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Comparison of Alcohol-Related Death Rates in Türkiye According to Turkish Statistical Institute (TURKSTAT) Data with Countries Included in European Statistical Office (EUROSTAT) Data

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ABSTRACT

Purpose: Alcohol consumption can cause death, various diseases and permanent disabilities. The harmful effects of alcohol consumption are a significant public health problem. Excessive alcohol consumption and alcohol dependence are conditions that cause significant health problems affecting 10% of the US and Europe.

Methods: In this study, the most up-to-date data on alcohol-related death rates from the EUROSTAT website for the years 2011-2021 and from the TURKSTAT for the years 2011-2023 were used. EUROSTAT had data for 37 countries. The Microsoft Office 365 Excel program was used to calculate averages and create graphs. The relevant years are the years with the most up-to-date data.

Results: According to EUROSTAT data, the countries with the highest alcohol-related death rates among 37 countries between 2011 and 2021 were Slovenia, Denmark, and Latvia. The lowest alcohol-related death rates were observed in Montenegro, North Macedonia, and Albania. It is observed that this rate is low in Türkiye. According to the 2011-2023 data of the Turkish Statistical Institute, while the alcohol-related death rate was high in 2011 and 2012, it decreased towards 2023. Studies conducted show that alcohol directly and indirectly causes death, and alcohol-related mortality rates are at a significant level.

Conclusion: When reporting deaths, providing detailed explanations of the causes of death or supporting deaths with autopsy findings will be useful in identifying alcohol-related deaths. Intervention actions to reduce alcohol consumption should be developed, existing policies should be revised, or new policies should be created to reduce alcohol consumption.

Keywords: Alcohol consumption, chronic disease, mortality

ÖZET

Amaç: Alkol tüketimi ölüme, çeşitli hastalıklara ve kalıcı sakatlıklara neden olabilir. Alkol tüketiminin zararlı etkileri önemli bir halk sağlığı sorunudur. Aşırı alkol tüketimi, alkol bağımlılığı ABD ve Avrupa'nın %10'unu etkileyen önemli sağlık sorunlarına yol açan durumlardır.

Yöntem: Bu çalışmada, Avrupa İstatistik Ofisi (EUROSTAT) web sitesinden 2011-2021 yılları ve Türkiye İstatistik Kurumu'ndan (TÜİK) 2011-2023 yıllarına ait alkole bağlı ölüm oranlarına ilişkin en güncel veriler kullanıldı. EUROSTAT'ta 37 ülkeye ait veriler bulunuyordu. Ortalamaları hesaplamak ve grafikleri oluşturmak için Microsoft Office 365 Excel programı kullanıldı. İlgili yıllar en güncel verilerin bulunduğu yıllardır.

Bulgular: EUROSTAT verilerine göre 2011-2021 yılları arasında 37 ülke arasında alkol kaynaklı ölüm oranlarının en yüksek olduğu ülkeler Slovenya, Danimarka ve Letonya olmuştur. En düşük alkol kaynaklı ölüm oranları ise Karadağ, Kuzey Makedonya ve Arnavutluk'ta görülmüştür. Türkiye'de bu oranın düşük olduğu görülmektedir. Türkiye İstatistik Kurumu'nun 2011-2023 verilerine göre 2011 ve 2012 yıllarında alkol kaynaklı ölüm oranı yüksek iken 2023'e doğru azalmaktadır. Yapılan çalışmalar alkolün doğrudan ve dolaylı olarak ölüme neden olduğunu ve alkol kaynaklı ölüm oranlarının önemli düzeyde olduğunu göstermektedir.

Sonuç: Ölümlerin bildirilirken, ölüm nedenlerinin ayrıntılı olarak açıklanması veya ölümlerin otopsi bulgularıyla desteklenmesi alkole bağlı ölümlerin tespitinde fayda sağlayacaktır. Alkol tüketimini azaltmaya yönelik müdahale eylemleri geliştirilmeli, mevcut politikalar revize edilmeli veya alkol tüketimini azaltmak için yeni politikalar oluşturulmalıdır.

