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Beyond the drinker:

Longitudinal patterns in alcohol's harm to others

SUMMARY

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SUMMARY

- In 2008 the first comprehensive study of the harms from alcohol experienced by people other than the drinker was undertaken in Australia.
- In 2011, 1,106 people involved in the original study were re-contacted to participate in a repeat survey to determine the stability and change in harm from others' drinking over time.
- Sixty-two per cent of respondents had experienced harm from others' drinking in at least one or both surveys.
- Personal experience of harm (or lack of harm) did not change for the majority (70 per cent) of respondents between 2008 and 2011, with almost a third of respondents harmed by others' drinking in both years (32 per cent) and 38 per cent not harmed in either year.
- Past experience of harm was a strong predictor of harm, with 65 per cent of respondents experiencing harm in 2008 reporting this again in 2011.
- The number of heavy drinkers in respondents' households and among other relatives and intimate partners in 2008 was a strong predictor of respondents' experience of alcohol-related harm in 2011.
- For each additional heavy drinker within their households, respondents were almost six times more likely to experience persistent harm from known problematic drinkers in their lives.
- To reduce the significant social problem of alcohol's harm to others, policy responses at community, state and national levels are needed to diminish the prevalence of heavy drinking in the population.

BACKGROUND

Most research on alcohol harms focuses predominantly on the harms experienced by drinkers themselves. Treatment and public health systems have also concentrated on the needs of problematic drinkers. It is increasingly being recognised that a significant effect of alcohol consumption in modern populations is its capacity to cause harm to others (HTO) besides the drinker, as reflected, for example, in drink-driving casualties and Fetal Alcohol Spectrum Disorders (FASD). However, little attention has been paid to the broader perspective of alcohol's harm in household and family relationships and even more widely in the community.

In 2008, the first comprehensive study of the harms from alcohol experienced by people other than the drinker was undertaken in Australia. The study, published in 2010, involved a population survey (the 2008 HTO Survey) and analysis of data from a range of government agencies (e.g. police, welfare, justice). The study concluded from the population survey that many Australians had been affected by a range of problems caused by the drinkers around them. Almost three-quarters of the population reported experiencing at least some negative effect, and 14 per cent reported they had been affected to a large extent, by another person's drinking.

Serious consequences of others' drinking were also evident in many of Australia's social response systems, with the study identifying national annual totals of 14,000 hospitalisations, 70,000 incidents of alcohol-related assault and 20,000 cases of alcohol-related child abuse.

BUILDING THE PICTURE

In 2011, participants in the original 2008 HTO Survey were re-contacted to participate in a repeat survey (the 2011 HTO Survey), closely following the format of the questionnaire used in 2008 and focusing on adverse consequences to the respondent (or the respondent's child) from the drinking of family, friends, co-workers and strangers.

By revisiting a sub-sample of those surveyed in 2008, the 2011 HTO Survey allowed for analysis of patterns of stability and change in harm from others' drinking over time, and the factors predicting these patterns. More specifically, the study addressed the following research questions:

1. What percentage of respondents in the 2011 follow-up sample were affected by others' drinking?
2. How did the 2011 HTO Survey findings compare with those of the 2008 HTO Survey?
3. Does a respondent's status in 2008, or changes in his/her circumstances from 2008 to 2011, predict harm from others' drinking in 2011?
4. What factors predict harm from others' drinking in 2011?
5. What predicts who is newly harmed among those who weren't previously?
6. Among those harmed in 2008, what predicts who will not be harmed again in 2011?
7. What factors predict persistent harm from others' drinking, in comparison to persistent absence of such harm?
8. How do changes in the number of drinkers in respondents' lives and changing patterns of alcohol's harm to others affect respondents' quality of life and wellbeing?
9. For what proportion of the sample do problems associated with others' drinking result in use of services?
10. What predicts contact with emergency and health-related services because of others' drinking in 2011?

RESULTS OF THE 2011 HTO SURVEY AND CHANGES OVER TIME

A total of 1,106 respondents completed the 2011 HTO Survey (42 per cent of 2008 participants). One in six respondents (17 per cent) reported that they had been adversely affected by the heavy drinking of household members, other relatives and intimate partners (not living with them) in the 12 months prior to the survey. A third of respondents (33 per cent) reported that they had been negatively affected by strangers' drinking in the same period. Combining adverse effects from any person's drinking (i.e. both strangers and known problematic drinkers in the respondent's social circle), 44 per cent of respondents reported having been negatively affected in 2011.

These results represent a small but significant decrease in the harms experienced by the sample between the two time periods, partially (but not completely) explained by the ageing of the sample (as younger people tend to report greater numbers of heavy drinkers in their social circles and higher rates of harm from others' drinking).

Personal experience of harm (or lack of harm) did not change for the majority of respondents (71 per cent) between 2008 and 2011, with almost a third of respondents harmed by others' drinking in both 2008 and 2011 (32 per cent) and 38 per cent not harmed in either year. However, this apparent stability masks substantial turnover in harms from others' drinking, amounting to around 30 per cent of the sample, with discontinuation of that harm in 18 per cent of respondents and the emergence of new harms in 12 per cent of respondents who had not reported harm in 2008.

