



# Health statistics

## Atlas on mortality in the European Union

### Chapter 19

### Mortality associated with alcoholism

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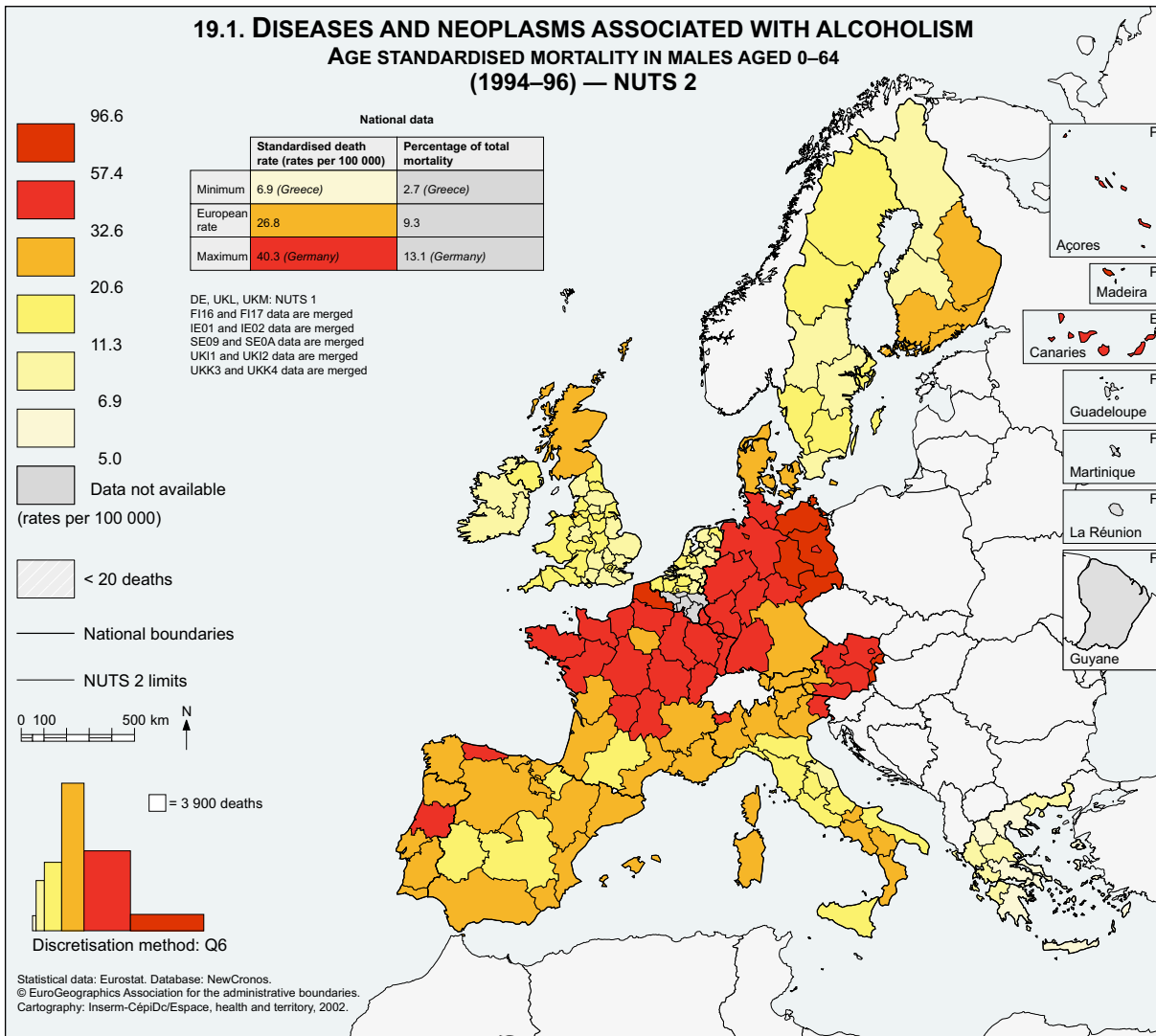
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## 19. Mortality associated with alcoholism

Mortality from cirrhosis of the liver and alcoholic psychosis is directly attributable to excessive alcohol consumption. The compound effect of alcoholism and smoking also plays a determining role in the incidence of tumours of the upper aero-digestive tract (lips, mouth, pharynx and oesophagus).

In the EU, these pathologies account for 4.2 % of male deaths and 2.1 % of female deaths, all ages and causes of deaths taken together. These diseases often affect younger people: six out of 10 male deaths and five out of 10 female deaths occur before the age of 65.

