

**Unrecognised and under-reported:**  
the impact of alcohol on people other  
than the drinker in Scotland.





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## Alcohol Focus Scotland

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Alcohol Focus Scotland (AFS) is Scotland's national charity working to reduce the harm caused by alcohol. AFS's vision is a future free from widespread health and social harm caused by alcohol. To realise this vision, AFS works with a wide range of partners to advocate for evidence-based policy; deliver learning and development programmes and provide accurate and accessible information about alcohol to the media, policy-makers, practitioners and the general public.

AFS takes an evidence-based, outcomes-focused approach to delivering programmes of work through three core functions:

- Policy, research and advocacy

- Learning and development

- Communication and information dissemination

AFS commissioned this research study to better understand the scale and magnitude of alcohol's harm to others in Scotland. To date, alcohol-related harm has been primarily considered in terms of the consequences to the drinker. This study has specifically focused on the harm experienced due to other people's drinking to build a better understanding of this under-researched area of alcohol-related harm in Scotland.

## Executive summary

In recent years there has been increasing recognition that harm from alcohol not only affects the drinker, but also affects others around the drinker including family members, friends, co-workers and the wider community. AFS commissioned this study to better understand the scale and magnitude of alcohol's harm to people other than the drinker in Scotland. The aim was to provide a snapshot of such harm across the general population, and to explore the impact with local agencies in one geographical area. A national omnibus survey was undertaken and interviews and case studies were conducted with agencies in Edinburgh City, which was used as a case study area. The project also examined existing national and local surveys and other data sources, for information on alcohol's harm to others.

### National evidence

The national omnibus survey provides for the first time a snapshot of the second hand effects of drinking across the general population in Scotland. The key findings of the survey are:

- 1 in 2 people report one or more harms as a result of someone else's drinking.
- More than 1 in 3 report having heavy drinkers in their lives.
- People under 35 are four times more likely to report harm from others drinking in a public setting (street, public space, traffic, workplace).
- Those who know heavy drinkers are more likely to report harm from others drinking in private settings (home, family, friends, neighbours, private parties).
- Experiencing harm from other people's drinking is not related to whether the person affected by the harm drinks or not.
- Those who experience harm from someone else's drinking report lower life satisfaction compared to others.

The survey documents the wide range of harm from other people's drinking, both in the public domain, which is very visible, and in private settings where such harms are often hidden from public view. The negative effects range from minor (being kept awake), to serious (physical harm). Scotland reported more harms in public places such as harassment and being afraid due to others' drinking than some studies in other international countries (Rossow & Hauge 2004; Giesbrecht et al 2010; Laslett et al 2011). The findings suggest that many people experience harm from others drinking, whether in the public or private domains. The consequences impinge on a person's sense of safety, as well as on a person's social network, be it in the home, with friends or work colleagues or in local neighbourhoods.

There are two main areas where existing information at national level provides documentary evidence of alcohol's harm to others; the impact on children and the impact in communities. The Scottish Government estimate the number of children living with parents (or guardians) whose alcohol use is potentially problematic, as being between 36,000 and 51,000 and report on child protection issues linked to parental alcohol misuse. The broader community-wide indicators of harm to others, such as alcohol involvement in crime, traffic accidents and accidental house fires, illustrate further how alcohol consumption can affect those around the drinker, be they children, family, neighbours or strangers.

### Local case study

The City of Edinburgh was used as a case study area to examine the issue at a local level. The information gathered through interviews and focus groups with local agencies who potentially deal with those affected by someone else's drinking, document the more serious problems which occur. The findings illustrate the range of social services where harm to others from drinking emerges as a primary or contributory factor in complex situations. The risk to children from others' drinking was evident across a number of agencies such as child counselling, family services, child protection, domestic abuse and homeless services. In Edinburgh, a quarter of people thought street drinking or alcohol public disorder was a problem in their local area. Alcohol featured highly in violent crime (assaults and murders) and was a contributor for ambulance emergency call-outs.



Local agencies participated through a series of qualitative approaches and described the experiences of alcohol's harm to others as reported by their clients. Some of the key findings were:

The stress and burden of living with a problem drinker causes family disharmony and can result in relationship problems, tension, arguments, unpredictability and chaotic lifestyles.

For children there is worry, fear and uncertainty. Parental alcohol problems can severely impact on children resulting in neglect and poor school attendance.

Neighbours report experiencing noise, verbal abuse and disturbances as a result of others' drinking.

Many agencies suggested that there is a high tolerance of alcohol abuse in Scottish society, with cheap alcohol seen as a contributing factor to this situation. The overall consensus among the agencies was that harm to others from drinking is not well recognised and is under-reported in Scottish society.

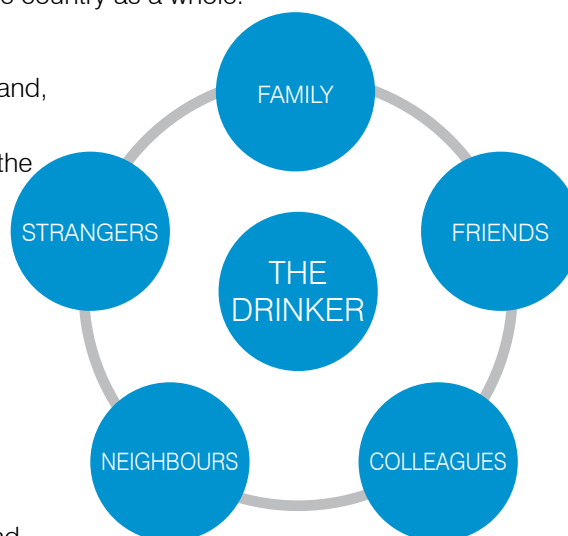
The survey confirmed the wide range of harms experienced from other people's drinking and identified those most at risk; people aged 16 to 34 years and those who have heavy drinkers in their lives. The experience of social, health and law enforcement agencies who support those at the more severe end of the spectrum, illustrate the range and magnitude of damage from others' drinking experienced in families and across the local community. The policy debate on the societal impact of alcohol use in Scotland needs to be reviewed in order to fully encompass the widespread negative effects of drinking behaviours of others on families, workplaces and communities. There is a duty of care by government at all levels to protect citizens from the second hand effects of drinking, as has happened with the second hand effects of smoking.

# 1. Introduction

Traditionally, alcohol-related harm has been considered mainly in terms of the consequences for the drinker. However, during the last decade there has been increasing recognition that harm from drinking not only affects the drinker but also others around them, including family members, friends, co-workers and the wider community. Harms to others occur along a continuum from minor to serious harms, which may be due to a one-off event or recurring events. Some limited examples of where alcohol's harms to others have been recorded by public agencies include alcohol-related assaults and road crashes.

A more holistic approach is required to explore and document the range of harms from other people's drinking that are being experienced in communities. To tackle any public policy issue, the first prerequisite is to fully understand the extent of the problem. In recent years, the World Health Organisation (WHO) has recognised this gap in our knowledge base and has called for special attention to be given to reducing harm to people other than the drinker (WHO 2010), and has prioritised this area for international research attention. When the harm to others from drinking is added to the analysis of the issue, then it is more likely that effective policy solutions will be introduced to reduce levels of alcohol-related harm in communities and in the country as a whole.

AFS has undertaken this study to provide greater insights into the impact of alcohol harm on people around the drinker in Scotland, in line with similar studies documenting this in other countries. As part of this study, an omnibus survey specifically focusing on the harm due to other people's drinking was undertaken. In addition, the study collects and examines what information there is from existing surveys and other data sources. The City of Edinburgh is used as a case study to explore the impact of alcohol's harm to others. In addition to local-level data available from national surveys and already published Edinburgh-specific data, further quantitative and qualitative data were gathered from local agencies. Bringing this information together will provide a more integrated perspective and help identify the public policy implications of this poorly recognised and under-reported area of alcohol harm.



## 1.2 Review of literature

In the past, alcohol epidemiology surveys focused primarily on self-reported harm to the drinker. However, a Canadian survey in 1989 included ten questions on harms experienced as a result of someone else's drinking. The results showed that 45% of Canadians reported experiencing one or more harms in the previous 12 months due to others' drinking, based on 10 types of harm. The top four harms reported were being insulted or humiliated; disturbed by loud parties; being a passenger with a drunk driver; and serious arguments (Eliany et al 1992). In a more recent Canadian survey in 2004, one-third of the population reported one or more harms as a result of someone else's drinking, based on six types of harms (Giesbrecht et al 2010). The top four types of harms experienced were insulted/humiliated; verbal abuse; serious arguments; and pushed/shoved. In the USA, the prevalence of harms experienced as a result of other drinkers was almost one in ten, using six measures (Greenfield et al 2009). The top three negative consequences from others' drinking were family problems; passenger with a drunk driver; and physical assault.

In Europe, a Norwegian study found that two in every five people (40%) reported one or more harms as a result of other people's drinking, based on seven types of harms (Rossow & Hauge 2004). The top four harms most often experienced were: kept awake at night; harassed in public; scolded or insulted; and frightened when on the street. While the relatively minor harms from others' drinking were experienced quite frequently, the more severe types of harm (being physically hurt or property damage) were reported less often. In Ireland, more than one in four people (28%) in the general population reported experiencing one or more negative consequences as a result of someone else's drinking. Family problems; being a passenger with a drunk driver; having property vandalised; and physical assaults were the top four types of harms reported (Hope, in-press).

More recently, researchers in Australia and New Zealand have undertaken a more comprehensive examination of the range and magnitude of alcohol's harm to others using institutional information and a dedicated population survey (Room et al 2010; Laslett et al 2010; Connors & Casswell 2012; Casswell et al 2011a; Laslett et al 2011). The Australian survey found that 70% of the adult population reported experiencing one or more harms because of the drinking of strangers, from minor disturbances to more serious issues such as physical abuse (Laslett et al 2011).

The top four types of harm reported in Australia were: avoiding drunk people/places; being kept awake or disturbed at night; being annoyed by vomit, urination or littering; and feeling unsafe in a public place. In New Zealand the overall prevalence rate of reported harm from strangers drinking was similar to Australia with the top four harms as being annoyed by vomit; urination or littering; being kept awake at night; avoiding drunk people/places; and being verbally abused (Casswell et al 2011a).

Overall, women were more likely to report harm from others' drinking in Norway (Rossow & Hauge 2004). Some studies reported gender differences in specific types of harms. Men were more likely to report assaults and accompanying drunk drivers (Eliany et al 1992; Greenfield et al 2009). Women were more likely to report experiencing family problems and financial problems (Eliany et al 1992; Greenfield et al 2009; Hope, in-press). In New Zealand, women were more likely to report feeling unsafe waiting for public transport and being paid unwanted sexual attention, while men were more likely to report being annoyed by vomit and littering and verbal abuse (Casswell et al 2011a). In Australia, men were more likely to experience serious harms such as physical abuse and serious arguments, while women were more likely to report feeling unsafe in a public place or being kept awake at night (Laslett et al 2011). The higher vulnerability of young people to harm from others has been found in several studies (Rossow & Hauge 2004; Greenfield et al 2009; Casswell et al 2011a; Hope, in-press). The drinking pattern of the victim can also increase exposure to risk from other drinkers (Eliany et al 1992; Rossow & Hauge 2004; Greenfield et al 2009; Hope, in-press).

In both the New Zealand and Australian studies, more than one in four adults reported having at least one heavy drinker in their lives, which was more common among women than men (Casswell et al 2011b; Laslett et al 2011). While fewer people are negatively affected by known heavy drinkers, the effect can be very profound (Laslett et al 2011). The relationship between the respondent and the heavy drinker whose drinking most negatively affected them tended to be a person outside the household (Casswell et al 2011b; Laslett et al 2011). This suggests that the serious impact of harm from heavy drinkers extends beyond the family and permeates across their social network and local community. Casswell et al (2011b) reported lower life satisfaction among those with greater exposure to heavy drinkers. In addition, the New Zealand study also found a relationship between people's exposure to heavy drinkers and reduced personal well-being and poorer health status (Casswell et al 2011b).

In Australia, almost a third of the working population reported having a co-worker who they considered to be a fairly heavy drinker or someone who drinks a lot sometimes (Laslett et al 2010). The negative effects in the workforce, in particular having to work extra hours due to co-workers' drinking, were more likely to be experienced by males and younger workers. In the Australian study, over one in ten parents/carers reported that one or more of their children (under 18) had been verbally abused, exposed to domestic violence, left in unsafe situations or physically abused because of others' drinking (Laslett et al 2010). In Ireland, a study on children's exposure to risk from parental drinking showed that one in ten parents reported that children experienced such harms (Hope 2011). The Australian report also examined child protection information and showed that alcohol was recorded in 33% of all child abuse confirmed cases.

A SHAAP/ChildLine study with a Scottish focus reported alcohol to be the single most frequently mentioned problem by children when talking about a parent/carer in calls made to the ChildLine helpline (Wales & Gillan, 2009). The study also found that a disproportionately high number of alcohol-related calls to the helpline were from children in Scotland. Children reported several negative impacts, including severe emotional distress, physical abuse and violence, and a general lack of care, support and protection as a result of parental drinking (Wales & Gillan, 2009). In the UK, based on the Health and General Household Surveys, the estimates showed that around 30% of children (under 16) lived with at least one binge drinking parent, 8% with at least two binge drinking parents and 4% with a lone binge drinking parent (Manning et al 2009). Using the UK National Psychiatric Morbidity Survey, estimates were that 22% of children lived with a hazardous drinker and 6% with a dependent drinker (Manning et al 2009). Velleman & Templeton (2007) have documented the types of harm which children can suffer when a parent or carer has an alcohol problem.

Such harms include poor or neglectful parenting, physical, verbal and sexual abuse, disruption of normal family relationships and functions. The negative impacts on a child are reported as behavioural issues, emotional difficulties and social isolation. Effects that for some continue into adult life.

The Australian study also estimated alcohol's financial cost to others around the drinker. The cost was substantial, based on tangible costs; heavy drinkers have cost others around them in excess of AU\$13.4 billion (UK£8.09 billion) in out-of-pocket costs and in foregone wages and productivity. In addition, hospital and child protection costs to society due to others' drinking was a further AU\$765 million (UK£461.61 million) (Laslett et al 2010). The estimated intangible costs (fear, pain, suffering, lost quality of life) based on those that live with a heavy drinker was at a minimum AU\$6 billion (UK£3.62 billion) (Laslett et al 2010). These intangible costs are seldom taken into account when calculating the overall costs of alcohol harm.

