



Is there a healthy amount of alcohol?



Evidence ratings:



This resource has undergone expert review. See our Help/Q&A section for more details.

Year:

Targeted Drugs: Alcohol

Tags: alcohol, evidence

Origin: Australian

Cost:

Free

The myth that alcohol is healthy: a closer look at the evidence

Often people believe that a little bit of alcohol is healthy – but the reality is a bit more complicated. In this factsheet we explore:

- where this belief comes from
- what the evidence really says about alcohol
- why delaying drinking alcohol is the best choice for your health.

Where does the idea that alcohol is healthy come from?

This belief stems from various sources.

Early medical research:

Early research found that drinking a little bit of alcohol was better for health than none at all. Researchers now think these early studies might not be accurate because of problems in their design. For example, they called people who had stopped drinking 'non-drinkers' and didn't consider the health status of participants, such as their past drinking behaviours, diet and exercise. This meant that when they compared people who did and did not drink alcohol it wasn't a fair comparison, which made alcohol seem healthier than it is. More recent studies with better designs show that any amount of alcohol can lead to poor health.

Media coverage:

The early studies that linked drinking in moderation with health benefits were covered a lot in the media. For example, there were lots of news reports about potential benefits of red wine. New research about the harms of alcohol have not had the same attention. Read our factsheet to learn more about media and marketing's influence on alcohol and other drug use.

Alcohol industry influence:

Some alcohol companies want people to think that alcohol is good for their health. They write and publish evidence summaries to try and influence rules and laws about alcohol. Research has found that the documents produced by the alcohol industry focus on the studies that showed the benefits of alcohol. They didn't include the large amount of evidence that shows alcohol's harms.

Social and cultural influences:

Alcohol use is a common part of society in Australia. Alcohol is often drunk at social events, and many people view it as a normal part of socialising. The widespread availability and social acceptance of alcohol is called alcohol normalisation. To learn more, read our factsheet on the unintended normalisation of alcohol: what role does the family play. This normalisation means that news suggesting alcohol is good for our health is well received.

How does alcohol impact your health?

Alcohol use has been declining among young people in Australia. In 2022-2023 only 1 in 5 students (22%) used alcohol in the month before the survey. However, alcohol is still the most used drug of concern in Australia.

Although the messaging around alcohol use can be confusing, there is strong evidence for its short- and long-term harms. After tobacco, alcohol is the drug that's responsible for the most health problems in Australia. Research has found that drinking alcohol directly contributes to more than 200 diseases, injuries, and health conditions.

Studies have also linked certain diseases, like some cancers, to drinking alcohol. Some evidence shows that for each drink a person has, their risk of cancer goes up. This is because the body makes a carcinogen (a cancer-causing chemical) to break alcohol down.

There is strong evidence for the harms of alcohol. But the science on the benefits isn't as clear and needs more investigation. As benefits are usually found within specific groups of people, the evidence is much more complex than it may seem in the media. When looking at all the different effects of alcohol, the healthiest amount to drink is none at all. This is especially important for people under 18.

To learn more about the effects of alcohol, see the Alcohol A-Z factsheet.

What are the facts about harms caused by alcohol?

Short-term harms

Once alcohol enters the stomach, it is absorbed into the blood stream. From there the body starts to break it down into other products, known as by-products, to allow it to be cleared from the system. The mix of remaining alcohol and by-products travels through the blood stream to other organs like the heart and the brain.

Increasing amounts of alcohol begin to reduce brain activity, particularly in the front of the brain – the part largely responsible for judgement and decision making. This is why alcohol can lead to risky behaviours that end up causing harm, like unsafe sex and deciding to drive when drunk. Loss of co-ordination and motor control can also occur from drinking, which means these risky decisions can be particularly dangerous.

The short-term harms of drinking include:

- Accidental injury
- Violence
- Fatal or harmful traffic accidents (see Alcohol, drugs, and driving)

These short-term harms are particularly common in people aged under 40.

Drinking a very large amount in a short space of time can lead to alcohol poisoning. In these cases, alcohol begins to shut down parts of the brain. At first, this can lead to blackouts, vomiting, and difficulty staying awake. In more extreme cases, alcohol poisoning can lead to seizures, and heart function and breathing shutting down.

Get help immediately if there is a risk that someone has alcohol poisoning.
Call 000 for an ambulance.

Long-term harms

In the longer-term, drinking can also do a lot of damage to someone's health. For example, heavy drinking over time can contribute to mental illness and liver disease. In fact, regularly drinking even small amounts of alcohol can add up over time to increase the risk for a lot of the serious diseases that people start to experience in later life.

These diseases include:

- Dementia
- Heart disease, stroke, and high blood pressure
- Many kinds of cancer, including breast, liver, bowel and head/neck cancer

Why is delaying and avoiding drinking alcohol the best decision for the brain and body?

There are several physical and mental health benefits:

- Better sleep: Alcohol disrupts sleep cycles and lowers sleep quality. Research shows that getting enough sleep is linked to improved mood and doing better at school.
- Better physical and mental health: Studies have shown that people who stop drinking report improved physical health, increased energy and improved mental wellbeing.
- Healthy brain development: There's evidence that drinking alcohol during the teenage years can disrupt healthy brain development. The brain continues to develop well into the 20s, and any level of drinking is risky for young people. Heavy drinking during adolescence has been linked to changes in several parts of the brain:
 - The hippocampus (involved in learning and memory)
 - The frontal lobe (involved in problem solving, planning, and impulse control)
 - The amygdala (involved in processing emotions)
- To learn more, see 'The influence of drugs on the developing brain'

This short video shows the possible effects of drinking alcohol on a student's life. The video contrasts a student choosing to drink and choosing not to drink. This shows how avoiding alcohol can lead to improved well-being, better focus, and stronger connections with friends and classmates.

