



Webinar Series

# The passive drinker

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# Index

- Learning from tobacco
- Alcohol and Harm to Others: an epidemiological perspective
- Alcohol and Harm to Others: vulnerable groups
- Identification and management of passive drinkers
- Conclusions

# Definition of passive drinkers

'People who suffer the negative consequences of others' drinking.'

Also described as:

- alcohol externalities
- collateral damage from drinking
- second hand effects

# Learning from tobacco



Learning  
from tobacco



My right to swing my fist ends  
where your nose begins.

This arm is my arm, it is not yours. Up here I have a right to strike out with it as I please. I go over there with these gentlemen and swing my arm and exercise the natural right which you have granted; I hit one man on the nose, another under the ear, and as I go down the stairs on my head, I cry out:

- “Is not this a free country?”
- “Yes, sir.”
- “Have not I a right to swing my arm?”
- “Yes, but your right to swing your arm leaves off where my right not to have my nose struck begins.”

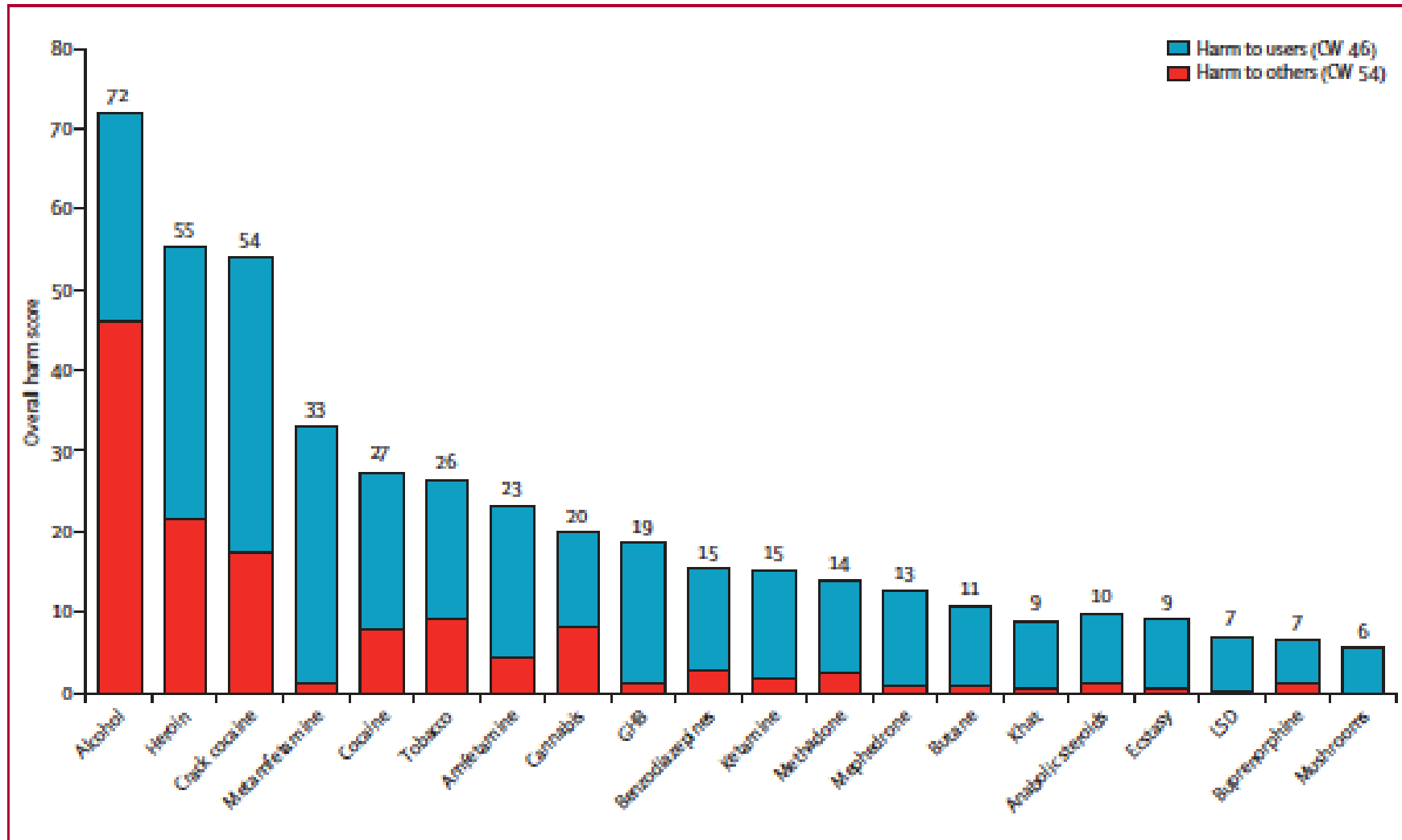


John B. Finch  
Chairman of the  
Prohibition National  
Committee (1852-1887)

# Alcohol and harm to others: the epidemiological perspective

# Drug harms in the UK: a multicriteria decision analysis

David J Nutt, Leslie A King, Lawrence D Phillips, on behalf of the Independent Scientific Committee on Drugs





