The untold story:

Harms experienced in the Irish population due to others' drinking

by Ann Hope, Joe Barry and Sean Byrne

Summary Report

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Foreword

A big step forward in understanding harms from drinking in ireland

This report by Hope, Barry and Byrne is concerned with harms resulting from drinking alcohol. For many years, the focus in discussing harms from drinking was on harms suffered by the drinker. And indeed, these harms are widespread and often severe, in terms of mental disorder, injury and overdose, chronic and infectious diseases, and social functioning and welfare. Alcohol has been found to be a leading risk factor in the global burden of disease, particularly in high- and middle-income countries (GBD Risk Factors Collaborators, 2017), though such studies primarily count only harms which affect the drinker. Estimates of the societal costs of drinking in countries like Ireland have found the costs to be high (Byrne, 2010), though they mainly count costs to governments or to the drinker.

What has been missing from the picture is the burden that occasional or regular heavy drinking imposes directly on others at the interpersonal level – whether in regular relationships such as in the family, at work, or among friends, or in chance encounters in public places. Humans are a social species, and drinking is a highly social activity. Others around the drinker, whatever their relationship with the drinker, are likely to be affected, often adversely, by changes in thinking, demeanour and behaviour which result from drinking. While some attention was previously paid to specific alcohol-related adverse effects – injuries from drink-driving or drunken fights, and foetal alcohol effects – it is only in the last decade that research has begun to pay systematic attention to the whole range of interpersonal harms from others' drinking.

This report approaches such harms in a comprehensive fashion, basing its many detailed analyses on answers from a probability sample of the whole Irish adult population about their experiences with adverse effects from others' drinking. The resulting report is among the most detailed national reports that have been completed on alcohol's harm to others and provides solid evidence that harms to others from drinking are at least as widespread as the harms to drinkers themselves and are of comparable magnitude. This general finding, as well as the details of the breadth and social location of the harms, contributes solid evidence for discussions in the Irish policy about what makes sense in terms of controlling the availability, pricing and promotion of alcoholic beverages.

The report's focus on alcohol's harm to others is in line with current guidance from the World Health Organization concerning alcohol policy in a public health perspective. In the "guiding principles" of its *Global Strategy to Reduce the Harmful Use of Alcohol* (WHO, 2010), WHO calls for policies to protect "those exposed to the effects of harmful drinking by others", as "an integral part of policies addressing the harmful use of alcohol". Seeking to develop a research and monitoring base for such policies, one of WHO's four lines of research work related to the strategy has been to work on ways of measuring and monitoring harms to others from drinking. The work in this area in Ireland, which the present study pushes forward, has both drawn on and contributed to that WHO work, as well as to associated comparative international studies and analyses.

This report is a substantial step forward in comprehending and quantifying alcohol-related harms in Ireland. It is also an important contribution to the growing world literature on the scope and magnitude of harms to others from alcohol consumption and intoxication.

- Professor Robin Room

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GENAHTO (Gender and Alcohol's Harm To Others) is a collaborative international project affiliated with the Kettil Bruun Society for Social and Epidemiological Research on Alcohol and coordinated by research partners from the Alcohol Research Group, Public Health Institute (USA), University of North Dakota (USA), Aarhus University (Denmark), the Centre for Addiction and Mental Health (Canada), the Centre for Alcohol Policy Research at La Trobe University (Australia) and the Addiction Switzerland Research Institute (Switzerland). Several research colleagues in GENAHTO have provided support for Irish AH2O work, in particular Tom Greenfield, Katherine Karriker-Jeffe (USA) and Norman Giesbrecht (Canada). Dr Ann Hope, Trinity Lead Researcher on the Irish project is part of the GENAHO collaborative work and the Irish data set has become part of the international comparative research work, which will be ongoing.

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Executive Summary

This is the first dedicated Irish survey on alcohol's harm to others (AH2O). It was undertaken during the second half of 2015. The survey frame was a probability sample of the whole Irish adult population using CATI (computer assisted telephone interviewing) samples of telephone lines, with the sample of actual respondents (N=2,005) weighted to match the Irish adult population on gender, age and region. The survey is a similar version of the standardised general population survey instrument for measuring AH2O, now used in several countries (WHO 2012).

This report provides a summary of the key findings across three dimensions of AH2O:

- Harm from others' drinking
- The burden on those around the drinker
- The estimated financial cost of AH2O in Ireland

Harm from strangers' drinking

- Overall, one in every two people (51%) reported experiencing harm due to strangers' drinking in the past 12 months. The most common specific harms reported were:
  - Sleep disturbances: kept awake at night (26%).
  - Perceived threats to personal safety: harassed on the streets (23%), felt unsafe in public places (19%) or made you afraid when you encountered drinkers on the street (16%).
- More women than men reported feeling unsafe in public places and being afraid when they encountered drinkers on the street, while more men reported being called names or insulted due to strangers' drinking.
- The profile of those more likely to report harm from strangers' drinking were men, those under 60 and those with higher education.

Harm from known drinkers

- Overall, two in every five people (44%) reported experiencing one or more negative consequences due to the drinking of known drinkers. The top three harms reported were:
  - Being stressed
  - Being called names or insulted
  - Being harassed in a private setting
- The harm items were divided into psychological and tangible harms. More women than men reported the psychological harm items of stress, family problems, feeling threatened at home, feeling depressed and having financial trouble due to the drinking of known drinkers. More men reported the tangible harm items of being a passenger with a drunk driver and ruined belongings.
- Overall, psychological harms were more common than tangible harms, with over one-third (38%) reporting psychological harms, while one in four (24%) reported tangible harms.
- Those more likely to report psychological harm were under 60 years of age.
- For tangible harm, men, those in the youngest age group and those who attained lower secondary or third-level, non-degree education were more likely to report such harms.

Harm from co-workers' drinking

- Among respondents who were in paid employment, one in seven workers (14%) reported work-related problems due to co-workers' drinking. The specific problems most often mentioned were:
  - Worker's own productivity was reduced
  - Having to cover for co-workers due to their drinking.
- One in twenty workers reported absenteeism from work due to others' drinking, which occurred on average 4.4 days in the past year, with an estimated cost of €76.74 million.
- A similar number reported having to work extra hours (on average 16.5 hours) due to co-workers' drinking, with an estimated cost of €45.86 million annually.
- Those more likely to report harm from co-workers' drinking were men and those in the youngest age group.
- Among workers who reported problems as a result of co-workers' drinking, over one-third (38%) scored in the top half of the severity scale (score of 6-10), which indicated a serious negative impact on workers from co-workers' drinking.

Harm to children from others' drinking

- Overall, one in six carers (16%) reported that children, for whom they had parental responsibility, experienced harm because of someone else's drinking. The most common harms to children reported were:
  - Child negatively affected (12%)
  - Child verbally abused (9%)
  - Child witness to serious violence in the home (4%)
  - Not enough money for child's needs (3%)
  - Child protection agency or family services had to be called (1%)
- Overall, those more likely to report harm to children as a result of someone else's drinking were carers from the lowest household income group and carers who were separated.
- Carers identified a parent as the person responsible for harm to children in six out of every ten cases (64%) where children were negatively affected.

Alcohol-related domestic problems

- Among respondents who reported being negatively affected by the drinking of people they knew, two in every five respondents (42%) experienced alcohol-related domestic problems.
- The top five domestic harms due to the drinking of known harmful drinkers were:
  - Family problems
  - Having felt threatened at home
  - Having been shoved or pushed
  - Having less money for household expenses
  - Having had to leave home.
- Overall, more women than men experienced harm from another's drinking in the domestic environment (46% vs 38%).

- Over half (53%) of respondents who were separated reported alcohol-related domestic problems, compared to 38% who were married.
- Those more likely to experience alcohol-related domestic problems were women, those under 45 years of age, those with lower secondary education and those who were separated.

Caring for known drinkers in Ireland

- Three in every five people (61%) reported having a known heavy drinker in their life or someone who drinks a lot sometimes.
- Over half of respondents (53%) who had a heavy drinker in their life reported some form of lost time due to caring duties in the past 12 months. The caring duties included:
  - Caring for drinker
  - Taxiing the drinker
  - Cleaning-up after the drinker
  - Having to take on extra responsibilities caring for children and others
- Those more likely to report caring for a known drinker were those under 60, those living with a partner and those with a basic education (secondary education).
- Those more likely to report taxiing care duties for known drinker were men and those under 60.
- Those more likely to report cleaning-up after the drinker were those under 45, those living with a partner and those who were single.
- Those more likely to report caring for children and others due to a known drinker's drinking were women, those under 60, respondents who had attained upper secondary education and those who were separated.
- Based on two caring duties (caring for drinker, caring for others), the total time spent caring was on average 49.7 hours annually, with an estimated cost of €456.5 million, with a discount for potentially caring on a 'voluntary' basis.

Burden of specific harms from drinkers with a cost impact

- About one in five respondents (19%) reported negative events due to others' drinking that had a financial burden/costs for respondents – involvement in a traffic accident, financial trouble, stolen money or other valuables, property damage and ruined belongings.
- Those more likely to report a negative financial impact due to the drinking of others were respondents under 60, and those who were not married.
- The overall estimated cost burden in out-of-pocket expenses (OPE) of these specific harms was approximately €130 million, with property damage the highest cost burden.

Seeking help due to the drinking of others

- The prevalence of seeking public services due to the drinking of others was higher for law enforcement services (7%) than health-related services (5.4%). This translates to an estimated 442,849 adults in Ireland seeking assistance due to others' drinking, with 250,000 people looking for help from the police and 192,854 requiring health-related services.
- The time seeking law enforcement services (having to call the police) was on average 12 hours in the past 12 months, with an estimated cost of €49.94 million.

- Those more likely to seek law enforcement services due to the drinking of others were under 60, had third-level, non-degree education and those who were living with a partner.
- Overall, the prevalence of seeking health-related services due to the drinking of others was 5.4%, with counselling and professional advice (3.6%) more common than admission to hospital/ED attendance (1.8%) or other medical treatment (1.2%).
- Those more likely to seek health-related services due to the drinking of others were women, those under 60 and those who were separated.
- The time seeking health-related services was on average 17 hours for counselling and other medical treatment and 12 hours for admission to hospital/visiting an emergency department (ED). The estimated cost of seeking health-related services was €76.78 million annually. In addition, the estimated out-of-pocket expenses (OPE) for respondents seeking health-related services were estimated as €27 million annually.
- Overall, one in eleven respondents (9.2%) reported seeking advice from informal networks (friends, neighbours and others).
- Those more likely to seek advice from informal networks were women, those under 45, and those who were separated. Those with secondary education were less likely to use informal networks.

