rural primary and secondary care hospitals; other models need to be explored to circumvent infrastructure costs in low health-care budget settings (eg, mobile vans with on-site endoscopy services).[8]

Prevention is also key. Increased adoption of westernised lifestyles and diet has been implicated in the pathogenesis of IBD. It appears evident that an epidemiological transition is in progress, with decreasing communicable diseases and infectious diarrhoeas, with an increase in non-communicable and lifestyle-related diseases (eg, obesity, diabetes, autoimmune disorders, and IBD). Health-care systems in low-resource settings will struggle to provide adequate treatment to bridge rural–urban and high-income–low-income divides. Ultimately, preventive strategies, including regulatory practices and government policies to reduce packaged foods and the use of emulsifiers and preservatives, must be implemented. Awareness of the potential environmental triggers of IBD must be increased in the public domain, including for schoolchildren, to ensure early adoption of healthy lifestyles.

Lastly, patient and caregiver education is often neglected in low-resource settings, where the focus is more commonly only on the disease management. This lack of education can result in poor drug adherence, which is a key risk factor for relapse and a potential contributor to increased costs. The mental and sexual health of patients is often overlooked; a study from 2022 highlighted that depression is seen in more than two-thirds of caregivers and patients with IBD.[9] Patient advocacy forums need to be developed as a mainstay to provide support for both patients and caregivers.

As IBD begins to emerge in low-income and middle-income parts of the world, it is essential that we develop socioeconomic algorithms (ie, real-world treatment algorithms adjusted to the socioeconomic situation) and innovations in health-care management that are suited to these regions, since models of care from high-income countries are unlikely to be transferrable.

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Rupa Banerjee, Nalini Raghunathan, Partha Pal*
drrupa.banerjee@aighospitals.com

IBD Centre, AIG Hospitals, Hyderabad 500032, India

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Trends in alcohol-specific deaths in the UK and industry responses

Alcohol-specific deaths (encompassing those deaths that are a direct consequence of alcohol, such as alcohol-related liver disease) in the UK have taken an extremely concerning turn, with the Office for National Statistics reporting 9641 such deaths in 2021—the highest on record and a 27·4% increase since 2019 (n=7565).[1] This number of deaths reflects alcohol consumption trends since the pandemic, during which drinking patterns became more polarised, with people who were drinking lower amounts before the pandemic on average, drinking less, and people who were drinking higher amounts before the pandemic drinking more.[2] This change represents a substantial sharpening of health inequalities, driven by changing consumption patterns of a harmful product.

Communications from the UK's alcohol industry via their responsibility body, the Portman Group, present a different situation. In 2022, communications from

the Portman Group published infographics that drew attention to declines in overall average alcohol consumption, emphasising that "the majority of UK drinkers consume alcohol responsibly".[3] The industry also explicitly links its activities to declines in average alcohol consumption. In an evidence submission to the Scottish government on minimum unit pricing,[4] the Portman Group stated that it, along with others, has "played a role in supporting these falls in consumption and harm", citing corporate social responsibility initiatives like the UK Responsibility Deal (which an independent evaluation found to not be effective[5]), funding DrinkAware (which independent research has shown communicates misinformation on alcohol-related harms[6]); and supporting community alcohol partnerships (for which there is little evidence of effectiveness[7]).

The responsible drinking language used in these statements has been found to be overwhelmingly used by industry, rather than other stakeholders like government health departments or independent alcohol charities.[8] Such language has been described[9] as strategically ambiguous, designed to build positive impressions of an industry that appears to foster responsible use of its product, but with little evidence of effectiveness for responsible drinking campaigns. Crucially, talk of a responsible majority implies that people who drink large amounts of alcohol are somehow irresponsible, and that it is their apparent susceptibility which is to blame. This framing also implies that alcohol harm is a problem only for people drinking the most amount of alcohol, whereas the evidence is clear that alcohol causes substantial harm beyond this group.[10]

