

Autumn Budget Stakeholder Representation 2025

World Cancer Research Fund

[World Cancer Research Fund \(WCRF\)](#) examines how diet, weight and physical activity impact the risk of developing and surviving cancer. As part of an international network of charities, we have been funding life-saving research, influencing global public health policy and educating the public since 1982. While society continues searching for a cure, our prevention and survival work is helping people live longer, happier and healthier lives - free from the devastating effects of cancer.

Our response will focus on our expertise in cancer prevention as it relates to alcohol and obesity. As members of the [Alcohol Health Alliance](#) and the [Recipe for Change](#) campaign, we also endorse their responses.

Preventable cancer

With around 40% of cancers being preventable by addressing modifiable risk factors, such as obesity and alcohol, primary prevention of cancer must be a government priority. It remains the most sustainable, long-term and cost-effective approach to tackling, not only cancer, but other non-communicable diseases as well¹. Primary prevention will also support the government's growth agenda and help to address economic inactivity due to ill health, which the Office for Budget Responsibility (OBR) identifies as a significant economic risk².

Prevention will crucially help ease pressure on the NHS, which saw the cost of preventable cancer cases at £3.7bn in 2023³. Furthermore, the health service is struggling to cope with the current cancer burden, missing vital referral and treatment targets – an issue that is only set to worsen as cancer incidence and mortality are projected to continue rising⁴.

This submission focuses on two priority areas:

- | | |
|-----------------------|--------|
| 1. Alcohol and cancer | page 1 |
| 2. Obesity and cancer | page 4 |

¹ World Health Organization (2007). Cancer Control: Knowledge into Action, Module 2: Prevention. Available [online](#)

² Office for Budget Responsibility (2023). Fiscal risks and sustainability. Available [online](#)

³ Frontier Economics (2023). Cost of preventable cancers in the UK to rise. Available [online](#)

⁴ House of Commons Library. (2024) Cancer: summary of statistics (England). Available [online](#)

1. Alcohol and cancer

- Alcohol is a well-established risk factor for seven cancers, including breast and bowel - two of the most common in the UK - and oesophageal, one of the hardest to treat⁵.
- Crucially, risks are present even at low levels of consumption⁶.
- Across the UK, alcohol is responsible for about 4% of all cancer cases, making it the sixth leading cause of cancer⁷.
- In 2015, almost 17,000 new cancer cases attributed to alcohol were diagnosed, this equates to 46 people receiving a devastating diagnosis every single day⁸.
- Adding to the immeasurable human cost, is the economic burden placed on society, with alcohol-related cancers costing the NHS alone an estimated £100 million annually⁹.
- Furthermore, the economic benefits of alcohol consumption are offset by the cost it has on society. In England, alcohol-related harms costs around £27.44 billion every year¹⁰.
- Concerningly, the COVID-19 pandemic drove an increase in high-risk drinking which has not yet returned to pre-pandemic levels.
- Modelling by the Institute of Alcohol Studies and Health Lumen projects that if this trend persists, England could see an additional 18,785 cancer cases by 2035¹¹- placing considerable further pressure on the already overstretched NHS.

Alcohol harm beyond cancer

- In England, there are over 1 million hospitalisations for alcohol-related conditions every year¹².
- In the UK, the rate of alcohol-specific deaths has increased by 38% between 2019 and 2023¹³.
- Alcohol is estimated to incur societal costs of £27.4 billion every year, made up of £4.9 billion to the NHS, £14.6 billion in alcohol-related crime and disorder, over £5 billion due to lost productivity, and £2.9 billion to social services¹⁴.
- Alcohol harm is directly associated with affordability, which has increased by 91% in the last four decades¹⁵.

⁵ World Cancer Research Fund. Alcoholic Drinks. Available [online](#)

⁶ Alcohol Change UK (2025). Alcohol Harm Across the Drinking Spectrum. 2025. Available [online](#)

⁷ Rumgay, H., Shield, K., Charvat, H., Ferrari, P., Sornpaisarn, B., Obot, I., Islami, F., Lemmens, V. E., Rehm, J., & Soerjomataram, I. (2021). Global burden of cancer in 2020 attributable to alcohol consumption: A population-based study. *The Lancet Oncology*, 22(8), 1071–1080. [https://doi.org/10.1016/s1470-2045\(21\)00279-5](https://doi.org/10.1016/s1470-2045(21)00279-5)

