projectextramile
PREVENTING ALCOHOL-RELATED HARM

RESEARCH SUMMARY
Date Compiled: August 2026

Key takeaways from included research:

- A 2026 birth cohort study found that alcohol exposure during pregnancy was linked to a greater likelihood of adolescents engaging in multiple risky behaviors, such as substance use. The findings add to evidence that prenatal alcohol exposure can have long-term effects that extend beyond childhood and into the teen years. The authors conclude that preventing alcohol use during pregnancy may help reduce a range of later behavioral and health risks for children.
- A new study found that after Utah lowered the legal blood alcohol concentration (BAC) limit for drivers from 0.08% to 0.05%, alcohol-related traffic deaths decreased more than in the six neighboring states that kept the 0.08% limit. Researchers concluded that stricter impaired-driving laws can change driver behavior and help prevent crashes and deaths on the road. The findings suggest that adopting a 0.05% BAC limit in other states could save lives and improve public safety.
- Nearly all ready-to-drink alcoholic beverages examined in this Australian study were classified as ultra-processed, containing additives such as flavorings, sweeteners, colors, and carbonating agents. Despite this, many products used marketing claims like "natural," "low sugar," or other health-focused messages that could make them appear healthier or less processed than they actually are. The researchers concluded that stronger rules for ingredient labeling and marketing are needed to help consumers make informed choices about alcohol products.
- Alcohol-related liver disease is the leading cause of liver-related illness and death, and deaths from the disease in the U.S. nearly doubled between 1999 and 2022. Because most people have few or no symptoms early on, screening people who drink heavily can help detect liver damage before it becomes severe. The most effective treatment is stopping alcohol use, which greatly lowers the risk of death and disease progression, while people with advanced liver disease may need a liver transplant. Public health policies, such as increasing alcohol prices, limiting alcohol availability, and restricting marketing, will also reduce alcohol-related harm at the population level.

PRENATAL ALCOHOL EXPOSURE AND THE DEVELOPMENT OF MULTIPLE RISK BEHAVIORS IN ADOLESCENCE: A BIRTH COHORT STUDY

May 2026

Background: The United Kingdom has the fourth highest estimated prevalence globally of maternal alcohol consumption during pregnancy (41%). It is therefore important to understand the long-term impacts of prenatal alcohol exposure (PAE) by examining its impact on the development of adolescent multiple risk behaviors (MRBs) that may increase morbidity and premature mortality across the life-course.

Methods: Using Avon Longitudinal Study of Parents and Children (ALSPAC) cohort data with multiple imputation (n = 6752), we examined the impacts of "infrequent," "frequent," and "binge" PAE groups on the development of seven MRBs at 16 years old, encompassing substance misuse, risky sexual behavior, and antisocial behavior. Data were analyzed using multiple regression, using q-statistics to adjust for multiple comparisons.

Results: Adolescents with "infrequent" and "frequent" PAE were more likely to develop hazardous alcohol use at 16 years old compared to those without PAE, with the strongest association being for the "frequent" group (adjusted odds ratio [aOR] 1.45 [1.19–1.76], $p < 0.001$, q value = 0.005). Adolescents exposed to binge drinking prenatally had an increased risk of engaging in underage sexual intercourse (aOR 1.34 [1.09–1.64], $p = 0.005$, q value = 0.044). Binge drinking predicted a higher total MRB score (Coefficient = +0.21 [+0.08 to +0.33], $p = 0.001$, q value = 0.017).

Conclusions: This study supports the UK Chief Medical Officer's Low Risk Drinking Guidelines that the safest approach if pregnant, or if there is a possibility of becoming pregnant, is to avoid drinking alcohol, with the more alcohol consumed during pregnancy the greater the risks of long-term harm to the baby. Given the findings that PAE may increase the risk of adolescent hazardous alcohol use and risky sexual behavior, this study highlights the need for further research to understand the intergenerational effects of PAE.

