

HARMS FROM OTHERS' DRINKING, IN AUSTRALIA AND GLOBALLY – INTIMATE IMPACTS AND POLICY RESPONSES

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Overall aim of the Symposium:

Australia has led research on alcohol's harm to others (HTO). Dozens of countries have used a version of the HTO survey and are drawing attention to the ways in which alcohol affects relationships, families and communities. There are substantial policy implications of thinking of alcohol (and drug) problems in terms of interactions – implications for AOD treatment policy and approaches; and for regulation of availability. This symposium highlights HTO both in 7 low- and middle-income countries (LMIC) and in Australia and New Zealand. The symposium presentations describe who is affected and how those affected end up caring for drinkers they know. Then the attention turns back to Australia to examine the policy situation and how experience of harm from others' drinking is linked to readiness to support policy change on alcohol availability. A main focus of the discussion following the presentations will be how new data on alcohol's harm to others can influence policy discussions and decisions.

PRESENTATION 1 – HOW PEOPLE ARE PHYSICALLY HARMED OR THREATENED BY OTHERS’ DRINKING IN LOW AND MIDDLE INCOME ASIAN COUNTRIES

Waleewong O, Laslett Am, Room R.

Introduction and Aims: Alcohol-attributable criminal and victimization harm (AACVH) is linked to personal security, social safety and human rights. This study examined AACVH in five Asian LMIC (Thailand, Sri Lanka, India, Lao PDR and Vietnam), aiming: to compare the magnitude and pattern of such harms across countries; to examine associations within countries between the experience of such harm and individual factors; and to compare effects of contextual variables across countries.

Design and Methods: A cross-national comparative analysis of population surveys from a WHO/Thai Health collaborative study.

Key Findings: Overall, in the past 12 months, 57% of all respondents in the five Asian countries reported being harmed at least once and 36% reported experiencing criminal and victimization harm of at least 2 different types. Thailand reported the largest proportions of most types of harm, whereas Lao PDR reported the lowest proportions of most types. Generally, age group and the drinking pattern of the respondent were risk factors for experiencing harm, though drinkers and nondrinkers differed less in Thailand. Urbanization played a different role in Sri Lanka than elsewhere, and employment was a significant factor in predicting some types of harm in India.

Discussion and Conclusions: The variations between these Asian countries in the prevalence of AACVH are not easily explained by a single factor such as per-capita consumption. The countries differed also in the relations between harm and contextual variables. Further study is needed to pin down the factors involved in differences between societies in these relationships.

Implications for Practice and Policy: Despite these substantial rates of AACVH, a parallel scoping study found that health and other societal response agencies pay little attention to this dimension. Reducing harms from others’ drinking requires reorientation of treatment practices as well as policies to increase control of markets in alcohol.

PRESENTATION 2 – HARMS TO OTHERS IN THE FAMILY: A CROSS-NATIONAL GENDERED PERSPECTIVE

Laslett Am, Callinan S, And Stanesby O.

Introduction and Aims: Initial studies of alcohol's HTO have found that women are more likely than men to have been affected by people they know, particularly within the family. This study aims to examine whether the patterns of HTO within families are similar worldwide.

Design and Methods: Similar cross-sectional HTO surveys were undertaken in nine countries (Australia, Chile, India, Lao PDR, New Zealand, Nigeria, Sri Lanka, Thailand and Vietnam) of 20,455 respondents. Gender and relationship type were examined as correlates of harm.

Results: The percentage of respondents who reported harm from family, friends and acquaintances ranged from 17% of New Zealanders to 60% of Thai respondents. Harms were significantly higher for females than for males in Australia and New Zealand, and higher for males than for females in Sri Lanka and India, but elsewhere rates by gender were similar. In all countries women were more likely than men to report that the most harmful drinker in their life was a household member (ranging from 19% in Chile to 60% in India).

Discussion and Conclusions: Gendered drinking and patterns of HTO differed between LMIC and higher income countries. In Australia around 80% of drinking is consumed in private spaces. In contrast, men in LMIC are similarly or more likely to be harmed by those they know than women, potentially because men drink outside the household with men they know. However, when women are harmed by someone they know it is more likely to be from a household member in all countries.

