

A close-up photograph of a beer bottle being poured into a glass. The beer is creating a thick, white head of foam. Inside the foam, a small, realistic figure of a person is visible, appearing to be submerged or trapped. The background is dark, and several other beer bottles are visible in the background, slightly out of focus.

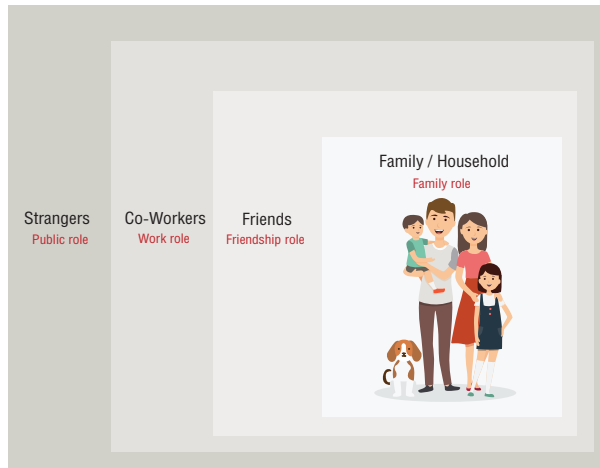
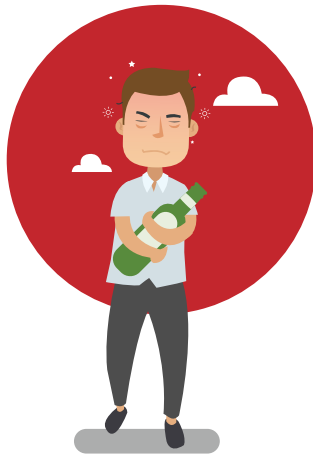
# THE HARM TO OTHERS FROM DRINKING

# ALCOHOL'S HARM TO OTHERS

## A new concept in measuring harms from alcohol

The adverse consequences of alcohol consumption include the negative consequences of drinking on individuals other than the drinkers themselves, including both health and social problems. Several terms have been used to refer to this concept, including for instance: the secondhand effects of drinking<sup>1</sup>, social harm from others' drinking<sup>2</sup>, collateral damage from alcohol<sup>3</sup>, negative externalities<sup>4</sup>, alcohol-related social victimization<sup>5</sup> and alcohol's harm to others.<sup>6,7</sup>

According to Room et al<sup>7</sup>, alcohol's harm to others (HTO) is an interactional occurrence at the level of individuals and their relationships and is determined from the perspective of those affected by the drinker rather than from the perspective of the drinker or the society. The major social relationships to drinkers involve four main sets of roles: family, friend, co-worker and stranger. The set of relationships closest to a drinker is the family and the household, which might be thought of in terms of the sphere of private life, whereas the most distant relationship, stranger, occurs in the sphere of public life. The term 'alcohol's harm to others' seems to be the term used most widely in the modern research literature. Alcohol's harm to others has become an accepted term in policy statements and is used widely in World Health Organization reporting systems.



<sup>1</sup> Langley, J.D., Kypri, K. & Stephenson, S.C.R. (2003) Secondhand effects of alcohol use among university students: computerised survey. *BMJ*, 327(7422): 1023-24. <https://doi.org/10.1136/bmj.327.7422.1023>

<sup>2</sup> Rossow, I. & Hauge, R. (2004) Who pays for the drinking? Characteristics of the extent and distribution of social harms from others' drinking. *Addiction*, 99(9): 1094-102. <https://doi.org/10.1111/j.1360-0443.2004.00788.x>

<sup>3</sup> Giesbrecht, N., Cukier, S. & Steeves, D. (2010) Collateral damage from alcohol: implications of 'second-hand effects of drinking' for populations and health priorities. *Addiction*, 105: 1323-5. <https://doi.org/10.1111/j.1360-0443.2009.02884.x>

<sup>4</sup> Greenfield, T.K., Ye, Y., Kerr, W., Bond, J., Rehm, J. & Giesbrecht, N. (2009) Externalities from alcohol consumption in the 2005 US National Alcohol Survey: implications for policy. *Int J Environ Res Public Health*, 6(12): 3205-24. <https://doi.org/10.3390/ijerph6123205>

<sup>5</sup> Fillmore, K.M. (1985) The social victims of drinking. *Br J Addict*, 80(3): 307-14. <http://www.ncbi.nlm.nih.gov/pubmed/3864482>

<sup>6</sup> Casswell, S., Ru, Q.Y. & Huckle, T. (2011) Alcohol's harm to others: reduced wellbeing and health status for those with heavy drinkers in their lives. *Addiction*, 106(6): 1087-94. <https://doi.org/10.1111/j.1360-0443.2011.03361.x>