Overall financial burden in ireland

- The total estimated cost of AH2O as assessed in this survey was €862.75 million. This is very substantial and represents costs to the individual and society. The largest element of the cost of harm to others (53% of the total) is the cost of caring for the known heavy drinker.
- The second most significant element of costs of harm to others (14.8% of the total) is the cost of out-of-pocket expenses (OPE) related to specific harms due to drinking by others. The two largest elements of the OPE due to others' drinking are damage to property and ruined clothing or other possessions.
- The cost of seeking help due to drinking by others (14.5% of the total) is the third most significant element of the total costs, though it is only a limited economic measure of the adverse effects of problem drinking on their family and friends.
- The cost of drinking by others in the workplace (14% of the total) represents only the cost of additional days that had to be worked due to co-workers' drinking and the cost of days lost from work due to others' drinking.

Cost area	Total cost estimates €
Caring for the drinker	456,513,453
Cost burden of specific harms from other drinkers OPE	129,906,901
Seeking help services – Law enforcement & health services	126,724,568
Seeking health services – OPE	27,004,933
Workplace costs	122,598,569
Estimated TOTAL COSTS	**€862,748,424**

Conclusion

The reach of AH2O across Irish society is evident within families, among friends, in the workplace, and is felt by strangers in public spaces. Health, social and law enforcement services become involved in dealing with the consequences of AH2O. The cost estimates of alcohol's harm to others in Ireland provided in this study are based solely on the AH2O survey data. The estimated cost of harm due to others' drinking in Ireland was €862.75 million annually. The costs estimated in this study are the tangible costs of harm to others.

The survey results did not estimate the intangible cost (fear, pain, suffering, lost quality of life) of alcohol's harm to others, but these are clearly substantial. Laslett et al. (2014) estimated the intangible costs of alcohol's harm to others in Australia as 45% of the tangible costs. What is also excluded from the Irish cost estimates is information on AH2O from social and health agencies, including police data, road crash mortality and morbidity, death statistics, hospital records, child protection agency data, alcohol and drug services and helpline data, as was undertaken in Australia. This report quantifies some of the 'untold story' of alcohol's harm to others in modern Ireland. It makes very clear that preventing and reducing harm to others is an urgent public health goal - equally as important as preventing and reducing harm to the drinker.

1

Introduction

INTRODUCTION

There has been a significant expansion of research in the area of alcohol's harm to others (AH2O) in the last decade. The focus has been on general population surveys (Greenfield et al. 2009; Laslett et al. 2010; Giesbrecht et al. 2010; Casswell et al. 2011a) registry information (Shield et al. 2012) and qualitative studies (Holmila et al. 2014).

Overall, survey studies from different regions of the world have reported that a significant proportion of the population have experienced harm from other people's drinking (Laslett et al. 2011; Synnove Moan et al. 2015; Karriker-Jaffe et al. 2017; Marmet & Gmel 2017). While much of the harm experienced was due to strangers' drinking, the negative effects of harm from known drinkers tend to be more severe in nature.

Women were more likely to experience harm from a known drinker (Laslett et al. 2011; Ramstedt et al. 2015; Karriker-Jaffe et al. 2017) and more younger people experienced harm from others' drinking (Rossow & Haugh 2004; Greenfield et al. 2009; Laslett et al. 2011; Ramstedt et al. 2015; Marmet & Gmel 2017). A strong relationship has been found between exposure to heavy drinkers and reduced personal wellbeing and poorer health status (Casswell et al. 2011b). Several studies have reported strong associations between having a heavy drinker in one's life and increased mental health problems such as depression, anxiety and distress (Ferris et al. 2011, Greenfield et al. 2016, Karriker-Jaffe et al. 2017).

Exploring harm from others' drinking

Traditionally, there was limited focus on harm from others' drinking, although alcohol-related traffic crashes did receive some attention, as did alcohol-related assaults and the toxic effects of alcohol during pregnancy (FAS). In the last decade, AH2O has been explored across many settings where harm from others' drinking can be felt (public space, home, workplace) and specific harms have been examined (fear/anxiety, interpersonal violence, property damage, neglect and abuse), as well as the burden on the 'silent carer'. The re-examination of registry data from the view of people affected by others' drinking, such as in child protection, police records, and health services data, have been measured (Laslett et al. 2010). A scoping study to examine which service agencies respond and how they respond to AH2O has been used in countries where registry data is lacking (Laslett et al. 2016).

The recent emphasis on the social and interactional nature of alcohol use and its negative consequences for others has greatly enhanced and broadened the different ways we understand AH2O, how we measure it and how best to connect the 'dots'. Room and colleagues describe the need for a "three-dimensional picture of alcohol's harm to others in a population perspective" (Room et al. 2016). This requires a co-ordinated and concerted effort to measure and maximise linkages between registry information (health, law and social services), population survey information (across different settings and types of harm) and most importantly qualitative work (to contextualise and understand how people experience AH2O).

Harms due to others' drinking

In Ireland, a limited exploration of AH2O has taken place to date, as part of broader national alcohol surveys. A 2014 report found that over one in four adults experienced harm from others' drinking, with family problems, being a passenger with a drunk driver, having property vandalised, experiencing physical assault and financial problems reported (Hope 2014). Women were more likely to report family and financial problems, while more men reported physical assaults. Younger people were more likely to report assaults, while family problems were more likely to be reported by those under 50. In a more recent Irish survey with similar harm questions, one in six reported harm from others (Long &

Mongan 2014). While the overall prevalence of AH2O was lower in this study, a similar pattern was observed for assaults, which were more common among men - especially young men, and for family problems, which were more common among women.

Alcohol harm to others in the workplace

Problem drinking by workers can have adverse outcomes on overall output in the economy through premature mortality or morbidity and through increased unemployment. Workplace output can also be reduced due to absenteeism or presenteeism, which is defined as being physically present at work but unable to work adequately, due to being distracted by physical or emotional issues (Schultz et al. 2009). Absenteeism and presenteeism, while primarily leading to a loss of output by the worker affected, may also adversely affect co-workers by reducing their productivity or requiring them to do additional work to cover for the drinker. In Ireland, as part of a national alcohol survey, the negative impact on workers from co-workers' drinking was examined. Overall, one in ten Irish workers reported experiencing harm from co-workers' drinking in the last 12 months. Harms included the ability to do one's own job being negatively affected and workers having to work extra hours, or less commonly having had an accident or close call at work due to co-workers' drinking (Hope 2014). Men and workers in the youngest age group were more likely to experience these negative consequences.

In Ireland, previous studies on the cost of alcohol-related harm have estimated the cost of alcohol-related absenteeism by the drinker in terms of the value of lost output. The Irish Business and Employers Confederation (IBEC) surveyed 557 organisations, of which 12% cited alcohol and alcohol-related illnesses as a cause of short-term absences for men, while for women the proportion was 4% (IBEC 2011). IBEC estimated the total cost of absenteeism to Irish business as €1.5 billion. The IBEC study did not estimate the proportion of the total cost attributable to alcohol, though the survey suggested that 3% of illness absence was due to alcohol as a main problem and 13% had some alcohol connection. For absences not due to illness, 6% had alcohol as a main cause and 24% were alcohol-related. The IBEC study estimate was based on a short survey of a limited number of businesses, all in the private sector, and it considered only the cost to the employers in terms of lost output due to problem drinking by employees. Mongan and Long (2016) used data from the Irish National Alcohol Diary Survey (NADS) to estimate the cost of alcohol-related absenteeism. The NADS data showed that 4.2% of employed respondents reported that they had missed days from work due to their own alcohol use in the twelve months prior to the survey. The average number of days missed by these respondents was 3.3 days. Extrapolating these results to overall employment and earnings in the Irish economy in 2013, Mongan and Long estimated the direct cost of alcohol-related absenteeism by the drinker as €41.3 million.

Harm to children from others' drinking

Children are particularly vulnerable to harm from other people's drinking, be it within the family, among family members or in the wider community in which they live. In Ireland, one in ten adults reported that children for whom they had parental responsibility experienced harms because of someone else's drinking. The harms included a child being verbally abused, being left in unsafe situations, being witness to serious violence in the home and being physically abused (Hope 2014). Research shows that children living with domestic violence are at an increased risk of abuse and developing emotional and behavioural problems (Holt et al. 2008). A multi-country study involving eight countries reported that the prevalence of alcohol's harm to children, using an indicator of substantial severity (two or more harms), was second highest in Ireland after Vietnam, and was significantly higher than in Australia (Laslett et al. 2016). The study also reported that having a heavy drinker in the household was consistently identified as a correlate of harm to children because of others' drinking. At the severe end of the risk continuum, alcohol-related harm to children is evident in child protection services in Ireland, where intervention is necessary to protect children from child abuse and neglect due to parental/carer alcohol abuse (Hope 2011). In Australia, an estimated one-third of all confirmed cases of child abuse involved alcohol abuse (Laslett et al. 2012). In Ireland, an in-depth study of

child abuse cases in one county reported that parental alcohol abuse was mentioned in one in every three cases as a reason for child protection concerns (Hope 2011). Velleman and 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, and disruption of normal family relationships and functions.

Burden on those around the drinker

In Ireland, family carers provide informal care across a range of health issues such as long-term illness, health problems or disability. This informal care is generally provided by family members or friends of the person, on an unpaid basis. The most recent population census showed that 4.1% of the total Irish population was providing unpaid assistance to others in 2011 (Care Alliance Ireland, 2015). The average hours of care provided per week was 35 hours. The profile of informal carers suggested that they were more likely to be women, married, in the 40-55 age group for both men and women, and living in rural areas. Many family carers are happy for others to be aware of their caring responsibilities when the health condition receives an empathetic response, such as dementia. However, when the health condition is perceived as 'self-inflicted', such as alcohol and drug abuse, physical injury or disability caused by road traffic accidents, stigma may be attached (Care Alliance Ireland 2016).