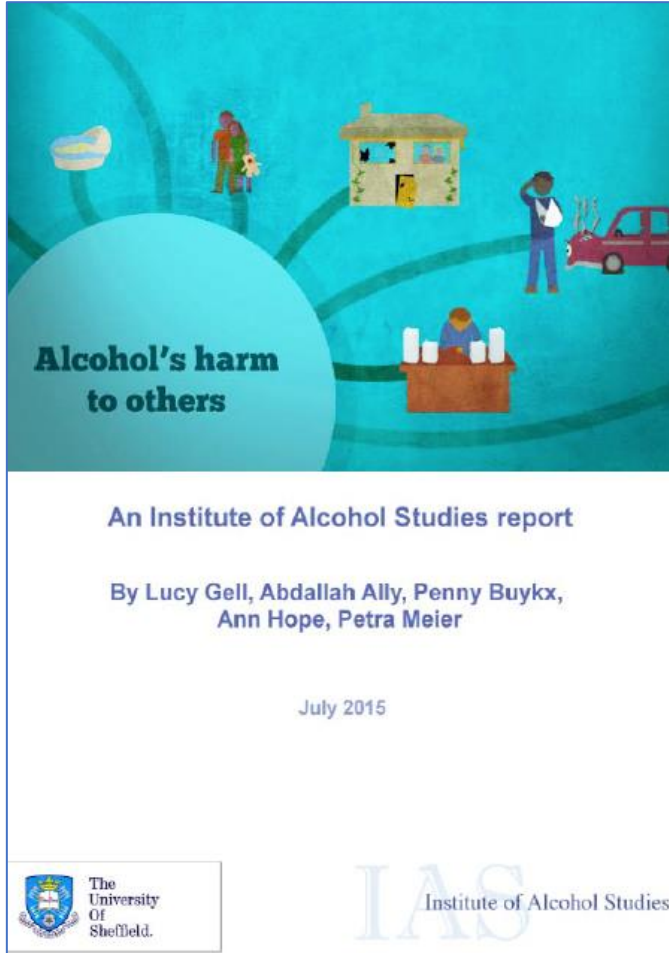
# Alcohol and Harm to Others

## Research questions

- 1) Who experiences harm from others' drinking?
- 2) How do different types of harm from others' drinking cluster?

## Methods

- A survey of 1,020 people aged 18 years and older living in the North West of England.
- A survey of 1,007 people aged 16 years and older living in Scotland.



# Alcohol Harm To Others (AHTO)



## **The prevalence of harm from another person's drinking is high**

- 51.4% of respondents in Scotland reporting at least one of 16 harms
- 78.7% of respondents in North West England reporting at least one of 20 harms (past 12 months)

## **Commonly reported harms:**

- being harassed, afraid or insulted in a public place,
- being annoyed by vomiting, urinating or littering on the streets,
- being kept awake at night.

# Alcohol Harm To Others (AHTO)



## **Socio-demographic variations:**

- Young people experience more harms
- The majority of respondents who experienced any harm, reported two or more different harms
- Experiencing individual harms was not related to the respondent's own drinking behaviour.

## **There is evidence for clustering of some types of harms**

- The first cluster centres on being harassed, threatened or feeling afraid in public
- Household financial difficulties feature in the second cluster, co-occurring with relationship problems.

# The Excess Medical Cost And Health Problems of Family Members of Persons Diagnosed With Alcohol or Drug Problems

*G. Thomas Ray, MBA,\* Jennifer R. Mertens, PhD,\*† and Constance Weisner, DrPH, MSW\*‡*

- **Methods:** Using Medicare administrative databases, the cost and utilization of services by the family members of the AOD and non-AOD patients were compared in the 2 years prior to the AOD patient's first AOD.
- Logistic regression, to determine whether the family members of patients with AODs were more likely to be diagnosed with medical conditions.

# The Excess Medical Cost And Health Problems of Family Members of Persons Diagnosed With Alcohol or Drug Problems

G. Thomas Ray, MBA,\* Jennifer R. Mertens, PhD,\*† and Constance Weisner, DrPH, MSW\*‡

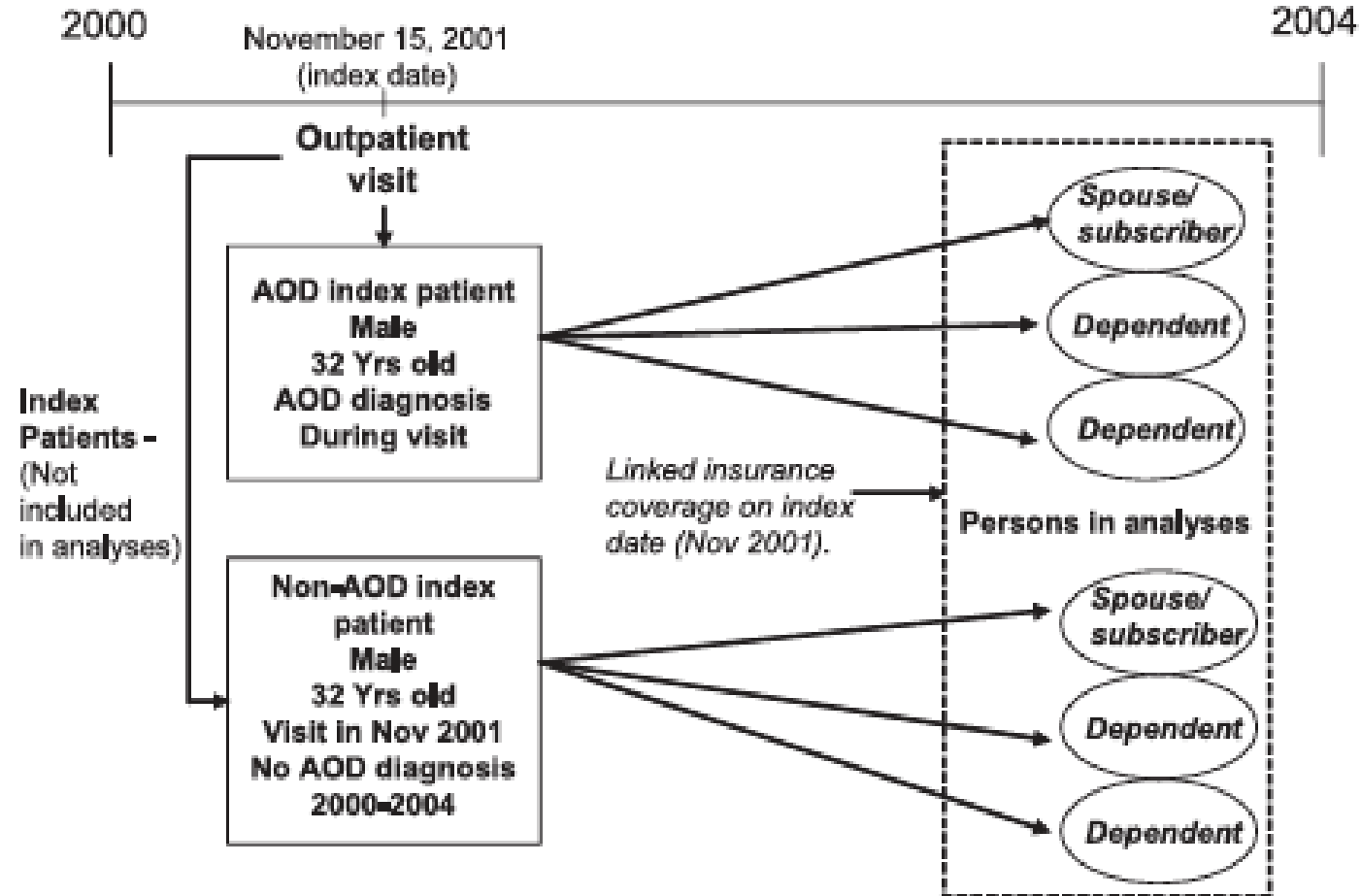


FIGURE 1. Example of a selection of family members.

