Failing to address the burden of alcohol

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For more on the **burden of alcohol use** see https://www.thelancet.com/article/S0140-6736(18)31310-2/fulltext

For more on **alcohol-related liver disease** see **Series** *Lancet Gastroenterol Hepatol* 2020; published online April 8. https://www.thelancet.com/series/alcohol-related-liver-disease

For more on **liver disease in the UK** see **The Lancet Commission** *Lancet* 2020; **395:** 226–39

For **WHO's 146th Executive Board decision** see https://www.who.int/news-room/detail/28-03-2020-who-to-accelerate-action-to-reduce-the-harmful-use-of-alcohol

Excessive alcohol consumption is a leading cause of disease and premature mortality worldwide. Harmful alcohol use costs 3 million lives a year globally, is the seventh most important risk factor for mortality overall, and the number one risk factor for people aged 15–49 years. Excessive alcohol consumption increases the risk of a wide range of diseases, including cardiovascular diseases, liver disease, and cancers, and it can severely impact mental health and become a source of addiction. Despite the evident harms, it remains a major public health issue. The research in this issue of *The Lancet Public Health* highlights the danger that unmitigated growth in excess drinking poses to population health and explores some of the sociodemographic complexities of its impact.

The USA has seen a 30% increase in high-risk drinking and a 50% increase in alcohol use disorder over the last 15 years. Alcohol-related cirrhosis is now the leading reason for liver transplantation in the USA. Particularly concerning is the rise in alcohol-related liver disease amongst young adults. Jovan Julien and colleagues predict the longer-term implications of growing alcohol use for the US population by modelling future trends in mortality due to alcohol-related liver disease. Under the authors' status quo scenario, in which alcohol consumption trends continue their current trajectory, the model predicts that mortality will increase from 8 to 15 per 100 000 population by 2040. When the authors modelled different scales of alcohol control, they found that only a very substantial intervention, which reduces alcohol consumption on the sort of scale seen for tobacco smoking, would result in appreciable stalling and decline in deaths over the next two decades. For Kevin Shield and Jurgen Rehm, in an accompanying Comment, the figures are likely an underestimate of the true burden of alcohol-related liver disease. Shield and Rehm further advocate for a stronger focus on population-level alcohol control measures, rather than on developing novel clinical treatments for alcohol dependency, as the most rapid and cost-effective intervention approaches to curb the burden of alcohol. Although rapid and broadly effective solutions are needed, it is crucial that interventions are equitable and recognise the uneven demography of alcohol burden. In many countries, the burden of alcohol-related mortality falls hardest on already vulnerable individuals.

Indeed, a peculiar aspect of alcohol harm is its outsized impact on socioeconomically disadvantaged people. The so-called alcohol-harm paradox describes the observation that, given similar or lower levels of alcohol consumption, people from lower socioeconomic groups tend to experience worse effects on their health and wellbeing than those of higher socioeconomic status. This is a pernicious issue and not well understood. The systematic review by Charlotte Probst and colleagues evaluates the evidence to date on this so-called paradox. The authors find evidence for large socioeconomic inequalities in alcohol harm, with people of lower socioeconomic status experiencing up to 3·5-fold and 5-fold higher risk of all-cause and alcohol-related mortality, respectively, compared with those of higher socioeconomic status. Probst and colleagues also explore some of the potential mechanisms underlying these inequalities and report that the periodicity of drinking—rather than the mean consumption, could explain up to 30% of the difference in alcohol-related mortality between socioeconomic groups—this suggests that targeting heavy episodic drinking and binge drinking could be important to address the uneven impact of alcohol. However, there remains considerable unexplained variance in the outcomes of individuals by socioeconomic status; in an accompanying Comment, Kim Bloomfield notes that the paradox is likely rooted in complex interactions of eco-social and environmental factors that need further exploration.

WHO's 146th Executive Board decision earlier this year to develop an action plan (2022–30) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority is most welcome. Governments should make renewed efforts to implement WHO's best buys to reduce alcohol harms—including excise taxes and stronger restrictions on selling and advertising alcohol products. In the context of the ongoing lockdown and distancing measures enacted in response to the COVID-19 pandemic, there is a need to understand the potential effects of long-term isolation on alcohol use and misuse. There is no time for complacency. Reducing the harmful use of alcohol requires a concerted public health approach that tackles not only social norms, but also the commercial and political determinants of health. ■ *The Lancet Public Health*