Young people, gender and alcohol
INTRODUCTION

Substantial increases in alcohol related deaths and harm over recent years have made changing Scotland’s relationship with alcohol a core policy priority. The policy document Changing Scotland’s Relationship with Alcohol: A Framework for Action (2009) identified the need for action across four key areas of reducing alcohol consumption, supporting families and communities, building positive public attitudes and positive choices, and improving treatment and support. Some high profile recommendations towards these aims remain on the agenda at the time of writing, most notably the introduction of a minimum price per unit of alcohol. Given that alcohol related deaths have doubled in the last 15 years (ISD Scotland, 2011) strong action is required – yet the mechanisms through which policies translate into behavioural and cultural change are not well understood. In this report we explore how a key population group, young adults, feel about their drinking and what influences their choices with a view to identifying the strategies most likely to change norms around alcohol, norms that are currently on a trajectory of increasing cost and burden for society.

BACKGROUND

Understanding the influence of gender on alcohol consumption across the transition to adulthood

Levels of alcohol consumption for young men and women increased markedly during the 1990s and early 2000s (ONS, 2006). Although levels remain at a historical high, some researchers, observing a levelling-off of consumption rates for young adults have asked whether we may be seeing ‘an end to binge drinking’ as the characteristic way in which people drink in young adulthood1. The near matching of consumption rates by young adult women with their male peers also raises questions for gendered strategies around tackling harmful drinking. There is evidence of young women’s drinking becoming similar to men’s in terms of their intentions to drink to achieve drunkenness as a norm (Sweeting and West, 2003); but also indications that hazardous drinking remains higher for males (Emslie et al, 2009). In light of this need for clarity around the direction in which gendered drinking norms are moving, we conducted research to answer the following questions:

- How do drinking intentions change across the transition to adulthood and what can be done to reduce consumption?
- Has the drinking style of men and women converged and what does this mean for current harm reduction approaches?
- What factors and types of drinking environment do young people of both genders believe will lead to either moderation or immoderation of consumption?

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1 This was the provocation posed by Fiona Measham’s lecture “The End of Binge Drinking(?)” as part of Glasgow Caledonian University’s Alcohol and Substance Misuse seminar series, 13th September 2011.
Investigating a ‘Glasgow Effect’: why do equally deprived young people, gender and alcohol

INTRODUCTION

This presents a major challenge in developing strategies to reduce consumption for the young adult age group, not least because published sensible drinking limits were believed to represent an unrealistic target when compared to normative rates of consumption (which are significantly higher) and to misunderstand the intentions underpinning young adults’ drinking.

There was, however, a resistance to generalising about the young adult population and a recognition that they are currently treated as a homogenous group in alcohol harm reduction approaches. Despite this, recent developments around the widespread use of social media by young people and the acceptance by professionals of the evidence-base around brief interventions meant new options were available for tailoring messages to different types of drinker.

STUDY DESIGN

The study involved two forms of qualitative data collection: key informant interviews and focus groups with young adults. The aim of the key informant interviews was to explore current thinking around the issues of young people, gender and alcohol. Twenty-one interviews were conducted. The focus groups explored how young people’s relationships with alcohol change during transitions to adulthood, and had a particular focus on gender comparisons. Fifty young adults took part in the focus groups. The sampling strategy was structured around two separate age groups (16-18 years and 25-30 years) representing young people at different points in their transitions to adulthood. We also sampled for gender and trajectories to adulthood (whether the transition to adulthood was through a ‘higher education’ trajectory or not).

FINDINGS

The views of key informants

A cross cutting theme in professional perspectives was the view that excessive alcohol consumption played a defining role in marking the transition to adulthood. The use of alcohol in boosting self-esteem and enabling social activity made its consumption central to ‘fitting-in’. Consequently, the cost of not drinking for young adults far outweighed the health gains of moderation or abstention – which are seen as distant and abstract.

This presents a major challenge in developing strategies to reduce consumption for the young adult age group, not least because published sensible drinking limits were believed to represent an unrealistic target when compared to normative rates of consumption (which are significantly higher) and to misunderstand the intentions underpinning young adults’ drinking.

