Good and bad alcohol consumption

For individuals aged 40+, drinking small amounts of alcohol is not harmful to health, but drinking more than a certain amount increases health risks.

Relative risk of alcohol consumption vs zero alcohol consumption

Daily alcohol intake that minimises health risks

Theoretical minimum risk exposure level

Threshold at which consumption of alcohol increases health risks

Non-drinker equivalence

One standard drink is equivalent to...

10 g of ethanol
100 mL of wine at 13% vol
375 mL of beer at 3.5% vol

Understanding disease burden is key to setting effective guidelines

The level of alcohol that can be consumed without increasing health risks rises throughout a lifetime. This is driven by differences in the major causes of death and disease burden at different ages. Any level of drinking leads to a higher probability of injuries, while small amounts of alcohol decrease the risk of some conditions prevalent in older ages, such as ischaemic heart disease and diabetes.

Relative proportions of global disability-adjusted life years (DALYs) for causes associated with alcohol use, by cause and age (2020)

Injuries account for the majority of DALYs lost among individuals aged 15–39 years. The alcohol-attributable burden shifts to chronic health conditions such as cancer in individuals aged 40–64 years. Cardiovascular diseases are the major causes of disease burden among individuals aged 65 years and older.

Substantial differences in the burden of major causes of death and disease exist between geographical regions. Understanding these differences and how they impact a population's threshold for non-harmful alcohol consumption is important for setting effective guidelines.

Read the full paper at thelancet.com/gbd