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Alcohol-attributable cancer mortality in the United States, 1990–2023

Alcohol-attributable cancer deaths in the US doubled between 1990 and 2023, a new study found. The study also revealed that alcohol-linked cancer deaths are not limited to older adults or to liver cancer. Among adults aged 20 to 54, colorectal cancer was the leading cause of alcohol-attributable cancer death in men, while breast cancer ranked first in women. The study also showed a growing burden from colorectal, oesophageal, pancreatic and other cancers.

Led by researchers at Sylvester Comprehensive Cancer Center, part of the University of Miami Miller School of Medicine, the findings were first presented as an oral presentation at the 2025 American Society of Clinical Oncology Annual Meeting and are now published in The Lancet Regional Health – Americas.

Using more than three decades of Global Burden of Disease data, researchers found that annual alcohol-attributable cancer deaths rose from 11,361 in 1990 to 23,126 in 2023. Mortality rates were higher in the 55 years and older age group (19.2; 95% CI, 12.8–28.7) than in 20–54 years (2.4; 1.4–3.4), and in males (6.4; 3.8–9.7) than in females (2.1; 1.4–3.0). The percentage of mortality attributable to alcohol increased across most cancer types, age groups, and sexes, with liver cancer showing the greatest increase in alcohol-attributable mortality (113.9%).

In 2023, liver (12.7; 11.2–14.4) and breast (2.4; 0.9–5.9) cancers had the highest alcohol-related mortality rates in 55 years and older males and females, respectively; in ages 20–54, colorectal (0.9; 0.4–1.4) in males and breast (0.9; 0.5–1.4) in females were highest. State-wise, the District of Columbia recorded the highest alcohol-attributable cancer mortality rates (M: 9.8; 6.0–14.1; F: 3.5; 2.2–5.2), while Utah had the lowest (M: 3.9; 2.4–5.9; F: 1.4; 0.9–2.0).

Gilberto Lopes, M.D., senior author and chief of the Division of Medical Oncology at Sylvester, said the findings reinforce the importance of giving people clear information about lifestyle factors that influence cancer risk. "What this study makes clear is that alcohol-related cancer risk is not limited to one disease or one group of people," Lopes said. "As physicians and cancer researchers, we have an opportunity to help patients understand that alcohol is a modifiable risk factor and that even small, informed changes can be part of a broader strategy to reduce cancer risk in our community."

Source: Jani, C., Edwards, K., Sharma, R. et al. (2026) Alcohol-attributable cancer mortality in the United States, 1990–2023: a secondary analysis of Global Burden of Disease data. The Lancet Regional Health – America. <https://doi.org/10.1016/j.lana.2026.101599>

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

Tverdal, A., Selmer, R., Thelle, D.S.
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Abstract

Aims: To examine how consumption of wine, beer, and spirits—both individually and in combination—is associated with mortality. We also assessed the relationship between overall alcohol intake and mortality from cardiovascular disease, ischemic heart disease, cancer, and alcohol-related diseases.

Methods: 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, estimated with Cox proportional hazards models. Non-drinkers served as the reference group.

Results: 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).

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

ISFAR Summary

Tverdal et al. (2026) provide further evidence of beneficial associations between low alcohol consumption and major mortality outcomes, including mortality from cardiovascular disease, ischaemic heart disease, cancer, and alcohol-related diseases. This study benefits from an exceptionally large cohort (187,294 participants) and more than two decades of follow-up.

However, the reported beverage-specific effects may be confounded by unrecorded factors that were not accounted for, such as smoking intensity and duration, diet, drinking pattern, and socioeconomic variables.

The authors discuss findings from Mendelian Randomisation (MR) studies but do not discuss short-term intervention studies that show physiological changes which may explain how alcohol and wine consumption reduce the incidence of ischaemic heart disease. The genetic markers used in MR analyses explain only a very small portion of the variation in drinking habits and do not assess the impact of binge drinking.

Overall, the authors present a balanced interpretation of their findings, acknowledging the limitations of both observational and MR evidence and appropriately avoiding strong causal conclusions.

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

Background

Alcohol consumption and its associations with disease and overall mortality are still extensively and intensely discussed. This study by Tverdal et al. (2026) describes a J-shaped association between alcohol consumption and overall mortality and mortality from major diseases. A “J-shaped curve” is a term for an association in which disease risk or mortality is lower among light and moderate drinkers than among abstainers, but higher among heavy drinkers.

ISFAR has discussed the J-shaped association several times (e.g., ISFAR critiques #252, #217 and #124), illustrating the difficulties of epidemiological comparisons between drinkers and non-drinkers. The J-shaped curve has been discredited due to claims that many studies include “sick quitters” in their reference group (Fillmore et al., 2007). However, epidemiologists have known for decades that including ex-drinkers in the referent group when evaluating the health effects of alcohol is an error; such a group cannot be used for comparisons with moderate drinkers. Critics, however, ignore the most recent cohort studies that show J-shaped associations,

using lifetime abstainers as the referent group (e.g. Di Castelnuovo et al., 2022), in which former drinkers were separated from lifetime abstainers (e.g. Masum et al., 2022; Muraki et al., 2023; Patra et al., 2021), or in which alcohol consumption measures were assessed as lifetime alcohol use (e.g. Kunzmann et al., 2018). Some studies failed to produce a J-shaped curve because of a very small reference group of lifetime abstainers (e.g. John et al., 2021) (ISFAR critique #252), a low-volume drinking reference group (e.g. Sun et al., 2022), or the inclusion of older studies that did not distinguish between former drinkers and lifetime abstainers (e.g. Zhao et al., 2023).

Attempts to discredit the J-shaped curve may stem from the harmful burden of excessive and hazardous alcohol consumption on human health (Dai et al., 2026). Public health researchers emphasise that every drop of alcohol carries health risks, often expressed as an increased risk of cancer. However, as in any biological system, detrimental effects co-exist with beneficial effects, resulting in a balance with an optimum, which may be best represented by all-cause mortality, a measure of all known and unknown causes of death. Therefore, all-cause mortality should be considered one of the most important, if not the most important, health outcome measures.

The Tverdal study (Tverdal et al., 2026) from the Norwegian Institute of Public Health reports not only on alcohol consumption and all-cause mortality, but also on other major health outcomes, including cardiovascular disease, cancer, other diseases and alcohol-related mortality. The association with overall mortality is consistent with previous literature, and the associations with cardiovascular disease, ischaemic heart disease and stroke are J-shaped. In addition, the association with alcohol-related mortality is positive at all consumption levels. Alcohol consumption and cancer mortality show no association at lower consumption levels, but increase at higher levels of alcohol consumption. All these observations are well in line with the majority of epidemiological studies on alcohol and disease outcomes.

In addition, the Tverdal study (Tverdal et al., 2026) addresses another important issue in the epidemiology of alcohol consumption and health; does the type of beverage make a difference in health outcomes? The authors conclude that low wine consumption was associated with

lower mortality than no alcohol consumption, irrespective of low beer or spirits consumption, because a J-shaped association was found between alcohol consumption and the risk of all-cause death, which was particularly associated with wine consumption. Although these findings align with epidemiological observations, they should be interpreted with caution in light of Mendelian Randomisation evidence challenging a causal cardioprotective effect of moderate alcohol consumption.

Critique

Tverdal et al. (2026) address several issues in alcohol and health epidemiology in a relatively concise study of almost 200,000 Norwegian men and women aged 16 to 99 years, who were followed for an average of 21 years. This length of follow-up provides sufficient time for major mortality outcomes to develop and represents an important strength of the study. In addition, because nearly 16,000 deaths occurred, the statistical precision of the HRs is much better than in many cohort studies. The authors conducted a sensitivity analysis excluding deaths occurring during the first three years of follow-up, and the findings were essentially unchanged. Although this cannot rule out reverse causation, it strengthens confidence that the observed associations are not driven solely by participants with undiagnosed illness at baseline.

Alcohol consumption was assessed using a questionnaire that asked about beer, wine and spirits consumption, expressed as glasses over the preceding 14 days. This assessment of alcohol intake raises several issues. First, the term 'glasses' was not defined, and the authors were therefore unable to convert alcohol consumption into grams of alcohol, the standard way of expressing alcohol consumption in alcohol epidemiology. Second, the question concerned the preceding 14 days, which does not establish that those who report drinking no alcohol are absolute teetotalers or lifelong abstainers. The authors also acknowledge that alcohol consumption was measured only once at baseline. Given the average follow-up of 21 years, changes in drinking behaviour over time are inevitable and may have led to exposure misclassification, which would generally be expected to attenuate rather than exaggerate the observed associations. The authors argue that the lack of a J-shaped association between alcohol consumption and

alcohol-related causes of mortality in our study suggests that any sick-quitter effect is not due to alcohol-related causes. This, in combination with the exclusion of all individuals with a self-reported history of myocardial infarction, angina pectoris, stroke, and diabetes, as well as those previously diagnosed with cancer according to data from the Cancer Registry of Norway, makes a considerable sick-quitter effect unlikely. The exclusion of these prevalent diseases also substantially reduces reverse causation.

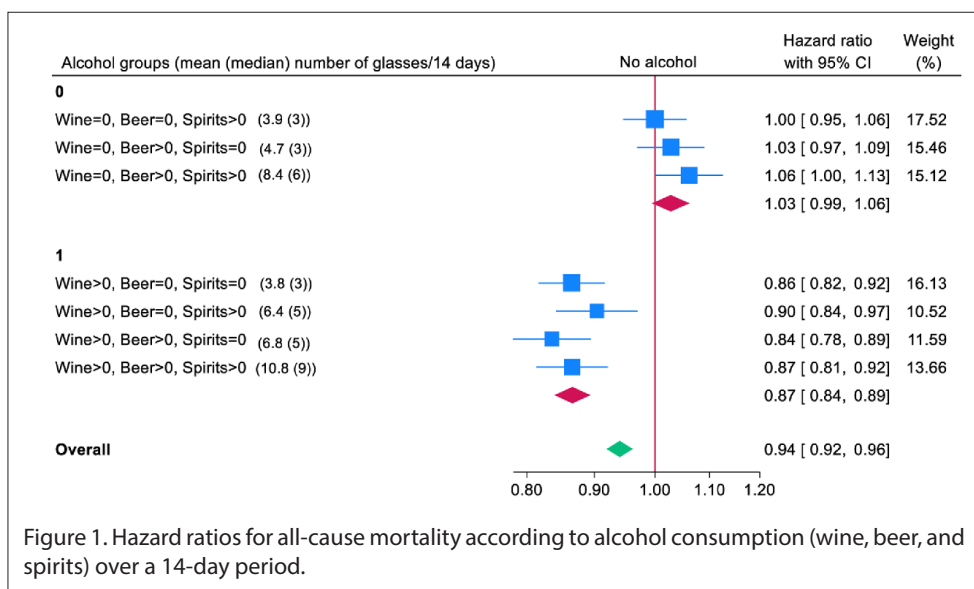
Although the data were adjusted for numerous confounders, namely age, smoking status (yes/no), total cholesterol, triglycerides, body mass index, systolic blood pressure, educational level, physical activity, and marital status, smoking was modelled only as a binary variable (yes/no), despite substantial differences in smoking prevalence across alcohol consumption groups. This leaves considerable potential for residual confounding due to smoking intensity, duration, pack-years, and former smoking status. Furthermore, no adjustments were made to account for diet quality. This lack of information may not only affect the alcohol-all-cause mortality association, as the authors note, but also the observations regarding the more beneficial mortality associations with wine consumption. Danish studies (Gronbaek et al., 1995) have previously shown that wine consumption is more favourably associated with mortality than beer and spirits consumption, which was attributed to the better diet of wine consumers compared with those drinking beer and spirits (Johansen et al., 2006; Tjønneland et al., 1999). Residual confounding may also extend beyond diet, as wine consumption is often associated with a broader pattern of healthier lifestyles and socioeconomic characteristics.

Klatsky et al. (1990) demonstrated that wine drinkers were more likely to be better educated, non-smokers, and generally healthier than consumers of beer or spirits, suggesting that these correlated behaviours may contribute to the more favourable associations observed

with wine consumption. Also, Figure 1 (shown below), which illustrates the authors' conclusion that low wine consumption is associated with lower mortality, seems convincing.

Indeed, those who drink only beer or only spirits, or beer and spirits, show no reduction in all-cause mortality, whereas those who drink only wine, or wine in combination with beer or with spirits, or with beer and spirits (with the highest number of glasses over the preceding 14 days) have reduced all-cause mortality. The relatively similar hazard ratios observed across the wine-containing groups suggest that wine consumption may be a marker of correlated lifestyle behaviours rather than indicating a specific biological effect attributable to wine itself. Possibly, additional factors associated with drinking wine affect this association. These factors may include drinking pattern, such as binge drinking, drinking frequency, or drinking with meals; diet (mentioned earlier); and interactions with smoking or others.

The authors discuss findings from Mendelian Randomisation (MR) studies, which show no robust protective effect against ischaemic heart disease. The authors did not include any MR data in their analysis but suggest that MR may strengthen causal inference. Unfortunately, the authors did not discuss short-term intervention and epidemiological studies showing physiological changes that may explain how alcohol and wine consumption reduce the incidence of ischaemic heart disease. These changes include increased HDL cholesterol accompanied by increased reverse cholesterol transport, improved glucose homeostasis as shown by a decrease in HbA1c, and a reduced clotting tendency due to lower



fibrinogen levels (Mukamal et al., 2005).

In conclusion, this study provides further evidence of beneficial associations between low alcohol consumption and major mortality outcomes, but the reported beverage-specific effects may be confounded by unrecorded factors that were not corrected for. Overall, the authors should be commended for presenting a balanced interpretation of their findings, acknowledging the limitations of both observational and MR evidence, and for appropriately avoiding strong causal conclusions.

Specific member comments

Forum member Ellison considers this to be a “well-done, straightforward analysis of very well collected data on a large, population-based cohort of Norwegians. The sources of outcome data were from the excellent records kept by the government in Norway.

As others have noted, the results strongly support extensive previous research indicating a ‘J-shaped curve’ between the consumption of alcoholic beverages, especially wine, and cardiovascular disease and total mortality. Other reviewers have emphasized effects partly attributable to the healthy lifestyle factors associated with regular wine consumers (wine with food, on a regular basis, less binge drinking, less tobacco use, better diet, etc.), but we must also recognise that the non-alcoholic constituents of wine are important, as even when evaluated without alcohol, they improve many of the risk factors for cardiovascular disease (Teissedre et al. 2018).