What can we learn for policy and practice for this stage of the life-course?

What can we learn for the broader cultural problem of tackling Scotland’s problematic relationship with alcohol?
Gender was seen as a key feature of diversity (population heterogeneity) that made generalisation around alcohol harm reduction messages and approaches inappropriate. Some professionals also identified the ethnic diversity of Scotland as challenging to ideas of Scottishness or related ideas of a Scottish drinking culture.

### Risks identified by gender

For young men, professionals identified an increased likelihood of alcohol related violence stemming from excessive, episodic alcohol consumption grounded in shifting understandings of masculinity. In Scotland, a form of ‘hyper-masculinity’ was identified in which alcohol was an integral component: summarised as ‘you’re a man, you hold your drink’. Some professionals identified the West of Scotland’s gang phenomenon as a consequence of this understanding of masculinity, coupled with structural influences such as the erosion of traditional markers of male prestige in the labour market and the feminisation of the workforce and families (single parent families) resulting in an absence of male role models for young men.

This picture was in contrast to the way in which many of the professionals described the underpinnings of alcohol related risks for women. These were believed to be connected to risk of embarrassment, shame and guilt as a result of young adult drinking norms conflicting with cultural norms around ‘appropriate’ feminine behaviour. Some alcohol education campaigns have knowingly used this conflict but at least one of the professionals interviewed felt such approaches played powerfully to women’s capacity to blame themselves.

“I think the one about the young woman who was so steaming that the guy is actually disgusted with her. I quite like that because it was trying to encourage women to have a bit of self respect. I think the undercurrent of it though, that you need to stay sober to be more attractive to men, I had some discomfort about that. I think the guilt and shame associated for a women stoating home drunk is different from a man. Men are expected to stoat home drunk.”

Community addiction worker

Informants considered women to be exposed to particular forms of violence in drinking environments: sexual assault, spiking of drinks and rape. Some professionals felt popular media portrayals of female gang members were overstated and that the increasing sexualisation of young adult culture was a far greater threat.

“We hear less about young women charging about the streets and causing trouble, but we hear young women talked about, their (young male) understanding of sexual relations being so desensitized that it is no holds barred and that is worrying”

Community addiction worker
These indications of the gendered differences in risk gave the professionals cause for concern around the narrowness of gendered approaches. Responses also indicated that the underlying assumptions that young male and female drinking styles were converging could lead to a misjudging of the risks facing both genders.

**A communication generation gap**

A challenge for the professionals was their perception that the culture of young adulthood was increasingly separate from their own experiences and values. The growth in use of social media by younger people was an example of separation in channels of communication. Social media however was also seen as an unrealised opportunity for dialogue with young adults. Another factor in creating cultural distance was the marketing, promotion and product positioning strategies of the alcohol industry – creating a young adult drinking experience separate from more mainstream experiences.

Many professionals struggled with the new social media landscape. They recognised its cultural impact but often not the extent to which the centrality of interaction changed the form of engagement. Many professionals continued to focus on content and message, expressing fears about not connecting with young adults over stylistic issues (language used, images chosen etc). What many felt they did not understand yet was how to use the full potential of social media over and above the ‘broadcast’ of messages and advice. A counterexample of learning around social media use was highlighted when young people began spontaneously using an alcohol training organisation’s Bebo site to share non-alcoholic cocktail recipes: a creative use of the space, unanticipated by the organisation. Added impetus for understanding social media use was given by respondents’ sense that the alcohol industry was more advanced in its use, for example by enabling the sharing of photographs and messages around venue and event web-spaces.

