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## Restricting alcohol consumption to reduce liver disease in the Asia-Pacific region



Alcohol use causes more than 3.3 million deaths annually worldwide and is one of the major risk factors contributing to liver diseases.<sup>1</sup> The *Lancet Gastroenterology & Hepatology* Commission by Shiv Sarin and colleagues<sup>2</sup> highlights that in the Asia-Pacific region, 24% of deaths from liver cirrhosis and other chronic liver diseases and 19% of deaths from liver cancer were attributed to alcohol use, accounting for more than 300 000 deaths each year. In the past three decades, alcohol consumption has substantially decreased in many European countries, Australasia, and North America, but this decrease has been entirely offset globally by the increasing consumption that has accompanied economic development in many Asian countries that have weak alcohol control regulations, such as China and India.<sup>1</sup> Additionally, the risk for liver cirrhosis and liver cancer by amount of drinking is higher for some Asian populations relative to non-Asian populations because of genetic polymorphisms, most importantly in *ALDH2* and *ADH1B*, the so-called flushing genes.<sup>3</sup> The increasing trend in alcohol consumption, combined with the adverse effect of these polymorphisms, will aggravate the burden of liver disease in Asia.

Sarin and colleagues<sup>2</sup> pooled data showing that there were some variations in the effect alcohol has on liver diseases across different countries in the Asia-Pacific.

This variability can be attributed to diverse factors including genetic variations, incidence of viral liver infections, social and cultural background of drinking, alcohol regulation policies and their implementation, and the behaviour of the alcohol market. However, there has been little discussion of the effects of sex and social inequalities on the variations of trends in alcohol consumption and in alcohol-related liver diseases in the Asia-Pacific. Although men are the predominant consumers of alcohol globally, the gaps in drinking prevalence between sexes were greater in low-income and middle-income countries (LMICs) than in high-income countries in 2016 (table). Upward trends in alcohol-per-capita consumption have been observed in LMICs but in high-income countries of the region the trend has been slightly decreasing since 1990.<sup>1,4</sup> Broadly, mortality from liver cancer, cirrhosis, and other chronic liver diseases due to alcohol consumption remained at the same level in high-income countries in the region, whereas mortality from alcohol-related liver cancer, cirrhosis, and other chronic liver diseases nearly doubled in LMICs between 1990 and 2016. Compared with high-income countries, LMICs have fewer resources devoted to the diagnosis and treatment of liver diseases and health facilities. Thus, the burden of liver and other chronic diseases per L of alcohol consumed is expected to be higher in LMICs than in high-income countries.

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