



RESEARCH SUMMARY
Date Compiled: November 2025

Key takeaways from included research:

- Researchers conducted a survey of 1,036 U.S. adults who drink alcohol and found that all alcohol warning messages were more effective than a control message at motivating reduced drinking and reminding people of alcohol's harms. Most new warnings outperformed the current U.S. alcohol warning, especially those about cancer, dementia, liver disease, and hypertension. These results suggest that stronger, health-focused alcohol warnings could better inform the public and encourage reduced drinking.
- This new study examined the prevalence of alcohol use in survivors of head and neck cancer (HNC) from diagnosis through 10 years postdiagnosis. Researchers found that nearly half (48.8%) reported current drinking at diagnosis, nearly 45% 1-year postdiagnosis, nearly 49% 5 years postdiagnosis, and just over 42% at 10 years postdiagnosis. The study results highlighted the need for routine alcohol screening and further research to support long-term recovery and wellbeing in HNC survivors.
- Two laboratory experiments with heavy drinkers found that alcohol increases aggression by raising people's tolerance for pain. Participants who drank alcohol felt less pain from electric shocks and then inflicted more intense shocks on others during a competitive task compared to those who drank a placebo. The study suggests that alcohol may promote aggressive behavior partly because it reduces sensitivity to pain.
- Alcohol-induced death rates in the U.S. rose 89% from 1999 to 2024, with the steepest increases among adults aged 25–34—especially women—and American Indian and Alaska Native populations. This study found that deaths surged during the COVID-19 pandemic, peaking in 2021 and remained unusually high through 2023 before declining in 2024, though hotspots like New Mexico, South Dakota, and Arizona continued to experience extreme rates. While men still have higher overall death rates, alcohol mortality is rising faster among women, highlighting an urgent need for targeted prevention and treatment policies.

NEW ALCOHOL WARNINGS OUTPERFORM THE CURRENT U.S. WARNING IN A NATIONAL SURVEY EXPERIMENT

September 2025

Objective: To identify which topics for alcohol warnings most motivate people to reduce their drinking and best inform them of alcohol's harms.

Methods: A nationally representative sample US adults (n=1,036) aged ≥21 years who drink alcohol completed an online survey in September–October 2024. Participants viewed 10 messages (one control message and nine warning messages) in random order. The nine warning messages were the current US warning plus eight new warning topics (e.g., colorectal cancer, dementia). Participants rated each message on the extent to which it encouraged them to drink less alcohol (perceived message effectiveness, 1–5 scale, primary outcome), the extent to which it reminded them of the harms of alcohol consumption (1–5 scale), and whether they learned something new.

Results: Compared to control, all nine warning topics were perceived as more effective (range of predicted means: 1.93–2.66 for warnings vs. 1.35 for control, $ps<.001$), better reminded participants of alcohol's harms (range of predicted means: 2.33–3.15 for warnings vs. 1.40 for control, $ps<.001$), and were more likely to help participants learn something new (range of predicted probabilities: 18%–54% for warnings vs. 14% for control, $ps<.05$). All new warning topics except for drinking guidelines were perceived as more effective than the current US warning ($ps<.001$). Among new warning topics, cancer, dementia, liver disease, and hypertension showed the most promise.

Conclusions: New alcohol warnings are a promising strategy for informing people and encouraging them to drink less, especially warnings focused on cancer, dementia, liver disease, or hypertension.

Source: Grummon, A. H., Lee, C. J., Campos, A. D. A., Lazard, A. J., Brewer, N. T., Whitesell, C., ... & Hall, M. G. (2025). New alcohol warnings outperform the current US warning in a national survey experiment. *Journal of Studies on Alcohol and Drugs*, jsad-25. <https://doi.org/10.15288/jsad.25-00226>

PREVALENCE OF ALCOHOL USE OVER TIME IN SURVIVORS OF HEAD AND NECK CANCER

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Objectives: Alcohol use is a risk factor for the development of head and neck cancer (HNC) and continued use after diagnosis is associated with recurrence, comorbidities, and poor psychosocial outcomes. This retrospective observational descriptive study sought to report the prevalence of alcohol use in survivors of HNC from diagnosis through 10 years postdiagnosis.

Methods: Adult patients with upper aerodigestive tract carcinomas from the head and neck oncology clinic at a large Midwestern healthcare system were eligible to participate. Between 1998 and 2014, 2095 patients reported alcohol use status at diagnosis. By 10 years postdiagnosis, this number was 187. Self-reported alcohol use was classified as current/previous/never.

