European Commission

Health Equity Pilot Project (HEPP)

Policy Brief

Interventions to reduce socio-economic inequalities in health-harming alcohol consumption

Health

Who is the brief for?

Policy makers and public administrators at national, regional and municipal level.

What is the problem?

In many countries in the European Union, the health harm suffered from alcohol consumption by people in lower socio-economic groups is greater than in higher socio-economic groups. In particular, they have a greater risk of liver cirrhosis, cancers, neuropsychiatric conditions and injuries, with a consequent impact on their social and economic well-being and life expectancy. Harmful alcohol use can also impact negatively on others with whom they have contact through injuries, neglect and Foetal Alcohol Spectrum Disorder. Economic costs associated with harmful use of alcohol are estimated to be between 1.3 and 3.3 percent of GDP.

While, in general, individuals in lower socio-economic groups report consuming equivalent or even less alcohol than those in higher socio-economic groups, this nonetheless leads to higher risks of alcohol-related morbidity and mortality. This has been referred to as the "alcohol harm paradox". Explanations suggested for the alcohol harm paradox include a combination of a) socio-economic differences in patterns of drinking (i.e. current and historic binge/heavy drinking) b) the harmful effects of alcohol in lower socio-economic groups is compounded by higher prevalence of other health-harming behaviours such as smoking, excess weight and poor diet/exercise, and c) underestimation of consumption levels and alcohol-related harms among individuals in more deprived communities. Adverse Childhood Experiences (known as ACEs) may also be important; individuals in deprived communities have a higher risk of experiencing ACEs, and links have been reported between increased ACEs and high-risk drinking later in life.

Addressing the causes of socio-economic inequalities in alcohol and other health-harming behaviours is not only a matter of fairness and social justice but is central to the international agenda "leaving no one behind" and will contribute to the economic and social development and cohesion of society, improve overall population health, and increase the age to which many more people are able to remain economically active.

What are the solutions

High level policies

1) Address health inequalities and their causes as part of a shared responsibility across government organisations and sectors - trans-nationally, nationally and locally - to contribute to Member States' commitment to sustainable development and leaving no one behind.

2) Strengthen cross-government platforms to develop a consensus on the scope and action needed to reduce health inequalities and their causes and to empower everyone to have greater control over their lives.

3) Ensure policy to tackle alcohol related issues is developed independently from alcohol producers and retailers to avoid conflicts of interest which may entrench current patterns of harms for alcohol.

Practical actions

1. Behavioural interventions

There is some evidence that inequalities in harmful consumption of alcohol can be reduced effectively by addressing availability (restricting outlet density), screening, brief interventions and skills-based school education programmes.

Many of the inequalities in health-harming behaviours arise from inequalities in social, emotional and cognitive development. Inequalities in social, emotional and cognitive development in the early years of life are translated to social, economic and behavioural inequalities in later life. These, in turn, lead to inequalities in health. Interventions focused on social, emotional and cognitive development with young children and their parents are effective in achieving inequality reduction.

Policies and interventions aimed at reducing the transmission of inequalities from parents to children are a priority, to break the replication of inequality from one generation to the next.

2. Environmental, legislative and fiscal measures

The best evidence for reducing inequalities in health-harming alcohol consumption is for policies which affect affordability (e.g. minimum pricing policies), which have the potential to narrow the socio-economic gap in alcohol-related harm and have been deemed highly cost effective.

3. Ensure the equity impact of interventions

There are many evidence-based interventions and policies that reduce overall health-harming alcohol consumption. However, in most cases, the evidence-base does not demonstrate a reduction in inequalities in either behaviours or outcomes. There are several reasons for this:

- Most evaluations do not report the social distribution of effects
- In many evaluations, the results show that the effects on behaviours were greater among the most advantaged

- People in adverse circumstances have greater difficulty than others sustaining their efforts to change behaviours when their underlying adverse conditions are not addressed

- Single factor interventions are less likely to be effective than more holistic approaches, in view of the "alcohol paradox" as unhealthy behaviours tend to cluster in disadvantaged individuals

- Health promotion and information messages most likely to be effective such as those linking alcohol consumption and cancer are poorly communicated to the public. They are alone unlikely to substantively change behaviour but can prepare the ground (through increasing acceptability) for effective policy changes.

Actions to address these limitations include:

- Take action to improve the conditions in which individuals are born, grow, live, work and age

- Ensure data analysis of evaluations always includes the effects of the intervention or policy on inequalities in outcomes

- Ensure actions taken in an intervention or policy are universal, but with a scale and intensity that is proportionate to the level of disadvantage. By being universal this avoids further stigmatisation of disadvantaged groups.

- Avoid involvement in or influence of those with conflicts of interest in the development of policy.

- Recognise the importance of an informed public in the support of harm reducing policy.

4. Implement known good practice.

- Convene cross-government meeting on behaviours and consider how best to incorporate the evidence base and learning from case studies
- Ensure that the collection and analysis of data improves understanding of inequalities in behaviours and associated harms across the population.
- Commission research and evaluations to identify evidence of country specific impacts of interventions and policies on socio-economic differences in behaviours and outcomes across the population

The Evidence

The **country profiles** are available at https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment1

The **evidence of effective interventions** to reduce alcohol harm and related inequalities is available at: https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_screport_alcohol_en.pdf

The **case studies** are available at: https://ec.europa.eu/health/social_determinants/key_documents_en#anchor2

The **workshop reports** are available at: https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment1

The **EU Health Promotion and Disease Prevention Knowledge Gateway** available at: https://ec.europa.eu/jrc/en/health-knowledge-gateway/promotion-prevention/alcohol

The Health Equity Pilot Project

This pilot is funded by the European Parliament – European Commission and managed by the European Commission. It focuses EU and national attention on health inequalities and helping to mainstream measures to address them. It is intended that by developing policy guidance and sharing knowledge, the project will provide solutions to health inequalities related to alcohol consumption, nutrition and physical activity in the EU. The workshops explored some of the practicalities at national level of getting some of the evidence into practice. The case studies served to high-light potentially fruitful policies and practice for addressing nutrition, physical activity and alcohol consumption related inequalities in health.