

Raising Awareness of Liver Disease

S6M-13569

8 October 2024

Summary

- **Over 70% of liver disease deaths are attributable to alcohol.**
- **Alcohol deaths - the majority of which are due to liver disease - is a public health emergency.**
- **Liver disease is a silent killer, and most patients have either a lower level of alcohol dependence or drink at harmful levels without dependence.**
- **We need an emergency response to alcohol harm in Scotland, which includes immediate action and an updated alcohol strategy.**
- **An alcohol harm prevention levy could be used to fund life saving liver scanning services, to detect liver disease early.**
- **A new alcohol strategy should include investment and funding to treatment and care, effective preventative measures such as restrictions to alcohol marketing, and introducing mandatory health warnings to improve public awareness of the health risks of alcohol.**

Alcohol and Liver Disease

Over 70% of liver disease deaths are attributable to alcohol.¹ Deaths from alcohol-related liver disease are at a 13-year high, having increased by 22% from 2019.² This significant increase in loss of life is likely caused by the pandemic's effects on changing drinking habits, particularly increases in consumption amongst high-risk and harmful drinking, combined with reduced access to services.

The Scottish Government has **recognised alcohol deaths - the majority of which are due to liver disease - as a public health emergency** since 2021, but there is **no sign of this abating any time soon**. If our changes in consumption persist into the long term, it is estimated that there will be an **additional 7,536 deaths and 72,140 hospitalisations over 20 years, costing £82.2million by 2040 in hospital costs alone**.³

Liver disease is the **biggest risk factor for developing liver cancer**. Scotland has the highest incidence of liver cancer in the UK, which has seen the biggest increase in mortality rates across all cancer types in Scotland over the last decade (38%).⁴

The risk of liver disease due to alcohol **does not affect all Scots equally**. People in our **most deprived communities are over four times more likely to die** and seven times more likely to be admitted to hospital because of alcohol than people in the wealthiest.⁵

Liver disease is a silent killer that is largely asymptomatic in its early stages. Tragically, three-quarters of cirrhosis patients are diagnosed in A&E, when it's too late for effective treatment or intervention.⁶ One in four people diagnosed with alcohol-related liver disease in hospital die within 60 days.⁷

It is not just people who are severely alcohol-dependent who will develop irreversible liver disease. Evidence suggests that one third of people with alcohol-related liver disease have severe alcohol dependence,⁸ with **most people having either a lower level of dependence or drinking at harmful levels without dependence**.



Make immediate improvements to early detection of liver disease

Over 30 organisations are calling on the Scottish Government to urgently take action to prevent further deaths and reduce harm from alcohol.⁹ An emergency response should focus on effective action that can be taken immediately, followed by a longer-term plan to reduce alcohol consumption and related harm into the future. By taking action now, we can save thousands of lives.

Immediate action should be taken to improve the early detection of alcohol-related liver disease, which is entirely preventable and can be reversed if detected earlier.

This can be achieved through improved provision of **targeted fibrosis assessments in primary care and community settings**. This could include **non-invasive liver scans, such as FibroScan**, which is already approved by NICE. Research conducted by the Scarred Liver Project indicates that FibroScan triggers a recognition about the need to change lifestyle behaviour, with 29% of patients reducing their alcohol consumption by 10%.¹⁰

This could be funded through an alcohol harm prevention levy. The levy would apply to retailers licensed to sell alcohol, via a supplement on non-domestic business rates, drawing on the **tried and tested model of the public health supplement which raised nearly £96m between 2012 and 2015**.

The Fraser of Allander Institute estimates that, if set at the same level as the latter years of the public health supplement (13p per pound of rateable value), **the levy would raise £57m a year**.¹¹ This rises to around £70m per year if set at 16p/£1. It would **principally affect big supermarket chains, making up 86% of the revenues**.¹²

 **We need a new alcohol strategy**

In addition to immediate actions, **the Scottish Government should publish an updated strategy for tackling alcohol harm**. It is crucial that people who are experiencing alcohol problems and their families have quick, easy access to appropriate treatment and support. This must be coupled with effective prevention policies to reduce harm and protect future generations. The alcohol strategy should include:

✓ **Treatment and care**

We have seen a significant investment of £250 million in drug treatment to address rising drugs deaths since 2021.¹³ However, it is unclear to what extent, if any, this additional investment has improved access to alcohol treatment. **Significant investment is required in recovery-oriented alcohol services**, creating clear pathways into and through treatment, care and support. This includes community-based and hospital-based specialist alcohol services; alcohol counselling, residential and community-based rehabilitation provision; and promotion of peer-led and mutual aid options.

This should be informed by the recommendations from the **forthcoming reports by Audit Scotland on alcohol and drugs services and Public Health Scotland on Alcohol Brief Interventions** and the **decline in people accessing alcohol treatment**.