<sup>7</sup> Room, R., Ferris, J., Laslett, A.-M., Livingston, M., Mugavin, J. & Wilkinson, C. (2010) The drinker's effect on the social environment: a conceptual framework for studying alcohol's harm to others. *Int J Environ Res Public Health*, 7(4): 1855-71. <https://doi.org/10.3390/ijerph7041855>

# A WHO/ThaiHealth International Collaborative Research Project on “Strengthening Networks and System Responses to Alcohol-Related Harm and Technical Capacity for Alcohol Policy Development”



## ‘Harmful use of alcohol’

defined as encompassing the drinking that causes detrimental health & social consequences for the drinker, **the people around the drinker** and society at large,

as well as the patterns of drinking that are associated with increased risk of adverse health outcomes

## What is the project about?

Alcohol's Harm to others (HTO) from drinking has been more widely publicized in recent years. It has been recognized as a potential focus for alcohol policy and social development. Thus, the issue of HTO was identified as one of four priority research areas (along with fetal alcohol spectrum syndrome, alcohol-related infectious disease and alcohol policy implementation in low- and middle-income countries – LMICs) at the World Health Organization (WHO) Research Initiative on Alcohol, Health and Development meeting in Stockholm in 2009. Thereafter, **the Global strategy to reduce harmful use of alcohol<sup>8</sup>** was adopted in 2010, and alcohol's harm to others was recognized as a major category of negative outcomes of alcohol consumption, and as one of the main areas to be addressed. Children, adolescents, women of child-bearing age, pregnant and breastfeeding women are highlighted as target populations which are at high risk of alcohol-attributable harm. Many policy options are proposed in order to prevent harm to others from drinking, and it is recognised that accessible support and service systems should be provided for those who are affected by drinkers.

In 2011, WHO, the Thailand Health Promotion Foundation (ThaiHealth) and the Centre for Alcohol Policy Research (CAPR) agreed to collaborate in supporting the development of a Master Research Protocol and in conducting and supporting the International research project on harm to others in LMICs, under **the Memorandum of Understanding between WHO and ThaiHealth on Health Promotion (MOU)<sup>9</sup>**.

**The main goal of the study** is to understand the scope and magnitude of HTO, to measure the extent of recognition and ways of addressing HTO in health and social service agencies, and to draw out the implications of the findings for policies and interventions to reduce the harmful use of alcohol and its consequences.

**The main objective of the study** is to chart and measure the many ways in which drinking may adversely affect others around the drinker, and the diverse responses to such harms by societal response agencies, in a selection of LMICs. **A second objective** is to compare profiles and prevalence of HTO between societies, as well as within each society, and to develop and test hypotheses about explanations of the differences found, with a view to improving preventive policies and the public health response to HTO.

<sup>8</sup> World Health Organization (2010b) Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization. [http://www.who.int/substance\\_abuse/publications/global\\_strategy\\_reduce\\_harmful\\_use\\_alcohol/en/](http://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/)

<sup>9</sup> The MOU WHO/ThaiHealth has been continued; the ongoing MOU is the third MOU covering 2018-2020

# The Master Research Protocol **Phase I and Phase II**

The study is designed in two phases, using two types of “windows” to get a view of alcohol’s harm to others in the society, including (i) a general population survey: asking a cross-section of the population about their personal experience with HTO in both the private and the public spheres and (ii) agency caseload studies: the actions and records of health and social response agencies, which deal with injury, crime, child neglect and family problems. In looking at the issue through both windows, and comparing the distributions and patterns found, the study aims for a balanced approach relevant to prevention of as well as societal responses to HTO.

<b>Phase I (2010-2012)</b> <b>General population survey</b> <b>Scoping and assessment study</b>	<b>Main objectives:</b> <ul style="list-style-type: none"><li>● to chart and measure the many ways in which drinking may adversely affect others around the drinker</li><li>● to compare profiles and prevalence of HTO between societies, as well as within each society</li></ul>
<b>Phase II (2012-present)</b> <b>Agency caseload studies</b> <b>Casenote and register data analyses</b>	<b>Objectives:</b> <ul style="list-style-type: none"><li>● To measure the proportions of specific types of cases coming to the attention of problem-oriented health, social and legal agencies where another’s drinking is involved in the situation or event which has brought the case to the agency’s caseload.</li><li>● To investigate and describe patterns by which others’ drinking, in interaction with other factors, contributes to the occurrence of harmful situations or events to which agencies are responding.</li><li>● To investigate and measure whether and how agencies, in their routine responses to harmful situations or events, notice, record and respond to others’ drinking as a dimension.</li><li>● To compare cases coming to the attention of health, social and legal agencies with respondents in the general population survey from HTO Phase I</li></ul>

The WHO/ThaiHeath Master Research Protocol Phase I and Phase II were developed in the course of the MOU WHO/ThaiHealth<sup>10</sup>. The protocols were approved by the WHO Research Ethics Committee (ERC) in June 2012 and April 2018, respectively. These protocols were for application in LMICs in a collaborative project, to study HTO in each society and also to make cross-national analyses. The protocol is also expected to be more widely applied in future projects, including in developed countries.

