In this issue of the Journal, Bessudnov et al.1 paint a disturbing picture of the state of inequalities in male mortality in Russia. The existence of inequalities is in itself not surprising; inequalities of varying magnitude have been seen across Europe.2 It is the magnitude of the inequalities that gives cause for concern: elevated hazards among men aged 21–70 years in manual occupations of between 99% and 226% relative to higher professional groups give cause for concern; elevated hazards among men aged 21–70 years in manual occupations of between 99% and 226% relative to higher professionals were not greatly attenuated even after adjustment for education, income and perceived social status.

The authors note some limitations to their research, including the small sample size and the exclusion of men who lived in single-person households, which make direct comparisons with other studies difficult and preclude a detailed investigation of the causes underlying the inequalities. But the great strength of this prospective study is the information it adds regarding inequalities by occupational social class and perceptions of wealth, power and respect.

So, what could lead to such large inequalities in mortality? Bessudnov et al.1 suggest that the extensive market reforms to which the Russians had been subjected would have impacted (negatively) to a greater extent on the lower-skilled manual workers and those who perceived their own status as low in the post-reform society. The extent of the inequality, compared with that observed elsewhere, they believe may be due to differential patterns of alcohol consumption between social groups. This is in line with research indicating that those who fared worst during the turmoil of the transition from communism were more likely to drink alcohol heavily.3

If it was the combination of economic turmoil and increased alcohol consumption that led to the stark inequalities seen in Russia, how does this bode for the rest of Europe? The financial crisis through which Europe is currently passing will have a deleterious effect on the health of the public. The combination of job losses or job insecurity, reductions in wages and cuts to healthcare and other public services will have a differential impact across society and will be felt more acutely by some countries than others as governments implement their austerity measures. But early analyses have shown that there has been an immediate impact with rises in suicide rates in 2008–09 of at least 5% in nine of the 10 European Union (EU) countries for which data were available.4 And alcohol has been becoming more affordable; measured as the ratio of real disposable income to relative alcohol price indices, affordability increased between 1996 and 2004 for 19 of the 20 EU countries for which both measures could be obtained.5 In eight of these countries, the relative increase in affordability was 50% or more. Across these countries, increases in affordability were shown to be linked to increases in the consumption of alcohol.

The need to protect the most vulnerable groups in society intensifies during times of economic crisis. Governments can minimize or avoid any increases in inequalities both through the spending decisions they make and changing the availability or affordability of alcohol. Their success or otherwise will soon be measurable. Against this background, the article by Bessudnov et al.1 is a sobering read.

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