I tend to be annoyed that many authors focus so much on the differences between most epidemiological analyses and Mendelian Randomisation (MR) research on alcohol and health (Ellison et al., 2021). As noted repeatedly, current applications of MR are based on good data on genetic factors but place little, if any, emphasis on the important lifestyle factors that determine alcohol use. These include the effects of religious and cultural factors within a given population, the extent to which prohibition is the accepted approach within a community, the acceptance or non-acceptance of drunkenness, and the drinking habits of peers on young people’s own drinking habits, etc.

Further, Holmes et al. (2014) (their reference 24), which is frequently quoted, has been widely criticised for reaching false conclusions based

on the authors’ own data. A number of scientists listed as authors sent in strong complaints about the conclusions in earlier drafts of the paper, but they were disregarded (Rehm et al. 2015). Indeed, Rehm et al. (2015) argued that genetic markers, specifically ADH1B, confound average alcohol volume with drinking patterns, failing to isolate the specific impact of binge drinking. They contend this limitation obscures the J-shaped cardiovascular curve by aggregating distinct consumption behaviours into a single, misleading linear metric. Furthermore, I was erroneously listed as a coauthor of Holmes et al. (2014). There are many other good papers on MR that should be used to judge its role in evaluating the relation of alcohol to health.”

Forum member Romano remarks that “although this study benefits from an exceptionally large cohort (187,294 participants) and more than two decades of follow-up, important methodological limitations weaken the inference that low wine consumption independently reduces mortality. Variable participation rates (40–80%) introduce potential selection bias, and excluding participants with cardiovascular disease, diabetes, or cancer produced a particularly healthy cohort that may not be representative of the general population.

The age range (16–99 years) is highly heterogeneous. Although age was included in the Cox models, no formal interaction or age-stratified analyses were presented, despite evidence that alcohol-related cardiovascular effects vary markedly across age groups.

Alcohol exposure was measured only once, based on self-reported consumption over the previous 14 days, whereas follow-up averaged 21 years. The study did not quantify ethanol intake in grams, distinguish lifetime abstainers from former drinkers, or assess binge drinking, drinking frequency, or changes in consumption over time, increasing the likelihood of exposure misclassification.

The multivariable Cox models were adjusted for several cardiovascular risk factors; however, residual confounding remains likely because dietary habits, income, occupation, healthcare access, and overall lifestyle quality were unavailable. The observed association is therefore compatible with a healthy-user effect rather than an independent biological effect of wine.

Are the conclusions supported by the statistical

evidence? Although the statistical analyses identified a significant association between low wine consumption and lower all-cause mortality, the conclusions go beyond what can be inferred from an observational study. Hazard ratios estimate associations rather than causal effects, yet in their discussion they repeatedly emphasise a favourable effect of wine, which may encourage a causal interpretation.

Residual confounding, exposure misclassification arising from a single baseline assessment, the inability to distinguish lifetime abstainers from former drinkers, and the absence of dietary and socioeconomic variables could entirely explain the inverse association. The authors acknowledge several of these limitations but do not fully account for their potential impact in interpreting the findings.

Current evidence from Mendelian Randomisation studies and recent systematic reviews has consistently failed to identify a cardioprotective threshold for alcohol consumption, suggesting that many apparent benefits reported in observational cohorts are attributable to healthy-user bias, sick-quitter bias, and residual confounding. (Sarich et al. 2024). Therefore, a more appropriate conclusion would be that low wine consumption was associated with lower mortality within this cohort, while explicitly emphasising that causality cannot be established."

Forum member Harding considers that "the assessment of wine, beer and spirits intake leaves quite a lot to be desired, as the Critique explains. Intake was measured only once at baseline, and there was no attempt to take into account drinking patterns. That said, the associations observed between moderate alcohol consumption and reduced risk of CHD and all-cause mortality are consistent with many other similar studies over decades.

In their Discussion section (bottom of page 6), the authors state, "More recent analyses, including large-scale Mendelian Randomisation studies and non-linear Mendelian Randomisation approaches, have largely confirmed the absence of a robust protective effect for ischaemic heart disease (no references given)." I don't agree with this statement. Mendelian Randomisation is just another way of analysing intake data. Like all epidemiology, it may or may not show an association between alcohol intake and disease outcome, depending on the way the epidemiology is conducted. If an

association is shown, this paves the way for more focused studies designed to explore the aetiology of the disease. See, for example, the review of intervention studies on CHD biomarkers by Brien et al. (2011). No epidemiological study, whether or not it involves Mendelian Randomisation, can undermine these findings.

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- Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:
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- Creina Stockley, PhD, MBA, Independent consultant and Adjunct Senior Lecturer in the School of Agriculture, Food and Wine at the University of Adelaide, Australia
- R. Curtis Ellison, MD, Section of Preventive Medicine/Epidemiology, Boston University School of Medicine, Boston, MA, USA
- Raquel Romano, PhD, Independent consultant and Professor of Applied Technology at the University of Aconcagua, Argentina
- Richard Harding, PhD, Formerly Head of Consumer Choice, Food Standards and Special Projects Division, Food Standards Agency, UK

Alcohol consumption increased the risk of prostate cancer

Modifiable risk factors for the incidence of prostate cancer (PCa) have not been convincingly established. Consequently, the evidence on the relationship between alcohol consumption and the incidence of PCa has remained inconclusive. A research group assessed the association between alcohol consumption and the incidence of PCa.

Data from six Finnish population-based cohort studies were used, with data collected between 1972 and 2015, including a total of 82,570 male participants. Information on participants' alcohol consumption, BMI, height, smoking status, education, and physical activity was harmonised and categorised. Regarding alcohol consumption, the men were categorised into non-users and into light, moderate, and heavy users. The association between risk factors and PCa incidence was assessed.

Alcohol consumption, among light, moderate, and heavy consumers, was associated with an

increased incidence of PCa when compared to non-drinkers. The hazard ratio (HR) of PCa incidence was 1.18 (95% CI 1.02 - 1.36) for light alcohol consumers, 1.20 (95% CI 1.03 - 1.40) for moderate consumers, and 1.32 (95% CI 1.08 - 1.60) for heavy consumers. Additionally, there was some evidence of a dose-response relationship between alcohol consumption and the incidence of PCa. None of the other risk factors studied were significantly associated with the incidence of PCa.

The results provide further evidence of an association between alcohol consumption and an increased incidence of PCa. This potential relationship in the aetiology of prostate cancer may offer essential information for preventive efforts, the researchers say.

Source: Tarkiainen, L., Lappi-Heikkinen, S., Seppä, K. (2026) Alcohol consumption increased the risk of prostate cancer: A Finnish pooled population-based cohort study. *European Journal of Cancer*, 245. <https://doi.org/10.1016/j.ejca.2026.116941>

No association between alcohol consumption and hip osteoarthritis

Hip osteoarthritis (OA) is estimated to affect 62.6 million individuals by 2050. A possible link between alcohol use and hip OA has been proposed. However, the evidence is inconsistent, and the relationship remains speculative. To address these gaps, a study used the diverse, nationally representative All of Us Research Program dataset to explore the association between alcohol consumption and hip OA.

This retrospective case-control study used data from the All of Us Research Program Controlled Tier Dataset v8. 17,517 hip OA cases and 70,068 controls were identified. A 1:4 case-to-control matching ratio was applied based on age and sex. Alcohol use frequency was categorised into five levels: Never, Monthly or Less, Two to Four Times per Month, Two to Three Times per Week, and Four or More Times per Week. The association between alcohol use frequency and hip OA was evaluated after adjusting for demographic and clinical variables.

Multivariable analysis found that alcohol use frequency was not significantly associated with hip OA. Compared with never users, participants with low (OR 0.98, 95% CI 0.93-1.04), moderate (OR 0.99-1.01), and high (OR 1.02, 95% CI 0.95-1.09) levels of alcohol consumption had no statistically significant differences in the odds of hip OA. Female sex, Asian race, diabetes, hypertension, hyperlipidaemia, and nicotine dependence increased the odds of hip OA.

Any level of alcohol consumption was not significantly associated with the odds of hip OA. This study adds valuable insight to the current body of conflicting evidence. Further prospective studies appear warranted to shed light on the long-term effects of different alcoholic beverages on different joints.

Source: Patel, S.V., Khan, S.T., Brahmabhatt, S., et al. (2026) No association between alcohol consumption and hip osteoarthritis: a diverse national analysis of 87,585 adults from the "All of Us" research program. *Clinical Rheumatology*, 45(9), 5227-5235. <https://doi.org/10.1007/s10067-026-08279-5>.

Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain

The impact of alcohol consumption on health, particularly at low volumes, remains controversial. Researchers sought to assess the association between alcohol volume and heavy episodic drinking (HED) with all-cause mortality, while minimising many known methodological issues.

A longitudinal study used data from the 2011–2012 National Health Survey and the 2014 European Health Survey in Spain. Data from 43,071 participants aged ≥ 15 years were linked to mortality records as of December 2021. Alcohol consumption categories were defined by intake volume and frequency: never-drinkers, former drinkers, infrequent occasional drinkers ($\leq$ once/month), and frequent occasional drinkers ($<$ once/week to $>$ once/month). Regular drinkers ($\geq$ once/week) were further classified by volume: >0 –10 g/day, >10 –20 g/day, >20 –40 g/day, and >40 g/day. Heavy Episodic Drinking (HED) was defined as ≥ 6 and ≥ 5 standard drinks (10 g) within 4–6 h for men and women, respectively. Hazard ratios (HRs) were calculated using Cox regression, adjusting

for sociodemographic variables, lifestyle factors, health status, and alcohol volume or HED.

Compared with infrequent occasional drinkers, HRs for never-drinkers and former drinkers were 1.30 (95% CI: 1.14–1.47) and 1.32 (95% CI: 1.15–1.50), respectively. No differences in mortality risk were observed for intakes up to 20 g/day, but risk increased for consumption >20 –40 g/day and >40 g/day (HR = 1.29; 95% CI: 1.05–1.58 and HR = 1.57; 95% CI: 1.14–2.17, respectively). The HR for weekly HED vs. never was 1.31 (95% CI: 0.98–1.75).

Compared with infrequent occasional drinking, low-volume alcohol consumption had no impact on mortality risk. However, never-drinkers, former drinkers, individuals with regular consumption >20 g/day, and those engaging in weekly HED experienced higher mortality risk.

Source: Galán, I., Fontán, J., Ortiz, C. (2026) Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain: A longitudinal population-based study. *Addictive Behaviors*, 158, 2024, 108108, ISSN 0306-4603, <https://doi.org/10.1016/j.addbeh.2024.108108>.

Global, regional, and national burden of atrial fibrillation and its association with alcohol consumption

Atrial fibrillation (AF) is a leading cause of mortality and disability worldwide. While trends in AF-related deaths are well documented, the influence of alcohol consumption and regional disparities, particularly across Socio-Demographic Index (SDI) regions, remains underexplored.

The research objective was to analyse global and regional trends in AF-related mortality from 1990 to 2021, focusing on age, sex, and the impact of alcohol consumption across regions and SDI.

We used data from the Global Burden of Disease (GBD) Study 2021 to assess age- and sex-specific AF mortality rates in 204 countries. Mortality trends were analysed from 1990 to 2021, with attention to age group (30–44, 45–64, 65–84, 85–94, 95+ years) and sex. The impact of alcohol on AF-related mortality was examined by WHO regional classifications.

AF-related mortality increased globally among both men and women, with higher rates in women. Female mortality increased notably in the 90–94 and 95+ age groups, while male mortality surged in the 30–44 and 85+ age groups.

Regionally, Greenland saw a decline in male mortality, while Sweden's rates rose. In China, both male and female mortality rates decreased. Alcohol consumption had a significant impact on AF mortality in Europe and the Americas, with smaller effects in Africa, Southeast Asia, and the Eastern Mediterranean.

The global burden of AF-related mortality is rising, with significant age, sex, and regional disparities. Alcohol consumption contributes notably to AF deaths in Europe and the Americas, highlighting the need for targeted interventions in high-risk regions. These findings emphasise the importance of addressing alcohol-related AF mortality through region-specific public health strategies.

Source: Lai, P., Ye, J., Zhang, D.K. et al. (2026) Global, regional, and national burden of atrial fibrillation and its association with alcohol consumption: age, sex, regional, and SDI differences-an analysis of the Global Burden of Disease Study 2021. *Frontiers in Cardiovascular Medicine*, 13:1583980. <https://doi.org/10.3389/fcvm.2026.1583980>

Alcohol consumption and cognitive function: A systematic review and dose–response meta-analysis of 20 cohort studies

Studies examining the association between alcohol consumption and cognitive function have reported inconsistent results. To quantitatively assess this association, researchers conducted a dose–response meta-analysis of cohort studies, including stratified analyses by potential modifiers and study-level characteristics.

Eligible studies were identified by searching PubMed, Embase and Web of Science. Studies investigating major cognitive impairment were excluded.

20 studies, including 78,657 participants, were identified. A weak inverted J-shaped association between alcohol consumption and cognitive function was observed, but the test for non-linearity did not reach statistical significance. Compared with no alcohol consumption, heavy alcohol consumption (≥ 67 g/day) was inversely associated with cognitive function [SMD at 67 g/day = -0.18 , 95% confidence interval (CI) = -0.36 to -0.00], while the evidence for a protective effect of low-to-moderate alcohol intake remained uncertain. In studies that accounted for baseline cognition, alcohol consumption of ≥ 28 g/day was associated with lower cognitive function (SMD at 28 g/day = -0.08 , 95% CI = -0.15 to -0.01),

whereas the association remained uncertain in studies that did not account for baseline cognition (SMD at 28 g/day = 0.13 , 95% CI = -0.05 to 0.32 ; 11 studies, 55 272 participants). By region, alcohol consumption of ≥ 33 g/day was associated with lower cognitive function in studies conducted in the United States (SMD at 33 g/day = -0.11 , 95% CI = -0.22 to -0.01), whereas the association remained uncertain in studies conducted in Europe (SMD at 33 g/day = 0.07 , 95% CI = -0.08 to 0.22 ; 10 studies, 44 235 participants).

A review of current evidence shows that heavy alcohol consumption (≥ 67 g/day) is inversely associated with cognitive function, while the evidence for a protective effect of low-to-moderate alcohol intake remains uncertain. The inverse association is stronger in studies that accounted for baseline cognition, with the alcohol intake threshold (~ 28 g/day) for lower cognitive function close to the drinking guideline limits. However, these findings should be interpreted cautiously because of the limited number of studies.

Source: Choi, S., Je, Y. (2026) Alcohol consumption and cognitive function: A systematic review and dose–response meta-analysis of 20 cohort studies. *Addiction*. <https://doi.org/10.1111/add.70558>

Impact of drinking patterns on the relationship between alcohol use and levels of serum high-density lipoprotein cholesterol

Alcohol intake is known to influence serum high-density lipoprotein cholesterol (HDL-C), yet how drinking patterns shape this association is less well studied. A study examined whether drinking frequency versus amount per occasion was differentially related to HDL-C in a large population sample.