Anahtar Kelimeler: Alkol tüketimi, kronik hastalık, ölüm oranı

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Alcohol consumption is associated with many health problems, such as mortality, morbidity, and disability. It is an important factor in the occurrence of traffic accidents. In the general population, upper gastrointestinal cancers cause many types of cancer, especially liver cancer. It also increases the incidence of breast cancer in women. It causes diabetes and neuropsychiatric diseases, cardiovascular diseases, pancreatitis, and digestive problems (1). The harmful effects of alcohol and drinking habits are an important public health problem. It is an important problem, especially for Central and Eastern Europe and the Former Soviet Union. A study conducted in Russia found that total and cardiovascular disease mortality rates increased in those who consumed excessive alcohol (2). Excessive alcohol consumption and alcohol addiction are chronic disease that affects 10% of the USA and Europe. Alcohol is a factor that has a major impact on healthcare costs and disease comorbidities in the United States. Between 2001 and 2005, excessive alcohol consumption caused 80,000 deaths each year. In 2016, 32.5% of people worldwide consumed alcohol. 25% of women and 39% of men consumed alcohol. Per capita alcohol consumption in the world population increased from 5.5 liters in 2005 to 6.4 liters in 2010 and is expected to reach 7.6 liters by 2030. The amount of alcohol consumed varies considerably by region and socio-demographic index, reflecting overall development. The countries with the highest levels of alcohol consumption are Eastern Europe, which has a high socio-demographic index. While alcohol consumption is decreasing in Western Europe, it is increasing in the Western Pacific and Southeast Asia regions, including densely populated countries such as China and India. (China: 4.1 liters and 7.2 liters in 2005 and 2016, respectively; India: 2.4 liters and 5.7 liters in 2005 and 2016, respectively). In 2016, 3 million deaths (2.3 million in men and 0.7 million in women) and 132 million Disability-adjusted life years (DALYs) (106 million in men and 26 million in women) worldwide were attributable to alcohol. Alcohol represented 5.3% of all deaths and 5.0% of all DALYs. Alcohol-related deaths and DALY rates are highest in Eastern Europe and Sub-Saharan Africa. Alcohol-related deaths and DALY rates are highest in Europe (10.1% of all deaths and 10.8% of DALYs) and the Americas (5.5% of deaths and 6.7% of DALYs). Alcohol is a leading cause of premature death and is increasing among young adults. Alcohol use accounted for 7.2% of all premature deaths worldwide in 2016. Young people are disproportionately affected by alcohol than older people. Alcohol-related deaths are highest in people aged 20-39, representing 13.5% of all deaths in this age group. More than 50% of all alcohol-related deaths occur in people younger than 60 (3). Between 1997 and 2017, approximately 1 million (944,880) people in America died due to alcohol addiction. Deaths related to acute causes (e.g., injuries, overdose) increased more in people ages 55-64, while deaths related to chronic causes increased more in people ages 25-34. Alcohol-related death rates in the United States are likely to be higher based on death data alone. It was responsible for 2.6% of deaths in the United States in 2017 (4). An important cause of cirrhosis is excessive alcohol consumption. It develops on the basis of alcoholic liver disease. Alcoholic liver disease causes a process ranging from simple steatosis to alcoholic steatohepatitis, cirrhosis, and hepatocellular liver cancer. Hepatitis C patients with excessive alcohol consumption may develop cirrhosis and hepatocellular cancer more quickly (5). Alcohol plays a significant role in depression-related deaths (6). Alcohol can cause esophageal varices in people with portal hypertension secondary to gastritis and cirrhosis in the upper gastrointestinal tract. The relationship between alcohol and cardiovascular diseases is controversial. There is evidence that moderate alcohol consumption may be protective in people at risk of atherosclerotic disease. There is evidence that excessive, irregular alcohol consumption increases the risk of death from heart disease. Excessive alcohol consumption is associated with hypertension and stroke and can cause cardiomyopathy. In addition, alcohol consumption may cause injury as a result of aspiration of stomach contents and damage to organs due to respiratory system infections, such as pneumonia and tuberculosis, as a result of reduced immune function. Additionally, excessive alcohol consumption can lead to vitamin B1 (Thiamine) deficiency, which can lead to dementia at an early age (7). Alcohol appears to have very serious effects on human health. For this reason, we investigated the effect of alcohol on mortality. The aim of this study is to compare alcohol-related death rates in 37 countries between 2011 and 2021 according to the European Statistical Office (EUROSTAT) (8) data and alcohol-related death rates in Türkiye between 2011 and 2023 according to the Turkish Statistical Institute (TURKSTAT) (9). In addition, it is aimed to compare the distribution of alcohol-related death rates by gender according to the EUROSTAT (8) 2011-2021 data and the TURKSTAT(9) 2011-2023 data.

