



## Research Paper

## Harm from others' drinking-related aggression, violence and misconduct in five Asian countries and the implications

Orratai Waleewong<sup>a,b,\*</sup>, Anne-Marie Laslett<sup>a,c,d</sup>, Richard Chenhall<sup>a</sup>, Robin Room<sup>a,c</sup><sup>a</sup> Melbourne School of Population and Global Health, University of Melbourne, Australia<sup>b</sup> International Health Policy Program (IHPP), Ministry of Public Health, Thailand<sup>c</sup> Centre for Alcohol Policy Research, La Trobe University, Australia<sup>d</sup> National Drug Research Institute, Curtin University, Australia

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## ABSTRACT

**Background:** Harm from alcohol-attributable aggression and violence is linked to diminished personal safety and reduced physical and mental health and wellbeing in many countries. But there has been limited evidence on these harms in low- and middle-income countries (LMICs). This study measured harm from others' drinking-related aggression, violence and misconduct in five Asian LMICs (Thailand, Sri Lanka, India, Vietnam, and Lao PDR), aiming to compare the magnitude and pattern of harm across countries by gender, age group, educational level, rurality, and country-level indicators.

**Methods:** Data from 9832 respondents from the WHO/Thai Health International Collaborative Research Project on the Harm from Others' Drinking undertaken between 2012 and 2014 were analysed.

**Findings:** 50–73% of respondents from five countries reported being harmed at least once in the past year. Public disorder and feeling unsafe due to someone else's drinking was frequently reported, followed by harassment, assaults and threats, traffic harm, and property damage. In most countries, men were more likely than women to report traffic harms, property harm, and assaults, whereas women were more likely to report feeling unsafe in public. Being young, less educated, living in urban areas, and one's own drinking were significant predictors of more harm from others' drinking for both genders.

**Conclusions:** This study revealed a consistently high prevalence of alcohol-related aggression and violence in the five Asian countries. Patterns of harm within countries and populations at most risk for different forms of harms were identified. Alongside services for those affected, efforts to strengthen alcohol policies are needed in each society.

## Introduction

Alcohol consumption is a major contributor to the impairment of drinkers' physical and mental health, but, like passive smoking, can be harmful to the welfare of other people surrounding the drinker. Harm to others includes harms to the fetus associated with the drinking of the mother, injuries caused by drunk drivers, and interpersonal violence due to others' drinking-related aggression (Rehm et al., 2017). While the impacts on the health of others than the drinker have not been consistently recorded in the health system, the substantial magnitude of these problems is hinted at in the burden of disease data. For example, interactional harms, such as drink-driving, accounted for 21% and alcohol-related interpersonal violence accounted for 30% of total alcohol-attributable deaths worldwide (World Health Organization, 2009). Additionally, from the analyses of emergency departments across 14

countries, 63% of the violence-related injuries involved alcohol on the part of the victim, the perpetrator, or both (Cheripitel, Ye, Bond, Room, & Borges, 2012). Further, at the societal level, impacts of alcohol were estimated in terms of costs to the health system, the criminal justice and law enforcement sectors, with an estimated total cost burden of 0.1–0.6% of gross domestic product (GDP) in purchasing power parity worldwide (World Health Organization, 2011). Since only more serious cases of crimes and injuries are detained by the police or use health services, alcohol's burden has only been incompletely tallied: health- and police-recorded data underestimate the true social cost.

Additionally, considerations of alcohol's harm to others extend beyond public health issues. When one person's drinking negatively affects other people it impinges upon human rights and social safety. Social harms due to others' drinking include putting others in fear, harassment, threats, social disorder and property damage (Room et al.,

\* Corresponding author at: International Health Policy Program, Ministry of Public Health, Tiwanon Road, Muang, Nonthaburi, 11000, Thailand.  
E-mail addresses: [orratai@ihpp.thaigov.net](mailto:orratai@ihpp.thaigov.net), [owaleewong@student.unimelb.edu.au](mailto:owaleewong@student.unimelb.edu.au) (O. Waleewong).