⁸ Rumgay, H., Shield, K., Charvat, H., Ferrari, P., Sornpaisarn, B., Obot, I., Islami, F., Lemmens, V. E., Rehm, J., & Soerjomataram, I. (2021). Global burden of cancer in 2020 attributable to alcohol consumption: A population-based study. *The Lancet Oncology*, 22(8), 1071–1080. [https://doi.org/10.1016/s1470-2045\(21\)00279-5](https://doi.org/10.1016/s1470-2045(21)00279-5)

⁹ Angus C, Holmes J, Pryce R, Meier P & Brennan A. (2016) Alcohol and cancer trends: Intervention Studies University of Sheffield and Cancer Research UK. Available [online](#)

¹⁰ "Economy." Institute of Alcohol Studies. Available [online](#)

¹¹ Sadie Boniface, Joshua Card-Gowers, Alex Martin, Lisa Retat and Laura Webber (2022). The COVID hangover: Addressing long-term impacts of changes in alcohol consumption during the pandemic. Institute of Alcohol Studies and Health Lumen. Available [online](#)

¹² Department of Health & Social Care (2025) [Alcohol profile: Admission episodes for alcohol-related conditions \(Broad](#)

¹³ ONS (2025) [Alcohol-specific deaths in the UK: registered in 2023](#)

¹⁴ Institute of Alcohol Studies (2024) [Cost of alcohol harm in England, Economy Factsheet.](#)

¹⁵ NHS Digital (2024) [Statistics on Public Health, England 2023](#)

Alcohol duty is a key mechanism to reduce alcohol harm and raise revenue

- Cuts and freezes to alcohol duty since 2013 mean that by 2029-30, the total cumulative foregone revenue will reach £28.6 billion¹⁶.
- These have had direct consequences for public health: changes to alcohol duty policy between 2012 and 2019 are estimated to have led to 65,942 additional alcohol-related hospital admissions in England and Scotland, and over 500,000 additional lost days of work¹⁷.
- Reintroducing an alcohol duty escalator to raise (non-draught) alcohol tax 2% above RPI inflation automatically every year would raise £3.4 billion over five years, enough to fund and sustain the salaries of over 37,000 nurses or police officers¹⁸.
- Cider is currently subject to a much lower tax rate than beer. Raising cider and beer duty in line with wine and spirits of the same strength could avoid almost 75,000 deaths over a 20-year period, with over half in the two most deprived quintiles¹⁹.
- The affordability of off-trade alcohol (the majority of alcohol consumed) has increased at a much faster rate than on-trade alcohol. The introduction of Draught Relief means the government can better target off-trade alcohol and support hospitality.
- Increasing alcohol duty will support key government missions improving growth, health and reducing inequalities.

Complementary measures

- Alcohol duty increases will be most effective at tackling rates of harm when combined with minimum unit pricing (MUP). MUP targets cheap, high-strength products sold in the off-trade and consumed disproportionately by the heaviest drinkers.
- MUP in Scotland has successfully reduced alcohol deaths and hospital admissions since its introduction in 2018. Reductions were greatest for men and those living in the most deprived areas, helping to address alcohol-related health inequalities²⁰.
- Alcohol treatment is very cost-effective, with every £1 spent yielding £3 in social return, increasing to £26 over 10 years²¹.
- Since 2015/16, the overall public health grant has effectively been cut by more than a quarter (26%) per person in real terms and now stands at £3.9 billion, a fraction of the NHS England budget. The largest reductions in spend over this period include drug and alcohol services for adults, at 25% lower²².

¹⁶ HM Treasury Spring Budget [2023](#) & [2024](#), HM Treasury Autumn Statement [2022](#) & [2023](#), HM Treasury Growth Plan [2022](#), and [HRMC Alcohol Bulletin](#) and [IAS Spring 2023 Budget Analysis](#).

¹⁷ Angus, C. and Henney, M. (2019) [Modelling the impact of alcohol duty policies since 2012 in England and Scotland](#). The University of Sheffield and Institute of Alcohol Studies

¹⁸ Alcohol Health Alliance (2025) [Alcohol Duty Impact Calculator](#)

¹⁹ Morris, D., et al. (2024). [Estimating the effect of transitioning to a strength-based alcohol tax system on alcohol consumption and health outcomes: a modelling study of tax reform in England](#). *The Lancet Public Health*, 9(10), e719-e728

²⁰ Public Health Scotland. (2023). [Evaluating the impact of minimum unit pricing for alcohol in Scotland: Final report. A synthesis of the evidence](#)

²¹ Public Health England (2018) [Alcohol and drug prevention, treatment and recovery: why invest?](#).