Data were drawn from a cross-sectional study of 18,614 respondents aged 40–79 years in the Tromsø general population health study. Alcohol use was assessed by self-report. Fasting HDL-C was measured using standardised laboratory protocols. Mean alcohol intake was 6.7 g/day and mean HDL-C 1.57 mmol/L. Total alcohol consumption correlated positively with HDL-C ($r = 0.075$). In regression models, each additional gram/day was associated with a 0.005 mmol/L increase in HDL-C (95% CI 0.004–0.005). Drinking frequency showed a positive correlation with HDL-C ($r = 0.183$), whereas amount per occasion

was inversely related to HDL-C ($r = -0.128$). A significant frequency $\times$ amount interaction indicated that higher amounts per occasion were linked to lower HDL-C, primarily among infrequent drinkers.

The results indicate that the alcohol-HDL-C association was driven more by how often alcohol was consumed than by how much was consumed per occasion. Frequent, lower-dose drinking was associated with higher HDL-C, whereas infrequent, higher-dose occasions were associated with lower HDL-C. These findings underscore the need to consider drinking patterns, beyond average intake, when interpreting HDL-C and appraising alcohol-related cardiovascular risk.

Source: Bramness, J.G., Mørland, J., Lid, T.G., Høye, A., Høiseth, G. (2026) The impact of drinking patterns on the relationship between alcohol use and levels of serum high-density lipoprotein cholesterol (HDL-C), *Alcohol*, 135, 70–76, ISSN 0741-8329. <https://doi.org/10.1016/j.alcohol.2026.07.003>.

Prediction of alcohol consumption: The role of genetics, impulsivity, and sensation seeking from adolescence to adulthood

There are well-known phenotypic and genetic associations among impulsivity, sensation seeking, and alcohol consumption, but whether these associations vary between adolescence and early adulthood remains unclear.

Researchers hypothesised that adolescent alcohol consumption would be better predicted by polygenic indices of impulsivity and sensation seeking than by polygenic indices of adult alcohol consumption (drinks per week), whereas the reverse would be observed in young adulthood (i.e., stronger associations with polygenic indices of drinks per week).

733-754 twins of European genetic ancestry from the Colorado Longitudinal Twin Study were assessed at age 17 and/or 23 years using structural equation modelling.

The sensation-seeking polygenic indices were associated with alcohol consumption in

adolescence ($\beta=0.16$), whereas drinks-per-week polygenic indices were associated with alcohol consumption in early adulthood ($\beta=0.15$). Additionally, phenotypic measures of impulsivity and sensation seeking were associated with alcohol consumption at both ages ($\beta=.13-.21$) and mediated some polygenic indices-alcohol associations.

These findings suggest that genetic influences on alcohol consumption change from adolescence to early adulthood, with genetic influences on sensation seeking most relevant to alcohol consumption in adolescence.

Source: Geel, L.G., Corley, R.P., Reynolds, C.A. et al. (2026) Prediction of alcohol consumption: The role of genetics, impulsivity, and sensation seeking from adolescence to adulthood. *Drug and Alcohol Dependence*, 286: 113276, ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2026.113276>

Combined associations of alcohol consumption frequency and healthy lifestyle with risk of sudden cardiac arrest

Frequent alcohol consumption is a cardiovascular risk factor, but its association with sudden cardiac arrest across lifestyle profiles remains unclear. Researchers examined the combined associations of drinking frequency and Healthy Lifestyle Score with sudden cardiac arrest.

A multicentre case-control study using the CAPTURES (Cardiac Arrest Pursuit Trial With Unique Registration and Epidemiologic Surveillance) registry (2017-2023) included 961 sudden cardiac arrest cases and 1891 controls who were current drinkers; community controls were frequency-matched by age, sex, and residential area. Alcohol frequency was categorised as low, moderate, or high. The Healthy Lifestyle Score was derived from 7 components: smoking; physical activity; sleep; and red meat, fish, fruit, and vegetable intake. Multivariable logistic regression was used to estimate adjusted odds ratios. Interactions between factors were assessed using both multiplicative and additive approaches. Potential impact fractions were calculated to estimate how outcomes might change if alcohol consumption frequency or Healthy Lifestyle Scores varied.

High-frequency drinking and a lower Healthy Lifestyle Score were associated with higher risk of

sudden cardiac arrest (high versus low frequency: adjusted odds ratio, 66; Healthy Lifestyle Score 0-2 versus 5-7: adjusted odds ratio, 10.02). Combined analyses showed marked risk concentration: high-frequency drinking with a Healthy Lifestyle Score of 0-2 yielded an adjusted odds ratio of 29.84 compared with low-frequency drinking with a Healthy Lifestyle Score of 5-7. The interaction between high-frequency drinking and physical inactivity was additive. Potential impact fractions were 16% for an alcohol-frequency shift alone, 52% for Healthy Lifestyle Score improvement alone, and 58% for the combined scenario.

Among current drinkers, frequent alcohol consumption and unfavourable lifestyle profiles were associated with substantially higher risk of sudden cardiac arrest, with risk concentrated in clusters of unhealthy behaviours. These findings may inform multidomain lifestyle strategies for sudden cardiac arrest prevention.

Source: Ahn, G.J., Cha, K.C., Hwang, SO; CAPTURES project investigators (2026) Combined associations of alcohol consumption frequency and healthy lifestyle with risk of sudden cardiac arrest: A multicenter case-control study. *Journal of the American Heart Association*, 15(15):e050137. <https://doi.org/10.1161/JAHA.126.050137>

Deciphering the relationship between alcohol consumption, oropharyngeal cancers, and socioeconomic determinants

Alcohol use is a major risk factor for oropharyngeal cancer, yet the nature of risk differences across drinking patterns remains unclear.

Researchers used data from large-scale genome-wide association studies to conduct Mendelian randomisation analyses, assessing the effects of alcohol intake with meals, intake frequency, maximum habitual intake, and drinks per week on the risks of oral cavity cancer, pharyngeal cancer, stomatitis (inflammation of the mucous membranes inside the mouth and lips), lichen planus, and oral leucoplakia. Multiple Mendelian randomisation methods were applied to model pleiotropic effects, and multivariable analysis was performed to evaluate the interplay between alcohol consumption and household income.

Alcohol intake frequency was associated with increased risk of oral and pharyngeal cancer. In contrast, alcohol intake with meals showed an apparent protective association with these outcomes, which was nullified after adjusting for household income in the multivariable

analysis—indicating that the observed benefit was explained by higher socioeconomic status. The frequency-risk relationship remained significant after adjustment, highlighting intake frequency as an independent risk factor under MR assumptions. The number of drinks per week was linked to increased stomatitis risk, and this association remained significant after accounting for household income, suggesting an independent effect of alcohol consumption on stomatitis risk under MR assumptions.

Cancer prevention strategies should target harmful alcohol consumption patterns, with attention to drinking frequency and socioeconomic context, rather than treating alcohol exposure as monolithic.

Source: Al-Ahdal, T., Cabrera-Mendoza, B., Listl, S., Polimanti, R. (2026) Deciphering the relationship between alcohol consumption, oropharyngeal cancers, and socioeconomic determinants. *Alcohol: Clinical and Experimental Research*, 50(8): e70393. <https://doi.org/10.1111/acer.70393>.

The relationship between menopause, perimenopause and alcohol use: a scoping review

The relationship between the menopausal transition, alcohol use and women's health remains poorly understood despite its relevance to psychiatry and women's health. Alcohol use and menopausal symptoms can overlap, leading to misattribution and barriers to accessing appropriate care.

Researchers sought to map the existing literature on the relationship between menopause, perimenopause and alcohol use, synthesise current evidence and identify knowledge gaps across 3 domains: alcohol and its impact on menopausal physiology and symptoms; the menopausal transition and its impact on alcohol use patterns; and psychosocial context and mental health.

A scoping review was conducted using the Ovid MEDLINE, PubMed, Embase, Cochrane and PsycINFO databases. Studies were included if they involved perimenopausal, menopausal or postmenopausal women and addressed any form of alcohol use. Data were synthesised thematically. Fifty-seven studies were included, predominantly prospective cohorts (n = 18) and cross-sectional studies (n = 15). Most focused on postmenopausal

populations, with perimenopausal women under-represented. Moderate alcohol consumption was associated with higher oestradiol and lower follicle-stimulating hormone levels, though effects on menopausal timing were inconsistent. Findings on vasomotor symptoms, sleep disturbance and sexual function varied considerably. No consistent evidence demonstrated that the menopausal transition independently increases alcohol consumption. Mental health outcomes were reported in fewer than one-quarter of studies, with moderate drinking showing neutral effects, while heavy consumption correlated with worse mood and cognitive complaints.

The literature provides only a partial understanding of the menopause-alcohol relationship, with conflicting results across vasomotor symptoms, sleep, sexual function and psychological outcomes.

Source: Teixeira, F.M.A.A., Picior, M., Ajewole, O. (2026) The relationship between menopause, perimenopause and alcohol use: A scoping review. *Substance Use and Addictions Journal*:29767342261467588. <https://doi.org/10.1177/29767342261467588>

Alcohol consumption and risk of dementia and cognitive decline: from evidence to prevention strategies

A narrative review published in the European Medical Journal, Neurology, states that alcohol use disorders are a significant and modifiable risk factor for dementia, underscoring the urgent need for proactive clinical and public health interventions. Emerging research suggests that the relationship between alcohol consumption and cognitive health is nuanced, with studies indicating that the lowest risk of cognitive dysfunction and dementia is associated with low-level intake, specifically around 30 g and 15 g of alcohol per day, respectively. To mitigate the long-term impact of alcohol-related cognitive decline, healthcare systems must prioritise integrating routine screening for heavy drinking into standard medical care, ensuring timely access to intervention and treatment. Beyond individual clinical efforts, broader population-level alcohol policies remain a vital strategy to reduce excessive consumption and ultimately lower the societal burden of alcohol-related dementia.

The review examines the relationship between alcohol consumption, cognitive decline and dementia in older adults. It considers epidemiological evidence on different levels of alcohol intake, including the ongoing debate about whether light-to-moderate drinking may have protective effects, while emphasising the established neurological and wider health risks associated with heavy alcohol consumption. It also explores the biological mechanisms through which alcohol may affect the ageing brain, including amyloid- β accumulation, tau phosphorylation, thiamine deficiency, excitotoxicity and vascular risk factors.

A major focus of the review is the potential benefit of addressing alcohol consumption in later life. It discusses how reducing or stopping alcohol use may improve cognitive and physical health, reduce falls and injuries, improve quality of life and potentially decrease healthcare costs. The review also

considers practical challenges in managing alcohol use among older adults, including stigma and underreporting, increased physiological sensitivity to alcohol, multiple health conditions, medication interactions, inadequate professional training and limited access to age-appropriate treatment.

Finally, the review addresses how these findings can be translated into clinical practice and public health action. It recommends improved screening and assessment, personalised behavioural and medical interventions, a stronger role for primary care, multidisciplinary support, greater public awareness and age-appropriate alcohol guidance. It also identifies the need for further longitudinal research to clarify the long-term relationship between different patterns of alcohol consumption and different forms of dementia, and to determine which interventions are most effective for older adults.

Source: Fares, A. (2026) Alcohol consumption and risk of dementia and cognitive decline: From evidence to prevention strategies, EMJ Neurology, 14(1), 105-112. <https://doi.org/10.33590/emjneuro/CE9368V5>.



The abstract review process for this year's APSAD Conference is now complete, and the selected abstracts are live in the conference programme.

This year's theme, *Storytelling Shapes Us: Community, Clinical Practice, Research, and Healing*, will be reflected throughout a dynamic programme featuring oral presentations, yarning circles, workshops, symposia, posters and poster tours, with lively discussions welcomed and encouraged.

A selection of esteemed national and international speakers will present on topics within the alcohol and other drug (AOD) space at the conference.

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

Risk factors for alcohol-related injury experienced within a year

Alcohol-related injuries, including self-injury and harm to others, have multifactorial causes beyond the amount and frequency of alcohol consumption. Researchers in Japan investigated the determinants of alcohol-related self-injury and harm to others by focusing on the characteristics of alcoholic beverages.

Data were drawn from a nationwide internet-based cohort survey conducted in Japan in 2024-2025. Among 11,443 continuous drinkers, alcohol-related self-injury and harm to others in the past year were assessed. Adjusted odds ratios (aORs) and 95% confidence intervals (CIs) were estimated, with adjustment for demographic, socioeconomic, and clinical characteristics, drinking behaviours, and beverage types.

Of the study population, 285 and 122 participants experienced alcohol-related self-injury and harm to others, respectively. Younger age and frequent heavy episodic drinking showed strong dose-response associations with self-injury and harm to others. Diabetes was associated with increased

risk, and depression showed a positive but not consistently statistically significant association. Wine consumption was negatively associated with self-injury (aOR, 0.40; 95% CI, 0.24-0.65), whereas beer and moderate alcohol-by-volume (4-7%) ready-to-drink beverages were negatively associated with harm to others (beer: aOR, 0.38; 95% CI, 0.15-0.96; 4-7% ready-to-drink beverages aOR, 0.29; 95% CI, 0.13-0.63).

Alcohol-related self-injury and harm to others share common and distinct determinants across demographic, clinical, behavioural, and beverage-related factors. These findings suggest that alcohol-related injury risk is primarily driven by drinking pattern and intensity, while beverage-specific associations may provide exploratory insights.

Source: Okushin, K., Tabuchi, T., Yoshioka, T. et al. Risk factors for alcohol-related injury experienced within a year: results of a nationwide large-scale internet survey. *Addictive Behaviours Reports*, 24:100735. <https://doi.org/10.1016/j.abrep.2026.100735>

Alcohol consumption patterns and chronic pain

Chronic pain and harmful alcohol use are prevalent and disabling conditions with shared neurobiological and social determinants, yet their relationship remains understudied in low- and middle-income countries.

Cross-sectional data from 90,846 adults with complete data from the 2019 Brazilian National Health Survey were analysed. Chronic pain was categorised as back pain, rheumatism/arthritis and repetitive strain injury/work-related musculoskeletal disorder. Alcohol use was assessed by consumption frequency (six categories), binge drinking and average daily intake. Weighted logistic regression models, adjusted for sociodemographic and clinical variables, were used.