<sup>10</sup>

Rekve D, Thamrangsri T, Waleewong O, Room and Laslett A-M (2016). The Harm to Others From Drinking. A WHO/ThaiHealth International Collaborative Research Protocol. 2012 Master Research Protocol, updated 2015. Bangkok: Thai Health Promotion Foundation and World Health Organization. (<https://doi.org/10.26181/5b84ebd47b944>)

# Categorization of the survey items from the WHO/ThaiHealth Master Research Phase I Protocol

Harms from others’ drinking can take many forms and involve varying severity, ranging from minor impacts such as being annoyed to severe impacts such as assault and death. It may be concrete and externally verifiable, as with injuries or property damage, or may be more subjective.

The harm in this perspective is not limited to criminal behaviour or events or to social misbehaviours of the drinker, but includes intentional and unintentional injury such as physical assault and traffic accidents; neglect or abuse of a partner or household members; property damage; loss of amenity such as being kept awake or being frightened; as well as quality of life.

Type of HTO	Harm events/Conditions
(a) Aggression, violence and misconduct	<b>Violence, assault, threat and harassment:</b> Assault, physical hurt, hitting, pushing and shoving; insult, scolding and verbal abuse; threat or harassment in public or private settings; serious argument; and sexual harassment <b>Property damage and acts against property:</b> Clothes and belongings being ruined; house, car and property damage; and robbery or having money stolen <b>Traffic accidents and dangerous acts by a drinker:</b> Involvement in a traffic accident with a drunk driver or being a passenger of a drunk driver
(b) Amenity harms, public disorder and safety*	<b>Amenity harms:</b> Feeling unsafe in public places; being disturbed/woken up at night due to loud noise; and nuisance/vomiting, littering by drinkers
(c) Social relationship-related consequences	<b>Interpersonal relationship problems because of a person’s drinking:</b> Problems with a friend or neighbor and family problems or marriage difficulties
(d) Work-related harm due to colleague’s drinking	<b>Productivity loss:</b> Performance adversely affected; work burden increased and accidents at work
(e) Psychological harm and personal wellbeing (including reactions to the drinker due to the drinker’s delinquent behaviour)	<b>Psychological harm because of others’ drinking:</b> Emotional hurt, being neglected, feeling sad; fleeing from home; and avoiding meeting a friend due to embarrassment over the drinking of a family member mental health, quality of life and wellbeing (Note: the Master Protocol used the EQ5D and Personal Wellbeing Index as tools for measuring this dimension. These tools are not alcohol-specific.)
(f) Burden and taking care of the drinker (due to failure of the drinker in social role functions)	<b>Extra housework:</b> Cleaning up after drinking; caring for the drinker/ other people the drinker is responsible for; and taking the drinker somewhere/picking the drinker up
(g) Financial burden and economic costs of others’ drinking	<b>Financial consequences and out-of-pocket expenses (and time) spent or lost in harm events due to others’ drinking</b> such as financial trouble, involvement in traffic accidents, damaged property, ruined personal belongings, financial stress in the household, and stolen money or other valuables
(h) Seeking help and access to social services as result of others’ drinking	<b>Services from which help sought:</b> Health care and medical services; police and justice services; social welfare services; and informal sources of help (such as family members, friends, neighbors)