Implications for Policy: Campaigns to reduce problematic drinking need to incorporate the patterning of HTO by gender. In Australia, the main locus of drinking in the last half-century has switched from being primarily outside to inside the household. It may be time to re-examine policies and social trends which have favoured this shift.

PRESENTATION 3 – A CROSS-NATIONAL COMPARISON ON CARING FOR OTHERS BECAUSE OF DRINKING BY OTHERS

Jiang H, Laslett Am

Introduction and Aims: As one type of alcohol-related cost or harm, caring for others because of their drinking has been largely neglected in previous studies. This study aims to examine variation in reports of caring for others because of another's drinking across 9 different countries.

Design and Methods: A cross-national alcohol's harm to others survey was administered to 19,576 respondents aged 18+ in 7 low- and middle-income and 2 high-income countries. Multivariate logistic regression analysis was used to predict prevalence of caring for others across a variety of demographic and social economic factors, including age, gender, employment, family composition and drinking frequency, country's education level and Gross National Income.

Key Findings: There was marked variation in rates across countries. Thailand had the highest prevalence rate of caring for others (45%). In most countries, females reported a higher rate of caring for children and other dependents than males, but males reported a higher rate of driving the family or friends to somewhere or picking them up than females. The odds ratios show that the demographic and socioeconomic predictors are stronger correlates of prevalence of caring for others in low- and middle-income countries than in high-income countries.

Discussion and Conclusions: Caring for the drinker and the drinker's dependents brings a great burden to the drinker's family, friends, co-workers and others in all countries studied. This burden falls particularly on women in low-middle and high income countries.

Implications for Policy: Reducing population level alcohol consumption may diminish the harms to drinkers, harm to others from drinkers and the burden placed on those caring for drinkers and their dependents (due to the drinker's incapacity). It may also lower the opportunity cost due to such caring.

PRESENTATION 4 – EXPERIENCE OF ALCOHOL-RELATED HARM AND SUPPORT FOR STRICTER ALCOHOL CONTROL POLICIES IN AUSTRALIA: ANALYSIS OF THE 2013 NATIONAL DRUG STRATEGY HOUSEHOLD SURVEY

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Introduction and Aims: Previous research in Australia indicates that those who have experienced alcohol-related harm from others are more likely to support stricter alcohol control policies. This study investigates the association between types of alcohol-related harm experienced and support for stricter alcohol control policies.

Design and Methods: Data from the 2013 National Drug Strategy Household Survey was used. Questions about experience of alcohol-related harm from others included being put in fear and assault (verbal or physical) were asked. Support for stricter alcohol control policies was quantified by a mean policy support score across 18 alcohol policy questions.

Results: 26 percent of respondents reported harm from someone's drinking. Respondents who were put in fear had a higher level of support for stricter alcohol control policies than respondents who were not harmed ($p < .001$), regardless of whether they were assaulted or not. Conversely, respondents who experienced assault but were not put in fear did not significantly differ in their support for stricter policies from those who experienced no harm.

Discussions and Conclusions: It is the perception of harm (i.e. having been put in fear), and not the experience of harm itself (i.e. assault), which is related to people's support for stricter alcohol policies. Despite experiencing more alcohol-related harm, certain subpopulations (e.g. younger males) are less supportive of stricter alcohol control policies. These findings suggest that fear of others' behaviour while intoxicated is an important driver of support for stricter alcohol control policies.

Implications for Practice or Policy: The finding that those who experience fear of someone affected by alcohol have higher support for alcohol control policies is important for understanding attitudes towards alcohol policy. This suggests that perceiving others' intoxication as dangerous to oneself may motivate support for stricter alcohol policies.

Discussion Section of the Symposium: Harm from others' drinking can be a strong motivator for preventive policies, as has been seen in Australia for drink driving and now for late-night violence in entertainment districts. But prevention efforts have tended to focus on such specific circumstances, without engaging the wider range of harms to family members, to children, and to friends and others interacting with the drinker. Apart from comments and questions on the specifics of the results presented, discussion will focus on ways in which findings on such harms to others can serve to suggest and motivate alcohol policy changes – internationally, and at national, state and local levels -- to reduce rates of alcohol-related harm.

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