A U-shaped association was observed between alcohol consumption frequency and chronic pain: compared with regular-high-frequency drinkers (3-5 days/week, reference), higher odds of chronic pain were observed among near-daily (odds ratio [OR] 1.73; 95% confidence interval [CI] 1.17-2.56),

occasional (OR 1.61; 95% CI 1.20-2.15), infrequent (OR 1.42; 95% CI 1.11-1.82) and regular-low (1-2 days/week; OR 1.28; 95% CI 1.03-1.60) drinkers. Binge drinking was independently associated with higher odds of chronic pain (OR 1.21; 95% CI 1.03-1.42). Female sex (OR 1.65; 95% CI 1.49-1.83) and depression (OR 2.67; 95% CI 2.32-3.07) showed strong associations with chronic pain. Alcohol quantity (g/day) was not significantly associated with chronic pain in sensitivity analyses.

Frequent alcohol use, binge drinking, female sex and depression were independently associated with chronic pain in this low- and middle-income countries population. These associations highlight the importance of addressing behavioural and mental health patterns in pain management. Future longitudinal studies are needed to determine the directionality of these associations.

Source: de Oliveira, M.C., Pedro, M.O.P., Leopoldo, K. et al. (2026) Alcohol consumption patterns and chronic pain: Findings from the 2019 Brazilian National Health Survey. *Drug and Alcohol Review*, 45(6): e70235, <https://doi.org/10.1111/dar.70235>.

Interpreting the evidence on wine consumption and health: A narrative review of the J-shaped association and contemporary alcohol guidelines

Moderate wine consumption has historically been linked to a J-shaped relationship between dose and total mortality, driven primarily by cardiovascular protection, enhanced endothelial function, improved glucose metabolism, and anti-inflammatory and antioxidant effects attributable to both ethanol and grape-derived phenolic constituents. Yet in recent years, international alcohol guidelines have shifted markedly towards the assertion that 'no safe level' of alcohol exists. This transition has occurred despite the continued consistency of mechanistic, clinical, and epidemiological evidence demonstrating hormetic (biphasic) responses to wine and its constituents, and despite methodological controversies over the mathematical models used in several recent national guideline revisions.

A narrative review published in the journal *Nutrients* synthesises mechanistic evidence on hormesis and wine-specific biological effects—including polyphenols, resveratrol, nitric oxide signalling, platelet modulation, and endothelial

benefits—with epidemiological data on J-shaped associations with cardiovascular disease, diabetes, and total mortality. It further examines key methodological changes in recent guidelines, particularly the adoption of the 'Sheffield model' and the exclusion of, or reduced emphasis on, cardioprotective outcomes.

The review argues that these methodological decisions, rather than new scientific evidence, largely explain the departure from earlier guideline thresholds that allowed moderate wine consumption. Understanding wine's biological specificity, the differential health implications of drinking patterns and contexts, and the limitations of model-driven policy changes is essential to developing coherent, evidence-informed public health recommendations.

Source: Stockley, C.S.; Ellison, R.C.; Boban, M. (2026) Interpreting the evidence on wine consumption and health: A narrative review of the J-shaped association and contemporary alcohol guidelines. *Nutrients*, 18, 2752. <https://doi.org/10.3390/nu18172752>

Association of self-reported alcohol consumption versus abstinence with major adverse cardiovascular events, cancer, and mortality in US Veterans

Alcohol consumption is common among US veterans, yet its impact on long-term health outcomes remains incompletely understood.

A cohort study examined associations of alcohol consumption and abstinence with major adverse cardiovascular events (MACE; myocardial infarction, stroke, or cardiovascular death), cancers, and total mortality. The study collected self-reported alcohol consumption from 438,442 participants in the prospective Million Veteran Program Study (MVP 2011-2024). Outcomes included total mortality, incident cancer, and MACE.

A J-shaped association was observed between alcohol and the risk of mortality and MACE. Compared with never drinkers, the hazard ratio (HR) for mortality was 0.86 (0.84, 0.89) for current drinkers with alcohol 0.1-30g/d, and 0.84 (0.80, 0.89) for MACE. The HR for cancer was positively associated with higher daily intake among current drinkers: 1.03 (0.99, 1.17) [0.1-30g/d], 1.06 (1.00, 1.12) [31-60g/d], 1.20 (1.12, 1.29) [61-90g/d] and 1.28 (1.12, 1.47) [>90g/d]. Compared with participants who reported never smoking and

never drinking, the HR for head and neck cancer was 3.21 (2.17, 4.74) among current smokers with moderate alcohol consumption (females up to 14g/d and males up to 28g/d) and 5.69 (3.76, 8.62) among current smokers with heavy drinking.

Among US Veterans, alcohol consumption was associated with mortality and MACE in a J-shaped pattern, with lower risk observed at moderate consumption levels compared with abstinence or heavier drinking. However, alcohol consumption shows a linear dose-response relationship with cancers, with increased risks for alcohol-related cancers even at moderate consumption levels. The association between alcohol and head and neck cancer was significantly exacerbated by smoking.

Source: Li, Y., Nguyen, X.T., Houghton, S.C., et al. (2026) Association of self-reported alcohol consumption versus abstinence with major adverse cardiovascular events, cancer, and mortality among United States Veterans: a cohort study from the Million Veteran Program. *American Journal of Clinical Nutrition*, 101493. <https://doi.org/10.1016/j.ajcnut.2026.101493>.

Alcohol, cardiometabolic risk factors, and cirrhosis: Ten-year risk estimates from a population-based Danish cohort

The combined effects of alcohol consumption and cardiometabolic risk factors on cirrhosis risk are increasingly recognised. A study by researchers in Denmark and the US examined their separate and combined effects.

The study included 354,624 participants from the Danish National Health Surveys (2010-2017) without a cirrhosis diagnosis. The researchers estimated 10-year absolute and relative cirrhosis risks, population attributable fractions (PAFs), and supra-additive interactions by alcohol consumption and cardiometabolic risk factors.

Participants had a median age of 55 years; 12% reported drinking ≥ 15 drinks per week, 17% had a body mass index (BMI) ≥ 30 kg/m², 5% had diabetes, 28% had hypertension, 18% had dyslipidaemia, and 21% smoked. Over 3.3 million person-years of observation, 1,211 developed cirrhosis. Alcohol consumption strongly affected cirrhosis risk (10-year absolute risks of 0.14%, 0.29%, 0.68%, 2.0%, and 4.6% for 1-7, 8-14, 15-28, 29-42, and >42 drinks per week, respectively). BMI ≥ 30 kg/m², diabetes, hypertension, and smoking were each associated with a two- to threefold higher risk. Dyslipidaemia was not associated with cirrhosis risk overall, but was linked to increased risk among participants drinking 8-14 drinks per week. BMI ≥ 30 kg/m², diabetes, and hypertension increased risk among consumers of 1-28 drinks per week, but not among heavier drinkers. Smoking increased risk across all alcohol levels, with indications of a supra-additive interaction. PAFs were 59.9% for alcohol consumption, 29.3% for hypertension, 21.2% for smoking, 13.8% for BMI ≥ 30 kg/m², and 9.0% for diabetes; dyslipidaemia had no statistically significant PAF.

Obesity, diabetes, hypertension, and smoking, but not dyslipidaemia, increased cirrhosis risk, with modest effects compared with heavy alcohol use. The impact of cardiometabolic risk factors was non-significant above 28 drinks per week, underscoring alcohol as the principal driver of cirrhosis risk in heavy drinkers.

The authors comment that the introduction of the metabolic dysfunction and alcohol-associated liver disease (MetALD) nomenclature has highlighted the need to understand how alcohol consumption and cardiometabolic risk factors jointly contribute

to cirrhosis risk, but whether these interactions differ by level of alcohol intake has remained unclear. In this population-based cohort, alcohol consumption was the dominant modifiable risk factor, with approximately 60% of cirrhosis cases attributable to drinking above the minimum-risk reference range, whereas the attributable fractions for individual cardiometabolic and lifestyle risk factors were substantially smaller. Supra-additive associations were observed for obesity, diabetes, and hypertension, mainly at alcohol intakes up to 28 drinks per week, whereas smoking showed supra-additivity with alcohol across alcohol consumption levels; dyslipidaemia showed no clear contribution. These findings support alcohol reduction as the primary prevention priority, while indicating that smoking cessation and cardiometabolic risk management should be considered complementary prevention targets, particularly among people who drink alcohol.

Source: Hedelund Rønn, J., Jepsen, P., Mellinger, J., et al. (2026) Alcohol, cardiometabolic risk factors, and cirrhosis: Ten-year risk estimates from a population-based Danish cohort. *Journal of Hepatology*. S0168-8278(26)02860-6. <https://doi.org/10.1016/j.jhep.2026.08.017>



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Medical research by publication date

Alcohol consumption increased the risk of prostate cancer: A Finnish pooled population-based cohort study. Published: 9 July 2026

No association between alcohol consumption and hip osteoarthritis: a diverse national analysis of 87,585 adults from the "All of Us" research program. Published: 11 July 2026

Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain: A longitudinal population-based study. Published: 18 July 2024

Impact of drinking patterns on the relationship between alcohol use and levels of serum high-density lipoprotein cholesterol (HDL-C). Published: 28 July 2026

Alcohol consumption and cognitive function: A systematic review and dose-response meta-analysis of 20 cohort studies. Published: 28 July 2026

Global, regional, and national burden of atrial fibrillation and its association with alcohol consumption: age, sex, regional, and SDI differences-an analysis of the Global Burden of Disease Study 2021. Published: 29 July 2026

Prediction of alcohol consumption: The role of genetics, impulsivity, and sensation seeking from adolescence to adulthood. Published: 29 July 2026

Combined associations of alcohol consumption frequency and healthy lifestyle with risk of sudden cardiac arrest. Published: 4 August 2026

Deciphering the relationship between alcohol consumption, oropharyngeal cancers, and socioeconomic determinants. Published: 5 August 2026

The relationship between menopause, perimenopause and alcohol use: a scoping review. Published: 9 August 2026

Alcohol consumption and risk of dementia and cognitive decline: from evidence to prevention strategies. Published: 11 August 2026

Risk factors for alcohol-related injury experienced within a year: results of a nationwide large-scale internet survey. Published: 12 August 2026

Alcohol consumption patterns and chronic pain: Findings from the 2019 Brazilian National Health Survey. Published: 18 August 2026

Interpreting the evidence on wine consumption and health: A narrative review of the J-shaped association and contemporary alcohol guidelines. Published: 22 August 2026

Alcohol, cardiometabolic risk factors, and cirrhosis: Ten-year risk estimates from a population-based Danish cohort. Published: 24 August 2026

Association of self-reported alcohol consumption versus abstention with major adverse cardiovascular events, cancer, and mortality among United States Veterans: a cohort study from the Million Veteran Program. Published: 26 August 2026

Alcohol-attributable cancer mortality in the United States, 1990–2023: a secondary analysis of Global Burden of Disease data. Published online 2 September 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 July 3, 2026

Response to alcohol consumption recommendations in the 2025–2030 dietary guidelines for Americans

The United States Health and Human Services (HHS) and the United States Department of Agriculture (USDA) issued new alcohol guidelines in January 2026. The previous per-occasion drinking limits of no more than 2 drinks per day for men and no more than 1 drink per day for women were replaced with the ambiguous advice to 'consume less for better health'.

In a personal view, published in the Lancet Regional Health - Americas, the authors say that alcohol use remains one of the leading causes of preventable disease and death, contributing to 3 million deaths worldwide each year. They argue that women have shown recent increases in drinking, with evidence of exacerbated health

risks associated with alcohol use. The removal of sex-specific drinking guidelines has significant health consequences, particularly for women.

The paper addresses recent conflicting reports regarding the relationship between alcohol and health; summarises the current state of knowledge regarding alcohol and health; addresses women as a special population; and provides recommendations to improve public health.

Source: Peltier, M., Chander, G., Jones, H. et al. Less than what? Response to alcohol consumption recommendations in the 2025–2030 dietary guidelines for Americans. The Lancet Regional Health – Americas, 60 101510, ISSN 2667-193X, <https://doi.org/10.1016/j.lana.2026.101510>

Understanding positive heavy drinking attitudes: daily variability and their role in intervention-related changes in alcohol use

Alcohol use and its related harms remain highly prevalent among young adults, with heavy drinking and alcohol-induced blackouts posing significant public health risks. Researchers examined attitudes towards heavy drinking as both stable (between-person) and dynamic (within-person) predictors of alcohol use and consequences among heavy-drinking young adults. They also explored whether changes in attitudes mediated intervention efficacy.

The data for the study came from a larger randomised controlled trial in which participants in the intervention condition completed 30 days of daily surveys assessing attitudes towards heavy drinking and drinking outcomes. Within- and between-person associations between daily attitudes and the odds of drinking on a given day, same-day drinking quantity, high-intensity drinking (HID), alcohol-related consequences, and blackout were tested. Exploratory mediation analyses used data from all participants in the full trial collected at baseline, post-intervention, and 3-month follow-up, and tested whether changes in attitudes mediated intervention effects on HID.

Results indicated that individuals with more favourable attitudes towards heavy drinking

consumed more drinks per day on average. Within-person fluctuations were especially influential: on days when participants held more favourable attitudes than usual, they reported higher odds of drinking (vs. not), significantly higher drinking quantity, and higher odds of HID (vs. not), alcohol-related consequences (vs. not), and blackout (vs. not). In exploratory analyses, the digital health intervention (the "Drinking Dashboard") reduced favourable attitudes towards heavy drinking, which in turn mediated reductions in HID.

Findings demonstrate that attitudes towards heavy drinking are both dynamic and modifiable. Day-to-day variability in attitudes predicted same-day risky drinking behaviours, and changes in attitudes served as a mechanism of intervention efficacy. These results highlight attitudes as both a proximal risk factor and a key target for digital interventions aimed at reducing alcohol-related harm among young adults.

Source: DiBello, A.M., Merrill, J.E., Carey, K.B., Miller, M.B. (2026) Understanding positive heavy drinking attitudes: daily variability and their role in intervention-related changes in alcohol use. *Addictive Behaviors*, 179,108680, ISSN 0306-4603, <https://doi.org/10.1016/j.addbeh.2026.108680>.

Impact of calorie labelling on consumers' wine preferences: a multi-country study

A new regulatory framework for alcohol product labelling has recently been implemented in the European Union, requiring calorie information on beverage bottles. A cross-country survey of 4,077 consumers of alcoholic beverages across four countries (UK, USA, Italy, and Germany) examined how calorie information affects wine preferences.

Results show that calorie content was correctly identified by about 50% of respondents (up to 60% in the UK, USA, and Italy), yet its effect on choices was minimal and inconsistent, with small coefficients and negligible willingness to pay (−€0.13 to −€0.28 per kcal in Europe; \$0.34 in the USA). By contrast, other attributes showed strong and significant effects. Vivino ratings and organic certification outweighed calorie content in wine choice, with Vivino ratings generating substantial

premiums (e.g., ≈€10 in Italy and Germany, up to \$51 in the USA). Additionally, consumer heterogeneity analysis shows that behavioural factors, such as compensatory behaviours and high product involvement, significantly predict preferences for higher-calorie wines, whereas socio-demographic factors have limited impact. Calorie labelling boosts transparency without harming demand, aiding public health. However, the research suggests that, overall, the new labelling is expected to have modest repercussions on the wine market.

