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Alcohol's harm to others in Ireland

A Health Service Executive Report



Alcohol's harm to others in Ireland

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Table of Contents

1. Introduction	4
2. Review of Literature	
2.1 General Population	5
2.2 Workplace	8
2.3 Children in Families	9
3. Data and methods	
3.1 Measures	10
3.2 Analysis	11
4. Results	
4.1 General population – alcohol's harm to others	12
4.2 Workplace – alcohol's harm to workers	16
4.3 Children – alcohol's harms experienced by children	18
4.4 National Comparisons	21
4.5 International Comparisons	22
5. Discussion	
5.1 General population	25
5.2 Workplace	26
5.3 Children	26
6. Conclusions	27
7. Policy Implications	28
8. References	29



1.0 INTRODUCTION

In Ireland, the burden of alcohol related harm is often experienced by those around the drinker, be they family member, friend, co-worker or innocent 'bystander'. Alcohol's harm to others (AH₂O) undermines public safety and is experienced in every community. The negative effects from other people's drinking are visible in the public domain and can range from the nuisance factor, feeling unsafe in public places to the violent attack by an intoxicated drinker. Physical assaults and driving a car while under the influence of alcohol can contribute to injuries, accidents, disabilities and death of innocent people. Although not often publically visible, alcohol's harm to others within the family can have very serious consequences for the safety and well-being of family members, with children being the most vulnerable. The World Health Organisation (WHO), in its *Global Strategy to reduce the harmful use of alcohol*, called for special attention to be given to reducing harm to people other than the drinker and to populations that are at particular risk (WHO 2010). This report examines alcohol's harm to others in three Irish settings – the general population, in the workplace and children in families. The information is based on self-reported responses in the national drinking surveys of 2006 and 2010, funded by the Health Service Executive.

2.0 Review of Literature

2.1 General Population

Alcohol's harm to others in the general population can be far reaching and severe.


As described by Room (2011)

there are many types and varying severity of alcohol's harm to others which can include, Injury, whether intentional (assault, homicide) or not (traffic crash, workplace accident, scalded child, etc.); neglect or abuse (to a child, to a partner, to a person in the drinker's care); default on social role (as a family member, as a friend, as a worker); property damage (damage to clothing or car); toxic effect on other (foetal alcohol syndrome); and loss of amenity or peace of mind (being kept awake, being frightened).

The research base on alcohol's harm to others has been developing internationally in the last number of years. The lack of attention over the decades in studying the harm resulting from others drinking was, according to Room et al (2010), due to important social changes – a reaction to the temperance movement in the early part of the last century and also a shift in the boundaries of privacy where drinking became a private matter. While the effects of drink driving on others was the first area to receive attention, more recently a framework for extending the harms to other concept has been developed in areas of public (stranger, workplace) and private (family, friendship) life (Room et al 2010).

A major study on the range and magnitude of alcohol's harm to others, undertaken in Australia, has provided a template by using a 'two framed approach' using agency/ institutional information and population surveys to paint a picture of the extent of harm from others' drinking and the need to respond with adequate policy decisions (Laslett et al 2010). Some of the main findings of the study showed that almost three-quarters of the adult Australian population reported that they had been negatively affected in the last year as a result of someone else's drinking. Seventy per cent of Australians have been affected by strangers drinking, from minor issues to physical violence. The cost is substantial, the estimated total tangible costs of others drinking were AU\$13.43 billion (€9.3 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 (€53 million). The estimated intangible costs (fear, pain, suffering, lost quality of life) based on those that live with or know heavy drinkers was AU\$6.39 billion (€4.43 billion) (Laslett et al 2010). The findings of the study suggest that the cost of alcohol's harm to others is almost as large as that due to one's own drinking. In a major New Zealand study on alcohol's harm to others, more than one in four adults reported having at least one heavy drinker in their lives. The study found a relationship between people's exposure to heavy drinkers and reduced personal wellbeing and poorer health status in the general population (Casswell et al 2011).

In the USA, the prevalence of lifetime harms experienced as a result of other drinkers was reported as one in six people affected and for a shorter time period (last 12 months) the figure 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. Women were more likely to report experiencing family problems and financial problems and men more likely to reports assaults, accompanying drunk drivers and accidents. In two Canadian population surveys, the prevalence of alcohol's harm to others, using similar items, was higher than in the USA study and the rank order was somewhat different with the top three reported as passenger with drunk driver, family problems and assaults (Eliany et al 1992; Kellner 1997). In a more recent study, the Canadian addiction survey, two AH₂O items were used – family problems



and assaults. The findings showed that family problems due to others' drinking had increased while assaults remained relatively stable (Giesbrecht et al 2010). A Norwegian study found that relatively minor harms from others' drinking were experienced quite frequently while the more severe types of harm (being physically hurt or property damage) was reported less often. However, the burden of social harms from others' drinking was to a large extent carried by women (Rossow & Hauge 2004). In the EU in 2004, the alcohol-attributable mortality and burden of disease caused by harm to others totalled 7,710 deaths (men 5564, women 2142) and 218 560 disability adjusted life years (DALYs) (men 158 811, women 59 749). The main alcohol-attributable cause of harm to others was transport injuries with violence in second place, although 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.

Across Irish society, there is a general awareness that alcohol's harm to others is an important health and social problem. Several national surveys over the last decade have reported that many people in society have had first-hand experiences of the negative consequences from other people's drinking. In one national survey, over **half of all respondents reported that they were concerned about someone else's alcohol use** (AAI 2006). In addition, four out of every ten people had experienced harm (injury, harassment or intimidation) by their own or someone's use of alcohol. In the national lifestyle survey of college students (CLAN), harm to others besides the drinker was reported by many students. Almost two-thirds of male students and over half of female students reported that they had experienced at least one of the harms as a consequence of someone else's alcohol use (Hope et al 2005). The most common negative consequences were verbal abuse, arguments with friends and family about alcohol and passenger with a drunk driver. The national lifestyle survey (SLAN) reported on two items on harms related to other people's drinking (family problems and assaults). Overall, 6% reported family problems and a similar number reported assaults (Morgan et al 2009). Women experienced more family problems while men reported more assaults. Younger adults had higher rates of assaults and binge drinkers were more likely to report assaults. In a recent national survey on public knowledge, attitudes and behaviour toward alcohol, commissioned by the Health Research Board, the vast majority of respondents, **almost three-quarters, said they knew someone who in their opinion drinks too much alcohol** (Ipsos MORI 2012). Of those who knew someone who drinks too much, 42% were a member of their immediate family and 56% outside of family. The National Advisory Committee on Drugs (NACD) conducted a Drug Prevalence survey in Ireland and included the five 'alcohol's harm to others' items developed and first used in the National Drinking survey of 2006 (Hope 2002-2010). The NACD results showed that **over one quarter of respondents reported that they had experienced harm in the previous year as a result of someone else's drinking**. These harms included family and money problems, assaults, property vandalised and being a passenger with a drunk driver (NACD 2012). Females were more likely to report family problems and males were more likely to report assaults, property damage and passenger with a drunk driver. More young men experienced harms as a result of others drinking, with assaults the highest reported harm by that group. Those who were regular risky drinkers were more likely to experience harms as a result of someone else's drinking (NACD 2012).

A national survey on alcohol related harm in the community showed that overall about **six in ten people said they were negatively affected in some way by someone else's drinking** (AAI, 2011). The range of negative consequences reported included avoidance of drunk people, felt unsafe in public places or using public transport, trouble at a licensed venue, been kept awake at night, verbal abuse, arguments and being threatened. The survey found that much of this anti-social behaviour and crime experienced due to others drinking was not reported to the Gardai (police). Harm from others was experienced more frequently among men and younger people. At a most serious level, one in eleven said they or a family member has been assaulted by someone under the influence of alcohol, with the highest rate among young people. According to respondents, just half of all alcohol related assaults were reported to the Gardai (police). In both the general and college populations, the **factors most associated with alcohol related violence (fights and assaults)**

were regular risky drinking, being a male and younger in age (Hope & Mongan 2011). In the general population, younger women were more likely to be victims of assaults in comparison to their female student counterparts, while the rate of assaults among young men and male students were similar. Based on the Garda PULSE information, alcohol related offences for the period 2003 to 2007 in Ireland were examined (Mongan et al 2009). The study found that the typical profile of a drunkenness, public order or assault offender was a young male aged under 24 years of age. While females committed only a small proportion of offences, there were a higher percentage of female assault offenders in comparison to public order or drunkenness offences. There were also a higher percentage of female minor (under 18 yrs) offenders than female adult offenders (Mongan et al 2009). The cost of the consequences of alcohol related crime and the response to crime in Ireland was estimated to be €1.6 billion in 2007 (Byrne 2011).

