



RESEARCH SUMMARY
Date Compiled: February 2026

Key takeaways from included research:

- This Canadian survey found that simply knowing alcohol causes cancer was not enough—believing the link mattered for policy support. Adults who were both aware of and believed that alcohol causes cancer were more likely to support policies restricting alcohol availability and marketing than those who were not aware or did not believe. The findings suggest that strengthening belief and acceptance of alcohol’s cancer risks may increase public support for alcohol control policies.
- This study found that alcohol screening and brief intervention in primary care led to small reductions in drinking and modest improvements in blood pressure among patients with hypertension and unhealthy alcohol use. After two years, patients who received brief intervention had slightly fewer heavy drinking days, drank marginally less overall, and showed small but meaningful declines in systolic and diastolic blood pressure compared with those who did not. These benefits weakened by five years, but the results suggest brief alcohol interventions can support better cardiovascular health at the population level.
- Although binge drinking among U.S. college students has declined, it remains common, especially across different state policy environments. This study found that students in states with more restrictive alcohol policies were less likely to drink, drink frequently, or binge drink, with effects strongest among students ages 21–24 but still significant for undergraduate students. The findings suggest that strong state alcohol policies help reduce college drinking and can support campus and community prevention efforts.

DOES BELIEVING ALCOHOL CAUSES CANCER MODERATE THE RELATIONSHIP BETWEEN CONSUMER AWARENESS OF THE ALCOHOL–CANCER LINK AND SUPPORT FOR ALCOHOL POLICIES? FINDINGS FROM A CANADIAN CROSS-SECTIONAL STUDY

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Introduction: Extending research observing an association between awareness that alcohol causes cancer and support for alcohol policies, this study examined if believing or accepting alcohol causes cancer moderates the relationship between awareness of alcohol as a carcinogen and policy support.

Methods: Adult alcohol consumers ($n = 5180$) in Canada completed an online survey in March–April 2023. Four separate logistic regression models were conducted with policy support affecting alcohol availability, pricing, marketing and labelling as outcomes to assess if believing alcohol causes seven types of cancer moderates the relationship between awareness of the alcohol–cancer link and support for alcohol policies. An interaction between awareness and belief was included as a predictor, adjusting for covariates.

Results: Overall, 29.3% were aware alcohol causes seven types of cancer and, of those aware, 83.6% believed this link. Those both aware of and believing that alcohol causes cancer had higher odds of supporting policies restricting alcohol availability (OR 1.76, 95% CI 1.13, 2.74) and marketing (OR 1.75, 95% CI 1.16, 2.64) than those not aware and did not believe. Consumers who were both aware of and believed the alcohol–cancer link had higher odds of supporting labelling policies (OR 1.59, 95% CI 1.05, 2.40), although this was not significant after adjusting for multiple comparisons.

Discussion and Conclusions: This study highlights that believing alcohol is a carcinogen moderates the relationship between awareness of the alcohol–cancer link and support for policies restricting alcohol availability and marketing. Future longitudinal studies are needed to test interventions for effectively raising awareness and strengthening belief and acceptance of alcohol-related cancer risks.

Source: Weerasinghe, A., Forbes, S. M., & Hobin, E. (2026). Does Believing Alcohol Causes Cancer Moderate the Relationship Between Consumer Awareness of the Alcohol–Cancer Link and Support for Alcohol Policies? Findings From a Canadian Cross-Sectional Study. *Drug and Alcohol Review*, 45(1), e70072. <https://doi.org/10.1111/dar.70072>

POPULATION-LEVEL EVIDENCE THAT ALCOHOL BRIEF INTERVENTIONS IMPROVE DRINKING AND BLOOD PRESSURE OUTCOMES IN PATIENTS WITH HYPERTENSION AND UNHEALTHY ALCOHOL USE

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Objective: Hypertension is highly prevalent in primary care. Unhealthy alcohol use can impact its management and associated cardiovascular disease risks. Alcohol screening and brief intervention (ASBI) in primary care is effective for early intervention for unhealthy use, yet its effectiveness in heterogeneous populations in real-world settings remains unclear. Using electronic health records, we emulated a pragmatic clinical trial to evaluate the effects of receiving ASBI on drinking and blood pressure (BP) outcomes among primary care patients with hypertension and unhealthy alcohol use.