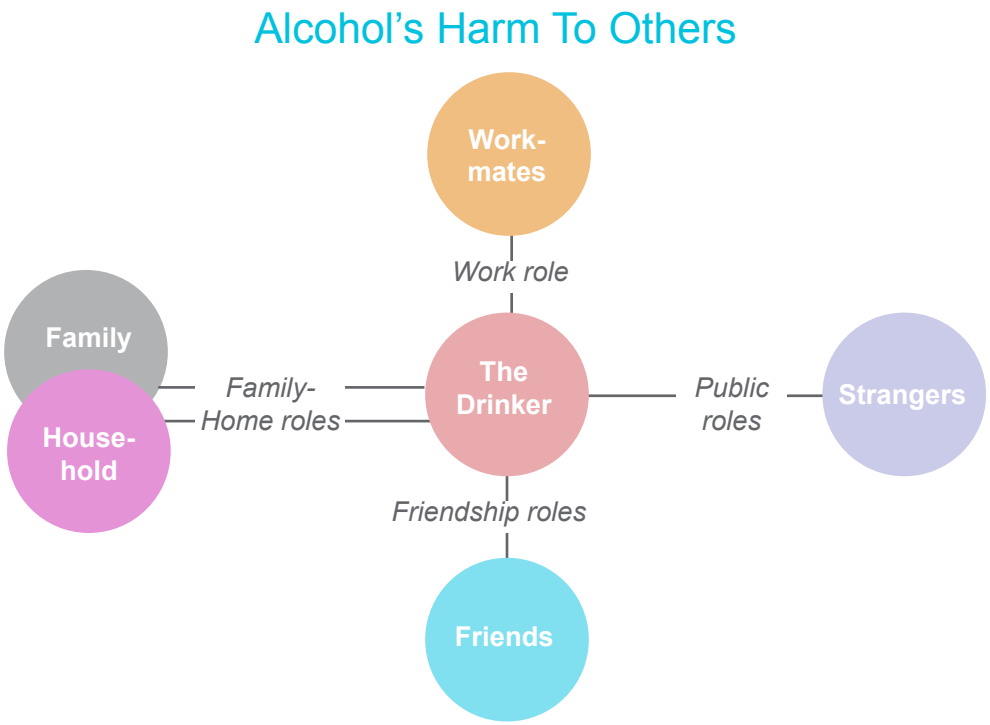
Recently, researchers in Australia have examined the association between caring for harmful drinkers, the impact on the carer's well-being and the burden of caring duties. Those who were caregivers for the most harmful drinker in their lives reported a lower quality of life compared to non-caregivers, with the majority of caregivers being female (Jiang et al. 2015). Caring duties involved on average 32 hours at an estimated cost of AU$250 million annually (Jiang et al. 2017).

The financial burden of harm from others' drinking

The Australian study on alcohol's harm to others provided the opportunity for the first time to estimate a wide range of costs resulting in harm due to others' drinking. A two-frame approach was used for gathering information – registry/service data and a new, dedicated AH2O population survey. Laslett et al. (2010) estimated the total tangible costs of harm from others' drinking as exceeding AU$13 billion in out-of-pocket costs and in forgone wages or productivity. Hospital and child protection costs to society due to another's drinking was a further AU$765 million. The estimated intangible costs (fear, pain, suffering and lost quality of life) to those that live with or know heavy drinkers were more than AU$6 billion (Laslett et al. 2010). These findings suggest that the cost of alcohol's harm to others is almost as large as conventional cost-of-illness estimates, which count only costs of harm to the drinker and of public services such as alcohol-attributable police and hospital costs.

1.1 Framework For Analysis

Room and colleagues (2016) provide an overview of how 'alcohol's harm to others' has evolved since the 1750s to the more recent measurements, including consideration of conceptual issues around alcohol's harm to others. A key underpinning issue is that "harm from others' drinking is inherently interactional". The general population survey method is increasingly used to examine the negative consequences from the perspective of the affected 'other' person. This approach of asking the 'other' allows the survey respondent to reflect on their own personal and social experiences and interactions with the drinker and the potential negative consequences they may have experienced.



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http://www.fare.org.au/wp.content/uploads/TheRange and Magnitude of Alcohols Harm to Others.pdf

Figure 1: Illustration of the relationships of the drinker to the different dimensions of AH2O

Figure 1 provides a visual illustration of the potential interactions between the drinker and others (Room et al. 2010). Four main sets of roles or relationships are identified between the drinker and 'other person' - while groups are illustrated, the key issue is the interaction with the individual. The sphere of private life in the bottom left quadrant focuses on the interactions of the drinker with friends (friendship role) and family (family/home role). The sphere of public life in the top right quadrant focuses on the interactions of the drinker with workmates (work role) and strangers (public role). The focus is on problems at the level of the individual. This report provides a summary of the key findings relating to these social interactional relationships in Ireland, using the first dedicated AH2O Irish population-based survey.

2

Methodology

METHODOLOGY

Study design and sample

A national dedicated Alcohol Harm to Others (AH2O) population survey involved probability sampling of the Irish adult population aged 18 years and over. The survey was conducted during the second half of 2015. Data collection was by telephone (landline and mobile) using CATI (computer assisted telephone interviewing) samples of telephone numbers, with the sample of actual respondents weighted to match the Irish population on gender, age and region. All interviews were conducted by CATI by a market research company in Ireland. The total completed sample was 2,005. The cooperation rate was 46% (the proportion of respondents among the eligible people actually contacted). The response rate was 37.2%, computed by the standards of the American Association of Public Opinion Research (AAPOR, 2016). While the response rate is relatively low, similar rates have been reported in other countries (Laslett et al. 2011). A two-stage weighting process was employed. The pre-weight adjusted for the unequal probability of selection for mobile, landline or a mix of both. The post-weight adjusted for the population based on gender, age and region. Ethical approval was obtained from the Research Ethics Committee of the National Drug Treatment Centre.

Measures

This survey is a similar version of the standardised general population survey instrument measuring AH2O, which is now used in many countries (WHO 2012). This report examines three key dimensions of AH2O – harm from others' drinking, the burden on those around the drinker and the financial burden of alcohol harms from others. Using a 12-month time frame, respondents were asked about a variety of harms experienced as a result of someone else's drinking across a range of interactions or relationships in a person's life.

In relation to harm from others' drinking, key areas were harm from strangers' drinking; harm from known drinkers; harm from co-workers' drinking; harm to children from others' drinking; and alcohol-related domestic problems due to others' drinking.

The second dimension of AH2O examined was the burden on those around the drinker, such as caring for the drinker, the burden of specific harms from drinkers with a cost impact and having to seek help due to the drinking of others.

The third dimension examined was the financial burden (where relevant) of harm from others' drinking, including the estimated cost of caring for the drinker, having to seek public services due to others' drinking, out-of-pocket expenses and estimated workplace costs related to co-workers' drinking.

Both general and specific measures were used in this study and will be identified in each section of the report. In some sections, the severity of the impact of the harm was measured on a scale of 1 to 10, where 1 is 'a little' and 10 is 'a lot'. The demographic measures used in this summary report were gender, age and education and, where relevant, civil status and gross household weekly income. The education classification of 'Third-level or college non-degree' has expanded greatly over the last two decades in Ireland. Traditional trade apprenticeships often began at the age of 16 as a parallel system to upper secondary education and were not directly connected to third-level institutions. Over time, the Institutes of Technology and other colleges have incorporated aspects of the apprenticeship programmes. Therefore, the current third-level non-degree group may contain an overlap of traditional upper secondary and college education non-degree categories.

Analysis

The prevalence of harm from others' drinking, the burden on those around the drinker and the cost estimates of the financial burden were examined in total and across demographics using Pearson's chi-square. Binary logistic regression was undertaken to identify the profile of respondents more likely to report harm from others' drinking, controlling for demographics. In estimating the economic costs of the negative effects from others' drinking, a conservative approach was used. The estimated costs for the Irish population were based on the official national statistics for Ireland (Central Statistics Office) and, where appropriate, by the use of methodology and formulas already published.

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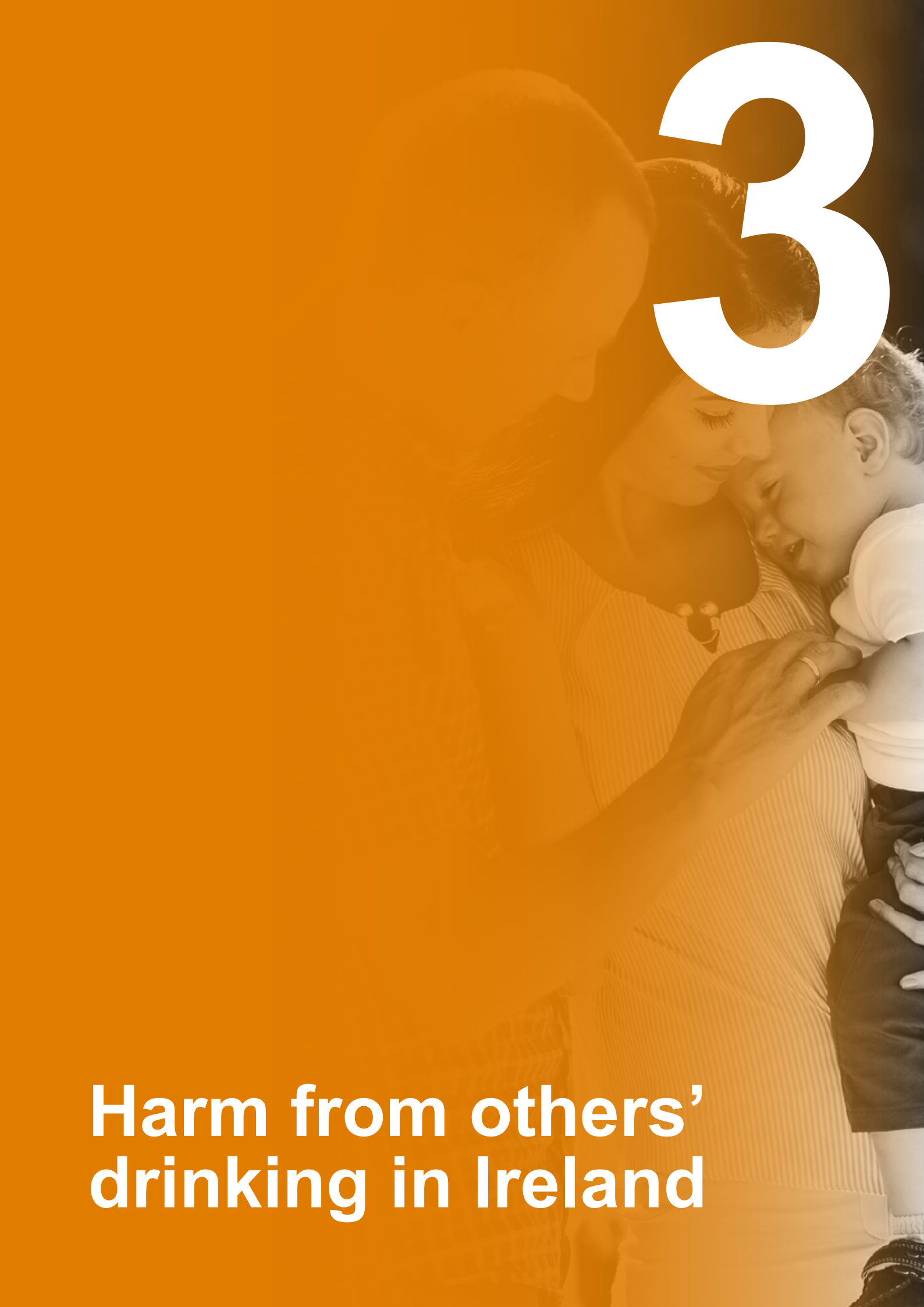

Harm from others' drinking in Ireland

Harm from others' drinking in Ireland

This report examines how the drinking of others can negatively impact people's lives, from family, friends and children of the drinker, to work colleagues and the general public. The purpose of this report is to explore how the drinking of others can negatively impact peoples' lives.