Alcohol related road crashes not only result in death and injury to the driver who was under the influence of alcohol, but to other drivers, passengers and other road users (pedestrians). Serious road related injuries can result in lifelong disability with an enormous personal cost and costs to society. The Road Safety Authority estimates that for every one road fatality, eight serious injuries occur. The role of alcohol in sexual assault (rape cases) was examined in Ireland using interviews with victims, analysis of files considered for prosecution and analysis of criminal court cases. The report showed that alcohol consumption, in particular drinking to intoxication, was a feature in a high proportion of rapes committed in Ireland, both among perpetrators and victims (Hanly et al., 2009). Strong links have also been reported between domestic violence and alcohol consumption, although causality is not assumed. A national study on domestic violence reported that one-quarter of domestic abuse cases in Ireland always involved alcohol (Watson & Parsons, 2006).



2.2 Workplace

The workplace culture around alcohol can act to increase or decrease the risk of alcohol-related problems in the working environment (Anderson 2012). Workplaces may create a culture around drinking, through availability of alcohol at work, social networks' use of alcohol and perceived social network approval of using alcohol around work (Frone & Browne 2010). All three issues have been linked to workplace safety, work strain and employee morale (Frone 2009). Bennett et al (2004) found that the presence of a drinking climate was correlated with job stress and in turn poor work group cohesion. Bray et al (2011) identified job stressors and participation in work-based drinking networks as important job related influences associated with problem drinking. Young adults new to the workforce can be particularly vulnerable as they try to fit into the workplace. However, many young people display risky drinking patterns prior to entering the workforce (Hibell et al 2012, Hope et al 2005). The research evidence shows that heavy episodic drinking (binge drinking) increases the risk of arriving late at work, leaving early and low productivity while at work (known as presenteeism) (Schultz et al 2009).

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. One in twelve reported being negatively affected in some way by their co-workers' drinking (Laslett et al 2010). The effects of others drinking 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. The study estimated the direct increased work-related costs, weighted to the Australian working population, to be AU\$ 453 million (€313.8 million) in a year for the extra hours worked due to co-workers drinking. The average cost for absenteeism due to someone else's drinking was AU\$ 348 million (€241 million). The Scientific Group of the European Alcohol Forum examined the evidence of the impact of alcohol in the workplace and highlighted the association between alcohol related harm and lost productivity (European Commission 2011). Yet the evidence on effective alcohol interventions to reduce alcohol harm in the workplace is lacking, so a wider health promotion approach is recommended. The scientific group also suggested increasing the extent of alcohol free workplaces that should result in reductions of alcohol-related workplace accidents and injuries, as well as promoting a healthy lifestyle culture in the workplace. As suggested by Anderson (2012), the workplace can act as a role model for families and communities.

A survey undertaken in Ireland by IBEC (representing business and employer organisations) estimated that absence from work costs Irish businesses about €1.5 billion a year (IBEC 2004). However, absence from work is not just an economic cost but also a serious social issue, as noted by IBEC. The survey found that the average absence rate was 3.4% which was higher in manufacturing than in the service sector and highest in large companies in comparison to medium or small companies. Short-term absence from work was more common than long-term absence. **Alcohol and alcohol related illness was cited by 12% of companies as a cause of short-term absence for males and 4% for females.** Some 40% of short-term absence occurred around the weekend. Alcohol and alcohol related problems were perceived by 4% of companies as a cause of long-term absence for males and 2% for females. As concluded by IBEC, "*it is not unreasonable to suggest that alcohol and related problems are likely to be a significant cost to business*". A recent cost analysis of alcohol related harm in Ireland, **estimated the cost of alcohol related harm in the workplace to be over half a billion euro**, with the loss of output due to alcohol related absenteeism to be €330 million and the cost of alcohol related accidents at work to be €197 million, based on 2007 prices (Byrne 2010). This cost estimate is based on harm to the drinker and excludes alcohol's harm to others as a result of someone else's drinking.

2.3 Children in Families

The impact of alcohol on the family is extensive and contributes to the overall burden of alcohol-related harm. An in-depth study on the range and magnitude of alcohol's harm to others in Australia showed that 12% of parents/carers reported that one or more of their children (u18) had been physically hurt, emotionally abused or exposed to domestic violence because of others' drinking (Laslett et al 2010). The report also examined child protection information and showed that alcohol was recorded in 33% of all child abuse confirmed cases. In the UK, estimates of the number of children living with risky drinking parents reported that around 30% of children (u16yrs) lived with at least one binge drinking parent, 8% with at least two binge drinking parents and 4% with a lone binge drinking parent, based on the Health and General Household Surveys (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). The UK national charity, 4children, recently reported that almost one in five parents believed that alcohol had a positive effect on their parenting ability, suggesting a lack of awareness of the negative effects that alcohol can have on parenting ability (www.4children.org.uk).

In Ireland, a survey among adults on the impact of parental drinking reported that of those who had parents who drank alcohol during their childhood, **almost one in ten had often felt ashamed or embarrassed by their parent's drunken behaviour**, or had often witnessed conflict between parents when they were drinking or felt afraid or unsafe as a result of their parents' drinking (AAI, 2009). Butler suggests that the impact of parental problem drinking on children can manifest itself in broader social and psychological disorders such as withdrawal and shyness, acting out in more aggressive ways and under-performing at school (Butler, 2002). The voice of Irish children was heard when the Irish Society for the Prevention of Cruelty to Children (ISPCC) reported on a survey with 9,746 children (12-18 yrs) on the effects of parental alcohol use on their lives (ISPCC 2010). The findings showed that **one in eleven young people said that parental alcohol use affected them in a negative way**. The negative effects included emotional impacts, abuse and violence, family relations, changes in parental behaviour and neglect. The *Growing Up in Ireland* longitudinal study reported on the nine-year old cohort with regard to the children's experiences of stressful life. Their mothers reported that 4% had experienced drug taking/ alcoholism in their immediate family and one in seven (15%) reported that the quality of their neighbourhood environment was affected by people being drunk or taking drugs in public, which was twice as likely in the unskilled manual group than those in the professional group (Williams et al, 2009). The Roscommon Child Care Inquiry Report (2010) highlighted the need for greater awareness of the impact of parental alcohol abuse on the welfare and protection of children. A study on children's exposure to risk from parental drinking, using national surveys and agency information, showed that **over half of parents who had children living with them were regular risky drinkers** (Hope 2011). This translates to at least 271,000 children under 15 years at risk from parental risky drinking on a regular basis. An examination of the agency information, based on HSE child welfare national reports, showed that one in seven child welfare cases were due to parental drug/alcohol abuse. However, this figure was a significant underestimation, given that only one reason for child welfare was recorded. When an in-depth analysis was conducted, confined to one county, **one in three child abuse cases involved parental alcohol abuse** (Hope 2011). The Family Support Agency funded research projects identified the use and abuse of alcohol and drugs as having important negative consequences on families (Cousins 2006). Drinking too much was identified as a contributory factor in unhappy marriages (McKeown 2002) and alcohol abuse was a problem in marriage/partner relationships which can have a devastating effect on the children in such families. The conclusion was that **problem alcohol use can undermine the well-being of families** (O Connor 2001). Barnardos highlighted the negative impact on children with parental problem drinking such as lack of adequate diet, lack of clothes and school books due to parental overspend on alcohol (Barnardos 2002).



3.0 DATA AND METHODS

The National Drinking Survey, dedicated specifically to alcohol, has been undertaken at regular intervals since 2002. It has been funded by the Department of Health and by the Health Service Executive. A similar methodology was used, that of a national representative quota sample of about 1,000 adults using face to face interviews. The measures assessed were alcohol consumption, drinking patterns, alcohol's harm to the drinker, alcohol's harm to others beside the drinker, accessibility to treatment services and attitudes to alcohol and alcohol policy.

3.1 Measures

In 2006, a new section was developed and added to the national drinking survey with a focus on the problems people experience in the general population as a result of someone else's drinking, known as alcohol's harm to others (AH₂O). The items selected for inclusion in the 2006 national survey were based on discussions with other international research colleagues who were involved in similar research (Room, Greenfield, Giesbrecht). In 2010, additional measures expanded the harms to others section which included harm to others in the workplace and harm to children. The harm to others questions on workplace and children were used with kind permission from Professor Robin Room at the University of Melbourne, Australia, who with his colleagues has undertaken a major population survey dedicated to alcohol's harm to others.

The following questions were asked of all respondents- **general population**.

Because of someone else's drinking, how many times in the past 12 months have you . . .

- a. Had family problems or relationship difficulties due to someone else's drinking?
- b. Been a passenger with a driver who had too much to drink?
- c. Been hit or assaulted by someone who had been drinking?
- d. Had financial trouble because of someone else's drinking
- e. Had property vandalised by someone who had been drinking?
- f. Been involved in a traffic accident because of someone else's drinking (added in 2010)

The possible responses were none, 1-3 times, 4 or more times.

The second set of questions related to the **workplace** where workers (paid workers or volunteers but excluded college students) were asked questions about co-workers whom the respondent considered to be fairly heavy drinkers or someone who drinks a lot sometimes.

Because of your co-worker's drinking, how many times in the last 12 months . . .

- a. Has your ability to do your job been negatively affected?
- b. Were you involved in an accident or a close call at work?
- c. Have you had to work extra hours?