**Brief interventions**

Professionals stressed the importance of seeing young people as a diverse, heterogeneous group with different contextual circumstances framing their orientations and experiences of alcohol. Brief interventions were seen as a means of personalising alcohol information provision in a manner that addressed gender issues while avoiding unhelpful generalisations. A representative of a sexual health clinic however acknowledged the need for more substance behind the content of brief interventions for younger age groups of both genders and different sexualities.
Population level approaches

As Scotland’s culture is understood to be an important background influence on how young people drink, there was recognition that reducing harmful drinking for a particular age group needed to be supported by changes in the wider culture. The theory of change underpinning Scotland’s current alcohol strategy is that if consumption at a population level is reduced, cultural norms follow. However, the professionals stressed that a change in cultural mindset would be required alongside reductions in consumption. As a health promotion officer put it:

“It’s about everybody taking responsibility for educating, not something that happens just inside schools. It should happen in the home, in the communities they live in, by the people around us.”

However, the belief that many aspects of young adults’ drinking spaces and cultures were separate from mainstream spaces and intentions – a separation driven in many ways by the alcohol industry – brought an element of uncertainty around how wider changes in cultural alcohol norms will translate across young adult populations.

Young adults’ drinking environments

An available option for positively influencing young adult alcohol environments includes implementing the public health objective of licensing boards, as obligated through the Licensing Act (Scotland) 2005. The licensing professional in our study emphasised that boards currently operate in a legal capacity, approaching alcohol from a different perspective to that of the public health community. An on-going need to build capacity for licensing boards to understand their influence in the area of public health is required.

Existing alcohol sellers’ schemes such as Best Bar None encourage best practice in relation to making drinking establishments safer, and the PlaySafe in Glasgow scheme is also working to reduce the harm from excessive consumption in the night time economy. However, these schemes tend to target a particular type of drinker within weekend night time economies. This is true of both public sector and industry led initiatives. As a Community Safety work put it, “I have never seen an industry campaign aimed at the street drinker”.

The views of young people

Within the focus groups young people of both genders described binge drinking as a widespread and expected element of socialising in the transition to adulthood, supporting findings from elsewhere. However, although there was superficial evidence of gender convergence in drinking intentions – in terms of the deliberately excessive and sporadic use of alcohol as a key component of peer group activity – how these intentions related to ideas of femininity and masculinity remained distinct. Underpinning these were important gendered differences in risk which have implications for harm reduction work with young people.
INTRODUCTION

Both genders reported the centrality of drinking and drinking spaces in leisure options and choices. Explanations for this lay partly in normative expectations around being a young adult and partly within the national (British as well as Scottish) culture wherein alcohol and the places it is served are the spaces in which friendship is enacted.

“Acohol is the hub. Culturally in Britain friends are made in pubs or through the stuff you take. If you've got really good friends in work, in order to make them friends, to lose the barrier, you say 'let's go to the pub.’”

Female, 25-30 with degree level education

Hence, socialising without alcohol was considered rare. Abstainers were particularly aware of the ubiquity of alcohol in their social contacts and networks. The move from a cultural norm for appropriate alcohol use to a cultural norm for excessive use was seen to be influenced by a combination of cultural understandings of appropriate behaviour in young adulthood and market driven factors. Young adults felt they were expected to drink excessively, not just by peers but by older adults who were more likely to be tolerant of excessive consumption, drunkenness and hangovers as age appropriate behaviour and rites de passage. Further, youth orientated drinking spaces were seen to encourage excessive consumption.

A: “I definitely drink faster in clubs because you go up to the bar and the bar is busy so you buy two at a time and you don't want to be standing with two drinks, so it's like get rid of one…it's because the drinks are so cheap as well it's like a pound a drink”

R: “So you are more inclined to buy four rather than just get one”

Female group, 16-18, not in education

“I don’t know what it is like in your circles, if you find that everyone talks about drink. In my work, in my social life, going to the local shop, everybody is talking about drinking.”

