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**Background:** There are limited data regarding impact of chronic alcohol use on vasospastic angina. We evaluated the impact of alcohol use on coronary artery spasm (CAS) as assessed with intracoronary acetylcholine (Ach) provocation test. **Methods:** A total 3034 consecutive patients [pts, Men 1457 (48.0%), mean age 54.5±12.4 years] who underwent coronary angiography with Ach provocation test were enrolled. Study population were divided into current alcoholic (912, 30.1%) vs. non alcoholic (2101, 69.2%) groups. Significant CAS was defined as transient >70% luminal narrowing with chest pain and/or ST segment changes. **Results:** Baseline clinical characteristics were balanced except non alcoholic had more hypertension (49.3% vs. 40.4%, P<0.001), diabetes (13.6% vs. 10.2%, P=0.009), peripheral vascular disease (6.3% vs. 3.0%, P<0.001), history of CVA (3.5% vs. 2.1%, P=0.041), congestive heart failure (2.0% vs. 0.5%, P=0.004) whereas alcoholic group were mostly men (76.5% vs. 35.8%, P<0.001) and had more current smokers (42.8% vs. 13.8%, P<0.001). Although the alcoholic group showed higher incidence of myocardial bridge, Ach induced CAS, and severe narrowing on QCA on univariate analysis, however, after adjusting the baseline differences, all clinical and angiographic parameters of Ach provocation test were not different between the two groups. **Conclusions:** In our study, current alcohol use was not associated with clinical and angiographic characteristics of CAS as assessed with Ach provocation test.