

Drink Responsibly

What Does the Bible Really Say?

Biblical permission, self-control, and the science behind a daily glass of wine

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AI Collaborative Analysis

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You hear it all the time: “*Drink responsibly.*” But what does that actually mean when measured against Scripture—and when tested against modern science?

This edition brings together Michael’s supplied discussion, the expanded biblical and philosophical analysis in his linked PDF, and the research addition about the supposed benefits of a daily glass of wine. It distinguishes the author’s theological position from the medical evidence and from Jarvis’s contextual analysis. [1]

THE CENTRAL INTERPRETATION IN MICHAEL’S SUPPLIED TEXT

“The Biblical pattern is not prohibition—it is measured permission governed by self-control.”

The questions explored

- Why does the Old Testament include wine in blessings and celebrations?
- Why were freed servants given wine generously (Deuteronomy 15:14)?
- Why was Jesus’ first miracle turning water into wine (John 2:1–11)?
- What does the Bible actually warn against—drinking itself, or loss of control?
- Does modern science support any health benefit to alcohol?

Two different questions: Whether a practice is permitted within a theological interpretation is not the same as whether it improves health. The biblical discussion below concerns permission and responsibility; the medical review concerns evidence of benefits and harms. This is a focused examination of relevant passages, not an exhaustive survey of every religious tradition.

01 • BIBLICAL LANDSCAPE

Permission and warnings

The supplied essay places the positive references to wine beside the warnings against drunkenness and impaired judgment. Its conclusion depends on considering both, rather than treating either group of passages as the whole account.

Joy, celebration, and generosity

Psalm 104:14–15: The phrase “wine that gladdens the heart” appears among provisions for human life. Michael uses it as evidence that wine is not presented only as a source of wrongdoing. [2]

Deuteronomy 14:26: Wine and fermented drink are included among purchases for a celebratory meal before the LORD. In Michael’s reading, this is permission within a setting of rejoicing, not permission to abandon judgment. [2]

Deuteronomy 15:13–14: A released servant is not to leave empty-handed. The command includes generous provision from the flock, threshing floor, and winepress. Jarvis’s textual clarification: “Given wine generously” is shorthand for this broader provision; the verse does not instruct the recipient to drink a large quantity. [2]

Relief and the wedding at Cana

Proverbs 31:6–7: Strong drink and wine are associated with severe suffering and distress. This is the basis for the supplied essay’s description of situational relief. It is not, by itself, contemporary medical advice. [2]

John 2:1–11: The narrative presents Jesus turning water into wine at a wedding. Verse 11 identifies this as the first of his signs. Michael reads the episode as significant evidence against treating every use of wine as inherently wrong. The story does not establish a modern health benefit or a general command to drink. [3]

The boundaries are equally important

Ephesians 5:18: “Do not get drunk on wine.” Proverbs 20:1: Wine can lead a person astray; the warning concerns deception and unwise conduct. Proverbs 31:4–5: Kings are warned against drinking that compromises their ability to remember the law and uphold the rights of the oppressed. [2], [3]

“I will not be mastered by anything.”

1 Corinthians 6:12 • NIV

The supplied essay draws from Paul’s statement the principle: “Freedom is permitted, but domination is not.” Jarvis’s context note: the immediate passage is not specifically an alcohol rule. Applying its refusal of domination to alcohol is a theological application, not a claim that the verse itself mentions wine. [3]

02 · MICHAEL'S POSITION

Self-control and dependency

The following position and conclusion retain the wording supplied for this edition. The separate contextual and medical notes are not additional claims attributed to Michael.

Michael's position

Drinking is not inherently wrong. The issue is loss of control and dependency.

If alcohol reaches the point where:

- ◌ Your body depends on it to function (withdrawal, shaking)
- ◌ Your judgment becomes unreliable
- ◌ Your behavior becomes harmful—especially toward others

Then, for your own protection—and the protection of those you love—it may not be for you.

Balanced conclusion

The Bible does not forbid alcohol.

It permits it within a framework of self-control, awareness, and responsibility. And it strongly warns against becoming controlled by it.

Modern science does not justify alcohol as a health necessity—but Scripture does allow it as part of human life when handled responsibly.

Therefore:

A person may drink—and still be fully aligned with both Scripture and reason—so long as they remain in control and do no harm.

But if alcohol leads to violence, instability, or dependency, then wisdom—and responsibility—require stepping away.

