Harms from the drinking of relatives, friends & others: Initial findings from a 9-country study

Robin Room, Centre for Alcohol Policy Research, La Trobe University
Co-authors: Georgia Rankin, Dag Rekve, Thaksaphon Thamarangsi, Orratai Waleewong, Sally Casswell, Ramon Florenzano, Hanh TM Hoang, Isidore Obot, Lamy Siengsounthone, Hanh TM Vu & Anne-Marie Laslett

But there are also harms to others, about equally important as harms to the drinker.

Ratings by psycho-pharmacologists of intrinsic harmfulness: harm to others made alcohol the most harmful substance

→ Alcohol’s harm to others as one of 4 streams of work in WHO’s Global Strategy to Reduce the Harmful Use of Alcohol

The burden from alcohol is mostly measured in terms of health effects on the drinker: 6th as global risk to health

But there are also harms to others, about equally important as harms to the drinker.

Ratings by psycho-pharmacologists of intrinsic harmfulness: harm to others made alcohol the most harmful substance

Two windows on alcohol’s harm to others: social response agency registers, and population surveys; looking here at survey data

• WHO/TH STUDY MODELLED ON AUSTRALIAN & NZ 2008 SURVEYS

• 6+1 COUNTRIES IN WHO/TH STUDY:
  Chile, Nigeria, India, Sri Lanka, Thailand, Vietnam; Laos

• PLUS, IN THIS ANALYSIS:
  Australia, New Zealand

Surveys in whole country or selected regions; survey N at least 1500. Response rate >90% except in NZ (64%) & Australia (35%)

Interpersonal harm resulting from another’s drinking in the last 12 months: 1. specific harms from “known drinkers”

Known drinkers: partner, household member, family, friend harmed you physically threatened or afraid at home or private setting forced or pressed into something sexual left home to stay somewhere else house, car or property damaged passenger in a car with drinking driver emotionally hurt or neglected stopped seeing the person they failed to do what they were counted on to do
Interpersonal harm resulting from another’s drinking in the last 12 months: 2. specific harms from a stranger’s drinking

Strangers (“someone you did not know”) harmed you physically responsible for a traffic accident involving you house, car or property damaged called you names or insulted you made you afraid when encountered them felt unsafe in a public place kept awake at night by drunken noise

Overall degree of harm scores (on a scale of 0-10; approx. for Australia) from known drinkers from strangers’ drinking

Scores based on specific harm items

Whether harmed (any specific harm) by known drinker by stranger

Mean no. of specific harms, among those with any by known drinker by stranger

In the tables, countries are in descending order of national p.c. income.

### Degree of harm; % with any specific harm, and number if so.

Family/Friend harms > in Thailand, Vietnam, < in Nigeria, Laos; Stranger harms > in richest 3 countries, but more serious in Thailand. Red: high in column; Green: low in column.

### Interpersonal harm resulting from another’s drinking in the last 12 months:

<table>
<thead>
<tr>
<th>Known drinkers</th>
<th>Known</th>
<th>Stranger</th>
<th>Average</th>
<th>Any harm</th>
<th>of harms</th>
<th>Any harm</th>
<th>of harms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>1.5</td>
<td>1.6</td>
<td>1.6</td>
<td>26</td>
<td>2.5</td>
<td>60</td>
<td>2.0</td>
</tr>
<tr>
<td>New Zealand</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>44</td>
<td>3.8</td>
<td>31</td>
<td>1.8</td>
</tr>
<tr>
<td>Chile</td>
<td>1.8</td>
<td>0.9</td>
<td>1.4</td>
<td>44</td>
<td>3.8</td>
<td>31</td>
<td>1.8</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1.8</td>
<td>0.9</td>
<td>1.4</td>
<td>44</td>
<td>3.8</td>
<td>31</td>
<td>1.8</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.1</td>
<td>2.2</td>
<td>2.6</td>
<td>62</td>
<td>1.3</td>
<td>34</td>
<td>1.2</td>
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<tr>
<td>Sri Lanka</td>
<td>1.8</td>
<td>0.9</td>
<td>1.4</td>
<td>44</td>
<td>3.8</td>
<td>31</td>
<td>1.8</td>
</tr>
<tr>
<td>Nigeria</td>
<td>0.7</td>
<td>0.6</td>
<td>0.7</td>
<td>24</td>
<td>2.3</td>
<td>18</td>
<td>1.3</td>
</tr>
<tr>
<td>Vietnam</td>
<td>2.8</td>
<td>3.1</td>
<td>3.3</td>
<td>58</td>
<td>3.5</td>
<td>43</td>
<td>2.5</td>
</tr>
<tr>
<td>India</td>
<td>1.5</td>
<td>1.4</td>
<td>1.5</td>
<td>58</td>
<td>2.5</td>
<td>53</td>
<td>2.4</td>
</tr>
<tr>
<td>Laos</td>
<td>0.5</td>
<td>0.9</td>
<td>0.7</td>
<td>30</td>
<td>1.7</td>
<td>24</td>
<td>1.7</td>
</tr>
</tbody>
</table>