At the population level, there are harms borne by people as a result of someone else's drinking which can be found in national agencies' records where alcohol is a primary or contributing factor such as transport injuries, violence and crime, residential fires, negative effects on children and neighbours (Connors & Casswell 2012). In the European Union, alcohol-attributable mortality caused by harm to others from alcohol accounted for 5,546 male deaths of all ages and 2,146 females deaths in 2004, based on transport injuries, violence and low birth weight (Shield et al 2012). The burden of disease (Disability Adjusted Life Years) attributable to harm to others was 158,811 DALYs<sup>1</sup> for men and 59,749 for women. The main alcohol-attributable cause of harm to others was transport injuries with violence much lower (Shield et al 2012). These figures are based on health outcomes only and exclude areas of harm to others such as crime and public disorder, workplace injuries and the social impact on the drinker's family and social networks.

### 1.3 Conceptual framework

The conceptual framework for studying alcohol's harm to others put forward by Room et al (2010) identifies four main sets of roles depicting the interaction between the drinker and the problems for others (Figure 1). The top right hand quadrant shows relationships (workers and strangers) which reflect the sphere of public life while the left bottom hand quadrant shows relationships (family and friends) which reflect the sphere of private life.

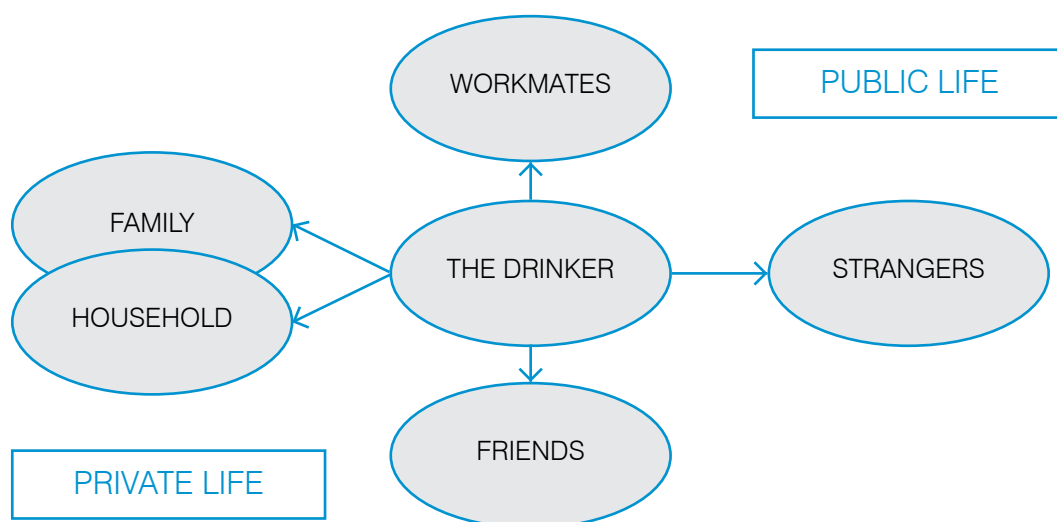


Figure 1: The drinker's impact on others – main types of relationships (adopted from Room et al 2010)

Room et al (2010) also recognise that there are different levels of severity of harm to others reported. Information obtained from population survey data tend to report less severe problems while information from health and social agencies tend to report more severe problems, illustrating the broad spectrum of harm to others from drinking.

<sup>1</sup> DALYs are a summary measure of health which adds potential years of life lost and year lived with disability.

## 2. Aim of the research study

The overall aim of the study is to explore and chart the ways in which alcohol consumption adversely affects others around the drinker in Scotland, and in particular in one geographical area. To achieve this aim the study sought to:

- Provide a snapshot of the potential reach and impact of harm to others from drinking across the general population in Scotland.
- Explore alcohol's harm to others in more depth with local agencies who potentially deal with those affected by other people's drinking in one geographical area: Edinburgh.

### 2.1 Research design and methodology

The research study on harm to others involved the following key components:

#### National overview

- National omnibus survey on harms to others from drinking.
- Mapping harm to others from drinking from existing national sources.

#### Local case study: Edinburgh City

- Mapping harm to others from drinking from existing local sources.
- Gathering information from local service providers through qualitative methods (interviews/focus group).

#### 2.1.1 National omnibus survey on harm to others from drinking

The sampling frame was the national population of those aged 16 years and over in Scotland. Using a quota sampling method, 1,007 people were selected to ensure representation of the general population demographic. The fieldwork was conducted in 2012 by a reputable market research company and interviews took place using the face to face method in the home. The data was coded and entered by the market research company and provided electronically as a raw data file (SPSS format) to the Principal Investigator of the study for analysis.

The questionnaire used in the survey was similar to questions used in previous research (Rossow & Hüge 2004; Laslett et al 2010) and recommended by Room (2011) for a relatively brief assessment measure of harms to others from drinking. The harms experienced as a result of someone else's drinking were examined from two perspectives – harms experienced within the general population and the negative effects of known heavy drinkers. The first perspective measured a range of typical social and personal situations in the general population where harm may be experienced as a result of someone else's drinking. Sixteen types of harm were used ranging from the less severe (kept awake at night) to the more severe harms (harmed physically) (See Box 1 on page 18 for the full list). The time frame for the harms occurring was the past 12 months. The second perspective of the survey was the known heavy drinker, defined as a 'person you may know whom you consider to be a fairly heavy drinker or someone who drinks a lot sometimes'. The measures included the number of known heavy drinkers, if such heavy drinkers had a negative effect on the person and the severity of the negative effect (scale: 1 a little to 10 a lot). Respondents were asked about their relationship with the known heavy drinker who negatively affected them the most (household member, family member not in household, co-worker, friend, other). In addition, the severity of the negative effect from this known heavy drinker was obtained. Life satisfaction was also measured using the question - thinking about your own life and personal circumstances, how satisfied are you with your life as a whole in the past 12 months? The scale ranged from 0 completely dissatisfied to 10 completely satisfied, (coded 1 to 11). Drinking status was measured using the frequency of drinking. Drinking patterns were measured based on the quantity of alcohol consumed on a typical occasion and the frequency of risky single occasion drinking (RSOD), defined at 8 or more units (64 grams) per occasion. The time frame for the drinking questions was the past 12 months. Demographic information included gender, age, marital status, social class and location (rural/urban).

In the analysis, descriptive statistics were used to examine the individual types of harm to others and were combined into one categorical variable to determine the proportion of the population who reported one or more of the harms (H20d GP1 + harms). In addition, the sixteen types of harm were divided into harms to others occurring in the public environment (8 measures) and in private settings (8 measures). Two sub-categories were generated - harms to others in the public environment (H20d PE1 + harms) and harm to others in private settings (H20d PS1 + harms). The harm to others measures were examined by the demographic variables of gender, age, marital status, social class and living location (urban/rural), and by drinking status. The drinking status measure classified subjects into abstainers and drinkers (consumed alcohol in the past 12 months). The quantity of alcohol consumed on a typical drinking occasion was examined in two ways – the average quantity consumed and the proportion of those drinking at or over a cut-off point (8+ units per occasion). Regular risky single occasion drinking (RSOD) was defined as the per cent of participants who reported drinking 8+ units (64 grams of pure alcohol) per occasion one or more times per month in the past 12 months, in keeping with the recommended definition of harmful drinking from the EU Committee on alcohol related indicators (EU Committee on alcohol indicators 2010).

A glossary of statistical terms used in the report is provided in Annex 1. Logistic regression was used to identify the factors predictive of alcohol's harm to others using the two sub-categories of harm to others in the public environment and harm in private settings, controlling for gender, age, marital status, social class, known heavy drinker and drinking status. A level of significance lower than 0.05 ( $p < .05$ ) was considered statistically meaningful in this study. For the known heavy drinker, descriptive statistics were used to examine the number of known heavy drinkers, the negative effect and severity of the effects and the relationships between the heavy drinker and the respondent. ANOVA was used to compare the life satisfaction mean score on the five key harm to others' measures – harm to others from drinking in the general population, in the public environment, in private settings, known heavy drinkers and the negative affect of known heavy drinkers.

### 2.1.2 Mapping harm to others from drinking from existing national sources

The aim of this part of the study was to identify available data on harms to others from drinking in Scottish society. A desk review of available information on harms to others from drinking from existing reports and national surveys (quantitative) was undertaken. These included the Scottish Health Survey, the Scottish Household Survey, the Scottish Crime and Justice Survey and annual statistics collected by the Scottish Government, Transport Scotland, NHS Scotland, Growing Up in Scotland longitudinal survey and the York Health Economic Consortium (YHEC) work on The Societal Cost of Alcohol Misuse in Scotland for 2007, commissioned and published by the Scottish Government.

### 2.1.3 Mapping harm to others from drinking in a local area – City of Edinburgh

The City of Edinburgh was chosen as the case study for the research project as the population size and demographic provided a broad sample of the Scottish population. In addition there were existing links with Edinburgh Alcohol and Drug Partnership which supported and facilitated contact with local agencies.

The aim of this part of the study was to identify available data on harms to others from drinking (quantitative approach) at a local level, with Edinburgh as the case study. Local agencies operating in the Edinburgh area were contacted to identify any relevant data collected for a range of administrative and operational reasons which might be made available to the project. National surveys and administrative data sets containing relevant items were also investigated to explore the possibility of obtaining Edinburgh-level data.

Reports and papers consulted included: Assessing the overprovision of alcohol licences in Edinburgh: report to City of Edinburgh Licensing Board (Sherval, 2011), Assessment of Need and Review of Services for Children and Families Affected by Parental Substance Misuse: Create Consultancy's 2012 report to Edinburgh Alcohol and Drug Partnership (EADP), and Alcohol Focus Scotland's related work on the Cost of Alcohol in Edinburgh City.



## 2.1.4 Qualitative information from local service providers

The aim of this part of the study was to gather qualitative information from local agencies in the Edinburgh area who potentially deal with problems which might involve harm to others from drinking. Drawing on local advice, a broad list of agencies in the Edinburgh area was developed. Local agencies were then approached and invited to participate in the study. Fourteen agencies agreed to participate including the police, court probation services, emergency services, health services, family welfare services, mental health services, child care agencies and other charitable agencies. The list of participating agencies is presented in Annex 2. In each agency a relevant staff member was interviewed using a semi-structured interview format. The issues covered included:

- The agency core work and client base;
- Awareness of clients who have been negatively affected by other people's drinking;
- Experiences of dealing with such cases;
- Case studies to illustrate the type and severity of problems that clients experience;
- The prominence of harm to others from drinking among the agency client base;
- The collection of information relating to harm to others from drinking, in terms of what is collected and the recording format;
- Willingness to collect data on harm to others where no data exists;
- Referral practices to other agencies/services.

Each agency interview was transcribed, with permission of the agency. The findings from the agency interviews are presented from the perspective of those who experienced harm from the drinker, as reported by frontline staff who provide professional support and services for such clients.

### Focus group

Following the interview process, agencies were invited to participate in a focus group discussion to jointly explore the issue of harm to others. The focus group was conducted with a mix of key staff from different agencies that, as part of their work, are aware of the effects of other people's drinking among their client base. This provided an opportunity for agencies to explore the issue in more depth. The focus group had the added value of providing a 'space' for interaction on the common issue of harm to others from drinking. The focus group discussion was conducted by an experienced facilitator and recorded by tape and a note taker. The transcript of the focus group was analysed and key themes were identified.

## 2.2 Framework for analysis

The framework for analysis was guided by the recent research work on the range and magnitude of alcohol's harm to others undertaken by Professor Robin Room and his colleagues at the Centre for Alcohol Policy Research in Melbourne, Australia (Laslett et al 2010) and by a similar study undertaken in New Zealand by Professor Sally Casswell and colleagues (Casswell et al 2011a). The study protocol was informed by the WHO Collaborative International Project on harm to others from drinking. In time international comparisons with several other countries will take place as part of the International Group for Studies of Alcohol's Harm to Others (IGSAHO).

## 2.3 Quality control

To ensure quality control of this study an advisory group, comprising a number of external researchers, was established to oversee the project. The external researchers involved included, Professor Robin Room and Ms Anne-Marie Laslett (Centre for Alcohol Policy Research, Melbourne, Australia) and Dr Shane Butler (School of Social Work and Social Policy, Trinity College, Dublin). Mr Iain MacAllister (Principal Researcher, Public Health Team, Scottish Government) and Dr Evelyn Gillan (Chief Executive, AFS) were also consulted during the course of the study.

## 3. National overview

### 3.1 National omnibus survey in Scotland on harm to others from drinking

#### Key findings of the national survey on harm to others from drinking

##### Harm to others within the general population

1 in 2 people report experiencing one or more harms as a result of someone else's drinking.

Age and knowing heavy drinkers predicts exposure of harm to others from drinking in both the public and private environments.

People aged 16-34 are four times more likely than those 35 years and over to report harm from others in the public environment.

Those who know heavy drinkers are four times more likely than those who did not know heavy drinkers to report harm in private settings.

Experiencing harm from other people's drinking is not related to whether the person affected by the harm drinks or not.

##### Harm to others from known heavy drinkers

Over 1 in 3 people (37%) know a heavy drinker.

Of those, 66% know up to 3 heavy drinkers and 33% know 4 or more.

Of the 37% who know a heavy drinker, one-third (34%) are negatively affected, with one in five (22%) severely affected.

##### Life satisfaction

Those who experience harm from others report lower life satisfaction compared to others.

The lowest life satisfaction is reported by those negatively affected by heavy drinkers in their lives.

#### 3.1.1 Introduction

An omnibus survey in Scotland was undertaken to assess the levels of harm experienced in the general population as a result of someone else's drinking. The methodology used was a national quota sample of just over 1,000 adults aged 16+ years in the general population, using face to face interviews. The survey data was collected during autumn 2012 by a reputable market research company in Scotland.

The harms experienced as a result of someone else's drinking were examined from two perspectives:

General population

Known heavy drinkers.

The first perspective of the survey measured a range of typical social and personal situations in the general population where harm may be experienced as a result of someone else's drinking. Sixteen types of harms (measures) were used based on previous research and recommendations (Rossow & Hauge 2004; Room 2011). These types of harms were examined individually, as a whole (combined into one category) and divided into harms occurring in the public environment and in private settings (See Box 1 page 18). The types of harms ranged from the less severe effects (kept awake at night) to the more severe effects (harmed physically). The time frame for the harm measures occurring was the past 12 months.

The second perspective of the survey was the negative effect of known heavy drinker/s, defined as a 'person you may know whom you consider to be a fairly heavy drinker or someone who drinks a lot sometimes'. The measures included the number of known heavy drinkers, if such heavy drinkers had a negative effect on the person and the severity of the negative affect. In addition, life satisfaction, drinking status and drinking pattern was assessed. Demographic information included gender, age, marital status, social class and location (rural/urban).