The third set of questions related to **children in families** and measured the exposure of neglect and abuse of children because of someone else's drinking- harm to children. The questions were asked of respondents who had parental/guardian responsibility, whether the child lived with them or not. The four questions were

Because of someone else's drinking, how many times in the past 12 months were . .

- a. Children left in an unsupervised or unsafe situation because of someone else's drinking?
- b. Children yelled at, criticised or otherwise verbally abused because of someone else's drinking?
- c. Children physically hurt because of someone else's drinking?
- d. Children witness to serious violence in the home because of someone else's drinking?

The measure to estimate **risky drinking** known as 'binge drinking' was similar to the measure used in the ECAS survey, that of drinking at least a bottle of wine or equivalent (75+ grams of pure alcohol) on one drinking occasion (Hemstrom et al, 2002). In order to reflect the most common drinking measures in Ireland, a bottle of wine (75g) translates to 4 pints of beer (78g) or 7 single measures of spirits in Ireland (78g). The response was based on the frequency of risky drinking. The possible responses were; every day, 4-5 times a week, 2-3 times a week, once a week, 2-3 times a month, about once a month, one or a few times a year, never, don't know. Regular risky drinking was defined as drinking 75+ grams of pure alcohol per occasion at least once a month in the past 12 months. Abstainers (non-drinkers) were defined as those who had not consumed alcohol in the past 12 months. Demographic information on gender, age, marital status and social class was also obtained. Social class was defined according to the full job description of the chief income earner in the household and categorised into ABC1 (Upper), C2 (Middle) and DE (Lower).

3.2 Analysis

The survey data for the years 2006 and 2010 were combined (N=2,011), after first ensuring that all the items used were not significantly different between the two time periods. This combined data set gives robustness to the data and facilitates multivariate analysis of alcohol's harm to others (AH₂O) in the general population. The new sections (AH₂O in workplace, AH₂O children) were based on the 2010 survey data (N=1,008). The Chi-square test was used to examine the 'individual harm to others' items in the general population, workplace and harm to children. In each of the three sections, the items were combined to produce a categorical variable of Alcohol's Harm to Others. Five items were used for alcohol's harm to others in the general population (AH₂O-GP 1+ harms). In the workplace three items were used (AH₂O-workplace 1+ harms). For harm to children, four items were used (AH₂O-children 1+harms). The harm to others items, both individually and the combined categorical variables, were examined by the demographic variables of gender, age, marital status and social class. The AH₂O items were also examined across drinking pattern. The drinking pattern was divided into three categories – non-drinker, infrequent risky drinker and regular risky drinker. Regular risky drinking was defined as reporting drinking 75+ grams of pure alcohol at least once a month in the past 12 months. Logistic regression was used to identify the factors predictive of alcohol's harm to others – the individual AH₂O items and combined harms in the general population (AH₂O-GP 1+ harms), in the workplace (AH₂O-workplace 1+ harms) and for harm to children (AH₂O-children 1+harms), controlling for gender, age, marital status, social class and drinking pattern.

4.0 RESULTS

4.1 General population – Alcohol’s harm to others (AH₂O)

Alcohol’s harm to others in the general population was measured using five indicators; family problems, passenger with a drunk driver, physical assault, financial trouble (money problems) and property vandalised. The **overall prevalence of experiencing one or more of the five negative consequences as a result of someone else’s drinking was 28%**, with no significant gender difference (Table 1). More respondents who were single, from upper or lower social class (but not middle class) and younger in age reported experiencing at least one or more of the harms as a result of someone’ else’s drinking. An examination of the individual AH₂O-GP items show that family problems (14%) had the highest prevalence followed by passenger with a drunk driver (10%), physical assault (9%), property vandalised (9%) and money problems (4.5%).

Table 1: Prevalence of alcohol’s harm to others in the general population (N=2,011)

	N	Family problems	Passenger with drunk driver	Physical assault	Money problems	Property vandalised	H ₂ O 1+ harms
		%	%	%	%	%	%
Overall Total	2011	13.8	10.3	8.7	4.5	9.1	28.0
Gender							
Men	994	11.2	11.5	11.5	3.4	9.4	28.3
Women	1018	16.3**	9.2	5.8**	5.5*	8.9	27.7
Gender ratio		0.7	1.2	2.0	0.6	1.1	1.0
Age group							
18-29 yrs	494	17.2	13.4	17.0	4.3	11.2	37.2
30-49 yrs	807	14.6	10.6	8.6	4.7	10.9	29.1
50+	710	10.5**	7.9**	2.8**	4.5	5.7**	20.3**
Marital Status							
Married	1082	12.1	8.7	5.1	3.6	8.0	24.2
Single	929	15.9*	12.1*	12.9**	5.6*	10.5	32.3**
Social class							
ABC1 (upper)	787	13.6	10.0	8.9	3.7	10.0	29.2
C2 (middle)	628	9.0	11.2	8.7	4.0	8.0	23.7
DE (lower)	596	19.0**	9.8	8.2	6.2	9.3	30.9**

* $p < .05$; ** $P < .01$.

Gender differences show that more men reported assaults while more women reported family and money problems. (Table1). A greater number of respondents who were single reported family problems, assaults, passenger with drunk driver and money problems in comparison to those who were married. Family problems were also reported by more people in lower social class. An age gradient in family problems, assaults, and passenger with drunk driver was reported, which indicate that the highest rate of these harms experienced as a result of someone else’s drinking was reported by the youngest age group and decreased as age increased. The item on traffic accidents, introduced in the 2010 survey, showed that 2.8% of the general population reported involvement in a traffic accident as a result of someone else’s drinking, with no demographic differences.

An examination of the harm indicators by **gender and age**, show that young men had the highest reported rate of assaults (21% or one in five) and also the highest rate of being a passenger with a drunk driver (16.1% or one in six) (Figure 1).

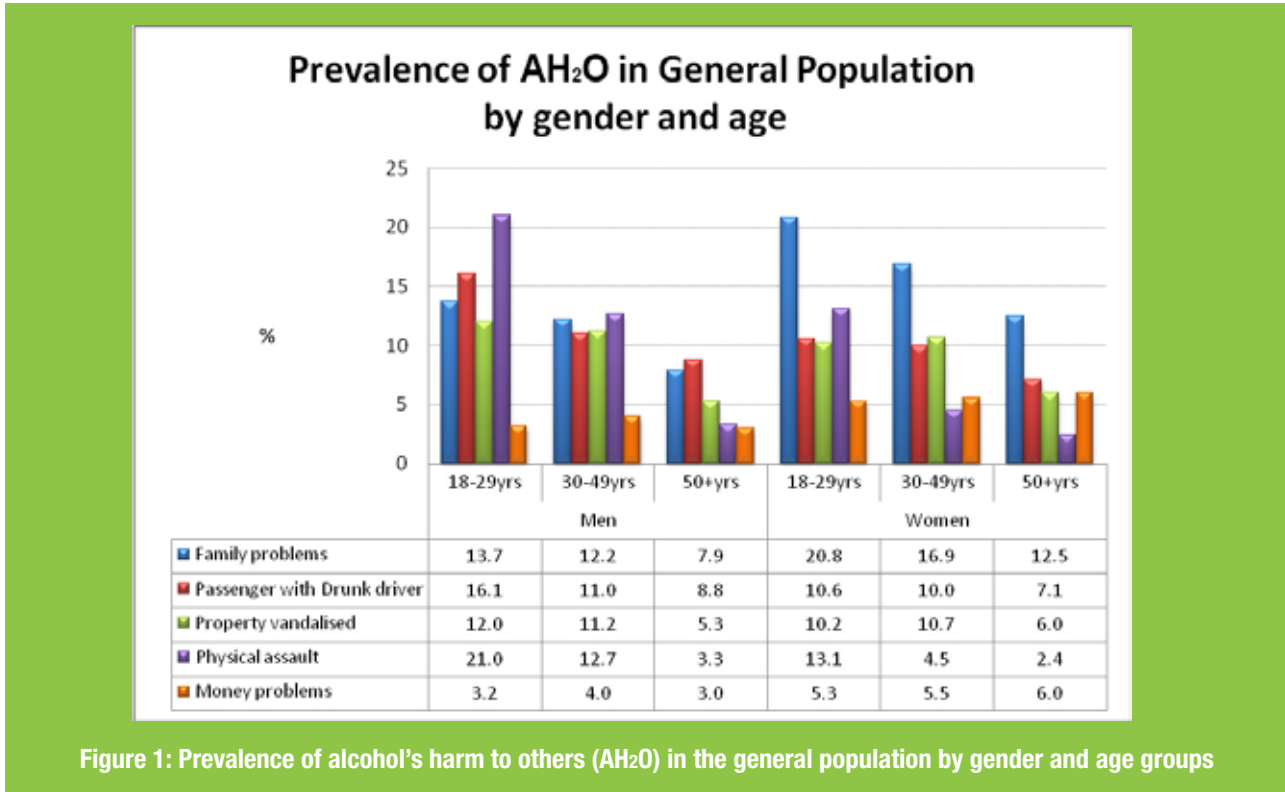


Figure 1: Prevalence of alcohol's harm to others (AH₂O) in the general population by gender and age groups

Women in the 18-29 age group had similar rates of assaults (13.1% or one in eight) to men aged 30-49 years (Figure 1). Family problems were reported by more women than men in all of the age groups with the highest (20.8% or one in five) among younger women. One in ten, of both men and women, under 50 years reported property damage due to others drinking. The prevalence of reported money problems due to someone else's drinking was higher among women than men in all of the age groups (women 18-29yrs 5.3%; 30-49yrs 5.5%; 50+yrs 6.0%).

