Alcohol-Related Collateral Harm in the Family and Social Circle

Effective prevention must first identify all dimensions of alcohol-related harm

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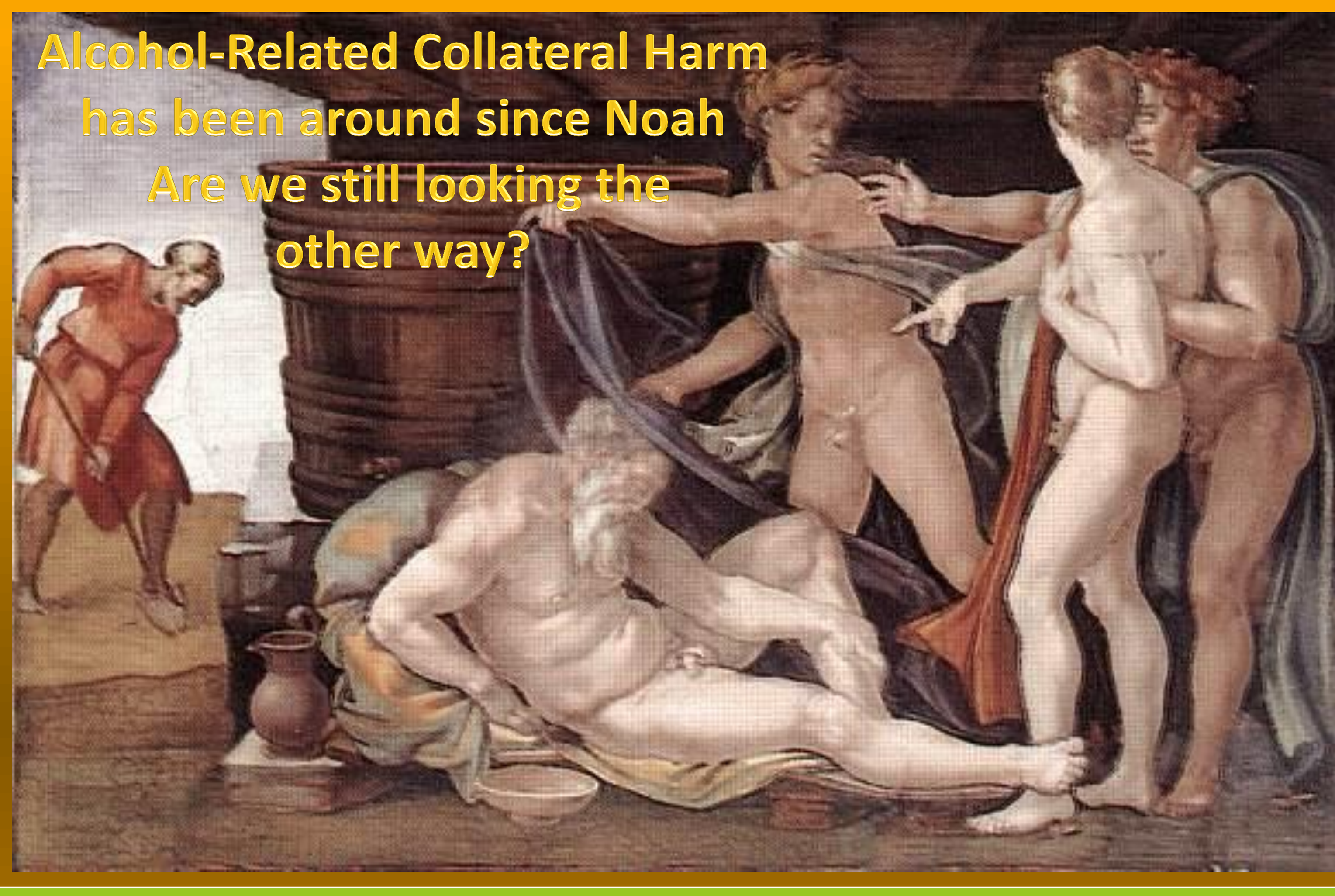
BACKGROUND

Alcohol-related harm is a major Public Health challenge with nearly a third of drinkers currently reporting that they exceed the maximum recommended levels for alcohol consumption (NHSIC 2012). Any historical panorama of alcohol misuse reveals that people who drink too much can harm others, as well as themselves and yet, whilst alcohol-related harms to the drinkers are widely reported and recognised, there is a marked paucity of information and statistical evidence on those harms to the people around the drinker; the "Alcohol-Related Collateral Harms" (ARCH).

