

BRIEFING

SHAAP

Alcohol and Deprivation

Scottish Health Action on Alcohol Problems (SHAAP) is a medical advocacy group established by the Scottish Medical Royal Colleges and Faculties to advocate for alcohol policy in the public health interest.

www.shaap.org.uk

Alcohol and deprivation

Health harm due to alcohol use has surged in Scotland over the past 15 years. Men in this country are twice as likely to die an alcohol-related death than in the rest of Great Britain.¹ Hospital admissions for alcohol-related conditions are at an all time high.²

Chronic liver disease accounts for most alcohol-related deaths and the evidence also shows that the majority of deaths from liver disease are alcohol-related.^{3,4} Chronic liver disease mortality rates are internationally accepted as a sensitive indicator of alcohol-related harm. From having had one of the lowest rates of chronic liver disease mortality in Europe in the 1950s, Scotland now has one of the highest.⁵

Death rates highest in deprived communities

There is strong social and geographical patterning in alcohol-related mortality in Scotland. Death rates are highest in the most deprived areas in the West of Scotland. Almost two thirds of all alcohol-related deaths in Scotland in 2007 were amongst the most deprived members of society.⁶

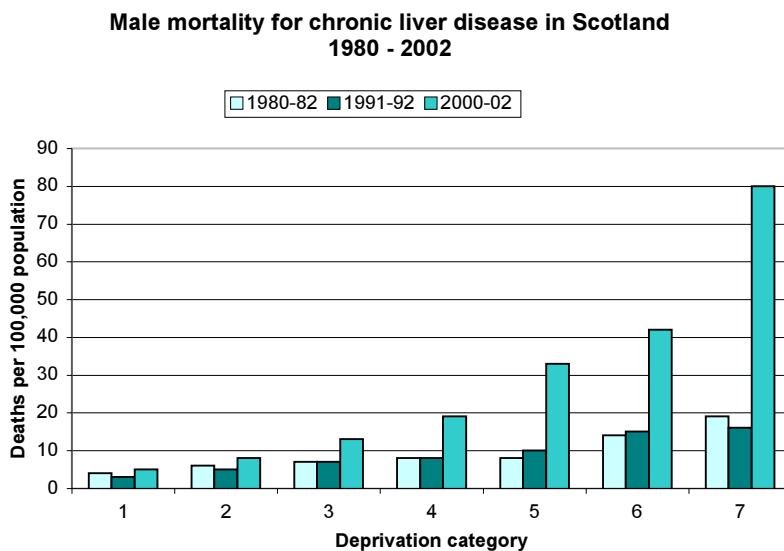
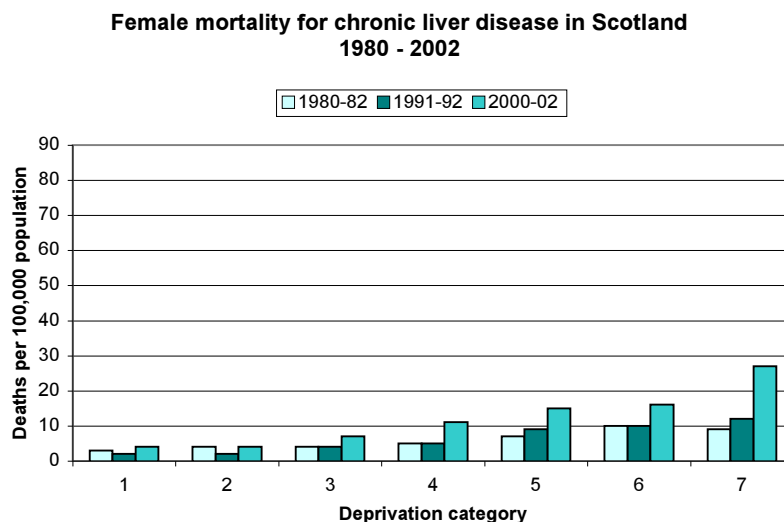


Figure 1:
Deprivation
and chronic
liver disease

The figure shows mortality rates for chronic liver disease in Scotland from 1980 to 2002 by deprivation category. Category 1 represents the most affluent section of society and category 7 is the least affluent.



Source:
Leyland et al., 2007⁷

The figure graphically illustrates the link between deprivation and chronic liver disease, with mortality rates increasing with each deprivation category. It also reveals that this relationship is not a static one. Worryingly, the gap between the least and the most deprived communities has widened over the past 20 years.