²² The Health Foundation (2025) [Investing in the public health grant](#)

- Spend directly correlates to harm: Every 5% reduction in yearly spending on alcohol treatment is associated with an extra 60 alcohol-related hospitalisations per 100,000 people in the population²³.

Key recommendations for alcohol

1. **Reintroduce the alcohol duty escalator with an automatic uprating system** to ensure taxation keeps pace with inflation.
2. **Utilise existing measures e.g. Draught Relief to ensure alcohol duty is targeted at products sold in shops and supermarkets**, which have become increasingly more affordable in recent years, and which continue to undercut pubs and restaurants in the on-trade.
3. **End cider exceptionalism by increasing cider duty rates** so they align with that of beer of the same strength (ABV).
4. **Provide increased and sustained investment in alcohol harm prevention and treatment services.**

2. Obesity and cancer

- Overweight and obesity is a well-established risk factor for 13 cancer types²⁴.
- It is the second largest modifiable risk factor after smoking, yet the leading cause of bowel, kidney, ovarian and liver cancer in the UK²⁵.
- By 2043, overweight and obesity are projected to become the greatest preventable cause of cancer among UK women²⁶.
- Addressing obesity and improving diets is therefore central to cancer prevention.

Impact of obesity beyond cancer

- In 2025, Frontier Economics estimates the total economic impact of overweight and obesity at £126 billion, a figure that encompasses costs to the NHS, social care, lost productivity, and welfare²⁷. This cost is projected to rise to £150 billion by 2035 in today's prices.
- OECD analysis found that the average UK tax bill is £500 per person per year more than if everyone was a healthy weight²⁸.

²³ Roberts, E. et al. (2021) The relationship between alcohol-related hospital admission and specialist alcohol treatment provision across local authorities in England since passage of the Health and Social Care Act 2012. The British Journal of Psychiatry. 218(4):230-232. doi:[10.1192/BJP.2020.120](https://doi.org/10.1192/BJP.2020.120)

²⁴ World Health Organisation (2022). [WHO European Regional Obesity Report 2022](#). Copenhagen: WHO Regional Office for Europe.

²⁵ Brown, K.F., Rumgay, H., Dunlop, C. et al. The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015. Br J Cancer 118, 1130–1141 (2018). doi: [10.1038/s41416-018-0029-6](https://doi.org/10.1038/s41416-018-0029-6)

²⁶ NHS England (2022). Health Survey for England. Available [online](#)

²⁷ Nesta (2025) The economic and productivity costs of obesity and overweight in the UK. Available [online](#)

²⁸ OECD (2019) The Heavy Burden of Obesity: The Economics of Prevention. Available [online](#)

- The Institute for Government estimated the economic impact of obesity was equivalent to 1-2% of UK GDP, and that lack of government intervention is resulting in significantly reduced economic productivity and labour force participation²⁹.
- Modelling by the Institute for Public Policy Research in 2020 estimated that the cost of obesity and dietary related ill-health amongst the current cohort of children in England will - over the course of their lifetime - will cost the wider society an estimated £405 billion overall³⁰.
- Overweight and obesity cost the UK approximately £31 billion in annual productivity losses, driven by increased unemployment (£12.1bn), presenteeism (reduced productivity at work, £9.7bn), and absenteeism (increased sick days, £8.3bn)³¹.
- Frontier Economics estimates that the NHS (across the UK) spends £9.3 billion annually on treating obesity-related ill health and £1 billion on providing formal social care³².
- IPPR predicts that excess weight amongst the current cohort of children will cost the NHS £74 billion over their lifespan³³.

Sugar Drinks Industry Levy

- The Soft Drinks Industry Levy (SDIL), which came into force in April 2018, has been highly effective in incentivising the soft drinks industry to reduce sugar from soft drinks, which contribute significantly to children's sugar consumption.
- It has triggered a 46% reduction in sugar levels of soft drinks from 2015-2020, according to the Office Health Improvement and Disparities (OHID)³⁴.
- This compares to just 3.5% lowering of sugar in other product categories covered by the voluntary sugar reduction programme³⁵, proving the effectiveness of mandatory measures.
- Latest research also suggests that the levy may have already prevented over 5000 cases of obesity per year amongst Year 6 girls alone, across all socio-economic groups³⁶.
- Economically, SDIL has raised over £2.2 billion for the Exchequer since 2018, generating consistent annual revenues of £300-350 million³⁷.
- These funds have been invested in programmes such as the National School Breakfast Club and the Holiday Activities and Food Programme³⁸.
- Crucially, the soft drinks industry has continued to grow, with total sales volumes increasing by 13.5% between 2015 and 2024, proving that well-designed levies can improve health without damaging business performance³⁹.