3.1 Harm from strangers' drinking

In the Irish Alcohol Harm to Others (AH2O) population survey, all respondents were asked about various problems that can occur because of someone else's drinking. A total of 13 questions assessed harms experienced in the past 12 months due to strangers' drinking, such as harassment on the street, feeling unsafe in public places, being kept awake by drunken noise, as well as more tangible harms such as being pushed/shoved, having belongings ruined, having property damaged, being harmed physically and being in a traffic accident due to another's drinking (Figure 2).

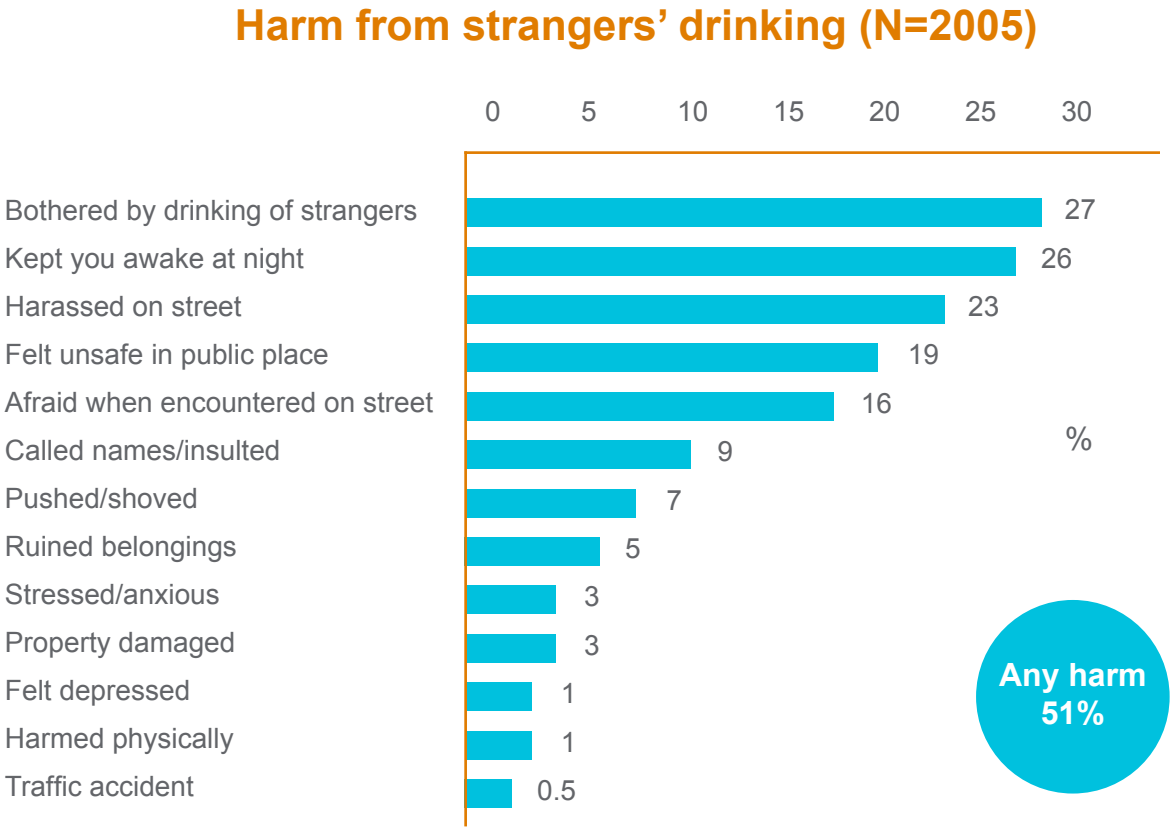

Figure 2: Harm from strangers' drinking in last 12 months

Overall, one in every two people (51%) reported experiencing harm due to strangers' drinking (Figure 2). The most common specific harms reported were: kept awake at night by drunken noise (26%), harassed on the street (23%), felt unsafe in public places (19%) or afraid when encountered drinkers on the street (16%). The more serious tangible harms were less commonly reported: pushed/shoved (7%), ruined belongings (5%), property damaged (3%), harmed physically (1%) and traffic accidents (0.5%).

When examined by demographics (gender, age, education), overall more men than women reported harm from strangers' drinking (Tables 1a & 1b). However, more women than men reported feeling unsafe in public places and being afraid when they encountered drinkers on the street, while more men reported being called names/insulted due to strangers' drinking.

Table 1a: Harms from strangers' drinking reported in last 12 months, based on weighted sample (N=2005), by socio-demographics

Harms from strangers	N	Any harm	Bothered by strangers' drinking	Kept awake at night	Harassed on street	Felt unsafe in public	Afraid when encountered on street	Called names/ insulted
Overall total	2005	**50.8**	26.5	26.0	22.5	18.8	15.8	9.2
Gender								
Men	981	**53.3**	26.3	27.9	23.6	15.5	12.2	10.9
Women	1024	**48.5***	26.7	24.3	21.3	22.0***	19.4***	7.6*
Age groups								
18-29 yrs	437	**71.6**	35.2	34.1	38.2	24.0	26.1	22.0
30-44 yrs	630	**56.8**	31.0	33.4	25.6	23.7	16.7	9.5
45-60 yrs	517	**46.0**	23.6	21.5	18.8	18.0	14.7	4.3
60+ yrs	421	**26.0*** **	13.9***	12.1***	5.7***	7.4***	5.2***	2.5***
Education								
Lower secondary	327	**39.3**	17.8	23.9	14.1	16.9	12.3	6.7
Upper secondary	509	**48.1**	22.0	23.8	18.9	13.9	11.8	9.6
Third-level non-degree	338	**53.8**	29.0	27.7	26.0	18.6	17.2	8.6
Third-level degree	824	**56.1*** **	31.8***	28.6	26.6***	22.8**	19.2**	10.0

**p<.05; **p<.01; ***p<.001*

Table 1b: Continuation of Harms items from strangers' drinking reported in last 12 months, based on weighted sample (N=2005), by socio-demographics

Harm from strangers	N	Pushed/ shoved	Ruined belongings	Stressed/ anxious	Property damaged	Felt depressed	Harmed physically	Traffic accident
Overall total	2005	7.4	5.4	3.0	2.8	1.1	1.1	0.5
Gender								
Men	981	8.7	4.9	3.5	3.4	0.6	1.6	0.6
Women	1024	6.1	5.9	2.5	2.3	1.5	0.7	0.3
Age groups								
18-29 yrs	437	19.5	11.4	3.7	2.5	2.3	3.9	0.2
30-44 yrs	630	7.3	5.6	4.6	4.3	1.3	0.5	0.6
45-60 yrs	517	2.5	3.7	1.9	2.5	0.4	0.6	0.4
60+ yrs	421	0.7***	0.7***	1.4**	1.4*	0.5*	0.0***	0.7
Education								
Lower secondary	327	4.3	4.0	2.1	2.4	1.5	1.8	0.3
Upper secondary	509	7.1	4.7	1.6	2.5	0.8	0.8	0.6
Third-level non-degree	338	9.2	6.5	3.8	3.8	1.8	0.9	0.0
Third-level degree	824	8.0	5.9	3.9	2.8	1.0	1.1	0.6

*p<.05; **p<.01; ***p<.001

Overall, those in the youngest age group (18-29 yrs) had the highest proportion (72%) reporting harm from strangers' drinking. An age gradient was evident in several of the harm items, with highest rates in the youngest age group and lowest in the oldest age group. However, those under 45 years of age had similar harm rates for being bothered by strangers' drinking, being kept awake at night due to drunken noise and having felt unsafe in a public place.

Those who attained third-level education (non-degree or degree) had a higher proportion who reported overall harm from strangers' drinking and also for the specific harms due to strangers' drinking of being harassed on the street, having felt unsafe in a public place and having been afraid when encountering drinkers on the street. The profile of those more likely to report overall harm from strangers' drinking, controlling for demographics, were men, those with higher education and those under 60 years of age, with the youngest age group seven times more likely than the oldest to report harm from strangers' drinking.

Section 3.1 Key results

Harm from strangers' drinking

- Overall, one in every two people (51%) reported experiencing harm due to strangers' drinking. The most common specific harms reported were: kept awake at night by drunken noise (26%), harassed on the street (23%), felt unsafe in public places (19%) or made you afraid when you encountered drinkers on the street (16%).
- More women than men reported feeling unsafe in public places and being afraid when they encountered drinkers on the street, while more men reported being called names/ insulted due to strangers' drinking.
- The profile of those more likely to report harm from strangers' drinking were men, those under 60 and those with higher education.

3.2 Harm from known drinkers

All respondents were asked about a range of adverse effects due to the drinking of known drinkers in their life. Using a 12-month timeframe, fourteen items (listed below) assessed harms experienced due to known drinkers' drinking such as stress, harassment and family problems (Figure 3). The overall prevalence of experiencing one or more of the negative consequences due to the drinking of known drinkers was two in every five people (44.3%). The top five harms reported were: being stressed, called names/insulted, harassed in private and problems with friends or neighbours and family problems.

