmann agrees with all the Forum member comments, "especially those who point out the absence of analysis of different alcoholic beverages, but the size of the study and the number of cancer deaths are too small, probably also the number of wine drinkers. I continue to think that the relation between wine drinking and cancer mortality risk for most of the cancers is very different compared to beer and spirits drinking, due to the beneficial "fruit" effect of the wine that is higher than the detrimental alcohol effect for moderate drinkers, but this topic is not and cannot be treated in this article. Any large observational study of cancer mortality risk and alcohol consumption that does not differentiate alcoholic beverages (and drinking pattern) is exposed to see nothing except the dose effect of alcohol for heavy drinkers."

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Association of alcohol intake over the lifetime with colorectal adenoma and colorectal cancer risk in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

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

US adults enrolled in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial reported alcohol intake during four age periods. Average lifetime alcohol intake was calculated as average drinks per week from age 18 years until study baseline. Alcohol intake patterns were defined by past and current drinking frequency. Among 12,327 participants with a negative baseline screen, 812 had an adenoma on the second screen. During 20 years of follow-up, 1,679 incident colorectal cancer cases occurred among 88,092 participants.

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

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

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

Sex-specific modifiable factors for incident late-onset dementia in the geographic context

Evidence regarding sex-specific risk factors across various regions contributing to late-onset dementia (LOD) incidence remains limited. A team of researchers in Wuhan, China explored the common influencing factors within the same sex across various regions.

This cohort study used four independent samples across 19 countries between 2010 and 2020: the China Health and Retirement Longitudinal Study (CHARLS), the Survey of Health, Ageing and Retirement in Europe (SHARE), the Health and Retirement Study (HRS) in the United States, and the English Longitudinal Study of Ageing (ELSA). Hazard ratios (HRs) for selected variables and late-onset dementia or late-onset Alzheimer's disease (LOAD) were estimated.

39,439 participants (56.3% female) aged 65 years and older without dementia at baseline were included in the analysis. During the follow-up period, 3,548 patients (59.2% female) with late-onset dementia were recorded. Females had a 21% lower risk (pooled HR: 0.79 [0.69-0.89]) of developing late-onset dementia than males. While age was identified as a common risk factor across all female populations in four cohorts, no common risk factor was found among male populations. Current drinkers served as a consistent modifiable factor for females in 18 countries (from North America and Europe) other than China and for males in Europe (HR: 0.62 [0.47-0.82]). An additive interaction between current drinking and age was observed in females but not in males. The association between drinking alcohol frequency and late-onset dementia was inconsistent among females in the HRS and the ELSA. No significant associations between alcohol consumption and late-onset Alzheimer's disease were found in the HRS and the ELSA.

These findings suggest that moderate alcohol intake may reduce the risk of late-onset dementia among younger-old females in North America and Europe, as well as males in Europe.

Source: H. Meng, G. Cheng, H. Dong, X. Xie, J. Wang, C. Cai, X. Liu, Y. Xu, X. He, W. Tan, Y. Zeng. Sex-Specific Modifiable Factors for Incident Late-Onset Dementia in the Geographic Context: A Longitudinal Comparative Analysis of Multicohort Studies across 19 Countries. Neuroepidemiology. 2026 Jun 24:1-14. https://doi.org/10.1159/000551779

Alcohol use: less is better. An umbrella systematic review of clinical interventions, policies, and dose–response health risks in adults

Alcohol is a major modifiable cause of morbidity, premature mortality and health inequalities, yet evidence informing "low risk" thresholds and prevention strategies is fragmented.

In an umbrella systematic review, PubMed/MEDLINE and Scopus were searched (Jan 2015–Mar 2026) for relevant papers. Of 14,991 records, 49 were included (46 systematic reviews/meta-analyses, 2 WHO documents, 1 cross-sectional study) covering 37 pre-specified questions.

Across most outcomes, higher intake and riskier patterns were associated with higher risk, with harms evident at levels often labelled 'moderate'. Any drinking increased injury odds (OR 2.80). Dose-response evidence showed steep gradients for cirrhosis (RR 9.35 in women and 2.82 in men at 40 g/day) and small but measurable increases in selected cancers at light drinking (e.g., breast cancer RR 1.05). In primary care, brief interventions reduced consumption at 12 months by -20 g/week. Pricing measures and some availability restrictions were directionally associated with lower consumption and harms, whereas evidence for other policy levers was more heterogeneous.

Overall evidence favoured lower alcohol intake and avoidance of heavy episodic drinking, although confidence varied by endpoint and was limited for several questions by the quality of the available syntheses. Apparent low-dose benefits were not robust to bias-aware analyses. These findings support a pragmatic counselling and policy message of "less is better" rather than a universal safe threshold.

Source: T. Dionisi, V. De Vita, G. Sario, et al. Alcohol use: less is better. An umbrella systematic review of clinical interventions, policies, and dose–response health risks in adults. European Journal of Internal Medicine, 2026; 149. https://doi.org/10.1016/j.ejim.2026.106837

Alcohol Intake and Health Study: No protective effect at low levels, with mortality increasing to 1 in 25 at 14 drinks per week

A study published in the Journal of Studies on Alcohol and Drugs estimated the lifetime risk of alcohol-attributable mortality and morbidity in the United States based on a person's average lifetime weekly alcohol consumption to assess the impact of per-occasion alcohol consumption on health.

Lifetime risks were estimated using a cause-specific modelling approach that combined exposure data from national health surveys, relative risks, population data from the U.S. Census Bureau, mortality data from the Centers for Disease Control and Prevention, and morbidity data from the Institute for Health Metrics and Evaluation. A narrative review assessed the health impact of per-occasion alcohol consumption on health.

At low levels of consumption, no protective net effect of alcohol consumption on health was observed. Elevated mortality and morbidity risks were associated with alcohol consumption starting at relatively low levels. Males consuming >6.5 (95% CI [<1, 13.5]) and females consuming >7.0 (95% CI [<1, 11.5]) drinks per week had lifetime alcohol-attributable mortality risks >1:1,000. At >8.5 (95% CI [2.5, 13]) drinks per week for both males and females, these risks increased to >1:100. At 14 drinks per week for males (the upper limit of the former US Dietary Guidelines for males), the risk of an alcohol-caused death was 1:25 (4%). Drinking patterns also impacted risk. Above 1 drink per occasion, higher consumption was associated with progressively increased risks of breast cancer, cardiovascular disease, and injury.

Alcohol consumption, including at what may be perceived as "moderate" levels, is associated with increased mortality and morbidity risks. These results support tightening alcohol use guidance in the United States, for both males and females, to no more than 1 drink per day.

Source: S. George, T.S. Naimi, K. Keyes, P. Martinez-Matyszczyk, A.J. Milam, J. Rehm, A. Alonso, S. Bell, A. Britton, L. Llamosas-Falcón, E. Hobin, S.E. Judd, A. Justice, C. Kahler, S. Liangpunsakul, S.K. Jones, G. Marcus, K. McGlynn, D. Satre, M. Song, A.P. Thrift, T. Udo, A. Wettlaufer, Z. Zhang, and K. Shield. Journal of Studies on Alcohol and Drugs 2026 87:4 , 621-638. https://doi.org/10.15288/jsad.25-00435

Factors associated with alcohol intake in patients with newly diagnosed breast cancer

Alcohol intake is a modifiable risk factor for breast cancer, yet patterns of alcohol intake in women with breast cancer remain underexplored. This study evaluates demographic and clinical predictors of alcohol intake in patients with breast cancer.

Patients at Mayo Clinic Rochester diagnosed with breast cancer (Stage 0–3) between July 2014 to March 2022 were surveyed about their average alcohol intake over the 10 years prior to their diagnosis. Alcohol intake was categorised as < 1, 1–4, 5–14, and ≥ 15 drinks per week. Demographic, behavioural, and clinical data were analysed using univariate Fisher exact tests and multivariate multinomial logistic regression.

Of 2,030 participants (mean age at diagnosis: 59 years; 99.3% female; 95.9% White), 29% consumed < 1 drink/week, 48% reported 1–4 drinks/week, 20% consumed 5–14 drinks/week, and 3% reported ≥ 15 drinks/week. Older age at diagnosis (≥ 60 years), non-White race, financial difficulty, and never smoking were associated with less alcohol intake. Patients who reported higher levels of mild–moderate intensity exercise reported more alcohol intake. Tumour stage, tumour receptors, and BRCA mutation status were not associated with alcohol intake. PROMIS-10 physical health scores correlated with alcohol intake in univariate but not multivariate models.

Alcohol intake is more common prior to a breast cancer diagnosis for patients who are younger, White, financially secure, exercising, and smoking. These findings may inform alcohol intake-related breast cancer prevention efforts and highlight patient subgroups who could benefit from targeted counselling at the time of diagnosis.

Source: S. Rajput, R.A. Vierkant, N.L. Larson, et al. Factors Associated With Alcohol Intake in Patients With Newly Diagnosed Breast Cancer. Cancer Medicine 15, no. 6 (2026): e72031, https://doi.org/10.1002/cam4.72031.

Changes in alcohol consumption and the risk of postmenopausal breast cancer in the European Prospective Investigation into Cancer and Nutrition cohort

Alcohol consumption is a cause of breast cancer (BC), yet the association between changes in alcohol consumption during adulthood and the risk of breast cancer has been examined little. A study investigated the association between midlife changes in alcohol consumption and the risk of breast cancer.

Within the European Prospective Investigation into Cancer and Nutrition cohort including 123,679 women, changes in alcohol intake were obtained by comparing middle-aged participants' alcohol intake assessed at recruitment and during follow-up, 9.8 years (median) later. In the primary analysis, changes in alcohol consumption were investigated continuously as a change in alcohol intake of 10 g/day, calculated by subtracting the baseline intake (g/day) from the follow-up intake (g/day) and divided by 10 in relation to the risk of subsequent postmenopausal breast cancer, overall, and by hormonal receptor status: oestrogen receptor (ER), progesterone receptor (PR), and human epidermal growth factor receptor 2 (HER2). In a secondary analysis, changes in alcohol intake were categorised in nine combinations of three intake groups at baseline and follow-up (≤1 g/day, >1-8 g/day, and >8 g/day). Hazard ratios (HRs) with 95% confidence intervals (CIs) were estimated, using multivariable Cox proportional hazards regression models.

During a median follow-up time of 4.0 years after the follow-up assessment, 2,173 cases of postmenopausal breast cancer were diagnosed. No associations were observed between alcohol changes and breast cancer risk (HR: 0.97, 95% CI 0.93, 1.01) per 10 g/day nor with ER-/PR-, ER+/PR, ER+/PR+, HER2-, or HER2+ specific BC.