# The Excess Medical Cost And Health Problems of Family Members of Persons Diagnosed With Alcohol or Drug Problems

*G. Thomas Ray, MBA,\* Jennifer R. Mertens, PhD,\*† and Constance Weisner, DrPH, MSW\*‡*

- Family members of patients with AODs had greater health care costs than comparison family members:
  - (\$490) in the second year before the index date
  - (\$433) in the year before the index date
- They also were more likely to be diagnosed with many medical conditions, especially substance abuse and depression.

**TABLE 2. Per Person Mean Adjusted Annual Excess Cost and Utilization of Family Members of Alcohol or Other Drug Diagnosis (AOD) Patients in the Two Years Before the Index Date\***

Cost/Utilization Type	Excess Cost of Family Members of AOD Patients Compared With Comparison Family Members (95% Confidence Interval) <sup>†</sup>	
	Two Years Before Index Date (Year -2)	One Year Before Index Date (Year -1)
All hospital-related costs	213 (132–295) <sup>‡</sup>	114 (59–169) <sup>‡</sup>
ED-related costs	19 (15–23) <sup>‡</sup>	24 (20–27) <sup>‡</sup>
Outpatient primary care-related visit costs	71 (61–82) <sup>‡</sup>	70 (62–79) <sup>‡</sup>
Outpatient psychiatry dept visit costs	43 (37–49) <sup>‡</sup>	62 (58–67) <sup>‡</sup>
Outpatient alcohol and drug program visit costs	7 (2–12) <sup>‡</sup>	26 (22–30) <sup>‡</sup>
Outpatient pharmacy costs	65 (54–77) <sup>‡</sup>	69 (59–78) <sup>‡</sup>
Other outpatient costs	58 (39–78) <sup>‡</sup>	54 (36–73) <sup>‡</sup>
<b>Total costs</b>	<b>490 (395–584)<sup>‡</sup></b>	<b>433 (365–501)<sup>‡</sup></b>
No. inpatient hospital days	0.05 (0.03–0.07) <sup>‡</sup>	0.04 (0.02–0.06) <sup>‡</sup>
No. outpatient visits	0.87 (0.77–0.96) <sup>‡</sup>	1.12 (1.04–1.20) <sup>‡</sup>

Costs much higher if index patient is female

**TABLE 3. Per Person Mean Adjusted Annual Excess Total Cost of Family Members of Alcohol or Other Drug Diagnosis (AOD) Patients by Age of Family Member and Gender of Index Patient in the Two Years Before the Index Date\***

Patient Group	Excess Total Cost of Family Members of AOD Patients Compared With Comparison Family Members (95% Confidence Interval) <sup>†</sup>	
	Two Years Before Index Date (Year -2)	One Year Before Index Date (Year -1)
Subgroups based on age of family member		
Adult family members of AOD patients	710 (583–837) <sup>‡§</sup>	611 (519–703) <sup>‡§</sup>
Child family members of AOD patients	233 (94–372) <sup>‡</sup>	242 (144–340) <sup>‡</sup>
Subgroups based on gender of Index AOD patient		
Family members of male AOD patients	388 (267–509) <sup>‡¶</sup>	370 (284–458) <sup>‡¶</sup>
Family members of female AOD patients	648 (498–799) <sup>‡</sup>	525 (417–633) <sup>‡</sup>



# The quality of life of passive drinkers




International Journal of  
*Environmental Research  
and Public Health*



*Article*


## **Association between Exposure to Alcohol's Harm to Others and Health-Related Quality of Life in Korean Adults: A Nationwide Population-Based Study**

Mi-Jung Eum <sup>1</sup> and Min-Jung Choi <sup>2,\*</sup> 

# Passive drinkers have less quality of life

Article

Association between Exposure to Alcohol's Harm to Others and Health-Related Quality of Life in Korean Adults: A Nationwide Population-Based Study


Mi-Jung Eum <sup>1</sup> and Min-Jung Choi <sup>2,\*</sup> 

- South Korea nationally representative sample (n=17.346)
- Association between exposure to alcohol's harm to others (AHTO) and health-related quality of life HRQoL measured with the European Quality of Life–5 Dimensions (EQ-5D) index

# Passive drinkers have less quality of life

Article

Association between Exposure to Alcohol's Harm to Others and Health-Related Quality of Life in Korean Adults: A Nationwide Population-Based Study

Mi-Jung Eum <sup>1</sup> and Min-Jung Choi <sup>2,\*</sup> 

- A significant positive association was found between exposure to AHTO and lower EQ-5D scores ( $p = 0.022$ ).
- In the final model of multiple regression analysis, participants' HRQoL decreased by 0.932 points when exposed to AHTO ( $R^2 = 36.5\%$ ,  $p < 0.001$ ).
- The AHTO group had significantly higher odds ratios (OR) for:
  - pain/discomfort (OR: 1.42, 95% CI: 1.15–1.75)
  - anxiety/depression (OR: 1.55, 95% CI: 1.68–2.80)

# Passive drinkers present higher rates of depression than the general population

Randomized Controlled Trial > [J Stud Alcohol Drugs](#). 2010 Sep;71(5):778-85.

doi: 10.15288/jsad.2010.71.778.