Figure 3: Harms due to drinking of known drinker (family member or friend) in last 12 months

The fourteen harm items were divided into psychological harms and tangible harms (Box 1).

Box 1: Psychological and tangible harm categories

Tangible harms	Psychological harms
• Called names/insulted	• Stressed/anxious
• Ruined belongings	• Harassed in private setting
• Passenger with drunk driver	• Problems with friends/neighbours
• Pushed/shoved	• Family problems
• Property damaged	• Felt threatened at home
• Harmed physically	• Felt depressed
• Traffic accident	• Financial trouble

An examination of the individual **psychological harm** items across demographics showed that more women than men reported stress, family problems, feeling threatened at home, feeling depressed and having had financial trouble due to the drinking of known drinkers (Table 2). For age, the main contrast was that a higher proportion of those less than 60 years of age reported psychological harms in each of the harm items, compared to the oldest age group (over 60 years). Respondents who had a third-level, non-degree level of education had a higher proportion who reported stress and family problems from known drinkers, compared to other education groups.

Table 2: Psychological harms from known drinker in last 12 months, based on weighted sample (N=2005), by socio-demographics

Psychological harms	N	Stressed or anxious	Harassed in private setting	Problems with friend/ neighbour	Family problems	Feel threatened at home	Feel depressed	Financial trouble
Overall total	2005	21.8	15.9	11.6	10.7	8.8	7.6	2.2
Gender								
Men	981	19.3	17.1	12.9	7.6	7.3	5.3	1.2
Women	1024	24.3**	14.7	10.3	13.7***	10.2*	9.9***	3.2**
Age groups								
18-29 yrs	437	26.1	28.4	14.2	13.7	14.2	10.5	3.2
30-44 yrs	630	23.0	17.0	16.3	12.4	9.8	8.6	3.0
45-60 yrs	517	23.4	12.4	8.9	11.0	7.4	7.0	1.6
60+ yrs	421	13.8***	5.6***	5.2***	4.8***	3.0***	4.0**	1.0*
Education								
Lower secondary	327	22.6	13.8	9.8	11.7	9.5	9.2	3.1
Upper secondary	509	20.0	13.8	10.8	7.1	6.7	7.1	1.6
Third-level non-degree	338	27.5	17.8	12.7	17.8	11.2	10.1	2.9
Third-level degree	824	20.4*	17.4	12.4	9.7***	9.0	6.4	1.9

**p<.05; **p<.01; ***p<.001*

More men than women reported tangible harms from known drinkers, in particular ruined belongings and passenger with a drunk driver (Table 3). A higher proportion in the youngest age group (18-29 yrs) reported tangible harms compared to the older age groups, and this was particularly pronounced for harms such as being called names/insulted, having belongings ruined, being a passenger with drunk driver, being pushed and shoved, having property damaged and being harmed physically. Respondents who attained lower secondary or third-level, non-degree education had a higher proportion who reported being pushed/shoved and harmed physically. In addition, a higher number of respondents with third-level non-degree education also reported property damage from a known drinker, compared to other education groups.

Table 3: Tangible harms from known drinker in last 12 months, based on weighted sample (N=2005), by socio-demographics

Tangible harms	N	Called names/ insulted	Ruined belongings	Passenger with drunk driver	Pushed/ shoved	Property damaged	Harmed physically	Traffic accident
Overall total	2005	16.4	6.8	5.3	5.2	3.6	1.3	0.2
Gender								
Men	981	16.0	8.2	7.4	5.8	3.0	1.4	0.1
Women	1024	16.7	5.6*	3.3***	4.6	4.3	1.2	0.3
Age groups								
18-29 yrs	437	33.2	20.6	10.3	15.1	8.7	3.2	0.2
30-44 yrs	630	17.1	5.1	4.3	3.8	3.3	1.0	0.3
45-60 yrs	517	11.2	2.5	3.9	2.5	2.3	1.4	0.2
60+ yrs	421	4.0***	0.5***	2.6***	0.5***	0.5***	0.0***	0.0
Education								
Lower secondary	327	16.6	6.4	6.4	7.0	2.4	2.8	0.3
Upper secondary	510	14.5	8.4	4.5	5.3	3.9	1.4	0.0
Third-level non-degree	338	20.4	6.5	6.8	7.1	6.2	2.7	0.6
Third-level degree	825	15.8	6.1	4.8	3.8*	2.9*	0.2**	0.1

**p<.05; **p<.01; ***p<.001*

The harm items were combined into three categorical variables – psychological harm (7 items), tangible harm (7 items) and combined total harm (all 14 items) (See Box 1). Overall, two in every five respondents (44%) reported harm from a known drinker. Psychological harms were more commonly reported than tangible harms, with over one-third (38%) reporting psychological harms, while one in four (24%) reported tangible harms (Table 4). More men (27%) than women (22%) reported tangible harms from a known drinker. A clear age gradient was evident for all three categories of harms from known drinkers: psychological, tangible and total harms, with the highest proportion in the youngest age group (18-29 yrs) and lowest in the oldest age group (over 60 yrs). In the youngest age group, two-thirds of respondents (65%) reported harm due to the drinking of known drinkers.

Experiencing harm from known drinkers, controlling for demographics, was significantly associated with the age and education of respondents. Those aged less than 60 years and those with third-

level non-degree education were more likely to report overall harm from known drinkers. In relation to psychological harms, those under 60 years were more likely to experience such harms, compared to those over 60. For tangible harms, men, those in the youngest age group and those who attained lower secondary or third-level, non-degree education were more likely to report such harms from known drinkers.

Table 4: Psychological, tangible and total harms from known drinker in last 12 months, based on total weighted sample (N=2005), by socio-demographics

	N	Psychological harm– any of 7 harms	Tangible harm– any of 7 harms	TOTAL Any harms (14 items)
		%	%	%
Overall total	2005	37.6	24.3	44.3
Gender				
Men	980	36.8	26.9	45.6
Women	1025	38.3	21.8**	43.1
Age group				
18-29 yrs	437	48.3	51.0	65.0
30-44 yrs	631	41.4	24.1	46.8
45-60 yrs	517	35.8	15.5	38.5
Over 60 yrs	420	22.9***	7.6***	26.4***
Education				
Lower secondary	327	33.9	23.5	39.3
Upper secondary	510	34.1	23.7	42.7
Third-level non-degree	338	43.8	30.5	50.4
Third-level degree	825	39.0*	22.7*	45.1*

*p<.05; **p<.01; ***p<.001

Section 3.2 Key results

Harm from known drinkers

- About two in every five people (44%) reported experiencing one or more negative consequences due to the drinking of known drinkers. The top five harms reported were: being stressed, called names/insulted, harassed in private, problems with friends/ neighbours and family problems.
- The harm items were divided into psychological harms and tangible harms. More women than men reported the psychological harm items of stress, family problems, feeling threatened at home, feeling depressed and having financial trouble due to the drinking of known drinkers, while more men reported the tangible harm items of being a passenger with a drunk driver and ruined belongings.
- Overall, psychological harms were more common than tangible harms, with over one-third (38%) reporting psychological harms, while one in four (24%) reported tangible harms.

- Those more likely to report any harm from known drinkers were under 60 and had third-level, non-degree education.
- Those more likely to report psychological harm were under 60 years of age.
- For tangible harm, men, those in the youngest age group and those who attained lower secondary or third-level, non-degree education were more likely to report such harm from known drinkers.

Comparison of harms from known drinkers and strangers

All respondents were asked if they experienced harm from others' drinking in relation to a number of specific harms, eight of which were asked for both harm from known drinkers and harm from strangers. There was a marked difference in three of the specific harm items, with a higher proportion of respondents reporting harm from known drinkers in relation to being stressed or anxious, called names/insulted and feeling depressed because of known drinkers' drinking, compared to such harms from strangers (Figure 4).

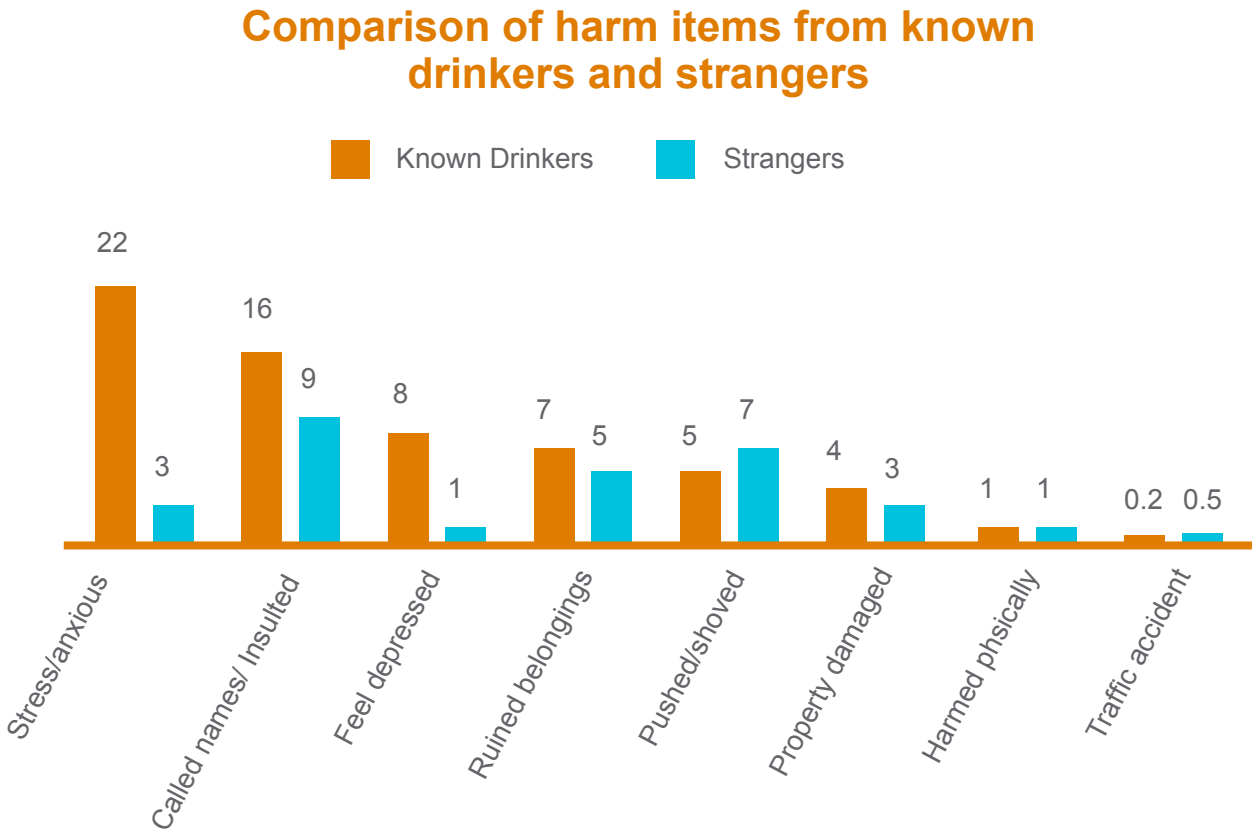

Figure 4: Comparison of specific harms from known drinkers and from strangers (N=2005)

3.3 Harm from co-workers' drinking

Respondents who were self-employed or working for pay were defined as current workers and formed the basis of this results section (N=1,188). Seven items were used to examine the negative effects of co-workers' drinking on work colleagues. There was a general measure on reported problems with co-workers due to their drinking and six specific negative effects. The negative effects examined were: the respondent had to cover for a co-worker due to co-workers' drinking, their own productivity was reduced, their ability to do their job was negatively affected, they had had an accident or close call, had to work extra hours or had to take days off from work due to others' drinking. The timeframe for the measures was the last 12 months.