Overall, across both years (2008 and 2011) 62 per cent of respondents reported that they had experienced some harm from others' drinking in one or both time periods.

PREDICTING HARM FROM OTHERS' DRINKING

Analyses of the 2008 and 2011 HTO Survey data show that past experience of harm from others' drinking (i.e. as reported in 2008) was a strong predictor of such harm in 2011.

For the 553 respondents who experienced any harm from other people's drinking in 2008, 65 per cent of them were harmed again by another's drinking in 2011.

The number of heavy drinkers in respondents' households and among other relatives and intimate partners in 2008 (and change in these numbers over time) predicted respondents' experience of alcohol-related harms caused by people known to them in 2011.

In examining harms from strangers, age was a factor (with older respondents less likely to report harm from strangers' drinking), and changes (between 2008 and 2011) in the number of non-household relatives and intimate partners and friends who were heavy drinkers predicted whether respondents were more likely to experience harm from strangers in 2011.

INITIATION AND DISCONTINUATION OF HARMS IN 2011

Higher numbers of heavy drinkers within a respondent's household and among non-household intimate partners or relatives in 2008 and increases in these numbers over time were significant predictors of new harms from known problematic drinkers in 2011. New harms from strangers' drinking were associated with more heavy-drinking co-workers in 2008, an increase in heavy-drinking co-workers between 2008 and 2011, and younger age.

Conversely, having fewer heavy drinkers within the household and among relatives and intimate partners than 2008 was a predictor of no longer reporting harm from known problematic drinkers in 2011. Decreases in the number of heavy-drinking relatives and intimate partners and friends were associated with discontinuation of harm from strangers in 2011.

PERSISTENCE OF HARMS IN 2011

Contrasting persistence of harm (i.e. harm reported by a respondent in both 2008 and 2011) with absence of harm in either year starkly differentiates who is most likely to suffer continuing harm from others' drinking.

Respondents who reported persistent harm from problematic drinkers they knew had more heavy drinkers in their households and among other family members and intimate partners. For each additional heavy drinker within their households, respondents were almost six times more likely to experience persistent harm from known problematic drinkers in their lives.

Younger age and the number of heavy-drinking relatives, intimate partners and co-workers were predictors of persistent harm from strangers' drinking.

CHANGES IN QUALITY OF LIFE AND WELLBEING

In the 2011 HTO Survey, lower (self-reported) quality of life was predicted by increased exposure to heavy drinkers in respondents' lives who were non-household relatives and intimate partners. However, changes in reported harms from others' drinking were not associated with changes in quality of life or wellbeing. This means that while the presence of more heavy-drinking relatives and intimate partners was linked to lower quality of life, a reduction or an increase in reported harms from others' drinking was not found to be associated with changes in respondents' reports of their own wellbeing.

HELP-SEEKING BEHAVIOURS OF THOSE AFFECTED BY OTHERS' DRINKING

In 2011, 13 per cent of the respondents who were harmed by others' drinking reported that they had called the police and seven per cent had called a health-related service at least once because of other people's drinking in the previous 12 months. The majority of calls to police concerned a stranger's drinking (74 per cent); 16 per cent related to the drinking of people respondents knew, and a further ten per cent to the drinking of both strangers and people known to respondents.

Previous calls to police because of others' drinking (reported in 2008) were the dominant predictor of calls to police in 2011. Reports of harm, especially previous harm from strangers' drinking, also played a significant role in predicting respondents' use of police services.

CONCLUSION

The number of heavy drinkers in respondents' social circles is a strong predictor of the harm they will experience from others' drinking. The demographics of the person being harmed, or even how much they themselves drink, were not strong predictors of experiencing harms from others' drinking in analyses of the 2008 and 2011 HTO Survey data.

This suggests that, in order to reduce the significant social problem of alcohol's harm to others, policy responses at community, state and national levels are needed to diminish the prevalence of heavy drinking in the population. This could, in turn, reduce the number of people being harmed by the drinking of others.

FURTHER INFORMATION

The full report, *Beyond the Drinker: Longitudinal patterns in alcohol's harm to others* is available at www.fare.org.au.

Laslett, A M., Callinan, S., Mugavin, J., Jiang, H., Livingston, M., & Room, R. (2015). *Beyond the Drinker: Longitudinal patterns in alcohol's harm to others*. Canberra: Foundation for Alcohol Research and Education.

ABOUT FARE

The Foundation for Alcohol Research and Education (FARE) is an independent, not-for-profit organisation working to stop the harm caused by alcohol.

Alcohol harm in Australia is significant. More than 5,500 lives are lost every year and more than 157,000 people are hospitalised - making alcohol one of our nation's greatest preventative health challenges.

For over a decade, FARE has been working with communities, governments, health professionals and police across the country to stop alcohol harms by supporting world-leading research, raising public awareness and advocating for changes to alcohol policy. In that time FARE has helped more than 750 communities and organisations, and backed over 1,400 projects around Australia.

FARE is guided by the World Health Organization's 2010 *Global Strategy to Reduce the Harmful Use of Alcohol* for stopping alcohol harms through population-based strategies, problem directed policies, and direct interventions.

If you would like to contribute to FARE's important work, call us on (02) 6122 8600 or email info@fare.org.au.