Young adults are at acute risk of alcohol-related harms, particularly from binge drinking, with nearly a quarter of the 16-24 year old age group reporting that they binge (DH 2011). Alcohol misuse and drunkenness draws young adults into risky behaviours potentially harmful to their own health and that of their friends and family (e.g. accidents, unprotected sex, sexually transmitted diseases, unwanted pregnancy (ONS 2009)). Alcohol also draws them into crimes or becoming a victim of crimes, such as disorderly conduct or street fighting. (In almost half of violent incidents, the offender is under the influence of alcohol (Home Office 2008/09). Alcohol is also the leading cause of death for young adults, with more than a quarter of all deaths in the 16-24 age group being alcohol-related (NWPHO 2009).

Research into Alcohol-Related Collateral Harm is underdeveloped. Bremner et al (2011) identify the critical role played by family and friends in developing young people's drinking habits. Adamson and Templeton (2012) suggest that parental alcohol misuse is a predictor of child underperformance in education and that alcohol dependence often has its roots in childhood. Such studies report an urgent need for additional research into the harms that drinkers do to others, particularly to their family and friends, and for young adults in particular.



INTRODUCTION

The study contends that there is a dimension within the totality of alcohol-related harm that remains largely unseen. This is the harm caused to people around the drinker; Alcohol-Related Collateral Harm (ARCH). The study thesis is pursued through an examination of the extent to which young adults' health and wellbeing are affected by others who misuse alcohol in their family and social circle and through consideration of the significance of the findings as a neglected Public Health issue. ARCH covers a range of harms from the nuisance of late-night revellers to the death of a drunk driver's victim. Other examples of ARCH would include harm to the foetus in utero, date rape, violence to others and parental neglect. If ARCH is to be prevented and addressed effectively, it is essential to have a clear understanding of what it comprises and the impact it exerts on people's lives. The study aims to make a contribution to the current understanding of the totality of alcohol-related harm by examining the extent and significance of ARCH in the lives of a group of privileged young adults.