Changes in alcohol consumption during midlife were not associated with the risk of postmenopausal BC, either overall or by hormonal receptor status.

Source: C.S. Antoniussen, D.B. Ibsen, A. Olsen, et al.. Changes in alcohol consumption and the risk of postmenopausal breast cancer in the European Prospective Investigation into Cancer and Nutrition cohort. Eur J Nutr. 2026 Jun 19;65(5):170. https://doi.org/10.1007/s00394-026-04008-5

Trends in alcohol–related deaths in the United States over 55 years

Alcohol consumption is a leading cause of preventable mortality worldwide. Researchers examined long-term trends in alcohol-related deaths in the United States over 55 years (1968–2023) and analysed demographic disparities.

Using CDC WONDER data, alcohol-related deaths among adults aged ≥25 years were identified. Age-adjusted mortality rates (AAMRs) per 100,000 population were calculated, and join point regression analysed temporal trends by sex, race, age, and geographic region.

From 1968 to 2023, 1,321,804 alcohol-related deaths occurred. Age-adjusted mortality rates increased from 13.1 to 19.3 (AAPC: 0.7), with a sharp acceleration during 2018–2021 (APC: 14.1) followed by a decline during 2021–2023 (APC: −6.9). Males consistently had higher mortality than females, though the gender gap narrowed. A striking racial inversion occurred: mortality among Black individuals declined from 27.7 to 13.5 (AAPC: −1.4), while mortality among White individuals increased from 11.3 to 21.1 (AAPC: 1.1) with older adults (65+) showing the steepest long-term increase (AAPC: 1.4). Regionally, the Midwest experienced the greatest rise in mortality (AAPC: 1.4), while the Northeast remained stable.

Alcohol-related mortality has increased substantially over 55 years, with profound demographic shifts including a complete racial disparity inversion and narrowing gender gap. Recent declines (2021–2023) offer cautious optimism, but sustained, targeted interventions are needed for high-risk populations.

Source: M. Zulfiqar, M. S. Uddin, F. Abbas, et al. 2026. Trends in Alcohol–Related Deaths in the United States Over 55 Years: 1968–2023. Alcohol: Clinical and Experimental Research 50, no. 7: e70321. https://doi.org/10.1111/acer.70321.

Alcohol consumption and the risks of morbidity and mortality across 39 diseases and conditions

Alcohol control policies remain insufficiently enforced in Korea and comprehensive evidence linking alcohol intake to disease and mortality is limited. Researchers estimated the associations between alcohol consumption in Korea and risks of morbidity and mortality for 39 diseases and conditions.

Data from the National Health Insurance Service (NHIS) was linked with death records from Statistics Korea. The study included 6,214,569 participants (57.36% males) aged ≥20 years who underwent two general health examinations during 2006-2009 and were disease-free at baseline.

Alcohol consumption was categorised by drinking status and daily pure alcohol intake (seven levels in 10 g/day increments), averaged across two measurements (2006-2007, 2008-2009). The reference group comprised current abstainers at both examinations. Outcomes included incident cases, all-cause and cause-specific deaths for 39 diseases, followed through 2022. Covariates included age, income, body mass index, smoking, physical activity and comorbidities.

At baseline, 79.3% of men and 39% of women were current drinkers. For cancer, alcohol consumption was statistically significantly associated with increased risks of seven cancers in men and four in women. On average, lifetime incidence rate of alcohol-related cancers was 9.96% [95% confidence interval (CI) = 9.83-10.09] among current drinkers and 7.88% (95% CI = 7.73-8.03) among current abstainers in men (2.1% difference). Among women, corresponding rates were 10.28% (95% CI = 10.07-10.50) vs. 9.89% (95% CI = 9.78-9.99). For diseases of the circulatory system, alcohol consumption was associated with increased risks of eight subtypes in men and two in women. In contrast, J- or U-shaped association was observed for ischemic heart diseases, heart failure (men) and cardiac arrhythmias (women), which was no longer evident in analyses using light drinking as the reference. Additionally, statistically significant positive association was exhibited in 14 other conditions among men and six among women. For mortality, alcohol consumption was associated with a lifetime incidence rate of death from any cause of 41.70% (95% CI = 41.40-42.01), compared with 39.06% (95% CI = 38.69-39.43) among current abstainers in men. It was also associated with mortality from 15 diseases in men and nine in women.

Alcohol consumption in Korea appears to be associated with numerous diseases and conditions, highlighting the need for strengthened national alcohol control policies. Protective effects of alcohol on cardiac health should be interpreted with caution, the study authors say.

Source: T.T. Bui, H-Y Kang, J. Lee, E. Kang, J-K. Oh. Alcohol consumption and the risks of morbidity and mortality across 39 diseases and conditions: A population-based cohort study in Korea. Addiction. 2026. https://doi.org/10.1111/add.70518

The impact of alcohol consumption on bone mineral density

Alcohol use is widely prevalent across different regions and cultural settings worldwide. While prior studies have suggested a positive impact of light alcohol consumption on bone mineral density (BMD), the relationship between different levels of alcohol consumption and BMD remains controversial. A study conducted cross-sectional analyses within the Rotterdam Study (RS) and UK Biobank (UKB) to examine this association, followed by one- and two-sample Mendelian randomization (MR) to assess potential causality.

The study included 4,087 Europeans from the Rotterdam Study and 29,856 from the UK Biobank. In the cross-sectional analyses, the association between alcohol consumption (g/day) and bone outcomes [i.e., bone mineral density (BMD) and trabecular bone score (TBS)] were examined. For MR analyses, genetic variants associated with alcohol consumption and problematic alcohol use [defined as a combination of alcohol use disorders (AUD), alcohol dependence, and measures of Alcohol Use Disorders Identification Test-Problems (AUDIT-P)] were used as the instrumental variable (IV) for both exposures in both one- and two-sample MR.

Cross-sectional analyses revealed a positive relationship between alcohol consumption and lumbar spine BMD (LS-BMD) (RS: $\beta = 0.108$; UKB: $\beta = 0.095$, femoral neck BMD (FN-BMD) (RS: $\beta = 0.140$; UKB: $\beta = 0.102$), and lumbar spine TBS (LS-TBS) (RS: $\beta = 0.128$; UKB: $\beta = 0.084$) in both studies, while alcohol consumption was only significantly associated with total body BMD (TB-BMD) (RS: $\beta = 0.059$; UKB: $\beta = 0.058$) in UKB. Alcohol consumption was also positively associated with total body BMD (TB-BMD), although this association reached statistical significance only in the UKB cohort (RS: $\beta = 0.059$; UKB: $\beta = 0.058$). In contrast, neither one-sample nor two-sample Mendelian randomization analyses provided evidence of a causal effect of genetically predicted alcohol consumption or problematic alcohol use on any bone outcomes.

In two independent studies, the researchers observed a positive cross-sectional association of alcohol consumption with femoral neck BMD, lumbar spine BMD and TBS in European participants. However, MR findings did not demonstrate a causal link, suggesting that other factors or biases may confound the observed positive relationship. Further research is warranted to better understand the underlying mechanisms and potential confounders of this association.

Source: X. He, H. Lu, S. Ghatan, J. Li, F. Koromani, C. Medina-Gomez, M.C. Zillikens, K. Trajanoska The impact of alcohol consumption on bone mineral density: Insights from cross-sectional and Mendelian randomization studies. Bone. 2026 Jun 30;212:117999. https://doi.org/10.1016/j.bone.2026.117999

A large randomised trial assessing alcohol cessation versus moderation on clinical events: UNATI

The health effects of moderate alcohol consumption remain a highly debated topic in public health and epidemiology. While observational studies have suggested a possible protective effect of moderate drinking, particularly within Mediterranean patterns, concerns about confounding and selection bias persist. No randomised trial to date has definitively addressed whether alcohol cessation offers superior health benefits compared to sustained moderate drinking. In response to this evidence gap, the European Research Council has funded the University of Navarra Alumni Trialist Initiative (UNATI), a large, pragmatic, randomised controlled trial designed to assess the long-term effects of two behavioural interventions: complete alcohol cessation versus moderated consumption following a Mediterranean pattern. UNATI will enrol over 10,000 adults in Spain (men aged 50-70 and women aged 55-75) who currently consume alcohol regularly. Participants will be randomly assigned to one of the two interventions for four years, with annual clinical evaluations and lifestyle assessments. The trial's hybrid design - combining centralised coordination with a network of regional medical professionals - offers a unique opportunity to generate high-quality causal evidence in a real-world setting. If successful, UNATI could become a landmark study, helping to resolve a decades-long controversy regarding moderate alcohol use and health.

Source: M.A. Martinez-Gonzalez, M. Barberia-Latasa, Z. Vazquez-Ruiz, M.A. Alvarez-Mon, D. Martinez-Urbistondo, M. Ruiz-Canela, M. Bes-Rastrollo, et al. A large randomized trial assessing alcohol cessation versus moderation on clinical events: UNATI. European Journal of Epidemiology, Published early online 11 July 2026 [R217185] https://doi.org/10.1007/s10654-025-01330-w

Alcohol consumption and dementia risk in steatotic liver disease: a nationwide cohort study

A nationwide cohort study of more than 3 million adults found that dementia risk varied substantially by steatotic liver disease phenotype and alcohol consumption pattern, suggesting that liver health and alcohol exposure may have distinct implications for cognitive outcomes.

The analysis included 3,071,829 adults without baseline dementia who underwent health examinations in 2012. Participants were classified as having no steatotic liver disease, metabolic dysfunction-associated steatotic liver disease, metabolic dysfunction-associated alcohol-related liver disease, or alcohol-related liver disease. Outcomes included newly diagnosed all-cause dementia, Alzheimer's disease, and vascular dementia.

Over a median follow-up of 5.4 years, 72,545 cases of all-cause dementia were recorded, along with 56,999 cases of Alzheimer's disease and 8,923 cases of vascular dementia.

Across all dementia outcomes, steatotic liver disease was associated with a significantly increased risk. Alcohol-related liver disease showed the highest dementia risk among the steatotic liver disease subtypes, followed by metabolic dysfunction-associated steatotic liver disease. In contrast, metabolic dysfunction-associated alcohol-related liver disease showed largely neutral associations, except for a modest increase in vascular dementia risk.

The findings highlight the importance of distinguishing steatotic liver disease subtypes rather than treating the condition as a single clinical category. Alcohol exposure appeared to modify dementia associations, but not in a uniform way across dementia outcomes.

Further stratification of metabolic dysfunction-associated steatotic liver disease by alcohol consumption revealed an additional pattern. Individuals with metabolic dysfunction-associated steatotic liver disease and no alcohol intake had consistently higher risks of all dementia outcomes. By contrast, those with metabolic dysfunction-associated steatotic liver disease and within-threshold alcohol intake showed more heterogeneous associations.