Method: This observational study identified 72,979 patients with hypertension who screened positive for unhealthy drinking between January 1, 2014, and December 31, 2017. We used a target trial framework to compare the effects of receiving ASBI (intervention) to not receiving brief intervention (comparison) on drinking (change in heavy drinking days and drinks/week) and BP outcomes (changes in diastolic and systolic BP) from baseline to 2- and 5-year follow-ups. Treatment effect estimates were obtained using inverse probability–weighted models.

Results: At 2 years, the intervention condition had about 0.2 fewer heavy drinking days and about 0.1 fewer drinks/week than the comparison condition. The intervention condition had an additional 0.5 mmHg and 0.7 mmHg decline in diastolic and systolic BP, and 8% and 6% higher odds of having a ≥ 3 mmHg reduction in diastolic and systolic BP, respectively, than the comparison condition. Between-group differences in both outcomes diminished at 5 years.

Conclusions: The modest changes in drinking and BP we found contribute to the emerging evidence that brief intervention may benefit broader health outcomes at the population level.

Source: Sterling, S. A., Palzes, V. A., Lu, Y., Kline-Simon, A. H., Ross, T. B., Weisner, C. M., Elson, J., Satre, D. D., Awsare, S., Asyyed, A., Rana, J., Campbell, C. I., Metz, V. E., & Chi, F. W. (2026). Population-level evidence that alcohol brief interventions improve drinking and blood pressure outcomes in patients with hypertension and unhealthy alcohol use. *Journal of Studies on Alcohol and Drugs*, 87(1), 64–74. <https://doi.org/10.15288/jsad.24-00263>

ASSOCIATIONS OF STATE-LEVEL ALCOHOL POLICIES AND POPULATION USE RATES WITH ALCOHOL USE AND BINGE DRINKING AMONG U.S. 4-YEAR COLLEGE STUDENTS, 2008–2019

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Objective: The prevalence of binge drinking among U.S. college students has decreased over the last two decades but remains high. We examined the extent to which state-level alcohol policies and drinking environments are associated with excessive and underage alcohol use among college students.

Method: Repeated cross-sectional surveys were administered to 902,486 college students ages 18–24 years from 591 4-year institutions in 47 states biannually from 2008 to 2019. Time-varying, state-level Alcohol Policy Scale (APS) scores and population-level binge drinking and alcohol consumption rates were examined in relation to students' 30-day alcohol use (1+ days) and frequent use (20+ days), and 2-week binge drinking (5+ drinks in a sitting).

Results: More restrictive state-level policy environments were associated with lower odds of students' alcohol use, frequent use, and binge drinking; for a 10-point increase in APS, odds ratios [95% confidence interval] were .92 [.88, .95], .91 [.87, .96], and .94 [.91, .98], respectively ($p < .01$). Associations were significant for underage students (ages 18–20 years) but significantly stronger for older students (ages 21–24 years). State population levels of binge drinking and alcohol consumption were only positively associated with drinking outcomes for students age 21 years and older.

Conclusions: Alcohol use and binge drinking were less prevalent among young adults attending college in states with more restrictive alcohol policies and among students age 21 and older in states with lower state rates of binge drinking and alcohol consumption. Lifelong patterns of alcohol use can begin in college, and findings indicate that state alcohol policies are a foundation on which community- and campus-level preventive efforts can build.

Source: Kerr, D. C., Naimi, T. S., Lira, M. C., & Bae, H. (2026). Associations of state-level alcohol policies and population use rates with alcohol use and binge drinking among US 4-year college students, 2008–2019. *Journal of Studies on Alcohol and Drugs*, jsad-24.

<https://doi.org/10.15288/jsad.24-00355>