Alcohol's harm to others was examined by **drinking pattern** of the respondent (victim) to see if the negative consequences experienced as a result of someone else's drinking are influenced by the drinking pattern of the victim. Overall, there was an increased risk of experiencing at least one or more of the AH₂O due to other peoples drinking if the respondent (victim) also engaged in regular risky drinking (25% infrequent risky drinkers; 34% regular risky drinkers).

Prevalence of AH₂O in General Population by drinking pattern

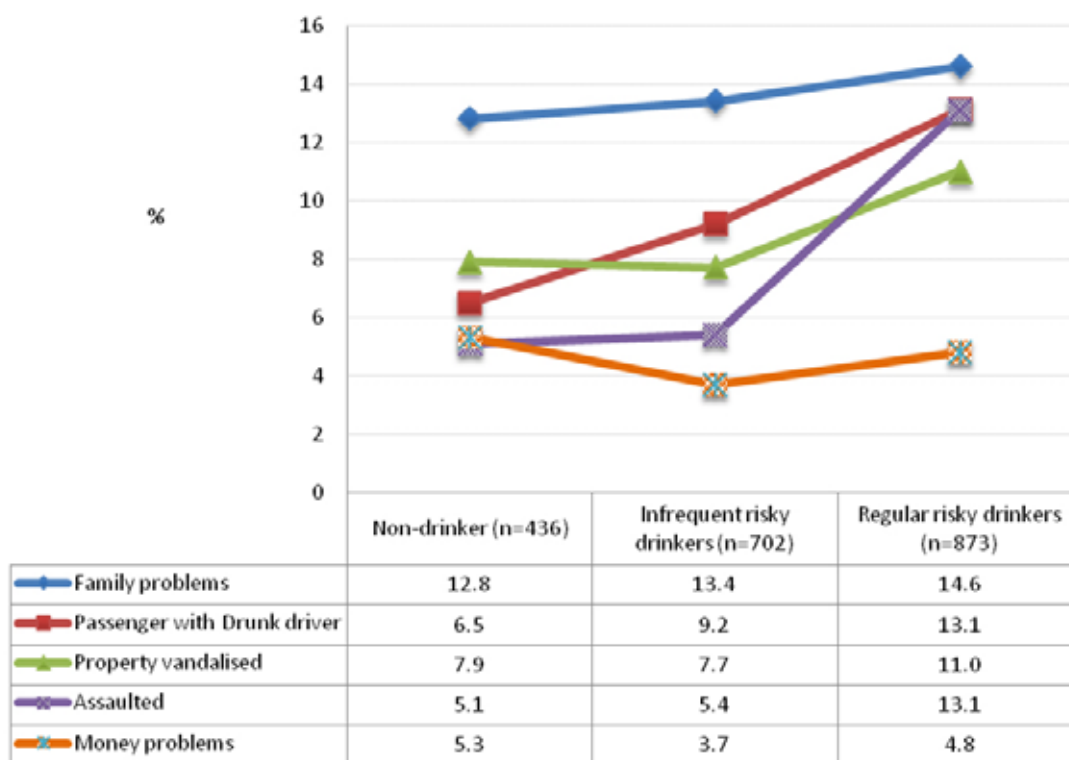


Figure 2: Alcohol's Harm to Others in General Population by drinking pattern of respondent

Regular risky drinkers defined as those who consumed >75grams of alcohol/occ 1+times per month

The increased risk of AH₂O among respondents who were regular risky drinkers was evident in assaults, passenger with a drunk driver and property damage (Figure 2). Exposure to risk of family problems as a result of someone else's drinking showed no significant difference across drinking pattern. In other words, exposure to risk of family problems occurred whether the victim was a drinker or not. This was also the case for reported money problems due to others drinking. In relation to traffic accidents, a significant difference in drinking pattern was observed. Those who reported regular risky drinking were more likely to report involvement in a traffic accident as a result of someone else's drinking (4.2% regular risky drinkers vs 1.4% others).

Logistic regression was undertaken to identify the factors predictive of alcohol's harm to others in the general population, controlling for gender, age, marital status, social class and drinking pattern. The results presented are for the overall harm to others (AH₂O GP 1+ harms) and for each of the five measures; family problems, money problems, assaults, passenger with a drunk driver and property vandalised (Box 1).

Box 1: Factors predictive of alcohol's harm to others in the general population as a result of someone else's drinking

Those more likely to experience at least one or more **AH₂O 1+** of the five negative consequences as a result of someone else's drinking are:

- Those under 50 years
- Those from lower social class
- Those who engage in regular risky drinking

Those more likely to experience **Family Problems** as a result of someone else's drinking are:

- Women
- Those under 50 years
- Those from lower social class

Those more likely to experience **Money problems** as a result of someone else's drinking are:

- Women
- Those who are single

Those more likely to experience being a **Passenger with a drunk driver** as a result of someone else's drinking are:

- Those who engage in regular risky drinking

Those more likely to experience **Physical Assault** as a result of someone else's drinking are:

- Men
- Those in age group 18-29 years
- Those who are single

Those more likely to experience **Property Vandalised** as a result of someone else's drinking are:

- Those in age group 30-49 years

The profile of those most likely to report AH₂O while controlling for demographics and drinking pattern shows that women were more likely to report family and money problems due to other people's drinking, while men were more likely to report assaults. Age was also an important factor in predicting AH₂O, where those under 50 years were more likely to report family problems, those age 18-29 years were more likely to report assaults and those aged 30-49 years were more likely to report that their property was vandalised due to others drinking. Assaults and money problems were more likely among single people and family problems more likely among those from lower social class. Those who were regular risky drinkers were more at risk of AH₂O, in particular being a passenger with a drunk driver.

4.2 Workplace – Alcohol’s harm to Workers

The negative impact on workers from co-workers whom they consider to be fairly heavy drinkers showed that **one in ten (10%) reported experiencing at least one of the work related harms** - ability to do job negatively affected, had to work extra hours, accident or close call at work (Table 2). Overall, a significantly higher number of men in comparison to women reported such harms (AH₂O workplace 1+) in the workplace. An examination of the three individual work related harm items showed that *workers ability to do their job was negatively affected due to co-workers drinking* had the highest reported rate (8.3%) followed by *had to work extra hours* (6.1%) and the third item– *accident or close call at work* was 2.2%. More men than women (11% vs 5%) reported that their ability to do their job was negatively affected by a co-worker’s heavy drinking. This was also the case for workers who were single in comparison to married workers (11% vs 6%). The social class status of workers was not a significant factor in any of the harm items.

Table 2: Alcohol’s harm to Workers due to heavy drinking co-workers in the workplace (N=723), NDS 2010

	N	Ability to do job negatively affected	Accident or close call at work	Had to work extra hours	H ₂ O 1+ harms
		%	%	%	%
Overall Total	723	8.3	2.2	6.1	10.4
Gender					
Men	382	11.2	2.1	7.8	13.6
Women	341	5.1**	2.4	4.3*	6.7**
Gender ratio		2.2	0.9	1.8	2.0
Age group					
18-34 yrs	259	12.5	4.7	10.1	16.2
35-49 yrs	239	6.8	0.4	4.9	8.8
50+yrs	225	5.0**	1.4**	2.8**	5.3**
Marital Status					
Married	457	6.3	1.3	5.8	8.8
Single	266	11.5*	3.8*	6.7	13.2
Social class					
ABC1 (upper)	320	8.3	2.2	5.2	9.4
C2 (middle)	234	9.6	2.2	7.2	12.0
DE (lower)	168	6.6	2.4	6.4	10.1

* $p < .05$; ** $p < .01$

The negative consequences, in particular workers ability to do their job and having to work extra hours due to co-workers heavy drinking showed differences **by gender and age groups**. For men, significantly higher rates of harm were reported among younger men - ability to do job negatively affected (15.4% or one in six); had to work extra hours (11% or one in nine) (Figure 3). The two same items were higher among younger women workers in comparison to older women - ability to do job negatively affected and had to work extra hours (both 9% or one in eleven). Reported accidents or close call at work due to co-workers drinking was more evident (5%) among young men and women.