**Imp** > [Med J Aust](#). 2011 Aug 1;195(3):S22-6. doi: 10.5694/j.1326-5377.2011.tb03261.x.

**beir** **The impacts of others' drinking on mental health**

*Drug Alcohol Rev*. 2016 January ; 35(1): 22-29. doi:10.1111/dar.12324.

Michael Jason A Ferris

Affiliations +

PMID: 218065

**Those harmed by others' drinking in the US population are more depressed and distressed**

**Thomas K. Greenfield<sup>1</sup>, Katherine J. Karriker-Jaffe, William C. Kerr, Yu Ye, and Lauren M. Kaplan**

Public Health Institute, Alcohol Research Group, Emeryville, California, USA

## **Those harmed by others' drinking in the US population are more depressed and distressed**

**Thomas K. Greenfield<sup>1</sup>, Katherine J. Karriker-Jaffe, William C. Kerr, Yu Ye, and Lauren M. Kaplan**

Public Health Institute, Alcohol Research Group, Emeryville, California, USA

- Landline sample from the 2010 National Alcohol Survey (n = 5,388)
- To analyze associations between experiencing harms from others' drinking in the last 12 months with mild to moderate depression and current distress.
- Depression scale (CES-D8).

## **Those harmed by others' drinking in the US population are more depressed and distressed**

**Thomas K. Greenfield<sup>1</sup>, Katherine J. Karriker-Jaffe, William C. Kerr, Yu Ye, and Lauren M. Kaplan**

Public Health Institute, Alcohol Research Group, Emeryville, California, USA

AHTO leading to depression (all  $p < .001$ ):

- Past 12-month family/marital harms,
- Financial troubles,
- Vandalized property



Similar patterns were found for current distress

# Drinking context and harm to others

SUBSTANCE USE & MISUSE  
2021, VOL. 56, NO. 10, 1421–1427  
<https://doi.org/10.1080/10826084.2021.1928215>



ORIGINAL ARTICLE

 OPEN ACCESS  Check for updates

## Alcohol's Harm to Others: Does the Drinking Location Matter?

Inger Synnøve Moan and Geir Scott Brunborg


Department of Alcohol, Tobacco and Drugs, Norwegian Institute of Public Health, Oslo, Norway

*Alcohol and Alcoholism*, 2021, 1–8  
doi: 10.1093/alcalc/agab006  
Article

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Article

## Drinking and Neighborhood Contexts of Alcohol's Harms from Others

Christina C. Tam \*, Katherine J. Karriker-Jaffe and Thomas K. Greenfield

Alcohol Research Group, Public Health Institute, 6001 Shellmound Street, Suite 450, Emeryville, CA 94608-1010, USA

# The drinking context influences the Harm to Others'

## **At an individual level:**

- Higher risk in frequent drinkers, women, youth and less educated people

## **At a local level:**

- Drinking in bars, public places and outdoors increases risks

## **At a social level:**

- Social cohesion reduces the risks of AHTO



*'Although most of the harms affect only a relatively small part of each demographic and social group, in terms of cumulative significance, these harms have substantial adverse effects on the life chances and quality of life of a large portion of the population.'*

Room et al, 2019

# Harm to Others from Drinking:

## Patterns in Nine Societies

edited by

Anne-Marie Laslett, Robin Room,  
Orratai Waleewong, Oliver Stanesby and Sarah Callinan



# Alcohol and Harm to Others: Vulnerable groups

- Children / Youth
- Women
- Risky drinkers

# Children – ACOA (Adult Children Of Alcoholics)

- FASD
- Psychological
- Educational
- Financial In



The screenshot shows the top portion of the FAR SEAS website. At the top left is the FAR SEAS logo, which consists of a circular icon with a stylized 'S' and the text 'FAR SEAS' in a bold, serif font, with 'FETAL ALCOHOL REDUCTION & EU KNOWLEDGE EXCHANGE AFTER SEAS' in a smaller font below it. To the right of the logo is a navigation menu with the following items: 'Home', 'About FAR SEAS', 'Preventing Fetal Alcohol Exposure', and 'EU Capacity Building' with a dropdown arrow. Below the navigation is a large, dark blue graphic featuring several light blue hands reaching up from a dark blue surface, with a vertical chain hanging from the top center. Below the graphic, the text 'Welcome to FAR SEAS' is displayed in a blue, sans-serif font. At the bottom of the screenshot, a paragraph of text reads: 'FAR SEAS (Fetal Alcohol Reduction and exchange of European knowledge after SEAS) is a tendered service contract awarded by the European Commission to a coordinated group of institutions lead by the CLÍNIC Foundation for Biomedical Research (FCRB, Barcelona).'

# Children – ACOA (Adult Children Of Alcoholics)

- FASD
- Psychological impact
- Educational consequences
- Financial Impact

## **The rules of the Alcoholic Home**

1. Avoid talking about family problems with anyone.
2. Do not express your feelings openly.
3. Limit your communication with others.
4. Nothing you do is good enough, but we expect you to be perfect anyway.
5. You have to work to benefit others and you cannot be selfish.
6. Do as I say, not as I do.
7. Do not “play” or enjoy yourself.
8. Above everything else, avoid conflict.

# Children – ACOA (Adult Children Of Alcoholics)

- FASD
- Psychological impact
- Educational consequences
- Financial Impact

*Research report*

NAD

## **Educational attainment by children with parental alcohol problems in Denmark and Finland**

**Kirsimarja Raitasalo** 

Finnish Institute for Health and Welfare (THL), Helsinki, Finland

**Jeanette Østergaard**

The Danish Center for Social Science Research (VIVE), Copenhagen, Denmark

Nordic Studies on Alcohol and Drugs  
2021, Vol. 38(3) 227–242

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# Children – ACOA (Adult Children Of Alcoholics)

- FASD
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International Journal of Drug Policy 94 (2021) 103254

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Contents lists available at [ScienceDirect](#)

  
**ELSEVIER**

**International Journal of Drug Policy**

journal homepage: [www.elsevier.com/locate/drugpo](http://www.elsevier.com/locate/drugpo)