Source: Caso, G., Sapio, S., Pomarici, E., Vecchio, R. (2026) Impact of calorie labelling on consumers' wine preferences: a multi-country study, *Food Research International*, 237 119371, ISSN 0963-9969, <https://doi.org/10.1016/j.foodres.2026.119371>.

Consumer preferences for alcohol labelling in the US

A study assessed the prevalence and formatting of voluntary alcohol, nutrition, and ingredient information on the labels of alcoholic beverages sold in the US in 2021.

Labels from the top 150 beer, spirits, and wine brands in 2021 were examined for a Statement of Average Analysis (SAA; includes calories, carbohydrates, fat, protein); Serving Facts (SAA plus serving size, servings per container, alcohol content); ingredient lists; and nutrition- and ingredient-related claims. Attributes were considered present for a brand if they appeared on the label of at least one product from that brand.

The analysis included 925 labels from 65 beer, 93 spirits, and 101 wine brands. Forty-one beer brands (63%), 24 spirits brands (26%), and 2 wine brands (2%) had SAAs. Eighteen beer brands

(28%), 11 spirits brands (12%), and no wine brands had Serving Facts statements. Eleven beer brands (17%), but no spirits or wine brands, had ingredient lists. The presence of an SAA was positively associated with calorie or carbohydrate claims (beer and spirits), a larger market share (beer only), and membership of the beer industry's Brewers' Voluntary Disclosure Initiative (beer only). Low uptake of voluntary nutrition and ingredient information by top beer, spirits, and wine brands suggests the need for mandatory, standardised labels.

Source: Greenthal, E., Sorscher, S., Musicus, A. (2026) Availability of alcohol content, calorie, nutrition, and ingredient information on labels of alcoholic beverages sold in the United States in 2021. *Public Health and Nutrition*, 6, 1-26. <https://doi.org/10.1017/S136898002610336X>

Exploring the influence of user-generated content on alcohol-related attitudes and behaviours among young people

Alcohol- related content on social media, particularly user- generated content (UGC), is an increasingly common feature of young people's digital lives and has been linked to increased alcohol use; however, a critical gap remains in understanding how different subgroups of young people are exposed to and engage with such content, and how this may be associated with their alcohol- related attitudes and behaviours. A systematic review aimed to synthesise evidence on the association between alcohol- related UGC and young people's alcohol- related attitudes and behaviours, and to describe patterns of exposure and engagement within subgroups of adolescents and young adults.

A systematic search was conducted in September 2023 and again in February 2026 across research databases. Forty- six studies met the inclusion criteria (24 cross- sectional, 14 longitudinal, seven qualitative, one mixed methods), with quantitative studies including 44, 44,219 participants. Overall study quality was moderate, with limitations in sampling and non- response reporting.

Among the quantitative studies examining alcohol- related UGC and behavioural outcomes (including alcohol use and intentions), most (n=28/29) reported positive associations. These were observed across passive exposure, active engagement and combined measures, as well

as across self- generated, peer- generated and influencer- generated content. Subgroup findings (n=22) indicated that associations varied across populations and contexts: adolescents, particularly those under 16, appeared more responsive to peer- generated content via social norms and online identity, while young adults in university settings were influenced by social and institutional contexts, including influencer content. Additional variation was observed among heavy social media users, non- drinkers and sex subgroups.

Exposure to alcohol- related user- generated content on social media (including peer- and influencer- generated content) and engagement with self- generated content appear to be associated with alcohol use among young people, with largely consistent findings across studies. Subgroup findings suggest these associations may vary across contexts and populations, particularly among younger adolescents, young adult university students, heavy social media users, non- drinkers and sex subgroups.

Source: Crocetti, A., Lister, N., Browne, J., et al. (2026) Exploring the influence of user-generated content on alcohol-related attitudes and behaviours among young people: A systematic review. *Addiction*, <https://doi.org/10.1111/add.70574>

Alcohol consumption patterns and association with educational attainment in Europe

A study published in BMC Public Health analysed the association between alcohol consumption patterns and educational attainment across Europe.

The cross-sectional study used pooled data from the European Social Survey 2023-2024 Round 11, which included individual data from 33,987 respondents aged 25-74 years in 27 European countries. Alcohol consumption was assessed using self-reported frequency and quantity, with standardised questions to capture consumption patterns and quantities. The study's main outcome was the frequency of alcohol consumption. The associations between sex, age, educational attainment, and alcohol consumption were assessed.

The highest percentages of frequent drinkers were found in Western Europe (28.0%) and the lowest in Eastern Europe (14.5%), whereas moderate drinking was most common in Northern Europe (52.5%) and lowest in Eastern Europe (28.9%). Female gender was positively associated with alcohol consumption (adjOR=2.05). Primary

education was a risk factor compared with tertiary education (adjOR=1.31). Early adulthood age groups (25-34 and 35-44) showed positive associations compared with the 65-74 group (adjOR=1.44 and adjOR=1.33, respectively).

Being female and having lower educational attainment were associated with increased alcohol consumption. The differences in consumption patterns may, in part, reflect the heterogeneity of alcohol policy frameworks across European countries, including variations in taxation, availability restrictions, marketing regulations, and enforcement strategies. Together, these findings highlight that age-specific drinking patterns reflect a combination of socialisation, cultural normalisation, and health-related transitions across the life course.

Source: Mahrouseh, N., Grad, D.A., Andrade, C.A.S. et al. (2026) Alcohol consumption patterns and association with educational attainment in Europe: an analysis of the 2023-24 European Social Survey. BMC Public Health, <https://doi.org/10.1186/s12889-026-28558-9>

Understanding the early exposure and potential impact of alcohol health warning labels in Ireland

In 2025, the new Irish alcohol warning labels began appearing on product containers in supermarkets, despite the announced delay in legislation. A study assessed early exposure to and perceptions of the new labels, as well as associations between exposure and cancer knowledge and readiness for behaviour change.

An online cross-sectional survey was conducted in December 2025 among a sample of the Irish population recruited by a market research agency (N=714). Participants answered questions on exposure, perceived impact and perceptions of the new health warnings, as well as on cancer knowledge and readiness to change alcohol consumption.

Overall, 32.5% of respondents reported noticing the new label on alcohol products. Among those who noticed the health warnings (66%), 40% reported that it made them think about alcohol's impact on health, 25% reported deciding to buy less or no alcohol in that shopping trip, and 66% reported the warning informed them about risks associated with alcohol consumption. While unadjusted analyses showed significant

differences in cancer knowledge (77.4% vs 68.2%) and readiness to change behaviour (49.8% vs 39.7%) based on exposure to the new warning label, these differences were not significant after adjustment for other factors, such as drinking patterns and exposure to alcohol and cancer messages in the media. Exposure to alcohol-cancer messages in the media was the strongest predictor of cancer knowledge (OR = 17.05, 95% CI [7.77, 37.40]).

The survey data indicate that Irish consumers are starting to notice the new alcohol labelling despite the delayed implementation of the legislation, with overall positive responses. There are indications of early impact, although media messaging on alcohol and cancer appears to play a stronger role in association with increased knowledge at this point.

Source: Kokole, D., Correia, D., Rehm, J. et al. (2026) Understanding the early exposure and potential impact of alcohol health warning labels in Ireland: results from a cross-sectional survey, International Journal of Drug Policy, 156, 105443, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2026.105443>.

Mediating factors that explain the link between exposure to alcohol content on social media and alcohol use

Despite evidence linking exposure to alcohol-related content on social media to alcohol use, there has been less focus on testing the underlying mechanisms that explain this link. Findings from primary studies testing these mechanisms are fragmented and inconsistent, with no systematic synthesis to date. In a study published in the journal *Health Communication*, researchers sought to identify which mediators had been tested to explain the link between exposure to alcohol-related content on social media and alcohol use.

The authors conducted a systematic search of five major databases (MEDLINE, PsycINFO, CINAHL, Web of Science, and ProQuest). Of the 397 articles screened, 10 studies met the inclusion criteria. Overall, social norms were the most commonly examined mediator. The meta-analysis found significant indirect associations between social media alcohol exposure and alcohol use via

descriptive norms ($B=0.07$; 95% CI: 0.05–0.10) and injunctive norms ($B=0.05$; 95% CI: 0.02–0.07). Other mediators identified included drinking motives, alcohol-related beliefs (e.g., “drinking makes socialising easier”), drinking identity, and poster prototypes (i.e., perceptions of the typical people who post alcohol-related content).

Exposure to alcohol-related content on social media was indirectly associated with alcohol use through psychosocial factors, mainly perceived social norms. Norms-focused strategies (e.g., personalised normative feedback) may be a useful component of multi-component interventions, alongside approaches targeting other pathways.

Source: Alen, G. D., Reid, T., Strowger, M., et al. (2026). Mediating Factors That Explain the Link Between Exposure to Alcohol Content on Social Media and Alcohol Use: A Systematic Review and Meta-Analysis. *Health Communication*, 1–12. <https://doi.org/10.1080/10410236.2026.2712597>

Youth involvement in family drinking and parental permission to sip/taste alcohol

Several alcohol-specific parenting behaviours are associated with adolescent alcohol use. An important next step in the literature is to integrate these behaviours into unified risk pathways, which could inform preventive interventions and public health messaging. Youth involvement in family drinking (i.e., asking children to fetch, pour, and open drinks) reflects parental approval of contact with alcohol, which may create opportunities for sipping/tasting alcohol with parental permission. In turn, sipping/tasting with parental permission may increase adolescents’ perceived parental approval of underage drinking, a known risk factor for alcohol use later in adolescence and young adulthood. This indirect pathway was tested, with sensation seeking posited as a moderator of the association between youth involvement in family drinking and sipping/tasting with parental permission.

A community sample included 260 parent-teen dyads (adolescents aged 11–12 years; 60.85% White, 28.9% Black or African American, 2.33% Asian, 1.16% American Indian or Alaska Native, and 7.36% identified as “more than one race”). Hypotheses were tested using path modelling.

Youth involvement in family drinking was positively associated with sipping/tasting with parental permission and perceived parental approval of underage alcohol use. Sipping/tasting with parental permission was not associated with perceived parental approval of underage alcohol use. Moderation was not supported.

Youth involvement in family drinking may mark the start of an early risk pathway that facilitates sipping/tasting with parental permission and directly shapes adolescents’ perceptions of parental approval of underage alcohol use. The lack of moderation may suggest that progression to sipping/tasting is driven more strongly by a family environment that approves of alcohol exposure than by adolescent temperament. Findings highlight the utility of considering different alcohol-specific parenting practices mechanistically in risk models.

Source: Pereda, B., Colder, C.R. (2026) Youth involvement in family drinking and parental permission to sip/taste alcohol: A test of an early risk pathway to perceived parental approval of underage alcohol use. *Alcohol: Clinical and Experimental Research*, 50(8): e70354. <https://doi.org/10.1111/acer.70354>.

Consumers' attitudes and preferences towards ingredients list, nutrition information and health warning labelling on alcohol products

One way to reduce the health hazards of excess alcohol consumption and the subsequent health concerns is to include information on the label. While alcoholic beverages are characterised as food, they are exempt from some of the labelling information and requirements that apply to other food items, including the requirement to provide total ingredient lists or nutrition information. A scoping review explored consumer preferences and attitudes relating to ingredient lists, nutrition information, and health warnings on alcohol labels. 56 papers were included in the review.

The research found that attitudes and preferences towards alcohol labels are mixed. While consumers express interest in nutrition, ingredients and health warning information, their actual use of this information for decision-making remains limited. Those most likely to use information on labels

and to think that the labels would influence their alcohol consumption are females, lighter drinkers and those who are more health-conscious.

The review authors state that consumer attitudes and preferences towards alcohol labels are mixed. Consumer preferences influence and play an important role in determining acceptance of labels and what consumers want. This review identified gaps in the literature around consumer preferences for nutrition and ingredient listings, while there is an abundance of evidence relating to health warnings on alcohol labels with mixed results.

Source: Crevar, M., Esterman, A., Corsi, A.M., et al. (2026) Consumers' attitudes and preferences towards ingredients list, nutrition information and health warning labelling on alcohol products: A scoping review. *Current Nutrition Reports*, 15(1), 62. <https://doi.org/10.1007/s13668-026-00784-y>

Exploring the dose–response relationship between alcohol consumption and harm to others in Australia

Alcohol consumption often harms people other than the drinker. Yet few studies have quantified an exposure-response gradient using the nominated drinker's alcohol volume and heavy episodic drinking (HED) frequency to predict harm-type burden and overall severity among people harmed by someone else's alcohol use. A research team examined these dose–response relationships across sociodemographic groups.

Data were drawn from the cross-sectional Australian 2021 Alcohol's Harm to Others (AHTO) Survey. A total of 2,574 adults (18+ years) participated, of whom 554 reported harm from another person's drinking in the past 12 months. Respondents identified the person who harmed them most (the "nominated drinker") and reported that person's weekly alcohol volume and HED frequency. Harms experienced included an overall harm score (0–10 scale) and a count of 14 specific harms.

There was a significant positive dose–response relationship between the nominated drinker's alcohol consumption (both weekly volume

and HED frequency) and the degree of harm experienced by respondents. Although subgroup analyses suggested stronger effects among women, younger respondents, and when the drinker was a (former) partner, these differences were not statistically significant.

Greater alcohol consumption and more frequent HED are associated with more severe harms to others, regardless of respondents' sociodemographic background. A clear dose–response relationship exists between alcohol consumption by a known drinker and harm to others. The dose–response gradient was stronger at higher exposure levels, suggesting that reducing very frequent heavy drinking may yield disproportionately larger reductions in AHTO burden.

Source: Smit, K., Jiang, H., Karriker-Jaffe, K.J. Laslett, A.M. (2026) Exploring the dose–response relationship between alcohol consumption and harm to others in Australia. *Drug and Alcohol Review* 45(6): e70226, <https://doi.org/10.1111/dar.70226>.

Nutrition claims on alcohol labels: Consumer awareness, understanding, and perceptions

Nutrition claims on alcohol packaging are increasingly common; however, little is known about how consumers interpret and understand them. This study examined exposure to and perceptions of nutrition claims among Australians who regularly drink alcohol and identified predictors of positive attitudes towards claims.

In a cross-sectional online survey, participants viewed mock-up alcohol labels featuring eight nutrition-related claims commonly found in the Australian market, reported how often they recalled each, and rated how true, understandable, important, and relevant each was. Chi-square tests examined associations between perceptions and consumer attributes, and linear regression identified predictors of positive attitudes. The study was conducted in 2024 with 2,028 adults (18+ years) who regularly (more than once monthly) drink alcohol and reside in Australia.

