

Does harm from drinking differ by socioeconomic status? Exploring the alcohol harm paradox

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**SHAAP/SARN 'Alcohol Occasional' Seminar
Monday 5th December 2016, The Royal College of Physicians of Edinburgh**

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about new alcohol-related topics and discuss and debate implications for policy and practice. The current theme for the seminars is "Alcohol and Health Inequalities". Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Katikireddi began his presentation by explaining what the alcohol paradox is and presented a range of hypotheses to explain the paradox. Survey data shows that individuals in lower socioeconomic status groups consume alcohol at similar levels to their counterparts in higher socioeconomic groups; however, those lower socioeconomic status individuals suffer greater harm from this consumption – this is the alcohol harm paradox. Hypotheses to explain the paradox include that there may

be differences in drinking patterns between socioeconomic groups; there are also differences in other risk factors such as smoking and obesity. There could also be reverse causation where as a result of drinking too many people can fall down the social scale; and effect modification, where an individual is of lower socioeconomic status and drinks in a higher risk way, and it is the combination of the two which puts them at a greater risk of alcohol-related harm.

Katikireddi then moved on to present findings from his current research which aimed to offer some explanations for the alcohol harm paradox, and determine why harms appear to be socially patterned. Using linked data from the Scottish Health Survey (SHS), Katikireddi explained this enabled him in his research to look forward and backward at key trends. The key outcome analysed was alcohol-related harm. The analytical sample for the research was 50,236 participants, comprised of 21,777 men and 28,459 women.

The results show there is a strong gradient between deprivation and alcohol-related harm. The binge drinking hypothesis does not explain the SHS data and the paradox. In relation to other risk factors, such as obesity and smoking, there was some reduction in harm when these factors are removed, although this was not the case when accounting

for some of the factors in relation to inequality measures. In terms of reverse causation, there was little or no evidence of this, in terms of either upward or downward mobility.

Going forward, Katikireddi argued that there are a number of policy implications from the research. Addressing health inequalities through individual behaviour change requires people to act against societal norms. There is also the potential for stigmatisation and the population based impacts on health inequalities are underestimated.

The discussion began with participants questioning how smoking and obesity can be controlled for. Katikireddi explained that the data can and does control for this. A participant argued that chronic stress from a very early age can potentially lead to greater harm. It is likely that a mixture of early childhood exposures, and subtle dietary differences which are elevated by the chronic stress response. There needs to be a linked approach which looks at all factors. The overall approach to tackling the problem should not be viewed as an either or – there needs to be both alcohol-specific policy, as well as overall health policy which effectively addresses the broader factors and determinants.

When discussing the effect on different socioeconomic groups, it was argued that if both lower and

higher socioeconomic groups were to reduce their alcohol consumption by the same amount, lower socioeconomic groups would benefit more. Katikireddi responded by stating that this may potentially happen, although there would need to be monitoring, and update, of individual level interventions for this to arise as there are issues with stigmatisation, and that uptake of interventions is socially patterned with higher socioeconomic groups more likely to take up interventions. Asking those in lower socioeconomic groups to reduce their consumption by a greater amount, will not lead to a much greater reduction in inequality. Inequality will still reduce if all groups in society reduce their consumption by the same amount.

A discussant argued that the focus should be on wider material and social (population level) factors, not just on individuals. Often, population-wide interventions/guidelines are socially patterned and so do not affect everyone equally, with the effect of interventions dependent on the nature of the intervention. Health policy is also about improving health overall, not just reducing inequality.

The discussion ended with consideration of the impact on policy and recommendations for policy action going forward.