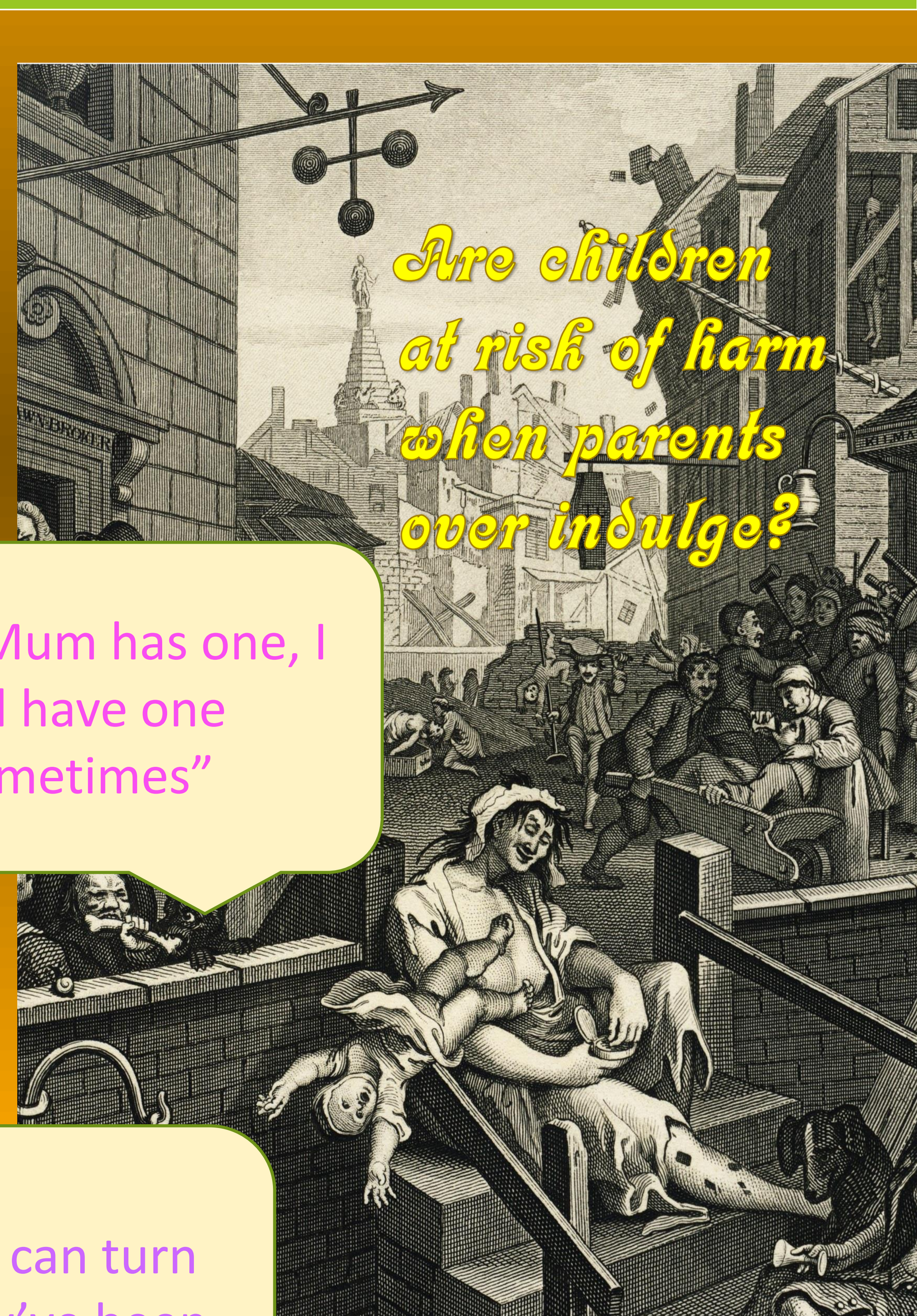
METHODS

Phase 1: A sample of 450 university and sixth-form college students aged 16-24 was recruited to complete an electronic health and wellbeing survey. The concept of Alcohol-Related Collateral Harm was introduced to participants within the context of this survey which examined their wider health and wellbeing knowledge and behaviours around smoking, diet and exercise in parallel with alcohol. The survey collected quantitative and qualitative data to assess participants' relative health and wellbeing overall and to appraise their personal experiences of ARCH. Initial coding and categorisation was undertaken of the ARCH experiences reported by participants as foundation for Phase 2 of the study.

Phase 2: A purposive sample of 45-50 of the survey participants was identified based on their relative health and wellbeing and their experiences of ARCH, as determined by the survey. These participants' experiences of ARCH are currently being followed up in depth, through semi-structured interviews that are recorded, transcribed and encoded. Thematic analysis of the qualitative data collected by the interviews is taking place concurrently, with the objectives of classifying the experiences of ARCH reported and deriving a systematic set of classifications and inferences to explore their relevance and assess their wider significance. An integration exercise will bring the findings from the two phases of the study together and examine the results reflexively.

