



RESEARCH SUMMARY
Date Compiled: July 2026

Key takeaways from included research:

- This study found that lifetime risk of dying from an alcohol-related cause is 1 in 1,000 at about 6.5–7 drinks per week and increases to more than 1 in 100 at about 8.5 drinks per week. For men drinking 14 drinks per week, the risk increases to about 1 in 25. These findings support recommendations that adults who choose to drink should limit consumption to one drink or less per day to reduce risks of cancer, cardiovascular disease, injury, and premature death.
- A study of alcohol ads on Instagram and YouTube found that many social media alcohol advertisements may violate industry guidelines meant to protect minors and vulnerable groups. One-third of the ads were considered non-compliant, and these ads received more user engagement than ads that followed the rules. Researchers say stronger oversight and updated guidelines are needed to reduce harmful alcohol marketing online.
- Alcohol use among older adults is rising and has been linked to memory problems and dementia. A study of adults ages 60 to 75 found that an online program called “Rethink My Drink” helped participants reduce their alcohol use more than standard educational materials. While the program did not significantly improve cognitive function over one year, researchers say it shows promise as a simple and scalable way to help older adults drink less.
- A Canadian study found that cheaper alcohol was linked to higher rates of alcohol-related harm, risky drinking, and signs of alcohol use disorder. The strongest effects were seen among lower-income and Indigenous groups, suggesting that minimum alcohol pricing policies could help reduce harm and improve health equity.
- A study of nearly 6,000 alcoholic products in Australia found that more than one-third used “better for you” marketing claims such as low sugar, natural ingredients, vegan, or low alcohol. Researchers say these claims may mislead health-conscious consumers into thinking some alcohol products are healthier, highlighting the need for stronger labeling rules.
- A major 2026 review found that alcohol causes or contributes to dozens of diseases, with risk generally increasing as drinking levels increase. While some studies suggest low-to-moderate drinking may be linked to lower risk of certain heart and metabolic conditions, the overall evidence shows that alcohol's harms outweigh any potential benefits. The review also found that many alcohol-related harms can be reduced by cutting back or quitting drinking.

ALCOHOL INTAKE AND HEALTH STUDY: NO PROTECTIVE EFFECT AT LOW LEVELS, WITH MORTALITY INCREASING TO 1 IN 25 AT 14 DRINKS PER WEEK

June 2026

Objective: The purpose of this study was to estimate the lifetime risk of alcohol-attributable mortality and morbidity in the United States based on a person's average lifetime weekly alcohol consumption to assess the impact of per-occasion alcohol consumption on health.

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

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

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

Public health significance statement: The Alcohol Intake and Health Study shows that for Americans, even what is socially considered “moderate drinking” increases the risk of dying or developing health problems, helping people better understand the net health impact of alcohol. Furthermore, by identifying the levels of alcohol use that raise the risk of cancer, cardiovascular disease, and injury, these findings can guide individuals, families, and communities in making safer choices about drinking patterns. The results also support changing the U.S. Dietary Guidelines on alcohol to recommend that current adult drinkers consume 1 drink or less in a day.

Source: George, S., Naimi, T. S., Keyes, K., Martinez-Matyszczyk, P., Milam, A. J., Rehm, J., ... & Shield, K. (2026). Alcohol Intake and Health Study: No protective effect at low levels, with mortality increasing to 1 in 25 at 14 drinks per week. *Journal of Studies on Alcohol and Drugs*, 87(4), 621-638. <https://doi.org/10.15288/jsad.25-00435>

In the News: Associated Press. (2026, June 9). A government-commissioned study found drinking risks. US guidelines didn't feature its findings. *CNN Health*. <https://www.cnn.com/2026/06/09/health/alcohol-health-risks-us-government-study>

YOUTH DIGITAL ALCOHOL MARKETING SURVEILLANCE: ASSESSING CONTENT ON 2 SOCIAL MEDIA PLATFORMS ACROSS 20 ALCOHOL BRANDS GET ACCESS ARROW

May 2026

Aims: Alcohol advertising is causally linked to early alcohol initiation and other harms. We characterized the content of social media alcohol advertising, and documented compliance with alcohol industry guidelines intended to prevent risks to minors and other populations vulnerable to alcohol harms.