The observational design means causality cannot be inferred. The authors emphasised that the findings require further validation in studies with longitudinal assessment of steatotic liver disease status and alcohol exposure.

For clinicians, the study reinforces the potential value of considering liver phenotype and alcohol consumption pattern when assessing long-term neurologic risk. It also adds to growing evidence that metabolic and alcohol-related liver disease may intersect with brain health in clinically meaningful ways.

Source: J.W. Han , et al. Alcohol consumption and dementia risk in steatotic liver disease: a nationwide cohort study. Hepatol Int. 2026; https://doi.org/10.1007/s12072-026-11112-5



https://www.apsadconference.com.au/

Associations between beer, wine, and spirits consumption and major mortality outcomes in Norwegian men and women

A study published in the Scandinavian Journal of Public Health examines how consumption of wine, beer, and spirits, both individually and in combination, is associated with mortality. The relationship between overall alcohol intake and mortality from cardiovascular disease, ischemic heart disease, cancer, and alcohol-related diseases was also assessed.

A cohort of 187,294 men and women aged 16-99 years (10th percentile 36 years, 90th percentile 52 years), without cardiovascular disease or cancer, were followed for an average of 21 years, with 15,642 deaths. The participants completed a cardiovascular health survey and a questionnaire reporting their consumption of beer, wine, and spirits over the preceding 14 days. Mortality outcomes were assessed using absolute mortality rates, calculated with the direct method, and hazard ratios, adjusted for major cardiovascular risk factors. Non-drinkers served as the reference group.

For all-cause death in men and women combined, the hazard ratio was 0.91 (95% confidence interval: 0.88-0.94) for 1-9 glasses/14 days of alcohol, 1.01 (0.96-1.07) for 10-19 glasses, and 1.44 (1.32-1.57) for 20+ glasses versus non-drinkers. Corresponding hazard ratios for ischemic heart disease death were 0.86 (0.77-0.97), 0.82 (0.68-0.98), and 1.09 (0.83-1.43), and for alcohol-related deaths 1.63 (1.07-2.49), 4.47 (2.85-7.02), and 13.0 (8.11-20.8). Low wine consumption alone, or combined with low beer or spirits consumption, was associated with hazard ratios of 0.84 (0.78-0.89) to 0.90 (0.84-0.97). Combinations without wine showed hazard ratios ranging from 1.00 (0.95-1.06) to 1.06 (1.00-1.13).

Low wine consumption was associated with lower mortality than no alcohol consumption, irrespective of low beer or spirits consumption.

Source: A. Tverdal, R. Selmer, D.S. Thelle. Associations between beer, wine, and spirits consumption and major mortality outcomes in 187,294 Norwegian men and women, with a focus on low-level wine intake. Scand J Public Health. 2026 Jul 3. https://doi.org/10.1177/14034948261459749

Medical research by publication date

Association of alcohol intake over the lifetime with colorectal adenoma and colorectal cancer risk in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial. First published: 26 January 2026

Alcohol use: less is better. An umbrella systematic review of clinical interventions, policies, and dose–response health risks in adults. Published online 24 March 2026.

Reevaluating the Alcohol–Cancer Link: Long-Term Cancer Mortality Outcomes in the REGARDS Study. Published: 4 May 2026.

Alcohol Intake and Health Study: No protective effect at low levels, with mortality increasing to 1 in 25 at 14 drinks per week . Published Online: 8 June 2026.

Factors associated with alcohol intake in patients with newly diagnosed breast cancer. First published: 16 June 2026.

Changes in alcohol consumption and the risk of postmenopausal breast cancer in the European Prospective Investigation into Cancer and Nutrition cohort. Published 19 June 2026

Impact of moderate wine consumption on Type 2 Diabetes. Published 20 Jun 2026

Alcohol consumption and dementia risk in steatotic liver disease: a nationwide cohort study. Published: 23 June 2026.

Sex-specific modifiable factors for incident late-onset dementia in the geographic context: A longitudinal comparative analysis of multicohort studies across 19 countries. Published online: 24 June 2026.

The impact of alcohol consumption on bone mineral density: Insights from cross-sectional and Mendelian randomization studies. Published 30 June 2026

Alcohol consumption and the risks of morbidity and mortality across 39 diseases and conditions: A population-based cohort study in Korea. First published: 1 July 2026.

Associations between beer, wine, and spirits consumption and major mortality outcomes in 187,294 Norwegian men and women, with a focus on low-level wine intake. First published online 3 July 2026.

Trends in alcohol–related deaths in the United States Over 55 Years: 1968–2023. First published: 10 July 2026.

A large randomised trial assessing alcohol cessation versus moderation on clinical events: UNATI. Published 1 July 2026.

Alcohol and cancer messaging: a scoping review

Public health messaging is a key strategy for raising awareness of the alcohol-cancer link. A review summarised research on messages communicating this link.

Eligible studies were in English, involved human participants, and assessed messages about alcohol and cancer. A systematic search was conducted in July 2021 and updated in July 2023 across seven databases (PubMed/MEDLINE, Cochrane Library, Embase, Scopus, CINHAL, Web of Science, PsycInfo) using keywords for alcohol, cancer, and messaging.

121 studies from 104 papers, were identified yielding 236 alcohol-cancer messages. Most studies were published within the past decade (n=80, 66%) and assessed alcohol beverage warning labels referencing cancer (n=75, 62%). Most studies included adults who consumed alcohol (n=85, 70%). Men comprised less than 50% of the sample in half of the studies. Breast cancer was the most mentioned cancer in messages (n=85, 36%). Messages commonly employed probabilistic causal language expressing uncertainty in the outcome (e.g., "alcohol increases cancer risk" [n=149, 63%]).

The study authors say that understanding public awareness of cancer-relevant health behaviours is critical to cancer prevention and control. Messages about the carcinogenic effects of alcohol can be an effective public health strategy rigorously tested across broad populations.

Source: N.K. Greene, A.B. Seidenberg, G. Butera, E. Jesch, H. Fakhari, K.P. Wiseman, P. Buykx, N.K. LoConte, C.L. Scherr, W.M.P. Klein, Alcohol and Cancer Messaging: A Scoping Review. Cancer Epidemiol Biomarkers Prev 1 June 2026; 35 (6): 815–823. https://doi.org/10.1158/1055-9965.EPI-25-2058.

Characterising in vivo exposure to alcohol content in the media: media platform, engagement, and associations with attitudes

The authors of a study published in Alcohol: Clinical and Experimental Research state that, ´Alcohol-related content in media is overwhelmingly presented positively, and exposure to this content is linked to adolescent drinking. Yet, less is known about how often adolescents encounter alcohol content via media, how exposure varies across platforms, and how adolescents typically engage with such content'. In their research, they used ecological momentary assessment (EMA) methods to collect detailed, real-time data about alcohol-related content encountered across a variety of digital media sources.

302 High school students (63.9% female) with a mean age of 16.2 were recruited through social media and completed three 21-day EMA bursts spaced 4 months apart. Participants reported alcohol-related content encountered via scheduled and self-initiated smartphone surveys, yielding 55,352 total reports, including 8,792 with alcohol content. The research evaluated momentary associations between exposure to alcohol content and cognitive outcomes (personal attitudes, perceived peer norms, beliefs that content promotes alcohol use).

99.3% of participants reported exposure to alcohol-related content during the monitoring period. The most common sources were Instagram (32.4% of alcohol reports), TikTok (18.1%), and YouTube (7.8%). About one-third of exposures originated from influencers; nearly half of YouTube and Instagram exposures involved industry sources. In-depth engagement (e.g., commenting) with content was rare, although engagement requiring minimal effort ("liking") was endorsed for 25.6% of content reports. Encountering alcohol content on Instagram and Snapchat was associated with personal disapproval of the content; there were few associations with perceived peer norms. Engagement significantly predicted more cognitions favouring alcohol.

Adolescents frequently encounter alcohol content across diverse platforms, often from influencers and industry. Much of the content was believed to promote alcohol use. Although behavioural engagement was limited, exposure was linked to attitudes toward content encountered on some platforms. Greater understanding of components and contexts to be targeted for just-in-time interventions delivered in proximity to in vivo exposures can reduce risk for early alcohol engagement.

Source: K. M. Jackson, J. Gabrielli, S. M. Colby, et al. Characterizing In Vivo Exposure to Alcohol Content in the Media: Media Platform, Engagement, and Associations With Attitudes. Alcohol: Clinical and Experimental Research 2026, 50, no. 6: e70311. https://doi.org/10.1111/acer.70311.

Alcohol consumption patterns before and after retirement: a longitudinal cohort study within the Survey of Health, Ageing and Retirement in Europe

Retirement is a major life-course transition that can reshape health behaviours, including alcohol consumption. However, longitudinal evidence from large, cross-national cohorts remains scarce.

In a longitudinal cohort study, Survey of Health, Ageing and Retirement in Europe (SHARE) waves 1-8 (2004-20) were merged, linking individual-level data from 8,998 adults aged ≥50 who were employed at baseline and retired during follow-up. Outcomes were: near-daily drinking; consumption of ≥8 alcohol units in the previous 7 days; and binge drinking (≥4–6 units on one occasion at least monthly). Time relative to retirement was grouped into nine periods (≥10 years before to ≥10 years after).

At baseline, 18.1% drank almost daily, 18.7% consumed ≥8 units weekly, and 12.3% engaged in binge drinking. Compared with the retirement year, the risk of almost-daily drinking was lower 5-9 years before retirement (RR 0.86, 95%CI 0.78–0.95) but higher 3-4 years (1.12, 1.01-1.23), 5-9 years (1.18, 1.07-1.31), and ≥10 years (1.28, 1.11-1.48) after retirement. Weekly quantity did not change significantly. Binge-drinking risk was reduced both 5-9 years before (0.86, 0.77-0.95) and ≥10 years after retirement (0.78, 0.66-0.93).

Alcohol use trajectories evolved both before and after retirement: near-daily drinking increased across the transition, binge drinking declined thereafter, and weekly volume remained broadly stable. Targeted counselling around retirement could reinforce moderation.

Source: G.P. Vigezzi, P. Bertuccio, G. Mosconi, R. Vecchio, S. Cerrai, T. Fanucchi, A. Amerio, S. Molinaro, S. Gallus, A. Odone. Alcohol consumption patterns before and after retirement: a longitudinal cohort study within the Survey of Health, Ageing and Retirement in Europe. Am J Prev Med. 2026 Jun 11:108474. https://doi.org/10.1016/j.amepre.2026.108474

Attitudes towards drinking in the presence of small children: do the associations with parenthood and own risky drinking change when per capita alcohol consumption declines?

