

What the 2025-2026 Dietary Guidelines for Americans Should Have Said About Alcohol Use and Women

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1. Introduction

Guidelines that ignore scientific evidence and promote unproven practices, such as Secretary of Health and Human Services Robert Kennedy's opposition to a mandate for the measles vaccine and promotion of unproven strategies for prevention and treatment, have an immediate impact on the public's health. The harm from other recommendations will be measurable over time. The US dietary guidelines released January 2026 by Robert F Kennedy and USDA Secretary Brooke Rollins advise people in the United States to "consume less alcohol for better overall health." Dr. Mehmet Oz, Administrator for the Centers for Medicare and Medicaid Services, conceded that while it is generally better not to consume any alcohol, he recommended that Americans consume alcohol in moderation. Making light of a serious topic, he quipped, "don't have it for breakfast," and highlighted alcohol's positive role as a "social lubricant." This vague guidance replaces the 2020-2025 Dietary Guidelines for Americans that provide specific limits for adults of legal drinking age, defining moderation as up to 1 drink per day for women and up to 2 drinks per day for men, with specific definitions for a standard drink of beer, wine, and spirits. Dr Oz rejected strict guidelines, claiming that there was "never really good data." This retrenchment in guidelines comes at a time when US data show disturbing trends in alcohol use, especially by women. Mortality from excessive alcohol use among US women increased by 34.7% from 2016-17 to 2020-2021, while the increase for men was 26.8%. Females 12 and older are the fastest-growing consumers of alcohol in the US, with a 16% increase in alcohol use over 12 months from 2010 to 2020 and a 58% increase in high-risk drinking (>3/day and/or > 7/week). The fastest growth in alcohol-induced mortality among women was among those 25-34 – which increased 255% from 1999 to 2024.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) 2021-2023 Report notes rising rates of high-risk drinking among young women (aged 18-24), including binge drinking (4 or more

drinks within 2 hours), solo drinking, and high-intensity drinking (8 or more drinks in a row or short period of time). Increased stress, changing gender norms, and hormonal changes have been implicated in these trends, but research is limited. Also relevant to young adult women is the association of alcohol (along with other substances of misuse) with sexual and gender-based violence, at least partly related to sex-based rapid intoxication leading to impaired judgment and physical vulnerability. Studies also indicate that women in midlife and older have increased binge drinking at twice the rate of the general population. There are well-documented sex differences in the pharmacokinetics of alcohol. Women's bodies are smaller, have less water and a higher proportion of fat than men's, leading to higher concentrations of blood alcohol affecting all organs, most notably the liver and brain, with short- and long-term harm and raising risks for breast, colorectal, liver and other cancers. Women also have lower activity of alcohol dehydrogenase in the stomach (the enzyme that metabolizes alcohol), leading to reduced first-pass metabolism, resulting in less breakdown of alcohol and consequently higher blood alcohol levels. These differences are compounded by physiologic changes associated with the life-course: in children and adolescents, whose smaller bodies limit the volume of distribution of alcohol and its metabolites; in reproductive-age women, whose physiologic response to alcohol is impacted by hormones across the menstrual cycle, perimenopausal hormonal changes, and later in life by further loss of body water and lean body mass. Alcohol use poses several unique risks to women, including disruptions in hormonal balance and increases in estradiol in pre-menopausal and post-menopausal women who are on estrogen therapy.

Studies regarding the impact of alcohol use on onset of menopause are mixed – some indicating that it may lead to earlier onset and others indicating the opposite. However, there is agreement that alcohol use can exacerbate menopause symptoms, including sleep disturbance and vasomotor symptoms, and adversely impact bone

and sexual health. Life-course, social, and developmental factors associated with aging, including social isolation and depression, interact with biological factors and are associated with changes in alcohol use patterns and increased risk of progression to alcohol use disorders. Exposures and conditions more common in women also affect patterns of alcohol use and physiologic impact, including exposure to trauma, particularly early in life, depression and anxiety disorders, social isolation and widowhood. Researchers describe a “telescoping” effect in which women, who typically initiate alcohol use a bit later than men, progress more rapidly to alcohol use disorder. Alcohol is the 4th leading cause of preventable mortality among US adults, the top-leading preventable cause of death among young adults and major contributor to the deaths of children and adolescents through alcohol poisoning, suicides, motor vehicle and other accidents and violent injuries. Men are responsible for a disproportionate burden of alcohol misuse. However, the rapidly narrowing gender gap can be seen across a range of alcohol-related indicators including hospitalizations, emergency department visits and alcohol induced cirrhosis.

Considering these alarming trends, health and public health practitioners must deliver clear, specific messages to guide personal choice, parental guidance, screening, prevention, treatment and public policy. Broad scientific evidence supports a sex-, gender-, and life-stage- informed approach to clinical tools and public health messages, targeted for maximum impact. Screening should be universal rather than at provider discretion, carried out at least annually in primary care, routinely in urgent and emergency room settings, and for women at initiation of prenatal care, in each trimester and at multiple touchpoints during the childbearing years. Evidence-based screening tools use behavioral questions that quantify alcohol use, rather than yes-no questions. Patients who screen negative for risky use should be educated on the risks of alcohol use and safe limits. Repeated screening with the same tools, followed by standard information reinforces the message and increases the yield of the screen. Those who screen positive should be assessed further for alcohol misuse or alcohol use disorder and, when detected, provided with a brief intervention including assessment of motivation to change behavior, support, referral when appropriate, and follow-up. Although studies of screening rates vary -- some indicating equal, albeit low rates reported by men and women (approximately 25%) -- many studies indicate lower screening rates for women than men across all age groups, and much lower exploration of specific alcohol use behaviors, provision of a brief behavioral intervention, and referral to treatment. Overall, only 38% of those screened are screened using a validated tool. It is important to use non-stigmatizing language in all screenings, particularly for women, who may be vulnerable to stigma associated with alcohol use and fearful of legal repercussions, including possible loss of custody of children. Addressing alcohol use among reproductive-age women poses challenges and urgencies given the link between fetal alcohol exposure and physical and cognitive changes affecting birth and long-term child development. Prevention of exposure, especially during the first trimester, is critical and best accomplished,

according to ACOG, by universal screening of reproductive-age women to identify and address potential misuse disorders prior to pregnancy.

