Webinar Learning Review

Health Inequality Theory and the Alcohol Harm Paradox

SHAAP Alcohol Occasionals

Keynote Speaker: Jennifer Boyd, University of Sheffield

Introduction

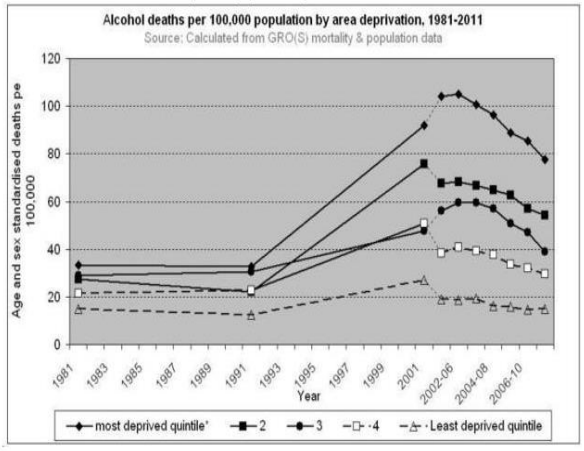
Alcohol and drugs are one of the cross cutting issues in community safety, so at SCSN we're very interested in how Scotland's relationship with alcohol affects policy areas across community safety – e.g. violence, domestic violence, crime and unintentional harm.

We're particularly keen to explore the role community safety and community planning partnerships can play in reducing alcohol related harm through place based and trauma informed approaches.

What is the Alcohol Harm Paradox?

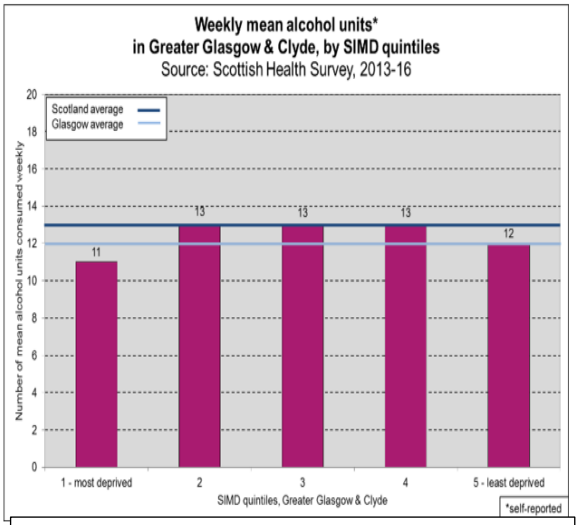
The Alcohol Harm Paradox is the phenomenon whereby we see higher levels of overall alcohol consumption in the least deprived communities in Scotland but see greater alcohol related harms in the least deprived communities, despite lower or the same overall consumption. (See graphs right). There is evidence that the alcohol harm paradox exists in countries across the world.

Trends in alcohol deaths in Glasgow City by area deprivation



Firstly, this perhaps flies in the face of presumptions that we might see lower levels of alcohol consumption in higher income groups – the prejudiced assumption in some quarters being that people in more deprived areas make poorer health choices. Those of a more generous mind might assume there'd be higher consumption in more deprived communities as people attempt to cope with stress and/or trauma that is associated with deprivation.

Previously research has focussed solely on individual behaviour as a means of explaining this phenomenon and has come up with many suggested explanations.



First graph showing higher rate of alcohol deaths in most deprived areas, second shows lower consumption in the same areas.

Explanations posited by previous research have included consumption patterns (e.g. binge drinking) or multiple unhealthy behaviours (e.g. smoking, diet) in people of lower socio-economic status. It has also been suggested there may have been methodological issues with research.

However, these have proved insufficient. This research sought to apply health inequality theories to offer a better explanation of the alcohol harm paradox.

Health inequality theories

> **Health Inequality** – "*systematic differences in health between different socioeconomic groups within a society. As they are socially produced, they are potentially avoidable and widely considered unacceptable in a civilized society*" Whitehead, 2007

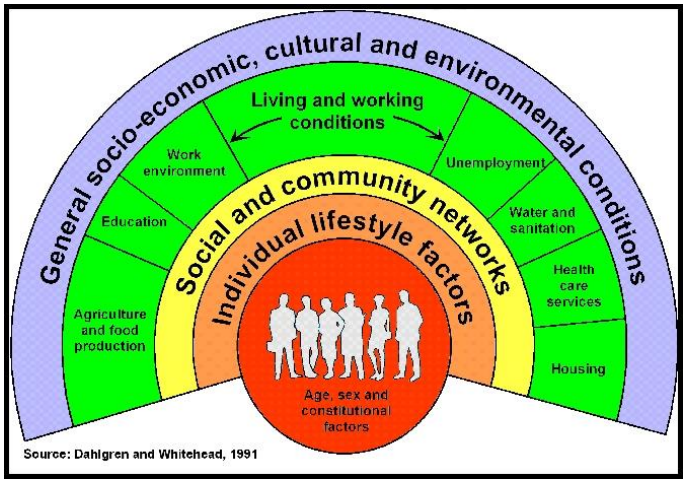
The Alcohol Harm Paradox is clearly an issue of health inequality.