A study explored changes in Finnish adults' attitudes towards alcohol use and getting drunk in the presence of small children and the changes in these attitudes in a period of declining alcohol consumption in Finland. It also examined whether these attitudes differ by respondents' parental status and by their own risky drinking.

The researchers used data from three large surveys carried out across mainland Finland in 2008, 2016, and 2023. Each survey included around 2,000 adults and was designed to represent the Finnish population. They looked at how people's views on two statements changed over time and whether these views were linked to being a parent or to levels of alcohol use, measured using the Alcohol Use Disorders Identification Test (AUDIT). The researchers also examined whether these relationships changed between 2008 and 2023.

The proportion of respondents who agreed that drinking in the presence of small children is unacceptable increased from 73% in 2008 to 78% in 2023. Acceptance of getting drunk around children declined from 37% to 27% (RR = 0.89, 95% CI 0.86-0.92). Parents were more likely to accept any alcohol use (RR = 1.09, 95% CI 1.06-1.13) and less likely to accept getting drunk (RR = 0.96, 95% CI 0.93-0.99). Higher AUDIT scores were linked to more permissive attitudes towards both drinking and getting drunk in the presence of children; these associations remained stable over time.

Parents were more permissive towards any alcohol use but less accepting of getting drunk in the presence of small children, whereas respondents with riskier drinking consistently expressed more permissive attitudes. Finnish adults' growing disapproval of drunkenness around small children over 2008-2023 likely reflects broader shifts in social norms that have accompanied declining alcohol use.

Source: K. Raitasalo and P. Mäkelä. Attitudes Towards Drinking in the Presence of Small Children: Do the Associations With Parenthood and Own Risky Drinking Change When Per Capita Alcohol Consumption Declines? Drug and Alcohol Review 45, no. 5 (2026): e70209, https://doi.org/10.1111/dar.70209.

Evaluating the immediate impacts of the repeal of the Northern Territory minimum unit price on off-premises alcohol pricing

A minimum unit price (MUP) of AUD$1.30 per standard drink was implemented in 2018 in the Northern Territory (NT), Australia, to reduce the availability of cheap alcohol. Despite evidence of its efficacy in decreasing alcohol consumption and harms, the MUP was repealed on 1 March 2025. A study investigated the immediate impacts of the MUP repeal on the price of off-premises (i.e. takeaway) alcohol in Darwin, NT, assessing the proportion of products available <$1.30 per standard drink after the repeal in March 2025, identifying whether these products were pre-existing or new to market, and analysing any broader shifts in the price distribution across all alcoholic products that could be attributable to the repeal.

This was an observational study of all alcoholic products available from three large alcohol retailer websites in Darwin, NT, between October 2024 and March 2025.

Within one month of the repeal, no beer or spirits, 5.1% of all wine and 2.5% of all ciders were available <$1.30 per standard drink, including 67.6% of the 37 wine products in vessels ≥1 L. Of the products identified at <$1.30 per standard drink, most had been available in previous months (i.e. not new or restocked). The study found a downward shift in price across the market for all product types, including beer and spirits, which were priced substantially above the $1.30 threshold at all percentiles. The largest reductions were observed for cheaper spirits, beer, cider and wine ≥1 L, ranging from $0.08 at the 20th percentile for spirits to $0.48 for wine ≥1 L at the 10th percentile.

The minimum unit price repeal in Northern Territory, Australia, in March 2025 resulted in an immediate increase in the availability of cheap alcohol products and a downward shift in the overall price of alcohol in the off-premises market, particularly for lower-priced products.

Source: M. Miller, N. Man, N. Taylor, M. Livingston, S. Clifford, M. Kowalski, et al. Evaluating the immediate impacts of the repeal of the Northern Territory minimum unit price on off-premises alcohol pricing: Findings from an observational study of online alcohol retailers. Addiction. 2026. https://doi.org/10.1111/add.70466

Implementation of health warnings on alcohol products in 13 European countries

Alcohol health warning labels are an important part of a comprehensive alcohol policy, but there is a lack of recent implementation data across Europe. This study examined the presence, content and format of health warnings across 13 European countries.

Store audits were conducted across 32 stores in 23 cities. The sampled products were assessed for the presence, topic and format of health warnings.

Among the 1,636 investigated products, 69.7% displayed health warnings. The most common topics were pregnancy (68.0%), drink-driving (21.4%) and age restrictions (16.6%), followed by responsible drinking messages (6.9%) and health harms due to alcohol use (0.3%). 26.7% of products contained a multi-topic warning. The majority of products featured only a pictogram (62.3%), while 6.7% included both pictogram and text, and 0.7% contained text only. Lithuania, France and the Netherlands had the highest proportions of products displaying at least one warning (above 90%). Proportions were lowest in Croatia, Poland, Slovenia and Greece (under 50% of products with health warnings).

Existing warnings predominantly focus on messages relevant to at-risk population groups rather than on alcohol harms affecting the general population. The current implementation largely reflects the alcohol producers' voluntary commitments, although the highest implementation is found in countries with existing legislation. There is underutilised potential to inform Europeans about the health harms of alcohol through warning labels, the study authors state; stronger regulatory approaches at the EU or Member State level could improve the quality of information provided directly to consumers.

Source: D. Kokole, M. Neufeld, D. Correia, et al., On the Label: Implementation of Health Warnings on Alcohol Products in 13 European Countries. Drug and Alcohol Review 45, no. 5 (2026): e70185, https://doi.org/10.1111/dar.70185.

Quantifying the potential of alcohol policies for cancer prevention in the EU

Alcohol is a major preventable risk factor for cancer, causally linked to seven types of cancer, yet the potential cancer-preventive impact of population-level alcohol control policies remains unquantified. A study published in The Lancet Regional Health - Europe provides the first such estimates for the European Union (EU).

Researchers conducted a modelling analysis for 27 EU countries to estimate changes in alcohol consumption and alcohol-attributable cancer incidence. Four policy scenarios were examined, based on real-world studies from high-income economies reviewed in the International Agency for Research on Cancer Handbooks of Cancer Prevention Volume 20B: increased alcohol excise taxation, a Sunday alcohol sales ban, a national alcohol marketing ban, and an integrated alcohol policy implemented in Lithuania.

Relative changes in recorded alcohol consumption were applied to 2012 exposure data to estimate cancer incidence in 2022, assuming a 10-year latency period. Alcohol-attributable fractions were calculated for seven causally related cancers by country, sex, and age, with uncertainty quantified using Monte Carlo-like simulation.

In 2022, an estimated 146,194 cancer cases (16.1% across seven causally related sites) in the EU were attributable to alcohol. All policy scenarios would have reduced cancer incidence across the EU. The integrated policy scenario would avert 9220 cases (95% UI: 8,568–9,833; 6.5% of alcohol-attributable cases). Increased taxation would avert 8,387 cases (95% UI: 7,954–8,862, 5.9%), a Sunday sales ban 5,491 cases (95% UI: 5,365–5,618, 3.8%), and a marketing ban 6,434 cases (95% UI: 5,899–6,973, 4.5%). The largest absolute reductions were for female breast, and oesophageal cancers.

Implementation of major alcohol policies could prevent thousands of cancer cases in the EU, the researcher conclude. Population-level alcohol policies represent an underused tool for cancer prevention and should be integrated within EU and national cancer control frameworks.

Source: D. Correia, M. Neufeld, C. Ferreira-Borges, B. Lauby-Secretan, H. Rumgay, I. Soerjomataram, E. Weiderpass, K. Shield, A.S. Hassan, J. Rehm, Quantifying the potential of alcohol policies for cancer prevention in the EU: a modelling study, The Lancet Regional Health - Europe, Volume 67, 2026, 101734, ISSN 2666-7762, https://doi.org/10.1016/j.lanepe.2026.101734

How have alcohol producers changed the alcohol content of their products?

In August 2023, the United Kingdom introduced alcohol taxation reforms designed to encourage alcohol producers to lower the alcoholic strength of their products. A study aimed to quantify the extent of reformulation of alcoholic drinks sold in the off trade in Great Britain between 2018 and 2025 and explore the role the tax reforms may have played.

Continuous longitudinal data on alcohol purchases was used from Worldpanel by Numerator's Take Home data to examine changes between 2018 and 2025 in the mean alcohol-by-volume (ABV) of all alcohol sold, identify specific product reformulations and examine how their timing related to the 2023 tax reforms. The researchers also explored growth in the <3.5% ABV beer market, for which tax rates were cut in the reforms.

The average ABV of all alcohol rose from 17.2% in late 2018 to 17.7% in June 2022, before falling to 16.7% in December 2025. 557 reformulations were identified, of which 50% were for wine and 17% were for beer. Reformulations increased substantially following the reforms, with the proportion of the beer market, measured in pure alcohol, sold below 3.5% ABV increasing from 1.1% in 2022 to 18.1% in 2025.

The findings suggest that the 2023 UK alcohol tax reforms appear to have contributed to an increase in reformulations that reduced the strength of alcoholic drinks. In turn, these may have played a role in reductions in the overall ABV of alcoholic drinks purchases. Following the reforms, there was a large and immediate increase in the market share of lower-strength beers.

Source: C. Angus, L. Wilson, S. Jackson, et al. How Have Alcohol Producers Changed the Alcohol Content of Their Products? A Descriptive Analysis of Reformulation in the Off-Trade Alcohol Market in Great Britain, 2018–2025. Drug and Alcohol Review 45, no. 5 (2026): e70197, https://doi.org/10.1111/dar.70197.

Use and motivations for consuming no and low (NoLo) alcohol beverages among US adults 21 years or older

No and low alcohol (NoLo) beverages have experienced significant industry expansion and may be a useful tool in reducing harmful alcohol consumption. However, there is scant research detailing their use and acceptability in the United States. A study sought to determine the prevalence of NoLo use patterns and to describe the use and motivation for use of NoLo products.

1464 US adults aged 21 years old and older completed a 30-min survey about their experiences with NoLo beverages (e.g., if they ever tried them, motivation for use), current alcohol use, psychosocial factors and sociodemographic characteristics.

Three-quarters of participants reported having tried NoLo beverages. Frequently reported motivations for NoLo consumption were to decrease alcohol consumption (45.5%), abstain from drinking (37.4%) and avoid the negative effects of alcohol (36.8%). Many sociodemographic factors were associated with having tried NoLo. Notably, people who reported moderate- or high-risk alcohol consumption (AUDIT-10; AOR = 2.0, 95% CI 1.4, 3.0) and people who had tried to quit drinking alcohol (AOR = 2.7, 95% CI 1.9, 3.7) had higher odds of trying NoLo beverages.