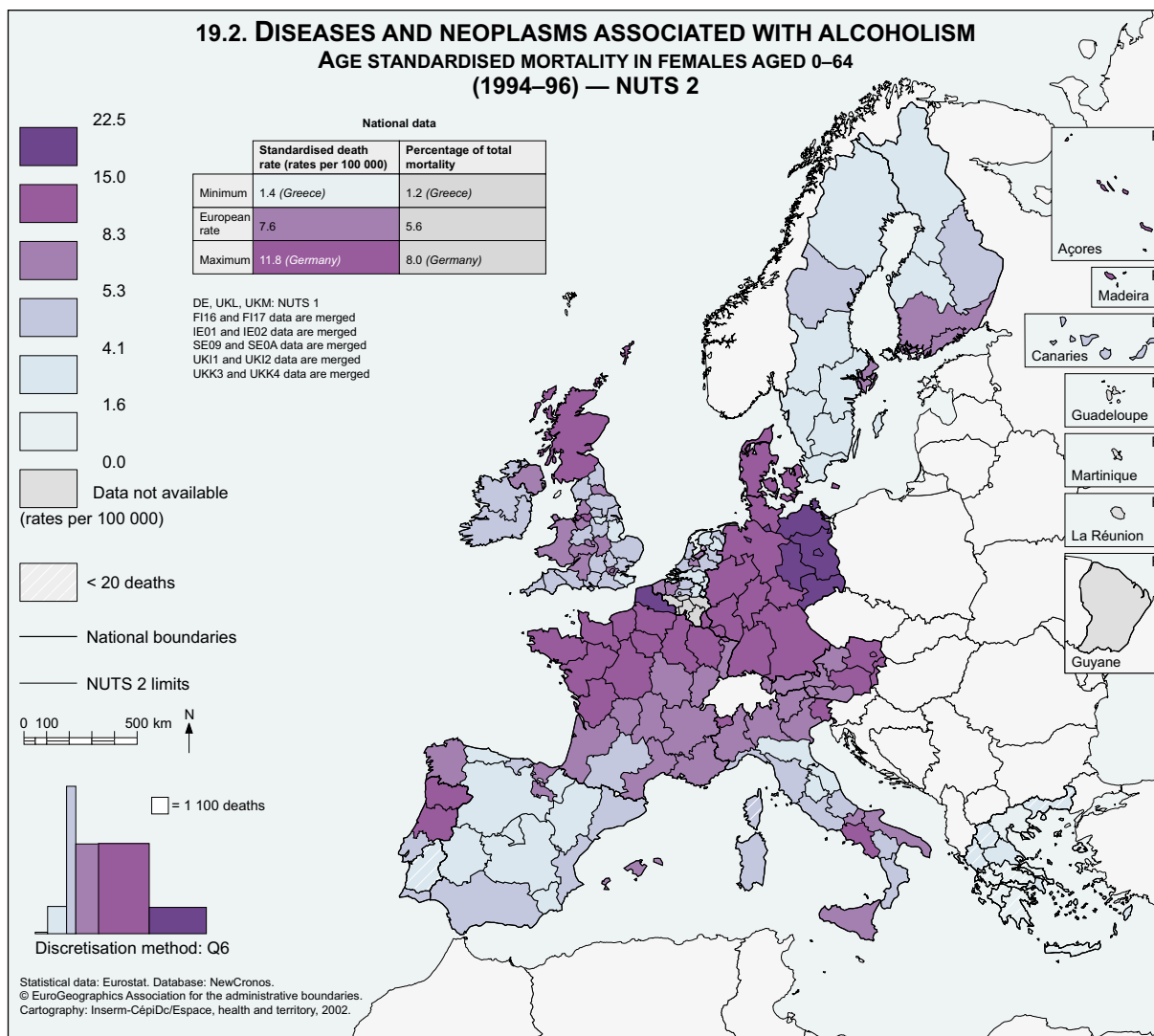
Men aged between 45 and 64 are the most affected. The distribution of mortality rates for this age group, all causes of deaths taken together, has

many similarities with that of the mortality rates associated with these pathologies.

Death rates for men are four times higher than for women, which largely reflects the behavioural differences between men and women with regard to alcohol consumption. However, apart from this difference, the regional distributions of female and male rates have many similarities, which also point to regional cultural factors in consumption patterns.

Disparities between EU regions are very marked, with ratios ranging from 1 to 19 for men and from 1 to 22 for women. However, for both sexes, spatial continuities in the mortality level (high or low) predominate. Where there are discontinuities, they are independent of national borders.

For men, a broad gradient of excess mortality stretching from the south-west to the north-east



takes in the Iberian Peninsula, France, northern Italy and Austria, Luxembourg, Germany and Denmark. Compared with this vast area, most European regions have below-average mortality except southern Italy, Scotland and southern Finland. For women, the same regions have high rates except southern Portugal and the central provinces of Spain.