Claims about carbohydrates (32%) and sugar (31%) were most frequently recalled and were

perceived as true, relevant, and easy to understand by approximately half of participants. Most participants considered access to claims' content important, particularly for sugar (76%) and calories (73%). Younger age, higher claim awareness, and greater claim exposure significantly predicted positive attitudes across most claims, while female gender predicted positive attitudes towards sugar, calorie, and vegan claims. The significance of other characteristics varied by claim type. Alcohol nutrition claims are salient to many consumers and are generally interpreted positively. These findings highlight the appeal of claims in alcohol contexts and underscore the need to consider regulatory options, including mandated health warning labels, to address this subtle marketing tactic and support informed choices.

Source: Kostadinov, V; Pettigrew, S; Bartram, A. (2026). Nutrition claims on alcohol labels: Consumer awareness, understanding, and perceptions. *Public Health and Nutrition*, 1-23. <https://doi.org/10.1017/S1368980026103395>

Exceeding intended intoxication predicts lower drinking at the next event through reduced intoxication intentions

Social learning theory posits that direct experience shapes future cognition and behaviour. Yet it remains unclear how drinking experiences from one event influence intentions and behaviour at the next drinking event. Exceeding intended intoxication levels may motivate self-correction or adjustment of future intentions and behaviour. However, this process may depend on the positive or negative consequences experienced. Therefore, the current study examined whether exceeding intended intoxication and its associated consequences during a given drinking episode predicted intoxication intentions and drinking behaviour at the next episode.

202 individuals engaging in high-intensity drinking reported their intoxication intentions, drinking quantity, and positive and negative consequences experienced for 28 consecutive days via ecological momentary assessment.

Exceeding intoxication intentions on a given event predicted decreases in next-event intentions, which in turn predicted drinking behaviour. Thus, there was an indirect effect of exceeding

intoxication intentions on reduced next-event drinking, operating through dampened next-event intoxication intentions. Relations remained after controlling for first-event intoxication intention levels, whether intentions were exceeded, and were robust to several sensitivity analyses, including additional covariates and novel methods of analysis. However, neither positive nor negative consequences predicted next-event intentions or drinking at the day level, nor did they moderate the effect of exceeding intoxication intentions.

Exceeding intended intoxication appeared to lower next-event intentions and, by proxy, drinking, highlighting a potential mechanism for self-correction in future intentions and behaviour. Just-in-time interventions may benefit from leveraging past drinking experiences to shape subsequent intentions and behaviour.

Source: Waddell, J.T., Merrill, J.E. (2026) Exceeding intended intoxication predicts lower drinking at the next event through reduced intoxication intentions. *Journal of Studies on Alcohol and Drugs (Just Accepted)* <https://doi.org/10.15288/jsad.26-00082>

The effect of resilience on alcohol use and alcohol-related outcomes

Resilience, defined as the capacity to recover from difficulties or adapt well to stressors, challenges, and adversities in life, is increasingly studied, yet its role in a range of alcohol-related outcomes, including alcohol consumption, risky drinking, and alcohol use disorder, remains unclear. This review synthesises available evidence while accounting for variability across populations, contexts, and measurement approaches.

Researchers systematically searched MEDLINE, PsycINFO, CINAHL, and Web of Science for observational studies examining the relationship between individual-level resilience and alcohol-related outcomes. A total of 66 studies met the inclusion criteria and were included in the review. 42.6% were conducted in high school or college student populations, and 65.3% were conducted in high-income countries, primarily the United States. Meta-analysis of 24 studies showed that higher resilience was associated with lower odds of alcohol-related outcomes (pooled OR = 0.91, 95% CI = 0.87-0.95), although the observed heterogeneity was substantial. Consistent with this, the narrative synthesis

indicated that associations between resilience and alcohol outcomes varied by life stage, high-risk or clinically vulnerable populations, cultural context, and resilience dimensions, with emotion-regulation and coping-related components showing more consistent protective associations than competence- or achievement-oriented traits. Resilience shows a small protective association with alcohol use and related harms, but effects are highly context-dependent and dimension-specific. Given that most evidence is cross-sectional and exhibits substantial heterogeneity, resilience should not be considered a standalone target for prevention. Future research should prioritise longitudinal designs, standardised measurement, and a clear differentiation between resilience components to clarify how specific dimensions of resilience influence alcohol outcomes across diverse populations.

Source: Alen, G.D., Kuntsche, E., Ingram, I., et al. (2026). The effect of resilience on alcohol use and alcohol-related outcomes: A systematic review and meta-analysis. *Clinical Psychology Reviews*, 129:102798. <https://doi.org/10.1016/j.cpr.2026.102798>

Role of socioeconomic status in modifying the relationship between alcohol use and injury events

Alcohol consumption is a well-established risk factor for injuries, yet the role of socioeconomic status (SES) in modifying this relationship remains underexplored. A study examined how SES might influence the association between alcohol use and injury events, including both fatal and non-fatal injuries, as well as the risk of repeated injuries requiring hospitalisation.

Using data from the UK Biobank, researchers assessed whether SES modifies the relationship between different dimensions of alcohol use (average level and heavy episodic drinking [HED]) and injury events. For injuries requiring hospitalisation, incidence rate ratios (IRRs) for the total number of unique injury admissions per individual were estimated.

Among 482,078 participants, 48,045 injuries were recorded during follow-up. A statistically significant interaction was observed between alcohol use and low education, with individuals in lower education groups showing elevated injury risk compared with the high education group,

particularly among those consuming 20–40 g/day with HED (HR: 1.17, 95% CI 1.06 to 1.28) and those consuming over 40 g/day (HR: 1.13, 95% CI 1.04 to 1.23). For non-fatal injuries, similar statistically significant interactions were found (IRRs 1.17, 95% CI 1.06 to 1.28; and 1.18, 95% CI 1.08 to 1.29, respectively).

The findings highlight that individuals with lower SES face higher risks of alcohol-related injuries. The authors comment that future research should investigate specific mechanisms underlying these disparities to inform more targeted policies. They suggest that population-based pricing policies could be combined with community-based programmes and tailored health messaging to address SES-related vulnerabilities.

Source: Llamas-Falcón L, Rehm J, Lange S, et al. (2026) Role of socioeconomic status in modifying the relationship between alcohol use and injury events: evidence from the UK Biobank. *Journal of Epidemiology and Community Health*, 80, 541-548. <https://doi.org/10.1136/jech-2025-225325>

Alcohol use and attributable burden of disease in the WHO Western Pacific Region

An article published in *Drug and Alcohol Review* provides an overview of alcohol exposure, attributable mortality and the burden of disease in the World Health Organization Western Pacific Region, and trends in alcohol exposure over the past two decades.

Researchers used a comparative risk assessment and trend analyses to evaluate alcohol exposure patterns and attributable burden.

In 2019, almost half a million deaths and more than 22 million disability-adjusted life years lost were attributable to alcohol consumption in the Western Pacific Region, representing 3.5% (95% uncertainty interval 2.5, 4.8) of all deaths and 4.4% (95% uncertainty interval 3.6, 5.4) of all disability-adjusted life years lost. This was associated with an average consumption of 6.06 litres of pure alcohol per year (APC; 95% confidence interval 4.46–7.84), higher than the global average of 5.45 litres. APC trends have varied across subregions: China saw increasing consumption up to 2016, with a marked decrease since then, likely due to an anti-corruption campaign prohibiting consumption in public spaces and during official functions. In other Asian countries, consumption steadily increased until the COVID-19 pandemic, then decreased during it, and has now partially returned to pre-pandemic levels. APC in Oceania, including Australasia, was relatively stable between 2000 and 2020 and has since decreased.

Overall, alcohol use remains high and normalised in the region, necessitating robust alcohol control policies. Strengthening these efforts is particularly critical in some Asian countries that experienced the largest increases in alcohol consumption between 2000 and 2024.

Source: Rehm, J., Caswell, S., Fang, D. et al. (2026) Alcohol use and attributable burden of disease in the World Health Organization Western Pacific Region," *Drug and Alcohol Review* 45(5): e70215, <https://doi.org/10.1111/dar.70215>.

Are alcohol-free and low-alcohol drinks more expensive than regular-strength drinks?

Alcohol-free and low-alcohol [no/lo; $\leq 1.2\%$ alcohol by volume (ABV)] drinks are increasingly popular in some high-income countries and may offer public health benefits if used as substitutes for regular-strength drinks; however, perceived high prices may deter people from buying them. A paper examined whether no/lo drinks are more expensive than regular-strength drinks.

No/lo and regular-strength drinks were compared on: (i) average prices and price distributions; (ii) prices of products matched on brand and pack size; and (iii) average prices across different multipack sizes, container sizes and container types (e.g. bottle vs. can).

In 2024, the median price of available no/lo drinks was lower than for regular-strength drinks (ranging from beer –19% to wine –44%), except for RTDs (11% higher). In contrast, the purchase price of no/lo drinks was 7% higher for beer, similar for cider (0.4% difference) and lower for wine (–47%), spirits (–10%) and RTDs (–31%). Top-selling no/lo products were cheaper than matched regular-strength products of the same brand and pack size. For example, 15 of the 17 top-selling no/lo beers were between 6% and 42% cheaper than their regular-strength equivalents; however, the top-selling no/lo products were primarily premium brands, and no/lo beers and ciders were typically sold in smaller, less cost-efficient pack and container sizes.

In Great Britain, the alcohol-free and low-alcohol (no/lo) products available to buy in the off-trade (i.e. in shops) are cheaper on average than regular-strength drinks, but people still tend to pay more for no/lo beer than for regular-strength beer and pay a similar price for no/lo cider as for regular-strength cider. This discrepancy is partly because no/lo beers and ciders are often sold in smaller, less cost-efficient pack and container sizes. The premium branding of top-selling no/lo products may also contribute to higher prices.

Source: Stevely, A.K., Wilson, L.B., Angus, C., et al. (2026) Are alcohol-free and low-alcohol drinks more expensive than regular-strength drinks? A descriptive analysis of sales data from Great Britain, 2024. *Addiction*. <https://doi.org/10.1111/add.70568>

Social and Policy research by publication date

Understanding positive heavy drinking attitudes: daily variability and their role in intervention-related changes in alcohol use. Published: 22 March 2026

Impact of calorie labelling on consumers' wine preferences: a multi-country study. Published: 2 May 2026

Less than what? Response to alcohol consumption recommendations in the 2025–2030 dietary guidelines for Americans. Published: 10 June 2026

Role of socioeconomic status in modifying the relationship between alcohol use and injury events: evidence from the UK Biobank. Published: 10 June 2026

Consumers' attitudes and preferences towards ingredients list, nutrition information and health warning labelling on alcohol products: a scoping review. Published: 22 July 2026

Alcohol use and attributable burden of disease in the World Health Organization Western Pacific Region. Published: 26 July 2026

Alcohol consumption patterns and association with educational attainment in Europe: an analysis of the 2023-24 European Social Survey. Published: 29 July 2026

Youth involvement in family drinking and parental permission to sip/taste alcohol: A test of an early risk pathway to perceived parental approval of underage alcohol use. Published: 3 August 2026

Understanding the early exposure and potential impact of alcohol health warning labels in Ireland: results from a cross-sectional survey. Published: 3 August 2026

Mediating Factors That Explain the Link Between Exposure to Alcohol Content on Social Media and Alcohol Use: A Systematic Review and Meta-Analysis Published online: 4 August 2026

Availability of alcohol content, calorie, nutrition, and ingredient information on labels of alcoholic beverages sold in the United States in 2021. Published: 6 August 2026

Exploring the dose–response relationship between alcohol consumption and harm to others in Australia. Published: 7 August 2026

Nutrition claims on alcohol labels: Consumer awareness, understanding, and perceptions. Published: 12 August 2026

Exceeding intended intoxication predicts lower drinking at the next event through reduced intoxication intentions. Published: 22 August 2026

The effect of resilience on alcohol use and alcohol-related outcomes: A systematic review and meta-analysis. Published: 22 August 2026

Exploring the influence of user-generated content on alcohol-related attitudes and behaviours among young people: A systematic review Published: 26 August 2026

Are alcohol-free and low-alcohol drinks more expensive than regular-strength drinks? Published: 3 September 2026

Report to Congress on the prevention and reduction of underage drinking

The annual report to Congress (Chapters 1–4) includes a description of federal programmes to address underage drinking; an assessment of progress in preventing and reducing it; surveillance data on underage drinking initiation, prevalence, consumption patterns, and underage access to alcohol; and related information. Chapter 5 details the annual production, broadcasting, and evaluation of “Talk. They Hear You” and assesses the campaign’s effectiveness in preventing and reducing underage drinking.

<https://library.samhsa.gov/product/report-congress-prevention-reduction-underage-drinking-2025/pep26-03-001>

Czech policymakers consider restrictions on public alcohol availability

Czechia is considering stricter alcohol regulations to reduce alcohol-related health and social harm. One key proposal, backed by the Ministry of Health, would ban alcohol sales in convenience stores, corner shops, and petrol stations after 9 or 10 pm. The restriction would apply only to retail sales, so pubs, bars, and restaurants could continue serving alcohol. Other measures under discussion include higher alcohol taxes, stricter marketing rules, and restrictions on where alcohol can be sold.

<https://movendi.ngo/policy-updates/2026/08/31/czechia-considers-new-common-sense-limits-on-alcohol-presence-in-public-space>

Drinkaware research shows UK's moderation trend continues

New research from the UK alcohol charity Drinkaware shows that moderation is increasingly common among UK drinkers, although binge drinking and higher consumption on individual drinking occasions are also rising. The findings from the 2026 Drinkaware Monitor suggest that while consumers are adopting moderation strategies, these behaviours are not consistent across all drinking situations.

A record 91% of drinkers, around 42 million people, now use at least one technique to moderate their alcohol intake, up from 87% in 2025. Taking drink-free days is the most popular approach, used by 71% of drinkers, while 48% use no- and low-alcohol products to moderate their consumption, up from 44% last year. One in four drinkers are also choosing no- and low-alcohol options in pubs, bars and restaurants more often than they did 12 months ago.

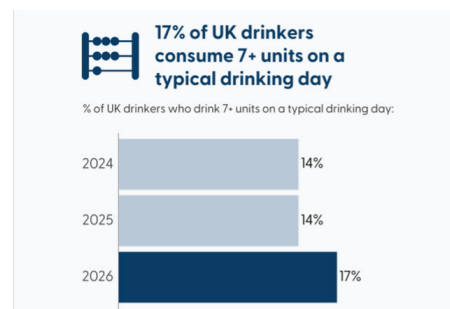
Moderation trends are also affecting the on-trade, with 39% of drinkers reporting they visit pubs and bars less often than a year ago, rising to

48% among those who have tried to cut back on alcohol.

