

ALCOHOL TO CLAIM 63,000 LIVES OVER NEXT FIVE YEARS, EXPERTS WARN

Alcohol consumption will cause for 63,000 deaths in England over the next five years – the equivalent of 35 deaths a day – according to a new report published by the Foundation for Liver Research based on research carried out by the Sheffield Alcohol Research Group. The majority of these deaths will be due to alcoholic liver disease (22,500) and cancer (32,500).

The modelling further estimates that between 2017 and 2022, the total cost to the NHS of alcohol-related illness and deaths will be £17 billion.

In its new report, *Financial case for action on liver disease*, endorsed by the independent Lancet Commission on Liver Disease, the Foundation for Liver Research urges the Government to implement a suite of policy measures designed to mitigate the rising health and financial burden of alcohol, including the introduction of minimum unit pricing (MUP), re-institution of alcohol duty escalator and advertising restrictions.

Providing evidence in support of Government intervention, new modelling shows that within five years of its introduction in England, a 50p MUP alone would result in:

- 1,150 fewer alcohol-related deaths
- 74,500 fewer alcohol-related hospital admissions
- Savings of £325.7m in healthcare costs
- Savings of £710.9m in crime costs

The total financial savings to the public purse of MUP is forecast to be £1.1 billion – the equivalent cost of the Government's recently announced investment package for Northern Ireland.

Liver disease is now one of the most common causes of premature mortality in the UK with mortality rates having increased 400% since 1970. In under-65s they have risen almost five-fold in this period. Liver disease affects people of working age more than the other big killers, with an estimated 62,000 years of working life lost to liver disease every year. Liver disease disproportionately affects the poorest and the most vulnerable in society and is a major factor in generating socio-economic health inequalities.ⁱ

Liver disease now presents one of the most pressing public health concerns of our time but the trend of worsening liver disease health outcomes could be reversed through concerted preventive action to tackle the main causes of liver disease: alcohol misuse, obesity and viral hepatitis. Through the publication of its new report the Foundation for Liver Research makes the financial case for public health action in these areas and urges the implementation of targeted measures recommended by the independent Lancet Commission on Liver Disease.

Commenting, Professor Roger Williams, Director of the Foundation for Liver Research and Chairman of the *Lancet* Commission on Liver Disease, said:

“Liver disease is a public health crisis that has been steadily unfolding before our eyes for a number of years now and the Government will have to take robust public health action if its main causes (alcohol misuse, obesity and viral hepatitis) are to be controlled. Our new report strengthens the argument for intervention by revealing the full and alarming extent of the financial costs associated with inaction in these areas and setting out the economic benefits of addressing these risk factors.

Three years ago, the Lancet Commission on Liver Disease created a blueprint for improvement, supported by the clinical community, setting out a range of targeted measures to reduce the burden of ill health in these areas. Yet we are still missing prioritisation, funding and drive to implement the Commission's recommendations. We urge the Government to take immediate steps to halt and reverse the crisis in liver disease.”

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Notes to editor:

Key facts about liver disease and its main causes:

- Liver disease is one of the most common causes of premature death in the UK and the national liver disease health outcomes are worse than in other western European countriesⁱ
- More than 200,000 years of working life were lost to liver disease in England over just three years (2012-2014)ⁱⁱ
- Over the last decade, the number of liver disease-related hospital admissions in England has increased by halfⁱ
- The poorest and most vulnerable in society have the highest incidence of liver disordersⁱ
- Three-quarters of all cases of liver disease are due to three common risk factors: alcohol consumption, obesity and viral hepatitisⁱ
- In 2014, 11,597 people died with an underlying cause of liver disease in Englandⁱⁱⁱ
- The trend of worsening liver disease health outcomes could be reversed through concerted public health action to tackle the main causes of liver diseaseⁱ
- According to the Office for National Statistics, in 2015, there were 6,813 alcohol-related deaths in England^{iv}
- Alcohol & drug use is responsible for more deaths in 15-49 year olds than any other risk factor^v

New data on projected impact of alcohol misuse over next five years:

Source: University of Sheffield's Alcohol Research Group

Cause	Costs (£m)	Deaths
Alcoholic liver disease	564	22,519
Mental and behavioural disorders due to use of alcohol	4,263	3,420
Other wholly-attributable chronic conditions	670	711
Alcohol poisoning	1,082	982
Cancers	638	32,475
Hypertension	5,466	3,329
Stroke	121	-7,289*
Other cardiovascular conditions	-1,217*	-24,021*
Diabetes	-618*	-1,302*
Epilepsy	779	891
Other partially-attributable chronic conditions	329	13,911
Transport injuries	746	2,806
Falls	1,560	3,945
Other injuries	2,356	10,529
Total	16,740	62,905

*Some of the values are negative due to the cardioprotective effects of alcohol. These effects are widely disputed. The modelling assumed that these effects do indeed exist, however their exclusion would see the estimated health and financial burden rise even further.

