HERE'S TO US

ISSUE NO. 1 · FIRST IN AN ONGOING SERIES

The Drinking Illusion

The national drinking rate just hit a record low. Deaths from alcohol did not fall nearly as far.

"Here's to us" has always meant everyone at the table. This issue is about ***who gets left out.***

AT A GLANCE

<3% of Americans with AUD receive any of the three FDA-approved medications.

2026 A Lancet trial this year found a repurposed GLP-1 drug meaningfully reduced heavy drinking.

3 distinct patient segments, mild, moderate, severe, each requiring a different treatment approach.

GLOBAL Alcohol Use Disorder is a worldwide condition, not a U.S.-only story. Full data below.

Fewer people are raising a glass at all. Only 54 percent of American adults say they still drink alcohol, the lowest share Gallup has recorded since it started asking in 1939. Dry January isn't a fad anymore, and "sober curious" isn't a niche label. On the surface, that looks like a public health win worth celebrating. It isn't the whole story: in the United States, the number of people dying from alcohol has not fallen anywhere near as fast as the number of people drinking it.

Alcohol-induced deaths in the U.S. rose 89 percent between 1999 and 2024, and even after falling from a 2021 peak of 54,258, remained roughly 20 percent above 2019 levels. Part of the explanation is that consumption is not spread evenly: the heaviest-drinking tenth of the population accounts for roughly half to 60 percent of all alcohol consumed nationally. A falling national average can coexist with, or even mask, a stable or worsening population of heavy and harmful drinkers.

GROUP 1 CARCINOGEN

The World Health Organization's cancer research agency has classified alcohol at its highest-certainty level for cancer-causing substances since 1988. Tobacco and asbestos carry the same classification.

That classification predates the U.S. Surgeon General's January 2025 advisory, which directly linked alcohol to seven cancers and roughly 100,000 cases a year, by nearly four decades. What changed was not the underlying science. It was the willingness of a senior federal health official to say so plainly.

None of this is unique to the United States. Worldwide, an estimated 400 million people live with alcohol use disorder, roughly 7 percent of all adults, which makes this a global pattern rather than an American peculiarity.

BEYOND THE UNITED STATES

400M people worldwide live with Alcohol Use Disorder, 7% of adults (WHO, 2024)

209M of them meet criteria for alcohol dependence specifically

2.6M deaths worldwide each year are attributable to alcohol, 4.7% of all deaths

<55% of countries have national treatment guidelines for AUD in place

Not One Population, Three

Clinicians do not diagnose "alcoholism" as a single condition. The DSM-5, the U.S. clinical standard, defines Alcohol Use Disorder on a severity spectrum, based on how many of eleven diagnostic criteria a person meets within a 12-month period; the World Health Organization's ICD-11 uses a comparable framework internationally. The distinction shapes what treatment should look like.

AUD SEVERITY, BY DSM-5 CRITERIA

MILD 2–3 criteria met. Often unnoticed by the patient or their physician. Brief intervention is frequently sufficient.

MODERATE 4–5 criteria met. Noticeable impairment in work, relationships, or health. Structured treatment improves outcomes.

SEVERE 6+ criteria met, often with physical dependence. The population most in need of medication, and the least likely to receive it.

Why Abstinence Is Still the Default for Many

For patients with mild AUD and no physical dependence, evidence increasingly supports controlled drinking as a legitimate goal: a 2021 meta-analysis in the journal Addiction found non-abstinent and abstinence-based approaches produced statistically similar outcomes. For moderate to severe dependence, that evidence is thinner. Physical dependence carries real withdrawal risk, and even small amounts of alcohol can reactivate craving in ways that make sustained moderation difficult. For this group, most clinicians still recommend abstinence, not as a moral position, but because it remains the more reliably safe path.

What Treatment Looks Like Now

Three medications are FDA-approved for AUD: naltrexone, acamprosate, and disulfiram, the newest of which has been available since the early 2000s. Fewer than 3 percent of Americans with AUD receive any of them.

The most notable recent development is not a new approved drug but a repurposed one. In a randomized, placebo-controlled trial published in The Lancet in May 2026, once-weekly semaglutide, the GLP-1 receptor agonist already approved for diabetes and obesity, reduced heavy drinking days by an additional 13.7 percentage points over placebo in patients with AUD.

It is not yet approved for this use, but it sits alongside more than twenty-five other AUD-focused therapies currently in development.

That gap, between a fast-moving treatment landscape and a population that mostly never accesses it, is worth sitting with. A gap this wide, in a disease this common, rarely stays ignored for long, no matter how many toasts skip past it.

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