Female, 25-30, without degree level education

Beyond convergence – gendered enactments of a common alcohol culture

Cultural norms concerning the place of alcohol in young adulthood and wider culture shaped the drinking styles of both men and women but this did not mean they had converged in their enactments: there were characteristic differences in the manner in which young men and women described their drinking practices. Headline differences centred around how drinking practices had adapted to take account of risks, the perceptions of which differed between genders. Drinking practices were therefore enactments of femininity and masculinity as much as maintaining risky or safe drinking styles.
Feminine drinking norms and harm reduction
Feminine drinking norms were exemplified by the fore-grounding of group cohesion in the accounts of female participants’ drinking practices. At once, this focus on the group was described as an element of enacting femininity – with lone drinking regarded as being “just not lady-like” (Female, 25-30); and as a route to maintaining safety – “I think guys are probably a wee bit more fearless, they’ve got less to worry about if they are alone and drunk than if a girl is alone and drunk” (Female 16-18). Consequently, a key manner by which women distinguished their drinking styles from men related to group solidarity (Figure 1). Whilst this was a central feature of nights out for young women, they felt that it was less so for men, particularly when meeting up with the opposite sex or ‘pulling’ was an intention; “guys are more likely to breakaway from one another, (referring to her drawing) this guy’s alone at the minute trying to pull” (Female 16-18).

Figure 1
Participant drawing illustrating ‘getting ready’
The maintenance of group cohesion underpinned the practice of pre-drinks (drinking alcohol purchased from off-sales), which men also reported as more typical of their female peers. At pre-drinks, reaching “the same level of drunk” at the same time (Female 16-18) happened alongside getting ready together, sharing news and plans for later in the evening (Figure 1). Another key feature of women’s accounts was of an ethic of concern and group solidarity in the face of risks: “It’s how we show our love, getting absolutely steaming and then looking after each other” (Female 16-18). This involved the whole group looking out for one another in a manner which allowed excessive consumption to continue while mitigating potential dangers through maintaining contact throughout the night. “I wouldn’t wait on a taxi myself or anything, I always make sure I’m with friends” (Female, 25-30).

Male drinking norms and exposure to risk
Young men’s descriptions of their drinking practices echoed the women’s accounts of how they believed men to drink: in a manner that made group cohesion and solidarity less of a consistent and central theme through the drinking occasion. Male focus group participants reported that they were less likely to begin the night together in a domestic space. Instead, they would meet, if appearing old enough, in a pub or, of more concern for safety, in public spaces such as parks or the street. Whereas key themes in female stories were of care and ‘looking out for each other’, men were much more likely to report acts of violence afflicted upon them, particularly when drinking in public spaces.

Figure 2
Participant drawing illustrating exposure to risk in male drinking
Factors shaping more moderated drinking styles
We asked participants what factors led to a reduction in the amount of alcohol consumed and safer drinking in general? Multiple moderating influences were revealed. One set of influences concerned the way alcohol is made available. Factors such as the cost and pricing of alcohol, the alternatives to alcohol that were available (or more pertinently, unavailable) within the bars and clubs, and the nature of the spaces young people drink within. A second set of influences related to the products of health promotion around alcohol related harm – such as better information and concerns around the health consequences of drinking.

A significant number of influential factors, however, related to personal growth. These included lessons from experience (such as learning to know your own limits) which were closely allied to shaming or regretful experiences. Having something else to do the next day, such as work or another activity, was also a widely cited influence. Some respondents took this a stage further, citing a desire for self-improvement, friendships and stories grounded in something other than the commonality of shared drinking experience: “you want better stories to tell people than I got really hammered again” (Female, 25-30). Such factors on the ‘personal growth’ end of the spectrum point to drinking not as health behaviour per se but as cultural capital, self-identity and social participation. For those who had actively begun to moderate their drinking styles, these identity and personal growth based reasons had a greater salience than health related consequences.

Gaining personal confidence was also seen as an important moderating factor. Lack of confidence is often understood as a deficit in young people, perhaps reflecting concerns around a crisis of confidence at a wider cultural level. However, the participants in our study were more likely to view it as a developmentally normative phenomenon, coinciding with a time of change and upheaval that eventually settled as relationships and a sense of self became more concrete. As confidence increased in later young adulthood, confidence related reasons for alcohol use decreased in importance.

“The wee voice in your head is no longer saying ‘you have to fit in.’ I am probably more secure in myself as a person and in my relationship with my friends that I don’t have to please them. I can, if I want to, go home and I don’t care what they think.”