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Research paper

**Harms to children from the financial effects of others' drinking**

Anne-Marie Laslett<sup>a,b,c,\*</sup>, Yvette Mojica-Perez<sup>a</sup>, Orratai Waleewong<sup>d</sup>, Hoang Thi My Hanh<sup>e</sup>,  
Heng Jiang<sup>a,c</sup>

# Women

## **Gender Differences and the Role of Social Inequality in Alcohol's Harm to Others in Europe**

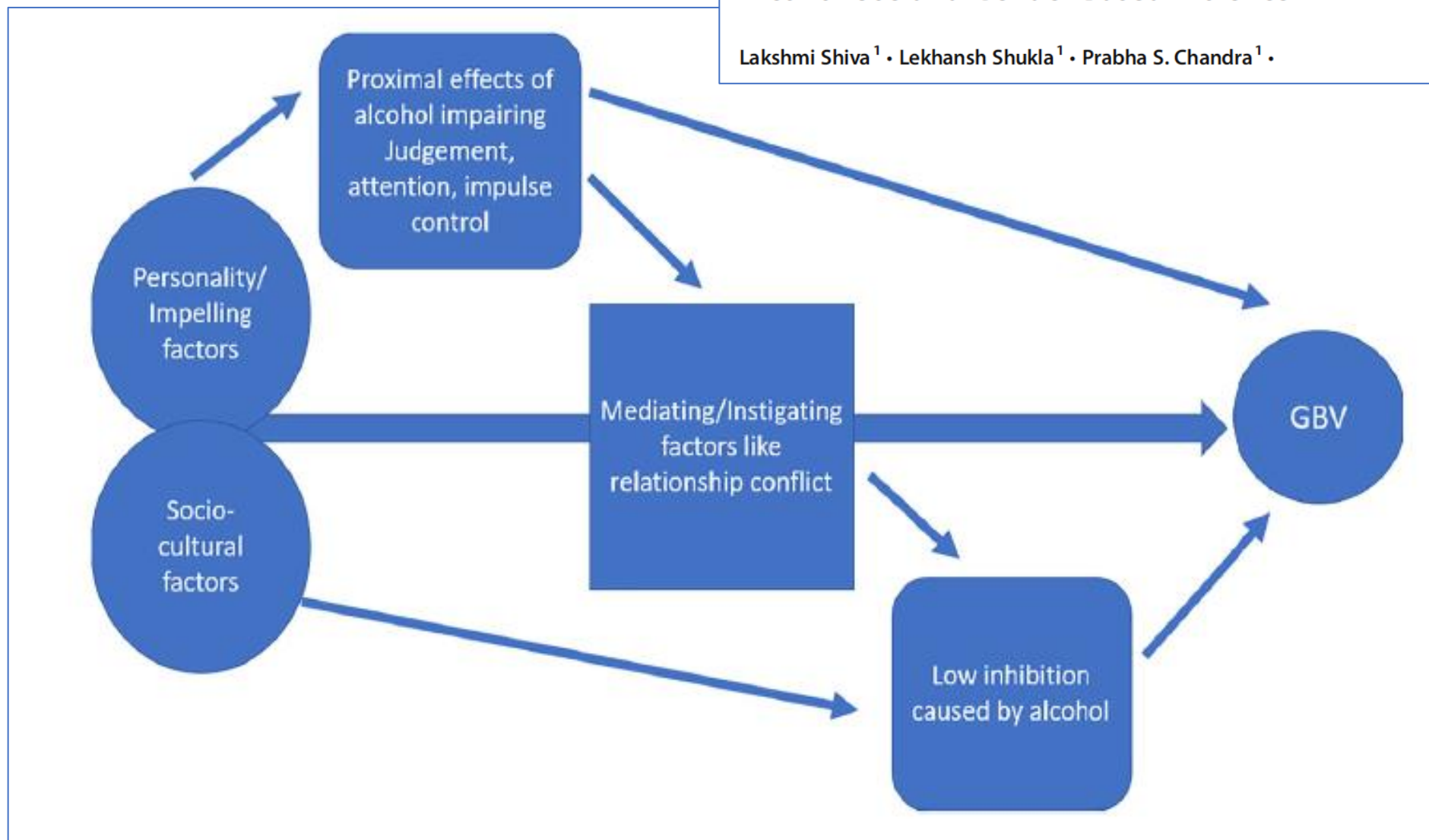
CAROLIN KILIAN, M.SC.,<sup>a,\*</sup> JAKOB MANTHEY, PH.D.,<sup>a,b,c</sup> & JÜRGEN REHM, PH.D.<sup>a,d-h</sup>

- Data were obtained from the Standardized European Alcohol Survey (SEAS, 2015): 28,182 individuals from 17 jurisdictions.
- Women were more likely than men to experience AHTO because of a known person's drinking
- Men were at a higher risk of harm resulting from a stranger's drinking
- AHTO was related to higher levels of income inequality. With increasing income inequality, gender differences declined



## Alcohol Use and Gender-Based Violence

Lakshmi Shiva<sup>1</sup> • Lekhansh Shukla<sup>1</sup> • Prabha S. Chandra<sup>1</sup> •





# Intimate Partner Violence (IPV) and alcohol



- Alcohol use is one of the main factors associated to IPV
- Attributable fraction varies widely accross countries and cultures