Prevalence of harm from co-workers because of their drinking

Among respondents who were in paid employment, overall one in seven workers (14%) reported harm due to co-workers' drinking (Figure 5). The specific harms most often mentioned were reduced productivity and having to cover for co-workers due to their drinking (7%). About 6% of workers reported that their ability to do their job was negatively affected. One in every twenty workers (5%) had to work extra hours and a similar number had to take days off work due to others' drinking. Reported work-related accidents due to co-workers' drinking were uncommon (1%).

Figure 5: Harm from co-workers' drinking in the last 12 months

More men than women reported harm due to co-workers' drinking overall (17% vs 11%) and in five of the specific harm items – problems with co-workers due to their drinking, own productivity reduced, had to cover for drinker, ability to do job negatively affected and had to work extra hours due to co-worker's drinking (Table 5). Rates of absenteeism from work (days off) due to others' drinking was similar for both men and women. The youngest age group of workers (18-29 yrs) had a higher proportion who reported absenteeism from work, while those under 45 had a higher rate of reduced productivity than older age groups due to co-workers' drinking. Those more likely to report harm from co-workers' drinking, controlling for demographics, were men and those in the youngest age group; the latter were three times more likely to report harms due to co-workers' drinking than the oldest age group.

Table 5: Workplace impact from co-workers' drinking by socio-demographics (n=1,188)

	N	Any harm	Problems with co-workers	Own productivity reduced	Had to cover for drinker	Ability to do job negatively affected	Had to work extra hours	Had to take days off work	Involved in accident or close call
Overall total	1,188	13.8	9.7	7.2	7.0	5.9	5.2	5.1	0.8
Gender									
Men	620	16.6	12.1	8.9	8.7	7.3	7.1	5.8	1.6
Women	568	10.7**	7.2**	5.3*	5.3*	4.4*	3.0**	4.2	0.0
Age group									
18-29 yrs	258	18.7	11.2	8.1	7.8	4.7	6.6	8.2	0.4
30-44 yrs	490	14.3	11.0	9.2	8.8	7.8	6.3	4.9	1.4
45-60 yrs	354	11.3	7.9	4.8	5.4	4.5	3.7	4.0	0.3
60+ yrs	86	5.8**	5.8	2.3*	2.3	3.5	1.2	1.2*	1.2
Education									
Lower secondary	124	9.7	7.3	5.6	4.8	2.4	4.0	2.4	1.6
Upper secondary	260	13.8	7.7	5.7	5.7	3.8	4.2	7.7	1.1
Third-level non-degree	211	12.9	9.5	6.7	6.6	6.2	4.7	4.7	0.0
Third-level degree	591	15.1	11.3	8.3	8.1	7.4	6.1	4.4	1.0

**p<.05; **p<.01; ***p<.001;*

Among workers who reported problems as a result of co-workers' drinking, the severity of the overall negative impact of co-workers' drinking was measured using a scale from 1 (a little) to 10 (a lot). Over one-third (38%) of these workers scored in the top half of the severity scale (score of 6-10), which would indicate that the negative impact on workers from co-workers' drinking was severe.

Section 3.3 Key results

Harm from co-workers' drinking

- Among respondents who were in paid employment, one in seven workers (14%) reported work-related problems due to co-workers' drinking. The specific problems most often mentioned were their own productivity being reduced and having to cover for co-workers due to their drinking (7%).
- One in twenty workers reported absenteeism from work due to others' drinking and a similar number reported having to work extra hours due to co-workers' drinking.
- Those more likely to report harm from co-workers' drinking were men and those in the youngest age group.

3.4 Harm to children from others' drinking

Of the total sample (N=2,005), 678 respondents (34% of the total sample) indicated that they had some parental responsibility, whether the children lived with them or not. Children were defined as those under the age of 18 years. For convenience, those who had some parental responsibility will be referred to as carers in this section. The carers had an average of 2.1 children per carer, representing a total of 1,424 children. Harm to children was measured using the following items: the child was negatively affected, the child was yelled at, criticised or otherwise verbally abused, the child witnessed serious violence in the home, a child protection agency or family services were called, or there was not enough money for the things needed by the child/children in the last 12 months.
Overall, one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking (Figure 6). The most common specific harm to children reported was a child negatively affected (12%), followed by verbal abuse (9%), a child witness to serious violence in the home (4%), there being not enough money for the child's needs (3%), and a child protection agency or family services having to be called (1%).

Harm to children from others' drinking (N=678)

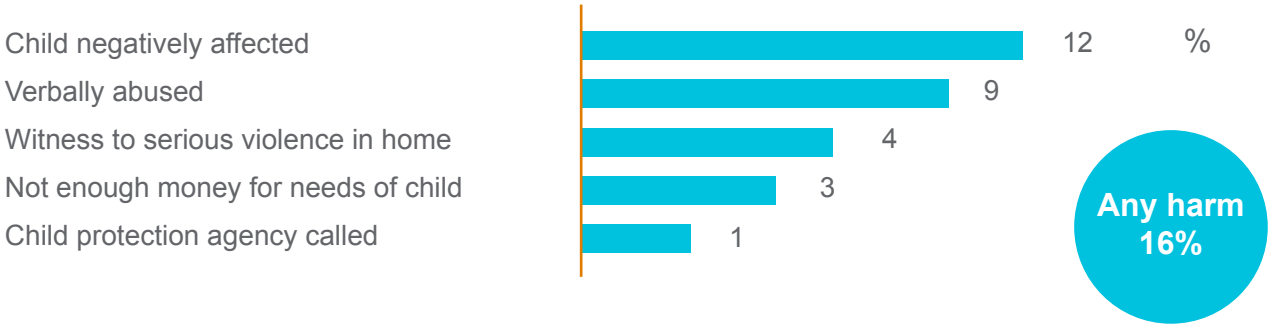

Figure 6: Harm to children from others' drinking

The harm to children items were examined across demographics of carers, which included gender, age, education, gross household income and civil status. Overall, a higher proportion of carers (32%) in the youngest age group (18-29 yrs) reported harm to children because of someone else's drinking (Table 6). The household income of carers showed an income gradient of reported harm to children due to someone else's drinking, with the highest proportion (31%) among carers in the lowest household income group (under €385/wk) and the lowest (8%) in the highest household income group (€1923+/wk). More carers who were separated or single compared to others (married, living with partner) reported harm to children (29% vs 11-19%).

In relation to specific harms, a child verbally abused was reported by more female carers than male carers (11% vs 6%). There were also higher rates of child verbal abuse reported in the youngest age group (18%), compared to other age groups. One in five (21%) carers who were separated reported that a child was verbally abused as a result of someone else's drinking, compared to 7% of carers who were married. A child witnessing violence in the home was more commonly reported by carers in the youngest age group (14%), those in the lowest household income group (12%) and among carers who were single (11%). Overall, a profile of carers more likely to report harm to children as a result of someone else's drinking, controlling for demographics, was significantly associated with household income and civil status. Carers from the lowest household weekly income group (under €385/wk) and carers who were separated were more likely to report harm to children due to others' drinking.

Table 6: Harm to children from others' drinking (n=678), by socio-demographics of carers

	N	Any harm	Child negatively affected	Child verbally abused	Child witness to violence in home	Lack of money for child's needs	Child protection agency called
Overall total	678	16.0	12.0	8.9	3.7	2.7	0.9
Gender							
Men	310	14.8	10.9	6.4	3.2	2.3	0.6
Women	368	17.1	12.8	10.9*	4.1	3.0	1.1
Age groups							
18-29 yrs	95	31.6	20.0	17.9	13.7	4.2	2.1
30-44 yrs	361	13.3	10.5	6.9	2.8	2.8	0.8
45-60 yrs	190	14.2	11.6	9.5	1.1	1.6	1.1
60+ yrs	32	9.4***	6.3	0.0**	0.0***	6.1	0.0
Education							
Lower secondary	86	18.6	14.0	10.5	5.8	3.5	1.2
Upper secondary	152	17.8	11.2	10.5	4.6	1.3	1.3
Third-level non-degree	117	17.1	12.0	10.3	5.1	2.5	1.7
Third-level degree	323	14.2	12.1	7.1	2.5	3.4	0.0
Gross household weekly income							
Under €385	86	31.4	20.9	15.1	11.6	7.0	1.2
€386-959	266	16.5	13.5	9.4	4.1	2.3	1.5
€960-1,922	216	13.0	10.2	7.9	1.9	1.4	0.5
€1,923+	110	8.2***	6.4**	4.5	0.0***	2.7	0.0
Civil status							
Married	438	11.0	8.0	6.8	2.1	1.8	0.9
Living with partner	78	19.0	15.2	6.3	3.8	2.5	0.0
Single	124	28.2	18.7	14.5	11.3	4.9	1.6
Separated	38	28.9***	26.9***	21.0**	0.0***	5.3	0.0

*p<.05; **p<.01; ***p<.001

Based on those carers who reported that children were overall negatively affected (12% of all carers), carers were also asked to identify the person who was responsible for harm to children, in terms of the relationship to the child. The most common person mentioned as responsible for harm to children was a parent/step-parent (64%), followed by a relative (19%), others (15%) and a family friend or person the children encounters such as a sports coach, teacher or priest (2.5%).