(Female, 25-30)

Mature drinking styles and the emergence of new risks
Having the older cohort (25-30 year olds) in the study allowed us to investigate how expected age-related changes in drinking styles actually played out. The perceived age appropriateness of certain drinking venues meant that many young people in this age group felt they had outgrown the places where excessive drinking was encouraged. For men, maturation could also enhance safety, as younger men were the group most likely to drink outdoors. However, many female respondents also described new concerns about either moderate but more frequent drinking or about habitual heavy drinking.
“Now maybe you’d have a glass of wine every night for like three nights in a row and then be like ‘wait a minute, wait a minute, I didn’t even notice I had that’. Before you would always know you were out this night or that night which was specifically about drinking”  

(Female, 25-30)

“This is more of a typical night out now, someone would invite you round for dinner on a Saturday night with cocktails. Everyone brings a few bottles of wine or a bottle of vodka. After dinner everyone’s a bit tipsy so we decide to go to the pub. The pub closes, someone has this great idea of buying wine from behind the bar…next day you wake up wishing you were dead, until you speak to your friends and realise everybody else feels the same.”  

(Female 25-30)

An association between social activity and alcohol use can remain difficult to decouple, even as young adults begin to reflect on their drinking. For female respondents, problematic drinking was still often described more as a group process rather than being in the realm of individual decision making (reflecting the finding that drinking and group solidarity went hand in hand). Men would more often individualise problematic drinking and it was in male accounts that the figure of the lone, often destitute, alcoholic was raised as a concern in their drinking trajectories. However, for both genders, resisting engrained group norms around drinking and socialising was difficult.

G: “Me and my friends go out every weekend.”

Interviewer: “And you consider that fine?”

G: “No, I don’t. I’m very aware that I think it is a problem. Like the next day when I take stock I think we drank a lot last night and there are nights when I do actively step back and think it is getting a bit wild.”

(Male, 25-30)

A key finding of the research relates to the recognition of ‘taking stock’ or active reflection on drinking styles that was a theme of later young adulthood. It suggests that transitioning out of the excessive drinking embraced in early young adulthood is not inevitable and requires the will and effort of young people themselves. These efforts can be easily undermined by the intervening factors of group norms and the limited range of available leisure choices beyond alcohol.
CONCLUSIONS

Alcohol and transitions to adulthood

Drinking intentions do appear to change across young adulthood for both genders, with more moderate drinking predicted and desired. However, enacting the changes can be difficult once alcohol use is established as a default choice for leisure and socialising.

Gender and drinking styles and intentions

A key finding was evidence of female drinking styles adapting to harm reduction advice. Strategies for keeping safe on nights out had become normalised within an understanding of ‘feminine’ drinking styles. However, the foregrounding of group bonding as a culturally adapted response to external risks of drinking (predominantly the threat of violence from men) has meant that internal risks associated with drinking become harder to address. The very same group intention which protects women when navigating drinking-scapes in their teens and early twenties can perpetuate harmful drinking in later years, as forms of consumption become embedded as a means of exchange and shared understanding of friendship groups.

Considerations of safety had not been incorporated into masculine drinking norms and considerable risks remained for younger men, particularly relating to outdoor drinking. There were signs however of a growing recognition of the risk of violence as a trigger point for reflection on drinking trajectories as men matured. Harm reduction approaches based around young adult male drinking spaces (such as parks and the street) have tended to focus on violence reduction and the current policy response to gang activity. The young men in our study were unlikely to see themselves and their drinking as gang activity but rather as part of normative age related behaviour adapted to fit available opportunities.