### 3.1.2. Survey results

#### Demographics and drinking patterns of the survey sample

A total of 1,007 adults aged 16+ years participated in the omnibus survey. The demographics of the survey participants are presented in Table 1. Over one in five (22.9%) of the respondents were abstainers, defined in this study as not consuming alcohol in the past 12 months, which was made up of lifetime abstainers (16.7%) and ex-drinkers (6.2%). The proportion of abstainers in this study is higher than that reported in the Scottish Health Survey, which reported 15% as abstainers (never drank alcohol 7%, ex-drinkers 8%) based on adherence to weekly and daily drinking advice (SHeS 2013). The difference in the abstention rate may be attributed to how the alcohol questions are asked and calculated. In the Scottish Health Survey, a detailed and sophisticated method was used which has no direct comparability with the single question used in this study. However, given that the focus of this study is on harm to others from drinking and not on drinking patterns, interpretation issues may be minimised, with a possible chance of underreporting on the effect of drinking patterns on harm to others.

Table 1: Socio-demographics, drinking status and drinking patterns of survey weighted sample

		N	%
Overall total		1007	
<b>Gender</b>	Men	481	47.8
	Women	526	52.2
<b>Age group</b>	16-34 yrs	294	29.2
	35-54 yrs	362	35.9
	55+ yrs	351	34.9
<b>Marital status</b>	Single	275	27.4
	Married	546	54.5
	Widowed/divorced/separated	181	18.1
<b>Social class</b>	ABC1	473	47.0
	C2DE	534	53.0
<b>Location</b>	Urban	722	71.7
	Rural	285	28.3
<b>Drinking status</b>	Abstainer	229	22.9
	Drinker	772	77.1
<b>Risky drinking</b>			
quantity/occ	Up to 8 units per occ	475	67.2
Base=drinkers	8+ units per occ (64 grams)	232	32.8
<b>Risky drinking</b>			
Frequency/yr	Regular RSOD*	319	44.5
(Base=drinkers)	Less frequent RSOD	192	26.8
	Never in past 12 months	207	28.8

\* Regular risky single occasion drinking (RSOD) is defined as consuming 8+ units of alcohol (64+grams) of alcohol per occasion, 1+ times per month

Among drinkers, the quantity of alcohol consumed on a typical drinking occasion was on average 6 units (mean 6.4, SD 4.9, median 5 units). The proportion of those who engaged in risky drinking on a typical drinking occasion (8+ units/occ or 64 grams) was one in three drinkers (33%). Of those who consumed alcohol, seven out of ten (71%) drinkers reported risky single occasion drinking (RSOD) in the past 12 months, with 44% regular risky drinkers. Regular risky single occasion drinking (RSOD) is defined as consuming 8+ units of alcohol (64+grams) per occasion, 1+ times per month.

## General population – harm to others from drinking

Sixteen types of harm, representing a range of typical social and personal situations, were used to measure alcohol's harm to others from drinking in the general population and were combined into one category variable to determine the proportion of the population who reported one or more of the harms (GP1+ harms). In addition, the sixteen types of harm were divided into harms to others occurring in the public environment (8 measures) and in private settings (8 measures) and presented in Box 1. Two sub-category variables were generated - harms to others in the public environment (H20d PE1+harms) and harm to others in private settings (H20d PS1+ harms).

*Box 1: Harm to others in the public environment and private settings*

H20d - Public environment	H20d - Private settings
Harassed on the street	Kept awake at night by drunken noise
Afraid on the street	House, car or property damaged
Called names or insulted	Child negatively affected
Harmed physically	Family problems/marriage difficulties
Involved in traffic accident	Problems with friend or neighbour
Felt unsafe in a public place	Financial troubles
Problems with co- workers or with a boss	Harassed at a party or other private setting
Passenger in a car with a driver who had too much to drink	Threatened or afraid at home or in other private setting

Overall, half (51%) of those who participated in the survey reported one or more harms (H20d GP1+ harms) as a result of someone else's drinking. When examined across demographics, age and marital status showed significant differences (Table 2). An age gradient was evident, meaning the highest rate of reported harms experienced (H20d GP1+harms) was in the youngest age group (65%) and decreased as age increased, with 34% in the 55+ age group. A greater number of those who were single reported harms due to others' drinking (H20d GP1+harms) in comparison to those who were married or those widowed/divorced/separated (62%, 48%, 44%). There was no gender, rural/urban or social class differences. There was a significant difference in the combined overall category of 16 harms (H20d GP1+harms) between those who consumed alcohol (55%) and those who were abstainers (42%). However, when the items were divided into harms experienced in the public environment (H20d PE1+harms) and in private settings (H20d PS1+harms), there was no significant difference in the drinking status of participants in relation to reported harms which occurred in the private setting (H20d PS1+harms). However, harms experienced in the public environment due to others' drinking (H20d PE1+harms) showed a significantly higher proportion of respondents who were drinkers (40%) in comparison to abstainers (28%) reporting such harms, although only one of the individual harms in the public environment (harassment on street) showed that drinkers were more likely to report being harassed on street than abstainers.

Table 2: Prevalence of alcohol's harm to others by socio-demographics

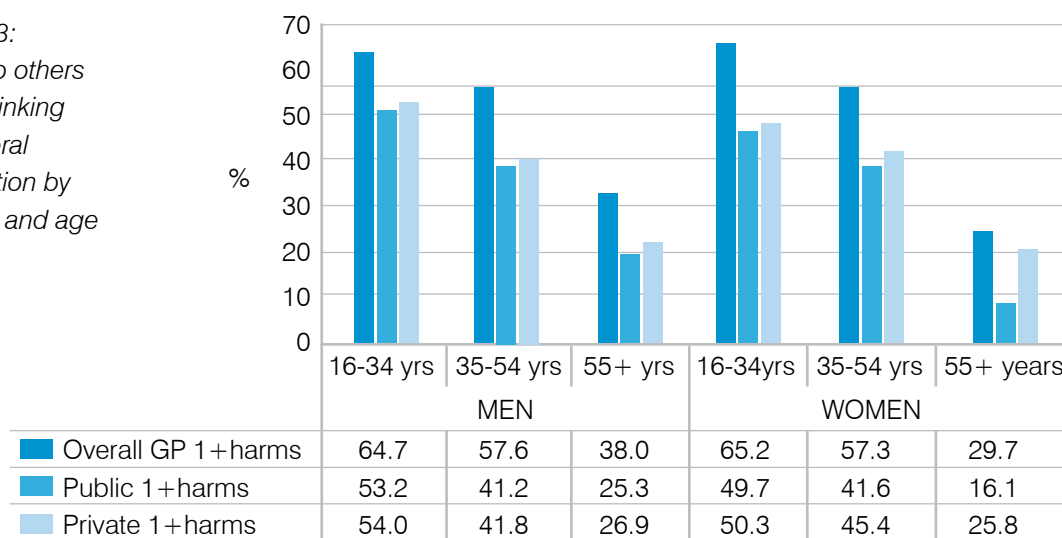
	N	H20d General pop 1+ harms %	H20d Public Environ 1+ harms %	H20d Private setting 1+ harms %
<b>Overall total</b>	<b>1007</b>	<b>51.4</b>	<b>37.0</b>	<b>40.0</b>
<b>Gender</b>				
Men	481	52.8	39.1	40.1
Women	526	50.0	35.2	39.9
<b>Age group</b>				
16-34 yrs	294	65.0	51.4	52.0
35-54 yrs	362	57.6	41.4	43.8
55+ yrs	351	33.6**	20.5**	26.2**
<b>Marital status</b>				
Single	275	62.5	46.2	50.5
Married	545	48.4	36.3	35.2
Wid/div/sep	181	43.6**	24.3**	38.7**
<b>Social class</b>				
ABC1	473	50.7	37.0	37.8
C2DE	534	52.1	36.9	41.9
<b>Living location</b>				
Urban	723	51.5	35.7	41.1
Rural	284	51.2	40.1	37.5
<b>Drinking status</b>				
Abstainer	229	41.7	27.9	37.1
Drinker	772	54.7**	39.9**	41.2

\*\*p&lt;.01

An examination by gender and age of the alcohol's harm to others overall and harms in the public environment and private settings showed no significant gender differences within age groups, with one exception (Figure 3). A higher proportion of older men (55+ age group) reported harms experienced in the public environment in comparison to women in the same age group, (25% vs. 16%).

### Harm to others from drinking in the general population, public environment and private settings

Figure 3:  
Harm to others  
from drinking  
in general  
population by  
gender and age



An examination of the sixteen types of harm individually showed that four of the top five reported harms experienced as a result of someone else's drinking occurred in the public environment and were: Kept awake at night by drunken noise (30.2% or almost one in three); Harassed on the street (20.2% or one in five); Felt unsafe in a public place (19.2% or almost one in five); Called names or insulted (18.9% or almost one in five); and Made you afraid on the street (16.4% or one in six) (Figure 4). When the individual types of harm experienced as a result of someone else's drinking were examined by socio-demographics and drinking pattern, significant differences emerged (Annex 4a & 4b). More men, in comparison to women, were harmed physically and were passengers in a car with a driver who had too much to drink. A greater proportion of those in lower social classes (C2DE) reported problems with friends and neighbours, were harassed at a party or in some other private setting, had family problems or marriage difficulties and were harmed physically. In nine of the sixteen types of harm, a greater number in the youngest age group reported harms in comparison to older age groups as a result of someone else's drinking. Those who were single were more likely to report being called names or insulted, harassed on the street, afraid on the street, harassed at a party, afraid at home and having their property damaged. Those who were drinkers were more likely to report harassment on the street in comparison to abstainers. In the fifteen other types of harm, drinking status (drinkers or abstainers) did not significantly influence the level of reported harms due to others drinking. However, when the frequency of risky single occasion drinking (RSOD) was examined, four types of harm showed significance ( $p < .01$ ) (Figure 5). The risk of experiencing these harms - harassment on the street, being called names/insulted, feeling unsafe in public place and being harassed at a private party as a result of someone else's drinking - increased as the frequency of risky drinking increased, with the highest proportion of risk among those who engaged in regular risky drinking known as 'binge drinking'. This suggests that when individuals themselves are engaged in risky drinking, especially in the public environment, the potential for harm from others increases.

### Harm to others from drinking

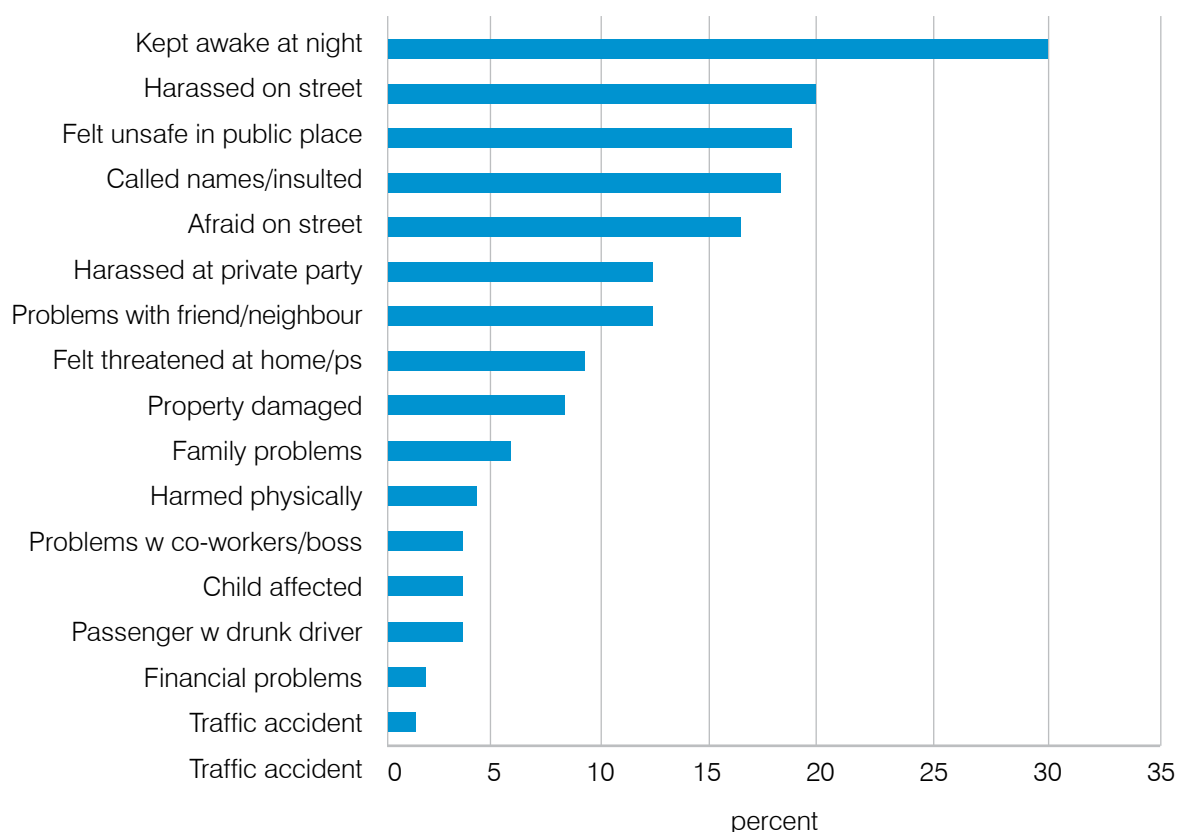


Figure 4: Reported individual harms experienced by the general population as a result of someone else's drinking

## Harm to others from drinking by drinking pattern of respondent

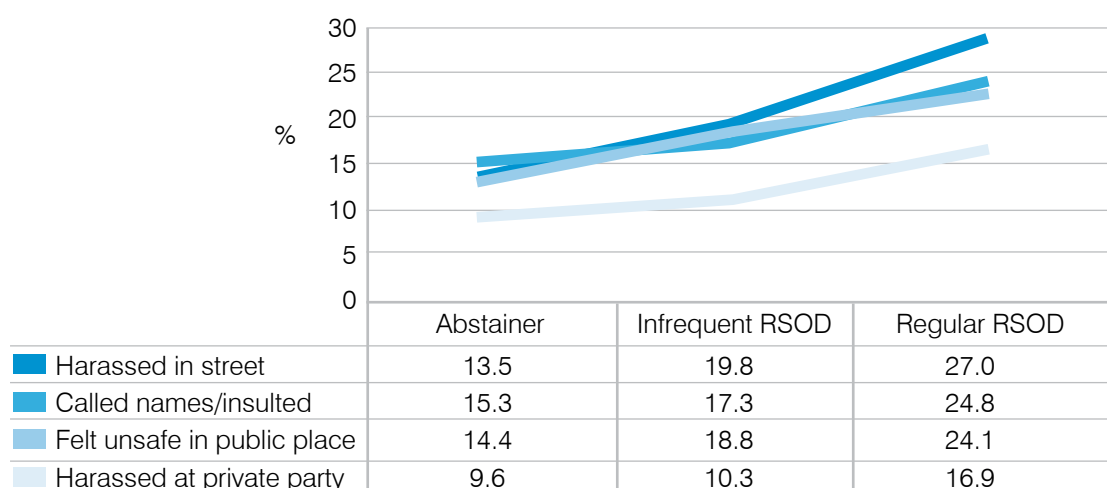


Figure 5: Reported harm to others from drinking by drinking pattern of respondent

Regular RSOD is defined as consuming 8+ units of alcohol (64+grams) per occasion, 1+ times per month

## Known heavy drinker

Over one-third (37%) of those who participated in the omnibus survey reported knowing people whom they consider to be a fairly heavy drinker or who drinks a lot sometimes. More single people knew heavy drinkers, while those 55+ years were less likely to know heavy drinkers (Table 3).