# Intimate Partner Violence (IPV)

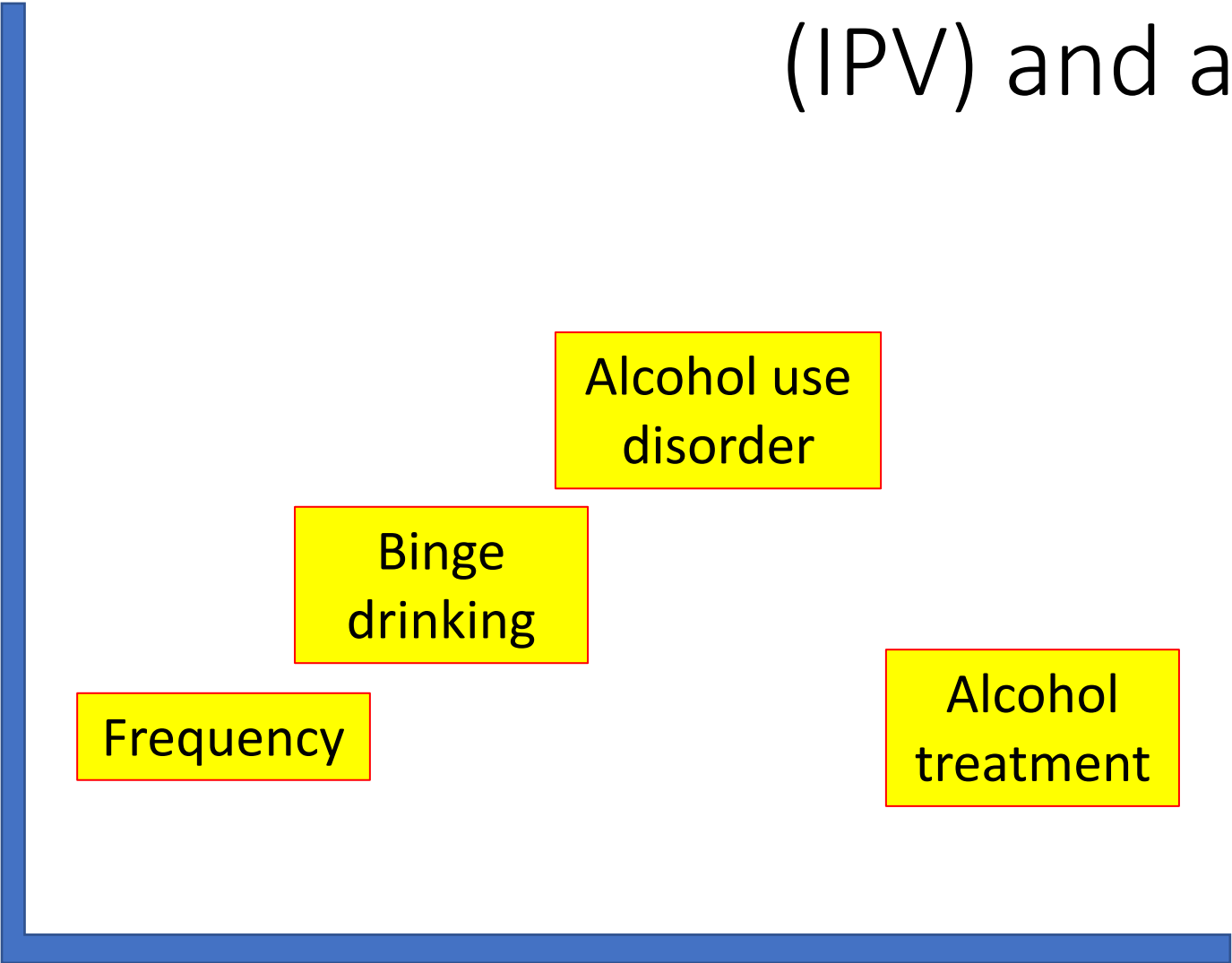
- In a meta-analysis of risk factors for intimate partner violence (IPV), physical abuse was associated with alcohol use for both male and female offenders (Stith et al, 2004).
- The prevalence of alcohol consumption prior to physical assault by a partner varies between countries (WHO, 2006):
  - 32% in England and Wales,
  - 36% in Australia
  - 55% in the USA

# Intimate Partner Violence (IPV)

- Binge drinking is more associated with aggression than frequency of consumption, and alcohol abuse/dependence has a stronger association with aggression than drinking frequency, quantity or binge drinking (Foran & O'Leary, 2008).
- Reductions in drinking after alcohol treatment are associated with reductions in intimate partner violence (O'Farrell et al, 2003).

# Intimate Partner Violence (IPV) and alcohol

Risk of violence



Pattern of alcohol use

# Young risky drinkers and AHTO

Research

## From eye rolls to punches: experiences of harm from others' drinking among risky-drinking adolescents across Australia

Tina Lam<sup>a,b,j</sup>, Anne-Marie Laslett<sup>a,c</sup>, Rowan P Ogeil<sup>b,d,e</sup>, Dan I L  
Wenbin Liang<sup>a</sup>, Tanya N Chikritzhs<sup>a</sup>, William T Gilmore<sup>a</sup>, Simon  
Jane Fischer<sup>f</sup>, Alexandra Aiken<sup>g</sup>, Richard P Mattick<sup>g</sup>, Lucinda  
Richard Midford<sup>h,i</sup> and Steve J Allsop<sup>a</sup>

### Drug and Alcohol REVIEW



*Drug and Alcohol Review* (2021)

DOI: 10.1111/dar.13336

### Disclosures of harming others during their most recent drinking session: Findings from a large national study of heavy-drinking adolescents

TINA LAM<sup>1,2</sup> , ANNE-MARIE LASLETT<sup>2,3</sup> , JANE FISCHER<sup>4</sup> , CAROLINE SALOM<sup>5</sup> ,  
ROWAN P. OGEIL<sup>1,6</sup>, DAN I. LUBMAN<sup>1,6</sup>, ALEXANDRA AIKEN<sup>7</sup>, RICHARD MATTICK<sup>7</sup>,  
WILLIAM GILMORE<sup>2</sup>  & STEVE ALLSOP<sup>2</sup> 

# Young drinkers as AHTO perpetrators

- 2932 participants, 14–19 years old, recruited through social media and screened as risky drinkers.
- Face-to-face (n = 594) or self-administered (n = 2338) surveys.
- They self-reported whether during their last risky drinking session (LRDS) they had perpetrated any verbal abuse, physical abuse or property damage.
- A multinomial logistic regression examined whether nine factors were associated with perpetrating zero, one or 2+ categories of AHTO.

# Young drinkers as AHTO perpetrators

- Eleven percent (n = 323) reported perpetrating at least one form of AHTO:
  - 7.5% verbal abuse
  - 1.9% physical abuse
  - 4.6% property damage

# Young drinkers as AHTO perpetrators

Controlling for the other variables:

- An increase of **6** standard drinks (60 g of alcohol) increased the odds of perpetration by **15%** [95% confidence interval (CI) adjusted odds ratio (AOR) 1.08, 1.23]
- An increase of **15** standard drinks increased the odds of perpetration by **42%** (95% CI AOR 1.20, 1.69).