Source: Parsonage, J. T., Tinner, L., Troy, D., Taylor, C. M., & McQuire, C. (2026). Prenatal Alcohol Exposure and the Development of Multiple Risk Behaviors in Adolescence: A Birth Cohort Study. *Alcohol: Clinical and Experimental Research*, *50*(5), e70286. https://doi.org/10.1111/acer.70286

UTAH'S MOVE FROM 0.08 TO 0.05 BLOOD ALCOHOL CONCENTRATION PER SE POLICY: EFFECTS ON DRIVER CRASH FATALITIES COMPARED WITH CONTIGUOUS STATES

May 2026

Introduction: The aim of this study was to assess the early effects of Utah's 0.05 g/dL blood alcohol concentration per se law—passed in 2017 and enacted in 2018—on crash fatalities by comparing Utah with its 6 contiguous states.

Methods: Using data from the Fatality Analysis Reporting System, the authors conducted a difference-in-differences analysis comparing prelaw (2016) and postlaw (2019) outcomes, crash fatalities across 5 blood alcohol concentration levels (<0.01, ≥0.01, ≥0.05, ≥0.08, and ≥0.15 g/dL) between Utah and contiguous states. Eleven-year trends (2013–2023) in crash fatalities per 100 million vehicle miles traveled were displayed. Data were analyzed in 2025 using SAS, Version 9.4, for data preparation and statistical analyses.

Results: Utah experienced significantly larger reductions in crash fatalities than contiguous states, with difference-in-differences estimates ranging from −0.67 to −1.17 (all $p<0.05$). The largest decrease was observed for crashes involving drivers with blood alcohol concentration ≥0.01 (difference-in-differences = −1.17, 95% CI= −1.88 to −0.46). For nonalcohol-related crashes (blood

alcohol concentration <0.01), both Utah and adjoining states experienced decreases, but the differences were not statistically significant for fatalities (p=0.96).

Conclusions: Utah's 0.05 blood alcohol concentration law was associated with meaningful decreases in alcohol-related crash fatalities, strengthening the evidence supporting the public health importance of evidence-based policy and strongly supporting broader adoption of 0.05 blood alcohol concentration limits nationwide.

Source: Li, K., Fell, J. C., Hosseinichimeh, N., Hu, S., & Vaca, F. E. (2026). Utah's Move from 0.08 to 0.05 BAC Per Se Policy: Effects on Driver Crash Fatalities Compared to Contiguous States. *American journal of preventive medicine*, 108380. https://doi.org/10.1016/j.amepre.2026.108380

MISALIGNMENT BETWEEN ULTRA-PROCESSED STATUS AND 'BETTER FOR YOU' CLAIMS ON PREMIX ALCOHOL PRODUCTS

July 2026

Background: Premix alcohol products (also known as ready-to-drink beverages) are a rapidly expanding alcohol category and frequently marketed using 'better for you' claims (e.g., 'Low sugar', 'Natural'). Little is known about the extent to which these products are ultra-processed or whether marketing claims align with ultra-processed status. This study aimed to address this evidence gap by auditing ingredient disclosure on premix products, assessing the ultra-processed status of these products, and determining the prevalence of 'better for you' claims with a particular focus on claims relating to ultra-processed status.

Methods: 534 premix alcohol products sold in major Australian retail outlets were assessed. Products were evaluated for compliance with mandatory ingredient disclosure, classified according to ultra-processed status based on the presence of indicators of ultra-processing (additives and other industrial ingredients), and analysed to determine the prevalence and types of 'better for you' marketing claims.

Results: Only 79% of assessed products displayed an ingredients list. Among compliant products, 98% contained at least one additive or ingredient indicative of ultra-processing, most commonly flavours, carbonating agents, colours, and sweeteners. One-third (33%) of products containing an ultra-processing indicator displayed a claim suggesting naturalness or minimal processing. Substantially higher proportions of ultra-processed products than non-ultra-processed products carried health-related claims.

