



Alcohol consumption, wealth, and health

In their Article, Srinivasa Vittal Katikireddi and colleagues¹ report an analysis of the Scottish Health Surveys and suggest that “alcohol-attributable harms are far higher in disadvantaged social groups” but that “adjustment for alcohol consumption and binge drinking had little effect on the magnitude of the associations seen”. It is interesting to view these findings alongside those from the ELSA study, which found that, among people aged 50 years or older, the “level of alcohol consumption is not associated with self-rated health” and “rates of poor self-rated health among non-drinkers were significantly higher than the rates... for any of the groups who reported alcohol consumption”.² The results of both studies might seem surprising when set against evidence that high levels of alcohol consumption directly contribute to ill health.³ Katikireddi and colleagues state that “the poorest in society are at greater risk of alcohol’s harmful impacts on health, but this is not because they are drinking more or [are] more often binge drinking. Experiencing poverty may impact on health, not only through leading an unhealthy lifestyle but also as a direct consequence of poor material circumstances and psychosocial stresses.”⁴ A link clearly exists between alcohol use or non-use and health.⁵ However, the link is not straightforward⁶ and the evidence from these two studies indicates that the extent of alcohol use does not necessarily correspond to adverse health outcomes.⁷ These studies raise questions about how evidence-based research in this area should be translated into public health messages.

I declare no competing interests.

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Martin Frisher
m.frisher@keele.ac.uk

School of Pharmacy, Keele University,
Staffordshire ST5 5BG, UK

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