### Interpersonal harm resulting from another’s drinking in the last 12 months:

3. summary measures (used here)

Any specific harm: Gender diff’s not often signific.; for known drinkers, higher for M in Australia & NZ, for M in India & Sri L.; for strangers, higher for M in Vietnam, for F in Thailand & India

### Any specific harm by age group: from known drinkers, more to young (not Sri Lanka, Nigeria, Vietnam; from strangers, more to young in the richer 3, Thal. & Sri L., to old in India

### SOME CONCLUSIONS: 1. VARIATIONS BY SOCIETY

- Across diverse nations and cultures, substantial proportions of adults report being harmed by another’s drinking in the last year.
- Reports of harm and of level of harm were generally lower in Laos and Nigeria than elsewhere, and higher in Thailand and in India. The average degree of harm score ranged more than 3-fold from 0.7 for Nigeria and Laos, to 2.3 for Vietnam and 2.6 for Thailand.
- Any harm from strangers was also high (though the degree of harm was not) in the three societies with the highest incomes – Australia, New Zealand and Chile.

### Known drinkers | Strangers’ drinking

<table>
<thead>
<tr>
<th>Age group</th>
<th>Known drinkers</th>
<th>Strangers’ drinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>36</td>
<td>56*</td>
</tr>
<tr>
<td>30-49</td>
<td>66</td>
<td>46*</td>
</tr>
<tr>
<td>50+</td>
<td>80</td>
<td>37</td>
</tr>
</tbody>
</table>

Signif. lower than: * 18-29; ** 30-49; *** 50+; +++ 50-65

Signif. lower than: * 18-29; ** 30-49; *** 50+; +++ 50-65

- Australia
- New Zealand
- Chile
- Sri Lanka
- Nigeria
- Vietnam
- India
- Laos

### Scores based on specific harm items

Whether harmed (any specific harm)

by known drinker

by stranger

Mean no. of specific harms, among those with any

by known drinker

by stranger

In the tables, countries are in descending order of national p.c. income.
SOME CONCLUSIONS:
2. VARIATIONS BY GENDER & AGE GROUP

- Gender differences in any harm were not great, though significant in one direction or the other in >½ of the comparisons.
- Age differences in experiencing harm were significant in 46% of the comparisons, most often in the direction of higher harms for adults under 30.
- But differences by age were concentrated in Australia, New Zealand, Chile, Thailand, and (though in both directions) in India. There were no significant differences by age group in Nigeria and Vietnam.

SOME CONCLUSIONS:
3. VARIATIONS BY SOCIETAL CHARACTERISTICS

- Other ongoing analyses of the 9 surveys find few clear variations in levels of reported harm from others’ drinking; for instance not
  - by national income (except for high rates of reported harm from strangers in the three richer countries),
  - by per capita consumption, or
  - by rates of abstention in the total population and among women
- Clearly having heavy drinkers among one’s family and friends is associated with experiencing more interpersonal alcohol-related harm, but societal-level factors and patterns predicting harm from others’ drinking mostly remain to be identified.

SOME LIMITATIONS

- Although labelled here with their country’s name, the fieldwork sites were regions rather than the whole country in most of the countries included
- While the data were carefully collected and managed in each site, and meticulously brought together in a common archive, there were some variations between sites in field procedures, skip instructions, etc. These will affect comparisons, though probably only with minor effect for the analyses and comparisons reported here.
- The attribution of the harm to drinking is made by the respondent, and will be affected by cultural differences in the extent and conditions under which an alcohol attribution for the harm will be accepted. In further analysis of this and associated studies, we aim to study this aspect further.

FUTURE DEVELOPMENTS

- With ThaiHealth, WHO is moving into Phase II of its study. Phase I included a scoping study on social and health agencies’ degree of recognition and handling of the role of others’ drinking in their caseloads; Phase II will pursue this further with systematic data collection on and from specific cases in caseloads in low- and middle-income countries – analysing data from this “other window” on alcohol’s harm to others and developing workable methods for routine recording of the dimension.
- Researchers in many countries are now studying alcohol’s harm to others, whether through population surveys, qualitative studies, or register and linkage studies. International consortia such as GENACIS and RARNA have taken up the topic. Researchers in the field are loosely linked by the International Group for the Study of Alcohol’s Harm to Others (IGSAHO), coordinated by Anne-Marie Laslett (A.Laslett@latrobe.edu.au).
- It is time for a new Australian population survey of Alcohol’s Harm to Others – the survey used in this paper is from 2008. We would welcome ideas and discussion on how it might be financed.

ACKNOWLEDGEMENTS

- The World Health Organization/ThaiHealth project and the project teams in each of its 7 countries
- Sally Casswell and her colleagues for New Zealand data
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Thanks! ... Any questions?