Alcohol’s harm to others and its potential international research and policy impact

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Harm from other people’s drinking is common and wide ranging. It ranges from the less severe, such as being kept awake at night by rowdy behaviour or covering up for a colleague who fails to turn up for work, through to much more severe consequences, such as domestic violence, assault or neglect of children.”

--Safe, Social, Sensible: The next steps in the Alcohol Strategy, UK Dept. of Health, 2007
Drinking’s harm to others is interactive, in major social roles

- From the perspective of the “other”: harm from drinkers in family, friend, work roles; and from strangers
- From the perspective of the drinker: harm from one’s own drinking in family, friend, work roles; and to strangers
- Missing in the duality: Collective harm (e.g. to productivity, to social cohesion) mostly outside both frames
Global development of alcohol’s harm to others studies

- Small but increasing number of survey items in North America and Europe
- Comprehensive framing limited
- Funding secured from AER/FARE in 2007
- Australian and NZ AHTO study development 2008
- HTO one of four priority areas for research in Global Alcohol Strategy (Stockholm meeting of WHO, 2009)
An Australian national study of alcohol’s harm to others

Laslett et al (2010)

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The Range and Magnitude of Alcohol’s Harm to Others

- How many are affected?
- In what ways are they affected or harmed?
- Who are affected?
- What is the relationship between them and the drinker?
- How deeply are they affected? Who needs help or care?
- What are the costs of drinking for others around the drinker -- in trouble, in time, in money?
Official registers: severe effects in 2008 from others’ drinking (in a population of 21.3 million)

- Deaths: 367
- Hospitalisations: 13,669
- Child protection cases: 19,443
- Domestic assault police cases: 24,581
- Assaults – public places, etc.: 44,852
- Hospital costs, crash injuries: $30m
- Hospital costs, assault victims: $59m
- Child protection system costs: $672m
Survey findings: who has been affected in the last year?

- Household members: 7%
- Relatives or partners: 11%
- Co-workers: 11%
- Friends: 5%
- Children: 5%
- Strangers -- More serious 46%
  - Including amenity 70%
Negative effects of problematic drinkers among family or friends

- 29% negatively affected at least a little in last year
- 9% negatively affected a lot
- Young women 18-29 most likely to be adversely affected (43% at least a little)
- Young men (27%) and middle-aged women (35%) also more likely to be affected
- Types of effects: lost time spent cleaning, caring for, transporting the drinker, emotional hurt and neglect, serious arguments, failure in social roles and financial effects, break ups (and staying elsewhere)
70% report one or more negative effects from strangers’ drinking in the last year
40% negatively affected at least a little
4% affected a lot
Young adults 18-29 most likely to be affected (females 61%, males 57%)
Types of effects: annoyed by vomit, urination or littering, experienced property damage, serious arguments, threats, physical abuse
Alcohol’s harms to others

The case for action is illustrated by the far-reaching impacts of alcohol misuse, including the harms caused to others.

**Human cost**
- 13,699 hospitalisations
- 24,581 domestic assaults
- 69,433 assaults
- 19,443 child protection cases
- 367 deaths

**Economic cost**
- $10.9 billion Labour costs
- $154.09 million Health care
- $30.39 million Road accidents
- $671.61 million Child protection

Promoting Harm to Others is vital to ensuring that people understand the need for immediate decisive action.
Follow up survey in the field: the persistence and change in adverse effects of others’ drinking between surveys

Focus on children and families

Qualitative studies in workplaces, at home, on the street

Monitoring of severe harms via registry data e.g. police, hospital, child protection data bases

Routine collection of alcohol’s harm to others survey data

Development of surveillance using multiple methods

Research on AHTO in indigenous populations

Intervention studies (BIs for family members)
“Second-hand smoking” and “second-hand drinking”

- Damage to others:
  - For smoking: an order of magnitude less than to the smoker
  - For drinking: in the same order of magnitude as to the drinker
- Why so little and so late an emphasis for alcohol? (An exception: drink driving)
Why so little and late an emphasis for alcohol?

- The effects are not confined to health and are often immediate rather than delayed
  - Heavily moralised territory (e.g., violence against women, child abuse) → focus on individual responsibility and away from environmental/population perspectives

- The long shadow of the temperance era (particularly in Anglophone countries)
  - 2+ generations of reaction against temperance, “I’m not a wowser”
  - Particularly in public health, since PH and temperance paradigms were so close

- How to present the findings on harm to others?
  - Pointing to public health rather than punitive individualistic approaches?
Looking beyond Australia

- Parallel survey study done in New Zealand
- World Health Organization stream of work under the Global Strategy on Alcohol
- WHO/ThaiHealth collaborative study in low- and middle-income countries
- Planning under way for studies in Switzerland, Ireland, UK, the Nordic countries, Canada, U.S.
- Further work proposed as an emphasis in new GENACIS (Gender, Alcohol & Culture) studies
  -- loose coordination through International Group on Studies of Alcohol’s Harm to Others
International Group for the study of Alcohol’s harms to others (IGSAHO)

- Australia and New Zealand
- WHO/Thai Health pilot project in Thailand, India, Sri Lanka, Nigeria
- Finland, Denmark, Norway, Sweden, Iceland
- US, Canada
- U.K. and Ireland
- GENACIS in 40 countries
International research agenda (WHO, 2009)

- WHO global research initiative on alcohol, health and development

- Harm to others from drinking “collateral damage” is one of four priority areas for research in the Global Alcohol Strategy

- Alcohol and non-communicable diseases
# AHTO – a policy lever

<table>
<thead>
<tr>
<th>Not just a matter of choice</th>
<th>It shows that involvement in alcohol-related harms is not merely a case of someone ‘choosing to drink to excess’ then being harmed as a consequence.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm without consent</td>
<td>It demonstrates that alcohol related impacts can be beyond the control of the person that is most affected (e.g. family members in child protection cases and family violence.)</td>
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<td>Quashing stereotypes</td>
<td>It goes part of the way in addressing the myth that while alcohol is a problem, it’s someone else’s problem by demonstrating the vast array of people affected.</td>
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<td>Everyone’s problem</td>
<td>By providing financial costs for harms, it also demonstrates that everyone is sharing the costs of these harms through healthcare, child protection, policing and lost productivity.</td>
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<td>Justification for regulatory measures</td>
<td>The “externalities” of harms to others are strong arguments for controls of alcohol’s availability</td>
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[Image of Turning Point logo]

[Image of fare logo]
Policies which will reduce alcohol’s harm to others

Alcohol consumption and harms are affected by the price, availability and promotion of alcohol.

- Discounting – including loss leading
- Package offers
- Taxation
- Minimum Pricing

- Outlet density
- Outlet range
- Trading hours
- Days of trading

- Advertising
- Sponsorship
- Promotions
- Marketing – including labelling

The evidence shows that population-wide alcohol policies which address the price, availability and promotion of alcohol will reduce harms.
In sum

- AHTO research is of increasing importance nationally and internationally because of its measurement of externalities, and the light it casts on alcohol as a commodity
- Strong argument for government intervention
- Findings important for high income countries
- More research is needed in low and middle income countries and these endeavours are supported at the international level