

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 920
(I-25)

Introduced by: Senior Physicians Section

Subject: Alcohol and Aging: Educating Physicians and Advocating for Safer Warnings

Referred to: Reference Committee K

1 Whereas, alcohol use remains common among individuals aged 65 and older, with studies
2 showing that approximately 62% of this population consume alcohol and 6% meet standard
3 definitions of being heavy users, at more than two drinks per day¹; and

5 Whereas, older adults experience increased physiological sensitivity to alcohol²; and

7 Whereas, older adults are at increased susceptibility for alcohol-medication interactions³; and

9 Whereas, recent studies demonstrate that in seniors, even moderate alcohol consumption may
10 increase mortality risk, including cancer and chronic diseases, compared to occasional
11 drinking^{4,5}; and

13 Whereas, alcohol abuse and dependence are under-recognized in older adults by healthcare
14 personnel, who may not identify or recognize atypical geriatric symptoms associated with
15 alcohol use, thereby possibly missing opportunities for intervention and therapy⁶; and

17 Whereas, the AMA as of July 2025 has adopted public health policy in support of “alcohol
18 product labeling to create awareness of health risks,” signaling a willingness to advocate for
19 more explicit warnings^{7,8}; and

21 Whereas, the National Institute on Alcohol Abuse and Alcoholism and the Dietary Guidelines for
22 Americans recommends restricting or limiting alcohol intake⁹; therefore be it

24 RESOLVED, that our American Medical Association advocate for the inclusion of clear,
25 evidence-based warnings concerning the health risks of alcohol use in seniors on all alcoholic
26 beverage containers, and work with regulatory bodies to develop standards for such warning
27 labels in alignment with AMA policy. (Directive to Take Action)

28 Fiscal Note: Modest – between \$1,000 - \$5,000

Received: 9/26/25

REFERENCES

1. Rigler, S. K. (2000). Alcoholism in the elderly. *American Family Physician*, 61(6), 1710-1716.
2. Spencer, R. L., & Hutchison, K. E. (1999). Alcohol, aging, and the stress response. *Alcohol Research & Health*, 23(4), 272.
3. Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *The American journal of geriatric pharmacotherapy*, 5(1), 64-74.
4. Thun, M. J., Peto, R., Lopez, A. D., Monaco, J. H., Henley, S. J., Heath Jr, C. W., & Doll, R. (1997). Alcohol consumption and mortality among middle-aged and elderly US adults. *New England Journal of Medicine*, 337(24), 1705-1714.
5. Centers for Disease Control and Prevention. (2025, January 14). *About moderate alcohol use*. Retrieved from <https://www.cdc.gov/alcohol/about-alcohol-use/moderate-alcohol-use.html>

6. DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: challenges in assessment and treatment. *Issues in mental health nursing*, 38(1), 25-32.
7. American Medical Association. (2025, July). *AMA adopts new public health policies to improve health of nation* [Press release]. Retrieved from <https://www.ama-assn.org/press-center/ama-press-releases/ama-adopts-new-public-health-policies-improve-health-nation-11>
8. American Medical Association. (2025, January) *AMA applauds Surgeon General Advisory on alcohol, cancer-causing risk*. Available from: <https://www.ama-assn.org/press-center/ama-press-releases/ama-applauds-surgeon-general-advisory-alcohol-cancer-causing-risk>
9. National Institute on Alcohol Abuse and Alcoholism. (2025). *The basics: Defining how much alcohol is too much*. Retrieved from <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/basics-defining-how-much-alcohol-too-much>

RELEVANT AMA POLICY

Alcohol Consumption and Health H-30.934

1. Our AMA recognizes that alcohol consumption at any level, not just heavy alcohol use or addictive alcohol use, is a modifiable risk factor for cancer.
2. Our AMA will work with relevant parties to:
 - a. Promote public education about the risks between alcohol use and cancer, especially breast cancer; and
 - b. Educate clinicians regarding the influence of alcohol use and breast cancer as well as other cancer risks and treatment complications.
3. Our AMA supports evidence-based efforts to minimize alcohol use, including eliminating the use of "pinkwashing" to market alcohol products and supporting warning labels on the ingredients and products.