Material and Methods

This study is descriptive research. In this study, average alcohol-related death rates were calculated using data from 37 countries between 2011 and 2021 on the EUROSTAT website (8). The data can be accessed by selecting subcategories from the relevant page on the EUROSTAT website (8). EUROSTAT's website includes

alcohol-related death rates for 37 countries. TURKSTAT data (9) were used to determine alcohol-related death rates in Türkiye by year (Figure 4 and Figure 5). Causes of death can be accessed by selecting the relevant years from the TURKSTAT website (9). On the EUROSTAT website, by selecting the selected datasets and clicking on the causes of death sub-tab, Death due to alcoholic abuse, by sex is selected, and the relevant data can be downloaded from here. By entering the relevant years on the TURKSTAT website (9), the number of alcohol-related deaths in Türkiye by year, death rates, and death numbers by gender were obtained. No deficiencies were found in obtaining the data. The years in question are the years for which the data is most up-to-date. Relevant data were obtained in August 2024. The Microsoft Office 365 Excel program was used in the analysis and calculation of data.

Results

The results obtained with the available data are shown in graphs, tables, and maps.

Figure 1 shows mortality rates due to alcohol consumption in 37 countries based on EUROSTAT data. According to EUROSTAT data (8), Slovenia has the highest alcohol-related death rate among 37 countries. Denmark is in 2nd place, and Latvia is in 3rd place. The lowest death rates are in Montenegro, North Macedonia, and Albania. According to EUROSTAT, the average alcohol-related death rate in Türkiye was found to be 0.06.

Figure 2 shows alcohol-related death rates by gender in 37 countries, according to EUROSTAT data. The mortality rate is higher in males than in females.

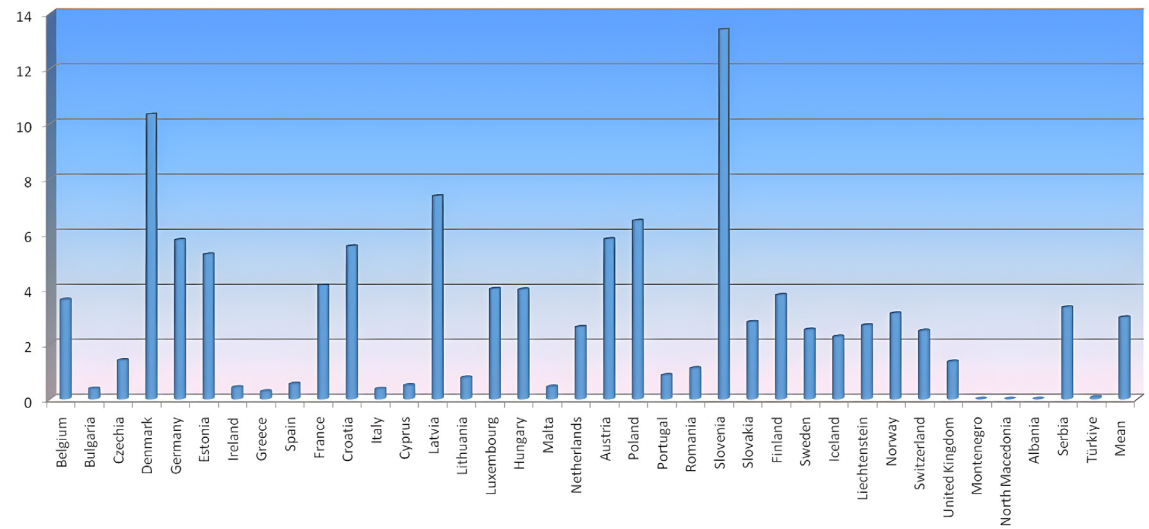

Figure 1: Average alcohol-related death rates of 37 countries between 2011 and 2021, according to EUROSTAT