“Drink responsibly” is not just a slogan—it is a principle that, when properly understood, aligns with both Biblical teaching and modern evidence.

JARVIS · SEPARATE MEDICAL QUALIFICATION

These are theological and ethical conclusions, not a medical guarantee. Being in control does not eliminate alcohol-related cancer risk, and an absence of immediate, visible harm is not proof of an absence of longer-term risk. Physical withdrawal is also not required for a person to have alcohol use disorder. [8], [10]

Where physical dependence may be present, “stepping away” should mean seeking help to stop safely—not attempting potentially dangerous withdrawal without medical guidance. [10], [11]

03 • RESEARCH ADDITION

What changed in the daily-wine claim?

Jarvis • Medical evidence review

Although a daily glass of wine was once widely promoted as healthy, later research has shown that healthier lifestyles and flaws in comparison groups can explain apparent benefits previously attributed to alcohol. [4], [5]

The lifestyle explanation • 2022

A study published on March 25, 2022, in *JAMA Network Open* examined 371,463 UK Biobank participants. Light and moderate drinkers tended to smoke less, exercise more, eat more vegetables, and have lower body mass indexes than abstainers. After accounting for lifestyle differences, the apparent protection against high blood pressure and coronary artery disease among moderate drinkers was no longer statistically significant. [4]

This supports the explanation Michael raised: some of the apparent protection belonged to characteristics of the people being compared, rather than necessarily to the alcohol they drank. The study examined alcohol consumption broadly; it was not a randomized trial assigning people one daily glass of red wine. [4]

The comparison-group problem • 2023

Some studies grouped former drinkers—including people who had stopped because of poor health—with nondrinkers. This can make current drinkers appear healthier by comparison. Illness may have led someone to stop drinking, rather than abstinence having caused that person's illness. This problem is often described as “sick-quitter” or former-drinker bias. [5]

A systematic review and meta-analysis published on March 31, 2023, in *JAMA Network Open* examined 107 cohort studies involving 4,838,825 people. After adjustments for potential biases and study characteristics, it found no statistically significant reduction in overall mortality associated with low-volume drinking compared with lifetime nondrinking. [5]

This was a comparison of results across studies, not a trial proving the outcome for each individual. A statistically nonsignificant finding does not establish that the true effect is exactly zero. It does mean that this analysis did not establish a reliable longevity advantage from low-volume drinking. [5]

THE WORDING THAT THE EVIDENCE SUPPORTS

These findings undermine the claim that a daily glass of wine is a proven health benefit. They do not establish that every apparent benefit is entirely explained by lifestyle. [4], [5], [9]

The next section includes important findings that prevent a blanket dismissal of every favorable association.

04 • NEWER EVIDENCE AND ITS LIMITS

No health prescription—and no hidden counterevidence

Jarvis • Medical evidence review, continued

The National Academies review • 2025

The National Academies' *Review of Evidence on Alcohol and Health* reached a different observational result from the 2023 meta-analysis: it reported an association between moderate consumption and lower all-cause mortality, with moderate certainty. It also reported lower cardiovascular mortality and higher breast-cancer risk. Its comparison groups were required not to mix never-drinkers with former drinkers, although concerns about confounding and exposure measurement remained. These findings show that removing one source of bias does not settle every question. Association still does not establish that alcohol caused the apparent benefit. [6]

A broad analysis • June 1, 2026

A *Nature Health* study analyzed 843 cohort and case-control studies across 20 health outcomes. It found increased risks for numerous cancers and other conditions, alongside lower-risk associations at some consumption levels for certain outcomes. Evidence strength varied. The underlying studies were published through 2023: a recent publication date does not mean that all its data were newly collected in 2026. [7]

The review does not support saying that every proposed benefit has been disproved. Nor does a lower-risk association for one disease establish a net health benefit from a daily drink. The overall question requires considering harms, different outcomes, and the limits of observational evidence together. [7]

Cancer risk is not confined to drunkenness

The World Health Organization's November 26, 2025, fact sheet states that no safe level of alcohol consumption has been established in relation to cancer risk. Even small amounts can increase risk. Alcohol causes at least seven types of cancer, including female breast, colorectal, esophageal, liver, mouth, throat, and laryngeal cancers. Wine is not exempt merely because it is wine. [8]

"No safe level" does not mean one drink inevitably causes cancer or that all amounts carry equal risk. It means there is no established consumption threshold below which alcohol adds no cancer risk. Risk generally rises with consumption. [8]