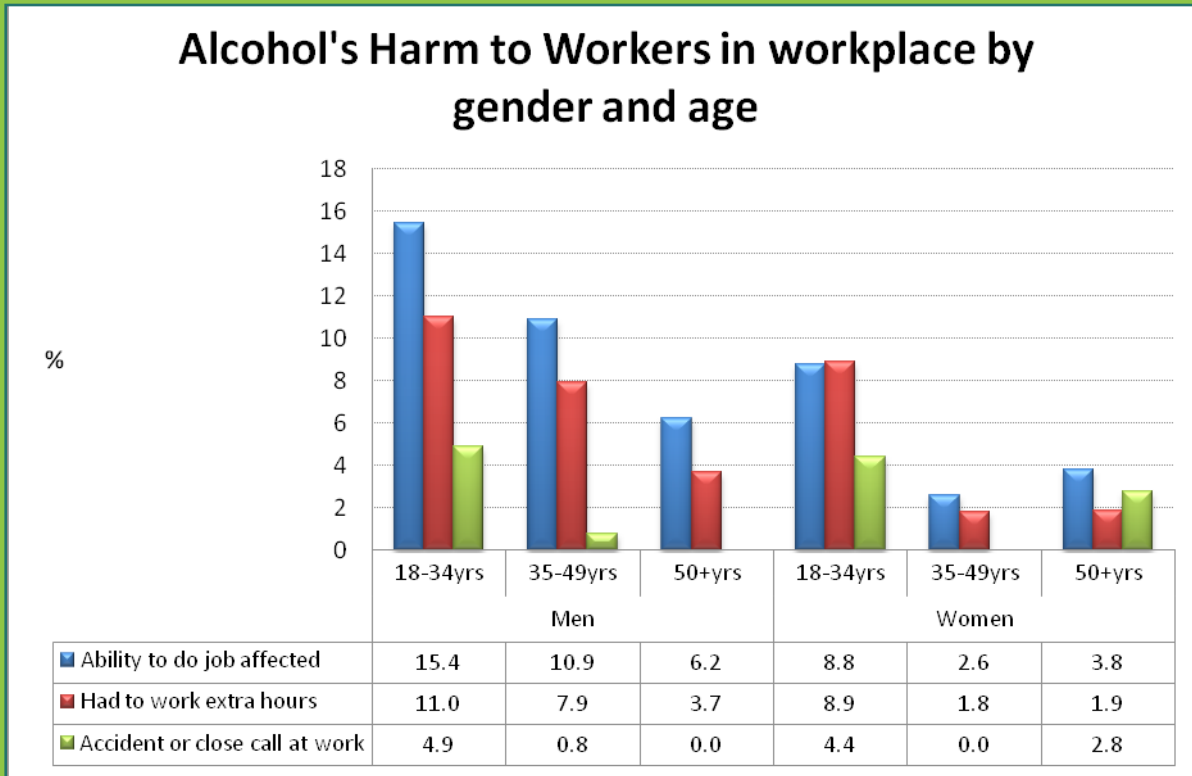


Figure 3: Alcohol's Harm to Workers due to heavy drinking co-workers by gender and age

Workplace harms were examined by the **drinking pattern** of the workers (victim) reporting the negative consequences due to co-workers' heavy drinking. The results showed increased risk occurred in overall reported work harms (AH₂O workplace 1+ harms) when the workers themselves reported regular risky drinking (Figure 4). This was particularly the case in two of the harm items - ability to do job negatively affected and had to work extra hours due to co-workers' heavy drinking.

Logistic regression was undertaken to identify the factors predictive of alcohol's harm to others in the workplace (AH₂O workplace 1+harms) due to co-workers' heavy drinking, controlling for gender, age, marital status, social class and drinking pattern (Box 2). In the workplace, men and workers in the youngest age group were more likely to experience negative consequences due to co-workers who were heavy drinkers.

Alcohol's Harm to workers in Workplace by drinking pattern

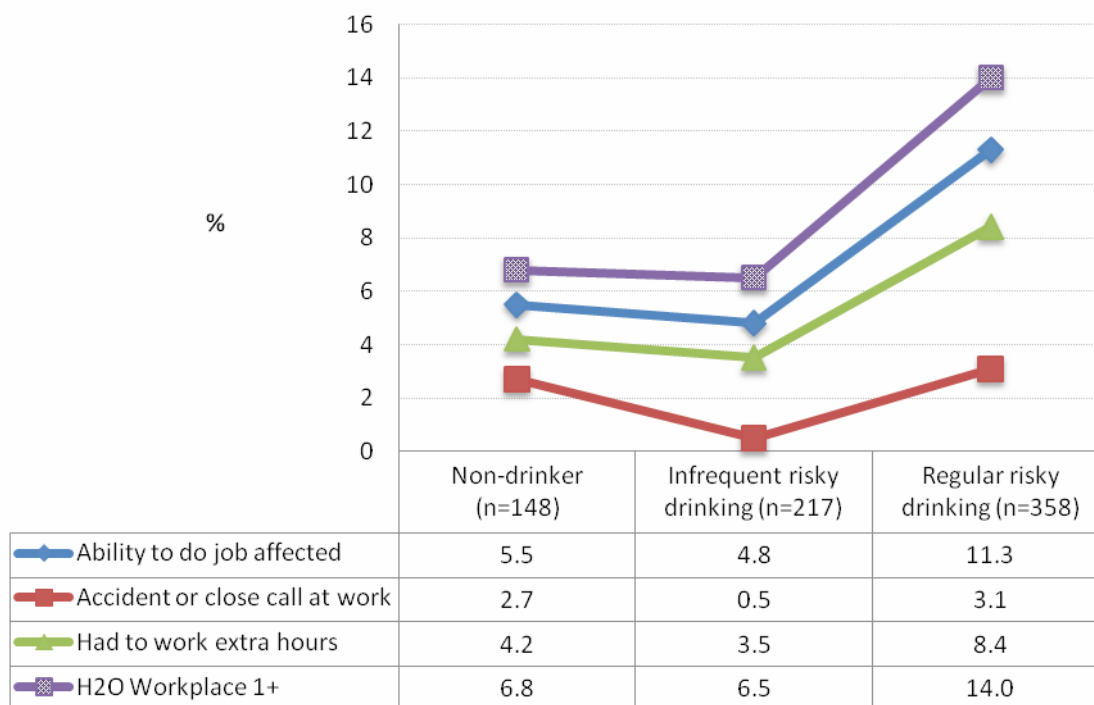


Figure 4: Alcohol's Harm to Workers due to heavy drinking co-workers by drinking pattern –

Regular risky drinkers defined as those who consumed >75grams of alcohol/occ 1+times per month

Box 2: Factors predictive of alcohol's harm to workers from co-workers whom they consider to be fairly heavy drinkers

- Men
- Workers in the younger age group (18-34 years)

4.3 Children – Alcohol's harm experienced by children

Overall, **one in ten adults** reported that children for whom they have parental responsibility experienced at least **one or more of the harms as a result of someone else's drinking** - left in unsafe situations, verbal abuse, physical abuse or witness to serious violence in the home. More adults from lower social class reported a significantly higher rate of at least one or more harm to children as a result of someone else's drinking (Table 3).

Table 3: Alcohol's harm experience by children reported by parents (N=680), NDS 2010.

	N	Child left in unsafe situation	Child verbally abused	Child physically abused	Child witness to serious violence in home	Risk to children 1+ harms
		%	%	%	%	%
Overall Total	680	5.4	9.2	2.8	4.8	10.1
Gender						
Men	330	4.6	8.4	2.7	3.6	9.0
Women	350	6.1	10.1	2.9	6.0	11.1
Gender ratio		0.7	0.8	0.9	0.6	0.8
Age group						
18-34 yrs	255	5.1	10.1	1.9	4.7	11.9
35-49 yrs	215	4.7	8.7	3.7	3.3	8.1
50+	210	6.3	8.7	2.9	6.6	10.0
Marital Status						
Married	420	5.6	8.6	2.5	4.4	9.1
Single	260	5.0	9.9	3.1	5.3	11.2
Social class						
ABC1 (upper)	272	5.1	8.4	1.5	2.9	9.7
C2 (middle)	214	3.8	7.0	2.8	2.8	6.7
DE (lower)	193	7.4	13.0	4.6	9.8*	14.6**

** $p < .01$

An examination of the four individual items showed that one in eleven (9%) adults reported that children experienced verbal abuse as a result of someone else's drinking. The next highest was child left in unsafe situations (5.4%) followed by child witness to serious violence in home (4.8%) and child physically abused (2.8%) (Table 3). There was no significant difference in most of the demographic variables, with the exception of social class. **Adults with parental responsibility from lower social class reported higher rates of children witness to serious violence in the home in comparison to the other social class groups** (lower SC 9.8%, middle SC 2.8% and upper SC 2.9%). An examination of harms to children by drinking pattern of respondent with parental responsibility showed that more adults who were regular risky drinkers (12.8% or one in eight) reported that children experienced at least one or more of the harms due to others drinking (Figure 5).