Table 3: Socio-demographics of respondents who know heavy drinkers (N=376)

		N	%
<b>Gender</b>	Men	184	38.2
	Women	192	36.5
<b>Age group</b>	16-34 yrs	120	40.8
	35-54 yrs	147	40.7
	55+ yrs	108	30.8**
<b>Marital Status</b>	Single	118	43.1
	Married/other	256	35.1*
<b>Social class</b>	ABC1	176	37.2
	C2DE	199	37.3
<b>Location</b>	Urban	257	35.5
	Rural	119	41.8

\*p<.05 \*\*p<.01

Two-thirds (66%) of these respondents reported knowing up to three heavy drinkers and one-third knowing four or more heavy drinkers. The respondents were then asked to identify if they had been negatively affected by a known heavy drinker in the past 12 months and how many known heavy drinkers had negatively affected them. Of those who knew a heavy drinker, one-third (34%) reported that they had been negatively affected because of the other person's drinking. This represents 13% (one in eight) of the total population sample. The vast majority of respondents reported that between one and two known heavy drinkers had negatively affected them.

The severity of the impact of known heavy drinkers on the respondent was measured on a scale from 1 (a little) to 10 (a lot). Figure 6 illustrates the level of impact, where almost two-thirds (65%) of those negatively affected by known heavy drinkers scored between five and ten.

The near maximum level of severity on the scale (score 9-10) was reported by one in five (22%) people. The respondents were then asked to focus on the individual heavy drinker who had the greatest negative effect on them, and to identify the severity of the impact using the same scale from 1 to 10. The responses are somewhat similar, where 63% of those affected by the most negative case scored five or more on the scale (Figure 7). The relationship with the known heavy drinker who had the greatest negative effect on them in the past 12 months was a heavy drinker not living in the same household, broken down as follows: a family member not in the household, a friend, a neighbour/local/village member, or a co-worker was the rank order of the top four most mentioned. This suggests that serious impact of harm from known heavy drinkers occurs not only in the home, but extends beyond the family and permeates across the local community.

### Severity of the negative effect from known heavy drinkers (n=127)

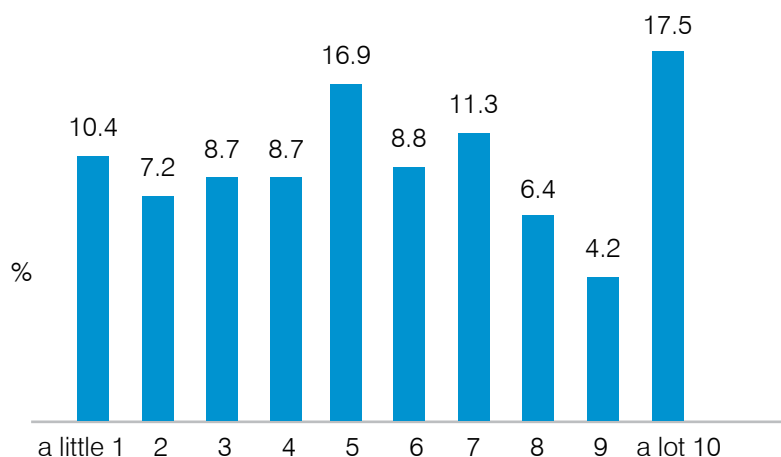


Figure 6: Severity of the negative effect from known heavy drinkers

### Severity of impact of heavy drinkers and most negative case (n=127)

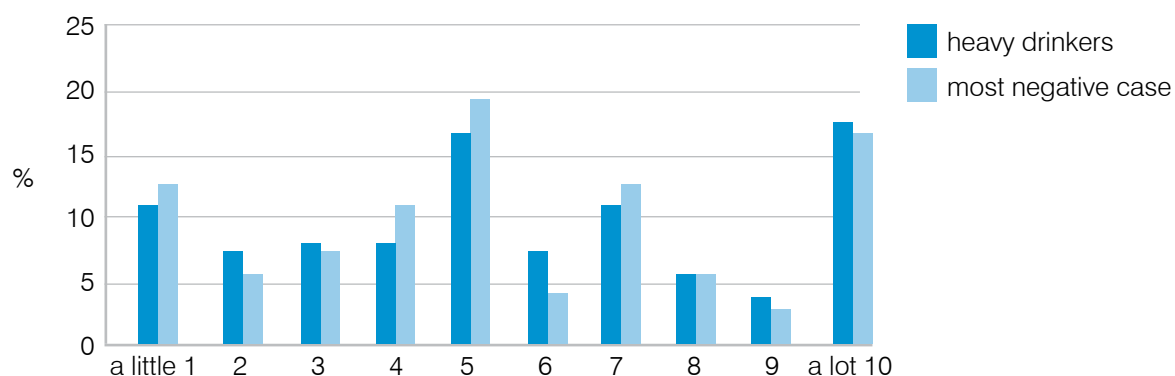


Figure 7: Severity of impact of known heavy drinkers and of the most negative case.

### Life satisfaction

The life satisfaction measure was based on the response to the question – thinking about your own life and personal circumstances, how satisfied are you with your life as a whole using a scale of 1 to 11 (completely dissatisfied to completely satisfied). The overall level of life satisfaction in the population sample was high (mean 8.5) and similar to the Scottish Social Attitudes Survey. Life satisfaction was examined across the five main indicators of harm to others from drinking, comparing those who reported experiencing harm due to others drinking with those who did not report such harms. In relation to the general population sample, those who reported experiencing one or more of the sixteen types of harm due to others' drinking had a significantly ( $p < .01$ ) lower level of life satisfaction compared to others (8.18 vs 8.77 mean) (Table 4). When examined by types of harms experienced in the public environment and private settings, a similar result emerged.

Those exposed to harm in private settings had a lower life satisfaction score (mean 7.94) than those exposed to harm in the public environment (mean 8.25). It is a possibility that heavy drinkers who cause harm to others in private settings are known to the respondent and interact on a regular basis with them such as family members, friends, neighbours, and so a cumulative effect may have a greater negative impact which in turn affects life satisfaction.

Table 4: Life satisfaction of those exposed to harm due to someone else's drinking

	Mean	SD	F	p
<b>Harm to others from drinking general population 1+ harms</b>				
Experienced GP 1+ harms due to others drinking	8.18	2.32	17.39	<b>.000</b>
Did not experience H20d GP 1+ harms	8.77	2.14		
<b>Harm to others from drinking public environment 1+ harms</b>				
Experienced PE 1+ harms due to others drinking	8.25	2.26	5.27	<b>.022</b>
Did not experience PE 1+ harms	8.59	2.25		
<b>Harm others from drinking private settings 1+ harms</b>				
Experienced PS 1+ harms due to others drinking	7.94	2.46	38.32	<b>.000</b>
Did not experience PS 1+ harms	8.82	2.04		
<b>Known heavy drinkers</b>				
Yes Know heavy drinkers	8.10	2.35	16.01	<b>.000</b>
No do not know heavy drinkers	8.68	2.17		
<b>Negatively affected by heavy drinkers (n=375)</b>				
Yes negatively affected by HD	7.61	2.70	8.34	<b>.004</b>
No not negatively affect by HD	8.35	2.11		

Respondents who reported heavy drinkers in their life in the past 12 months had statistically significant lower life satisfaction in comparison to those who did not. Of respondents who reported heavy drinkers in their lives, life satisfaction was lowest (mean 7.61) among those who reported being negatively affected by heavy drinkers in their lives. However, caution is required in extrapolating this finding to the general population, given the small sample size (N=375) in this comparison. It is also important to note that the general measure of life satisfaction may be mediated by other factors and social circumstances in a person's life.

### Profile of those most likely to report harm from others

Logistic regression was used to identify the profile of those most likely to report experiencing harm from others in the public environment and in private settings, while controlling for demographics, drinking status and known heavy drinkers. Age and knowing heavy drinkers were the two significant ( $p < .01$ ) factors that predicted those who reported experiencing harm from others in both the public and private settings. The results showed that:

exposure to harm in private settings is four times more likely among those who reported knowing heavy drinkers in their lives (OR 4.43, CI 3.34-5.90,  $p < .001$ )

those under 55 years are twice as likely to report harm from others in private settings (OR 2.71, CI 1.84-3.99,  $p < .001$ ) for those 16-34 years; OR 2.03, CI 1.44-2.85,  $p < .001$  for 35-54 years)

those in the youngest age group (16-34 years) are four times more likely to report harm from others in the public environment (OR 4.16, CI 2.78-6.22,  $p < .001$ )

those who know heavy drinkers in their lives are three times more likely to report harms in the public environment (OR 3.66, CI 2.75-4.87,  $p < .001$ )

those in the middle age group (35-54 years) are twice as likely to report harms from others in the public environment (OR 2.67, CI 1.87-3.82,  $p < .001$ )

These findings suggest that those who know heavy drinkers and those younger in age have increased risk of experiencing harms as a result of someone else's drinking, be it in the public or private spheres. Life satisfaction was lower among those exposed to harm as a result of someone else's drinking in comparison to those not exposed to such harms, across the main indicators of harms, with the lowest level among those who were negatively affected by known heavy drinkers in their lives.

### **Strengths and limitations of Scottish omnibus survey**

The omnibus national survey provides for the first time a snapshot of a wide range of harms experienced as a result of someone else's drinking by the general population in Scotland. However, there are a number of limitations which need to be taken into consideration when interpreting the findings.

While the national household omnibus survey attempts to reflect a representative quota sample of the population, it does miss out on those not living in households, including prisoners, those in the armed forces, homeless people, students in halls of residence. Evidence suggests that some people in these groups are likely to be heavier drinkers, and this should be taken into account when considering the findings.

The proportion of abstainers in this survey is higher than that reported in the Scottish Health Survey (SHeS) 2013. This may be attributed to how the question was asked. The SHeS uses a detailed and sophisticated data collection process which has no direct comparability to this survey.

The sample size of this omnibus survey is limited to a quota sample of 1,007 adults aged 16+ years in Scotland. This restricts the possibility of a detailed breakdown of individual types of harm by age and gender, as the sample size is too small to provide meaningful results in sub-categories. Therefore, the broad categories of harms to others from drinking reported in the public and private spheres are the main focus of the findings. The data collection method, using face to face interviews in the home, may also result in under-reporting.

Traditionally the main focus of population surveys has been to ask the drinker about the negative consequences of their own drinking and its potential impact on others. The strength of this survey is that it focuses on the problems/harms experienced directly by the respondent due to others drinking, with a strong focus on the individual's social environment and social roles (family, friendship, work, community).

The definition of a known heavy drinker defined as "a person you may know whom you consider to be a fairly heavy drinker or someone who drinks a lot sometimes" allowed the respondent to reflect their own personal experiences and circumstances. However, the subjective measure of heavy drinker for each individual may vary, depending on demographic variables and personal perspective and experience. For example, if a respondent is a heavy drinker then they may not view others' drinking as heavy. On the other hand, abstainers may be more likely to view any consumption as heavy. However, for the purpose of this study the key focus is on the respondent's being negatively affected by a known heavy drinker, rather than on the explicit interpretation of heavy drinker.

Finally, the general population frame tends to show a wide range of the less severe harms to others. Therefore to ensure the broad range of alcohol's harms to others were considered in this report, those working in services, where the more severe levels of harm are observed, also participated through a series of interviews and focus group discussions.

## **3.1.3 Discussion**

### **General population**

One in two of survey participants reported experiencing one or more harms as a result of someone else's drinking, in a range of typical social and personal situations. Although not directly comparable to the Scottish study, studies in Australia and New Zealand reported a higher prevalence of reported harms to others from drinking than Scotland (seven in ten reported harm to others) (Laslett et al 2011; Casswell et al 2011a). One third of the Canadian population reported one or more harms due to others drinking, based on six types of harm (Giesbrecht et al 2010). In Norway, two in every five people reported harms, based on seven measures (Rossow & Hauge 2004).



The highest rate of reported harms in Scotland was in the youngest age group and among single persons, where almost two-thirds reported such harms. Types of harm were divided into harms occurring in the public environment (street, public space, cars, workplace) and in private settings (home, family, friends, neighbours, private parties). No gender difference was found in this Scottish study in the public or private settings, in contrast to the Norwegian study, where women were more likely to report harm from others (Rossow & Hauge 2004).

When demographics, drinking status and known heavy drinkers were controlled for, age and knowing heavy drinkers in one's life were the factors predictive of experiencing harms from others drinking, in both the public and private settings. In the public environment, those in the youngest age group were four times more likely to report harm from others, reflecting the night-time economy which provides a social milieu for young adults to socialise. The higher vulnerability of young people to harm from others has also been found in other studies (Rossow & Hauge 2004; Greenfield et al 2009; Casswell et al 2011a; Hope, in-press). Exposure to harm in private settings was four times more likely among those who reported known heavy drinkers in their lives. These findings suggest that having heavy drinkers in one's life and being younger in age increases the risk of experiencing harms as a result of someone else's drinking, both in the public or private spheres.

Taking types of harm individually, the top five reported harms experienced as a result of someone else's drinking mainly occurred in the public environment, representing safety and harassment issues. This is not surprising, given that many social occasions and the night-time economy are centred around drinking establishments so the opportunities for experiencing harm in the public environment are increased. Gender and social class showed differences in some of the individual items. More men than women reported physical harm/assault and being a passenger with a drunk driver, in common with other studies (Eliany et al 1992, Greenfield et al 2009). In Scotland's crime victimisation survey, almost two-thirds of respondents who reported being a victim of violent crime/assaults believed the offender was under the influence of alcohol (Scottish Government/TNS-BMRB 2012). There is strong evidence of disturbances and harm in the night-time economy in Scotland where 22% of violent crime/assaults occurs in or around pubs or other licensed venues (Scottish Government/TNS-BMRB 2012). Those from lower social classes reported more individual harms in the private settings such as problems with friends/neighbours, problems at private parties, family problems and also physical harm which can occur both in the public and private domains. In almost all of the individual harm items, drinking status (drinker/abstainer) or drinking pattern (risky drinking) did not influence the level of reported harm due to others' drinking, with a few exceptions. This finding is contrary to other studies where own drinking of the victim increased exposure to risk from other drinkers (Eliany et al 1992; Rossow & Hauge 2004; Greenfield et al 2009; Hope, in-press).