Methods: In January and February 2024, 816 ads were gathered from Instagram, YouTube, and their respective ad libraries (Meta and Alphabet). Ads were selected for 20 alcohol brands representing the 5 top-selling brands within each of 4 major alcohol product categories: beer, spirits, seltzers, and ready-to-drink cocktails. Multiple team members reviewed each ad and documented features, themes, compliance with industry guidelines, and responses to the ads using a standard protocol based on prior research.

Results: After removal of 148 exact duplicates, a sample of 309 ads were coded from the remaining 668 ads collected (46% of the sample). A total of 59% contained video. Common content included corporate branding (89%) and product display (68%). A total of 33% of ads, half of video ads (53%), and up to two-thirds (66%) of ads on one social media platform were non-compliant with industry guidelines. Ad views ranged from 13 to 37 million. Median user engagement (likes, shares, comments) was 79.5 per ad (range 0–168 240). User engagement was significantly higher for non-compliant ads vs. compliant ads ($P = .007$), although there was no difference in views ($P = .263$).

Conclusions: Findings suggest a need for updating guidelines and stronger independent surveillance to monitor digital ad content to prevent messaging that may increase alcohol risks, especially for young people and other vulnerable populations.

Source: Noel, J. K., Dilley, J. A., Milne, J., Masse, S., & Haley, S. J. (2026). Youth digital alcohol marketing surveillance: assessing content on 2 social media platforms across 20 alcohol brands. *Alcohol and Alcoholism*, 61(3), agag022. <https://doi.org/10.1093/alcalc/agag022>

EFFECT OF THE ONLINE RETHINK MY DRINK ALCOHOL INTERVENTION ON ALCOHOL USE AND COGNITION IN OLDER ADULTS IN AUSTRALIA: A RANDOMISED CONTROLLED TRIAL **May 2026**

Background: Alcohol use is increasing among older adults and is associated with cognitive impairment and dementia. The efficacy of scalable approaches to reduce alcohol use and related harms in older adults has not been tested. This study aimed to evaluate the efficacy of an online alcohol intervention in reducing alcohol use and cognitive decline in older adults.

Methods: We did a two-arm, parallel-group, randomised controlled trial online among community-based older adults (aged 60–75 years) who screened as having high-risk alcohol use (scoring ≥ 5 on the Alcohol Use Disorder Identification Test). Exclusion criteria included diagnosis of a neurological disorder (eg, dementia, Parkinson's disease, or multiple sclerosis), previous prescription of medication for the treatment of Alzheimer's disease, and non-correctable visual impairment. Participants across Australia were randomly assigned (1:1) to the Rethink My Drink programme (a four-module online intervention designed specifically for older adults) or an active control group (online information booklet), stratified by age and gender. Participants and the lead statistician were masked to group assignment. Number of drinks in the past month and global cognition Z scores assessed via the Cambridge Neuropsychological Test Automated Battery were the primary outcomes, assessed at the 12-month follow-up. Intention-to-treat analyses were conducted using generalised mixed effects regression. The trial was registered with the Australian New Zealand Clinical Trials Registry (ACTRN12621000292875; March 16, 2021), and is completed.

Findings: Between Oct 29, 2021, and June 6, 2022, 3766 participants were screened for eligibility, 2878 were excluded (1390 did not meet inclusion criteria, 1047 declined to participate, and 441 had incomplete baseline assessments), and 888 completed baseline assessments and were randomly assigned. 448 participants were assigned to the Rethink My Drink intervention and 440 were assigned to receive the online patient information booklet. Data from 445 participants in the intervention group and 438 participants in the control group were analysed. Most participants (872 [99%] of 883) identified as White, 685 (78%) participants were female and 198 (22%) were male, and the mean age was 65.3 years (SD 3.9). At 12 months, those in the intervention group had greater reductions in their

monthly number of standard drinks when compared with the control group (difference, 5.02 standard drinks [95% CI 1.81 to 8.24]; $p < 0.0001$). For global cognition, the difference between the two groups was not significant at 12 months (difference 0.12 SDs [95% CI -0.05 to 0.29]; $p = 0.16$). Two participants (one in the control group and one in the intervention group) spontaneously reported non-serious adverse events that were assessed as unrelated to the trial.