Upcoming event series



**WOMEN AND ALCOHOL
EDINBURGH AND LONDON-BASED
SEMINAR SERIES, 2017**

Scottish Health Action on Alcohol Problems (SHAAP) and the Institute of Alcohol Studies (IAS) are co-hosting a four part seminar series to discuss issues relating to women and alcohol. Each session will be chaired by an eminent academic, who will invite three guest speakers to present their personal responses to three pre-set questions, which are relevant to the topic. These events will provide an opportunity for policy makers, academics, activists, and media representatives to critically discuss topics related to women and alcohol use. The intention is to stimulate thinking, challenge some attitudes and perceptions, and to think about future research and policy priorities. A summary of the discussions from the seminars will be collated into a report, which will be disseminated after the events.

Seminar 1: Women, Alcohol, and Globalisation.
Royal College of Physicians, London, 2 – 4pm, Friday, 10th March 2017

Chair: Dr. Cecile Knai, Associate Professor of Public Health Policy, London School of Hygiene and Tropical Medicine.

- How does alcohol marketing influence women's behaviours?
- How does alcohol marketing influence attitudes towards women?
- How does alcohol affect women in different social and cultural contexts?

Seminar 2: Women, Alcohol, and Empowerment.
Royal College of Physicians, Edinburgh, 2 – 4pm, Friday, 7th April 2017

Chair: Professor Dorothy Newbury Birch, Professor of Alcohol and Public Health, Teesside University.

- What role does alcohol play in the empowerment of women?
- What drinking choices do women in leadership roles have?
- What responsibilities do women in leadership roles have in relation to alcohol?

Seminar 3: Women, Alcohol, and Stigma.
Royal College of Physicians, Edinburgh, 2 – 4pm, Friday, 9th June 2017

Chair: Dr. Judith MacKay, Professor of Public Health & Primary Care, University of Hong Kong.

- Should certain women not drink?
- Functioning alcoholic: The modern woman?
- Women on women: Our own worst enemies?

Seminar 4: Women and Alcohol: What's next?
Royal College of Physicians, London, 2 – 4pm, Friday, 15th September 2017

Chair: Dr. Sally Marlow, Public Engagement Fellow, Kings College London.

- How will women be affected by alcohol in the future?
- How can alcohol-related harms to women be prevented and/or reduced?
- How do we strike a balance between individual responsibility and state intervention?

Attendance is by invitation only. If you would like to attend, please send your request to Victoria Troy: V.Troy@rcpe.ac.uk

SHAAP SCOTTISH HEALTH ACTION ON ALCOHOL PROBLEMS
www.shaap.org.uk

IAS Institute of Alcohol Studies

The Scottish Government have put inequality at the heart of their strategy and programme - how do we push them towards making relevant choices? One discussant argued that the new devolved taxation and welfare powers offer opportunities to strengthen and develop a prevention-led policy agenda.

Katikireddi summed up by reaffirming that we know that harmful drinking differs by socioeconomic status. It would be helpful to know how to shape the socioeconomic circumstances that can influence the risk of alcohol-related harms. There is currently a public willingness for accepting too much inequality in society. There is therefore an opportunity to alter this willingness and to influence politicians to act through the taxation system, for example, to become more progressive.

Forthcoming Occasionals

Our next events in the current series of Alcohol Occasionals will be:

Alcohol admissions and health inequalities: is the tide finally turning?

Neil Martin, Research and Information Manager,
Balance, The North East Alcohol Office
27th February 2017

Alcohol problems in criminal justice settings: an opportunity not to be missed

Dr Lesley Graham, Clinical Lead for Alcohol, Drugs and Health in Justice Settings, ISD Scotland
13th March 2017

Drinking in pregnancy: a comparison between areas of high and low deprivation in Scotland

Dr Andrew Symon, Senior Lecturer, Mother and Infant Research Unit, University of Dundee
11th May 2017

Alcohol Deaths in Glasgow 2010. Has Service Redesign had an Impact?

Dr Catherine Chiang, NHS Greater Glasgow & Clyde
14th June 2017

These events are popular and places are limited. We need you to confirm if you would like to attend.

You can do this by registering via EventBrite through our website at

www.shaap.org.uk/events.html