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“Our message is simple: young people should not drink, but older people may benefit from drinking small amounts” [1] was the eye-catching conclusion of a recent study, published in *The Lancet*, from the Global Burden of Disease project [2]. These results would appear to have some significant implications for clinical practice – so should we be advocating abstinence in the under 40s, while encouraging older teetotallers to take up drinking for health reasons?

The study estimated how the risks of harm, measured in Disability-Adjusted Life Years, vary with alcohol consumption levels, age, sex and country and estimated the level of alcohol consumption at which drinkers face the same risks as non-drinkers. The authors find that, in many parts of the world, including Western Europe, younger drinkers face increased risks of harm with *any* alcohol consumption. In contrast, older drinkers see their risks of harm *fall* at low levels of drinking before rising at higher levels of consumption. These differences arise because of the different risk profiles faced by each age group. A much greater proportion of harm in the under 40s comes from injury risk, for which any alcohol consumption exacerbates your risk, whereas the over 40s are far more likely to suffer from cardiovascular disease, for which low levels of alcohol may *reduce* your risk.

On the surface, these findings would appear to support the suggestion that we should be more concerned about the drinking of younger people, and we should focus any interventions on the under 40s. However, there are some important additional factors we should consider before making changes to clinical practice.

Firstly, this study only compares risk levels *within* each age group – i.e. whether 30 year olds who drink face greater risks of harm than 30 year olds who abstain from alcohol. The authors do not attempt to compare risks *between* age groups. Nor do they look at absolute levels of risk. It may be that low levels of drinking in younger people do increase the risks of suffering some form of harm as a result, but without knowing how large these risks actually are we cannot compare them to the myriad risks we all face and accept from everyday behaviours such as driving a car or boiling a kettle. Recent reviews of low risk drinking guidelines in the UK [3] and Australia [4] have focused on an ‘acceptable risk’ approach, setting guidelines at a level that maintains risk within comparable levels to other everyday risk factors. On this absolute basis, the risks faced by younger age groups are significantly lower than their older counterparts. Data from the Global Burden of Disease project’s own analysis shows that globally, it is people in their 60s that face the highest rates of alcohol-attributable harm and that these are far higher than the risks faced by the under 40s [5]. It therefore seems excessively paternalistic to suggest that people under 40 should not drink at all on health grounds, given the low absolute risks faced by young people who drink moderately.

Secondly, the conclusions of the paper do not acknowledge the significant uncertainty that remains around the existence, or otherwise, of protective effects of low levels of alcohol consumption on cardiovascular risks. Although many studies have found these effects, and there are plausible biological mechanisms that might explain them, there are also consistent methodological problems with this research [6,7] and several studies using alternative approaches have found no evidence to support their existence [8,9]. As a result, the suggestion that we might actively encourage older people to consume small amounts of alcohol for the benefit of their health seems premature, or potentially even unethical, given that the purported benefits may well be entirely illusory [10].

Thirdly, the authors of this new study find little difference in risk between men and women at similar levels of alcohol consumption and conclude that there is therefore little justification to have separate drinking guidelines for men and women. This may be true, however it is important to acknowledge the potential risks associated with drinking in pregnancy (such as Foetal Alcohol Spectrum Disorders), and provide appropriate information and guidance.

Finally, any linking of alcohol consumption in older ages with potential health benefits should be done with particular caution in settings where these same older drinkers are the ones most likely to be drinking heavily. In the UK, for example, 55-74 year olds are the most likely to drink alcohol, and those who do drink consume more alcohol, on average, than any other age group [11].

Overall, this new study provides some interesting new insights into the risks associated with drinking, but there is little in its findings to suggest a change in clinical practice is warranted. There may be good reasons to address problematic levels of drinking in younger people, but if we want to address the significant burden of harm that alcohol is currently placing upon society, our attention may be better directed at the alcohol consumption of older drinkers.

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- 11 Health Survey for England 2019 [NS]. NHS Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2019> (accessed 1 Aug 2022).