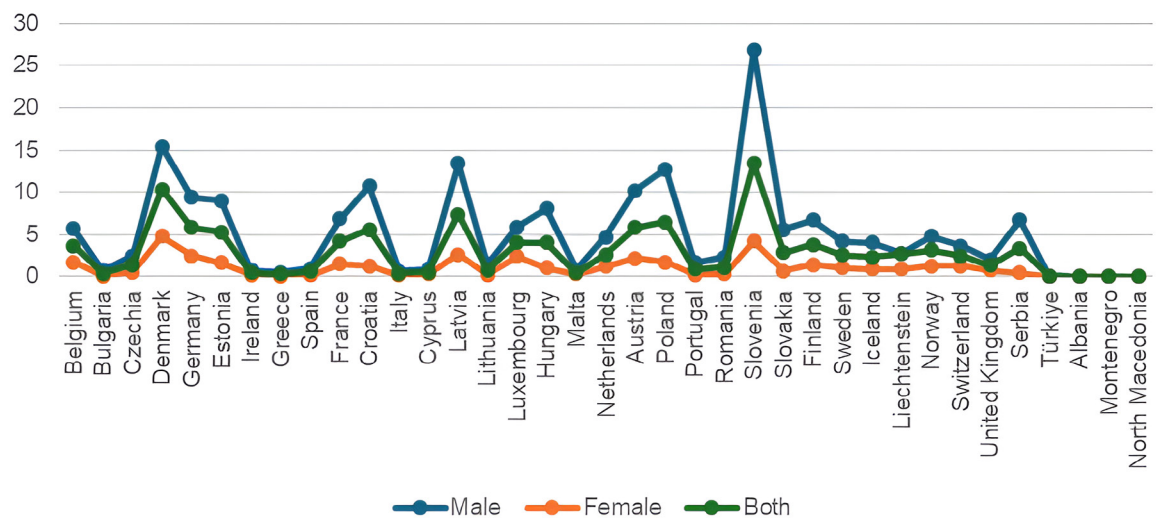

Figure 2: Average graph of alcohol-related death rates for 37 countries between 2011-2021

Figure 3 shows a map of alcohol-related death rates for 37 countries according to EUROSTAT (8). Figure 3 shows that mortality rates are higher in Eastern European countries.

Alcohol-related death rates between 2011 and 2023 from the population and demographic statistics were calculated on the Turkish Statistical Institute website (9) (Figure 4 and Figure 5).

According to the Turkish Statistical Institute (9), the years with the highest alcohol-related death rate in Türkiye were 2011 and 2012. After these dates, there has been a significant decrease in death rates. The average alcohol-related death rate between 2011 and 2023 is 0.007 (Figure 4 and Table 1). According to data from the Turkish Statistical Institute (9), alcohol-related deaths are most common among males in Türkiye, and the years with the highest number of deaths were 2011 and 2012 (Figure 5 and Table 1). When comparing Türkiye data in EUROSTAT with the data in TURKSTAT, gender-related deaths appear higher in EUROSTAT. When EUROSTAT data is examined, it is seen that alcohol-related death rates in Türkiye are lower than in most countries when evaluated separately for both male and female genders.