SUGGESTIONS FOR PRACTICE AND POLICY

‘Connecting personally’ and recognising young people’s heterogeneity

The centrality of personal growth as a motivation for reducing consumption was echoed in the repeated calls from our interviewees for alcohol information to ‘connect personally’ with young adults. The challenge lies in incorporating personalised approaches into broader population level approaches. There is the potential for alcohol brief interventions to provide a stimulus for reflection about drinking practices, recognising young adults’ desires for personal connection and not generalised messages. Furthermore, the period of late young adulthood as a potential transition into different lifestyles offers a receptive moment. The evidence for brief interventions suggests they are effective in reducing alcohol consumption among hazardous and harmful drinkers at moderate-risk levels but not among dependent, high-risk drinkers (Raistrick, Heather and Godfrey, 2006). The evidence of greater effectiveness at more normative levels of consumption suggests that brief
interventions may be suitable for the later young adult population group. The evidence-base for the effectiveness of brief interventions is greater for primary care settings but evidence for other settings is also supportive from a smaller number of studies (WHO 2009).

Extended provision of brief interventions may also positively reinforce messages provided through population level approaches, such as minimum pricing, through encouraging reflection about the trajectories indicated in current drinking. The evidence here also suggest a possible elasticity to price increases of the young adult population group who place high value on sociability – particularly those drinking in the urban night time economy. However, they also report being receptive to tailored interventions that allow for the development of their own individualised moderation strategies.

A key finding however related to the fact that the young adult population are far from a homogenous group. Information aimed at the younger age range should not address the same issues as that aimed at those aged 25-30. For the younger age range, harm reduction approaches which view excessive consumption as normal and seek to mitigate risks, perhaps remain appropriate. However, a further feature of heterogeneity relates to those drinkers, often male and not on higher education trajectories, for whom the sites of excessive alcohol consumption are outside the night-time economies of city centres. Approaches which target such drinkers are thin on the ground despite the increased risk of immediate harm for this group. We suggest the effects of population level interventions on this group are closely monitored as minimum pricing and alcohol restriction policies come into effect to ensure further inequality in risk is not produced.
Investigating a ‘Glasgow Effect’: why do equally deprived young people, gender and alcohol UK cities experience different health outcomes?

• This research, in particular the creation of the small area based three-city deprivation

The results emphasise that while deprivation is a fundamental determinant of health

• Analyses of historical data suggest it is unlikely that the deprivation profile of Glasgow has

For premature mortality, SMRs tended to be higher for the more deprived areas

• Despite this, premature deaths in Glasgow for the period 2003-2007 were more than 30%

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KEY FINDINGS

• The socio-economic profile.

and poor health experienced in Glasgow over and above that explained by its

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related to alcohol and drugs.

(particularly among males), and around a half of ‘excess’ deaths under 65 were directly