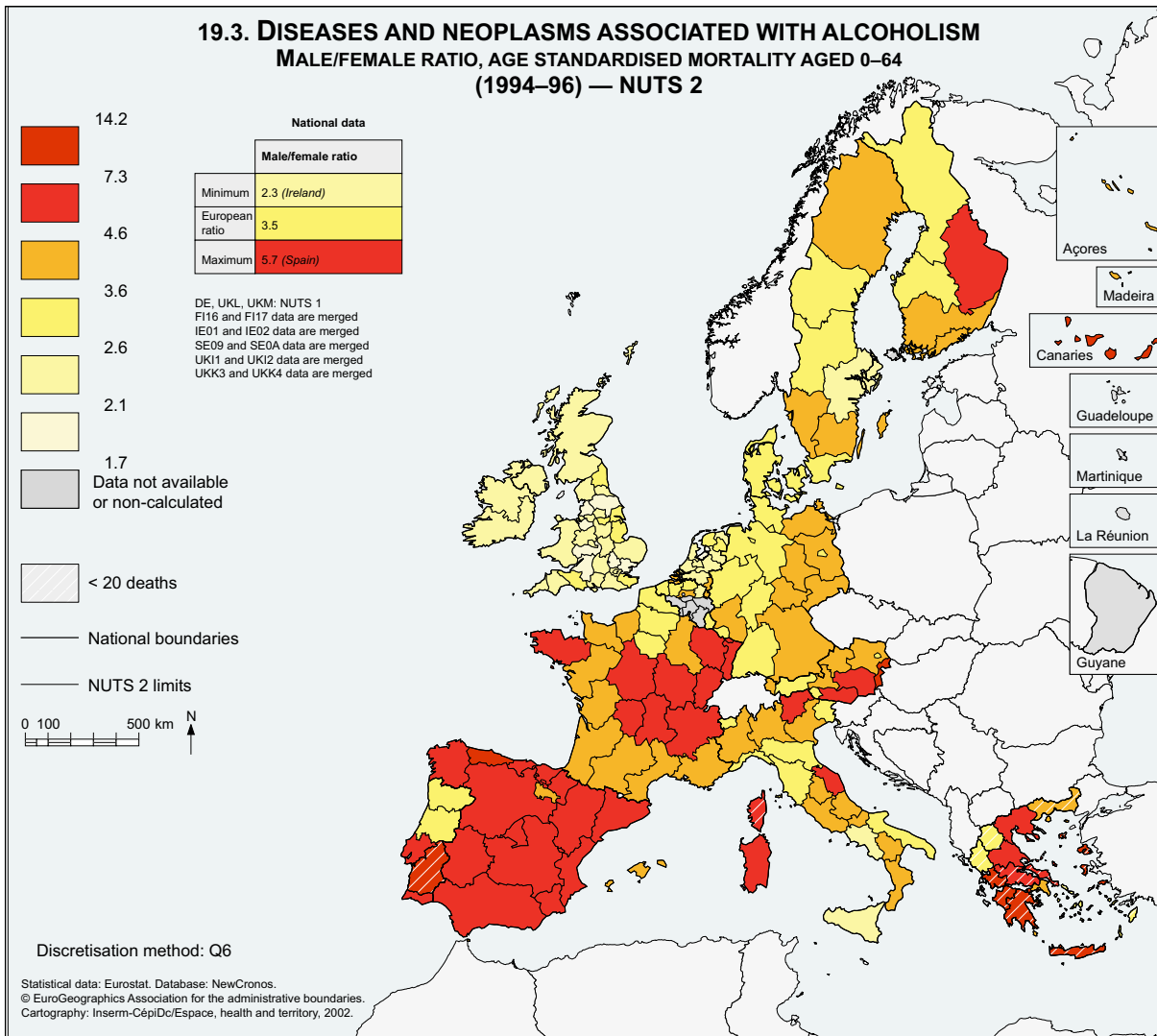
There are sub-gradients within the worst affected Member States. In Germany, the east of the country has marked excess mortality. Danubian Austria is worse affected than Alpine Austria. In France, a north/south gradient makes a clear contrast between the Nord-Pas-de-Calais and Midi-Pyrénées (where the rate is four times lower). More generally, there is a clear difference between the north and the south for women.

These disparities indicate that within each Member States there are differences in the pattern of alco-

hol consumption, which itself is associated with cultural or socioeconomic factors. In France and Germany, the worst affected regions are those in which a large proportion of the population is affected by socioeconomic problems.

European studies have shown that socio-professional category is an extremely significant factor in the causes of mortality associated with alcohol. This fact does not, however, enable us to state that mortality from alcoholism is solely correlated with the socioeconomic level of the regions. Greece, whose GDP is the lowest in the EU, is a good counter-example, since its rates for these pathologies are among the lowest in the European Union.

The European disparities are also explained both by the differences in the volumes of alcohol consumed and by the culturally determined consumption patterns (frequency of consumption and type of beverage). In the Scandinavian and English-speaking



countries, consumption is usually more occasional and confined to the weekends. In Member States such as Germany, Spain, France and Italy, alcohol is generally consumed on a daily basis.

Furthermore, with regard to male mortality, there are similarities between the regional disparities observed for these pathologies and those of respiratory cancers (see Chapter 10). Cancers of the upper

aero-digestive tract, which carry significant weight in this grouping of causes of death associated with alcoholism, are frequently observed in populations which consume both alcohol and tobacco. In the regions with excess mortality, the high rates of deaths from this type of cancer are due to the multiplier effect of combining these two types of risk behaviour.