Interpretation: Rethink My Drink is an effective and scalable intervention that has considerable potential for reducing alcohol use among older adults.

Source: Mewton, L., Winter, V., Hoy, N., Visontay, R., Davies, S., Kochan, N., ... & Teesson, M. (2026). Effect of the online Rethink My Drink alcohol intervention on alcohol use and cognition in older adults in Australia: a randomised controlled trial. *The Lancet Public Health*, 11(5), e318-e328. [https://doi.org/10.1016/S2468-2667\(26\)00056-3](https://doi.org/10.1016/S2468-2667(26)00056-3)

LOWER PRICES ASSOCIATED WITH GREATER ALCOHOL-RELATED HARM AND RISKY DRINKING AMONG VULNERABLE GROUPS: FINDINGS FROM THE CONSUMPTION, HARMS, EXPENDITURES AND ALCOHOL PRICES STUDY
May 2026

Objective: Minimum unit pricing (MUP) reduces use of cheap, high strength alcoholic beverages that drive harm, yet concerns remain about inequitable effects for structurally vulnerable groups. As part of the Consumption, Harms, Expenditures and Alcohol Prices (CHEAP) study, we linked individual-level, product-specific alcohol consumption survey data with provincial retail price data to estimate prices per standard drink (PPSD) and examine their association with alcohol-related outcomes across sociodemographic groups.

Method: A cross-sectional survey of people who consumed alcohol in the past week in British Columbia, Canada, was linked to provincial product-level alcohol sales data. The population weighted sample included 1,217 adults ≥ 19 years (716 men; mean age 49.34, SD 16.98). Participants reported product-specific consumption, which was matched to retail prices to calculate individual-level PPCSD. Survey weighted quasibinomial models examined associations between PPCSD and three outcomes: (1) causing harm to self or others in the past year, (2) scoring ≥ 8 on the Alcohol Use Disorder Identification Test, and (3) consuming ≥ 15 standard drinks per week. Analyses were stratified by income, education, subjective social status, and race/ethnicity.

Results: Lower price per standard drink was associated with higher odds of harm (OR 3.05, 95% CI 1.25–7.40) and an AUDIT score ≥ 8 (OR 2.34, 95% CI 1.37–3.99). Associations were generally stronger among structurally disadvantaged groups, including low-income and Indigenous participants.

Conclusions: Lower alcohol prices are linked to risky alcohol use, with the strongest effects among structurally disadvantaged groups. MUP is likely to reduce this risk and promote health equity.

Source: Clay, J., Lawrence, K., Johal, P. K., Sherk, A., Farkouh, E. K., Stockwell, T., & Naimi, T. (2026). Lower Prices Associated With Greater Alcohol-Related Harm and Risky Drinking Among Vulnerable Groups: Findings From the Consumption, Harms, Expenditures and Alcohol Prices Study. *Journal of Studies on Alcohol and Drugs*, jsad-25. <https://www.jsad.com/doi/abs/10.15288/jsad.25-00458>

DEVELOPING AND APPLYING A TYPOLOGY OF 'BETTER FOR YOU' CLAIMS ON ALCOHOL PRODUCTS

May 2026

Introduction: To appeal to health-conscious consumers, alcohol producers are marketing products with a range of 'better for you' claims. This study aims to: (i) develop a typology of text-based 'better for you' claims used on alcohol products; (ii) assess the prevalence of these claims in the Australian market overall and by alcohol category; and (iii) identify the extent to which products display multiple claims.