What the American Heart Association advises

The American Heart Association states that research has not proven a cause-and-effect link between drinking alcohol and better heart health. It does not recommend drinking wine or other alcohol to obtain health benefits, and it advises people who do not drink not to start. [9]

Alcohol is not required for health. Less exposure generally means less alcohol-related risk, particularly for cancer; "moderate" is not another word for "risk-free." [8], [9]

05 • READING THE PASSAGES IN CONTEXT

Permission is not an obligation

Jarvis • Contextual analysis, drawing on the linked PDF and the biblical passages

A general permission can have specific exceptions

The statement “The Bible does not forbid alcohol” expresses Michael’s rejection of a universal prohibition, not the absence of every particular restriction. Leviticus 10:8–11 prohibits wine and fermented drink for Aaron and his sons when entering the tent of meeting. Numbers 6:1–4 imposes abstinence from wine and other grape products during a Nazirite vow. Those specific requirements should not disappear into a general slogan about permission. [2]

Freedom includes concern for another person

Romans 14:19–23 places another person’s welfare and conscience above insisting on a liberty; verse 21 explicitly mentions not drinking wine when doing so causes another to stumble. In this application, a person may decline alcohol out of responsibility rather than because all wine is considered intrinsically wrong. [3]

An ancient medicinal reference is not a modern treatment plan

The linked PDF also discusses 1 Timothy 5:23, where a little wine is advised for stomach trouble and frequent ailments. Together with Proverbs 31:6–7, this broadens the textual landscape beyond celebration. These are situational passages; neither establishes that alcohol is the safest modern treatment for illness or emotional distress. Medical decisions require medical evidence, not an isolated ancient recommendation. [2], [3], [9]

Two challenges the conclusion must face

The abstinence challenge: If alcohol is unnecessary for health and carries avoidable risk, why use it at all? The linked analysis recognizes that permission does not make a choice prudent for every person. Its reply is that the existence of risk does not, by itself, prove a universal theological ban. This remains a moral argument, not a scientific finding. [1]

The permissive challenge: If Scripture permits wine, why not regard control as sufficient? The opposite limit is that permission does not cancel responsibilities or the evidence of harms that can occur before obvious dependency. The source distinguishes what is permitted, what is wise, and when abstinence is required by a person’s circumstances. [1]

JARVIS’S ANALYTICAL DISTINCTION

“Permitted,” “beneficial,” and “wise for this person now” are three different judgments.

Keeping those judgments separate allows the discussion to preserve Michael’s theological position without converting it into a health endorsement. It also allows an abstainer to respect the biblical passages without feeling obliged to drink.

06 • PRACTICAL RESPONSIBILITY

Control, care, and a safe way forward

Jarvis • Practical and medical notes

Do not confuse a serving with a safety threshold

The American Heart Association lists 5 U.S. fluid ounces of 12% alcohol-by-volume wine as one standard serving. Larger pours or stronger wine contain more alcohol. A standard serving is a measure of quantity, not proof that a daily serving is harmless. [9]

Responsibility depends on the person and the situation

Pregnancy, certain illnesses, and medications that interact with alcohol can make drinking inappropriate even without intoxication. A clinician or pharmacist can help assess those risks. [9]

The linked biblical analysis also treats driving, safety-critical care, and duties requiring clear judgment as limits on permission. Its ethical concern is not only what the drinker experiences, but what other people may be made to bear. [1]

Dependency is not simply a failure of character

NIAAA describes alcohol use disorder as a medical condition involving impaired ability to stop or control use despite harmful consequences. Withdrawal, tolerance, cravings, and repeated difficulty keeping intended limits can be warning signs, but a person need not have all of them. Evidence-based treatment can include counseling, medication, and mutual support. Recovery is possible, and a setback does not establish that further effort is pointless. [10]

IMPORTANT • STOPPING SAFELY

Someone who drinks heavily over a prolonged period or develops shaking when alcohol wears off should seek medical advice before abruptly stopping. Alcohol withdrawal can be life-threatening. [10]

Seizures, hallucinations, severe confusion, or an irregular heartbeat during withdrawal require emergency medical attention. Do not attempt to manage severe withdrawal alone. [11]

Final synthesis

Michael's position: Drinking is not inherently wrong; loss of control, dependency, and harmful conduct are the decisive concerns in his supplied theological account.