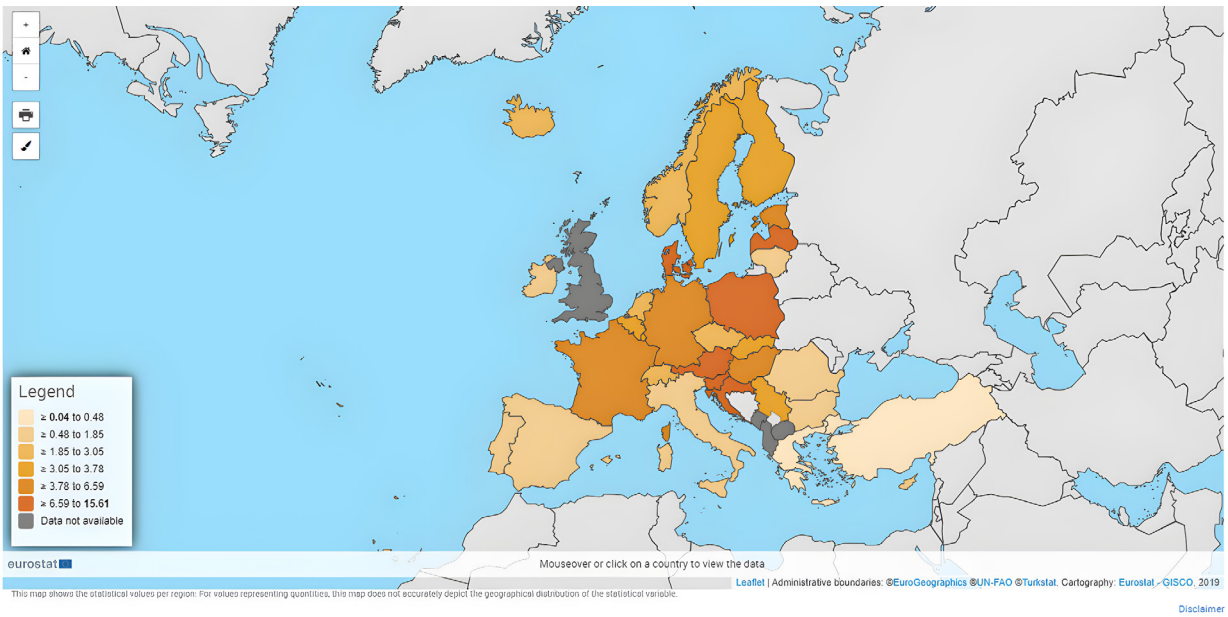

Figure 3: Map of alcohol-related death rates according to EUROSTAT

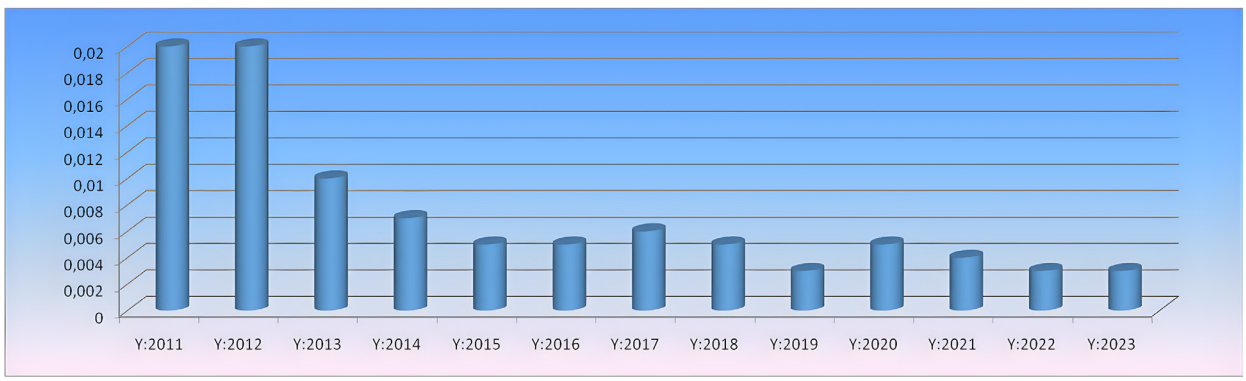

Figure 4: According to Turkish Statistical Institute data, Türkiye's alcohol-related death rates between 2011-2023

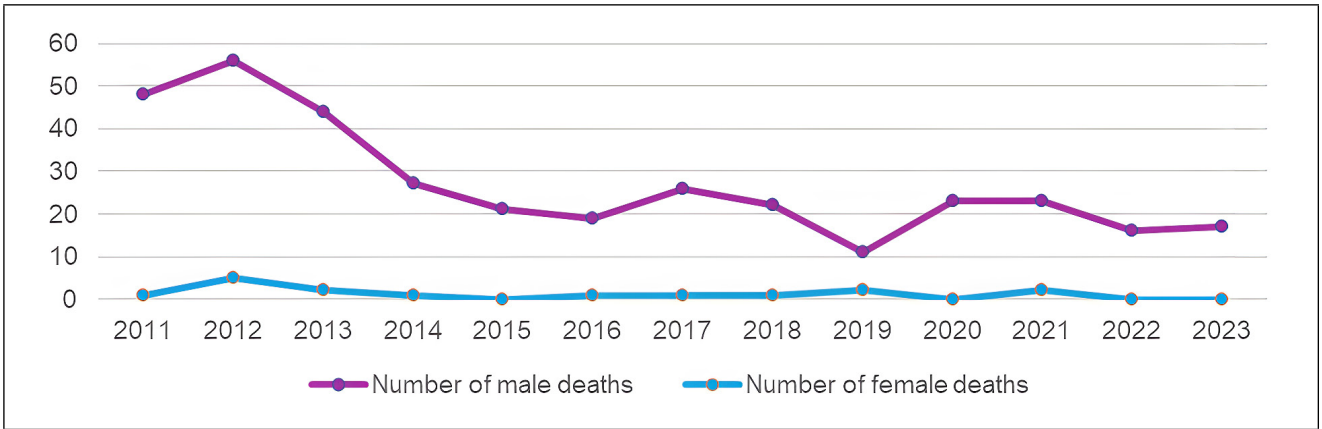

Figure 5: According to the Turkish Statistical Institute, the number of alcohol-related deaths by gender between 2011 and 2023