Alcohol's harm to children by drinking pattern of parent

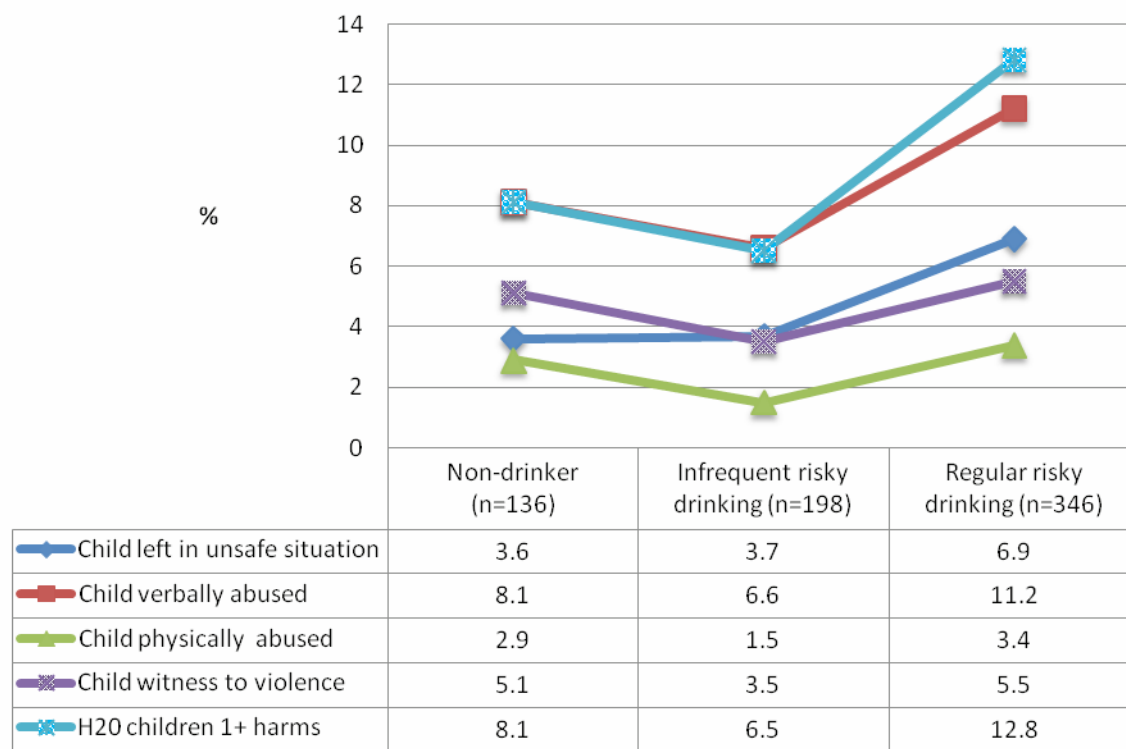


Figure 5: Alcohol's harm to Children by drinking pattern of respondent with parental responsibility

Regular risky drinkers defined as those who consumed >75grams of alcohol/occ 1+times per month

Logistic regression was undertaken to identify the factors predictive of harm to children as a result of someone else's drinking, controlling for gender, age, marital status, social class and drinking pattern of respondent (parent/guardian) (Box 3).

Box 3: Factors predictive of alcohol's harm to children

- A child is more likely to experience one or more harms (H₂O children 1+ harms) as a result of someone else's drinking when parents (respondents) themselves are regular risky drinkers
- A child left in unsafe situations as a result of someone else's drinking is more likely to occur among parents (respondents) who are themselves regular risky drinkers.
- A child witness to serious violence in the home as a result of others drinking is more likely to occur among parents (respondents) from lower social class.

4.4 National Comparisons

The five 'alcohol's harm to others' items used in this current Irish HSE study were developed and first included in the 2006 National Drinking Survey. The National Advisory Committee on Drugs (NACD) recently conducted a Drug Prevalence survey in Ireland and included these five items on alcohol's harm to others (NACD 2012). A comparison of the findings show the **overall prevalence of respondents reporting one or more of the five harms as a result of someone else's drinking to be similar in both studies** (NDS 28% vs 27% NACD), despite some differences in methodology.

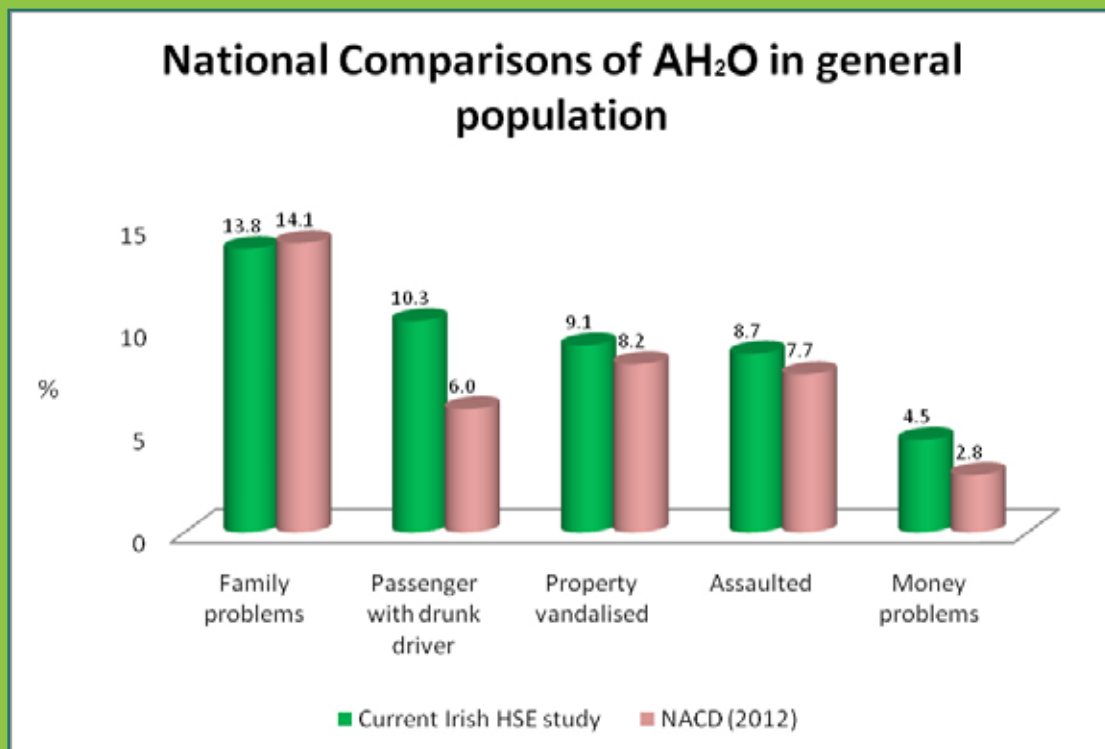


Figure 6: National Comparisons between the Current Irish Study and National Advisory Committee on Drugs (NACD) on alcohol's harm to others in the general population

The prevalence reported for the individual items of family problems, property vandalised, assaults and money problems were also similar, with passenger with a drunk driver as the exception which was higher in the current Irish HSE study than in the NACD study (10% vs 6%) (Figure 6). Other similarities included that women were more likely to report family problems and men more likely to report assaults. Young men had the highest rate of reported assaults and passenger with a drunk driver due to others drinking in both studies, although the analysis frames were somewhat different. Samples were differently constructed with the current Irish HSE study using a quota sample of above 1,000 per year and combined 2 years of data (2006 and 2010) with an age band of 18 years and over, while the NACD was a stratified representative sample of the general population with 5,134 respondents with an age band of 18-64 years. The mode of data collection in both surveys was face to face interviews.

4.5 International comparisons

Similar measures used in this current Irish HSE study were also included in Canada's Alcohol and Other Drugs survey of 1994 (Kellner 1997) and in the 2005 US National Alcohol Survey (Greenfield et al 2009). In the 2004 Canadian Addiction survey, two of the AH₂O items were included and results showed that family problems had increased to 10.5% while assaults remained similar (3.2%) (Giesbrecht et al 2010). **The prevalence of experiencing harm as a result of someone else's drinking in the last 12 months, for each of the five items, was substantially higher in the current Irish study than in the Canadian or United States studies** (Figure 7).