Citation: Res. 516, A-19; Appended: Res. 431, A-25

Supporting Labeling and Dietary Guideline Clarity for Alcoholic Beverages H-30.940

1. Our AMA:
 - a. supports accurate and appropriate labeling disclosing the alcohol content of all beverages, including so-called "nonalcoholic" beer and other substances as well, including over-the-counter and prescription medications, with removal of "nonalcoholic" from the label of any substance containing any alcohol.
 - b. supports efforts to educate the public and consumers about the alcohol content of so-called "nonalcoholic" beverages and other substances, including medications, especially as related to consumption by minors.
 - c. urges the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and other appropriate federal regulatory agencies to continue to reject proposals by the alcoholic beverage industry for authorization to place beneficial health claims for its products on container labels.
 - d. urges the development of federal legislation to require nutritional labels on alcoholic beverages in accordance with the Nutritional Labeling and Education Act.
2. Our AMA:
 - a. expresses its strong disapproval of any consumption of "nonalcoholic beer" by persons under 21 years of age, which creates an image of drinking alcoholic beverages and thereby may encourage the illegal underaged use of alcohol.
 - b. recommends that health education labels be used on all alcoholic beverage containers and in all alcoholic beverage advertising (with the messages focusing on the hazards of alcohol consumption by specific population groups especially at risk, such as pregnant people, as well as the dangers of irresponsible use to all sectors of the populace).
 - c. recommends that the alcohol beverage industry be encouraged to accurately label all product containers as to ingredients, preservatives, and ethanol content (by percent, rather than by proof).
3. Our AMA actively supports and will work for a total statutory prohibition of advertising of all alcoholic beverages except for inside retail or wholesale outlets. Pursuant to that goal, our AMA
 - a. supports federal and/or state oversight for all forms of alcohol advertising.

- b. supports continued research, educational, and promotional activities dealing with issues of alcohol advertising and health education to provide more definitive evidence on whether, and in what manner, advertising contributes to alcohol abuse.
 - c. opposes any form of advertising which links alcoholic products to agents of socialization in order to promote drinking.
 - d. will work with state and local medical societies to support the elimination of advertising of alcoholic beverages from all mass transit systems.
 - e. urges college and university authorities to bar alcoholic beverage companies from sponsoring athletic events, music concerts, cultural events, and parties on school campuses, and from advertising their products or their logo in school publications.
 - f. urges its constituent state associations to support state legislation to bar the promotion of alcoholic beverage consumption on school campuses and in advertising in school publications.
4. Our AMA:
 - a. urges producers and distributors of alcoholic beverages to discontinue all advertising directed toward youth, including promotions on high school and college campuses.
 - b. urges advertisers and broadcasters to cooperate in eliminating television program content that depicts the irresponsible use of alcohol without showing its adverse consequences (examples of such use include driving after drinking, drinking while pregnant, or drinking to enhance performance or win social acceptance).
 - c. supports continued warnings against the irresponsible use of alcohol and challenges the liquor, beer, and wine trade groups to include in their advertising specific warnings against driving after drinking.
 - d. commends those automobile and alcoholic beverage companies that have advertised against driving while under the influence of alcohol.
 5. Our AMA supports federal and state legislation and regulations requiring standardized, front-of-package labeling on all alcoholic beverages that discloses:
 - a. the number of standard drinks per container and aligns with current guidelines on alcohol consumption; and
 - b. the best available science, including appropriate acknowledgment of alcohol's causal link to cancer and the evidence that the risk of harm increases with greater alcohol consumption.
 6. Our AMA supports legislation and regulations ensuring:
 - a. alcohol labeling is presented with sufficient prominence, legibility, and design features, such as minimum font size, and color contrast, and optional pictorial elements, to enhance readability and support informed decision-making across populations; and
 - b. clear, evidence-based point-of-sale warning signage in physical and digital retail environments where alcohol is sold.
 7. Our AMA supports extending alcohol labeling requirements to "non-alcoholic" or "zero proof" beverages that are manufactured, packaged, or marketed in a manner similar to alcoholic beverages, to ensure consistent transparency regarding alcohol content.
 8. Our AMA continues to strongly urge the Dietary Guidelines Advisory Committee to explicitly warn about the risks of alcohol consumption and its relationship to certain cancers and other diseases and affirm that there is no safe threshold for alcohol consumption.
 9. Our AMA will submit a public comment in response to the Alcohol and Tobacco Tax and Trade Bureau's proposed rule on Alcohol Facts Statements, calling for labeling standards that include standard drink information, health risk disclosures, consumer-centric design, and harmonization with federal dietary guidance and emerging public health evidence.
 10. Our AMA supports research and evaluation initiatives to determine the impact of alcohol warning labels and signage on consumer knowledge and behavior, health outcomes, and alcohol sales patterns, with ongoing assessment to ensure future labeling interventions are evidence-informed and population-appropriate.

Alcohol Use Disorder in Older Adults H-30.950

1. Our AMA encourages medical educators to expand instructional material on alcohol and aging at all levels of medical education, particularly in residency and/or postgraduate training.
2. Our AMA will cooperate with other groups, such as the American Association of Retired Persons and appropriate government agencies, in public education programs for older adults concerning alcohol-related problems.

Citation: CSA Rep. 1, I-93; Reaffirmed: CSA Rep. 8, A-05; Modified: CSAPH Rep.1, A-25