✓ **Prevention**

Preventative measures are essential, as they are the most effective way to reduce alcohol consumption and related harm, as demonstrated by the introduction of minimum unit pricing (MUP). Public Health Scotland's evaluation estimated this led to a **13.4% reduction in deaths from alcohol, including an 11.7% reduction in deaths from alcohol-related liver disease**.¹⁴ MUP was increased from 50p to 65p on 30 September which is a positive step to maximise its effectiveness. An **automatic uprating mechanism should be introduced to ensure MUP rises in line with inflation** to ensure it maintains these effects over time.

However, MUP was never intended to tackle Scotland's unhealthy relationship with alcohol on its own. **Restricting alcohol marketing** is recommended by the World Health Organization as one of the most effective interventions. Recent studies have shown that alcohol marketing is a cause of youth drinking – leading young people to start drinking earlier and at higher volumes.¹⁵ **The Scottish Government's second consultation on alcohol marketing should be brought forward at pace to ensure childhoods are free from alcohol marketing and to reduce the prevalence of alcohol-related liver disease into the future.**

✓ Awareness-raising

Despite alcohol's significant health impact, public awareness of alcohol harm is limited:

- 1 in 2 people don't know that alcohol causes cancer¹⁶
- 77% of people don't know the weekly low risk drinking guidelines¹⁷

Alcohol labelling is a key way for people to access health information and advice at the point of purchase and consumption, helping to **address current low levels of knowledge of alcohol harm**. The Scottish Government should mandate the provision of health information, such as drinking guidelines and health warnings, alcohol labels.

Despite a commitment in the Scottish Government's Alcohol Framework in 2018 that they "...will press alcohol producers to place health information on physical product and packaging labels – and **will be prepared to consider pursuing a mandatory approach in Scotland** if the UK Government's deadline of September 2019 is not met",¹⁸ no action has been taken.

About Alcohol Focus Scotland

Alcohol Focus Scotland (AFS) is the national charity working to prevent and reduce alcohol harm. We want to see fewer people have their health damaged or lives cut short due to alcohol, fewer children and families suffering as a result of other people's drinking, and communities free from alcohol-related crime and violence.

For more information, contact Amy Smith, Senior Policy Coordinator at amy.smith@alcohol-focus-scotland.org.uk

References

¹ Public Health Scotland (2022). [Liver disease mortality](#).

² National Records of Scotland (2024). [Alcohol-specific deaths 2023](#).

Angus, C. et al. (2023). [New modelling of alcohol pricing policies, alcohol consumption and harm in Scotland: An adaptation of the Sheffield Tobacco and Alcohol Policy Model - Final Report](#). University of Sheffield.

⁴ Scottish Government (2022). [New Cancer Strategy – Consultation Document](#) (page 5)

⁵ National Records of Scotland (2024). [Alcohol-specific deaths 2023](#).

⁶ Williams R, Aspinall R, Bellis M, et al. 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.

⁷ Roberts, S.E. et al. (2019). Early and late mortality following unscheduled admissions for severe liver disease across England and Wales, *Alimentary Pharmacology & Therapeutics*, **49**(10): 1334-45

⁸ Hatton, J. et al. (2009). Drinking patterns, dependency and life-time drinking history in alcohol-related liver disease, *Addiction*, **104**: 587–92

⁹ Alcohol Focus Scotland (19 April 2023). Doctors say lack of response on alcohol deaths could spell disaster for Scotland. *Alcohol Focus Scotland*. <https://www.alcohol-focus-scotland.org.uk/news/news/doctors-say-lack-of-response-on-alcohol-deaths-could-spell-disaster-for-scotland/>

¹⁰ <https://nottinghambrc.nihr.ac.uk/evidence/our-case-studies/gi-liver-case-studies/310-scarred-liver-project>

¹¹ Fraser of Allander Institute (2024). [Estimating revenues from a proposed levy on non-domestic rates for alcohol retailers in Scotland](#)

¹² Fraser of Allander Institute (2024). [Estimating revenues from a proposed levy on non-domestic rates for alcohol retailers in Scotland](#).

¹³ Scottish Government (2022). [National Drugs Mission Plan: 2022-2026](#)

¹⁴ <https://www.publichealthscotland.scot/media/18509/evaluating-the-impact-of-alcohol-minimum-unit-pricing-mup-on-alcohol-attributable-deaths-and-hospital-admissions-in-scotland-english-march2023.pdf>

¹⁵ Public Health Scotland (2022). [Liver Disease Mortality](#).

¹⁶ Whitelock, V., (2023) *Cancer Research UK's September 2023 Cancer Awareness Measure 'Plus' (CAM+)*.

¹⁷ Online survey of 12,247 adults aged 18+ in Great Britain, of which 1,021 were in Scotland. Survey conducted 18 February to 18 March 2021 by YouGov on behalf of Action on Smoking and Health. The figures have been weighted and are representative of all GB adults (aged 18+). 23% of people accurately stated that the weekly low risk drinking guideline was 14 units per week; 48% inaccurately estimated the guideline and 29% said they did not know.

¹⁸ Scottish Government (2018). *Alcohol Framework 2018: Preventing Harm. Next steps on changing our relationship with alcohol*.