Among participants in recovery from AUD or problematic alcohol use, identifying as gay, queer or another sexual identity and having incorporated drinking counting/rationing into AUD recovery were associated with a higher odds of having ever tried NoLo beverages.

For participants not in recovery from alcohol use disorder (AUD) or problematic alcohol use, greater annual income, being food insecure, moderate- or high-risk alcohol consumption, and ever tried to quit drinking were associated with a higher odds of having ever tried NoLo beverages. Conversely, lower income, not having health insurance, and being a cisgender woman were associated with a lower odds of having ever tried NoLo beverages.

The study highlights current trends in the use and acceptability of NoLo beverages in the US, which have potential to reduce harmful alcohol use.

Source: D. A. Westmoreland, J. Bleasdale, G. Kothawar, et al. Use and Motivations for Consuming No and Low (NoLo) Alcohol Beverages Among US Adults 21 Years or Older. Drug and Alcohol Review 45, no. 5 (2026): e70192, https://doi.org/10.1111/dar.70192.

Alcohol-related intimate partner harm in Australia: demographic patterns and changes between 2008 and 2021

Although the association between heavy drinking and intimate partner violence is well-documented, the characteristics of those affected and those responsible for harm, the diverse harms experienced, and changes over time remain underexplored. A paper published in the July in the Journal of Family addresses these gaps in an Australian context.

Data from the 2008 (n = 2,649) and 2021 (n = 2,574) Australian Alcohol's Harm to Others (AHTO) surveys were analysed, estimating the gender-stratified prevalence of alcohol-related intimate partner harm. A sub-sample of 373 participants who reported harm from a heavy-drinking intimate partner was examined.

In 2021, 8.0% of women and 3.8% of men (5.9% overall) reported past-year harm from a heavy-drinking partner, significantly lower than in 2008 (10.6% women, 5.3% men, 8.0% overall). Harms included physical harm, harassment, social problems and unmet obligations due to a partner's drinking. In the combined survey sample, women (OR: 2.3, 95% CI: 1.6, 3.1), younger individuals, and those who reported frequent own heavy episodic drinking had significantly higher odds of being negatively affected.

Heavy drinking continues to impact intimate partners. These findings highlight the need for gender-informed interventions that reduce men's heavy drinking and better support women affected by alcohol-related intimate partner harm.

Source: A. Tanyos, H. Jiang, R. Jenkinson, et al. Alcohol-related intimate partner harm in Australia: demographic patterns and changes between 2008 and 2021. J Fam Viol (2026). https://doi.org/10.1007/s10896-026-01140-y

Social and Policy research by publication date

Alcohol and cancer messaging: a scoping review. Published 2 June 2026

Alcohol consumption patterns before and after retirement: a longitudinal cohort study within the Survey of Health, Ageing and Retirement in Europe. Published online 11 June 2026

Characterising in vivo exposure to alcohol content in the media: media platform, engagement, and associations with attitudes.
First published 12 June 2026.

Evaluating the immediate impacts of the repeal of the Northern Territory minimum unit price on off-premises alcohol pricing: Findings from an observational study of online alcohol retailers.
First published: 16 June 2026

On the label: Implementation of health warnings on alcohol products in 13 European countries.
First published: 18 June 2026

Quantifying the potential of alcohol policies for cancer prevention in the EU: a modelling study. Published June 18 2026

How have alcohol producers changed the alcohol content of their products? A descriptive analysis of reformulation in the off-trade alcohol market in Great Britain, 2018–2025
First published: 30 June, 2026

Use and motivations for consuming no and low (NoLo) alcohol beverages among US adults 21 years or older.
First published: 1 July 2026

Alcohol-related intimate partner harm in Australia: demographic patterns and changes between 2008 and 2021.
Published: 7 July 2026

Attitudes towards drinking in the presence of small children: do the associations with parenthood and own risky drinking change when per capita alcohol consumption declines?
First published: 10 July 2026

Evaluation of Norway's National Alcohol Strategy 2021–2030

The Norwegian Institute of Public Health (FHI) has published a midterm evaluation of Norway's National Alcohol Strategy 2021–2030, concluding that the country's target of reducing alcohol consumption by 20% between 2010 and 2030 is unlikely to be achieved without stronger policy action. Commissioned by the Ministry of Health and Care Services, the evaluation found that while several smaller, practical measures have been implemented, progress across the strategy's 42 actions has been uneven. Some initiatives have been delayed or insufficiently developed, including work on early intervention in healthcare, which only began to gather momentum in 2026.

According to FHI, alcohol consumption has fallen by around 9% since 2010, with registered sales declining from 6.59 litres of pure alcohol per person aged 15 and over in 2010 to 5.98 litres in 2025. However, achieving the 2030 target would require consumption to fall by a further 0.7 litres per person within five years. The report notes that Norway already has many evidence-based alcohol control measures in place—including taxation, age restrictions, the Vinmonopolet retail monopoly, advertising bans and limits on trading hours—but observes that some policies have become more permissive in recent years, including increases in licensed premises, later serving hours and a growing number of Vinmonopolet stores.

FHI concludes that stronger regulatory measures will be needed if Norway is to meet its alcohol reduction target. The report identifies higher alcohol taxes, tighter import quotas, health warning labels, and stricter limits on alcohol sales outlets and trading hours as the policies most likely to reduce consumption. While education campaigns, alcohol-free initiatives and early intervention in healthcare can play a supporting role, the evaluation finds there is limited evidence that these measures alone will significantly reduce population-level alcohol consumption by 2030.

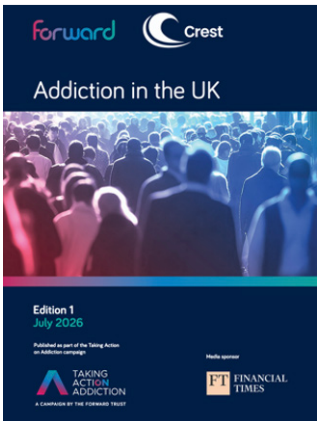
https://www.nordicalcohol.org/post/fhi-evaluation-norway-unlikely-to-reach-alcohol-reduction-target-without-stronger-measures

Addiction in the UK - a new landmark report about drug and alcohol use in the UK

A new landmark report was released in July highlighting the extent of drug and alcohol addiction across the UK – the first time it has been done across the four nations.

A new report from Forward Trust and Crest Advisory highlights the scale of addiction across the UK, estimating that around 5.5 million people have experienced or are currently experiencing addiction. Focusing on alcohol and illegal drugs, the report notes that almost half of UK adults drink alcohol at least weekly, with nearly one in five drinking above NHS low-risk guidelines, while 8.7% report using illegal drugs in the past year. Although most people consume alcohol or drugs without developing addiction, the report argues that alcohol and drug-related harms remain a major public health challenge, contributing to around 10,000 alcohol-related deaths and 7,000 drug-related deaths each year.

The report also highlights the wider social and economic impacts of addiction, linking alcohol and drug misuse to homelessness, crime, domestic abuse, unemployment and adverse outcomes for children. It estimates that alcohol addiction costs the UK economy £21 billion annually, with illegal drug addiction costing a further £20 billion. While acknowledging improvements in treatment services, recovery support and national strategies across the UK, the report concludes that addiction rates remain high and calls for continued investment in prevention, treatment and recovery. It also notes encouraging signs of declining alcohol and drug use among younger people but stresses that further action is needed to reduce the long-term health, social and economic harms associated with addiction.



The report concludes with a series of recommendations aimed at reducing the impact of addiction across the UK. It calls for stronger political leadership to address the estimated 17,000 preventable alcohol- and drug-related deaths each year, alongside sustained investment in treatment and recovery services to ensure timely access to support. The report recommends expanding access to residential, community and prison-based recovery programmes, strengthening addiction interventions within the criminal justice system, and increasing efforts to reduce the availability of cheap alcohol through measures such as minimum unit pricing and higher alcohol taxation. The report emphasises the importance of tackling the stigma associated with addiction, promoting recovery stories and peer, arguing that greater public understanding could encourage more people and their families to seek help earlier.

https://forwardtrust.org.uk/news/article/addiction-in-the-uk-a-new-landmark-report-about-drug-and-alcohol-use-in-the-uk

44% of fatal electric scooter crashes in Sweden involve alcohol

New data from Sweden highlights alcohol as a significant factor in fatal e-scooter crashes. Of the 18 e-scooter riders killed, 44% were under the influence of alcohol, with a median blood alcohol concentration of 1.8‰, and none were wearing a helmet. Fatal crashes most commonly occurred on weekend evenings and nights and were typically single-vehicle incidents. In comparison, 26.5% of fatally injured e-bike riders and 12.5% of cyclists were under the influence of alcohol, with median blood alcohol levels of 1.24‰ and 2.0‰ respectively. Helmet use was also low, with only 26.5% of e-bike riders and 25% of cyclists wearing one at the time of the crash.

A separate study by the Swedish Transport Agency found that 6,624 people were injured in e-scooter crashes in 2025, a 38% increase compared with 2024, while seven people died. Almost half of those seriously injured were under the age of 25 and around two-thirds were men. Unlike several European countries—including Finland, France, Italy and Spain, which apply a 0.5‰ blood alcohol limit to e-scooter riders—Sweden does not have a specific legal alcohol limit. Instead, the law states that riders must not operate an e-scooter if they are unable to do so safely.

https://www.thebuzzevnews.com/fatal-e-scooter-crashes-sweden-alcohol/

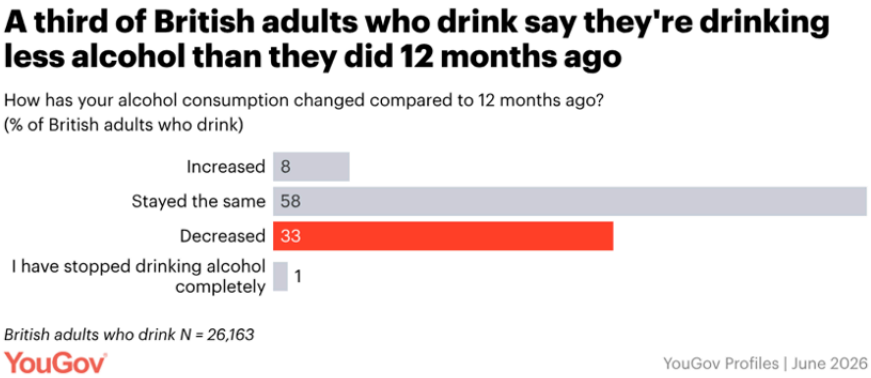
Why are British adults drinking less alcohol in 2026?