Despite the growth in moderation, 13% of

drinkers, an estimated 6.3 million people, reported binge drinking at least once a week over the past year, up from 11% in 2025. Nick Terry, Drinkaware's director of commercial development and relationships, said the findings show growing demand for greater choice and flexibility, but also demonstrate that moderation is not consistent across all occasions. Drinkaware plans to continue working with retail, hospitality, sport and community partners to make moderation more visible and accessible.

<https://www.drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2026-drinking-trends>



Drink-driving falls in Finland as e-scooter offences rise

Finnish police recorded a decline in drink-driving offences during this summer's nationwide traffic enforcement campaign, despite conducting substantially more breath tests than in the previous year. The campaign, which ran from 29 June to 26 July, targeted factors that can impair a person's ability to drive safely, including alcohol, drugs, medication and health conditions.

More than 117,500 breath tests were conducted during the campaign, about 17% higher than in 2025 and police recorded 1,503 drink-driving offences, down nearly 7% from 1,609 the previous year. Aggravated drink-driving offences fell by 10%, while the proportion of positive rapid drug tests declined from 29% to 25%.

Alcohol-related traffic accidents also fell considerably. Preliminary police figures show 62 alcohol-related crashes during the campaign, compared with 105 over the same period in 2025. The number of accidents resulting in personal injury dropped even more sharply, from 33 to 13, suggesting an overall improvement in alcohol-related road safety. Police highlighted a contrasting trend among electric scooter riders, however, particularly younger people. Officers recorded 225 suspected cases of intoxicated e-scooter riding during the campaign, compared with 160 in 2025—an increase of around 40%.

<https://yle.fi/a/74-20238596>

Germany plans to ban alcohol for 14- and 15-year-olds

Germany's federal government has agreed to end "supervised drinking," which permits 14- and 15-year-olds to drink beer and wine when accompanied by a responsible adult. The proposal, backed by Family Minister Karin Prien, will be debated in the Bundestag. The government argues that the exemption undermines efforts to

protect young people from alcohol-related health, social, and addiction risks. The general minimum age for beer and wine will remain 16, while spirits will remain restricted to adults aged 18 and over.

<https://www.dpa-international.com/politics/urn:newsml:dpa.com:20090101:260812-930-518974/>

Belgian brewers challenge slogan 'Alcohol is harmful to health'

Belgian Brewers, representing around 100 brewers and 1,000 industry stakeholders, is urging the federal government to reconsider stricter alcohol-advertising rules, particularly a mandatory warning stating, "Alcohol is harmful to health." The new regulations would also ban free alcohol with magazines and restrict influencer advertising and advertising in media popular with young people.

Health Minister Frank Vandenbroucke argues that the measures will reduce young people's exposure to alcohol marketing and better inform adults about health risks. Brewers say they support tackling alcohol abuse but believe the warning unfairly stigmatises an economically and culturally important industry. Public health organisations, however, support the restrictions and have criticised the alcohol industry's lobbying to weaken earlier reforms.

<https://www.vrt.be/vrtnws/en/2026/08/26/belgian-brewers-challenge-slogan-alcohol-is-harmful-to-health-wi/>

Stop the "Alcohol Reflex" campaign in Denmark

A new Danish campaign is encouraging young people to question the automatic role alcohol can play in parties and social life. Launched by Fuld af Liv, an initiative from the Danish Cancer Society (Kræftens Bekæmpelse) and TrygFonden, the campaign introduces the idea of the "alko-refleksen", or "alcohol reflex", describing drinking that happens almost automatically, without people stopping to consider whether they actually want another drink.

<https://alcoholcampaign.org/2026/08/27/stop-the-alcohol-reflex/>



Latvia fails to reduce alcohol and drug use over three years

Latvia has failed to meet any of the three main performance targets in its 2023–2025 addiction prevention plan, according to a Ministry of Health evaluation. Of the plan's 35 measures, 19 were fully implemented, seven were partially completed and nine were not implemented, leading the Ministry to assess the overall programme as only partially successful. Risky alcohol consumption among working-age adults increased from 39.8% in 2020 to 41.6% in 2024, rather than falling to the targeted 39%.

Targets relating to illicit drug use were also missed. The government had aimed to reduce the proportion of 15- to 64-year-olds who had used illicit drugs in the previous year from 4.5% in 2020 to 4.4% by 2025, but the figure instead rose to 5.5%. The Ministry attributed much of this increase to experimentation, noting that recent and current drug use remained relatively stable. Progress was also limited because restrictions on alcohol advertising and availability were introduced only in the second half of 2025, too late for their effects to be reflected in the evaluation.

Insufficient funding was identified as a major cause of the plan's shortcomings, particularly in addiction treatment. Several initiatives to improve access and continuity of care—including expanded

multidisciplinary treatment, pharmaceutical reimbursement and the Minnesota treatment programme were delayed, partially implemented or abandoned. However, progress was made in prevention, including piloting the Unplugged programme in 20 schools and preparing a trial of the PAX Good Behaviour Game for younger pupils. The Ministry cautioned that the effects of these programmes on substance use will take longer to assess.

Looking ahead, the Ministry argues that awareness campaigns and isolated educational initiatives are insufficient to achieve lasting behavioural change. It recommends longer-term policy planning, evidence-based parenting support and communication strategies tailored to young people, alongside stronger prevention, treatment, rehabilitation and social support. The report also highlights wider influences on substance use, including the lasting effects of the COVID-19 pandemic, shifts in lifestyles and psychological wellbeing, geopolitical uncertainty and the growing use of digital platforms to obtain illicit substances.

<https://bnn-news.com/latvia-fails-to-reduce-alcohol-and-drug-use-over-three-years-health-ministry-says-282514>

More Danes chose to go without alcohol

Denmark's drinking culture appears to be shifting, with more people choosing to cut back or avoid alcohol. A new Voxmeter survey for Blue Cross Denmark found that 45% of Danes have considered taking a break from drinking, while 41.3% deliberately avoided alcohol for a period over the past year. Among those who do not drink, 30% now describe an alcohol-free lifestyle as a conscious choice, up from 21.1% in 2025.

The trend is particularly strong among younger adults. Among 18- to 34-year-olds, 55% have considered taking a break from alcohol and 46% have already done so. Blue Cross Denmark says younger people are leading the shift, although changing attitudes are evident across the wider population as more Danes reconsider the role alcohol plays in their social lives and personal wellbeing.

Health is a major factor behind the change, with 52.2% of respondents who avoid alcohol citing benefits such as better sleep, increased energy and improved wellbeing, while 36.8% simply say they do not feel like drinking. The trend is also reflected in alcohol purchasing figures: Statistics Denmark reported that the average resident aged over 18 purchased 8.8 litres of pure alcohol in 2025, down from 9.1 litres in 2024. Despite this decline, Blue Cross Denmark notes that overall alcohol consumption remains high and heavy drinking among young Danes continues to be a concern.

<https://www.nordicalcohol.org/post/new-survey-more-danes-are-choosing-to-go-without-alcohol>

Declining alcohol consumption in Poland

In Poland, the population as a whole is reducing its alcohol consumption, with a record 23% now saying they do not drink at all, according to a new survey published by Poland's Public Opinion Research Center (CBOS). The study found that the share of adults declaring complete abstinence had risen by 7 percentage points since 2019. At the same time, the proportion of respondents who said they drink alcohol fell to 73%.

Wine has overtaken beer as Poland's most popular alcoholic drink, with 32% of respondents saying they drink it—up from 25% seven years ago. Beer was consumed by 30% of respondents, while 13% said they drink vodka.

Health concerns were the most common reason for giving up alcohol, cited by 57% of abstainers, while 51% said they simply did not feel the need to drink. Among non-drinkers aged 18–24, that figure rose to 79%.

The survey also found shifting attitudes towards alcohol. 60% of respondents said alcohol is harmful to health, even in small amounts, while 88% agreed that it is possible to have a successful party without drinking. Among 18–24-year-olds, support for alcohol-free social gatherings reached 97%.

CBOS also found that men drink alcohol more often than women. Nearly a third of male drinkers said they consume alcohol at least once a week, compared with 7% of women. The survey also found that people with higher education and those in the highest-income households reported drinking alcohol more often than average.

<https://www.polskieradio.pl/395/7789/Artykul/3718310,nearly-one-in-four-people-abstain-from-alcohol-citing-health-concerns-study-finds>

Chile to create a legal category for low alcohol wine

Chile is considering establishing a new legal category for low-alcohol wine, allowing products with 8.5% to 11.4% alcohol while maintaining the existing 11.5% minimum for traditional bottled wine. The proposed decree remains under review and has not yet taken effect.

The change aims to help Chilean wineries compete in the growing market for lower-alcohol wines, particularly as younger consumers increasingly favour moderation, wellness and lower-calorie drinks. The proposed 8.5% threshold would also align with international wine standards. Low-

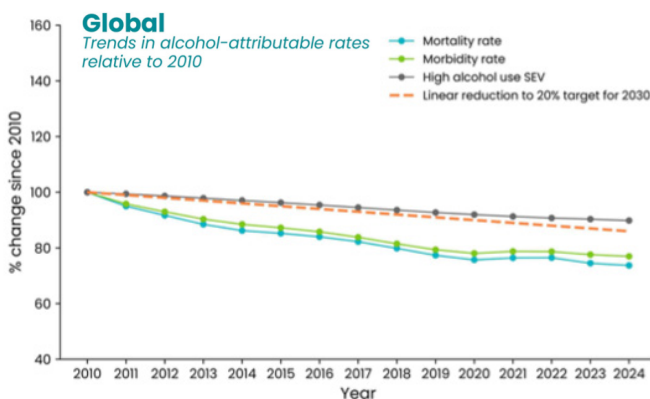
alcohol products would remain fermented grape wines but would need to be marketed under the new category rather than as conventional wine.

Supporters view the measure as an opportunity to respond to declining global wine consumption and shifting consumer preferences, while supporting Chile's major wine-exporting industry. Until the decree is approved, however, the current 11.5% minimum remains in force.

<https://www.vinetur.com/en/20260831106353/chile-moves-to-create-a-legal-category-for-wine-starting-at-85-alcohol.html>

IARD report on global alcohol-attributable mortality

Global alcohol-related harm has declined significantly since 2010, according to an analysis by the International Alliance for Responsible Drinking (IARD) using data from the Institute for Health Metrics and Evaluation's Global Burden of Disease study. The age-standardised alcohol-attributable mortality rate fell by approximately 26% between 2010 and 2024, while alcohol-attributable disability-adjusted life years (DALYs) declined by around 23%. Exposure to high levels of alcohol use also decreased by approximately 10%.



The findings suggest progress towards international public health objectives established following the adoption of the UN's Global Strategy to Reduce the Harmful Use of Alcohol in 2010. UN Member States subsequently set a goal of reducing harmful alcohol use by 20% by 2030 compared with 2010 levels. However, IARD cautions that global averages can mask substantial differences between countries and regions, so continued progress cannot be assumed.

The analysis does not attribute the reductions to any single factor. Instead, they may reflect a combination of changing drinking habits, improvements in healthcare, public health initiatives, and broader social and economic development. IARD also notes that its findings should not be directly compared with World Health Organization estimates, as the WHO and the Global Burden of Disease study use different methodologies and models to measure alcohol-related harm.

<https://www.iard.org/press/New%20Report%20Finds%20Global%20Alcohol-Attributable%20Mortality%20Has%20Fallen%20Since%202010>

Is one glass a day harmful? Many Dutch people still don't believe it

Despite the findings of the Netherlands Health Council review in June that 'there is no safe level of alcohol consumption', research by the RTL panel indicates that the new guidance has not yet gained broad acceptance. 45% of respondents in the country believe there is nothing wrong with a daily glass of beer or wine. "It shows that alcohol is still completely normal in the Netherlands," polling expert Gijs Rademaker to RTL commented.

There are clear generational differences, with younger people far less likely than older adults to view daily drinking as normal. 10% of respondents

report drinking a glass every day. Among those 66 and older, the figure is 21%.

Around 40% of people report having reduced their alcohol consumption over the past two years. Rademaker linked the change primarily to health concerns: "Young people are bothered by it at school and work and focus more on a healthy body. And older people want to stay fit at their age."

<https://www.rtl.nl/nieuws/economie/artikel/5636054/alcohol-gezondheidsraad-alcoholvrij-schadelijk>

Alcohol deliveries in South Australia to be subject to 2-hour delay period

The Government of South Australia introduced a significant liquor reform to State Parliament in August, mandating a minimum two-hour pause between the sale and delivery of online alcohol orders. It's the first direct legislative response to South Australia's historic Royal Commission into Domestic, Family and Sexual Violence, which handed down its final report just over a year ago. The proposed safety measures include restricting same-day alcohol delivery to between 10am and 10pm and introducing a minimum two-hour safety

pause between sale and delivery. In addition, the Liquor Licensing Act 1997 will be amended to reflect the law's intent to minimise both the harm and the potential for harm caused by excessive or inappropriate alcohol consumption. The initiatives are part of broader policy and budget measures announced by the State Government to help address domestic and family violence.

<https://www.cbs.sa.gov.au/news/liquor-delivery-reforms-part-of-domestic-family-and-sexual-violence-response>

New traffic laws in Singapore crackdown on drink driving

On Aug 4, Singapore's Parliament passed new traffic laws that reduce the alcohol limits for drivers by more than half. Blood alcohol limits, which were 80 milligrams (mg) of alcohol per 100ml, will be lowered to 30mg. This brings Singapore's prescribed alcohol limits, in force since 1985, in line with jurisdictions such as Japan and South Korea.

Guidelines are expected to recommend jail for first-time offenders with very high blood alcohol levels. First-time offenders in cases without aggravating factors, such as accidents or injuries, have typically been fined and given a two-year driving ban. But the new law allows for up to 12 months' imprisonment on top of the fine and ban. Once the law comes into force, the Traffic Police can prosecute drink-drivers using evidence from a new handheld breathalyser. The device provides accurate roadside breath readings, removing the need to bring the driver to the police lock-up for a breath test. Traffic Police will also no longer need explicit authorisation from a doctor to draw a blood sample.

<https://www.singaporelawwatch.sg/Headlines/new-traffic-laws-set-stage-for-crackdown-on-drink-driving-phone-holding-and-rogue-motorists>

South African government plans for zero percent alcohol limit for drivers

South Africa is moving towards a zero-per-cent blood alcohol limit for motorists as part of the government's efforts to reduce road deaths and injuries. Transport Minister Barbara Creecy said amendments to Section 65 of the National Road Traffic Act are being pursued, with the government aiming to secure Cabinet approval by the end of 2026. The proposed law would effectively prohibit drivers from consuming any alcohol before getting behind the wheel.