# Who we are

## The Global research team

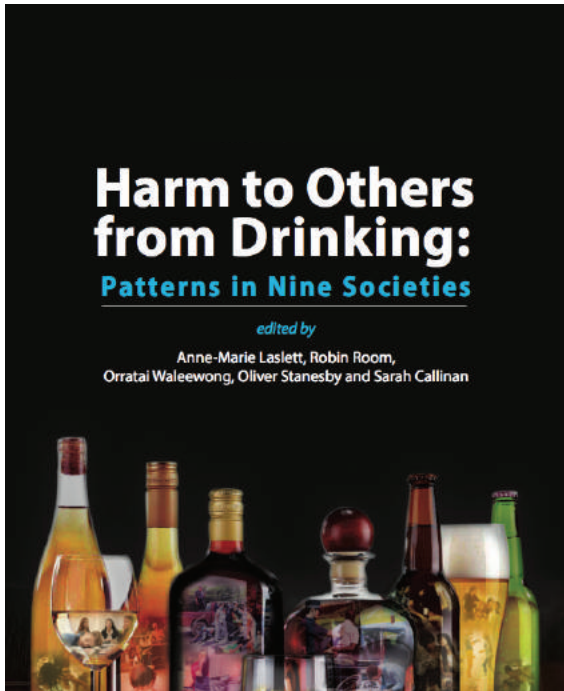
Overall project coordination is jointly being done by the WHO Management of Substance Abuse team in the WHO Department of Mental Health and Substance Abuse and the International Health Policy Program (IHPP), Thailand. The Centre for Alcohol Policy Research (CAPR), La Trobe University, Australia provides technical support and central data management for the project implementation. Mr Dag Rekve (WHO) and Dr Orratai Waleewong (IHPP) have served as the co-principal investigators and co-ordinators. Prof Robin Room and Dr Anne-Marie Laslett (CAPR) have served as the co-principal investigators and technical advisors.



## Our work so far

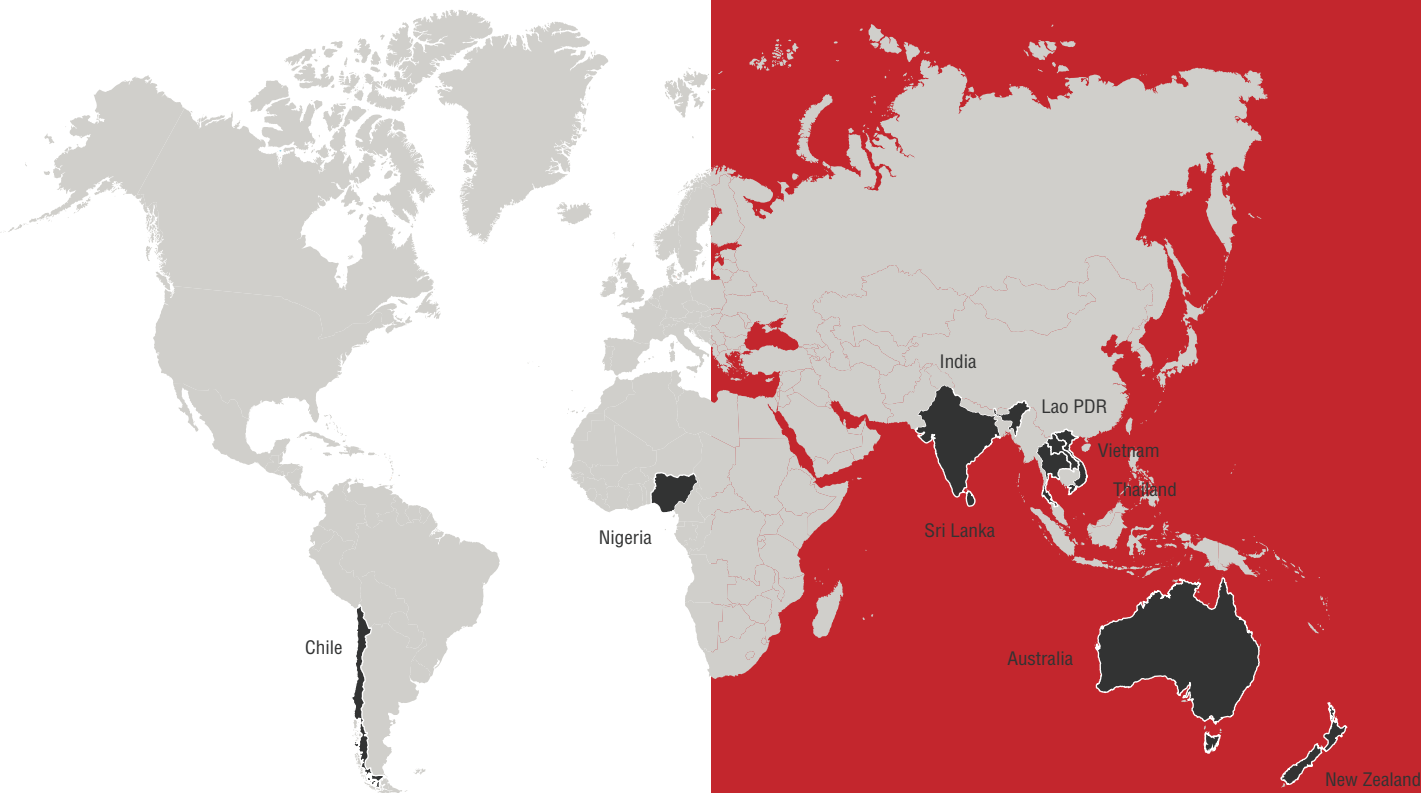
Each country prepared a national report on HTO Phase I in their country, comprising an overview of the scoping study and survey results. In addition, the global research team together with the principal investigators from each site, including Australia and New Zealand, are working on international publications about the interpersonal harm from alcohol consumption, additionally generating knowledge from cross-national comparative analyses with technical and financial support from CAPR and the Australian National Health and Medical Research Council. The methods of the collaborative population survey project measuring the range and magnitude of HTO internationally are outlined in Callinan, Laslett, Rekve et al. (2016). Currently, the sites are collecting data for Phase II.