In this Scottish study, harassment and feeling unsafe in public due to others' drinking were the only issues which showed an increase when the victims themselves were regular risky drinkers. Alcohol can undermine an individual's ability to gauge risky situations and drinkers are less able to protect themselves from others or avoid other risky drinkers. Scotland reported more serious harms in public places such as harassment and being afraid due to others' drinking than studies from other countries (Rossow & Hauge 2004; Giesbrecht et al 2010; Laslett et al 2011). The findings suggest that half of the population experience harm from others drinking. The negative consequences impact on a person's sense of safety, ranging from harassment to physical harm, and on a person's social network, be it in the home, with friends or work colleagues or in local neighbourhoods.

### **Known heavy drinker**

Over one-third of survey participants reported heavy drinkers in their lives, which was higher than that reported in New Zealand (more than one in four) (Casswell et al 2011b). No gender difference was found in this study, unlike in Australia where women were more affected by someone they knew (Laslett et al 2011). Many in Scotland had more than one heavy drinker in their lives. Of those who knew a heavy drinker, one-third was negatively affected because of the person's drinking. This represents one in eight of the total population sample. The severity of the negative impact was serious in many cases with over one in five indicating the near maximum level of severity in terms of the negative affect from heavy drinkers. While fewer people are negatively affected by known heavy drinkers, the effect can be very profound (Laslett et al 2011). The relationship between the respondent and the most significant heavy drinker tended to be a person outside the household which was also found in other studies (Casswell et al 2011b; Laslett et al 2010). This suggests that serious impact of harm from heavy drinkers is not confined to the home but also extends beyond the family and permeates across their social network and local community.

Given the small number of cases negatively affected in this study, caution is required in its broader interpretation, although the findings are similar to other studies.

### Life satisfaction

The overall level of life satisfaction in the population sample was high and similar to that in the Scottish Social Attitudes Survey (Given & Webster 2008). When compared to other EU countries, life satisfaction in Scotland was higher than most, just behind Denmark and Switzerland (Given & Webster 2008). In this study, life satisfaction was examined across the main harm to others indicators and showed that those exposed to harm from others drinking had lower life satisfaction in comparison to those not exposed to harm from someone else's drinking.

The lowest level of life satisfaction was among those who were negatively affected by known heavy drinkers. Casswell et al (2011b) also reported lower life satisfaction, using a similar measure, among those with greater exposure to heavy drinkers. In addition, the New Zealand study also found a relationship between exposure to heavy drinkers and reduced personal wellbeing and poorer health status. It is important to note that life satisfaction may also be mediated by other factors and social circumstances in a person's life (Given & Webster 2008).

While the national omnibus survey has its limitations, it does provide a snapshot of this underexplored area of alcohol-related harm, the second hand effects of drinking in Scotland. The study documents the wide range of harm from other people's drinking both in the public domain, which is very visible, and in private settings where harms to others are more hidden from public view. The magnitude of the negative effects ranges from minor, where more are affected, to severe, where fewer are affected. While young people and those with heavy drinkers in their lives are most at risk of harm from others, the harms experienced also extend to those in their middle years. The economic burden on society has the potential to be substantial. As documented in Australia, the cost of alcohol's harm to others is almost as large as the cost attributable to the drinker (Laslett et al 2010). The overall negative impact of harm from other people's drinking can also have a corrosive effect on the well-being and quality of life of individuals, families and communities.

## 3.2 Harm to others from drinking in Scotland recorded in existing data

### Key findings of harm to others for Scotland

The Growing Up in Scotland study shows that across Scotland over one in eight parents (12.7%) report drinking 5 or more units of alcohol on one occasion at least weekly.

The Scottish Government estimate that between 36,000 and 51,000 children in Scotland live with parents (or guardians) whose alcohol use is potentially problematic.

96% of people in Scotland see alcohol abuse as a social problem.

At least 70% of assaults presenting to A & E are potentially alcohol-related

64% of those accused of homicide are recorded as being drunk at the time of the offence.

22% report being a victim of an incident where the offender was believed to be under the influence of alcohol (some cited alcohol and drugs), with this figure rising to 63% for violent crimes and assaults.

Half of the prison population report being drunk at the time of their offence and over a third (38%) admit that drinking affects their relationship with their family.

In screening for alcohol problems in one male prison, 73% of prisoners indicate a degree of alcohol problems, including 36% possibly dependent, based on the AUDIT screening tool.

Alcohol is recorded as a factor in 16.8% of accidental domestic fires resulting in 14 fatal and 292 non-fatal casualties.

Alcohol impairment is a contributory factor in 4% of all Scotland's reported road accidents and 11% of all road accident fatalities.

The estimated cost of alcohol misuse in Scotland is £3.6 billion each year - £900 for every tax payer in Scotland.

## Introduction

This section of the report explores alcohol's harm to others using existing sources of information such as reports and national surveys. A desk-review was undertaken of available information on harms to others from drinking. The information is presented with a focus on the range of impacts of harm to others, on children and families, in neighbourhoods and in communities across Scotland.

### 3.2.1 Desk review – quantitative information for Scotland

The most recent Scottish Health Survey SHeS (2013) reported that just under half (42%) of men and 30% of women drank above government guidelines, based on daily and weekly drinking in 2012. A quarter of men and just under a fifth of women (18%) were categorised as hazardous or harmful drinkers (defined as men drinking more than 21 units per week and women drinking more than 14 units). These figures suggest that risks to others from drinkers have the potential to be substantial. It is important to keep in mind that household population surveys greatly under-estimate population consumption, so figures from surveys need to be treated with caution. Reported alcohol consumption in the Scottish Health Survey only accounts for around half of the population consumption when compared with retail sale data (Health Scotland 2012).

## Alcohol's impact on others

### Children and families

Growing Up in Scotland (GUS) is a longitudinal study which follows a national sample of children born in Scotland. The project started following a cohort of children born in 2004-5, with a second cohort of children born in 2010-11 now added to the study. Interviews with parents/carers (mainly mothers so therefore not a representative sample of all parents) included questions about drinking behaviour, with the most recently available data relating to Birth Cohort 1 (sweep 5) involving parents/carers of children around the age of 5.

GUS provides a source of data on self-reported drinking. Across Scotland, 43% of GUS respondents reported that they consumed alcohol weekly, with a small minority (6.4%) reporting that they drank four or more times a week. Over one in eight (12.7%) reported drinking 5 or more units of alcohol on one occasion at least weekly. The majority (61.5%) reported that they had drunk 6 units or less of alcohol in an average week. However, 4% reported drinking over 14 units of alcohol per week (analysis provided by Centre for Research on Families and Relationships, University of Edinburgh). The findings suggest that parents/carers of young children drink below the levels reported for the whole population in SHeS. However, a minority of parents have drinking patterns that potentially increase their children's exposure to risk from alcohol harm. It is worth noting that the sample frame consulted with for the GUS survey were mainly mothers, and recognising the fact that on the whole women drink less than men, the figures reported will reflect this gender difference and therefore be on the lower side.

The most recent Scottish Government estimates (based on analysis of 2011 SHeS data, and included in the impact assessment for proposed minimum pricing of alcohol)<sup>2</sup> suggest that between 36,000 and 51,000 children in Scotland are living with parents (or guardians) whose alcohol use is potentially problematic. This does not necessarily mean that a child is suffering harm, but indicates the potential for harm. Across Scotland, parental alcohol misuse was recorded as a concern for almost a fifth of children on the child protection register as at 31 July 2012 (19.3%; 522 out of 2,706 cases)<sup>3</sup>.

### Fetal Alcohol Spectrum Disorder

Fetal Alcohol Spectrum Disorder (FASD) is the name given to the group of conditions that can occur due to maternal use of alcohol during pregnancy. The most commonly recognised (although not the most common) of these conditions is Fetal Alcohol Syndrome (FAS), as it presents with characteristic facial features, growth delays both in the womb and afterwards and neuro-behavioural problems.

<sup>2</sup> See Scottish Government (2012) Framework for Action: Changing Scotland's Relationship with Alcohol: Final business and regulatory impact assessment for minimum price per unit of alcohol as contained in Alcohol (Minimum Pricing) (Scotland) Bill. This new estimate is based on responses to the physical dependency questions included in the Scottish Health Survey as opposed to the previous estimate which was based on responses to the wider CAGE questions in the survey.

<sup>3</sup> Scottish Government Children's Social work statistics 2011/2012.

Children affected by FASD often show a variety of learning difficulties and behavioural problems. Although FASD is permanent, lifelong and irreversible, there are actions that can be taken to reduce the level of disability and difficulties that affected individuals may have and so it is important that the condition is recognised and managed correctly.

Worldwide, it is estimated that FASD affects around 1 in 100 live births and FAS affects one tenth of these (Gossage 2001). In Scotland, there are no comprehensive data collection systems currently in place to record the number of individuals affected by FASD, however a passive surveillance system in paediatrics for children from birth to the age of six years identified 37 children with FAS in its first 3 years of recording, for the period 2010-12 across all paediatricians in Scotland (Watts M, personal communication)<sup>4</sup>. Although FASD is more common in the children of women who are dependent on alcohol, the majority of cases occur in the offspring of women who are not. There is no known safe amount of alcohol or time that it can be consumed in pregnancy and therefore the advice of the Chief Medical Officer in Scotland is to avoid alcohol when pregnant or contemplating pregnancy.

### Neighbourhood impacts and community safety

The reach of adverse drinking is not confined to within the household but goes beyond families and affects neighbourhoods and communities, impacting on those known to the drinker (e.g. friends and neighbours) as well as complete strangers. At a national level, the Scottish Household Survey (SHS) and the Scottish Crime and Justice Survey (SCJS) both report findings relevant to the impact of harm to others from drinking in neighbourhoods and communities. The 2010/11 SCJS (Scottish Government, 2012) reported that 96% of people in Scotland saw alcohol abuse as a problem (74% saw it as a big problem), while in the 2011 SHS 4% of respondents identified alcohol abuse as a neighbourhood problem (that is, an aspect they disliked about their neighbourhood) (Scottish Government, 2012).

In terms of recorded crime involving alcohol, the most recent figures available report 5,744 drunkenness offences, (equivalent to a rate of 11 per 10,000 head of population) across Scotland in 2011/12<sup>5</sup>. For the country as a whole, the majority (64%) of those accused of homicide in 2011/12 (79 of 124) were recorded as being drunk.

The Scottish Crime and Justice Survey (SCJS) also reported some relevant Scotland level information. The SCJS gathers information from a random sample of the adult population on crime victimisation including those incidents not reported to the police. As such, the victimisation rates derived from the SCJS complement official recorded crime statistics; the survey data also provides additional useful information on the characteristics of the incident and the perceptions of the respondent, including on issues relating to alcohol. The most recent SCJS for 2010/11<sup>6</sup> provided an estimate of 874,000 crimes across Scotland. Alcohol was indicated as a factor in a significant proportion of these crimes. Of all those who reported being a victim of a crime, 19% thought the incident had happened because the offender was under the influence of drugs or alcohol; the figure for those who were victims of assaults and violent crimes was much higher at 50%. Nine per cent of all incidents reported in the survey took place outside a pub or similar licensed venue, with this rising to 23% and 22% for personal theft and violent crimes/assault. Twenty-two per cent of survey respondents who reported being a victim of an incident said the offender was under the influence of alcohol (some respondents cited drugs and alcohol), with this figure rising to 63% for violent crimes and assaults. A small percentage of survey respondents who reported being victims of incidents (6%) also reported that they themselves were under the influence of alcohol. At least 70% of assaults presenting to A&E are potentially alcohol-related<sup>7</sup>.

In the annual prison survey, half of those who completed a questionnaire reported being drunk at the time of their offence and over one third (38%) admitted that their drinking affected their relationship with their family (Carnie & Broderick 2011). A study on the needs assessment for alcohol problems in one male prison found that 73% of prisoners indicated a degree of alcohol problems, including 36% possibly dependent, based on the AUDIT screening tool (Parkes et al 2010).

<sup>4</sup> Dr Watts, Consultant in Public Health Medicine, NHS Ayrshire & Arran and is seconded as the FASD Coordinator for the Scottish Government.

<sup>5</sup> Scottish Government - Recorder Crime in Scotland 2011/2012

<sup>6</sup> Scottish Government/TNS-BMRB, 2012

<sup>7</sup> Harmful drinking two: Alcohol and assaults, NHS Quality Improvement Scotland, 2006

Drink-driving was one of the first alcohol-related harm areas where harm to others from drinking was recognised. A driver under the influence of alcohol involved in road crashes (fatal, serious or minor) may not only harm themselves but may also harm other road users - be they passengers in the crashed car, a driver or passengers in the other cars affected, or road-side pedestrians. Transport Scotland figures for 2011 show alcohol impairment to be a recorded contributory factor in 4% of all Scotland's reported road accidents (370 out of 9,974 accidents), and 11% of all road accident fatalities (19 out of 176). Across Scotland in 2011/12<sup>8</sup> recorded crime statistics showed that there were 7,445 recorded offences (14 offences per 10,000 population) of "driving under the influence" (including driving while unfit through drink or drugs, having a blood alcohol content above the legal limit, and failing to provide breath, blood or urine specimens).

Alcohol is also a recognised factor in domestic fires, causing damage to property and putting lives at risk, whether this is within the drinker's home or in neighbouring properties. Across Scotland in 2011/12 alcohol and/or drugs were recorded as a factor in 16.8% of domestic fires (860 out of a total of 5,116) resulting in 14 fatal and 292 non-fatal casualties; these figures have remained relatively stable over the 3 years from 2009/10<sup>9</sup>. Disaggregated figures for alcohol/drugs are not available but the advice is that the majority of such cases are alcohol-related. In relation to public transport, the introduction in July 2012 of restrictions on drinking on Scotrail train services can be seen as another indicator of the impact of adverse drinkers on others. In a review carried out over a six month period prior to the ban, Scotrail identified at least 260 occasions when British Transport Police had to respond to drink-related incidents; and found at least one reported accident a week to be caused by excessive alcohol consumption. They also reported an increasing number of trains delayed due to anti-social behaviour amongst passengers. A survey carried out on behalf of Scotrail found high levels of support for restricting alcohol on trains; there was also support – as well as concerns about how any restrictions would be enforced – expressed by respondents to the Rail 2012 public consultation<sup>10</sup>.