New data on the projected impact of MUP:

Source: University of Sheffield's Alcohol Research Group

In the first five years after the implementation of the MUP policy (set at 50p per unit), the following benefits would be observed:

- 1,150 fewer deaths
- Savings of £325.7m in healthcare costs
- Savings of £710.9m in crime costs
- Total financial savings of £1.1bn (healthcare, crime and avoided work absence)

- The Sheffield Alcohol Policy Model (SAPM) provides estimates of changes in alcohol consumption for different population subgroups; changes in the incidence of various alcohol-related harms including health conditions, crime, unemployment and sickness absence; the costs associated with changes in the incidence of harm incorporating direct costs (e.g. to the health services or police) as well as costs associated with changes in individuals' quality of life (e.g. from alcohol-related diseases or being a victim of crime)
- The SAPM pricing model has two elements. The first element uses an econometric approach to model consumer responses to changes in the prices of alcoholic beverages. The second element uses epidemiological data on the relationship between alcohol consumption and various harms to model how those changes in consumption change the consumers' risk of harm

For details of the modelling work by the University of Sheffield's Alcohol Research Group, please contact:

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New report: 'Financial case for action on liver disease: escalating costs of alcohol misuse, obesity and viral hepatitis' – June 2017

- The report was produced by the Foundation for Liver Research in support of the Lancet Commission on Liver Disease
- It brings together the latest evidence of escalating financial costs associated with the three main causes of liver disease: alcohol misuse, obesity and viral hepatitis. Drawing on a multitude of data sources, the report sets out the financial costs to the health and care system, as well as the wider societal costs related to the three risk factors
- It presents a series of policy proposals, in line with the evidence-based recommendations of the Lancet Commission, for policymakers' urgent consideration
- The report's key findings and recommendations are summarised in its Executive Summary, available here <http://www.liver-research.org.uk/liverresearch-assets/executivesummaryfinancialcaseforactiononliverdisease.pdf>
- The full report is available here <http://www.liver-research.org.uk/liverresearch-assets/financialcaseforactiononliverdiseasepaper.pdf>

About the Lancet Commission on Liver Disease:

- The Lancet Commission on Liver Disease is an independent group of multi-disciplinary experts assembled to make recommendations to reduce premature liver disease mortality, tackle liver disease burden from avoidable causes and improve the standard of care for patients with liver disease in hospital
- In its seminal report, [Addressing liver disease in the UK](#), published in 2014, the Lancet Commission on Liver Disease set out a blueprint for improving the prevention and management of liver disease in the UK and made ten headline recommendations, including:
 - Implement a minimum price per unit, health warnings on alcohol packaging, and restriction of alcohol advertising and alcohol sales
 - Promotion of healthy lifestyles to reduce obesity in the country and its results on health; governmental regulations to reduce sugar content in food and drink; use of new diagnostic pathways to identify people with non-alcoholic fatty liver disease
 - Eradication of infections from chronic hepatitis C virus in the UK by 2030 using antiviral drugs; reduce the burden of hepatitis B virus; target high-risk groups for these viruses, including immigrant communities
- The Lancet Commission has published two follow-up reports ([2015](#) and [2016](#)) and continues to campaign for improvements in the prevention and management of liver disease in the UK

About the Foundation for Liver Research:

- The [Foundation for Liver Research](#) was established in 1974 to develop and extend research into diseases of the human liver and to enhance medical research generally

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ⁱ Lancet Commission, *Addressing liver disease in the UK: a blueprint for attaining excellence in health care and reducing premature mortality from lifestyle issues of excess consumption of alcohol, obesity and viral hepatitis*, November 2014; Available at: [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61838-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61838-9.pdf)

ⁱⁱ Public Health England, *Years of Life Lost, aged under 65 years, for liver disease*, 2012-14, 2016

ⁱⁱⁱ Public Health England, Liver disease profiles; Available at: <https://fingertips.phe.org.uk/profile/liver-disease/data#page/0>

^{iv} Office for National Statistics, Alcohol-related deaths in the UK: registered in 2015; Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registered2015#comparisons-between-the-4-countries-of-the-uk-by-sex-1994-to-2015>

^v Public Health England, Health profile for England, July 2017; Available at: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-2-major-causes-of-death-and-how-they-have-changed#risk-factors-contributing-to-deaths-by-cause>