Evidence Base

This factsheet was developed with Dr Rachel Visontay following expert review by researchers at the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney.

Sources

1. Australian Institute of Health and Welfare. (2025). *Alcohol, tobacco & other drugs in Australia*. Australian Government. Retrieved 29 May 2025 from <https://www.aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia>
2. Bryazka, D., Reitsma, M. B., Griswold, M. G., Abate, K. H., Abbafati, C., Abbasi-Kangevari, M., Abbasi-Kangevari, Z., Abdoli, A., Abdollahi, M., Abdullah, A. Y. M., Abhilash, E. S., Abu-Gharbieh, E., Acuna, J. M., Addolorato, G., Adebayo, O. M., Adekanmbi, V., Adhikari, K., Adhikari, S., Adnani, Q. E. S., . . . Gakidou, E. (2022). Population-level risks of alcohol consumption by amount, geography, age, sex, and year: a systematic analysis for the Global Burden of Disease Study 2020. *The Lancet*, 400(10347), 185-235. [https://doi.org/10.1016/S0140-6736\(22\)00847-9](https://doi.org/10.1016/S0140-6736(22)00847-9)
3. de Ternay, J., Leblanc, P., Benyamina, A., Naassila, M., & Rolland, B. (2022). One-month alcohol abstinence national campaigns: a scoping review of the harm reduction benefits. *Harm Reduct J*, 19(1), 24. <https://doi.org/10.1186/s12954-022-00603-x>
4. Edenberg, H. J., & McClintick, J. N. (2018). Alcohol Dehydrogenases, Aldehyde Dehydrogenases, and Alcohol Use Disorders: A Critical Review. *Alcohol Clin Exp Res*, 42(12), 2281-2297. <https://doi.org/10.1111/acer.13904>
5. Griswold, M. G., Fullman, N., Hawley, C., Arian, N., Zimsen, S. R. M., Tymeson, H. D., Venkateswaran, V., Tapp, A. D., Forouzanfar, M. H., Salama, J. S., Abate, K. H., Abate, D., Abay, S. M., Abbafati, C., Abdulkader, R. S., Abebe, Z., Aboyans, V., Abrar, M. M., Acharya, P., . . . Gakidou, E. (2018). Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 392(10152), 1015-1035. [https://doi.org/10.1016/S0140-6736\(18\)31310-2](https://doi.org/10.1016/S0140-6736(18)31310-2)
6. Lovato, N., & Gradisar, M. (2014). A meta-analysis and model of the relationship between sleep and depression in adolescents: Recommendations for future research and clinical practice. *Sleep Medicine Reviews*, 18(6), 521-529. <https://doi.org/https://doi.org/10.1016/j.smrv.2014.03.006>
7. Miller, M., Livingston, M., Maganja, D., & Wright, C. C. J. (2023). Unpacking assertions made by the alcohol industry and how they make them: An analysis of submissions into Australia's National Alcohol Strategy. *Drug Alcohol Rev*, 42(6), 1312-1321. <https://doi.org/10.1111/dar.13682>
8. Naimi, T. S., Stockwell, T., Zhao, J., Xuan, Z., Dangardt, F., Saitz, R., Liang, W., & Chikritzhs, T. (2017). Selection biases in observational studies affect associations between 'moderate' alcohol consumption and mortality. *Addiction*, 112(2), 207-214. <https://doi.org/https://doi.org/10.1111/add.13451>
9. National Health and Medical Research Council. (2020). *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*. Canberra: Commonwealth of Australia
10. National Institute on Alcohol Abuse and Alcoholism. (2024). *Alcohol and the Adolescent Brain*. Retrieved 29 May 2025 from <https://www.niaaa.nih.gov/publications/alcohol-and-adolescent-brain>
11. Nutt, D. (2020). *Drink? The new science of alcohol and your health*. Hachette UK.
12. Roehrs, T., & Roth, T. (2001). Sleep, sleepiness, and alcohol use. *Alcohol Res Health*, 25(2), 101-109.
13. Scully, M., Koh, I., Bain, E., Wakefield, M., & Durkin, S. (2023). *ASSAD 2022–2023: Australian secondary school students' use of alcohol and other substances*. C. C. Victoria.
14. Tapert, S. F., Caldwell, L., & Burke, C. (2004). Alcohol and the Adolescent Brain: Human Studies. *Alcohol Res Health*, 28(4), 205-212.
15. Visontay, R., Mewton, L., Sunderland, M., Chapman, C., & Slade, T. (2024). Is low-level alcohol consumption really health-protective? A critical review of approaches to promote causal inference and recent applications. *Alcohol, Clinical and Experimental Research*, 48(5), 771-780. <https://doi.org/https://doi.org/10.1111/acer.15299>
16. World Health Organization. (2024). *Alcohol*. Retrieved 29 May 2025 from <https://www.who.int/news-room/fact-sheets/detail/alcohol>
17. Zhao, J., Stockwell, T., Naimi, T., Churchill, S., Clay, J., & Sherk, A. (2023). Association Between Daily Alcohol Intake and Risk of All-Cause Mortality: A Systematic Review and Meta-analyses. *JAMA Network Open*, 6(3), e236185-e236185. <https://doi.org/10.1001/jamanetworkopen.2023.6185>