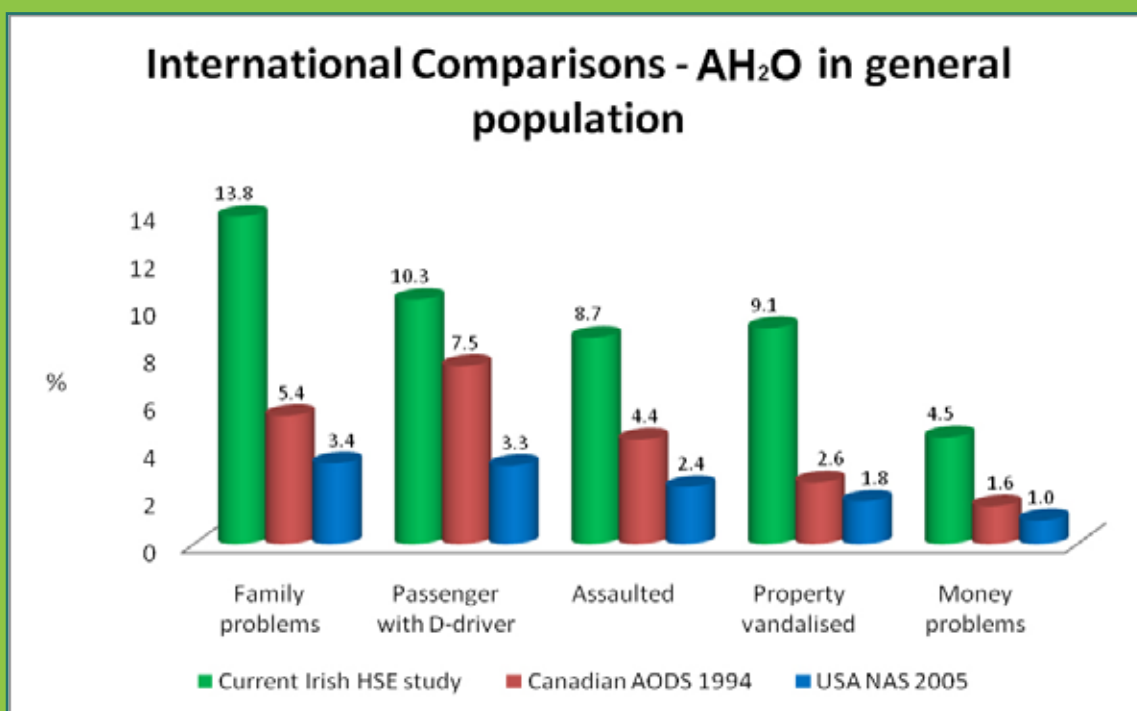


Figure 7: International comparisons between Ireland, Canada and the USA on alcohol's harm to others in the general population

Given the time period differences in data collection for Canada, the rank order is a more cautious measure for comparisons. The rank order is similar in all five items for Ireland and the USA. In Canada, passenger with a drunk driver due to others' drinking ranked first and family problems second while the reverse is the case in Ireland and the USA, family problems ranked first and passenger with drunk driver second. In all three countries, family problems were more likely among women while assaults more likely among men. Young people experienced more AH₂O and those who were heavy drinkers were more associated with reported assaults.

The current Irish study included measures to assess the negative impact in the workplace on workers from co-workers who are heavy drinkers, replicating three items used in the Australian study with kind permission from the authors (Laslett et al 2010). A comparison between Ireland and Australia shows that the negative consequences reported by workers due to co-workers' drinking was ranked in the same order in both countries – ability to do job negatively affected, had to work extra hours and was involved in an accident or close call. However, for each of the measures **the proportion of Irish workers reporting harm from co-workers drinking was twice or almost twice as high in comparison to Australian workers**. This suggests that the negative impact on productivity and the economic cost is

most likely to be significantly higher in Ireland. However, further research and additional information would be required to quantify those costs in Ireland. In Australia, the cost of working extra hours was estimated to be AU\$453 million (€313.8 million) when weighted to the Australian working population (Laslett et al 2010).

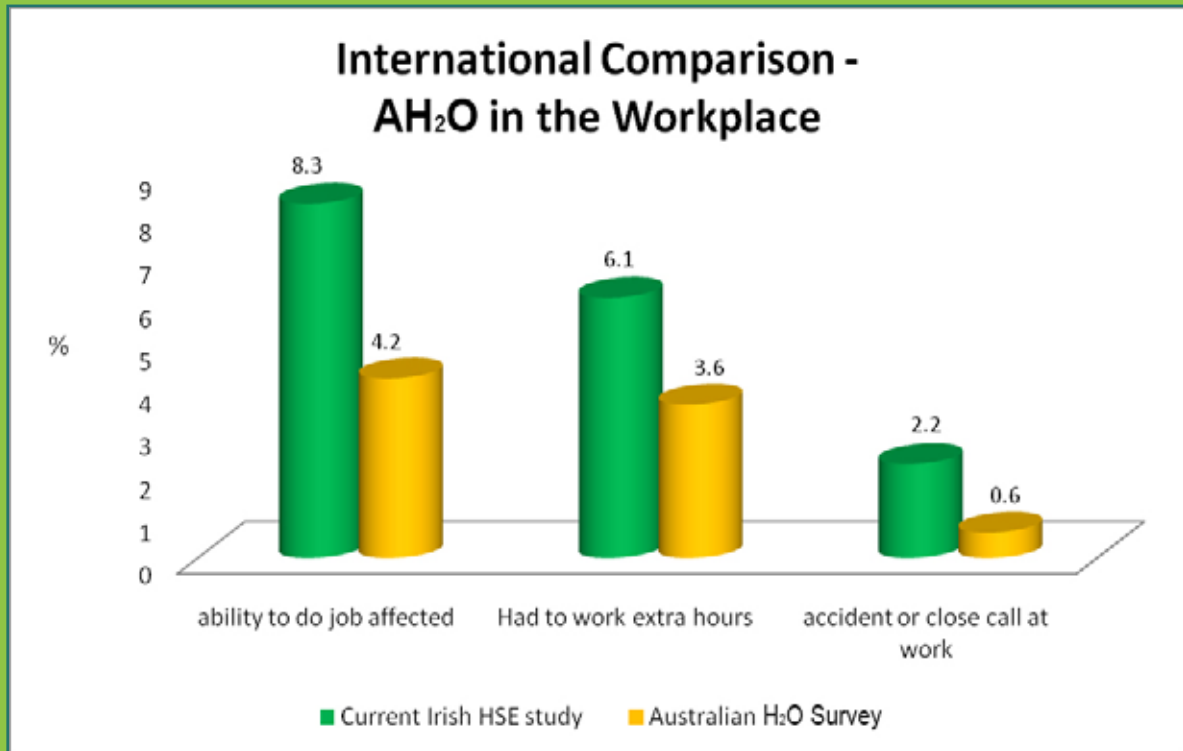


Figure 8: International comparison between Ireland and Australia on alcohol's harm to workers in the workplace from co-workers drinking

A comparison between Ireland and Australia measured the exposure of children to neglect and harm due to someone else's drinking with four common items on alcohol's harm experienced by children reported by parents (Laslett et al 2010). Overall, **the reported harm experienced by children as a result of someone else's drinking was higher in Ireland than in Australia**. This was the case in each of the four measures – child verbally abused, child left in unsafe situation, child witness to serious violence in the home and child physically abused (Figure 9). However, the rank order of the four items was similar between the two countries. In the Australia study, when a more generic question was asked *How much has the drinking of others people negatively affected your children?* - 17% reported that the drinking of others had affected them a lot or a little, suggesting the items used did not capture all the possible negative effect on children from others' drinking (Laslett et al 2010).

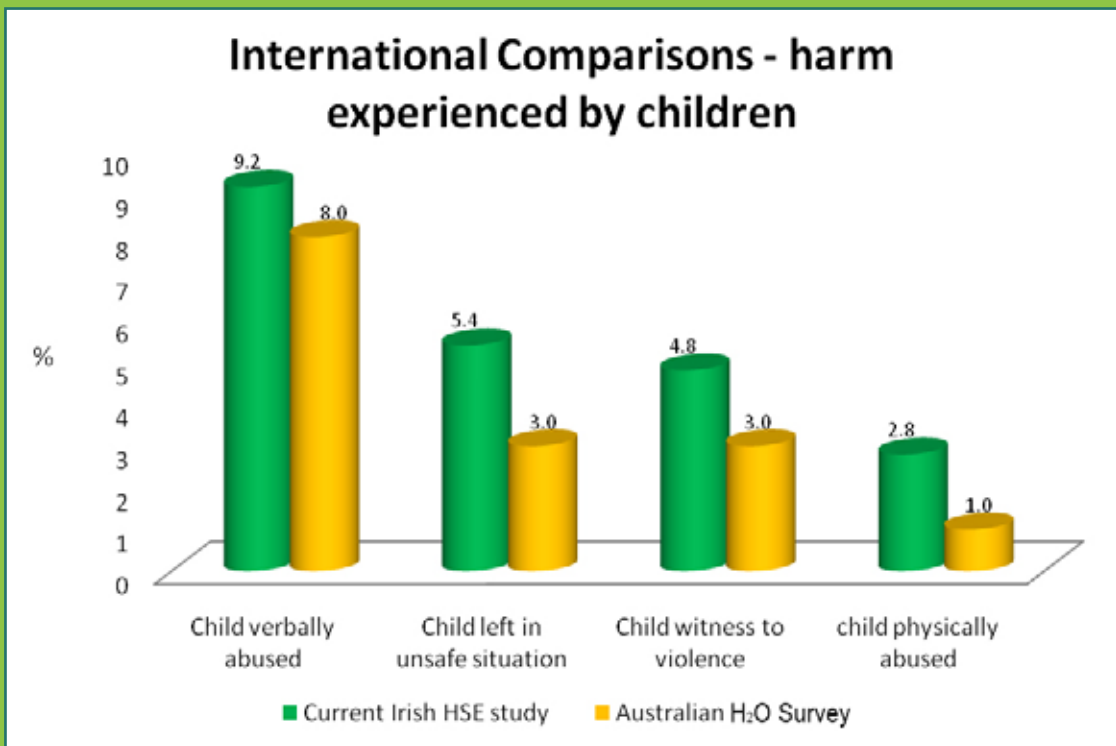


Figure 9: International comparison between Ireland and Australia – harms experienced by children, as reported by parents