The medical conclusion: A daily glass of wine is not a proven health prescription. Lifestyle differences and flawed comparisons explain some apparent benefits, while alcohol-related cancer risk remains relevant even at low consumption. [4], [5], [8], [9]

Jarvis's conclusion: Respecting a permission does not require exercising it. Responsibility includes honest attention to evidence, circumstances, other people, and the help needed to change safely.

This document is a theological and educational discussion, not an individualized medical assessment or a treatment plan. The research review is dated September 27, 2026.

SOURCES & FURTHER READING

The texts behind the discussion

References are grouped here at the end. The numbered citations in the text link to these entries.

[1] Authorial source

Michael Richard Haimes. *Drink Responsibly: A Biblical and Philosophical Analysis*. August 2026. [Read the analysis](#)

[2] Hebrew Scriptures

New International Version. Relevant passages: [Psalm 104:14–15](#); [Deuteronomy 14:26](#); [Deuteronomy 15:12–15](#); [Proverbs 31:4–7](#); [Proverbs 20:1](#); [Leviticus 10:8–11](#); [Numbers 6:1–4](#). These links provide the textual basis; the theological conclusions are identified in the article.

[3] New Testament

New International Version. Relevant passages: [John 2:1–11](#); [Ephesians 5:18](#); [1 Corinthians 6:12–20](#); [Romans 14:19–23](#); [1 Timothy 5:23](#). Short quotations in the article follow the supplied wording and the NIV; surrounding explanations are not presented as biblical quotations.

[4] Lifestyle confounding • 2022

Biddinger KJ, Emdin CA, Haas ME, et al. “Association of Habitual Alcohol Intake With Risk of Cardiovascular Disease.” *JAMA Network Open*. 2022;5(3):e223849. Published March 25, 2022. DOI: 10.1001/jamanetworkopen.2022.3849. See the results concerning observational associations and lifestyle factors. [Read the study](#)

[5] All-cause mortality • 2023

“Association Between Daily Alcohol Intake and Risk of All-Cause Mortality: A Systematic Review and Meta-analyses.” *JAMA Network Open*. 2023;6(3):e236185. Published March 31, 2023. DOI: 10.1001/jamanetworkopen.2023.6185. The review includes 107 cohort studies and 4,838,825 participants. [Read the meta-analysis](#)

SOURCES & FURTHER READING

References, continued

[6] Evidence review • 2025

National Academies of Sciences, Engineering, and Medicine. *Review of Evidence on Alcohol and Health*. Washington, DC: National Academies Press; 2025. DOI: 10.17226/28582. Summary: conclusions on all-cause mortality, breast cancer, and cardiovascular outcomes; methods concerning abstainer bias. [Read the report summary](#)

[7] Twenty health outcomes • 2026

Dai X, Nicholson SI, Lawlor HR, et al. “Health effects associated with alcohol consumption: a Burden of Proof study.” *Nature Health*. Published June 1, 2026. DOI: 10.1038/s44360-026-00139-5. Analysis of 843 cohort and case-control studies published through 2023. [Read the 2026 study](#)

[8] Cancer risk

World Health Organization, Regional Office for Europe. “Alcohol and cancer.” November 26, 2025. Describes established cancer risks, the absence of a safe cancer-risk threshold, and risk reduction through lower consumption or cessation. [Read the WHO fact sheet](#)

[9] Heart-health guidance

American Heart Association. “Is drinking alcohol part of a healthy lifestyle?” Includes the absence of proven cardiovascular causation, advice not to begin drinking for health, standard-serving examples, and cautions about pregnancy, health conditions, and medications. Accessed September 27, 2026. [Read the AHA guidance](#)

[10] Alcohol use disorder and recovery

National Institute on Alcohol Abuse and Alcoholism. “Understanding Alcohol Use Disorder.” Definitions, symptoms, treatment, recovery, and the danger of abrupt withdrawal after prolonged heavy drinking. Accessed September 27, 2026. [Read the NIAAA resource](#)

[11] Withdrawal emergencies

MedlinePlus Medical Encyclopedia. “Alcohol withdrawal.” Information on withdrawal symptoms, severe complications, and when emergency care is needed. Accessed September 27, 2026. [Read the withdrawal guidance](#)

The linked archive source was reviewed in its August 2026, nine-page edition. Medical sources were checked on September 27, 2026. Later research may refine particular estimates or conclusions.