New YouGov Profiles data shows that while most Britons who drink say their alcohol consumption is unchanged from a year ago (58%), 33% say they have reduced their intake. Only 8% say they have increased it, with a further 1% saying they have stopped drinking alcohol completely.

Among Britons who are drinking less than they were a year ago, most say it is simply due to a reduced desire to drink. 51% say this has contributed to their lower alcohol consumption.

Financial considerations are also a notable factor, with 33% saying they can no longer afford to drink as much as they previously did. Health concerns rank third, cited by 29% of those who say they have cut back. Beyond the top three reasons, relatively few respondents point to specific external factors. 10% say their friends or family have started drinking less, while 8% cite medication as a reason.

https://yougov.com/en-gb/articles/55013-why-are-one-in-three-brits-drinking-less-alcohol-in-2026



Alcohol Focus Scotland launches Alcohol Action Network

Alcohol Focus Scotland launched a new project during Alcohol Awareness Week aiming to further cement the voices of lived and living experience across the work they do to reduce the high levels of alcohol harm in Scotland.

The Alcohol Action Network will build on Alcohol Focus Scotland's current involvement work where they routinely seek views from people with lived and living experience. By formalising the support they offer and expanding opportunities for involvement they hope people will be able to contribute to their work in even more meaningful ways.

The network will bring together people from across Scotland who have experience of alcohol harm, whether through their own drinking or through the drinking of someone close to them. Members will receive training in media, communications, advocacy and alcohol policy, helping them to share their experiences safely, confidently and effectively.

Alcohol Focus Scotland will create opportunities for members to engage with decision-makers, contribute to media stories and help shape our policy and campaigning work. Their expertise will help ensure that Scotland's response to alcohol harm is informed by the people most affected by it.

The aim is to bring together a diverse network of advocates from communities across the country, to amplify lived experience, challenge stigma and build more effective policies for the future.

https://www.alcohol-focus-scotland.org.uk/news/news/alcohol-focus-scotland-launches-alcohol-action-network/

Finland approves alcohol home deliveries, Alko outlets open on Sundays

Finland's Parliament has approved sweeping reforms to the country's Alcohol Act, allowing home delivery, online sales and cross-border purchases of alcoholic beverages for the first time. Under the new legislation, grocery retailers will be able to deliver drinks containing up to 8% alcohol directly to consumers, while the state-owned retailer Alko will retain exclusive rights to deliver stronger beverages. Customers receiving deliveries must verify their age, be present to accept the order and not be visibly intoxicated.

The reforms also extend Alko's opening hours, with selected stores opening on Sundays and longer trading hours introduced on Saturday evenings at the busiest outlets. In addition, consumers will be able to order alcoholic beverages containing up to 80% alcohol from online retailers based in other European Economic Area (EEA) countries. The changes, approved after more than two decades of political debate, come as official figures show alcohol consumption in Finland has fallen to its lowest level since the 1970s.

https://yle.fi/a/74-20232920

Alcohol consumption and harms dashboard for Scotland

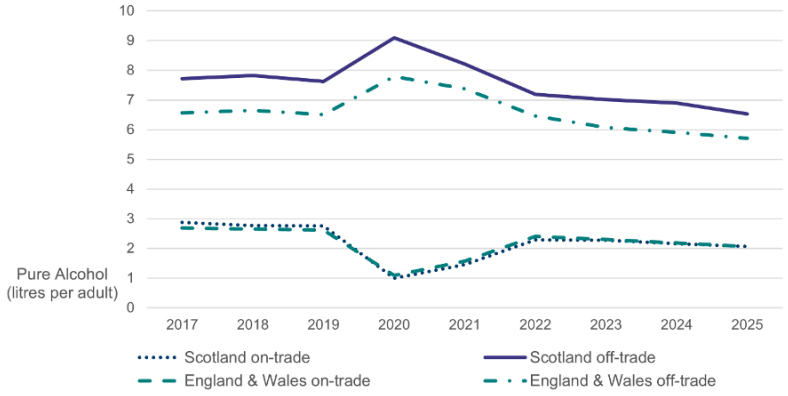
Data released by Public Health Scotland (PHS) supplements the Alcohol Consumption and Harms Dashboard (ACHD) with a new dataset of alcohol retail sales and pricing estimates for years 2017 to 2025. In addition, there are updates to existing datasets within the ACHD on alcohol related crime figures to include those relating to financial year 2024/25. There is also an update to alcohol consumption statistics which incorporates responses from the 2024 edition of the Scottish Health Survey (SHeS).

Key points

- In 2025, 10.7 litres of pure alcohol were sold per adult drinker in Scotland, equivalent to 20.7 units per adult drinker per week.
- Throughout the period from 2017 to 2025 the volume of pure alcohol sold per adult drinker per year in Scotland has fallen steadily from 12.7 litres in 2017 to 10.7 litres in 2025.
- 76% of alcohol sold in 2025 in Scotland was sold in off-trade premises such as supermarkets and other off-licenses. While total off-trade sales have declined since 2017, the proportion of alcohol sold in the off-trade has increased from 73% in 2017.
- Throughout the period from 2008 to 2024 the percentage of adult Scottish Health Survey respondents who identify as being non-drinkers has steadily increased from 12% in 2008 to 20% in 2024.

https://publichealthscotland.scot/media/39248/20260612-summary_v2final.pdf

Volume of pure alcohol (litres) sold per adult per year, by trade sector, Scotland and England & Wales, 2017-2025



Source: Circana, Nielsen IQ

Drinkaware has launched a new five-year strategy in the UK

In the UK, Drinkaware has launched a new five-year strategy with the shared ambition of reducing the number of risky drinkers in the UK by two million by 2030. Marking the charity's 20th anniversary, the strategy builds on progress made since 2006, with more people now drinking within the UK Chief Medical Officers' low-risk guidelines. However, Drinkaware says that around eight million people in the UK are still classified as risky drinkers, highlighting the need for continued action.

According to Drinkaware, seven million of these risky drinkers fall into the "increasing-risk" category, consuming more than the recommended 14 units a week but not at the highest levels of harm. The charity's latest 2025 Drinkaware Monitor found that more than 70% of increasing-risk drinkers do not consider themselves to have a drinking problem, while almost two-thirds have never completed an alcohol assessment, demonstrating a significant gap in awareness and early intervention.

Developed in collaboration with industry partners, public health experts and stakeholders, the strategy focuses on reinforcing moderation as a cultural norm, providing practical support for people who want to cut back, and encouraging greater collaboration to reduce alcohol-related harm. Drinkaware says the target aligns with the NHS 10-year plan's emphasis on prevention and early intervention and will require coordinated action from government, healthcare, industry and communities.

To help achieve its goals, Drinkaware will expand behaviour change campaigns, strengthen partnerships and invest further in digital support tools, including its Drinking Check, MyDrinkaware app and a new service finder. Over the past three years, 1.8 million people have completed the Drinking Check, with more than half reporting positive changes to their drinking habits within six weeks. The charity also plans to increase neighbourhood-level interventions in higher-risk communities and continue producing independent research to inform future policy and public health initiatives.

https://media.drinkaware.co.uk/media/w5xj0vjz/drinkaware-organisational-strategy-2026_2030_final-1.pdf

European beer production and consumption decline, while non-alcohol beer continues to grow

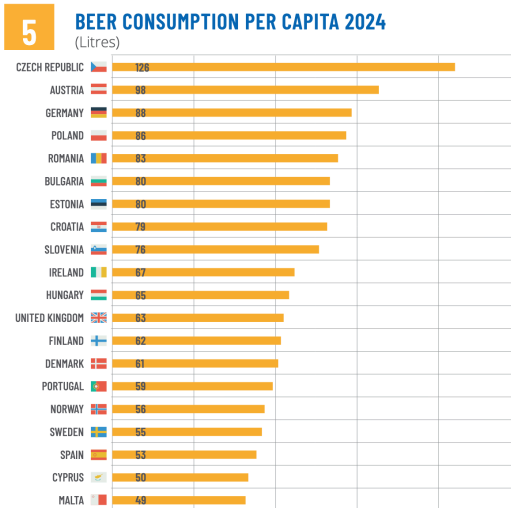
The latest European Beer Trends report was published in July. The report shows that while beer production and consumption continued to decline in 2025, Europe's brewers are adapting to changing consumer preferences through innovation, with non-alcohol beer continuing its remarkable growth, and hospitality's share of the overall beer market showing some signs of stabilising after years of falling.

Key findings from European Beer Trends 2026

- Beer production in the EU declined by 2.9% in 2025.
- Beer consumption fell by 3.2% compared with the previous year.
- Non-alcohol beer grew by 5.9%, with one in every twelve beers now consumed in the EU being non-alcohol.

The report also highlights some encouraging signs for Europe's hospitality sector. After years of decline in on-trade consumption, the share of beer consumed in pubs, bars and restaurants stabilised again in 2025, underlining beer's important contribution to Europe's hospitality businesses and social life. European beer exports however, fell to their lowest level since 2014.

https://brewersofeurope.eu/european-beer-trends/



The role alcohol plays in the lives of Irish middle aged men

In Ireland, Drinkaware's latest qualitative research, carried out by IPSOS B&A, explores the role alcohol plays in the lives of Irish men aged 40–55. The study found that alcohol remains the "organising principle" of many friendships and weekly routines, with the pub continuing to be the primary setting where men feel connected and supported. While direct peer pressure to drink has lessened, many participants described an unspoken expectation to drink in social situations, with alcohol seen as a baseline for socialising rather than simply an optional addition.

The research also highlights how drinking habits evolve across different life stages. Men in their early forties often described themselves as being in "survival mode", balancing young families and careers, which has led to more drinking at home. As children grow older and other responsibilities emerge, home drinking becomes an established routine, while men in their fifties begin to reflect more on their health and rediscover hobbies. Across all age groups, many participants viewed alcohol as an "earned" reward after a demanding week rather than something they relied on to cope.

A key finding was that many men underestimate their alcohol consumption, with 4–6 drinks in a single sitting commonly viewed as normal. Home drinking has increasingly replaced pub drinking as a convenient, affordable ritual that fits around family life, although participants were initially reluctant to acknowledge how frequently they drank at home. The findings align with previous Drinkaware research showing that binge drinking remains common among men and that drinking at home is now the most frequent drinking occasion.