# Young drinkers as AHTO perpetrators

Perpetration of AHTO at LRDS was associated with:

- younger age,
- male gender,
- experiences of childhood physical punishment,
- concurrent illicit drug use



# Young drinkers as AHTO victims

- Convenience sample of 3465 participants (14–19 years old) recruited primarily by social media
- Within the riskiest-drinking 25% for their age cohort.
- Face-to-face interviews (n = 596), supplemented by online surveys (n = 2869).
- Past 12-month experience of 13 harms due to others

# Young drinkers as AHTO victims

Harms experienced <sup>a</sup>	%	<i>N</i>
Harassed or bothered you on the street or in a public place	39.9	2853
Left you alone in an unsafe situation	24.8	2860
Yelled at, criticised or verbally abused you	35.3	2848
Pushed or shoved you	34.1	2858
Physically hurt you	14.0	2857
Put you in fear	27.9	2847
Engaged in serious violence that you witnessed	34.2	2849

Harms experienced <sup>a</sup>	%	<i>N</i>
Ruined a party or social gathering	65.1	2873
Ruined your clothes or other belongings	47.3	2866
Given you unwanted sexual attention	61.0	2860
Done something socially aggressive <sup>c</sup>	50.7	2863
Made you afraid when you encountered them on the street	38.6	2860
Harassed or bothered you at a party or some other private setting	38.0	2858

**94% experienced at least one AHTO in the last 12 months**

Lam et al, 2019

# Young drinkers as AHTO victims

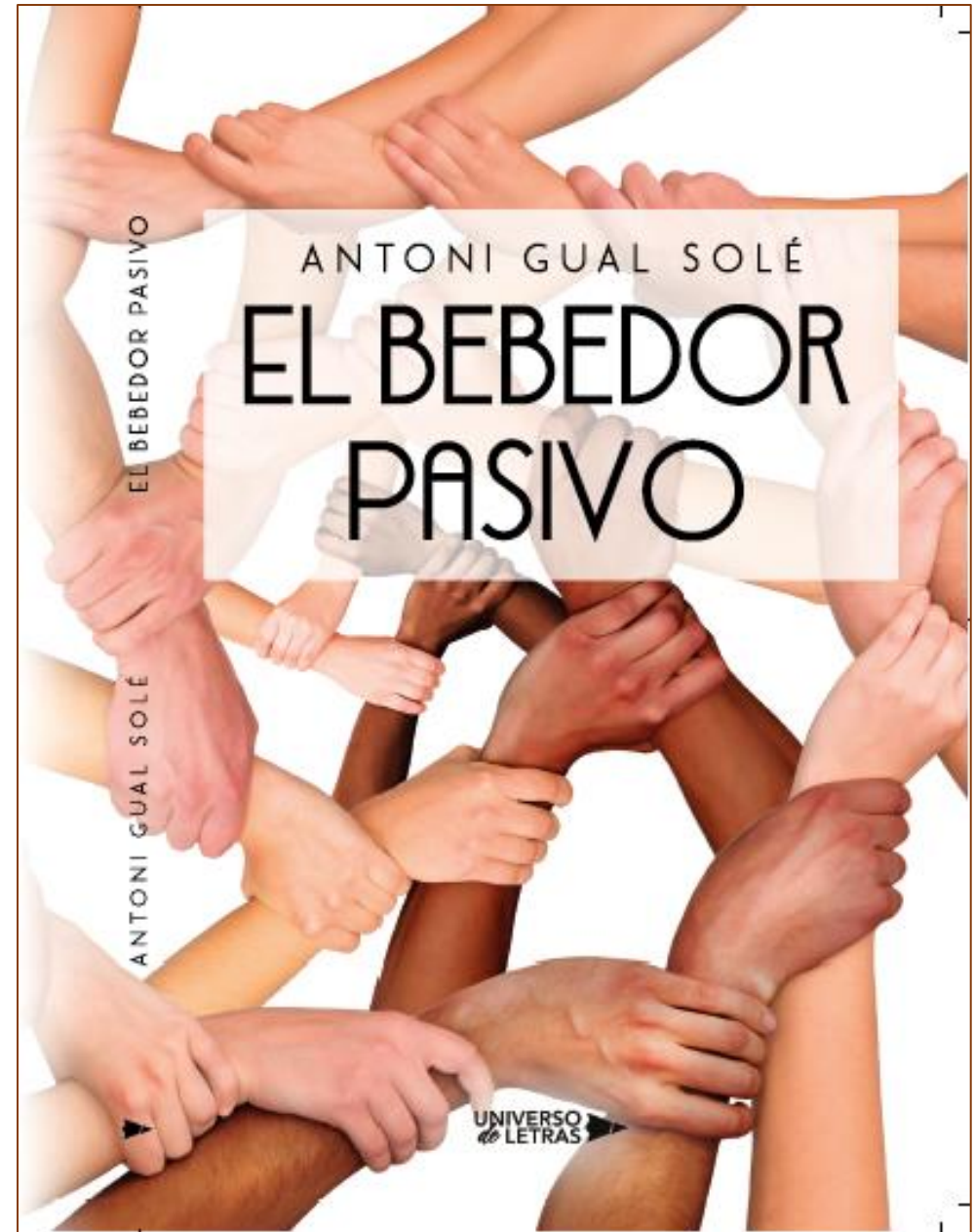
**Females** were more likely to experience 7 harms, characterised by **fear and harassment**:

- Being harassed or bothered at a party (41% vs 34% of males,  $p < 0.001$ ),
- Being given unwanted sexual attention (71% vs 47%,  $p < 0.001$ )
- Being put in fear (33% vs 20%,  $p < 0.001$ ).

**Males** were more likely to experience 3 harms, characterised by **aggression**:

- being yelled at, criticised or verbally abused (38% vs 33% of females,  $p = 0.002$ ),
- being pushed or shoved (42% vs 28%,  $p < 0.001$ )
- Being physically hurt (17% vs 11%,  $p < 0.001$ ).