Table 1: According to the Turkish Statistical Institute[9], the number of alcohol-related deaths by gender and the rate of alcohol-related deaths by year

Year	Number of male deaths	Number of female deaths	Percentage (%)
2011	48	1	0.02
2012	56	5	0.02
2013	44	2	0.01
2014	27	1	0.007
2015	21	0	0.005
2016	19	1	0.004
2017	26	1	0.006
2018	22	1	0.005
2019	11	2	0.002
2020	23	0	0.004
2021	23	2	0.004
2022	16	0	0.003
2023	17	0	0.003
			Mean: 0.007

Discussion

In a study conducted in Malmö, Sweden, the role of alcohol abuse on mortality was examined. Among a population of more than 10,000 men between the ages of 46 and 48, 199 men were found to have died after an average of 3 years of follow-up. 61 (30.7%) deaths were alcohol-related, the number of deaths with alcohol history was 78 (39.2%), and 10 (5.0%) of the deaths were identified as alcohol etiology in official death statistics (10). A study conducted in the USA found that alcohol-related deaths increased between 2019 and 2020 (from 78,927 to 99,017) during the COVID-19 pandemic.Alcohol-related deaths constituted 2.8% of all deaths in 2019 and 3.0% in 2020. It was determined that the number of deaths due to alcohol-related illness increased from 24,106 to 29,504, and the number of deaths due to alcohol-related mental disorders increased from 11,261 to 15,211. It was determined that the number of deaths due to alcohol, which causes overdose of synthetic opioids other than methadone, increased from 6,302 to 10,032 (11). A Swedish study found that although alcohol-related deaths are less reported (e.g., accidents), alcohol contributes to disparities in socioeconomic death rates in Sweden (12). In a study conducted in the USA, large accelerated increases in alcohol-related death rates were observed across age and racial/ethnic groups. Significant increases in alcohol-related death rates have been detected among young age groups (13). In a study, alcohol was the underlying cause of 1,690 (1.7%) of the 101,320 deaths recorded in Northern Ireland between 2001 and 2007. It was also a contributing cause of 1,105 deaths. Increased overall prevalence to 2.3% (14). A study conducted in California found that excessive alcohol consumption caused more than 10,000 deaths and 72,000 non-fatal hospitalizations. Most of the results involved chronic disease caused by long-term binge drinking. There were more deaths and hospitalizations due to alcohol use in men than in women. It was determined that alcohol-related deaths and hospitalizations occurred due to disease in people between the ages of 50-64, and due to injury in people between the ages of 20-34 (15). A meta-analysis study found that alcohol consumption increases the risk of death by suicide by 94% (16). A prospective study conducted in Norway emphasized that alcohol consumption in the elderly may have an effect on increasing death due to dementia (17). A retrospective study found that alcohol-related death rates were higher

