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Heavy Drinking Among Americans 50 to 64 Rose More Than 36% Since 2018

Researchers said the shift could drive years of rising alcohol-related liver disease, with obesity and diabetes intensifying the danger.

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Alcohol-related liver disease in the United States may keep rising for years even as national alcohol use begins to decline, according to new survey data and comments from Brian P. Lee, a hepatologist and liver transplant specialist at Keck Medicine of USC.

The warning comes from an analysis of 114,352 respondents in the National Health Interview Survey, published online Sept. 22 in Annals of Internal Medicine. The study found that heavy drinking among adults ages 50 to 64 rose by more than 36% between 2018 and 2024. At the same time, heavy drinking nationwide fell by more than 8% from 2022 to 2024, marking a downturn after the increases seen during and after the COVID-19 pandemic. Alcohol use of any kind among adults 50 to 64 also rose by nearly 4% over the study period, while younger adults in Gen Z and the millennial generation drove much of the national decline.

Lee said the drop in overall drinking should not be read as a sign that alcohol-related harm will soon fall at the same pace. In an interview published Wednesday by HCPLive, he said the burden of alcohol-associated liver disease is likely to continue increasing for several years because liver damage often appears long after the drinking behavior that caused it. He said the current pattern is especially concerning because the increase is concentrated in the age group most likely to develop serious liver disease in the near term, while the decline is concentrated in younger adults who are less likely to show up with cirrhosis within the next five years.

That lag matters for doctors and health systems. Lee said clinicians may increasingly see patients in their 50s rather than younger adults, and those patients may be more likely to arrive with cirrhosis as a first diagnosis instead of earlier-stage fatty liver disease. He also said women may make up a larger share of these cases than in the past. According to Lee, older adults face higher risks of liver disease, some cancers and cardiovascular disease at the same level of alcohol consumption as younger adults.

The concern is not only how much people drink, but also who is drinking and what other health problems they already have. Lee said the harm caused by each drink appears to be rising because many heavy drinkers now also have obesity, diabetes or hypertension at rates that were less common two decades ago. In his view, alcohol and metabolic dysfunction do not simply add to each other in the liver. They can amplify each other. That means a person with heavy alcohol use and metabolic disease may face a much higher risk than drinking levels alone would suggest.

This overlap has become important enough that physicians now use the term MetALD, which refers to liver disease shaped by both metabolic dysfunction and alcohol use. Lee said that for clinicians, a drinking history should be read together with measures such as waist size and hemoglobin A1c, not on its own. The broader message is that a falling national average can hide a worsening risk in a smaller and older group of patients.

Lee said current prevention efforts often miss that group. He argued that public messaging about alcohol harm has largely been built for young people, and the latest data suggest younger adults are already changing their behavior. Adults ages 50 to 64, he said, are much less visible in those efforts even though their risk appears to be moving in the opposite direction. He said alcohol screening should be built into the routine medical visits many people in that age range already have for blood pressure, diabetes and cancer screening, and that patients whose drinking reaches risky levels should also be evaluated for liver fibrosis. He also said women need clearer, sex-specific guidance on risky drinking thresholds.

Lee’s forecast is that the overall burden of alcohol-associated liver disease has probably not peaked. He said three factors point in that direction: the delay between drinking and cirrhosis, the fact that increased drinking is concentrated in people already in the age window for serious disease, and the rise in metabolic risk in the same population. He said acute alcohol-associated hepatitis in younger adults may be near a peak if their drinking continues to fall, but he expects cirrhosis and liver cancer in adults older than 50 to keep rising through the end of the decade. Whether the total burden peaks within five years or closer to 10, he said, will depend largely on whether the 50-to-64 trend reverses. He said the available data do not yet show that happening.

The stakes are high. Lee said alcohol is linked to about half of all liver-related deaths and that alcohol-associated cirrhosis is now the leading cause of liver transplant. Those figures help explain why a decline in overall consumption, while welcome, may not quickly translate into fewer severe liver cases.

The shift in risk toward older adults could also influence the debate around wine, beer and spirits. Public health campaigns and many responsible-drinking messages have often focused on binge drinking among younger consumers. If alcohol harm is

becoming more concentrated among people in their 50s and early 60s, beverage companies, trade groups and regulators could face pressure to adjust warning messages, education efforts and screening partnerships to reflect risks in middle-aged drinkers, especially those with obesity, diabetes or high blood pressure.

Lee’s comments also fit with his earlier work. A study he published in November 2024 found that alcohol use rose during the pandemic and continued to climb for the next two years. The new national analysis suggests that while the country may now be moving off that peak in overall drinking, the medical consequences of the pandemic-era increase may still be unfolding in the population most vulnerable to severe liver disease.

HCPLive said the interview transcript was edited for grammar and clarity with artificial intelligence tools. The outlet also reported that Lee has consulted for several drugmakers, including Gilead Sciences, Novo Nordisk, GlaxoSmithKline, Altimmune and Bausch Health.