# List of key publications so far from the cross-national analyses



- Laslett, A.-M., Room, R., Waleewong, O., Stanesby, O. and Callinan, S. (Eds) (2019), **Harm from others' drinking: patterns in nine societies**. Geneva: World Health Organization.
- Callinan, S. et al. (2019) **Harms from a partner's drinking: an international study on adverse effects and reduced quality of life for women**. The American Journal of Drug and Alcohol Abuse, 45:2, 170-178, <https://doi.org/10.1080/00952990.2018.1540632>
- Room, R., Callinan, S., Greenfield, T.K., Rekve, D., Waleewong, O., Stanesby, O., Thamarangsi, T., Benegal, V., Casswell, S., Florenzano, R., Hanh, TMH, Hettige, S., Karriker-Jaffe, KJ, Obot, I., Rao, G., Siengsounthone, L., and Laslett, AM. (2019) **The social location of harm from others' drinking in ten societies**. Addiction 144:3, 425-433 <https://doi.org/10.1111/add.14447>
- Stanesby, O., Callinan, S., Graham, K., Wilson, I., Greenfield, TK., Wilsnack, S., Hettige, S., Hanh, TMH., Siengsounthone, L., Waleewong, O., & Laslett, A.-M. (2018). **Harm from known others' drinking by relationship proximity to the harmful drinker and gender: A meta-analysis across ten countries**, Alcoholism: Clinical and Experimental Research. 42(9): 1693-1703 <https://doi.org/10.1111/acer.13828>
- Waleewong, O. et al. (2018) **Seeking help for harm from others' drinking in five Asian countries: variation between societies, by type of harm, and by source of help**, Alcohol & Alcoholism, 53(6): 667-673 <https://doi.org/10.1093/alcalc/agy044>
- Waleewong, O. et al. (2018) **Harm from others' drinking-related aggression, violence and misconduct in five Asian countries and the implications**. Int J Drug Policy 56: 101-07. <https://doi.org/10.1016/j.drugpo.2018.03.015>
- Laslett, A.-M. et al. (2017) **A multi-country study of harms to children because of others' drinking**, Journal of Studies on Alcohol and Drugs; 78(2):195-202. doi: 10.15288/jsad.2017.78.195 10.15288/jsad.2017.78.195
- Laslett, A.-M. et al. (2016) **Scoping response system management of alcohol's harm to others in lower middle- income countries**, Nordic Studies on Alcohol and Drugs; 33:5-6. <https://www.degruyter.com/view/j/nsad.2016.33.issue-5-6/nsad-2016-0043/nsad-2016-0043.xml>
- Callinan, S., Laslett, A.-M., Rekve, D. et al. (2016) **Alcohol's harm to others: an international collaborative project**. The International Journal of Alcohol and Drug Research, 5(2): 25-32. <http://dx.doi.org/10.7895/ijadr.v5i2.218>





## THE STUDY SITES

The study sites of Phase I include Chile, India, Sri Lanka, Nigeria, Vietnam and Thailand (Lao People's Democratic Republic also conducted research using the WHO/TH Master Research Protocol). The study sites of Phase II include India, Sri Lanka, Vietnam, Thailand and Lao People's Democratic Republic.

## OUR COLLABORATIONS

Apart from in the nine countries in the cross-national comparative project, this HTO survey was conducted in many countries worldwide, including the USA, six Northern European Countries (Denmark, Finland, Iceland, Norway, Sweden and Scotland), Switzerland, Scotland, Ireland, Brazil and Belize. Two main HTO global research networks are: IGSAHO – International Group for Studies of Alcohol's Harm to Others and GENAHTO - Gender, Alcohol and Harm to Others (<http://gen-ahto.org/>), an international study group with US funding for comparative survey analyses on alcohol's harm to others, 2016-2020, involving more than 40 countries.