Severity of harm to children

Among carers who reported that children experienced harm as a result of someone else's drinking, the severity of the negative effect on children was reported in terms of a scale from a little (1) to a lot (10). The overall average severity score was 4.8. However, there was a significant gender difference, where female carers reported a higher severity score (mean 5.7) in comparison to male carers (mean 3.6). Figure 7 illustrates the overall measure (1-10) on the severity scale reported by gender of carers. What was particularly striking was the contrast in gender terms between the two ends of the scale. At the low end of the severity scale, 44% of male carers perceived the severity of the harm to children as 'a little' (score 1 and 2 combined) compared to 20% of females carers. At the high end of the scale, one in five female carers (21%) compared to 6% of male carers perceived the severity of harm to children as 'a lot' (score 9 and10 combined).

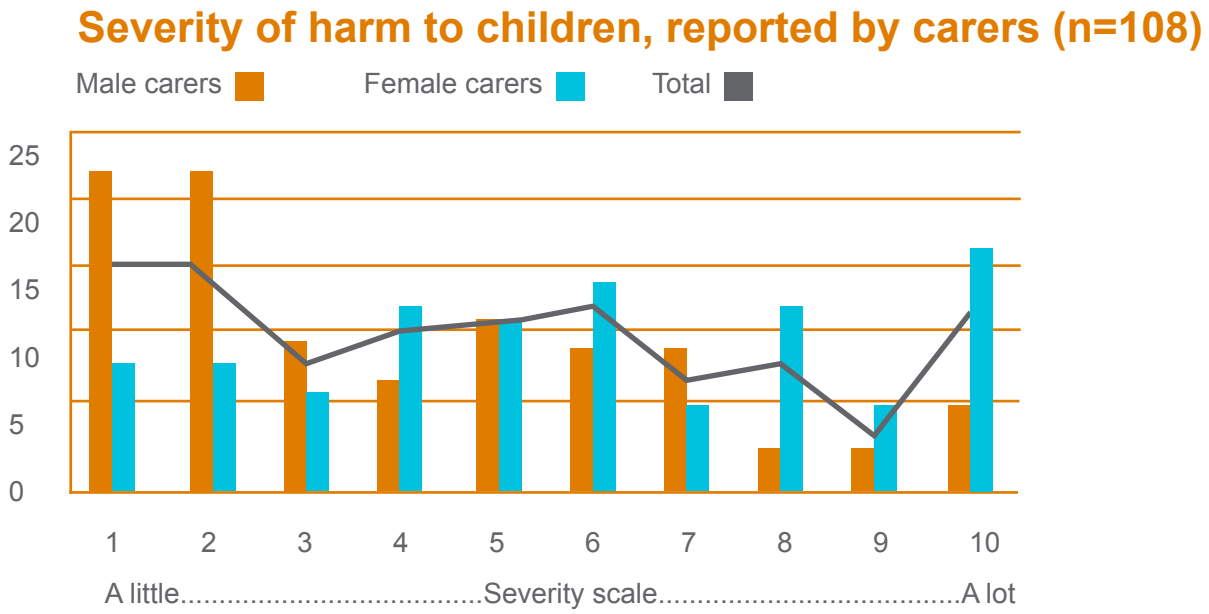

Figure 7: Severity of harm to children reported by carers by gender of carer

Section 3.4 Key results

Harm to children from others' drinking

- Overall, one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking. The most common harms to children reported were child negatively affected (12%), child verbally abused (9%), child witness to serious violence in the home (4%), not enough money for child's needs (3%) and child protection agency or family services had to be called (1%).
- Household income and civil status were significantly associated with being more likely to report harm to children as a result of someone else's drinking. Carers from the lowest household weekly income group and carers who were separated were more likely to report harm to children due to others' drinking.
- The carer identified a parent as the person responsible for harm to children in six out of every ten cases (64%) where children were negatively affected.
- The severity of the negative effect on children as a result of someone else's drinking was scored higher among female carers than male carers.

3.5 Alcohol-related domestic problems due to others' drinking

The survey items selected to measure alcohol-related domestic problems were confined to specific harms experienced by respondents within the household because of someone in the household's drinking, such as had to leave home, less money for household, had gone without food or was forced or pressurised into sex. Other harm items used relating to the domestic setting were family problems and psychological/ aggression items (threatened at home, pushed/shoved, harmed physically). In total, 8 specific harm items were used (listed in Figure 8). The analysis was confined to respondents who reported having a known harmful drinker in their life (n=984), which further refines the focus of the analysis.

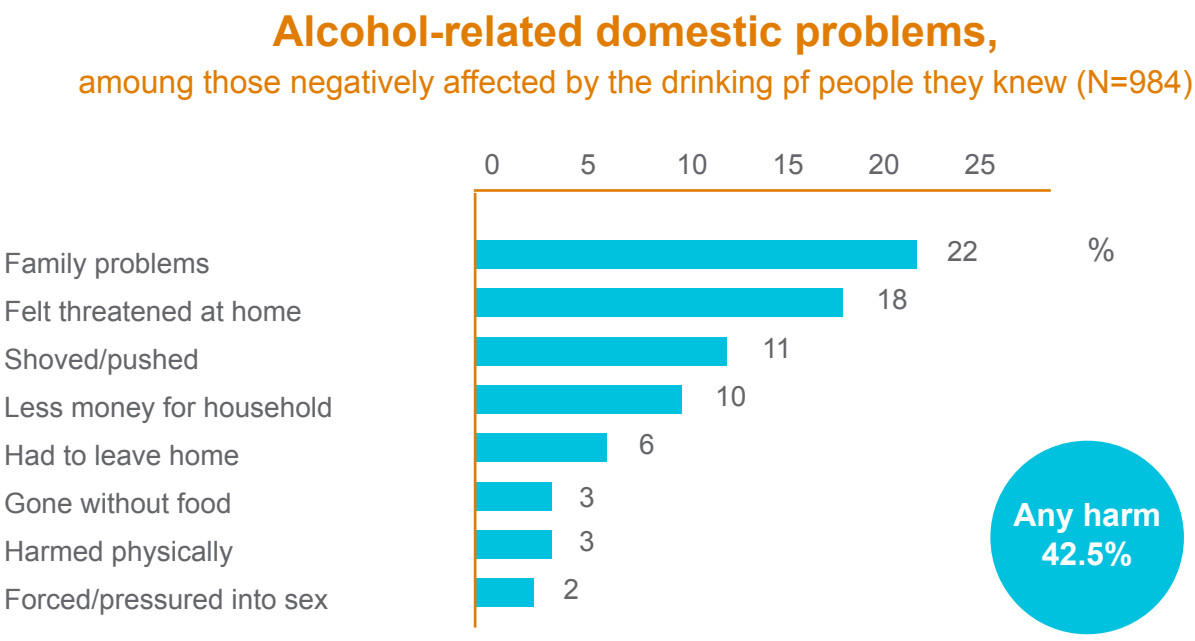

Figure 8: Alcohol-related domestic problems among those negatively affected by the drinking of people they knew, in the past 12 months

Among respondents who reported being negatively affected by the drinking of people they knew, two in every five respondents (42.5%) experienced alcohol-related domestic problems in the past 12 months. The top five harms were family problems, felt threatened at home, was shoved or pushed, had less money for the household and had to leave home due to the drinking of a known harmful drinker (Figure 8).

The specific harms related to the domestic setting were examined across the demographic variables of gender, age, education and civil status (Table 7). Overall, more women than men experienced harm in domestic life from a known harmful drinker (46% vs 38%), and in particular reported family problems (28% vs 15%) and felt threatened at home (21% vs 15%). Overall, almost half of respondents (48%) in the youngest age group (18-29 yrs) reported alcohol-related domestic problems. Specifically, a higher proportion in the youngest age group reported being pushed/shoved, having to leave home or being physically harmed due to the drinking of a harmful drinker in the household. Overall, respondents with lower secondary or third-level non-degree education had a higher proportion who reported alcohol-related domestic problems. Respondents with lower secondary education had a higher proportion who experienced some level of physical aggression (pushed/shoved, harmed physically), while those with lower secondary or third-level, non-degree education had a higher percentage reporting family problems. The civil status of respondents showed that over half of respondents who were separated (53%) reported alcohol-related domestic problems, compared to 38% who were married. Specifically, a higher proportion of those who were separated reported family problems and feeling afraid at home, while those who were single had a greater number who reported being shoved/pushed. A higher proportion of those who were not married (living with partner, single or separated) reported having to leave home and having been harmed physically. Those more likely to experience alcohol-related domestic problems, controlling for demographics, were women, those aged less than 45 years, those with lower secondary education and those who were separated.

Alcohol-Related Domestic Problems

Table 7: Those negatively affected by the drinking of people they knew by socio-demographics (n=984)

	N	Any harm	Family problems or marriage difficulties	Felt threatened or afraid at home	Shoved/ pushed	Less money for household	Had to leave home	Gone without food	Harmed physically	Forced/ pressured into sex
Overall total	**984**	**42.5**	**21.8**	**18.0**	**10.7**	**9.7**	**5.7**	**2.8**	**2.7**	**1.9**
Gender										
Men	491	**38.4**	15.1	14.6	11.6	8.0	4.7	3.7	2.9	2.0
Women	493	**46.5***	28.5***	21.3**	9.6	11.4	6.7	2.0	2.4	1.8
Age group										
18-29 yrs	304	**48.4**	19.7	20.4	21.7	10.9	10.9	4.6	4.6	3.3
30-44 yrs	326	**45.4**	23.9	19.0	7.4	10.7	4.3	2.1	1.8	2.1
45-60 yrs	230	**38.3**	24.8	16.5	5.7	9.1	3.9	1.7	3.0	0.9
60+ yrs	123	**28.7****	16.3	12.2	1.6***	5.0	0.0***	1.6	0.0*	0.0
Education										
Lower secondary	138	**53.2**	27.5	22.5	16.7	13.8	6.5	5.8	6.5	3.6
Upper secondary	242	**33.2**	14.9	14.0	11.2	9.1	5.4	2.5	2.9	2.5
Third-level non-degree	187	**51.3**	32.1	20.2	12.8	11.8	7.0	2.7	4.8	1.1
Third-level degree	416	**40.4*****	19.2***	17.7	7.4*	7.7	4.8	1.9	0.5***	1.2
Civil status										
Married	387	**37.9**	21.7	15.2	3.6	8.8	1.8	2.1	0.8	0.8
Living with partner	109	**42.6**	22.9	18.3	9.2	11.0	6.4	0.9	3.7	3.7
Single	427	**44.9**	19.7	18.3	17.6	9.1	8.7	3.7	4.0	2.6
Separated	61	**53.3**	36.1*	30.0*	10.0***	18.3	6.7***	3.3	5.0*	1.7

*p<.05; **p<.01; ***p<.001

Section 3.5 Key results

Alcohol-related domestic problems

- Among respondents who reported being negatively affected by the drinking of people they knew, two in every five (42%) respondents experienced alcohol-related domestic problems in the past 12 months.
- The top five harms were family problems, having felt threatened at home, having been shoved or pushed, having less money for household expenses and having had to leave home due to the drinking of known harmful drinkers.
- Overall, more women than men experienced harm from another's drinking in the domestic environment (46% vs 38%).
- Over half of respondents who were separated (53%) reported alcohol-related domestic problems, compared to 38% who were married.
- Those more likely to experience alcohol-related domestic problems were women, those under 45 years of age, those with lower secondary education and those who were separated.