RESULTS

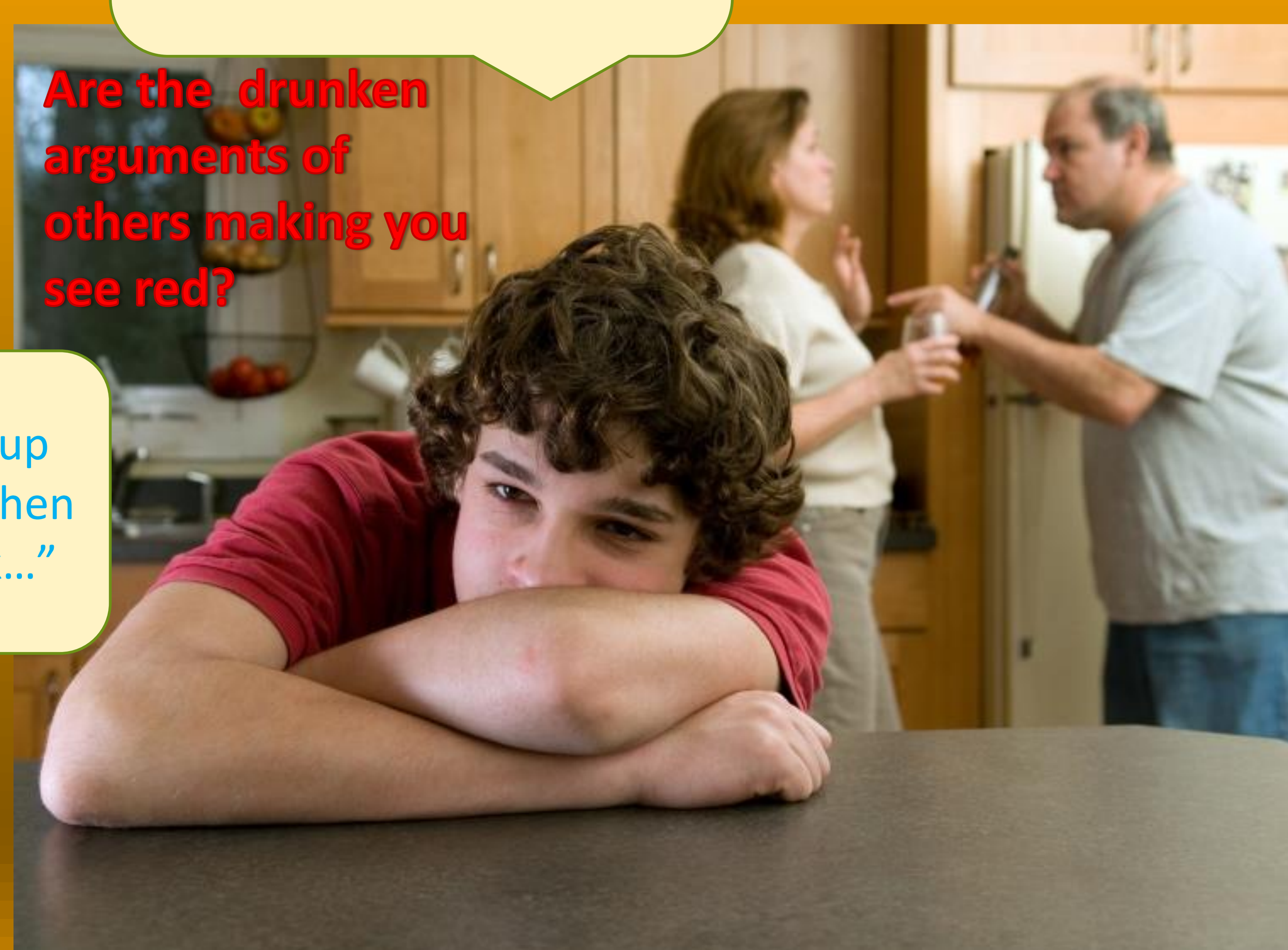
	HEALTHAND WELLBEING SURVEY OF YOUNG ADULTS AGED 16-24
	The profile of alcohol in participants' lives
	Overview
	Alcohol consumption featured strongly as a behaviour reported by the Survey sample of young adults, with 85% of participants reporting that they drank alcohol and 79% also stating that alcohol played a role in their lives. When asked if they had close family members who drank alcohol, 94% of participants stated that they did, and 89% had close friends who drank alcohol. Most participants reported that they drink relatively modest amounts of alcohol. However, participants' estimates of the amount of alcohol in a UK unit and in various types of drinks indicated that they considerably underestimated the amount of alcohol that they were consuming. As the level of alcohol consumption is strongly associated with the level of alcohol-related harm, the participants' exposure to the risk of alcohol-related harm was greater than they realised, whatever the true amount they consumed.
	The profile of Alcohol Related Collateral Harm in participants' lives
	Key findings
1.	Almost half, 47%, of all the young adult survey participants reported having had at least one personal experience of Alcohol-Related Collateral Harm.
2.	Survey participants' understanding of how much alcohol they consumed was poor. On average participants underestimated the amount of alcohol they drank by one third.
3	Neither drinking nor not drinking alcohol was predictive of having experienced Alcohol-Related Collateral Harm among the Survey participants.
4.	The amount participants consumed was not associated with an experience of Alcohol-Related Collateral Harm.
5.	Neither drinking 21 units of alcohol or fewer nor drinking 28 units or more per week was predictive of having experienced Alcohol-Related Collateral Harm among survey participants.
6.	Survey participants' parents' drinking was not predictive of the participants reporting a personal experience of Alcohol-Related Collateral Harm.
7.	Survey participants' parents' drinking every day was predictive of the participants reporting a personal experience of Alcohol-Related Collateral Harm.
8.	Experience of Alcohol-Related Collateral Harm was predictive of an experience of another person having affected participants' own decisions to have a drink or not to drink alcohol.
9.	Experience of Alcohol-Related Collateral Harm affecting the participants' health or safety was predictive of an experience of other peoples' drinking having also affected participants in another adverse way .
10.	Experience of Alcohol-Related Collateral Harm was predictive of an experience of participants' own drinking habits also affecting other people.