in lower socioeconomic groups (18). A study conducted in Finland emphasized that living alone has a significant effect on the risk of alcohol-related death (19). Another study from Finland showed that a large drop in alcohol prices increased the rate of alcohol-related deaths, except for people under 40 (20). In a study conducted in four Scandinavian countries between 1990 and 2013, Finland and Denmark were found to have a higher burden of alcohol-related diseases than Sweden and Norway (21). A cohort study conducted in the USA predicted that alcohol-related cirrhosis, alcohol-related liver disease, and hepatocellular carcinoma will increase significantly by 2040. It has been stated that alcohol consumption is likely to continue, especially among women. It was emphasized that changes and interventions in drinking culture should be addressed to reduce the burden of alcohol-related liver disease (22). A meta-analysis study showed an association between excessive alcohol consumption and colorectal cancer, which significantly increases mortality (23). In a study conducted in the USA, it was estimated that 1 in every 8 deaths in individuals between the ages of 20 and 64 was due to excessive alcohol use. Showed that implementing evidence-based alcohol policies can reduce these rates (24). One study found that grief increases the risk of both alcohol-related death and all types of death (25). A study conducted in France found that alcohol caused 49,000 deaths in 2009. 40% of these deaths were in individuals under the age of 65 (26). In this study, we compared the average alcohol-related death rates of 37 countries between 2011 and 2021 according to EUROSTAT data. The country with the highest alcohol-related death rate was Slovenia, with 13.41%, followed by Denmark at 10.33% and Latvia at 7.36%. This rate was found to be 0.06% in Türkiye. According to the Turkish Statistical Institute data, the average alcohol-related death rate between 2011 and 2023 was found to be 0.007. The highest years were 2011 and 2012. When the EUROSTAT and TURKSTAT data are compared, different results emerge. It is not known why Türkiye's alcohol-related mortality rate in EUROSTAT differs from the alcohol-related mortality rate in TURKSTAT. The reason for the data inconsistency on this issue is not fully understood. This rate is higher in most of the 36 countries compared to Türkiye. There is no clear information in either database as to whether autopsies were performed to determine alcohol-related deaths. Alcohol is seen to cause death directly or indirectly by causing chronic diseases. We see the biopsychosocial effects of alcohol in many of the studies above. The studies conducted and the data obtained in this study show that alcohol-related death rates are still at very significant levels in many countries. As a result of the evaluation of data obtained from two different institutions in determining alcohol-related death rates, it was determined that the death rate was higher in men than in women, and the fact that we reached similar results in both datasets constitutes the strengths of this study. In addition, full access to data constitutes a strong aspect of this study. Having full access to the data allowed us to evaluate the findings more accurately.

Limitations

There is not enough information in the data about the extent to which physical examination, laboratory, and autopsy are used to detect alcohol-related death. Detailing these cause-of-death determination methods in the data will help us reach a more accurate alcohol-related death rate. Another limitation is the lack of more country data on the EUROSTAT website.

Conclusion

It is known that alcohol causes injuries, diabetes, alcoholic liver, cirrhosis, hepatocellular cancer, upper gastrointestinal cancers, breast and bladder cancers, cardiovascular diseases, and neuropsychiatric diseases. As a result of these situations, the person's risk of death increases. In addition, the negative impact of alcohol on life increases significantly in groups with low socioeconomic levels. When we look at the 37 countries in the EUROSTAT data, Slovenia, Denmark, and Latvia stand out in alcohol-related death rates between 2011 and 2021. The lowest alcohol-related death rates are seen in Montenegro, North Macedonia, and Albania. Both EUROSTAT and TURKSTAT data show that this rate is low in Türkiye. According to the results, both in the countries included in EUROSTAT and in the TURKSTAT data, alcohol-related mortality rates in Türkiye are higher for males than for females. There is no information in either the EUROSTAT or the Turkish Statistical Institute data on the extent to which autopsies are performed to determine the cause of alcohol-related deaths. In general, it does not seem easy to detect a death directly related to alcohol. For this reason, when reporting death, detailing the causes of death or supporting them with autopsy findings will be useful in detecting alcohol-related deaths. This will help determine the actual causes of death. In countries where alcohol-related death rates are high, developing alcohol-related intervention actions and adjusting policies will be effective in reducing death rates. We believe that this study will encourage further research and the creation of more comprehensive data sets on alcohol-related deaths in the future.

Declarations

Ethics approval and Funding

This study did not require ethical approval because it did not involve human or animal experiments and used open-source data. The author did not receive any financial support for the research, writing, and/or publication of this article.

Conflicts of Interest

The author declared that there were no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Availability of data

The data sets used for the study and analyzed can be obtained from the author upon valid request.

Authors' contributions

The author declares that he has made the design, execution and analysis of the article and approves the final version.