The costs of adverse drinking to Scottish society were assessed by the York Health Economic Consortium and published by the Scottish Government in 2010 -The Societal Cost of Alcohol Misuse in Scotland for 2007. The estimated costs of alcohol misuse take account of the health service, social work services, crime, productivity capacity and wider social costs and include many elements related to alcohol's harm to others (Table 6). The report provided a central cost estimate of £3.6bn (range: £2.5bn - £4.6bn) for Scottish society as a whole.

Table 6: Estimated societal costs of alcohol misuse in Scotland for 2007<sup>11</sup>

Resource	Annual cost – Mid-point (£ million)	Proportion of total costs %
Health service	267.8	7.5
Social work services	230.5	6.5
Crime	727.4	20.4
Productivity capacity	865.7	24.3
Wider social costs	1,464.6	41.2
<b>TOTAL</b>	<b>3,555.7</b>	

## Summary

This section of the report presents some of the available information at a national level relevant to alcohol's harm to others. There were two main areas where information at a national level provides documentary evidence on harm to others from drinking; these are the impact on children and in communities. A Scottish Government survey estimates the number of children living with parents whose alcohol use is potentially problematic to be between 36,000-51,000 children. Parental alcohol misuse was recorded as a concern for a fifth of children on the child protection register. The vast majority of people see alcohol abuse as a social problem in Scottish society. At least 70% of all assaults presenting to emergency departments potentially are alcohol related. The broader community wide indicators of harm to others from drinking such as alcohol involvement in crime, traffic accidents and accidental house fires, illustrate how alcohol consumption can affect those around the drinker, be they children, family, neighbours or strangers.

<sup>8</sup> Scottish Government Recorded Crime in Scotland 2011/2012 <sup>9</sup> Scottish Government Fire Statistics Scotland 2011/12

<sup>10</sup> All information from Scotrail press release, 22 June 2012 <sup>11</sup> Scottish Government Social Research 2010

## 4. Case study – Edinburgh City

### 4.1 Desk review of existing data

#### Key findings of desk review for Edinburgh (with some information that is Lothian-wide)

##### Impact on children and families

An estimated 7,000 children in Edinburgh live with an adult with problematic alcohol use.

Between 7% and 11% of homeless presentations in Edinburgh with an alcohol or drug support need also report children within the household composition.

Around a fifth of clients receiving support at a local alcohol agency have dependent children.

13% of cases seeking counselling at a local couples counselling service report alcohol or drugs problems.

10% of young people using a local youth advice service report parental /carer alcohol abuse as an issue in their life.

Alcohol is present in a quarter of domestic abuse incidents referred by the court service for victims of domestic abuse.

##### Alcohol as a social problem

95% of people in Lothian and Borders Community Justice Authority area think alcohol abuse is a social problem.

25% of people think that street drinking or alcohol-related disorder is a problem in their area, with higher levels (40%) in some local areas.

##### Alcohol and crime

City of Edinburgh Council receive 4,499 calls in the year related to noise with 90% of such calls involving alcohol.

Alcohol is a factor in half of all murders, 72% of domestic abuse incidents and 76% of assaults.

13.7% of accidental domestic fires for the City of Edinburgh are alcohol/drugs related.

Cost of alcohol misuse for the City of Edinburgh across a range of public services is estimated to be £221.28m.

#### 4.1.1 Introduction

The City of Edinburgh was chosen for the case study in this research project as the population size and demographic provided a broad sample of the Scottish population. In addition there were existing links with Edinburgh Alcohol and Drug Partnership which helped facilitate contact with local agencies. Edinburgh Alcohol and Drug Partnership (EADP), one of 30 ADPs across the country, oversees the development and implementation of the alcohol and drug strategy for the city. The ADP brings together multiple agencies (City of Edinburgh Council, NHS Lothian, Lothian and Borders Police (now part of Police Scotland), the voluntary sector and service users. The ADP has a key role in the planning and commissioning of evidence-based, person-centred and recovery-focused treatment services that meet the needs of local people and circumstances. It should ensure that there are clear and effective partnership based strategies in place to manage the needs of those affected by alcohol and mitigate the impact of alcohol-related harm on their communities.

The aim of this section of the report is to identify available data on harms to others from drinking in the Edinburgh area from two sources. Firstly, a desk review was undertaken of available information on harm to others from drinking using existing reports and surveys (quantitative approach). Secondly, information was gathered in the Edinburgh area from local agencies who deal with problems which might be due to other people's drinking (qualitative approach).



## 4.1.2 Desk review: quantitative information for Edinburgh

The desk review attempted to explore alcohol's harm to others using existing sources of local information and some national surveys that reported on the Edinburgh area. The information covers the range and impact of harm to others, in relation to children and families, neighbourhoods and local communities. Much of the local information presented in relation to impact on others should be regarded as being for illustrative purposes only. The information collected comes with several caveats, including levels of under-reporting in relation to alcohol and in particular harm to others, issues related to data based on observation and perception, and in some cases the risk of double-counting. Nevertheless, the information provides useful insights into the impact that alcohol consumption has on those around the drinker and provides a basis for further work in this area.

### Alcohol's impact on others

#### Children and families

The recent children and young people needs assessment report for Edinburgh ADP (Create Consultancy, 2012) estimated around 7,000 children in Edinburgh living with an adult with problematic alcohol use. This was based on Scottish Government analyses carried out in 2008. In the city of Edinburgh, parental alcohol misuse was recorded as a concern for almost a fifth of children on the child protection register as at 31 July 2012 (19.8% or 45 out of 227 cases), which is in line with the national figure.

For the 5 years from 2007/8 to 2011/12, between 7% and 11% of homeless presentations in Edinburgh with an alcohol or drug support need also reported children within the household (while disaggregated figures for alcohol and drugs are not available, officials advise that the majority of cases involve alcohol). For 2011/12 for example, this involved 47 families with children out of a total of 522 homeless presentations involving an alcohol or drug support need (City of Edinburgh Council).

Data from a range of agencies also provides an insight as to how children and families are affected by adverse drinking. For example, the Voice of Carers Across Lothian (VOCAL) Family Support Addictions Service supported 142 Edinburgh families in which children were affected by alcohol abuse by a parent/carer in 2011/12.

The equivalent figure for 2012/13 (up to February) was 110 families. Around a fifth of clients receiving support for alcohol problems at Edinburgh and Lothian Council on Alcohol (ELCA) reported having dependent children (91 and 80 families respectively in each of the last 2 financial years).

Alcohol can have a negative effect on family relationships, and this is illustrated by information from a number of third sector organisations. Couples Counselling Lothian reported that alcohol or drugs was noted as a self-reported issue in approximately 13% of cases in the 12 month period from April 2012 to March 2013; the proportion for the preceding 12 months was 14%. A number of those seeking help from ELCA do so in relation to the drinking of others: more than 10% of those seeking advice and information via the drop-in service, did so because of the drinking of others. In relation to young people in particular, around 10% of those using the advice services at The Junction reported being affected by parental/carer alcohol abuse. Related issues identified in client discussions included: low confidence; depression; their own alcohol use or relationship with it; high anxiety and/or panic attacks; and self-harm.

In relation to domestic abuse, Edinburgh Women's Aid operate the Edinburgh Domestic Abuse Court Service (EDACS), an advocacy service for victims of domestic abuse incidents that result in the offender being taken into custody. Data from EDACS in its first year of operation showed alcohol was present in approximately a quarter of referred incidents; a quarter of cases also recorded alcohol as an issue in the case history. A Women's Aid representative was keen to stress however, the complex nature of domestic abuse: while alcohol may be part of the equation, removing it from the picture would not put an end to domestic abuse; neither should alcohol be used as an excuse for any violent behaviour, domestic or otherwise.

#### Neighbourhood impacts and community safety

In 2011, the Scottish Crime and Justice Survey (SCJS)<sup>12</sup> reported that 95% of people in Lothian and Borders Community Justice Authority area (CJA) thought alcohol abuse was a social problem. This was in line with the

<sup>12</sup> Scottish Government/TNS-BMRB (2012) Scottish Crime and Justice survey 2010/11

figure for Scotland as a whole, although slightly fewer people in the Lothian and Borders CJA area thought alcohol abuse was a “big” social problem (68% compared to 74% nationally). In 2011, the Scottish Household Survey (SHS) reported 7% of people in the City of Edinburgh cited alcohol abuse as an aspect of their neighbourhood which they particularly disliked. While this is a small minority of people, the percentage is higher than previous years and higher than for Scotland as a whole (4%). At a more immediate local level, the 2011 Edinburgh People Survey (EPS) (Lowland Research, 2012) reported that as many as 25% of people thought that street drinking or alcohol-related disorder was a problem in their area. The proportion of people perceiving street drinking or alcohol-related disorder as a problem varied across the city, with two of Edinburgh’s neighbourhood partnership areas (Forth and Leith) reporting around 40% of residents perceiving this as a problem. However, it should be noted, that the questions asked by the EPS and the SHS were different and asked in different ways (respondents to the EPS were asked directly whether street drinking and alcohol-related disorder was a problem in their neighbourhood; SHS respondents were asked to indicate aspects of their neighbourhood which they disliked). The City of Edinburgh Council has taken action to introduce bye-laws banning drinking in a number of public areas of the city, where alcohol and related anti-social behaviour are seen as a particular problem.

Neighbourhood issues related to alcohol can cover a wide range of behaviours ranging from lower level anti-social behaviour to criminal offences. Alcohol can be a direct factor in crime such as drink driving. It can also be an indirect factor in crime where it contributes to public disorder. There are also ‘alcohol specific offences’ which are defined as those offences specifically related to alcohol, including drunkenness offences, drinking in a designated place and drink driving. There are many other offences such as public disorder, criminal damage and violence where alcohol is likely to be a contributory factor. There are however a number of issues to bear in mind about the figures: such figures are likely to reflect policing priorities and recording practices, and changes in these over time; they will also reflect the extent to which people report incidents, and the perceptions of those reporting/attending incidents.

The links between alcohol and crime and anti-social behaviour are well documented (Scottish Government 2008). In the current year 2012/13 (to February), City of Edinburgh Council received 4,499 calls relating to noise; the Council estimated that 90% of such call-outs involve alcohol. Further along the spectrum, 70% of the City’s anti-social behaviour orders (ASBOs) (9 full ASBOs issued in the year 2012/13 to date) had an alcohol-related element (City of Edinburgh Council). In terms of recorded crimes involving alcohol, the most recent figures available reported 450 drunkenness offences in the Lothian and Borders area in 2011/12<sup>13</sup> equivalent to a rate of 5 offences per 10,000 head of population. The national rate for the same period was twice the Lothian and Borders rate (11 offences per 10,000 population), however it is again important to note that figures often reflect local priorities and recording practices. Lothian and Borders Police provided additional information which showed that, between September 2009 and August 2011, alcohol was a factor in half of all murders, 72% of domestic abuse incidents, 76% of assaults, 31% of minor assaults, 22% breach of the peace and 5% vandalism. In a study examining provision of licensed premises in Edinburgh (Sherval, 2011) the following crime figures were presented for Edinburgh for 2010/11:

Alcohol specific offences	357
Offences with alcohol as an aggravator	4,523
Incidents involving alcohol (other than those included in the alcohol specific offences category)	347

Sherval’s paper noted that the majority of alcohol offences (85%) related to “drunk and incapable” and urinating in public, while over half of offences with alcohol aggravators were accounted for by minor assaults and breaches of the peace.

Drink-driving statistics for City of Edinburgh, show that an average of 15 accidents per year (average over 2007-11) are recorded as having alcohol impairment as a contributory factor. For the Lothian and Borders area, the figure for driving under the influence for 2011/12 was 1,163, which in fact represented the lowest number of offences per head of population of all the police force areas in Scotland (12 recorded offences per 10,000 population).

(It is worth noting that during the time of writing of this report all police force areas merged and a new organisation, Police Scotland, has been established.)

<sup>13</sup> Scottish Government - Recorded Crime in Scotland 2011/2012

<sup>14</sup> Figures should be regarded as indicative only, given that they are based on observation and recording by the officer attending the scene.



Statistics from Lothian and Borders Fire and Rescue Service for City of Edinburgh for 2011/12 report 100 accidental fires (13.7 % of the total of 728 accidental domestic fires, lower than the figures for Scotland, but higher than for the wider Lothian and Borders area), resulting in 35 injuries and three fatalities, where “impairment due to alcohol or drugs” was determined to be a contributory factor<sup>14</sup>.

One specific tangible way in which alcohol can be seen to impact on public services is in the demands placed on the ambulance service. The Scottish Ambulance Service (SAS) record all emergency call-out incidents for Edinburgh city centre, including the numbers that were conveyed to hospital and those with police involvement. Alcohol-related incidents may be documented, although SAS stress that alcohol-related incidents are potentially under-recorded due to the method of collecting this information. During a 12 month period (July 2011 to June 2012), approximately 8% of all emergency incidents recorded were alcohol-related (1,707/21,504). However, 75% of the alcohol-related incidents required the ambulance services to transport them to hospital (1,284/1,707). Of the emergency incidents where police were involved (police made the call for an ambulance), almost one in five emergency incidents (18.5%) were alcohol-related (675/3,652). The emergency call-outs for alcohol-related incidents increase substantially during weekend nights (Fri/Sat and Sat/Sun 6pm to 6am). Over one-third (38%) of all alcohol-related emergency call outs for the year, officially recorded, took place during weekend nights (655/1,707). However, SAS believe the incidents are under-counted and suggest that anecdotally alcohol-related incidents at the weekends are nearer to 70%. Police involvement in alcohol-related emergency incidents during weekend nights represented 41% of their annual involvement in ambulance call-outs (279/675). Although under-recorded, the figures do show that the vast majority of alcohol-related emergency incidents tend to be serious requiring ambulance delivery of clients to hospitals A & E and a significant burden on ambulance and police services especially at weekends.

In relation to public transport, Edinburgh’s local bus company, Lothian Buses, report only a small number of alcohol-related incidents on buses each year (6 in 2012). However, they note that alcohol is banned on buses, and that alcohol-related incidents are not specifically monitored; there is an option for drivers to record this on an incident report, but it is not clear how rigorously this is done (or indeed, could be done, given the nature of such incidents). Lothian Buses also report that customer relations training for drivers and the extensive use of CCTV are both seen as effective in preventing and defusing incidents.

### Cost to/impact on public services

Alcohol Focus Scotland applied a similar methodology as that used in the Scottish Government Social Research project to estimate national costs of alcohol misuse for Scotland<sup>15</sup>, to estimate costs to public services of alcohol misuse at local authority level. Alcohol Focus Scotland 2010/11 cost estimates for City of Edinburgh across a range of public services and economic areas were as follows:

Cost of alcohol misuse for the City of Edinburgh	
Health	£23.5 m
Criminal justice	£29.9 m
Social care	£82.2 m
Productive capacity	£85.7 m
<b>Total:</b>	<b>£221.3 m</b>

The total of £221.28m equates to costs of £445 per head in City of Edinburgh. Adding in estimated additional wider social costs increases this to £707 per head.

