

Reducing the Burden of Alcohol Related Liver Disease (ARLD)

Alcohol-related Liver Disease (ARLD) is the major cause of liver disease in Europe and, since it depends mostly on harmful alcohol consumption, it is a highly preventable disease.

1,256,900

liver disease deaths worldwide per year,



27%

of liver disease deaths worldwide are associated with alcohol intake



38,378

registered deaths in Europe from ARLD



32 out of 35

European countries have experienced increasing prevalence in the levels of cirrhosis since 1990

Liver disease accounts for significant health and economic losses, as

2/3

of potential years of life lost are working years, which contrasts with other chronic diseases where onset and death generally occur at a later age

Deaths from liver disease are largely determined by population alcohol consumption, with a direct correlation seen in

21 of 28

EU member states

Inequalities

Mortality from ARLD is substantially greater for disadvantaged socio-economic classes and amongst younger patients



The relationship between alcohol intake and cirrhosis is **exponential** for heavy drinkers (4 or more drinks per day)



Crucial Policy Interventions

It has been demonstrated that alcohol-related policies are both effective and cost-effective at reducing ARLD, and EASL calls for all European countries to implement population-level strategies for:

REDUCING CONSUMPTION:

Cultural and historical changes in alcohol consumption patterns have a large impact on liver mortality – with four fold reductions in France and Italy seen during a period of decreased consumption of cheap wine. Marked increases in liver mortality have also been associated with modest increases in overall alcohol consumption – as seen in the UK with the move to drinking stronger alcohol at home. Effective policies to reduce alcohol consumption may reduce liver mortality quickly, as patients with ARLD usually die from acute-on-chronic liver failure driven by recent excessive alcohol consumption.

EASL recommends public health and education programmes to change behaviours and the separation of alcohol products in shops (similar to tobacco).

INCREASING PRICE:

The Court of Justice of the European Union and the UK Supreme Court judged minimum unit pricing (MUP) to be more effective than comparable measures, as it was highly targeted at harmful and extreme drinkers, and was likely to reduce health inequality. In British Columbia, MUP reduced alcohol-related mortality by 32% within one year of implementation.

EASL recommends the introduction of excise taxes and other pricing policies, such as minimum price per alcohol gram, to decrease the affordability of alcohol.

RESTRICTING ADVERTISING:

Alcohol is the most dangerous commodity marketed in Europe, second only to tobacco, where marketing is more heavily regulated. All Member States have regulations on alcohol marketing, however, these vary. There is a positive association between exposure to marketing and subsequent drinking behaviour and harmful consequences of drinking, particularly amongst young people, and the European Commission has concluded that marketing leads children to drink at an earlier age and drink more.

EASL recommends that countries move towards a comprehensive and legislative ban on alcohol advertising, promotion and sponsorship, particularly those aimed at young people. This should be monitored by governments as self-regulation by the alcohol industry has not been effective and there is strong evidence that industry has been successful in preventing implementation of effective policies and in circulating misleading information to the public.

IMPROVED LABELLING:

Whilst health labels on alcoholic drinks have shown little impact on behaviour, this may reflect the fact that these have generally been small text warnings as larger, more graphic labels have been shown to be highly effective in reducing tobacco sales. It is a consumer right to receive information about adverse health effects from food-stuffs, yet alcohol is exempt from this regulation, despite being a level one carcinogen.

EASL recommends the implementation of mandatory labelling of alcohol products, which includes health information on the risks of alcohol consumption, especially cancer and pregnancy risk, and information regarding the caloric value.

CLINICAL INTERVENTIONS:

Around 75% of fatal cases of ARLD present for the first time with an emergency hospital admission, underlining the importance of early identification and intervention. However, the majority of individuals with ARLD have normal liver tests, so early identification is reliant on identifying at-risk groups.

EASL recommends the introduction of screening, via non-invasive diagnostic tools, for harmful alcohol consumption and the delivery of effective brief interventions in primary care and other health and community settings. Individuals who need support should be referred to specialist alcohol services for assessment and treatment.