



## Review

# How economic crises affect alcohol consumption and alcohol-related health problems: A realist systematic review



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## ABSTRACT

Economic crises are complex events that affect behavioral patterns (including alcohol consumption) via opposing mechanisms. With this realist systematic review, we aimed to investigate evidence from studies of previous or ongoing crises on which mechanisms (How?) play a role among which individuals (Whom?). Such evidence would help understand and predict the potential impact of economic crises on alcohol consumption. Medical, psychological, social, and economic databases were used to search for peer-reviewed qualitative or quantitative empirical evidence (published January 1, 1990–May 1, 2014) linking economic crises or stressors with alcohol consumption and alcohol-related health problems. We included 35 papers, based on defined selection criteria. From these papers, we extracted evidence on mechanism(s), determinant, outcome, country-level context, and individual context. We found 16 studies that reported evidence completely covering two behavioral mechanisms by which economic crises can influence alcohol consumption and alcohol-related health problems. The first mechanism suggests that psychological distress triggered by unemployment and income reductions can increase drinking problems. The second mechanism suggests that due to tighter budget constraints, less money is spent on alcoholic beverages. Across many countries, the psychological distress mechanism was observed mainly in men. The tighter budget constraints mechanism seems to play a role in all population subgroups across all countries. For the other three mechanisms (i.e., deterioration in the social situation, fear of losing one's job, and increased non-working time), empirical evidence was scarce or absent, or had small to moderate coverage. This was also the case for important influential contextual factors described in our initial theoretical framework. This realist systematic review suggests that among men (but not among women), the net impact of economic crises will be an increase in harmful drinking. Such a different net impact between men and women could potentially contribute to growing gender-related health inequalities during a crisis.

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## 1. Introduction

In the public health community, concerns have been expressed about negative health consequences associated with the current

economic crisis in Europe (WHO, 2009). This crisis started in 2008 as a result of decreasing mortgage-backed security values during previous years in the United States (US) (Obstfeld and Rogoff). In the US this led to rising interest rates, borrower and bank defaults, and a crash in the housing and stock markets. Because many of these mortgage-backed securities were sold in Europe, this also triggered an economic crisis there. Another trigger for the European economic crisis has been the collapse of the US import

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market, which produced serious consequences for the European export market and economy (Blanchard et al., 2010). From 2008 onwards, gross domestic product (GDP) decreased, unemployment rates increased, and public budget deficits rose substantially (Eurostat, 2012). In response to the economic crisis, many European countries introduced major policy changes (Karaniolos et al., 2013), which may have influenced public health on top of the influence that the economic decline itself may have had (Stuckler and Basu, 2013).

Alcohol consumption (in terms of volume and pattern) and alcohol-related health problems (e.g., alcohol abuse, and dependence) are public health issues that can be positively or negatively affected by economic crises. Changes in alcohol consumption can have a considerable effect on public health and societal welfare (Anderson et al., 2009), as total alcohol consumption is causally related to many chronic medical conditions like cancer, mental disorders, and cardiovascular diseases (Rehm et al., 2003, 2008). Moreover, large numbers of drinking occasions and binge drinking can lead to either intentional or unintentional injuries, resulting from things such as violent behavior, suicide, homicide, and traffic accidents (Rehm et al., 2003; Taylor et al., 2008). There are also substantial indirect effects of alcohol-related health problems such as job loss, crime, and social exclusion (van Amsterdam and van den Brink, 2013).

The empirical evidence on the impact of economic crises on alcohol consumption and alcohol-related health problems is mixed. Alcohol consumption increased following the start of the economic and social transition in Russia and other Eastern European countries in the early 1990s, and this coincided with an increase in mortality and accidents (Baker, 2011; Men et al., 2003; Wojtyniak et al., 2005). This may be related to the strong binge drinking culture in Eastern Europe (Rechel et al., 2013). Moreover, the Gorbachev anti-alcohol campaign ended just before the start of the Russian transition, and this led to lower alcohol prices (Bhattacharya et al., 2013). During this same time period Finland experienced an economic crisis, which led to mass unemployment. However, in contrast with the transition in Eastern Europe, the crisis in Finland coincided with a reduction in alcohol consumption and alcohol-related mortality (Herttua et al., 2007; Hintikka et al., 1999; Valkonen et al., 2000). A reduction in alcohol consumption also followed the economic slowdown in Australia in the early 1990s (Chalmers and Ritter, 2011). The crisis in Southeast Asia in the late 1990s led to an increase in suicide rates, but alcohol consumption remained stable (Chang et al., 2009). These opposing trends support the notion that both specific characteristics of the crisis and the country-level context can influence how an economic crisis may exert an effect on alcohol consumption and alcohol-related health problems.