The move comes amid ongoing concern over drunk driving. More than 18,000 people were arrested for driving under the influence between March and the end of August 2026, accounting for about a third of all traffic arrests during that period. Current legislation allows a blood alcohol concentration of up to 0.05 grams per 100 millilitres for ordinary motorists and 0.02 grams per 100 millilitres for professional drivers.

The government is targeting a 50% reduction in annual road deaths by 2030, in line with the United Nations Sustainable Development Goals.

<https://novanews.co.za/government-pushes-for-zero-percent-alcohol-limit-for-drivers/>

Directorate of Health warning over online alcohol sales in Iceland

A senior public health official has warned that Iceland is "losing the battle" over online alcohol sales, citing widespread failures in age verification and a growing number of internet retailers selling alcohol. Sveinbjörn Kristjánsson, a behavioural change specialist at the Directorate of Health, said the rapid expansion of online alcohol sales since 2020 risks undermining policies that have helped Iceland maintain comparatively low levels of alcohol consumption.

Approximately 20 companies now sell alcohol online to customers in Iceland. Following numerous complaints, the Directorate of Health tested age-verification practices earlier this year. The results showed that electronic identification was required at the point of purchase in only 36% of cases, while identification was checked on delivery in just 7% of purchases. The Directorate currently receives calls from concerned parents almost daily after children have gained access to alcohol, and a slight increase in alcohol consumption among teenagers has been observed.

Sveinbjörn argues that Iceland's relatively low alcohol consumption largely reflects limited availability, high prices, taxation, age restrictions and strict drink-driving enforcement. He criticises increased competition in the alcohol market, particularly online retailers offering discounted alcohol, arguing that promotional pricing encourages consumption of a product that causes significant public harm.

Sveinbjörn calls for stronger enforcement of existing laws on alcohol advertising, saying police no longer pursue violations as rigorously as they once did. He maintains that Iceland's prevention efforts remain strong but have shifted away from simply providing information. Instead, health authorities are focusing on creating supportive environments through "health-promoting schools", arguing that children's wellbeing and surroundings have a far greater influence on behaviour than facts or education alone.

<https://www.icelandreview.com/news/health-officials-in-iceland-raise-alarm-over-online-alcohol-sales/>

Latest US annual survey finds declines in use of alcohol and drugs

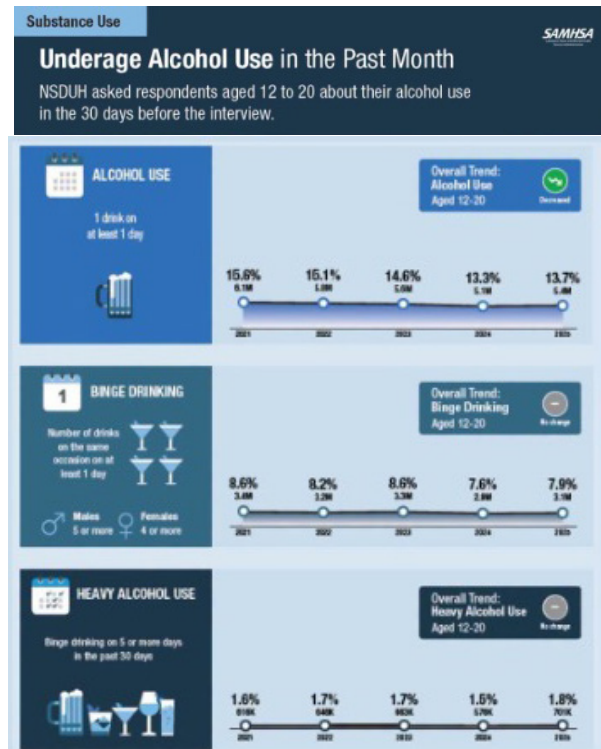
The Substance Abuse and Mental Health Services Administration released results from its latest national survey on drug use and mental health on July 27. The survey found that fewer adolescents aged 12-17 and adults aged 18-25 used alcohol, tobacco, marijuana and other drugs between 2021 and 2025. 27.6% of adolescents received mental health treatment in the past year, while 21.6% of adults aged 18 or older received treatment. The survey highlighted additional findings on suicide, substance use treatment and recovery.

Youth and Young Adults: Adolescents (aged 12–17) and young adults (aged 18–25) showed sustained declines in past-month alcohol use and binge drinking between 2021 and 2025. However, heavy alcohol use and binge drinking metrics among older cohorts (ages 21–20+) remained largely stable, with no significant change.

In 2025, underage alcohol use declined, whereas binge drinking and heavy alcohol use among people aged 12–20 showed no significant change. The share of people aged 12 and older who met the criteria for an AUD diagnosis fell to 8.9% in 2025, down from 10.6% in 2021. This represents a decrease of roughly 4 million people. The drop in AUD was driven mainly by a nearly 20% reduction

(about 3 million people) in mild diagnoses. Moderate and severe cases saw smaller declines.

<https://www.aha.org/news/headline/2026-07-27-samhsa-finds-declines-use-alcohol-drugs-latest-annual-survey-drug-use-and-mental-health>



Alcohol and gambling sponsorship in Australian sport

A report by FARE in Australia examined current alcohol and gambling sponsorships in the Australian Football League (AFL) and the National Rugby League (NRL). The report, 'State of Play: Alcohol and Gambling Industry Influence' in the AFL and NRL, found:

- Every AFL and NRL club has an alcohol sponsorship.
- Every NRL club and five AFL clubs have gambling sponsorships.
- All AFL and NRL television broadcast partnerships are sponsored by alcohol and

gambling companies, with an increase in partnerships in 2026.

- Alcohol and gambling sponsorship is increasingly extending into AFLW and NRLW competitions.

The report argues that “despite years of community concern and mounting evidence of harm, alcohol and gambling advertising continues to saturate every aspect of the fan experience, granting harmful industries unparalleled access to children and young people through the sports they love”.

<https://fare.org.au/alcohol-and-gambling-sponsorship-in-australian-sport/>

Uganda to regulate alcohol sales

In August, under new government measures to curb early-morning drinking and boost productivity, Uganda has directed bars and other alcohol outlets to remain closed before 3pm on working days. The Ministry of Local Government has also imposed an immediate ban on alcohol

sales to anyone under 18. Local authorities and security agencies have been instructed to enforce the rules strictly, with offenders, whether individuals or establishments, facing sanctions, including possible closure.

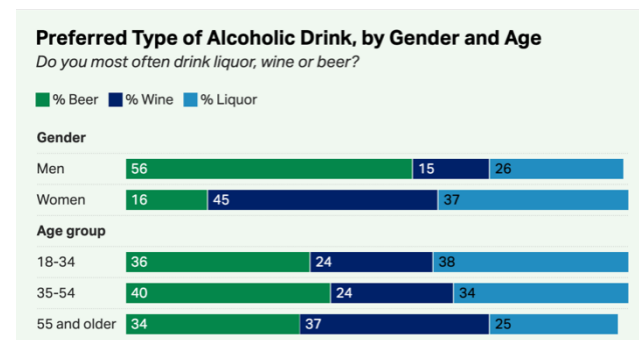
<https://www.ugandadiasporanews.com/>

Americans' drinking remains at record low

A Gallup survey published in August finds that alcohol consumption in the US remains at a historic low, with 54% of Americans saying they drink, unchanged from 2025 and the lowest level in Gallup's records dating back to 1939. Drinking has fallen from 62% in 2023, with declines across most demographic groups. Reports of excessive drinking have also reached a record low, with just 13% saying they sometimes drink too much. Among those who drink, average consumption stands at 3.2 drinks per week, below the average recorded in recent years.

The decline coincides with growing concerns about alcohol's health effects. Just over half of Americans, 51%, now believe that drinking one or two alcoholic beverages a day is harmful to health, compared with only 27% when Gallup first asked the question in 2001. Awareness of research into alcohol's long-term health effects has also increased, with 86% saying they have heard at least something about recent studies. Meanwhile, non-alcoholic alternatives are beginning to gain ground, although their use remains limited: 17% of Americans say they consumed non-alcoholic beer, wine or spirits instead of alcohol during the past year.

Beer remains the most popular alcoholic beverage among US drinkers, preferred by 36%, narrowly ahead of liquor at 32% and wine at 30%. However, long-term preferences are shifting, with liquor gaining popularity and beer declining since 2016. Preferences also vary substantially by gender and age: men are much more likely to favour beer, while women are more likely to choose wine or liquor. Among younger adults, liquor is now roughly as popular as beer, marking a significant change from a decade ago, when beer was the clear favourite.



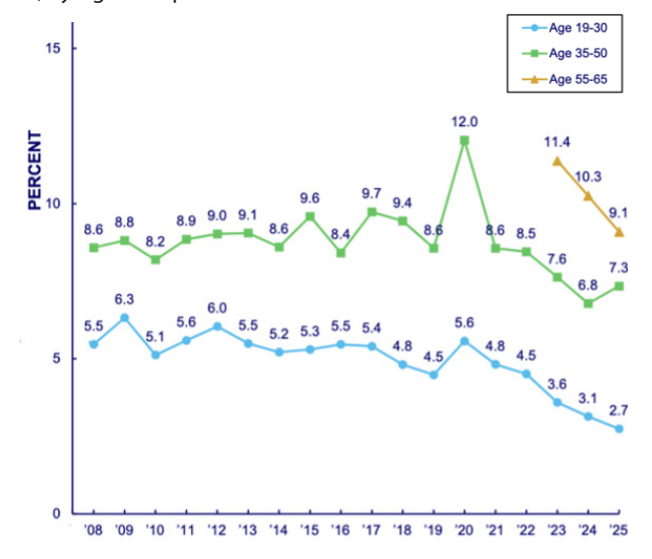
<https://news.gallup.com/poll/713534/americans-drinking-remains-record-low.aspx>

Monitoring the Future adult substance use trends in 2025

In 2025, adults in the United States reported using cannabis at or near record-high levels, continuing a long-term trend of rising use. Nicotine vaping also remained high among young adults. These findings are based on the latest report from the Monitoring the Future (MTF) Longitudinal Panel Study, an annual examination of self-reported drug use in the US among adults aged 19 to 65, supported by the National Institutes of Health (NIH) since its inception in 1976. The panel study, conducted by investigators at the University of Michigan, Ann Arbor, showed that increases in cannabis use, nicotine vaping, and pouch use coincided with historically low rates of cigarette smoking and a decline in alcohol consumption, continuing patterns seen in recent years. There was also a slight increase in self-reported heroin use among young adults aged 19 to 30, marking the highest level in about 10 years.

Among young adults, nearly all measures of drinking reached low levels, with past 12-month, past 30-day, and high-intensity drinking (defined as drinking 10 or more drinks in a row) all holding steady.

ALCOHOL - Trends in 2-Week Prevalence of Binge Drinking (5+ Drinks in a Row) among Respondents of Modal Ages 19 through 65, by Age Group



<https://www.nih.gov/news-events/news-releases/elevated-use-cannabis-nicotine-among-us-adults-continues-into-2025>

Fetal Alcohol Spectrum Disorder (FASD) Awareness Program in Australia

The DrinkWise Fetal Alcohol Spectrum Disorder (FASD) Awareness Programme aims to increase understanding among Australians that FASD is preventable by avoiding alcohol during pregnancy. The programme reinforces Australian health guidance that women who are pregnant or planning a pregnancy should not drink alcohol, and that not drinking is also the safest option when breastfeeding.

Although abstinence during pregnancy has increased over the past decade, DrinkWise believes continued education remains important. To mark International FASD Awareness Day on 9 September 2026, obstetrician, gynaecologist and fertility specialist Dr Chelsea Glennon and Melbourne Cup-winning jockey, trainer and mum-to-be Michelle Payne joined the campaign to communicate this message to women and their wider support networks, including partners, families and friends.

DrinkWise's campaigns are informed by independent research and clinical advice, including guidance from Australia's National Health and Medical Research Council (NHMRC). New research commissioned by DrinkWise in 2026 found that, while most Australians understand

the recommendation to avoid alcohol during pregnancy, this awareness does not always translate into behaviour. DrinkWise CEO Simon Strahan stressed that responsibility should not fall solely on women, with partners, relatives and friends able to provide practical support by reinforcing health advice, offering encouragement and ensuring alcohol-free alternatives are available at social occasions.

Since launching its FASD Awareness Program, DrinkWise has worked with medical professionals, public figures and influencers to develop educational materials tailored to communities across Australia. The organisation says sustained education, trusted voices and strong community partnerships are essential to helping women make informed decisions. Backed by funding from the Australian Federal Government and DrinkWise contributors, the programme provides free educational resources to medical centres and other educational initiatives, with the broader goal of ensuring evidence-based information reaches women, families and communities throughout Australia.

<https://drinkwise.org.au/facts-advice/drinkwise-fasd-awareness-program/>

The Sense Group campaign in Malta

The Sense Group has launched a new summer campaign through its Drinkaware initiative to promote responsible alcohol consumption during Malta's busiest social season. Centred on avoiding the "worst" outcomes, the campaign highlights how irresponsible drinking can affect individuals and those around them, with a particular focus on the serious risks of drink-driving. It encourages personal responsibility among a broad audience, including parents, friends, colleagues, bartenders and other hospitality professionals.

The campaign also reflects Malta's growing culture of planning safe transport in advance, with taxis and other options increasingly part of preparations for nights out and major events.

The initiative aligns with #UnitedInModeration, a European responsible-drinking movement led by Spirits Europe and active across 21 countries. The new summer campaign builds on this work with a clear message: a great night depends on making responsible choices.

<https://maltadaily.mt/articles/drinkaware-launches-summer-campaign-against-irresponsible-drinking>

Nigeria adopts new four-year alcohol policy

Nigeria's Federal Government has launched a four-year National Alcohol Policy (2026–2030) to reduce alcohol-related harm, prevent misuse, protect minors and vulnerable groups, and strengthen alcohol regulation, treatment and rehabilitation.

As part of the policy, National Agency for Food and Drug Administration and Control (NAFDAC) is enforcing a nationwide ban on alcoholic beverages sold in sachets and in plastic bottles under 200ml. Manufacturers must recall these products from the supply chain and cover the cost of their supervised destruction. Companies that fail to comply could face heavy fines, and other penalties.

Industry associations and manufacturers have signed an undertaking to stop producing and distributing the prohibited pack sizes and must submit regular compliance reports to NAFDAC.

<https://www.foodbusinessmea.com/nigeria-launches-2026-2030-alcohol-policy-as-nafdac-orders-recall-of-banned-pack-sizes/>

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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