# Clinical implications



# Clinical implications: setting priorities

- Safety
- Recovery of the patient and the passive drinker: who has priority?



# Different scenarios

When the passive drinker is:

- An unborn child
- A child
- An adolescent
- A spouse /partner
- The parents
- The grand-parents
- A colleague / friend

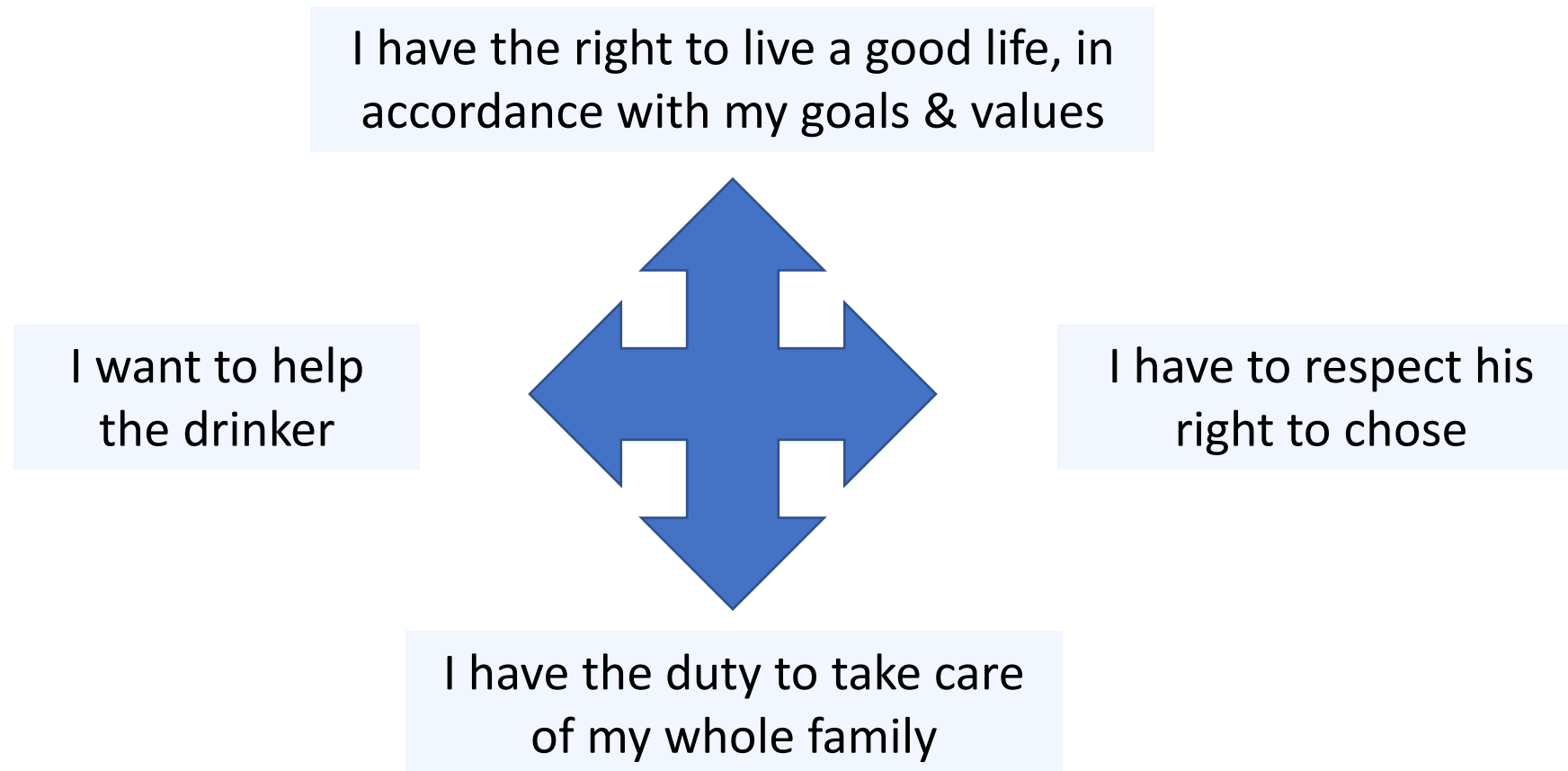
# The passive drinker in the clinic.

## Initial reflections

- Needs to be treated with care, as a person under a high distressing situation: as a 'quasi patient'
- His behavior and attitudes may be key (for good or for bad) in the clinical evolution of the drinker
- May come alone or with the drinker



# Clinical implications: the internal tensions of the passive drinker



# When the passive drinker comes alone

- Assess risks (for the passive drinker and for the drinker)
- Clarify goals (help the drinker vs help himself)
- Assess fragilities and strengths
- Provide key information:
  - Addiction as a disease (who is guilty?)
  - Long term view
  - Reinforcement strategy (for the passive drinker and for the drinker)
  - Selection of moments to establish communication
  - Focussing on immediate goals (drinkers' appointment at the clinic)
- Sometimes the passive drinker is unaware of his condition

# Passive drinkers unaware of their condition

- They present with anxiety, depressive or somathic symptoms
- They know their relative drinks too much but do not make the link
- They do not consider the drinkers' problem as a medical (and treatable) one
- Empowerment and precise information are key to success

# When drinker & passive drinker come together

Treat the passive drinker as a 'quasi-patient'. Try to assess:

- Willingness and capacity of the passive drinker to help the drinker
- Is the drinker receptive to this help?
- Tensions in the relationship
- Unmet emotional needs of the passive drinker

Based on this assessment, establish a personalized strategy

Avoid judgmental and moralistic attitudes

Remember that scientific evidence shows that family involvement increases adherence and improves outcome

# Conclusions

- At a social level, passive drinkers should be empowered in order to promote alcohol policies that clearly protect people from AHTO
- At a clinical level may show up as patients, as relatives or both. They deserve to be treated with extreme care, since even if they come as relatives, very often will present with signs and symptoms that need to be taken into account.



Webinar Series

# The passive drinker

## Thanks

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