Discussion and Conclusions: Premix beverages available in Australia are overwhelmingly ultra-processed, yet many are marketed in ways that may mislead consumers about their composition and healthfulness. Stronger regulatory oversight of ingredient disclosure and marketing claims in this sector is urgently needed to support informed consumer decision-making.

Source: Simone Pettigrew, Asad Yusoff, Daisy Coyle, Paula O'Brien, Michelle I. Jongenelis, Mark Petticrew, Jacqueline Bowden, Eden Barrett. (2026). Misalignment between ultra-processed status and 'better for you' claims on premix alcohol products. *International Journal of Drug Policy*. https://doi.org/10.1016/j.drugpo.2026.105395

ALCOHOL-RELATED LIVER DISEASE: A REVIEW

July 2026

Importance: Alcohol-related liver disease (ALD) is the leading cause of liver-related morbidity and mortality, and the most common indication for liver transplant in Europe and the US. In the US, ALD-

related mortality increased from 6.7 deaths per 100 000 people in 1999 to 12.5 deaths per 100 000 people in 2022.

Observations: ALD can develop with long-term daily alcohol consumption of more than 20 g per day for women (1.4 standard drinks/d) and more than 30 g per day for men (2.1 standard drinks/d), with 1 standard drink containing 14 g of ethanol, equivalent to approximately 12 oz of beer, 5 oz of wine, or 1.5 oz of distilled spirits. ALD encompasses reversible steatosis; steatohepatitis, which can cause alcohol-associated hepatitis; and fibrosis, which can cause cirrhosis, portal hypertension, hepatic decompensation, and hepatocellular carcinoma. Risk factors for ALD progression include increased quantity and duration of alcohol use, female sex, older age, obesity, type 2 diabetes, metabolic syndrome, smoking, viral hepatitis, and specific genetic variants. Most patients with ALD (90%) are asymptomatic or have nonspecific symptoms, such as fatigue. Alcohol-associated hepatitis often causes fever, anorexia, nausea, vomiting, abdominal pain, and jaundice. Individuals with decompensated cirrhosis typically have ascites, variceal bleeding, jaundice, and/or hepatic encephalopathy. Noninvasive liver fibrosis tests, such as the Fibrosis-4 score (which includes alanine transaminase, aspartate aminotransferase, platelet count, and age), and more specific second-line tests, including liver stiffness measurement (vibration-controlled transient elastography) and blood-based fibrosis markers such as the enhanced liver fibrosis test and N-terminal propeptide of type III collagen, provide early diagnosis of ALD and assess liver fibrosis severity, which is the strongest predictor of liver-related outcomes. Alcohol cessation interventions such as motivational enhancement therapy, cognitive behavioral therapy, and pharmacologic therapy (eg, baclofen, naltrexone) are recommended to prevent disease progression. Because alcohol consumption is often underreported, screening tools, such as the Alcohol Use Disorders Identification Test, and sensitive biomarkers of recent alcohol intake (eg, blood phosphatidylethanol) may improve clinical accuracy. Sustained abstinence from alcohol is the primary treatment for ALD. Among patients with alcohol-related cirrhosis, alcohol abstinence over a median follow-up of 36 months was associated with reduced risk of liver-related mortality (adjusted hazard ratio, 0.43 [95% CI, 0.26-0.70]) and all-cause mortality (adjusted hazard ratio, 0.45 [95% CI, 0.30-0.67]). Liver transplant evaluation should be considered for patients with severe alcohol-associated hepatitis or decompensated cirrhosis.

Conclusions and Relevance: People with chronic daily heavy alcohol consumption should be assessed for ALD with noninvasive testing. The primary treatment goal is alcohol cessation. Patients with severe alcohol-associated hepatitis or decompensated cirrhosis should be considered for liver transplant.

Source: Krag A, Åberg F, Mellinger J, Lee BP, Israelsen M. Alcohol-Related Liver Disease: A Review. *JAMA.* Published online July 06, 2026. https://doi.org/10.1001/jama.2026.12038