The industry response to the alcohol-specific death figures published in December, 2022, is consistent with this narrative. The Portman Group press release reads, "Today's figures show an increase in alcohol-specific deaths on top of last year's increase, every death is a tragedy for the people concerned and their family and friends. The longer-term impact of pandemic drinking for a small group of drinkers continues and there is increasing evidence that targeted, health-focused action is needed for those drinking at the highest harm level."[11] In other words, a large and increasingly globally consolidated industry, which expends a substantial amount on marketing,[12] and whose existence depends on its ability to sell alcohol, is telling a good news story about wider declines in alcohol consumption it claims partial responsibility for,[4] and implying that its heaviest consumers, whose consumption is increasing, are doing so because they are irresponsible and need targeted, medical help. The evidence suggests this narrative masks two crucial realities: the industry's long-standing obstruction of evidence-based means to reduce alcohol harm, and its disproportionate reliance on the heaviest consumers for a large proportion of overall revenue.

For example, in the lead up to its implementation in 2018, the alcohol industry sought, through legal means, to block minimum unit pricing in Scotland, a policy intended to protect the groups the industry claims need the most help, including through legal challenges after it had been passed into law.[13] The same industry, while touting its role in funding alcohol education campaigns of low effectiveness, continues to oppose policies related to marketing, price, and availability—policies WHO recommends as the most effective ways to reduce alcohol harms.[14]

These efforts at opposing policy reflect the foundational conflict of interest at the heart of the issue—that the alcohol industry makes a disproportionate amount of overall revenue from individuals who consume the greatest amounts. A study estimated that between 2013 and 2014, individuals drinking in excess of guideline levels accounted for 68% of total alcohol sales revenue in England, with the 4% of the population who drink the most accounting for 23% of all industry revenue.[15] Recent polarising trends in drinking mean this reliance on the heaviest consumers for a substantial portion of revenue has probably increased further.

A study of internal alcohol advertising evaluations found that advertisers were well informed about their so-called heavy core consumers, and their reliance on them.[16] In analysing the effectiveness of their own advertising campaigns, they describe efforts to target those drinking the most alcohol. For example, "If Miller Lite was to be a large profitable brand we had to attract these young heavy drinkers". In the case of Famous Grouse whisky, the advertisers spoke of how "whisky brands are very reliant on a small number of heavy, and increasingly ageing, consumers, to provide the majority of volume", and how "in the longer term we had to attract more younger drinkers—the heavy-using loyalists of tomorrow", to avoid "the potentially disastrous implications of losing heavy drinkers".

Scottish Leader Whiskey advertisers stated they would "focus on the core audience of heavy users. We knew they were older. We knew they were primarily male. We knew that unlike malt users they tended to be downmarket."

A different account of the recent alcohol trends can therefore be told. The industry lauds a responsible majority for decreasing consumption, and seeks to claim a role in this decline. These claims ignore the inconvenient fact that it is disproportionately reliant on the heaviest consumers. These record alcohol deaths are a reflection of greater alcohol sales among individuals at the greatest risk, facilitated by the obstruction of evidence-based policy. Through these efforts in pursuit of profit at any cost, the industry has played an outsized part in shaping our current reality, in which the UK faces record increases in alcohol-related liver disease and a health system in crisis.

We can choose between accepting the industry's own reports of its motivations and good works, or acknowledging its pursuit of profits and reliance on the heaviest consumers and consumers at high risk. The UK is in need of a new alcohol policy to reduce alcohol-specific and alcohol-related mortality. For it to be effective and equitable, the industry and the organisations it funds can have no part in writing it. The UK public deserve nothing less.

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*Nason Maani, May CI van Schalkwyk, Mark Petticrew
nmaani@ed.ac.uk

Global Health Policy Unit, School of Social and Political Science, University of Edinburgh, Edinburgh EH8 9LD, UK (NM); Department of Health Services Research and Policy, Faculty of Public Health and Policy (NM, MP), Department of Public Health, Environments and Society, Faculty of Public Health and Policy (MCvS), and UK PRP SPECTRUM Consortium (MP), London School of Hygiene and Tropical Medicine, London, UK; Boston University School of Public Health, Boston, MA, USA (NM)

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