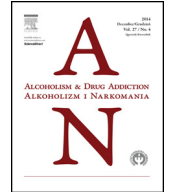


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East–west disparities in alcohol-related harm

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ABSTRACT

Introduction: The aim of this article was to provide more insight into the role of alcohol in the east–west disparities in mortality against other socio-economic factors, and to trace and compare mortality trends in Poland to the Baltic countries (Estonia, Latvia, Lithuania), Western Europe (EU15) and Belarus, to understand persisting health inequalities across Europe better.

Methods: The paper uses mostly data from the Health for All Data Base (HFA) and European Detailed Mortality Database (EDMD). The WHO Global Health Observatory (GHO) data repository was used to calculate unrecorded alcohol consumption. In particular, life expectancy and standardised mortality rates per 100 000 inhabitants aged 25–64 for circulatory system disease, chronic liver diseases and cirrhosis and external causes of injury and poisoning were analysed. Long-term trends of more than 30 years were used. For the presentation of trends, a three-year moving average was adopted.

Results: Since the 1970s, life expectancy in EU15 has remarkably increased compared to other parts of Europe. At the beginning of 1970s it was only 2–3 years longer than in Poland or the Baltic Republics. Recently, life expectancy for men in EU15 is 11 years longer than in Belarus, 6–10 years than in Baltics and 5 years than in Poland. Also other indicators confirm a health gap such as diseases of the circulatory system, chronic liver diseases and cirrhosis and injuries and poisoning due to alcohol.

Conclusions: East–west economic and social inequalities that make the physical and social environment less safe for both sober and intoxicated individuals,

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particularly from highly marginalised social segments, have reinforced the existing health gap.

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STRESZCZENIE

Słowa kluczowe:

alkohol
szkody
Unia Europejska
kraje Europy wschodniej
śmiertelność

Wprowadzenie: Celem artykułu było pokazanie – na przykładzie trendów w trzech krajach bałtyckich (Estonii, Łotwie, Litwie), Polsce, krajach „starej” Unii Europejskiej (EU15) i Białorusi – jaką rolę w powstawaniu różnic w umieralności między krajami wschodniej i zachodniej Europy pełni alkohol i czynniki społeczno-ekonomiczne. Celem było także lepsze zrozumienie utrzymujących się nierówności zdrowotnych.

Metoda: W artykule wykorzystano bazy danych *Health for All* (HFA) i *European Detailed Mortality Database* (EDMD), do analizy nierejestrowanej konsumpcji alkoholu – dane *Global Health Observatory* (GHO). Analizowano wskaźniki oczekiwanej długości życia i standaryzowane wskaźniki zgonów z powodu chorób układu krążenia, chorób wątroby i zewnętrznych przyczyn, takich jak urazy i zatrucia, na 100 000 mieszkańców w wieku 25–64 lata. Do prezentacji trendów użyto trzyletniej średniej ruchomej.

Wyniki: Na początku lat 70. oczekiwana długość życia w krajach EU15 była tylko 2–3 lata dłuższa niż w Polsce czy krajach bałtyckich. W ostatnich latach średnia długość życia mężczyzn w EU15 jest 11 lat dłuższa niż na Białorusi, 6–10 lat niż w krajach bałtyckich i 5 lat niż w Polsce. Również pozostałe wskaźniki, takie jak zgony z powodu chorób układu krążenia, chorób wątroby oraz urazów i zatruc spowodowanych pićm alkoholu, zdają się potwierdzać te różnice.

Wnioski: Związane z alkoholem nierówności zdrowotne między Wschodem i Zachodem Europy są wzmacniane przez społeczno-ekonomiczne nierówności. Sprawiają one, że warunki życia są mniej bezpieczne zarówno dla osób trzeźwych, jak i nietrzeźwych, w szczególności dla osób dotkniętych społecznym wykluczeniem.

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Introduction

The health consequences of the fundamental transitions in Eastern Europe have been a subject of political concern and research interest since the mid-1990s [1, 2]. Rapid changes in political system from domination of one-party to pluralist democracy and from centrally planned to market-orientated economic models had enormous impact on the lives of hundreds of millions Eastern Europeans [3]. Poland and Baltic states chose a more radical path for economic and political change to Belarus, which preserved the domination of state-owned enterprises, a high degree of government intervention in employment, wages and output as well as high level of social transfers [4].

Despite numerous advantages, the cost of transformation was very high indeed, in particular in the 1990s. Deep economic recession, growing unemployment and destabilisation of the State including its security arm led to a wave of other problems like poverty and crime documented in existing statistics [5] as much as in public perception. The Baltica survey run in all countries around the Baltic Sea in 1994 found that the majority of people living on the southern Baltic shores from St. Petersburg, over Estonia, Latvia, Lithuania to Gdansk region in Poland had not noted any positive changes at individual, local community and country levels. According to survey respondents, the prevalence of all major health and social problems increased during transformation including alcoholism, drug

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