Results: At diagnosis, 48.8 % reported currently using alcohol, 36.6 % reported previous use, and 14.7 % reported never using; 24.5 % of those with a history of alcohol use were likely problem users. At 1 year postdiagnosis, 44.7 % reported currently using alcohol, 40.2 % reported previous use, and 15.1 % reported never using. At 5 years postdiagnosis, 48.9 % reported currently using alcohol, 38.3 % reported previous use, and 12.8 % reported never using. At 10 years postdiagnosis, 42.2 % reported currently using alcohol, 44.9 % reported previous use, and 12.8 % reported never using alcohol.

Conclusions: Continued alcohol use remains an issue over time in HNC survivors. Screening protocols should be incorporated into clinical workflow and more research is needed to understand

correlates and degree of use in long-term HNC survivors to facilitate optimal recovery and adjustment during the survivorship period.

Source: Howren, M. B., Christensen, A. J., & Pagedar, N. A. (2025). Prevalence of alcohol use over time in survivors of head and neck Cancer. *American Journal of Otolaryngology*, 104743. <https://doi.org/10.1016/j.amjoto.2025.104743>

TOO INSENSITIVE TO CARE: ALCOHOL INCREASES HUMAN AGGRESSION BY INCREASING PAIN THRESHOLD

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Objective: For thousands of years, people have used alcohol to reduce their sensitivity to physical and emotional pain. Previous research has shown that alcohol increases the pain threshold. Previous research has also shown that the pain threshold is positively associated with aggression. This research tests the novel hypothesis that the relationship between alcohol and aggression is mediated by an increased pain threshold.

Method: To replicate findings, two independent laboratory experiments were conducted (Experiment 1: N = 543; Experiment 2: N = 327). In both experiments, heavy social drinkers were randomly assigned to consume either an alcohol or placebo beverage. Next, they reported their pain level to electric shocks that increased in a stepwise manner until the level was described as “painful,” which was defined as the pain threshold level. Finally, they delivered painful electric shocks to an ostensible opponent each time they won a competitive reaction time task. Participants won half of the 34 trials (randomly determined). Shock intensity and duration levels were standardized and summed across the 34 trials to create a more comprehensive measure of aggression.

Results: Participants who consumed an alcoholic beverage had a higher pain threshold level than those who consumed a placebo beverage. The less pain participants felt themselves, the more pain they inflicted on their ostensible partner via electric shock. Results were nearly identical across both experiments.

Conclusions: These findings provide novel evidence regarding one possible reason why intoxicated people behave more aggressively than sober people do. Alcohol intoxication increases aggression partially through its effect on increasing the pain threshold.

Source: DeWall, C. N., Giancola, P. R., & Bushman, B. J. (2025). Too insensitive to care: alcohol increases human aggression by increasing pain threshold. *Journal of Studies on Alcohol and Drugs*, 86(5), 755-760. <https://doi.org/10.15288/jsad.24-00144>

ALCOHOL-INDUCED DEATHS IN THE UNITED STATES ACROSS AGE, RACE, GENDER, GEOGRAPHY, AND THE COVID-19 PANDEMIC

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Abstract

We analyze alcohol-induced deaths by race, gender, age and geography on a yearly (1999–2024) and monthly (2018–2024) basis, using data from the National Vital Statistics System. Crude rates for alcohol-induced deaths increased by 89% from 1999 to 2024. The largest relative increase occurred among females aged 25–34, with a 255% increase, and males aged 25–34, with a 188% increase. American Indian and Alaska Native populations remain the most affected. While alcohol-induced deaths are higher among males, crude rates are rising faster among females across all demographics, a concerning trend. Sharp increases occurred at the onset of COVID-19, peaking in 2021. For most demographics across the nation, crude rates remained abnormally high throughout

2023; significant decreases emerged only in 2024, four years after the start of COVID-19. Females were more impacted by alcohol-related liver disease than males; alcohol-related mental and behavioral disorders affected both genders. The largest monthly increases in alcohol-induced deaths occurred in American Indian and Alaska Native males (41% increase between May and June 2020) and females (32% increase between June and July 2020), Black females (32% increase between April and May 2020), males aged 15–34 (28% increase between April and May 2020) and females aged 35–44 (28% increase between April and May 2020). Since 2010, the highest crude rates have been in New Mexico. Record increases occurred in all states between 2019 and 2021; the largest was in Mississippi (122% increase between 2019 and 2021). By 2024, rates had returned within 10% of their 2019 levels in about half the states. In Oglala Lakota County (SD), McKinley County (NM), and Apache County (AZ), crude rates have exceeded an astonishing 80 fatalities per 100,000 annually since 2020. These findings emphasize the urgent need for targeted policies to reduce excessive alcohol consumption and improve access to treatment.

Source: Wong, T., Böttcher, L., Chou, T., & D’Orsogna, M. R. (2025). Alcohol-induced deaths in the United States across age, race, gender, geography, and the COVID-19 pandemic. *PLOS Global Public Health*, 5(9), e0004623. <https://doi.org/10.1371/journal.pgph.0004623>