²⁹ Institute for Government (2023) Tackling obesity: Improving policy making on food and health. Available [online](#)

³⁰ IPPR (2020). The Whole Society Approach. Available [online](#)

³¹ Nesta (2025). The economic and productivity costs of obesity and overweight in the UK. Available [online](#)

³² Nesta (2025). The economic and productivity costs of obesity and overweight in the UK. Available [online](#)

³³ IPPR (2020) The Whole Society Approach. Available [online](#)

³⁴ Office for Health Improvement & disparities (2022), Sugar reduction programme: industry progress 2015 to 2020. Available [online](#)

³⁵ OHID (2025). Sugar, salt and calorie reduction and reformulation. Available [online](#).

³⁶ Cambridge University (2022) Sugary drinks tax may have prevented over 5,000 cases of obesity a year in year six girls alone. Available [online](#)

³⁷ HMT (2025) Soft Drinks Industry Levy statistics commentary 2025. Available [online](#)

³⁸ Hansard (2021) Soft Drinks: Taxation. Available [online](#)

³⁹ Office for Health Improvement & Disparities (2024), Sugar reduction in drinks: 2015 – 2024. Available [online](#)

- At the 2024 Autumn Budget, the government announced plans to uprate the SDIL with inflation, review its thresholds, and remove exemptions for milk-based drinks and plant-based alternatives with added sugar.
- Along with the Recipe for Change campaign, we strongly support these measures and urge HM Treasury to follow through on implementation without delay following the 2025 consultation.
- Given the success of SDIL, we also support the Recipe for Change calls for the government to expand the levy to foods high in salt or sugar to drive reformulation and improve the healthiness of options available to consumers.
- Revenue raised from SDIL, and any other future levies, must also be reinvested in children's health, preventative programmes and improving access to healthy food.
- This is particularly important given that on average healthier foods are more than twice as expensive per calorie than less healthy foods⁴⁰.

Public Health Grant

- Since 2013, local authorities in England have been responsible for improving the health of their local populations supported by a ring-fenced public health grant and a public health team.
- The grant is used by local council leaders to invest in the health of their residents, such as weight management services that help to tackle childhood obesity alongside using various levers such as planning, licensing, system leadership and procurement to create healthier environments.
- The grant continues to provide excellent value for money, with each additional year of good health costing 3-4 times less than NHS-led interventions (£3,800 compared with £13,500)⁴¹.
- Failure to invest in vital preventive services will mean health worsening further and widening health inequalities. Ultimately, the costs of dealing with this poor health will be felt across society and the economy.
- Since, 2015/16, the public health grant has been cut by 26% on a real term per person basis⁴².
- The recent announcement of a 5.4% increase in 2025/26, with the possibility of multi-year settlements, is a welcome step towards the overall goal of restoring the value of the grant to enable the provision of vital services.
- However, this must be the beginning of a long-term growth in funding to restore the full value of the grant.

⁴⁰ The Food Foundation (2025) The Broken Plate 2025. Available [online](#)

⁴¹ Finch D, Gazzillo A, Vriend M. (2025) Investing in the public health grant. The Health Foundation. Available [online](#)

⁴² Finch D, Gazzillo A, Vriend M. (2025) Investing in the public health grant. The Health Foundation. Available [online](#)

Key recommendations for obesity

As part of the Recipe for Change campaign, we are calling on HM Treasury to use the Autumn Budget 2025 to build on the proven success of SDIL and accelerate progress towards a healthier food system. Specifically, we ask government to:

1. **Strengthen and expand SDIL** to include pre-packaged milk-based drinks and plant-based alternatives with added sugar.
2. **Investigate where and how fiscal measures can play a role in driving food reformulation and enable implementation of the Healthy Food Standard (HFS).**
3. **Use revenues from the SDIL and any future levies to invest in children's health and access to good food**, such as free school meals, Healthy Start, and community food programmes.

We also call on HM Treasury to:

4. **Continue uplifts to the Public Health Grant** with a view to restore the full real-terms value of the grant.

This submission was prepared by Melissa Dando, Senior Policy and Public Affairs Officer, with the support of Kate Oldridge-Turner, Head of Policy and Public Affairs.

For more information about World Cancer Research Fund, please visit www.wcrf.org or contact policy@wcrf.org