### Summary

This section of the report presents some of the available local information relevant to alcohol’s harm to others for the Edinburgh area. The findings illustrate the range of social services where harm to others from drinking emerges as a primary or contributory factor in complex situations. The risk to children from others drinking was evident across a number of agencies such as child counselling, family services, child protection, domestic violence and services for the homeless.

<sup>15</sup> Scottish Government Social Research (2010). The societal cost of alcohol misuse in Scotland for 2007.attending the scene.

In Edinburgh, a quarter of people thought street drinking or alcohol-related public disorder was a problem in their local areas. Alcohol featured highly in violent crime (assaults and murders) and was an important contributor for ambulance emergency call-outs. Annex 3 shows the broader community-wide indicators of harm to others from drinking such as population concerns regarding alcohol abuse as a social problem in the community, alcohol involvement in crime, traffic accidents, house fires, both at national and local level where available. The picture presented is by no means definitive, but aims to provide an illustration of how alcohol consumption can affect those around the drinker, be they children, family, neighbours or strangers.

## 4.2 Key findings on qualitative information from local service providers

The overall consensus among agencies is that harm to others from drinking is not well recognised and under-reported in Scottish society.

Many agencies felt there is high tolerance of alcohol abuse in Scottish society. Cheap alcohol was seen as a contributing factor to alcohol abuse.

Agencies suggest that people don't appreciate the continuum of harm caused to other people. Harm is often attributed to chronic 'problem' drinkers, but agencies felt it was vital to recognise that those who occasionally drink too much, often also cause stress and distress by their behaviour – and far more people are affected by this type of drinking.

The stress and burden of living with a problem drinker causes family disharmony and can result in relationship problems, tension, arguments, unpredictability and chaotic lifestyles, as described by frontline staff.

The damage to family life and to children from others' drinking is an ongoing problem where fear, suffering and lost quality of life is a substantial burden carried by families and communities.

Personal safety of family members can be compromised due to emotional abuse or physical violence by the problematic drinker.

For children there is worry, fear and uncertainty. Parental alcohol problems can severely impact on children resulting in neglect, lack of care and poor school attendance.

Types of alcohol-related harm experienced by victims, as reported by agencies, are assaults and domestic abuse, although murders, vandalism and anti-social behaviour also feature.

Neighbours report experiencing noise, verbal abuse and disturbances as a result of others drinking.

Public service providers - including ambulance staff, hospital staff in A&E and public transport drivers - experience harm from others' drinking (verbal and physical abuse) in the course of their work.

### 4.2.1 Introduction

In the Edinburgh area, a wide range of agencies whose work brings them in contact with people who may be affected by other people's drinking were asked about their awareness, experiences and practices around the issue of harm to others. Fourteen agencies participated in this study which included the police, court probation services, emergency services, health services, family welfare services and child care agencies (Annex 2). A relevant staff member from each agency was interviewed, using a semi-structured interview format. The key issues explored were the impact on clients from other people's drinking, specific stories to illustrate the problems, the collection of information on harm to others from drinking by the agency and referral practices between agencies. Following on from the interviews, agencies were invited to participate in a focus group discussion to jointly explore the issues further. Nine people attended the focus group discussion, which included seven of the same agencies involved in the interviews and two new agencies.

## 4.2.2 Key themes from interviews and focus group

The findings from the agency interviews are presented from the perspective of those who experienced harm from others drinking, as described by frontline staff who provide professional services to such clients. The areas covered are impact of others drinking on family, children and community. However, it is important to note that in many instances, the negative effects of other people's drinking are not necessarily the presenting or main issue that brings the client into contact with the services. It is also important to note that the local agencies who participated in the study describe the harm to others from drinking at the more severe end of the spectrum (Room et al 2010), as many individuals and families only come to the attention of services when serious breakdown in family and/or community welfare occurs.

The key themes which emerged from the interviews and focus group discussions were as follows:

### Family disharmony

The stress and burden of living with a problem drinker causes family disharmony and can result in relationship problems, tension, arguments, unpredictability and chaotic lifestyles, as described by frontline staff. The negative consequences of alcohol abuse can include financial worries, lack of food, isolation and for some, marriage/relationship breakdown. Anxiety and depression are not uncommon as the partner/family member carries the stress and burden of living with a chronic problem drinker.

*“ Living with a problem drinker affects the whole family unit, like ripples in a pond.”*

### Personal safety issues

The experience of some frontline staff is that general relationship and control issues can sometimes be the presenting problem initially. Personal safety of family members can be compromised due to emotional abuse or physical violence by the problematic drinker.

*“ For years, a woman is living with a man who drinks. She sits at home waiting and worrying, trying to make sure she doesn't do or say anything to upset him. But it doesn't really matter what she does, he will take it out on her anyway. Her partner might have been annoyed by a guy in the pub but instead of reacting to him, he takes it out on the woman at home instead. The man tends to use alcohol as an excuse for violence: *If I hadn't been drunk, I wouldn't have done it.*”*

Within some families, domestic violence is a serious problem that can be compounded further when the abusive person is also drinking. One of the main priorities of frontline staff working with children and families living with problem drinkers is safeguarding children and those who are around the drinker.

### Harm to children

Frontline staff highlight that for children affected by an adult's drinking there is worry, fear and uncertainty. Parental alcohol abuse can severely impact on children resulting in neglect, lack of care and poor school attendance. Frontline staff explained that some children see school as a safe place to get away from home problems, while others get bullied and avoid social contact.

*“ In extreme cases, we have seen some very damaged children in our care system as a result of parental alcohol abuse and associated risk factors. In those cases, impairment of attachment and development, and impact of trauma, has been such that whatever the remedial intervention, there is a likelihood of poor life outcomes for those children - for example, greater chance of developing substance problems themselves; greater chance of mental health problems in later life; difficulties parenting their own children due to lack of positive modelling of parenting in their own childhoods. Although none of these are inevitable outcomes.”*

Those working with young people report that young people themselves report arguments as a result of friends' drinking and pressure to take sexual risks from drunken boyfriends.

Within some families, alcohol abuse is a major concern for young people and they may find relationships with family members problematic. Holiday times, in particular can be difficult.

“ I don't know how I'll get through the holidays. I know they'll get in a bad state. They'll bring up such and such as they always do when they're drunk.”

### Public face of harm to others

In the domain of public life, harm to others from drinking is very visible on the streets, where alcohol is a major factor for emergency call-outs for the ambulance service which peaks at weekends, especially 'pay weekends'. Harm to others from drinking (victims) is recorded by the police across a range of problems. The largest categories of alcohol-related criminal harm experienced by victims are assaults and domestic abuse, although vandalism, anti-social behaviour and even murders also feature.

“ The majority of people are affected by other people's drinking in some way.”

At local neighbourhood level, frontline staff report that alcohol has a major impact on people's lives. Alcohol tends to aggravate situations, making people more vulnerable and causing arguments to escalate. Neighbours report experiencing noise, disturbances and verbal abuse as a result of others drinking. Given that much of the disturbances occur at night, this can be particularly distressing and frightening for older people and exhausting for those who have to go to work the following day.

“ A retired couple were delighted to move into their new sheltered home after experiencing an on-going stressful situation with problematic neighbours in their previous home. However, shortly after moving in they began to experience problems with their new neighbour. This neighbour, a man in his 70's, would go out in the evenings, get drunk and often be unable to get into his own flat. He would then buzz the other flats and either be found lying in the common stair, or he would bang and kick his own and his neighbour's door. The couple found this frightening and the police were called on several occasions. One evening the neighbour pushed his way into the couple's home, falling around in their living room oblivious that it was not his house. The couple requested another move from the council and in the interim the woman went to live with her son as she was extremely stressed by the situation.”

### Work-related harm to others

Public service providers - including ambulance staff, hospital staff in A&E and public transport officials - experience harm from others' drinking in the course of their work. Drunken pedestrians stumble into cars, taxis and buses resulting in serious injuries to themselves and causing distress to drivers. Ambulance staff report experiencing verbal and physical abuse on a regular basis from drunken patients. To ensure a safer working environment for NHS staff, the local hospital (Royal Infirmary of Edinburgh) now has a 24 hour police presence in reception because of the risk of aggressive behaviour from drunken patients.

### Scottish drinking culture

Many agencies suggest there is high tolerance of alcohol abuse in Scottish society and that people do not seem to realise the negative impact of alcohol on others. People tend to focus on the positive side (sociability) and do not make the connection between alcohol use and negative consequences. Getting families to accept that alcohol is a problem is considered 'half the battle' but this can take time. The overall consensus among agencies is that harm to others from drinking is not well recognised and under-reported in Scotland.

“ There is an acceptance culture around drinking in this country – it is often seen as a positive. The challenge is to overcome this culture around alcohol, the acceptance.”

### Who is the problem drinker?

Frontline staff believe there is a good understanding of the negative impact alcohol has on the dependent drinker's life in terms of their health, education, employment and housing needs, as well as the significant knock-on effects for the drinker's family.

However, those who are drinking at hazardous or harmful levels are not seen in society as problem drinkers. Frontline staff felt that many young people are affected by people around them drinking at hazardous and harmful levels, such as being exposed to arguments or bad behaviour at parties or being harassed on the street by a group of people who have been drinking. Agencies suggested that people do not seem to appreciate the continuum of harm. There is often a sense that harm is caused by chronic 'problem' drinkers. However agencies highlighted that people who drink too much occasionally often do not recognise their behaviour, such as arguments, shouting and so on is also causing harm, stress and distress. Agencies further suggested that far more people were affected by those drinking at hazardous levels and that the negative impact of harm from others drinking can have a corrosive effect on the well-being and quality of life of individuals, families and communities.

“ People don't realise that their binge drinking or occasional heavy drinking can be having a negative effect on others. The perception is that harm is caused mainly by dependent drinkers.”

### Factors that contribute to harm to others

The agencies stressed several factors that they feel influence alcohol problems. Cheap alcohol was seen as a key issue and frontline staff stressed the need for measures such as minimum pricing to tackle this. The broader culture of drinking to excess is seen as a significant contributory factor and this also undermines support and treatment for those in recovery from alcohol addiction. If alcohol is everywhere then it is difficult to avoid it. Further, frontline staff felt lack of family understanding can at times make it difficult for the person in recovery, if family members continue to engage in heavy drinking.

“ There has been a definite culture change in recent years of people (all ages) getting tanked up before they go out. To address this we need minimum pricing and to tackle the availability of alcohol.”

### Crisis management

The emergency services are called in crisis situations for both acute and chronic cases. These service providers see their role as primarily reacting to situations, although the police are making efforts to provide a more holistic response to those harmed by others drinking and have established a process for referring those affected to support services. In domestic situations, police now have to complete a referral for every child in the home, which means a better picture of risks and harm can be built up. The ambulance service is crisis-management led, with the focus of work mainly linked to the client's/patient's own drinking such as injuries or blackouts.

During festivals and other large events, there are additional pressures on the emergency services due to large crowds where alcohol-related incidents are common. Other agencies said their primary focus is to provide services for the problem drinker and that they do not have the resources to assess or provide support to people connected with the drinker. Some agencies spoke of the importance of assessment and supervisory plans to ensure risks and impacts on others are in place, thus providing supports for those around the problem drinker.

### Complexity of harm to others

While the harms to others from drinking are substantial, it is important to recognise the complexity of the issue. Often there can be dual use of alcohol with other drugs and for some clients the co-existence of mental health problems, all of which contribute to the burden of harm to others.

“ The problem is that alcohol doesn't come as an issue on its own; we don't pick off individual cases. Drugs and mental health issues can often also present. We need to focus on the whole family situation and what supports can be put in.”

Some frontline staff mentioned the issue of intergenerational problem drinking, where exposure to living in households where alcohol abuse has been normalised can be self-perpetuating. Most of the agencies interviewed provide services for those at the severe end of the spectrum, both in terms of problem drinkers and harm to others from drinking. The damage to family life and to children from others drinking is an ongoing problem where fear, suffering and lost quality of life is a substantial burden carried by families and communities.

## 5. Data collection process on alcohol's harm to others

### Key findings

#### Desk review data collection

There is a lack of readily accessible, good quality, comparable information which would allow the scale of alcohol's harm to others to be assessed comprehensively.

Challenges include no single entry data collection point; information collected in different formats; difficulties in disaggregating alcohol and drugs data and concerns about the quality of information collected.

There is a need for a more strategic approach to data collection.

#### Views of local service providers

The majority of agencies collect information on alcohol which is mainly focused on the problem drinker, with little information on harm to others from other people's drinking.

Multi-agency decision making is considered very important in finding solutions to reduce alcohol-related harm. There were some examples of this approach in child care services, family services and in pre-planning for major events.

Agencies believe the Edinburgh Alcohol and Drug Partnership provides a useful forum for sharing information and increasing understanding of various services and improving referral practices between agencies.

Agencies stressed the need to address the root cause of alcohol problems through the introduction of effective alcohol policy measures that regulate the availability and affordability of alcohol.

### 5.1 Data collection process: desk review

The data gathering process was a challenging exercise, particularly as 'harm to others from drinking' is an emerging area of research and therefore not fully understood by agencies or the wider public. Some of the main challenges and lessons learned from the desk-review data gathering exercise include the following:

#### Gathering the data

The snowball approach required to gather the information (i.e. referrals from one person to another) was problematic in that it took time to identify the most useful person in each agency to speak to and there were instances of overlapping lines of enquiry.

There was no 'system' with a single entry point and a set pathway to access data. This made it difficult to identify in any systematic way the agencies with whom people may have contact and the point at which they may make contact.

In addition, individuals/families/incidents could appear in more than one dataset; thus there is likely to be double-counting in some of the data which has been obtained.

The timescale of the project limited the opportunity to explore other avenues for gathering data.

#### Availability of information

Agencies record what is useful for them, in the form that is useful for them. Thus, the information that was available to the project tended to be fairly minimal and not easily comparable.

Agency information was available at different geographic levels; e.g. Lothian Health Board; Lothian and Borders Police; City of Edinburgh Council, making comparability difficult.

Some agencies collected information on alcohol and drug-related cases together, and it was not possible to disaggregate this.



## Quality control

Much of the information recorded by agencies was not systematically collected; alcohol abuse as a factor in a case may come to light at various points in a client discussion, was not routinely sought and may or may not be recorded.

The process highlighted the need for a systematic approach to collecting and reporting data in all relevant agencies.

Much of the information recorded by agencies is self-reported, with associated implications for reliability, and likely under-reporting.

Statutory agencies were cautious about the quality of the information they collected, which impacted on availability of information due to issues of subjectivity and meeting quality standards.

People in contact with services may only be the 'tip of the iceberg'. There is a need for better identification.