Despite alcohol's strong cultural role, the study found growing awareness of the benefits of drinking less, including better sleep, more energy and improved performance at work and home. Drinkaware encourages a "Drink Less, Talk More" approach, promoting stronger social connections that are not centred on alcohol. Suggested strategies include replacing drinking with other activities, choosing alcohol-free alternatives and volunteering to drive, helping men reduce their drinking while maintaining important friendships and support networks.

https://drinkaware.ie/new-research-from-drinkaware-reveals-alcohol-remains-the-organising-principle-for-many-connections-among-middle-aged-men/

Alcohol Meter: A review after 6 years of use by the French to assess their alcohol consumption

Santé publique France has published a review of six years of use of its online Alcohol Meter (Alcoomètre), a free digital self-assessment tool designed to help people evaluate their alcohol consumption against France's low-risk drinking guidelines. Available through the alcool-info-service.fr website since 2010 and updated in 2019 to reflect revised national guidelines, the tool allows users to anonymously record their alcohol consumption over the previous week and receive personalised feedback comparing their drinking with recommended limits, people of a similar age and gender, and the associated health risks.

Between 2019 and 2024, the Alcohol Meter page was visited more than eight million times, resulting in 2.3 million completed self-assessments. On average, around 41,000 questionnaires were completed each month—equivalent to approximately 1,300 assessments per day. The analysis found that use of the tool increased significantly during public awareness campaigns, with almost 7,000 questionnaires completed daily during national campaigns compared with around 800 per day at other times, demonstrating the impact of targeted communications.

The review also found that the majority of users were men, accounting for nearly two-thirds of completed assessments, and that 81% of respondents reported drinking above France's low-risk guidelines. The average user was 38 years old, with adults aged 25–44 making up the largest share of users. However, the proportion of 18–24-year-olds using the tool increased notably over the six-year period.

According to Santé publique France, the findings demonstrate that the Alcohol Meter is successfully reaching people most at risk from alcohol-related harm while supporting wider public health goals of increasing awareness, promoting lower-risk drinking guidelines and encouraging people to reflect on their alcohol consumption. The agency says the tool remains an important component of its alcohol prevention strategy, particularly when supported by sustained communication campaigns.

https://www.santepubliquefrance.fr/index.php/en/news/alcohol-meter-a-review-after-6-years-use-french-assess-their-alcohol-consumption

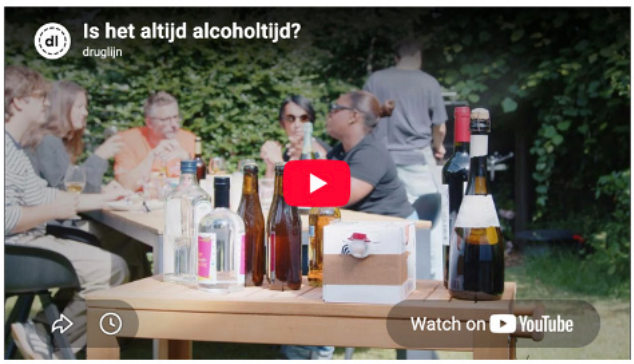
Is it always alcohol time? Belgian campaign questions summer drinking habits

Belgian prevention organisation VAD has relaunched and expanded its "Is it always alcohol time?" campaign this summer, encouraging people to reflect on the role alcohol plays in everyday social occasions. Rather than urging people to stop drinking, the campaign asks whether alcohol needs to be the default choice at events such as barbecues, sporting occasions, work functions and family celebrations, particularly during the summer when drinking often becomes more frequent.

The campaign forms part of Belgium's Interfederal Plan 2023–2025 to reduce alcohol-related harm, which aims to strengthen alcohol-free choices as a normal part of social life. It also draws on findings from Sciensano's 2025 Prevention Barometer, which found that 38% of Flemish adults who drank alcohol in the past year planned to reduce their consumption over the following 12 months, even if they did not intend to stop drinking altogether.

Using relatable scenarios—including a beer at a youth football match, sparkling wine at a maternity visit, drinks at a work reception before an important meeting, or alcohol at a cycling event—the campaign challenges the assumption that alcohol naturally belongs in every social setting. New campaign materials also focus on summer barbecues and holidays, encouraging people to make more conscious decisions about drinking and reinforcing the message that enjoying social occasions does not have to depend on alcohol.

https://alcoholcampaign.org/2026/06/16/is-it-always-alcohol-time-belgian-campaign-questions-summer-drinking-habits/



European lawmakers back the Safe Hearts Plan

Cardiovascular disease kills around 1.7 million Europeans every year, yet the EU has never had a dedicated strategy to tackle it. European lawmakers recently backed the Safe Hearts Plan, the EU's first comprehensive cardiovascular strategy aimed at fighting the region's leading cause of death. The initiative urges the European Commission to regulate new nicotine products, restrict tobacco advertising on social media, and improve front-of-pack food labelling to curb high-risk consumption. On alcohol, the report asks member states to run education and communication campaigns. These should cover the cardiovascular and other health risks of harmful drinking, particularly above scientifically established recommendations.

Before the vote, Rapporteur, MEP Jerković, told colleagues she had wanted a bolder approach, especially on tobacco and alcohol. The result, she said, was a compromise.

https://euperspectives.eu/2026/06/lawmakers-back-a-plan-targeting-europes-biggest-killer-and-take-aim-at-tobacco-and-alcohol/

Greece intensifies breathalyser crackdown as roadside alcohol checks hit record levels

Greece has significantly intensified drink-driving enforcement, with the Hellenic Police carrying out a record 29,029 breathalyser tests in Attica during the week of 29 June–6 July 2026, identifying 254 drink-driving offences and arresting 11 drivers who exceeded the highest legal alcohol limit. More than 150,000 roadside alcohol tests are now being conducted each month in the region, making Greece the leading country in the EU for breathalyser tests per capita. This is largely due to its unique "sweep" approach, under which every driver passing through a checkpoint is tested, rather than relying on random or targeted screening.

The increase in enforcement follows the introduction of a revised Highway Code and a more systematic policing strategy focused on high-risk locations and times. While the number of arrests has increased, officials say this reflects improved targeting of the most serious offenders rather than a rise in drink-driving. Early results suggest the strategy is having an impact, with positive breathalyser results falling by around 16% compared with 2025 and the proportion of drivers testing positive declining over recent months. The expansion of roadside enforcement has also been supported by the recruitment of 1,896 new police officers in 2026, enabling a substantial increase in alcohol testing across the country.

https://en.prototothema.gr/2026/07/10/greece-intensifies-breathalyser-crackdown-as-roadside-alcohol-checks-hit-record-levels/

Global analysis shows major progress in reducing drink-driving deaths

A new global analysis from the International Alliance for Responsible Drinking (IARD) shows significant progress in reducing drink-driving deaths worldwide, with alcohol-attributable road injury mortality declining more than twice as fast as overall road injury mortality since 2010. Drawing on data from the Global Burden of Disease 2024 study, the report found that age-standardised road injury deaths from all causes fell by 13% between 2010 and 2024, while deaths specifically attributable to alcohol fell by 28%. The findings suggest that sustained investment in drink-driving prevention and enforcement is having a measurable impact, with substantial reductions recorded across many countries in Europe, North and South America, Australasia, Africa and Asia. Published ahead of the UN High-Level Meeting on Road Safety in July 2026, the report also highlights significant disparities between countries. Alcohol-attributable road injury mortality declined by 30% in high-income countries, 41% in upper-middle-income countries and 12% in lower-middle-income countries over the study period. In contrast, mortality increased by 26% in low-income countries, where alcohol-related road deaths remain around twice the global average. IARD says the findings underline the need for stronger enforcement of drink-driving laws, continued public education, innovation and collaboration between governments, civil society and the private sector to accelerate progress towards the UN's 2030 road safety targets.

https://www.iard.org/science-resources/detail/Trends-report-Road-injury-mortality-2010-2024-GBD

Health Council issues new advisory report In the Netherlands

In June the Health Council issued a new advisory report to the Dutch minister of Health, Welfare and Sport regarding alcohol consumption and its consequences for health in a broad sense.

According to the report, Alcohol consumption is normalised in Dutch society and embedded in various social and cultural traditions. It is often associated with positive experiences. At the same time, alcohol use can have adverse consequences for health and society. Current alcohol policy focuses on preventing young people from starting to drink and on reducing the harmful effects of alcohol consumption.

The Ministry of Health, Welfare and Sport (VWS) asked the Health Council for advice on the health consequences of alcohol use in a broad sense—encompassing physical, mental, and social health. The Council was also asked what this implies for its 2015 recommendation to abstain from alcohol, or at least to limit intake to no more than one glass per day—a recommendation based on the impact of alcohol use on the risk of disease and mortality (i.e., health in the narrow sense). The Alcohol Committee examined this request and offers suggestions for adjustments to alcohol policy.

The committee concludes that there is no safe lower limit for alcohol consumption. This means that consuming any amount of alcohol entails health risks. There is strong evidence that the risk of seven types of cancer increases at any level of intake. Alcohol also increases the risk of organ damage. According to the committee, there is insufficient scientific evidence to claim that alcohol consumption yields health benefits. The committee considers the evidence insufficient to establish a link between low levels of intake and a reduced risk of cardiovascular disease or premature death. Alcohol consumption not only increases the risk of cancer and organ damage, it also poses broader health risks.

Drinking alcohol increases the risk of traffic accidents. Alcohol also raises the likelihood of incidents involving aggression and violence, thereby increasing the risk of injury. These consequences are not limited to the person consuming alcohol but also affect those around them, such as family, friends, or other road users. Alcohol consumption can lead to addiction, particularly in individuals predisposed to it. Furthermore, alcohol affects brain function. The committee found no scientific evidence to support the frequently cited claim that alcohol consumption fosters social cohesion. Even if such beneficial effects do exist, the committee concluded that they do not outweigh the risks associated with alcohol consumption.

The Health Council advises the government to discourage and denormalise alcohol consumption throughout the entire population. To achieve this, the council advocates for a broad package of measures, such as better information regarding health risks, cancer warnings on labels, a complete ban on alcohol in traffic, making alcoholic beverages more expensive and harder to obtain, and reduced marketing. Furthermore, the Health Council explicitly warns against the significant influence of the alcohol industry on politics, by frequently sowing doubt regarding scientific consensus.

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

Aware.org and Johannesburg Metro Police launch Drive Sober, Stay Alive campaign

Aware.org and the Johannesburg Metropolitan Police Department (JMPD) have launched Drive Sober, Stay Alive, a six-month campaign running from June to December 2026 to reduce drunk driving in Johannesburg. The initiative combines increased law enforcement, public education, research, and collaboration between government agencies to better understand and prevent alcohol-related road crashes. It will focus on high-risk periods such as public holidays and the festive season while collecting data throughout the year to inform future road safety policies.