Policies that penalize pregnant women for alcohol use have been shown to lead to unintended consequences, including higher rates of low birthweight and preterm births – likely through decreased use of prenatal care. ACOG recommends non-stigmatizing approaches to screening, followed by brief interventions, voluntary treatment, and community-based care. Women also experience unique barriers to treatment. Overall, women are less likely than men to be referred to treatment and are more likely to be discharged without completion of treatment. Behavioral and pharmacologic treatments have been designed and evaluated for men, in studies that did not separately evaluate gender outcomes. There are well-designed, effective treatment programs for women, but capacity is very limited. Evidence for health benefits from alcohol use is mixed. It is important to distinguish between moderate consumption (defined as a daily limit of standard drink per day for women) and high consumption (defined as 4 or more drinks on a single occasion or 8 or more drinks per week for women). A systematic review of cardiovascular mortality using data from 2010 to 2024 suggests that consuming a moderate amount of alcohol is associated with a lower risk of CVD mortality in both females and males – with moderate certainty. Other studies demonstrate a similarly modest benefit in reducing risk of type 2 diabetes and improving glycemic control through heightened insulin sensitivity compared with abstainers, in a U-shaped curve, with higher use causing increased risk and other deleterious effects. The relationship between alcohol use and several important cancers demonstrates risk that appears to be dose-dependent, beginning at even low and moderate levels of consumption, comparing women to non-alcohol-consuming counterparts, but also with an undefined biological sex component, with higher rates compared to men with similar levels of consumption. These include breast (pre- and post- menopausal), esophageal, colorectal, liver, oral-pharyngeal, and pancreatic cancers. Moderate negative associations between alcohol use have been reported for thyroid cancer, non-Hodgkin’s lymphoma, renal cell carcinoma and multiple myeloma. Before decades of scientific and public health research disappear in a fog of vague and unfounded recommendations, it is critical to shine a light on what is known and provide guidelines that actually guide; to set parameters for safe and healthy behaviors for consumers, screening, detection and prevention practices for health and public health practitioners, and to guide new areas of inquiry.

1.1. What Recommendations should the 2026 Guidelines have Included? What are Key Recommendations for Further Research?

Recommendations for women should be customized according to life stage and other relevant social and medical circumstances:

- **Children, Teenagers and Young Adults:** The American Academy of Pediatrics recommends annual screening of children and adolescents beginning at age 12, although some experts recommend beginning at age 9, asking first about use by friends, followed by use by the patient. Research on

potential gender differences in screening tools and practices is needed.

- **Young Adult Women (Age 18-25):** In light of trends in alcohol use, education and screening practices should address high-risk drinking patterns, including solo drinking, binge and high-intensity drinking. Research is needed to identify the causes of these trends, how they interact, and how to design age-appropriate interventions.
- **Pre-Conception and Pregnancy:** There is no safe limit for alcohol during pregnancy. Although there is no established risk of alcohol use in the pre-pregnancy period, because of the uncertainty of the precise onset of pregnancy, recommendations for complete avoidance include the period of actively pursuing pregnancy. Research is needed for the potential impact of alcohol use in the period immediately prior to conception for both females and males.
- **Breastfeeding:** The safest option is to avoid alcohol entirely. Guidelines caution that alcohol should be avoided until the infant is at least 3 months of age because of potential impact on milk supply and early infant development and sleep patterns. There are no definitive studies establishing the safety of alcohol consumption at any level during lactation, but guidelines distinguish between low-moderate and higher levels of consumption. Beginning at 3 months, the CDC and Mayo Clinic recommend that those who choose to consume alcohol limit themselves to 1 standard drink per day and wait at least 2 hours before nursing. Some recommend expressing/pumping milk within 2 hours of consuming alcohol and discarding that milk (pumping and dumping). The safety of low levels of alcohol consumption during lactation requires further research.
- **Midlife/Post-Reproductive and Menopausal Women:** In light of conflicting evidence, it is important to specify the amount of alcohol consumption when discussing potential risks and benefits of alcohol use. Midlife and post-menopausal women should be counseled on the potential effects of alcohol – particularly at heavier levels of use – on menopausal symptoms and conditions including vasomotor symptoms, disrupted sleep, sexual function disorders, and bone health. Clinicians should be attuned to changing patterns of alcohol use as women age and the potential to progress from safe use to misuse and alcohol use disorders. Regular screening along with non-judgmental exploration of use patterns is essential to provide education and identify potential risks. Research is needed to explore the interaction of aging, menopause, and comorbidities in the telescoping risks of alcohol use as women age. Additional areas of research should include continued exploration of sex-based differences in alcohol metabolism, and further exploration of the mechanisms of risk and protection in major disease categories including cardiovascular and cancer. Research to clarify risk and benefit should include potential mediating and modifying factors including additional behavioral risks, comorbidities, and social determinants of health. Contrary to the message in the 2025-2026 Dietary Guidelines for Americans, there is abundant scientific evidence regarding alcohol use and its

impact on health, its differential impact across the lifespan, and distinct differences between males and females. It is critical to the public's health that current knowledge guides practice in the present and continues to inform scientific inquiry and exploration [1-14].

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