## 5.2 Collection of qualitative information: interviews/focus group with local agencies

The majority of agencies interviewed collect information on alcohol through an assessment process, although some agencies have no recorded information on alcohol. However, the most obvious information gap is that little or no analysis has taken place on the information collected in most of the agencies. This is due in part to much of the information being collected in a narrative format, making it more time consuming to consider and therefore less likely to be analysed. Further, where alcohol information is collected, it is mainly focused on the problem drinker, with little information on harm to others from drinking. The main exception is police data, where a range of harms experienced as a result of other people's drinking are recorded, such as assaults, murders, domestic abuse and vandalism. However, when crime statistics are reported, both alcohol and drugs data are combined. In order to fully understand and measure how extensive the harm from others drinking is in society, it would be necessary to have separate headings, where possible.

Reported referral practices between agencies suggest a wide range of referrals are undertaken, where appropriate, and there are good working relationships between agencies. Edinburgh Alcohol and Drug Partnership provides a forum and structured processes for service providers to share information on a regular basis. This allows a better understanding of the various services provided by different agencies, and enables cross-agency referrals. However, agencies did acknowledge there was room for improvement in relation to data gathering, assessment, and in building up a shared multi-agency perspective on alcohol harm to others.

### Multi-agency approach

All participants agreed that multi-agency decision making is very important in finding solutions to complex alcohol-related situations. In relation to children's services, a multi-agency approach is in place where a child's plan is developed based on their needs. For children affected by parental drinking, agencies have developed good links with schools, aligned with and supported by the GIRFEC (Getting It Right For Every Child) strategy. Frontline staff felt there is a need to focus on the whole family situation, given that alcohol problems seldom occur on their own. They highlighted the importance of working alongside families to assess their needs and strengths as this helps identify the appropriate supports that are required. Within the community setting, a multi-agency approach is also now used in the pre-planning for large-scale events, which has improved the situation in relation to public safety around alcohol.

Lessons could be learned from other systems which are used in situations where reducing the risk to others is a key element. For example, a local multi-agency decision making process using the MARAC (multi agency risk assessment conference) model, works to reduce the risk to others in sexual offence cases and this model could be applied to alcohol. This approach has been shown to be effective, both in minimising the amount of reoffending but also in reducing the risk to others, whether for children or other individuals.

A partnership approach, which involves agencies with a shared vision and objectives, allows for more creativity, encouraging an openness to new ways of working and providing opportunities to meet new people/agencies to work with. All agencies have their own strengths, which can add value to the multi-agency approach. Agencies also expressed the view that partnership working facilitates the sharing of information and best practice. Agencies felt that at a local level the Alcohol and Drug Partnership is the lead agency in terms of coordinating partnerships to meet the outcomes as outlined in the alcohol framework.

“ We can't ever be complacent and think we know best – we are always discovering new ways of working and new people. That is a huge learning point – services can't be blinkered – we need to make sure we work across different agencies and recognise that each agency has its own strengths that can be brought to the solution.”

### Gaps in the system

In children's services, two gaps were identified by frontline staff which could result in children being missed in the system. Firstly, for children who are affected by parental mental health problems, and where parental drinking is an additional undisclosed issue, the child may not receive adequate or appropriate support. Secondly, it was felt that children could be 'missed' if they are living with a parent who has not admitted they have an alcohol problem, so the child is not identified as potentially at risk or in need of support services.

Some frontline staff felt that most of the initiatives around alcohol deal with the consequences of alcohol problems and not with the root cause. They suggest that part of the solution is the implementation of effective alcohol policy measures which seek to regulate the availability and affordability of alcohol.

“ The big difficulty is that all the discussions and initiatives are dealing with the consequences, not the root cause. That's where the solutions lies – the access and availability to alcohol. The problem is how easily available alcohol is – alcohol is everywhere – it's really different to how it was years ago. It is overwhelming.”

In the community setting, frontline staff highlighted the need for designated places of safety to allow drunken people to regain sobriety, from both a personal and public safety perspective. It was suggested that a system currently being used in Glasgow is a relevant model that could be adopted in Edinburgh. Another issue raised was access to assessment where mental health problems are involved alongside alcohol problems. Agency staff mentioned that different parts of the service are not always willing to get involved, due in part to different treatment philosophies across the system.

There is currently a standard process of data collection for children affected by drugs, but there is no similar system for alcohol. Some agencies collect alcohol data about the primary patient (drinker) but not on third parties (harm to others). Outcome data is collected in some agencies based on what the agency is trying to achieve, but specific information on alcohol's harm to others is not included.

A key message is the lack of readily accessible, good quality, comparable information which would allow the scale of alcohol's harm to others to be assessed comprehensively. The potential exists to work in collaboration with Edinburgh ADP and their existing public and voluntary sector partners to agree a more strategic, coordinated approach across the range of relevant agencies in the collection of quality data on alcohol's harm to others.



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## Biographical Note on Principal Investigator and lead author

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Ann's background is in education, research and health promotion. She was Senior Researcher in the National University of Ireland, Galway for many years. Dr Hope was appointed the National Alcohol Policy Advisor and worked with the Department of Health and Children in Ireland on alcohol issues for ten years (1995-2005). As advisor, she acted as a catalyst for the development of many alcohol policy initiatives and for the work of the Strategic Task Force on Alcohol set up by the Minister of Health in 2001. She has undertaken research on a range of alcohol issues including policy, marketing, drinking patterns and harm.

At international level, Ann was involved in the drafting of the WHO European Alcohol Action Plan, the Declaration on Young People and the Framework for alcohol policy in the European region. She was a member of the EU expert group on Alcohol and Health and is involved with several EU projects and international alcohol research consortia. Dr Hope is currently a Research Associate in the Department of Public Health and Primary Care and in the School of Social Work and Social Policy in Trinity College, Dublin.

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## Annex 1

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### Glossary of statistical terms

**ANOVA** (analysis of variance) is a method of analysing differences between groups by comparing the mean (average) of groups.

**F** statistic is a value resulting from a standard statistical test used in ANOVA to determine if the variances between groups are statistically different.

**SD** standard deviation is a measure of variation around the sample's mean.

**P** value is the probability of the calculated test statistic occurring by chance. A level of significance lower than 0.05 ( $p < .05$ ) was considered statistically meaningful in this study.

**Logistic regression** measures the relationship between a categorical dependent variable and one or more independent variables, by using probability scores as the predicted values of the dependent variable.

**OR** (odds ratio) is a technique for estimating relative risk. It is the strength of association between the dependent variable and the independent variable.

**CI** (confidence interval) is a range of values that includes the parameter with known probability. The 95% confidence interval is used to estimate the precision of the odds ratio.

## Annex 2

### List of agencies in Edinburgh area who participated in the interview process

1. **The Junction**  
The Junction is a health and wellbeing project for young people aged 12-21 in Edinburgh.
2. **Sunflower Garden, Crossreach**  
Sunflower Garden is a city-wide therapeutic service supporting children aged 5-14 years affected by parental substance misuse.
3. **Children's Practice Team, Social Work, City of Edinburgh Council**  
Social work staff have a statutory role which includes child protection, looked after children and children at risk/in need.
4. **Circle Scotland, Harbour Project**  
The Harbour project offers an intensive family support service for vulnerable children and families experiencing alcohol and drug problems across Edinburgh.
5. **Voice of Carers Across Lothian (VOCAL) - Family Support Addictions**  
Family Support Addictions is part of VOCAL and supports people affected by a family member's drug and alcohol use.
6. **Edinburgh Women's Aid**  
Edinburgh Women's Aid provides a range of services for women, children and young people who are experiencing or at risk of experiencing domestic violence.
7. **Substance Misuse Nurse Team, NHS Lothian**  
Alcohol and drugs services are provided across Edinburgh and Lothian.
8. **GP, NHS Lothian**  
GP practice in Edinburgh.
9. **Alcohol Liaison Nurse, Royal Infirmary of Edinburgh, NHS Lothian**  
Alcohol support service across the Royal Infirmary of Edinburgh, working in particular with Accident and Emergency.
10. **Willow**  
Willow is a partnership project to address the social, health and welfare needs of women in the criminal justice system.
11. **Criminal Justice Social Work Service, City of Edinburgh Council**  
The criminal justice social work service aims to reduce offending, working with those on court orders, just released from prison and subject to licence.
- 12-13. **Lothian and Borders Police**  
Two force representatives were involved, an Inspector and a front line police officer.
14. **South East Division, Scottish Ambulance Service**  
South East Division of the Scottish Ambulance Service which covers Lothian and the Borders.

Two additional agencies participated in the focus group

15. **Edinburgh Alcohol and Drug Partnership**
16. **Hostels and Temporary Accommodation Service, City of Edinburgh Council**

## Annex 3

Summary of available data on harm due to others drinking in Scotland and Lothian & Borders or Edinburgh

	Alcohol involved cases per year Scotland	Alcohol involved cases L & B /Edinburgh	% of total cases Scotland (L&B or Ed)	Year of data
<b>Neighbourhood / Community</b>				
Scottish Crime and Justice Survey <i>Alcohol abuse as a social problem</i>			96.0 (95.0)	2010/2011
Scottish Household survey <i>Alcohol abuse as a neighbourhood problem</i>			4.0 (7.0)	2011
<b>Crime</b>				
Recorded alcohol-related offences in Scotland				
<i>Drunkenness</i>	5744	450	11 per 100,000 (5 per 100,000)	2011/2012
<i>Driving under the influence</i>	7445	1163	14 per 100,000 (12 per 100,000)	2011/2012
Lothian & Borders - alcohol-related crimes				
<i>Murders</i>			50.0	Sept 2009
<i>Domestic abuse</i>			72.0	to Aug 2011
<i>Assaults</i>			76.0	
<i>Minor assaults</i>			31.0	
<i>Breach of peace</i>			22.0	
<i>Vandalism</i>			5.0	
Prison Survey (Scotland)				
<i>Offender drunk at time of offence</i>			50.0	2011
<i>Offenders drinking affected relationship with family</i>			38.0	
<b>Accidents</b>				
Road traffic accidents (Transport Scotland)				
<i>Alcohol-related road accidents</i>			4.0	2011
<i>Alcohol-related road fatalities</i>			11.0	
Accidental dwelling fires with alcohol/drugs as contributory factor				
<i>Dwelling fires with alcohol/drugs</i>	860	100	16.8 (13.7)	2011/2012
<i>Fatalities</i>	14	3		
<i>Casualties</i>	292	35		

## Annex 4a:

### Harms experienced in the PUBLIC ENVIRONMENT as a result of someone else's drinking by demographics and drinking pattern

	N	Harassed on street	Felt unsafe in public	Insulted	Afraid on street	Harmed physically	Passenger w Drink driver	Problems w co-workers/ boss	Traffic Accident
		%	%	%	%	%	%	%	%
<b>Overall Total</b>	<b>1007</b>	<b>20.2</b>	<b>19.2</b>	<b>18.9</b>	<b>16.4</b>	<b>4.9</b>	<b>3.6</b>	<b>3.6</b>	<b>1.2</b>
<b>Gender</b>									
Men	481	23.5	18.7	22.0	15.8	6.8	5.8	4.6	1.7
Women	526	17.0	19.8	16.0	16.9	3.0**	1.1**	2.7	0.8
<b>Age Group</b>									
16-34 yrs	294	30.6	26.9	30.6	24.8	7.8	5.8	2.4	1.4
35-54 yrs	362	22.7	20.2	20.7	19.1	5.8	3.0	6.6	0.6
55+ yrs	351	8.5**	11.7**	7.1**	6.6**	1.4**	3.5	1.4**	1.7
<b>Marital Status</b>									
Single	275	26.5	22.5	29.5	21.9	6.9	4.7	1.8	1.8
Married	545	20.0	18.3	15.8	15.2	4.8	2.7	5.1	0.7
Wid/div/sep	181	9.9**	16.6	12.2**	11.6**	2.2	3.3	1.7	1.7
<b>Social Class</b>									
ABC1	473	20.1	19.2	16.7	17.5	2.3	4.2	3.8	0.8
C2DE	534	20.0	19.3	20.6	15.5	7.1**	2.8	3.6	1.5
<b>Location</b>									
Urban	722	19.5	19.1	18.4	17.2	4.3	3.3	3.2	1.4
Rural	285	21.8	19.6	20.0	14.4	6.3	3.5	4.6	0.7
<b>Drinking pattern</b>									
Abstainer	229	13.5	14.4	15.3	13.6	3.9	1.3	2.2	1.7
Drinker	772	22.2**	20.7	19.9	17.4	5.2	4.1	4.1	1.0

\*\*p<.01

## Annex 4b:

### Harms experienced in the PRIVATE SETTINGS as a result of someone else's drinking by demographics and drinking pattern

	N	Kept Awake	Problems w Friend/ Neighbour	Harassed at Party	Afraid at Home	Property Damage	Family Problems	Child Affected	Financial Troubles
		%	%	%	%	%	%	%	%
<b>Overall Total</b>	<b>1007</b>	<b>30.2</b>	<b>11.9</b>	<b>11.8</b>	<b>8.1</b>	<b>7.0</b>	<b>5.6</b>	<b>3.6</b>	<b>1.5</b>
<b>Gender</b>									
Men	481	29.5	14.5	12.4	8.3	7.3	5.4	3.1	2.1
Women	526	30.7	9.3	11.4	8.0	6.7	5.9	3.8	1.0
<b>Age Group</b>									
16-34 yrs	294	36.7	15.6	19.0	14.6	12.6	6.5	4.1	2.7
35-54 yrs	362	33.4	12.7	12.7	8.6	6.6	8.0	4.7	1.1
55+ yrs	351	21.3**	8.0	5.1**	2.3**	2.6**	2.3**	2.0	0.6
<b>Marital Status</b>									
Single	275	35.3	13.5	15.8	13.1	12.0	8.4	3.6	2.2
Married	545	27.5	10.1	9.4	5.3	4.9	4.6	3.5	1.3
Wid/div/sep	181	29.8	13.8	7.7**	9.4**	5.5**	5.0	3.3	1.7
<b>Social Class</b>									
ABC1	473	29.2	7.0	8.7	7.6	5.7	2.8	3.0	1.1
C2DE	534	31.1	16.1**	14.6**	8.6	8.1	8.1**	4.1	1.9
<b>Location</b>									
Urban	722	31.7	12.3	12.0	8.4	6.5	5.5	3.5	1.5
Rural	285	26.4	10.6	11.6	7.0	8.1	5.6	3.9	1.4
<b>Drinking pattern</b>									
Abstainer	229	29.7	13.2	9.6	7.4	6.1	4.4	2.6	0.9
Drinker	772	30.6	11.4	12.4	8.3	7.0	6.0	3.9	1.7

\*\*p<.01







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