DISCUSSION

Five key statistical associations for Alcohol-Related Collateral Harm were found within the quantitative data responses to the alcohol questions on Alcohol-Related Collateral Harm (ARCH) from the survey were tested for associations. (See numbers 6 to 10 in the results table above). These showed for example that, while there was no association between experience of ARCH and participants with family members who drank alcohol, there was an association when participants' family members drank alcohol every day. In three instances where an association might have been anticipated, it was not found. (Numbers 3 to 5 in the results table above). These showed for example that ARCH did not have a locus on the participants who were drinkers or on those who were heavy drinkers in the survey sample. This shows that ARCH was not only experienced by those who consumed or misused alcohol, but also by people who might not drink alcohol at all.

Preliminary analysis of the qualitative data responses from the Survey on ARCH demonstrated that these data were susceptible to coding and categorisation. (See details in the further work table below). The codes derived provide the foundation for Phase 2 and will be incorporated into the thematic analysis of the semi structured interviews. This initial analysis notes the research of Orford and others (2010) who have suggested an approach to the description and categorisation of the various physical and psychological harms that addiction to alcohol and drugs causes to families. Orford confines his attention to the harms arising from addiction to alcohol and drugs within the family. However, his approach to the common experience of family members provides a pertinent theoretical base for the further work in Phase 2 of the study. The Phase 2 in depth examination of young adults' experience of ARCH will aim to challenge the established drinker-focused paradigms of alcohol-related harm and to deliver new insights to inform public and policy recognition of ARCH.



FURTHER WORK: ALCOHOL-RELATED COLLATERAL HARM : INITIAL CODES AND CATEGORISATION OF PARTICIPANT EXPERIENCES

	Overview The physical and psychological experiences of Alcohol-Related Collateral Harm that participants reported ranged from the relatively trivial level of nuisance to more serious concerns, including the alcohol-related death of a family member. The initial categories identified and an example of each are below. A systematic set of classifications and inferences derived from the in-depth interview analysis will build on this foundation.	
	Category of ARCH	Example of participants' experience of ARCH
1.	Nuisance	Missed sleep/disturbed study due to noisy drunken friends and neighbours.
2.	Pressure to conform	Peers who drink alcohol encouraging drinking alcohol as integral to 'normal' socialising.
3.	Threat	Unwelcome attention/over-familiarity/sexual behaviours on the part of drinkers.
4.	Responsibility	Burden of caring for a drunken friend or accompanying very drunk friends to A&E for emergency health care.
5.	Psychological harm	Distress/worry/embarrassment caused by drinking behaviour of a heavy drinker who is a friend/family member.
6.	Relationship harm	Deleterious effect on familial relationships caused by family alcohol consumption.
7.	Physical harm	Injured in an unsolicited attack by a drunk or in an accident with drunken peers.
7.	Harm experienced by unknown other	Additional burden on health care workers treating alcohol-related illness/injury.
8.	Undisclosed (Shame / concealment)	Details of adverse harm experience declined.

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