



RESEARCH SUMMARY
Date Compiled: August 2025

Key takeaways from included research:

- Alcohol industry marketing promotes “better for you” (BFY) products to young adults by highlighting health-related features, despite alcohol’s known harms. Researchers conducted focus groups with 18–24-year-old drinkers and found that participants viewed BFY products as healthier and more appealing, justifying greater consumption, though some expressed skepticism about the industry's motives. Counter-marketing and stricter regulations may help reduce alcohol use by challenging misleading health claims.
- This study used data from the 2015 U.S. Transgender Survey to examine alcohol use disparities among transgender and nonbinary (TGNB) adults. Drinking patterns varied significantly across intersecting identities, with elevated use among groups like White crossdressers. The findings show that alcohol risk is better understood by considering multiple, overlapping identities rather than looking at each one in isolation. Results highlight the need for intersectional approaches in public health efforts and future research on alcohol use in TGNB communities.
- Lithuania introduced alcohol tax increases in 2008 and 2017 to reduce harm. This study analyzed liver cirrhosis hospitalizations and deaths from 2001 to 2022 across four age groups. Taxation was linked to the greatest drop in mortality among middle-aged and older adults, but hospitalization trends were less consistent. Effects varied by age, with some increases in hospitalizations among younger and middle-aged adults.
- This study analyzed UK data from 2009 to 2020 to better understand the burden of alcohol-related liver disease (ARLD) and its disparities by age, sex, ethnicity, region, and deprivation. Incidence and prevalence of ARLD increased over time, with higher mortality and hospitalization rates especially among younger adults, women, and more deprived populations. People with ARLD had over four times the mortality risk compared to those without liver disease. These findings highlight the growing and unequal burden of ARLD, emphasizing the need for targeted prevention and early intervention.

'YOU CAN SORT OF JUSTIFY HAVING THAT DRINK': AUSTRALIAN YOUNG ADULTS' PERSPECTIVES ON THE APPEAL AND INFLUENCE OF 'BETTER FOR YOU' ALCOHOL PRODUCTS

June 2025

Introduction: Alcohol industry publications reveal that the industry targets young people with better for you (BFY) marketing that promotes the nutrition and health-oriented aspects of some products, despite the inherent harms of alcohol consumption. This research investigated how young adults conceptualize the appeal of BFY alcohol products and their potential effect on consumption, and their opinions of the alcohol industry in the context of this marketing.

Methods: Six online semi-structured focus groups stratified by gender and alcohol consumption frequency were conducted with N = 27 West Australians aged 18–24 years who drank alcohol in the past year. Data were interpreted using thematic analysis.

Results: BFY alcohol products are seen by young adults as healthier options and thus justify greater alcohol consumption by offering a way to actively manage health risks. However, BFY products were also appealing in ways that aligned with more traditional alcohol marketing and with reasons for drinking (e.g., by enhancing enjoyment, pleasure and self-presentation). While there was some cynicism and criticism of the alcohol industry for BFY marketing which was viewed as misleading, some young adults were appreciative as they saw it as providing information to help them make informed choices.

Discussion and Conclusions: To reduce alcohol use among young adults, counter-marketing that harnesses critical reflection and cynicism towards the alcohol industry or draws attention to the misleading nature of BFY claims may be a useful strategy. Ultimately, regulatory changes to restrict alcohol marketing that serves to mislead consumers by positioning some alcohol products as healthier options is needed.

Source: Haynes, A., Denejkina, A., Sands, M., Wong, P., Talati, Z., Keric, D., ... & Dixon, H. (2025). 'You Can Sort of Justify Having That Drink': Australian Young Adults' Perspectives on the Appeal and Influence of 'Better for You' Alcohol Products. *Drug and Alcohol Review*.
<https://doi.org/10.1111/dar.70001>

ALCOHOL USE DISPARITIES AMONG TRANSGENDER AND NONBINARY ADULTS: AN INTERSECTIONAL INVESTIGATION

May 2025

Introduction: This study examined an intersectional perspective on alcohol use disparities within transgender and nonbinary (TGNB) adults.

