Chapter 19
Mortality associated with alcoholism

Data 1994–96
A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (http://europa.eu.int).

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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 re-

gions have below-average mortality except south-
ern Italy, Scotland and southern Finland. For wom-

ten, 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 coun-
try has marked excess mortality. Danubian Austria
is worse affected than Alpine Austria. In France, a
north/south gradient makes a clear contrast be-
tween the Nord-Pas-de-Calais and Midi-Pyrénées
(where the rate is four times lower). More general-
ly, 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 af-
fected by socioeconomic problems.

European studies have shown that socio-profes-
sional 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 patholo-
gies 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 pat-
terns (frequency of consumption and type of bev-
erage). 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.