Economic crises can increase anxiety, stress, and depression (Wahlbeck and McDaid, 2012), for example, as a result of income reductions and/or loss of employment and the subsequent loss of social status and relationships. Two related psychological theories explain how these crises-triggered consequences could increase levels of alcohol consumption and the incidence of alcohol-related health problems. The “stress-response-dampening theory” argues that individuals consume alcohol to reduce the intensity of their response to anxiety and stress, which results in higher levels of alcohol consumption during economic crises (Sayette, 1999; Sher et al., 2007; Sher and Levenson, 1982). The “self-medication theory” argues that alcohol-related health problems may increase during economic crises because consuming alcohol to cope with such stressful situations can lead to the development of dependency in certain people (Bolton et al., 2009; Khantzian, 1997). Theories from other fields, including economics and sociology, offer different explanations. One basic economic theory suggests that

income reductions will result in tighter individual budget constraints, so that less money will be spent on normal goods, including alcoholic beverages (i.e., the “income-effect theory”) (Catalano, 1997; Ruhm, 1995). According to the “non-working time theory”, a decrease in working hours (either due to job loss or fewer tasks at work) will lead to more time for social events, sports activities, and watching television. It is known that these activities are often accompanied by alcohol consumption (French et al., 2009). These theories may suggest that the impact of economic crises on alcohol consumption depends on a person's economic and social situation.

The contradictory empirical evidence and the variety of theories suggest that an economic crisis is a complex event that affects behavioral patterns (such as drinking) via various potentially opposing mechanisms. Therefore, the overall net impact is hard to predict and may well differ between countries and between subgroups within a population. To facilitate such predictions, we need evidence on which mechanisms play a role in which context and in which subgroup within a population. Such evidence would contribute to an understanding of how the current post-2008 economic crisis in Europe (but also other crises) may have had an impact on alcohol-related health problems. In addition, such evidence can help to determine which policies (e.g., increase in alcohol prices, or a restriction in alcohol availability (WHO, 2011)) can best be implemented during economic crises to change the presence of behavioral mechanisms and prevent an increase in the prevalence of excessive alcohol use. Such evidence can also be used to identify those subgroups most at risk of increased drinking during times of crisis.

In light of the above, the aim of our review was to investigate how economic crises affect levels of alcohol consumption and the incidence of alcohol-related health problems, and whom this affects. This was innovative, as little research is being done that assesses the role of specific mechanisms or tries to empirically discriminate between mechanisms (Catalano, 1997). The complexity of the topic makes a systematic review using the realist evaluation methodology (Pawson, 2006) suitable for our research question. The realist evaluation method tries to answer how, under what circumstances, and among whom certain policies or changed conditions have an effect on a specific outcome. It is a theory-driven method. First, an initial theoretical framework is constructed on how a changed condition can have an impact in a certain context and in certain subgroups within a population. The theoretical framework focuses on providing insight into the “inner workings” of a certain changed condition. Then, different types of evidence are collected to confirm, refute, or refine this initial theoretical framework. We used both quantitative and qualitative empirical evidence from different disciplines, including public health, social psychology, and economics.

## 2. Methods

According to Pawson (2006), a realist systematic review should follow six steps: 1) Identify the research question, 2) Formulate the initial theoretical framework, 3) Search for primary studies, 4) Select studies and appraise study quality, 5) Extract, analyze, and synthesize relevant data, and 6) Refine the theoretical framework. These six steps were applied throughout our paper. In addition, our research was guided by Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) publication standards (Wong et al., 2013).

### 2.1. Identifying the research question

Our initial primary research question was as follows: How did the post-2008 economic crisis affect alcohol consumption and

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