Methods: We examined the data from the 2015 U.S. Transgender Survey (N = 27,715), a cross-sectional, nationwide survey of TGNB adults. The number of drinking days and the number of binge-drinking days were primary outcomes. Analyses followed a multilevel analysis of individual heterogeneity and discriminatory accuracy approach to examine alcohol disparities across gender identities (transgender, nonbinary and crossdresser) and intersections with race/ethnicity, age, sex assigned at birth and dis/ability status.

Results: Significant identity-related differences existed within TGNB communities across all facets of identity. Relative to the sample average, individuals at the intersection of White and crossdressers reported elevated levels of alcohol use. Further, effects were most pronounced across combinations of transgender, nonbinary, White and Black participants to accurately describe alcohol risk in subpopulations relative to examining risk associated with each one of these identities independently.

Discussion and Conclusions: Disparities in alcohol use among TGNB adults are best understood from an intersectional perspective. Affirming public health initiatives for alcohol use should consider identity-related differences across TGNB communities.

Scientific Significance: Results provide the first evidence that alcohol use disparities exist across gender and intersecting identities in a large sample of TGNB adults. Findings lay the groundwork for future research examining mechanisms responsible for these disparities.

Source: Shorey, R. C., Briley, D. A., Hereth, J., Munson, M., Fishbach, J. S., & Cohen, J. R. (2025). Alcohol Use Disparities Among Transgender and Nonbinary Adults: An Intersectional Investigation. *Drug and Alcohol Review*. <https://doi.org/10.1111/dar.14077>

HOW DOES TAXATION AFFECT LIVER CIRRHOSIS ACROSS AGE GROUPS? AN ANALYSIS OF ALCOHOL CONTROL POLICIES ON LIVER CIRRHOSIS OUTCOMES IN LITHUANIA BETWEEN 2001 AND 2022

June 2025

Background: Lithuania, a European country, has a history of high alcohol consumption per capita. To reduce harm, Lithuania has implemented the World Health Organization ‘best buys’ for alcohol control policies, notably two taxation policies in 2008 and 2017. Taxation may affect segments of the population differently; to explore this question, we investigated the effects on liver cirrhosis.

Aims: To analyze the effect of taxation on liver cirrhosis hospitalizations and mortality across four age groups in Lithuania.

Methods: Using a general additive mixed model, we tested taxation on monthly hospitalization and mortality rates between 2001 and 2022 (n = 264 months) across four age groups (young adults: 15–34, middle-aged adults: 35–54, older adults: 55–74, and seniors: 75+ years of age, respectively). We computed standardized hospitalizations and mortality rates (admissions and deaths per 100 000 people) based on summed counts of alcoholic liver disease and fibrosis and cirrhosis of the liver according to the International Classification of Diseases 10th Revision.

Findings: Taxation was associated with the largest downward trend in liver cirrhosis mortality among middle-aged and older adults, equivalent to two fewer deaths per 100 000 individuals. In older adults and seniors, taxation was associated with downward trends in hospitalizations, but effects were less robust.

Conclusion: Taxation may lead to decreases in liver cirrhosis mortality across all age groups but appears to be less consistently impactful for hospitalizations. Younger and middle-aged individuals may experience increased hospitalizations. Taxation appears to impact subsections of the population differently.