Methods: Between March and November 2024, images of 5982 unique alcohol products were captured in-store from three retailers in Australia. The products were coded for presence and type of 'better for you' claims, with each claim classified into an emergent typology of categories. Descriptive analyses were conducted overall and by alcohol category.

Results: Eight major categories of claims were identified: nutrient content, energy content, absence of ingredient, low alcohol, fruit/botanical references, natural, processing and vegan claims. Across the sample, 35% of products displayed at least one claim (range: 1–9 claims), and one in eight displayed multiple claims. Cider (91%) and premix (75%) categories contained the highest proportion of products featuring at least one claim.

Discussion and Conclusions: The use of claims across the Australian alcohol market appears to be quite common, particularly on premix and cider products. Limited regulation of claims allows companies to portray products as 'better for you', potentially misleading consumers and taking advantage of their efforts to be health-conscious. Future work in Australia should prioritise developing policies that restrict the use of claims on alcohol products, particularly those shown to be misleading.

Source: Yusoff, A., Pettigrew, S., Sträuli, B., O'Brien, P., Bowden, J., Petticrew, M., & Jones, A. (2026). Developing and Applying a Typology of 'Better for You' Claims on Alcohol Products. *Drug and alcohol review*, 45(4), e70163. <https://doi.org/10.1111/dar.70163>

A REVIEW OF THE RELATIONSHIP BETWEEN DIMENSIONS OF ALCOHOL CONSUMPTION AND THE BURDEN OF DISEASE: 2026 UPDATE INCLUDING MENDELIAN RANDOMISATION STUDIES

May 2026

Background and aims: Evidence on the causal impact and corresponding risk relationships between dimensions of alcohol consumption and health outcomes continues to evolve, with some contradictory findings across study designs. This review aimed to update current knowledge on causality and risk relationships to inform global and national comparative risk assessments for alcohol.

Methods: Fully alcohol-attributable conditions were identified using International Classification of Diseases (ICD) 10th and 11th revision codes. We conducted a scoping review of meta-analyses of cohort studies on average consumption and health outcomes (56 reviews), a systematic review of Mendelian randomisation (MR) studies on alcohol and ischaemic heart disease (IHD; 20 studies), and narrative syntheses on injuries, biological pathways, and reversibility of effects.

Results: ICD-11 provides more detailed categories, defining 62 fully alcohol-attributable conditions compared with 48 in ICD-10. Meta-analyses support monotonic increasing dose–response relationships between average consumption and most attributable health outcomes within infectious diseases, cardiovascular diseases, cancers, and digestive diseases. Relationships are J-shaped for IHD, ischaemic stroke, and type 2 diabetes, with lower risk at low-to-moderate consumption (generally only without heavy episodic drinking). For dementia, heavy drinking is harmful and, among non-heavy drinkers, relationships are age-specific. MR evidence for IHD largely suggested null or harmful

relationships, but only three studies tested non-linear effects. In our view, the overall synthesis indicates that current MR evidence is insufficient to refute a J-shaped relationship for IHD. Injury risk is driven primarily by acute intoxication and includes substantial harm to others. Acute risks are reversible with reductions in drinking or abstinence, whereas many chronic disease processes are only partly reversible.

Conclusions: Epidemiological evidence to inform comparative risk assessments for alcohol is comprehensive, but prone to major limitations. Triangulation, alongside biological plausibility, can strengthen synthesis across cohort and Mendelian randomisation studies, and the target trial framework can help future studies avoid design-induced biases. Comparative risk assessments with ischaemic heart disease should, at this point, prioritise evidence from cohort studies.

Source: Carr, S., Espinosa Dice, A. L., Gmel Sr, G. E., Hassan, A. S., Shield, K. D., & Rehm, J. (2026). A review of the relationship between dimensions of alcohol consumption and the burden of disease: 2026 update including Mendelian randomisation studies. *Addiction*.
<https://doi.org/10.1111/add.70435>