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## Drinking and health – an official survey of new information from British households

Eileen Goddard

There is considerable interest in, and debate about, the nature of the association between alcohol consumption and health. Most studies of the general population, including the OPCS General Household Survey (GHS: previously reported in the 1982 and 1990 volumes in the GHS annual report series) and the 1989 OPCS Survey of Drinking in England and Wales,<sup>1</sup> have shown a roughly U-shaped relationship, with mortality or morbidity higher in abstainers and heavy drinkers than in light and moderate drinkers. One interpretation of this is that moderate alcohol consumption may have a protective effect on health. Alternatively, the high mortality or prevalence of illness in abstainers may be a result of the fact that some people in that group have given up drinking alcohol because of ill health. The GHS routinely collects information about chronic sickness (limiting longstanding illness, disability, or infirmity) acute sickness (restriction of normal activities because of ill health in the previous two weeks), and about alcohol consumption from 10 000 households each year. These data have been used in an examination of the relationship between drinking and health which is presented in the most recent GHS report<sup>2</sup> (just published), and is summarised here.

The 1992 GHS results confirmed the relatively high rates of ill health in abstainers and occasional drinkers but did not show higher than average rates in heavier drinkers. Indeed, in drinkers, there was very little variation in the prevalence of either chronic or acute sickness between different consumption categories.

Analysis of the relationship between drinking and ill health is, however, complicated by the fact that both are related to age, but in opposite ways. Heavy drinkers are more likely than light drinkers to be young, but the prevalence of chronic sickness increases appreciably (and acute sickness, less so) with age.

Thus, to obtain a clearer picture of the association between drinking and ill health, it is essential to control for age differences. When the data were age standardised, the association described earlier remained, although somewhat more weakly than it at first appeared. This indicates that the high rate of chronic sickness among abstainers compared with drinkers is partly, but not entirely, accounted for by the fact that abstainers are older on average. Even so, abstainers of both sexes were significantly more likely to report limiting longstanding illness and restricted activity in the last two weeks than would be expected on the basis of their age

alone. In men, the standardised ratios for both chronic and acute sickness tended to be a little higher for heavy drinkers than for light and moderate drinkers. In women, however, this pattern was apparent only in relation to acute sickness; the standardised ratios for chronic sickness in the women who drank most heavily were no higher than those in other women who drank regularly.

In the 1992 GHS, respondents who said they never drank at all – not even for medicinal purposes or on special occasions – were asked whether they had always been non-drinkers, or whether they used to drink but had given up. Those who had always been non-drinkers were then asked why, and those who used to drink were asked why they had stopped doing so.

Not surprisingly perhaps, the reasons given by the two groups for not drinking were somewhat different. The most common reasons for being a lifetime abstainer were dislike of alcohol and religion – only 6% gave concern about health as the reason. In contrast, almost one half of those who used to drink said they had given up because of their health.

Using this additional information, it was possible to look at the prevalence of reported ill health and age standardised ratios separately for those who have given up drinking for health reasons, for other exdrinkers, and for lifetime abstainers. Those who had stopped drinking for health reasons were much more likely than were abstainers to report a limiting longstanding illness but, perhaps less predictably, they were also more likely to report acute sickness in the last two weeks. It is worth noting that the differences in relation to acute sickness were more noticeable for men than for women.

The standardised ratios for limiting longstanding illness and acute sickness among male lifetime abstainers were not significantly different from those of all men aged 16 and over. In women, however, lifetime abstainers, although healthier than those who had stopped drinking for health reasons, were significantly more likely than heavy drinkers to report having a limiting longstanding illness.

These survey findings suggest that pre-existing ill health probably accounts to a large extent for high rates of morbidity in non-drinkers but it does not seem to be a complete explanation.

**Social Survey  
Division, OPCS,  
St Catherine's House,  
10 Kingsway, London  
WC2B 6JP.  
E Goddard**

Correspondence to:  
Dr E Goddard.  
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1 Goddard E. *Drinking in England and Wales in the late 1980s*. London: HMSO, 1991.  
2 OPCS. *General household survey 1992*. London: HMSO, 1994. Chapter 5.