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References

1. Rehm J, Gmel G, Sempos CT, et al. Alcohol-related morbidity and mortality. Alcohol Research & Health. 2003;27(1):39.
2. Bobak M, Malyutina S, Horvat P, et al. Alcohol, drinking pattern and all-cause, cardiovascular and alcohol-related mortality in Eastern Europe. European J of Epi. 2016;31:21-30.
3. Park SH, & Kim DJ. Global and regional impacts of alcohol use on public health: emphasis on alcohol policies. Clin Mol Hepatol. 2020;26(4):652–61.
4. White AM, Castle IJP, Hingson RW, et al. Using death certificates to explore changes in alcohol-related mortality in the United States, 1999 to 2017. Clinic and Exper Research. 2020;44(1):178-87.
5. Trimble G, Zheng L, Mishra A, et al. Mortality associated with alcohol-related liver disease. Alimen Pharm & Therap. 2013;38(6):596-602.
6. Moustgaard H, Joutsenniemi K, Sihvo S, et al. Alcohol-related deaths and social factors in depression mortality: a register-based follow-up of depressed in patients and antidepressant users in Finland. J of Affect Disord. 2013;148(2-3):278-85.
7. Tuusov J, Lang K, Väli M, et al. Prevalence of alcohol-related pathologies at autopsy: Estonian Forensic Study of Alcohol and Premature Death. Addic. 2014;109(12):2018-26.
8. Eurostat. Database. 11.08.2024, https://ec.europa.eu/eurostat/web/health/database
9. Türkiye İstatistik Kurumu (TÜİK). Nüfus ve Demografi. 11.08.2024, https://data.tuik.gov.tr
10. Petersson B, Kristensson H, Krantz P, et al. Alcohol-related death: a major contributor to mortality in urban middle-aged men. The Lancet. 1982;320(8307):1088-90.
11. White AM, Castle I-JP, Powell PA, et al. Alcohol-related deaths during the COVID-19 pandemic. JAMA. 2022;327(17):1704-06.
12. Hemström Ö. Alcohol-related deaths contribute to socioeconomic differentials in mortality in Sweden. The Europ J of Pub Health. 2002;12(4):254-62.
13. Spillane S, Shiels MS, Best AF, et al. Trends in alcohol-induced deaths in the United States, 2000-2016. JAMA Net Open. 2020;3(2):e1921451-e1921451.
14. Durkin A, Connolly S, O'Reilly D. Quantifying alcohol-related mortality: should alcohol-related contributory causes of death be included? Alco & Alcoholism. 2010;45(4):374-78.
15. Stahre M, Simon M. Alcohol-related deaths and hospitalizations by race, gender, and age in California. The Open Epi J. 2010;3(1).
16. Isaacs JY, Smith MM, Sherry SB, et al. Alcohol use and death by suicide: A meta-analysis of 33 studies. Suic and Life-Threat Behav. 2022;52(4):600-14.
17. Ormstad H, Rosness TA, Bergem ALM, et al. Alcohol consumption in the elderly and risk of dementia related death-a Norwegian prospective study with a 17-year follow-up. Int J of Neuro. 2016;126(2):135-44.
18. Mackenbach JP, Kulhánová I, Bopp M, et al. Inequalities in alcohol-related mortality in 17 European countries: a retrospective analysis of mortality registers. PLoS Med. 2015;12(12):e1001909.
19. Herttua K, Mäkelä P, Martikainen P. An evaluation of the impact of a large reduction in alcohol prices on alcohol-related and all-cause mortality: time series analysis of a population-based natu-ral experiment. Int J of Epi. 2011;40(2):441-54.
20. Herttua K, Martikainen P, Vahtera J, et al. Living alone and alcohol-related mortality: a population-based cohort study from Finland. PLoS Med. 2011;8(9):e1001094.
21. Agardh EE, Danielsson AK, Ramstedt M, et al. Alcohol-attributed disease burden in four Nordic countries: a comparison using the Global Burden of Disease, Injuries and Risk Factors 2013 study. Addic. 2016;111(10):1806-13.
22. Julien J, Ayer T, Bethea ED, et al. Projected prevalence and mortality asso-ciated with alcohol-related liver disease in the USA, 2019–40: a modelling study. The Lancet Pub Health. 2020;5(6):e316-23.
23. Cai S, Li Y, Ding Y, et al. Alcohol drinking and the risk of colorectal cancer death: a meta-analysis. Europ J of Cancer Preven. 2014;23(6):532-39.
24. Esser MB, Leung G, Sherk A, et al. Estimated deaths attributable to excessive alcohol use among US adults aged 20 to 64 years, 2015 to 2019. JAMA Net Open. 2022;5(11):e2239485-e2239485.
25. Doku DT, Neupane S, Dobewall H, et al. Alcohol-related mortality and all-cause mortality following bereavement in two successive generations. Plos One. 2020;15(12):e0243290.
26. Guérin S, Laplanche A, Dunant A, et al. Alcohol-attributable mortality in France. The Europ J of Pub Health. 2013;23(4):588-93.