

The social location of harm from others' drinking in 10 societies

Robin Room^{1,2} , Sarah Callinan¹ , Thomas K. Greenfield³ , Dag Rekve⁴, Orratai Waleewong⁵ , Oliver Stanesby¹ , Thaksaphon Thamarangsi⁶, Vivek Benegal⁷, Sally Casswell⁸ , Ramon Florenzano⁹, Hoang T.M. Hanh¹⁰ , Siri Hettige^{11,12}, Katherine J. Karriker-Jaffe³ , Isidore Obot^{13,14}, Girish N. Rao¹⁵ , Latsamy Siengsounthone¹⁶ & Anne-Marie Laslett^{1,17} 

Centre for Alcohol Policy Research, La Trobe University, Melbourne, Australia,¹ Centre for Social Research on Alcohol and Drugs, Stockholm University, Stockholm, Sweden,² Alcohol Research Group, Public Health Institute, Emeryville, CA, USA,³ Mental Health and Substance Abuse, WHO, Geneva, Switzerland,⁴ Health Promotion Policy Research Center; International Health Policy Program, Ministry of Public Health, Nonthaburi, Thailand,⁵ Department of Non-Communicable Diseases and Environmental Health, World Health Organization Regional Office for South-East Asia, New Delhi, India,⁶ Centre for Addiction Medicine, National Institute of Mental Health and NeuroSciences, Bangalore, India,⁷ SHORE and Whariki Research Centre, School of Public Health, Massey University, Auckland, New Zealand,⁸ Departamento de Psiquiatría, Universidad del Desarrollo, Facultades de Psicología y de Ciencia Social; Universidades de Chile y de los Andes, Santiago de Chile, Chile,⁹ Health Strategy and Policy Institute, Ministry of Health, Vietnam,¹⁰ Department of Sociology, University of Colombo, Colombo, Sri Lanka,¹¹ Adjunct Professor, Globalism Research Centre, School of Social Sciences, RMIT University, Melbourne, Australia,¹² Department of Psychology, University of Uyo, Uyo, Nigeria,¹³ Centre for Research and Information on Substance Abuse (CRISA), Uyo, Nigeria,¹⁴ Centre for Public Health, National Institute of Mental Health and NeuroSciences, Bangalore, India,¹⁵ Research Outcomes Management Department, National Institute of Public Health, Ministry of Health, Vientiane Capital, Laos¹⁶ and National Drug Research Institute, Curtin University, Fitzroy, Victoria, Australia¹⁷

ABSTRACT

Aims Survey data from 10 diverse countries were used to analyse the social location of harms from others' drinking: which segments of the population are more likely to be adversely affected by such harm, and how does this differ between societies? **Methods** General-population surveys in Australia, Chile, India, Laos, New Zealand, Nigeria, Sri Lanka, Thailand, United States and Vietnam, with a primary focus on the social location of the harmed person by gender, age groups, rural/urban residence and drinking status. Harms from known drinkers were analysed separately from harms from strangers. **Results** In all sites, risky or moderate drinkers were more likely than abstainers to report harm from the drinking of known drinkers, with risky drinkers the most likely to report harm. This was also generally true for harm from strangers' drinking, although the patterns were more mixed in Vietnam and Thailand. Harm from strangers' drinking was more often reported by males, while gender disparity in harm from known drinkers varied between sites. Younger adults were more likely to experience harm both from known drinkers and from strangers in some, but not all, societies. Only a few sites showed significant urban/rural differences, with disparities varying in direction. In multivariate analyses, most relationships remained, although some were no longer significant. **Conclusion** The social location of harms from others' drinking, whether known or a stranger, varies considerably between societies. One near-commonality among the societies is that those who are themselves risky drinkers are more likely to suffer harm from others' drinking.

Keywords Comparative studies, cross-national comparison, demographic variation, interpersonal harm, others' drinking, risky drinking.

Correspondence to: Robin Room, Centre for Alcohol Policy Research, La Trobe University, Plenty Rd. x Kingsbury Rd., Bundoora, Victoria 3086, Australia. E-mail: r.room@latrobe.edu.au

Submitted 26 April 2018; initial review completed 2 August 2018; final version accepted 20 September 2018

INTRODUCTION

Studies in the general population have often analysed demographic differentiations in rates of heavier drinking

and of alcohol-related personal and social problems for the drinker, and the relation of drinking pattern to problems for the drinker (e.g. [1–3]). Extensions of such analyses to comparative studies across two or more