Source: Alexander Tran, Huan Jiang, Shannon Lange, Laura Llamosas-Falcón, Janina Petkevičienė, Ričardas Radišauskas, Mindaugas Štelemėkas, Jürgen Rehm. (2025). How does taxation affect liver cirrhosis across age groups? An analysis of alcohol control policies on liver cirrhosis outcomes in Lithuania between 2001 and 2022, *Alcohol and Alcoholism*, Volume 60, Issue 4, agaf034, <https://doi.org/10.1093/alcalc/agaf034>

ESTIMATING INEQUALITY IN ALCOHOL-RELATED LIVER DISEASE BURDEN IN THE UK, 2009 TO 2020: A POPULATION-BASED STUDY USING ROUTINELY COLLECTED DATA

June 2025

Background: There is a need to understand the preventable burden of alcohol-related liver disease (ARLD) and to improve the identification of individuals at high risk. We aimed to establish reliable and stratified epidemiological data to understand the burden of ARLD and the inequalities in this burden related to ethnicity, socioeconomic factors, and region in the UK.

Methods: Data were extracted from Clinical Practice Research Datalink Aurum, a primary care database that includes 20% of UK general practices. The study period was Jan 1, 2009, to Dec 31, 2020; all patients aged 18 years and older registered at a participating practice were eligible for inclusion. Hospital admission data were extracted from linked Hospital Episode Statistics (HES) and ARLD-specific mortality data were obtained from Office for National Statistics Death Registration Data. Several analytical approaches were used, as follows: yearly cross-sectional and cohort analyses to calculate the annual prevalence and incidence of ARLD, respectively; a retrospective, matched, open cohort study to assess all-cause mortality rates (in which patients without liver disease were matched with patients with ARLD on the basis of age, sex, ethnicity, and geographical region); and a retrospective, open cohort analysis to evaluate all-cause hospitalization rates. Hospitalization rates were calculated in those with ARLD only. We explored different definitions of ARLD, and our primary definition was definite ARLD (ie, a coded clinical record specifying ARLD). Incidence and prevalence were stratified by age, sex, ethnicity, deprivation (Index of Multiple Deprivation [IMD] quintile) and geographical region.

Findings: During the study period, 19 534 887 patients from 1491 practices were eligible for inclusion in our study. For definite ARLD exposure, 257 544 patients were included in the all-cause mortality outcome analysis, of whom 51 510 were diagnosed with definite ARLD; while among the 50 409 patients with definite ARLD for whom HES-linked data were available, 37 142 had one or more hospital admissions. Prevalence of definite ARLD rose from 154 to 243 per 100 000 population from 2009 to 2020. Incidence increased from 18.6 to 30.3 per 100 000 person-years between 2009 and 2019, and then decreased to 24.7 per 100 000 person-years in 2020. Prevalence and incidence of ARLD by age, sex, ethnicity, geographical region, and IMD quintile increased between 2009 and 2020. The overall adjusted all-cause mortality hazard ratio (HR) for those with definite ARLD compared with no liver disease was 4.30 (95% CI 4.20–4.41). The effect of ARLD on mortality was more pronounced in younger than older age groups (eg, adjusted HR of 21.86 [95% CI 18.23–26.20] in those aged 30–39 years vs 2.19 [2.09–2.29] in those ≥70 years) and in females than in males (5.61 [5.35–5.88] vs 3.93 [3.83–4.04]). The overall incidence rate for hospitalizations in patients with definite ARLD was 1.17 per person-year. Hospitalization rates were higher in females (adjusted incidence rate ratio 1.03 [95% CI 1.01–1.06]) and in patients in more deprived groups (1.16 [1.10–1.21] in the most deprived IMD quintile vs the least deprived quintile).

Interpretation: Our findings indicate an increasing burden of ARLD in the UK. Raising awareness of disparities in health outcomes in affected groups could facilitate earlier and more targeted interventions.

Source: Wang, Z., Nirantharakumar, K., Copland, A., Quelch, D., Thayakaran, T., Chandan, J., ... & Adderley, N. (2025). Estimating inequality in alcohol-related liver disease burden in the UK, 2009 to 2020: a population-based study using routinely collected data. *The Lancet Primary Care*. [https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143\(25\)00002-0/fulltext](https://www.thelancet.com/journals/lanprc/article/PIIS3050-5143(25)00002-0/fulltext)