5. Discussion

5.1 General population

Over one in four people (28%) in the general Irish population reported experiencing at least one or more negative consequences as a result of someone else's drinking - family problems, passenger with a drunk driver, assault, property vandalised and money problems. Some of the alcohol's harm to others (AH₂O) are more visible in the public domain in communities such as assaults and property damage, while family and financial problems are less visible but can have serious and chronic consequences for the well-being of the whole family (O Connor 2001). The prevalence of AH₂O as reported in this HSE study is similar to the rate found in the recent NACD study in Ireland (NACD 2012). International comparisons of the individual items show that Ireland has much higher rates of reported harm from others' drinking in comparison to the USA and Canadian populations (Greenfield et al 2009, Kellner 1995). Women are more likely to experience family problems (one in six), while men are more likely to report assaults (one in nine) due to other peoples' drinking. Gender differences were also reported in other studies (Greenfield 2009, Kellner 1995, NACD 2012, Morgan et al 2009). Young men had the highest reported rate of assaults (one in five) and of being a passenger with a drunk driver (one in six) while young women had the highest rate of reported family problems (one in five) due to others drinking. While alcohol related violence is more commonly associated with young men (Morgan et al 2009), the findings of this HSE study show that young women are as vulnerable to assaults as young men and had similar rates to men between thirty and fifty years of age. However, when demographics and drinking pattern are controlled for, the profile of those most at risk of assaults were men, young adults and those who were single. The increased risk of assaults among young men due to others' drinking has also been found in other Irish studies (NACD 2012, Morgan et al 2009).

Those from lower social classes are more vulnerable to family problems (almost one in five) due to others drinking, contributing to the health inequality gap. Those who risk travelling with a drunk driver tend themselves to drink at risky levels. This was also seen for those who reported involvement in a traffic accident as a result of someone else's drinking. This finding illustrates the fluid interaction between the victim and perpetrator when both are drinking at risky levels. Given that drinkers tend to socialise together, these findings suggest that drunk driving continues to be a threat to others. Despite the successful implementation of random breath testing and reduction in road deaths in Ireland, the number of detected drink driving offences continues to be substantial at 209 per week during 2011 (An Garda Síochana Annual Report 2011). The negative consequences of drunk driving not only impacts on the passengers but extends to other innocent road users.



5.2 Workplace

In the workplace, one in ten Irish workers experienced at least one or more negative consequences due to co-workers who were heavy drinkers -ability to do their work was negatively affected, they had to work extra hours, had an accident or close call at work due to co-workers drinking. Overall, men (one in eleven) and workers in the youngest age group (one in six) were the most likely to experience the negative consequences due to co-workers who were heavy drinkers. This finding is also in keeping with the Australian study (Laslett et al 2010). However, the **overall rate of reported harms in the Irish workforce was double that in comparison to the Australian findings for each of the measures used.** The impact of co-workers drinking can affect a worker's job satisfaction, create tension and the need to cover-up for problems of co-workers who are heavy drinkers, in particularly among young adults. The risk of workers experiencing harm increased if they themselves also were regular risky drinkers. This may indicate that the workplace facilitates a social network around alcohol use as suggested by Frone & Byrne (2010). It may be that workers are drawn to co-workers who have similar harmful drinking patterns. Young adults may also participate in work-based drinking networks as a way of fitting in (Bray et al 2011). Workplaces can create a culture around drinking by hosting work related events where workers socialise together and perceive the need to attend and drink more than usual in order to comply with workplace drinking norms. Social events such as the 'Retirement and Christmas parties' or the 'Innovation-Reward parties' with free alcohol as a reward for innovation and hard work can give mixed signals. The research evidence shows that heavy episodic drinking (binge drinking) increases the risk of arriving late at work, leaving early and low productivity while at work (known as presenteeism) (Schultz et al 2009). Alcohol's harm to others (AH₂O) in the workplace carries direct, increased work-related costs. In Australia, the estimated cost of the extra hours worked due to co-workers' drinking was AU\$453 million (€313.8 million) in a year and for absenteeism due to someone else's drinking the cost was AU\$348 million (€241 million) (Laslett et al 2010).

5.3 Children

Overall, one in ten Irish parents/guardians reported that children experienced at least one or more harms in the past 12 months as a result of someone else's drinking – verbal abuse, left in unsafe situations, witness to serious violence in the home and physical abuse. Parents who themselves were regular risky drinkers were more likely to report (one in eight) that children experienced at least one or more of the harms due to others drinking, after controlling for demographics. Therefore, the exposure of children to risk and harm from adults drinking may come from two sources; the 'other drinker' and the heavy drinking parent. If both are in the same household then the harm experienced by the child could be substantial. While the severe child abuse cases tend to come to the attention of the health and social services, there is a larger pool of families with less noticeable risky drinking behaviour and problems (Hope 2011). In Ireland, given that an estimated 271,000 children under 15 years of age are living with parents who are regular risky drinkers, there is an urgent need to implement effective alcohol policy measures and regulate the affordability, availability and marketing of alcohol to break the negative cycle of harmful drinking among adults in order to provide protection for children from harm (Hope 2011). Supports are also necessary to tackle domestic violence as parents from lower social classes were more likely to report that children witnessed serious violence in the home due to others' drinking. However, little progress has been made in the last two decades in implementing effective policies to reduce alcohol related harm in Ireland, despite many reports (Hope & Butler 2010).

6. Conclusion

This report shows that alcohol related harm extends out from the drinker and affects many other people besides the drinker. In fact, the harm experienced by the drinker due to their own drinking is only part of the story of alcohol related problems in Ireland. The findings of this report indicate that alcohol's harm to others as a result of someone else's drinking is far reaching and can be serious. AH₂O in Ireland in the three settings examined – general population, workplace and children in families shows the impact of harm to others is more extensive in Ireland when compared to similar studies in Australia and North America. The vulnerability of young adults, in particular from physical violence and as a passenger with a drunk driver, can result in injuries and disabilities which impact on their well-being and quality of life. The burden and cost to society can also be substantial in the need for health and social services and the years lived with disability.

While the scope of this HSE study was limited, the findings show a need to address this issue in greater depth. It is essential to broaden the frame of reference to include alcohol's harm to others when assessing the burden from alcohol in Ireland. While these findings shed some initial light on this underdeveloped area, there is a need for a dedicated study specific to alcohol's harm to others (AH₂O) as suggested by WHO, to establish the scope and size of the problem, the health and social services usage as well as the burden and cost of the problem to Irish society. In Australia, the estimated cost of alcohol's harm to others is as large as that due to harm from one's own drinking. This type of information is vital to help inform responses and policy direction to prevent and reduce alcohol's harm to others and to plan for the most effective health and social service responses to reduce this alcohol burden on society. As in the tobacco policy area, where the damage from passive smoking provided a strong case for an effective public health approach, the third party harm from others' drinking is also a persuasive rationale for a broad public health approach on alcohol. A comprehensive strategic response by government is required that regulates the affordability, availability and marketing of alcohol in addition to having an integrated and co-ordinated early intervention system in place. This research study confirms that alcohol is causing significant damage across the population, in workplaces and to children in families and carries a substantial economic burden to all in Irish society, at a higher level than comparable societies such as Canada and Australia.

The recent decision by Government to approve the drafting of the Public Health (Alcohol) Bill, based on the recommendations of the Steering Group Substance Misuse Report of 2012, is to be welcomed and when implemented should reduce alcohol-related harm in Ireland.

The HSE is considering the recommendations contained in the Steering Group Report and will be developing a detailed implementation plan to respond to each of the recommendations for which it has a responsibility.



7. Policy implications

This report introduces the concept of ‘alcohol’s harm to others’ in an Irish context and the results indicate that problem alcohol use can no longer be framed exclusively in the realm of personal responsibility. In over a quarter of cases harm to others is documented and in the case of each of two specific situations, one a vulnerable population (children) and the other economic (the workplace) one in ten report harm to others. While men generally experience more harm from others, in two domains – family and finance-women experience more harm.

Alcohol policy development from now on needs to be focused on protection of young adults, women and children (Ireland voted in November 2012 to support Children’s rights) and to promote healthy, safe and productive workplaces. A policy response for the alcohol issue in Ireland requires a pro-active, integrated approach which accepts that damage from alcohol to people other than the drinkers is a major element of the alcohol burden in Irish society. The new ‘*Healthy Ireland*’ framework provides an opportunity to reduce the risks posed by alcohol to future generations and improve the health and wellbeing of people now living in Ireland by implementing effective alcohol policies.

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