The programme responds to rising drink-driving arrests in Johannesburg, which increased from 8,287 in 2023 to 9,898 in 2025, with most offenders being men aged 25–44. New evidentiary breath alcohol testing (EBAT) technology will strengthen prosecutions, while researchers will monitor offenders' progress through the justice system and evaluate the effectiveness of interventions. The findings are expected to support South Africa's goal of halving road deaths and serious injuries by 2030 and could inform a future nationwide rollout.

https://www.citizen.co.za/sandton-chronicle/news-headlines/local-news/2026/07/10/aware-org-and-johannesburg-metro-police-launch-drive-sober-stay-alive-campaign/

Alcohol industry demonstrates near universal compliance with health labelling guidelines

Published in June, a Portman Group market review has found that the UK alcohol industry is achieving near-universal compliance with the organisation's voluntary health labelling guidance. Based on a sample of 500 alcohol products from leading brands representing more than 90% of retail alcohol sales by volume, the study found that over 99% of products displayed pregnancy warnings, 96% included alcohol unit information, 89% carried the UK Chief Medical Officers' low-risk drinking guidelines, and 85% featured a reference to Drinkaware. The report also found growing adoption of additional information beyond the recommended standards, including calorie information (62%), drink-driving warnings (48%) and age restriction warnings (41%).

The findings come ahead of an anticipated UK Government consultation on mandatory health warnings and nutritional information for alcohol products later this year. The Portman Group says the results demonstrate that the industry has voluntarily adopted high standards of consumer information and argues that future regulation should build on existing practice rather than impose unnecessary burdens on producers already complying with the guidance. The organisation has called on the Government to work collaboratively with industry to develop consistent, evidence-based labelling requirements while addressing the remaining gaps in compliance.

https://portmangroup21.wpenginepowered.com/wp-content/uploads/2026/06/Market-Review-2026-June-2026.pdf

Younger New Zealanders drive decline in drink-driving convictions

New Zealand Ministry of Justice data show that convictions for driving under the influence of alcohol and/or drugs have fallen by 9.6% over the past nine years, declining from 16,647 convictions in 2016 to 15,048 in 2025. The largest reductions have been among younger people, with convictions falling by 52% among those aged 19 and under, 38% among 20–24-year-olds, and 20% among 25–29-year-olds. In contrast, convictions increased among people aged 30–39 and those 55 and over, while rates remained broadly stable among adults aged 40–54.

A survey commissioned by the New Zealand Alcohol Beverages Council (NZABC) found continued public support for a range of measures to reduce alcohol-related harm. 74% supported confiscating vehicles from repeat drink-drivers, while 73% backed targeted support programmes for harmful drinkers. Support was also strong for alcohol education programmes in schools (67%), heavier fines for drunk and disorderly behaviour (63%), alcohol interlocks to prevent drink-driving (49%), allowing police to issue on-the-spot fines for minor alcohol-related offences (45%), and workplace alcohol education programmes (42%).

Alcohol interlocks have been available through New Zealand's courts since July 2018 for repeat drink-driving offenders and first-time offenders with very high blood or breath alcohol readings. The technology prevents a vehicle from starting if alcohol is detected on the driver's breath. Since 2019, the number of people receiving an alcohol interlock order has increased by 6.9%, rising from 3,526 to 3,770 in 2025. Transport Minister, Chris Bishop, has highlighted research showing that offenders fitted with interlocks are less likely to reoffend and more likely to remain in employment.

The NZABC says the findings reflect broader changes in drinking behaviour, with more New Zealanders choosing moderation as part of a healthier lifestyle. According to the survey, 64% of respondents agreed that targeted education and support programmes help reduce alcohol-related harm. Since 2019, the industry-supported Smashed programme, delivered by the Life Education Trust, has reached more than 18,000 secondary school students each year with theatre-based alcohol education. Independent evaluations have found the programme contributes to positive changes in young people's attitudes towards alcohol and supports more informed decision-making.

https://www.rnz.co.nz/news/crime-and-justice/598321/drink-driving-convictions-decline-especially-amongst-young-people

Alcohol, tobacco & other drugs in Australia report

The Alcohol, tobacco & other drugs in Australia report was updated in July with details of consumption and treatment statistics. The factsheet highlights that:

- In 2023-24, per capita was 9.8 litres of alcohol
- In 2022-2023, over 2 in 3 people in Australia had consumed alcohol in the previous 12 months
- Around 1 in 3 people aged 14 and over consumed alcohol at risky levels in 2022-2023
- Over 1 in 4 pregnant women consumed alcohol at some point during their pregnancy in 2022-2023, most often before they knew they were pregnant
- In 2024, alcohol use was responsible for 4.1% of the total burden of disease and injury in Australia
- Between 2022 and 2023, the rate of alcohol intoxication-related ambulance attendances increased from 529 to 575 per 100,000 population
- In 2023-24, alcohol accounted for almost 3 in 5 of all drug-related hospitalisations
- 9 in 10 alcohol-induced deaths in 2024 were related to chronic conditions like liver cirrhosis
- Alcohol was the principal drug of concern in more than 2 in 5 (41%, around 87,600) specialist treatment episodes in 2024-25, up from around 1 in 3 (32%, around 63,200) in 2015-16.

https://www.aihw.gov.au/getmedia/2c406678-de01-4e51-8f4a-f6a16e2a79aa/aihw-phe221_alcohol_jul26.pdf

Estonian Government propose further measure to reduce alcohol consumption

Estonia's government has published a new Alcohol Policy 2035 framework proposing a range of measures to reduce alcohol consumption, including gradual increases in alcohol excise duties and shorter retail alcohol sales hours. The strategy follows the country's 2014 Alcohol Policy Green Paper and comes as alcohol consumption remains above the European average, with adults aged 15 and over consuming 10.7 litres of pure alcohol per person in 2024, up from 10.4 litres in 2019. The policy also notes a concerning increase in alcohol consumption among young women, linked to more frequent wine drinking.

The Prevention Council identifies alcohol affordability, availability, early intervention and public awareness as key priorities. It recommends raising alcohol taxes, arguing that higher prices reduce consumption while increasing government revenue. Other proposed measures include reducing alcohol retail hours, restricting sales near schools, kindergartens, petrol stations and public beaches, limiting the number of licensed alcohol outlets, and strengthening advertising rules through rotating health warnings, including information about cancer risk. The strategy also promotes alcohol-free events and environments, with a detailed implementation plan to be developed by an interagency steering group.

https://news.err.ee/1610071273/government-looking-to-hike-alcohol-excise-duty-shorten-selling-hours

China regulates sale of alcohol-free wine and beer

China has introduced updated national regulations that bring alcohol-free and low-alcohol wines under the same regulatory framework as conventional alcoholic beverages, marking the country's first major overhaul of alcohol rules in more than two decades. The changes aim to provide clearer oversight of the rapidly growing no- and low-alcohol (NoLo) category while strengthening consumer protections. Under the new rules, retailers are prohibited from selling alcohol-free and low-alcohol wine products to anyone under the age of 18, whether in physical stores or online. The regulations also formally classify NoLo wine as an alcohol product rather than a soft drink or juice, bringing greater consistency to product standards. Pilot schemes in cities such as Shanghai also require beverages containing more than 0.5% alcohol by volume to carry prominent warning labels. The regulatory changes come as China's NoLo market continues to expand, driven by growing consumer interest in healthier drinking options and increased investment from domestic producers.

https://vino-joy.com/2026/07/07/china-brings-alcohol-free-wine-under-alcohol-rules-bars-sales-to-minors/

Implementing what works in alcohol policy: progress report on the SAFER initiative

A new WHO report, Implementing what works in alcohol policy: progress report on the SAFER initiative, documents how countries are moving from commitment to delivery, and sets out the priorities for the next phase.

Launched at the 2018 United Nations High-Level Meeting on Noncommunicable Diseases and formally mandated through the Global Alcohol Action Plan 2022–2030, SAFER has become WHO's main platform for action across five high-impact areas: restricting availability, drink-driving countermeasures, screening and treatment, marketing restrictions, and pricing through taxation.

Formally mandated by the Global Alcohol Action Plan 2022–2030, SAFER has become WHO's main platform for turning political commitment into delivery – implementing what works, strengthening monitoring and protecting policymaking from commercial interference. Examples include Uganda integrating alcohol screening into primary care, Nepal strengthening advertising restrictions, and Ireland's Building SAFER Communities programme, which links national alcohol legislation with locally led prevention initiatives across 10 communities.

The report also highlights growing regional collaboration, with WHO Member States across Europe, Africa, South-East Asia, the Americas and the Western Pacific adopting SAFER through coordinated action plans, peer learning and capacity-building. However, WHO warns that significant barriers remain, including limited resources, weak monitoring systems, fragmented governance and continued alcohol industry interference. Looking ahead, the next phase of the initiative will focus on embedding SAFER into national governance and funding structures, strengthening enforcement and protecting public health policymaking, with the aim of delivering measurable reductions in alcohol-related deaths, injuries, violence and other harms.

https://www.who.int/publications/i/item/9789240120587

Singapore to slash legal alcohol limits for drivers

Singapore is proposing significantly tougher drink-driving laws under the Road Traffic (Miscellaneous Amendments) Bill, introduced to Parliament on 7 July. The legislation would more than halve the legal alcohol limits for drivers, reducing the breath alcohol limit from 35 micrograms to 15 micrograms per 100ml of breath, and the blood alcohol limit from 80mg to 30mg per 100ml of blood. The Ministry of Home Affairs (MHA) said the changes would bring Singapore into line with countries such as Japan and South Korea and reflect the principle that there is no safe level for drinking before driving.

The proposed reforms also signal a tougher sentencing approach. The MHA is working with the Sentencing Advisory Panel to develop guidelines that would recommend custodial sentences for first-time offenders found with exceptionally high blood alcohol levels. While current penalties for first-time offenders without aggravating circumstances typically involve a fine and a two-year driving ban, the law already allows for imprisonment of up to 12 months.

According to the government, introducing jail terms in the most serious first-offence cases would better reflect the risks drink driving poses to other road users and reinforce the deterrent effect of the legislation.

Singapore's proposed road traffic reforms would strengthen enforcement by allowing police to use a new evidential breathalyser whose roadside readings could be used immediately in court, reducing delays caused by the current two-stage testing process. The Bill would also introduce a standalone drug-driving offence, enabling prosecution where controlled drugs or intoxicating substances are detected in a driver's blood without requiring proof of impairment, while exempting those who unknowingly consume impairing prescription medication. In addition, the legislation would simplify hospital blood sample procedures by allowing samples to be taken where it is considered safe for the patient, dropping the current requirement for explicit authorisation from a doctor.

https://www.malaymail.com/news/singapore/2026/07/08/singapore-to-slash-legal-alcohol-limits-for-drivers-by-over-half/226475

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

AIM Mission Statement

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

AIM Social, Scientific and Medical Council

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