

# FACT SHEET THIRTY FOUR

## INEQUALITIES IN HEALTH - ALCOHOL

### Social class and alcohol problems

- Trends in drinking alcohol have remained broadly unchanged since 1974. However, the proportion of women drinking more than 14 units per week has increased by five per cent between 1984 and 1996. <sup>1</sup>
- Men of all ages are more likely to be heavy drinkers than their female counterparts. <sup>2</sup>
- Within the under 30 age group, problem drinking is twice as common in the lower socio-economic groups than the more affluent (17 per cent compared to eight per cent for men; six per cent against three per cent for women). <sup>3</sup>
- There is a negative correlation between alcohol dependence and social class among men; but not women. Ten per cent of men in classes IV and V were dependent on alcohol compared to five per cent in classes 1 and 11. <sup>4</sup>
- Unskilled working men are also four times more likely to die from an alcohol-related disease than those from professional groups. Furthermore, alcohol is often a contributory factor in deaths from accidents, which also show a pronounced socio-economic gradient. <sup>5</sup>
- In spite of major class differences in alcohol dependence in men, there is only a small difference in the reported quantities consumed. In women higher consumption is related to higher social class. <sup>1</sup>
- There is a strong association between particular forms of deprivation - especially unemployment and homelessness - and heavy consumption of alcohol. <sup>6</sup>
- Problem drinking is associated with delinquency, criminality and violence.
- Poorer people are less likely than the affluent to be 'protected' from the harmful effects of drinking by a good diet, housing and health care. <sup>7</sup>

## Reducing the problem

There is a link between mean alcohol consumption throughout the population, and the incidence of heavy drinking. It can be argued therefore, that the most effective measures to reduce problem drinking, and alcohol-related harm, could be those that reduce drinking as a whole. This might be achieved by:

- Targeting support and education at young people and children, teaching directly about sensible drinking and skills for making choices.
- Enhancing opportunities for employment and better living conditions later in life.
- Better licensing enforcement and a radical reform of the existing licensing laws.
- A national training programme, mandatory for those serving alcohol.
- Reducing the permitted blood alcohol level for driving to 50 mg/100ml or less.
- Random breath testing.
- The provision of modern, safe and affordable public transport available throughout a 24-hour period.
- Better access to health care and social support for disadvantaged groups.

### References:

- <sup>1</sup> Office for National statistics. Living in Britain: results from the General Office Household Survey 1996. London: The Stationery Office, 1998
- <sup>2</sup> Office for National Statistics. Living in Britain: results from the General Office Household Survey 1996. London: The Stationery Office, 1998
- <sup>3</sup> Colhoun H, Prescott-Clarke P. Health Survey for England 1994. London: HMSO, 1996

- 4 Meltzer H, Gill B, Petticrew M, Hinds Kith prevalence of psychiatric morbidity among adults living in private households. London: Office of Population censuses and surveys/HMSO, 1995
- 5 Drever F, Bunting J, Harding D. Male mortality from major causes of death. In: Drever F, Whitehead M. eds. Health inequalities: decennial supplement: DS series no. 15. London: The Stationery Office, 1997
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