REFERENCES


INTRODUCTION

Previous analyses were based on the Carstairs & Morris index, a composite measure of deprivation calculated from a range of different socio-economic factors. This measure of deprivation than was previously available to researchers was useful in examining areas which share similar histories of industrialisation and deindustrialisation, and which have experienced high levels of socio-economic deprivation. These areas, however, are not uniformly deprived; within a UK context, however, Glasgow is not alone in experiencing relatively high levels of deprivation, but that it was most evident in the most deprived post industrial regions. For example, in the 1980s, it was noted that Scotland had one of the highest mortality rates in the world, and the press has labelled ‘The Sick Man of Europe’ has been attributed almost exclusively to its socio-economic factors. Historically, Scotland’s unenviable position in being what is now termed the ‘poverty gap’ has been linked to its complex socio-economic characteristics, have significantly poorer health outcomes. These will be a relatively recent phenomenon. As currently measured, deprivation does not explain the higher levels of mortality and, therefore, an important driver of mortality, it is only one part of a complex picture. The results showed that the current deprivation profiles of Glasgow, Liverpool and Manchester are almost identical. This research, in particular the creation of the small area based three-city deprivation measure, has allowed identification of communities in Glasgow which, although not deprived, are required. The results emphasise that while deprivation is a fundamental determinant of health and poor health experienced in Glasgow over and above that explained by its socio-economic profile. This ‘excess’ mortality was seen across virtually the whole population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods. Despite this, premature deaths in Glasgow for the period 2003-2007 were more than 30% even when comparing Glasgow to its two most similar and comparable UK cities: Liverpool and Manchester. This ‘excess’ mortality was seen across virtually the whole population: all ages (particularly among males), and around a half of ‘excess’ deaths under 65 were directly related to alcohol and drugs. The analyses were based on the creation of a series of standardised mortality ratios (SMRs) for Glasgow relative to Liverpool and Manchester. For premature mortality, SMRs tended to be higher for the more deprived areas. More research will be required. This ‘excess’ mortality gap appears to have widened in the last 30 years, indicating that the ‘effect’ may be a relatively recent phenomenon. However, while the results for all ages show increased ‘excess’ mortality, this is particularly evident among younger age groups in deprived areas. Even so, for all ages, including very young, there is no evidence of a mortality gradient. A higher level of ‘excess’ mortality was seen in deprived areas compared to non-deprived areas. This ‘excess’ mortality gap appears to have widened in the last 30 years, indicating that the ‘effect’ may be a relatively recent phenomenon. Despite this, premature deaths in Glasgow for the period 2003-2007 were more than 30% even when comparing Glasgow to its two most similar and comparable UK cities: Liverpool and Manchester. The analyses were based on the creation of a series of standardised mortality ratios (SMRs) for Glasgow relative to Liverpool and Manchester. The results showed that the current deprivation profiles of Glasgow, Liverpool and Manchester are almost identical. This research, in particular the creation of the small area based three-city deprivation measure, has allowed identification of communities in Glasgow which, although not deprived, are required. The results emphasise that while deprivation is a fundamental determinant of health and poor health experienced in Glasgow over and above that explained by its socio-economic profile. This ‘excess’ mortality was seen across virtually the whole population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods. Despite this, premature deaths in Glasgow for the period 2003-2007 were more than 30% even when comparing Glasgow to its two most similar and comparable UK cities: Liverpool and Manchester. This ‘excess’ mortality gap appears to have widened in the last 30 years, indicating that the ‘effect’ may be a relatively recent phenomenon.
Investigating a ‘Glasgow Effect’: why do equally deprived UK cities experience different health outcomes?

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KEY FINDINGS

• This report summarises a range of analyses undertaken to investigate the so-called ‘Glasgow Effect’, a term used in recent years to describe the higher levels of mortality and poor health experienced in Glasgow over and above that explained by its socio-economic profile.

• The aims of the research were to establish whether there is evidence of such an ‘effect’, even when comparing Glasgow to its two most similar and comparable UK cities: Liverpool and Manchester.

• The analyses were based on the creation of a three-city deprivation index, and the calculation of a series of standardised mortality ratios (SMRs) for Glasgow relative to Liverpool and Manchester. A range of historical census and mortality data were also analysed.

• The results showed that the current deprivation profiles of Glasgow, Liverpool and Manchester are almost identical.

• Despite this, premature deaths in Glasgow for the period 2003-2007 were more than 30% higher than in Liverpool and Manchester, with all deaths around 15% higher.

• This ‘excess’ mortality was seen across virtually the whole population: all ages (except the very young), both males and females, in deprived and non-deprived neighbourhoods.

• For premature mortality, SMRs tended to be higher for the more deprived areas (particularly among males), and around a half of ‘excess’ deaths under 65 were directly related to alcohol and drugs.

• Analyses of historical data suggest it is unlikely that the deprivation profile of Glasgow has changed significantly relative to Liverpool and Manchester in recent decades; however, the mortality gap appears to have widened in the last 30 years, indicating that the ‘effect’ may be a relatively recent phenomenon.

• The results emphasise that while deprivation is a fundamental determinant of health and, therefore, an important driver of mortality, it is only one part of a complex picture. As currently measured, deprivation does not explain the higher levels of mortality experienced by Glasgow in relation to two very similar UK cities. Additional explanations are required.

• This research, in particular the creation of the small area based three-city deprivation measure, has allowed identification of communities in Glasgow which, although almost identical to similar sized areas in Liverpool and Manchester in terms of their socio-economic characteristics, have significantly poorer health outcomes. These will now be the focus for a second, qualitative, phase of research.

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