Having found that these previous explanations proved insufficient at explaining why the most deprived experience greater alcohol harm despite consuming less alcohol, and that there was a gap in the research literature exploring non-behavioural explanations, the research sought to apply health inequality theories to gain a better understanding of what drives this.

Among the health inequality theories they applied were the 'social determinants of health' and 'fundamental cause' theories. Health inequality theories seek to explain systematic differences between different socio-economic groups.

Social Determinants of Health

Social determinants of health look at the effects of the wider environment in which people live, work and play – as well as cultural and socio-economic factors - and consider how these have an effect on health outcomes.



It considers such things as how culture might influence behaviour (e.g. drinking culture in Scotland), how material wealth might impact on ability to make healthy choices, considers the psychosocial experience people have and looks at the whole life course and accumulated disadvantages.

Fundamental Cause Theory

This theory seeks to explain why an association between socio-economic status (SES) and health disparities has persisted over time (despite many diseases previously thought to cause morbidity and mortality among low socio-economic status individuals having been resolved). It states that the relationship between low SES and health disparities continues because SES "embodies an array of resources, such as money, knowledge, prestige, power, and beneficial social connections that protect health no matter what mechanisms are relevant at any given time."

Factors affecting greater alcohol harm in lower socio-economic status individuals

Some of the factors given that may explain greater alcohol harm in those of low SES included:

- Density of alcohol outlets in more deprived areas
- Low SES individuals drinking in more dangerous environments where risk of violence or unintentional harm may be higher
- Alcohol industry and marketing (e.g. alcohol sponsorship of football teams/leagues)
- Fewer social connections beneficial to health, less access to healthy alternatives (e.g. access to affordable and safe social amenities)

Covid 19 and Alcohol Harms

During the seminar research was shared on changes to drinking during the Covid 19 pandemic. A cross sectional study of 21 European countries found that:

"In almost all countries, the consumption-change score indicated alcohol use to decrease on average; except in Ireland and the UK, where alcohol consumption on average remained unchanged or increased, respectively. Decreases in drinking were mostly driven by a reduced frequency of heavy episodic drinking. Declines in consumption were less marked among those with low- or average incomes, and those experiencing distress."

A separate study on drinking behaviour associated with Covid 19 and lockdown said:

"Drinking more than usual was associated with being younger, female, high socioeconomic position, having an anxiety disorder, and being stressed about finances or COVID-19. These groups may benefit targeted alcohol reduction support if there are further periods of lockdown."

Considerations for Community Safety Partnerships

Public Health theories such as social determinants and fundamental cause theory likely offer better explanations as to why greater alcohol harms are experienced by those of low SES despite the same or less consumption of alcohol as seen in higher SES individuals.

Many of the factors mentioned as contributing to these harms are under the remit of community safety or planning partnerships.

Thinking of the place standard tool, local authorities may wish to consider how they can create places and build communities that are safe, which provide access to accessible amenities (inclusive of cost and travel) and natural spaces, provide good quality housing and foster a sense of identity or belonging creating a sense of connection – all of which would be likely to have a positive impact on reducing alcohol harm in low SES individuals.

Licensing boards should be mindful of density of alcohol outlets, especially within more deprived areas, and proven rates of higher alcohol harm when considering new applications.

The full SHAAP Alcohol Occasionals Webinar on the Alcohol Harm Paradox is available here.

Alcohol Focus Scotland has previously conducted Alcohol Harm Reports for each local authority in Scotland. You can access these here (select Local Alcohol Harm Factsheets).

Useful Further Reading on Alcohol Overprovision/Outlet Density

There is significant national and international research on the clear link between density of alcohol outlets within communities and increased alcohol harm in the form of health and social problems including higher rates of crime.

Research carried out by CRESH for Alcohol Focus Scotland showed that:

"Compared with datazones with the lowest outlet availability, alcohol-related death rates were significantly higher in datazones with higher outlet availabilities, and the differences increased markedly as availability increased"

And that:

"…Alcohol related death rates in the highest availability datazones were more than double those in the lowest availability datazones (i.e., rate differences exceeded 100%)."

Based on this and other research, Alcohol Focus Scotland has produced a Factsheet, 'Good Licensing Practice: developing an effective overprovision policy', to guide Licensing Boards on making decisions around outlet density and overprovision.

Within the fact sheet it is stated:

"…overconsumption of alcohol in the short and long-term imposes substantial health, social and financial costs; not only on the drinker, but on families, friends and communities, including many people who do not drink."

With particular relevance to Community Safety, it goes on to say:

"…over 50 separate studies in countries with mature alcohol markets, including Scotland and England, have demonstrated a significant association between outlet density and a range of alcohol problems, including:violence,hospital admissions,risky and underage drinking,alcoholrelated traffic accidents, sexually-transmitted disease, and child abuse or neglect."

And that:

"The number of alcohol outlets was found to have an effect on crime rates independent of income deprivation. This means that if poverty was eliminated, the number of alcohol outlets would still exert a negative influence on levels of crime.

The research estimated that a doubling of the number of alcohol outlets in an area (from three to six) would be associated with almost a doubling of the local crime rates,when all other factors were controlled for.