The affordability of alcohol

The increase in alcohol-related mortality is closely related to the increased affordability of alcohol in the UK. As the real price of alcohol has declined over the past 40 years, its capacity to act as a constraint on risky and harmful drinking has been steadily eroded. Since 1980, alcohol has become progressively cheaper.⁸ In 1991/92, alcohol was 16% more affordable than in 1980. By 2002, it was 47% more affordable than in 1980. In 2007, it was 69% more affordable than in 1980.

The more affordable alcohol has become, the more consumption has gone up.⁹ The more consumption has gone up, the more alcohol-related mortality has risen, and this increase has been greatest in deprived areas.

The increased affordability of alcohol is linked to changes in the alcohol market:

- The price gap between alcohol sold in the on-trade and off-trade has widened considerably in recent years;
- The greatest increase in alcohol sales has been in the supermarket sector, where the practice of selling cheap alcohol to encourage customer visits to enhance sales of other products has become widespread;
- Other retailers in the on- and off-trade have altered their practices in order to compete with the major supermarkets.

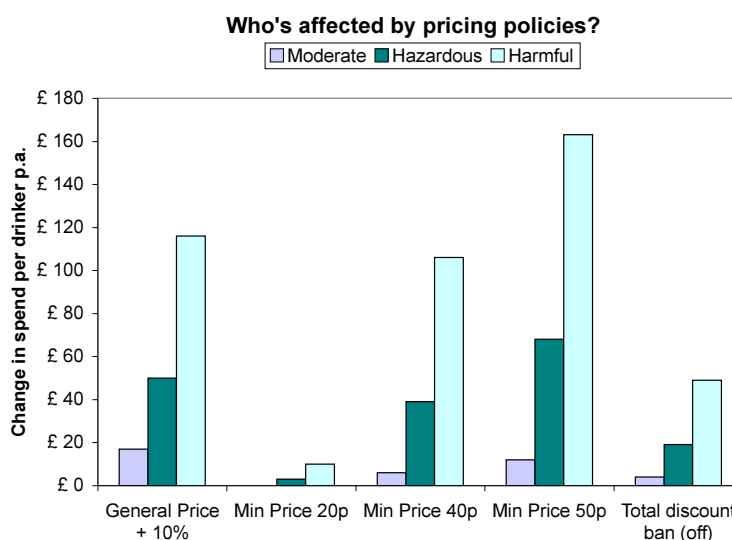
The result of these changes has been to drive down the cost and increase the availability of alcohol. The alcohol market has become distorted and this has produced a major challenge to traditional regulatory mechanisms. Excise duties now appear to have less effect on the price of alcohol. Some supermarkets, for example, sell own-brand vodka at a price cheaper than the duty payable on it.

Reducing alcohol-related harm in deprived areas

The reasons why alcohol has a more harmful effect on people living in deprived communities are complex and not fully understood. Risky and harmful alcohol use is likely to be both a cause and effect of social deprivation. What is clear is that the level of alcohol-related damage in deprived communities is substantial. In addition to high rates of alcohol-related mortality, people living in the most deprived areas in Scotland are *eight times* more likely to be admitted to a psychiatric unit with an alcohol-related disorder than people living in the least deprived area.¹⁰ Other health measures show similar trends.

Children, families and the wider community are also affected by problem alcohol use, with alcohol implicated in acts of violence, public nuisance and family breakdown.¹¹ Harmful alcohol use diminishes the capacity of individuals, families and communities to build prosperous lives. It effectively entrenches disadvantage.

Action to tackle alcohol problems has been identified as a priority for reducing health inequalities in Scotland.¹² Alcohol control policies like minimum pricing should be part of a comprehensive and multifaceted strategy to address harmful alcohol use because the evidence overwhelmingly demonstrates that they work best in reducing harm. Reversing the trend in alcohol's affordability provides Scotland with one of the most effective means of protecting the country's population from alcohol-related harm in the future. Establishing a minimum price for a unit of alcohol essentially puts a brake on the downward spiral of alcohol prices.



Sheffield Review, 2008

Evidence shows that cheaper alcohol tends to be bought more by harmful drinkers than moderate drinkers and it is also attractive to young people.¹³ A minimum pricing policy is therefore in effect targeted towards harmful drinkers whilst having little impact on the spending of moderate drinkers. However, harmful drinkers gain the most in terms of health benefits, particularly in deaths avoided. Contrary to claims that raising the price of alcohol penalises poorer people, all the evidence indicates that preventing the sale of cheap alcohol will have the greatest health benefit for Scotland's most deprived communities.

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