

## Digging deeper into alcohol-related deaths

According to the latest data from the Office for National Statistics (ONS), deaths from alcohol-specific causes in the UK have increased from 11.8 per 100 000 people in 2019 to 14.0 per 100 000 people in 2020. This increase—by 18.6%—is the highest year-on-year change in 20 years: a notable and worrying change given the relatively stable rates since 2012.

The ONS definition of alcohol-specific deaths describes those directly resulting from alcohol misuse, and those registered in 2020 were divided into three categories: alcohol-related liver disease (77.8% of deaths), mental and behavioural disorders due to the use of alcohol (12.1% of deaths), and external cause of deaths (including accidental or intentional poisoning by and exposure to alcohol; 6.2% of deaths). Although these broad terms are a helpful way of categorising the main causes, they do not provide much explanation as to why there has been such a spike in alcohol-related deaths; they are also likely to underestimate the extent of these deaths.

It is probably no coincidence that this latest annual increase in deaths coincides with the COVID-19 pandemic. Patterns in the consumption of alcohol in the UK changed after a national lockdown was implemented in March, 2020. The long-term consequences are still being revealed, not only with regard to sustained and higher-risk drinking habits and their subsequent effects on health, but also in the treatment of patients with alcohol-related liver disease, whose access to care and support services has been interrupted, with potentially serious ramifications.

However, there are, of course, factors other than the pandemic to consider. Alcohol-related liver disease accounts for 60% of all liver disease in the UK and, even before COVID-19, trends had started to emerge of increases in alcohol-related hospital admissions and deaths. There are also disparities within the population, with more than half of hospital admissions and deaths from liver disease in 2020 occurring in the most deprived 40% of the population. The ONS data reiterate that alcohol-specific death rates continue to differ between men and women, consistent with previous years: in 2020, there were 19.0 deaths per 100 000 men, compared with 9.2 deaths per 100 000 women. In addition, although Scotland and

Northern Ireland had the highest alcohol-specific death rates in 2020 (21.5 deaths per 100 000 and 19.6 deaths per 100 000, respectively), the largest year-on-year increases were actually in Wales (17.8%) and England (19.3%).

In light of these trends and the increasing numbers of alcohol-related deaths, there is growing pressure on the UK Government to restrict the marketing of alcohol. Most recently, a report by the Alcohol Health Alliance outlined the effect of alcohol marketing on children and people in recovery, prompting renewed calls for the Government to introduce advertising restrictions to better protect vulnerable members of society and, hopefully, decrease harmful drinking. Bearing in mind the existing social inequalities linked to alcohol consumption, the Government's plans to "Build Back Better" and target disparities in the wake of the pandemic will be severely undermined if alcohol and its related harms are not given the attention they deserve.

Joined-up thinking is needed, not only in terms of policy but also in the treatment and management of the health issues that stem from harmful alcohol consumption. Alcohol use disorder is often underdiagnosed and under-treated, and the treatment of alcohol-related liver disease that results from excessive alcohol intake is challenging: patients with both alcohol use disorder and alcohol-related liver disease require multidisciplinary care, involving several specialists and therapeutic approaches, and this can create barriers to successful treatment. Stigma, difficulties in changing health behaviours, limited awareness of the harms of alcohol, and siloed care are just some of the issues that can make management of alcohol-related liver disease difficult. Integrated care is one step towards surmounting these barriers; much could be learned from initiatives for liver transplantation in patients with advanced cirrhosis, for whom multidisciplinary care has been provided successfully.

As it stands, the numbers of alcohol-related deaths are stark, and the underlying causes complex. But now, more than ever, a consolidated and considered approach will be imperative to tackling the issue of alcohol-related harms. Trends have worsened, and a proactive effort is needed to turn the tide.

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For the latest ONS data on alcohol-specific deaths see <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2020>

For more on changes in alcohol consumption during lockdown see [Editorial](#)

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For more on disparities in liver disease see <https://ukhsa.blog.gov.uk/2021/07/15/reducing-liver-death-a-call-to-action/>

For more on the Alcohol Health Alliance report see <https://ahauk.org/wp-content/uploads/2021/11/MarketingReport-FINAL.pdf>

For more on the multidisciplinary care of patients with alcohol use disorder and alcohol-related liver disease see [Viewpoint](#) *Lancet Gastroenterol Hepatol* 2022; 7: 186–95