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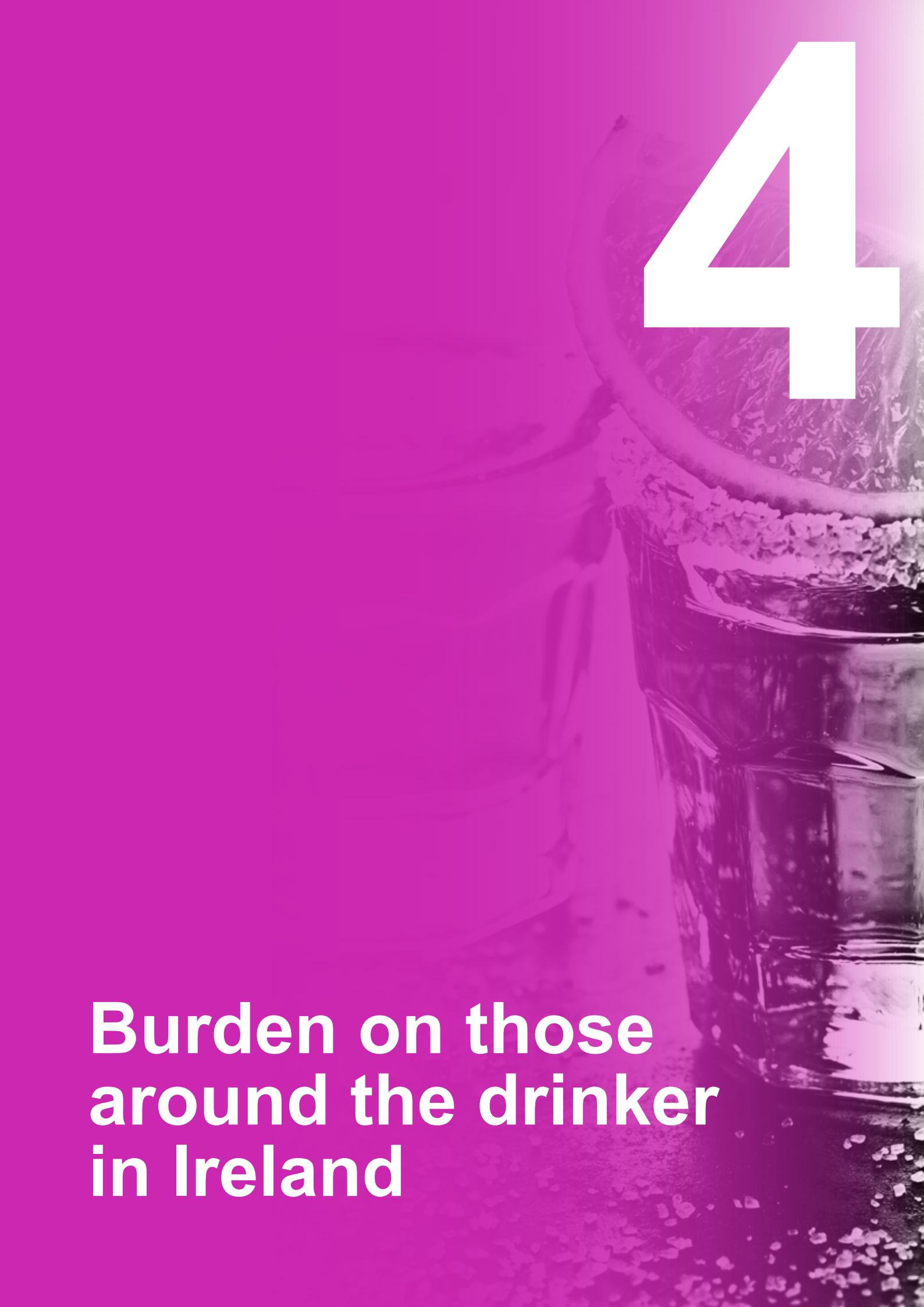

Burden on those around the drinker in Ireland

4.1 Caring for the known heavy drinker

In the total sample, three in every five respondents (61%) reported having a known heavy drinker in their life or someone who drinks a lot sometimes, which formed the basis of this section. Among respondents who reported having a known heavy drinker in their lives, over half (53%) reported some form of lost time due to caring duties because of the known heavy drinker's drinking in the last 12 months. The most often mentioned issue was travel duties (taxiing), where one-third (32%) reported such caring activities (Figure 9). Approximately one in four (28%) reported having to spend time caring for the drinker or cleaning-up after the drinker (24%). One in six respondents (17%) said they had to take on extra responsibilities caring for children or others because of the known drinker's drinking.

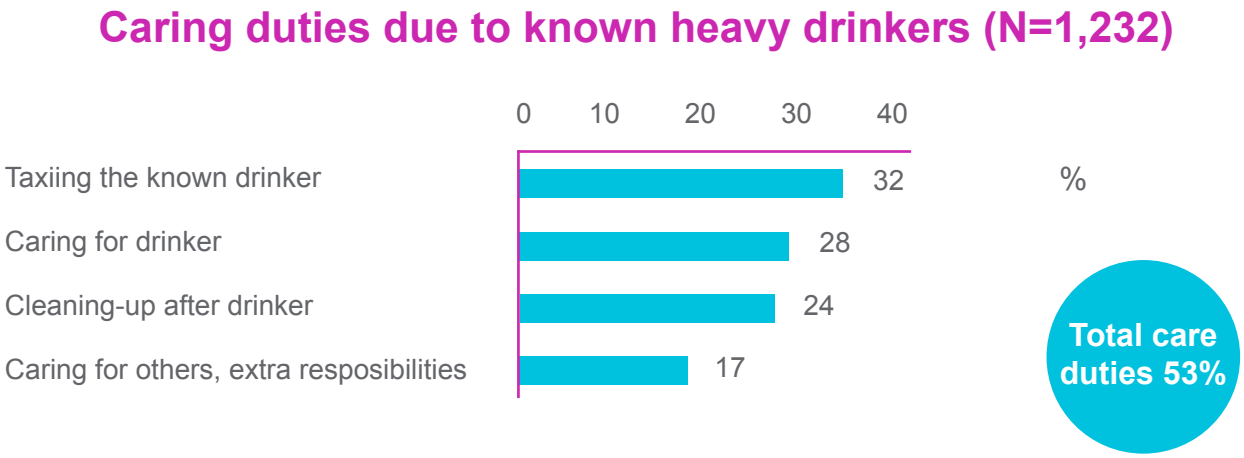

Figure 9: Caring duties of respondents with a known heavy drinker in their life (n=1,232), weighted data

The demographic profile of those associated with overall caring duties showed that an age gradient was evident, with highest rates in the youngest age group (74%) and lowest in the oldest age group (31%) (Table 8). About two-thirds of respondents living with a partner (66%) or who were single (64%) reported having to provide caring duties compared to 44% of other civil groups (married or separated). Those more likely to report total caring duties to known drinkers, controlling for demographics, were respondents less than 60 years of age.

Taxiing the known drinker

More men than women (36% vs 29%) reported having to take a known drinker somewhere or pick them up because of their drinking (Table 8). An age gradient was evident, with higher rates in the youngest age group (41%) and lowest in the oldest age group (19%). More respondents who were living with a partner reported taxiing duties compared to other civil status groups (married, single or separated). The profile of those more likely to report taxiing care duties for the drinker, controlling for demographics, were men and those under 60 years of age.

Caring for the drinker

The prevalence of caring for a known drinker were highest in the youngest age group (46%) and lowest in the oldest age group (12%). Those who attained upper secondary education had a higher proportion of respondents caring for the known drinker. Those who were living with a partner (42%) had a higher proportion caring for the known drinker compared to other civil status groups. Those under 60 years of age, those living with a partner and those with a basic education (upper and lower secondary education) were more likely to report caring for the drinker, controlling for demographics.

Table 8: Caring duties of respondents with a known heavy drinker in their life (n=1232), weighted data by socio-demographics

	N	Total care duties	Taxiing the drinker	Caring for drinker	Cleaning up after drinker	Caring for others
Overall total	1232	53.4	32.4	27.8	23.5	16.8
Gender						
Men	620	54.5	35.6	28.5	24.2	12.9
Women	612	52.3	29.2*	27.1	22.9	20.8***
Age group						
18-29 yrs	304	73.7	41.1	46.1	44.9	21.1
30-44 yrs	407	57.0	36.4	27.3	24.1	21.4
45-60 yrs	324	43.8	27.8	21.0	12.1	14.2
60+ yrs	197	30.8***	18.7***	12.2***	8.1***	5.1***
Education						
Lower secondary	178	50.6	29.4	29.8	21.3	15.2
Upper secondary	301	57.6	35.5	36.2	23.9	19.3
Non-degree	215	54.0	31.2	20.9	27.3	16.7
Third-level degree	537	52.1	32.2	25.5**	22.5	16.2
Civil status						
Married	579	44.7	29.7	18.8	12.6	14.0
Living with partner	127	66.1	40.9	42.5	33.1	25.4
Single	446	62.9	35.3	36.5	35.7	16.6
Separated	78	44.3***	23.1*	21.8***	19.0***	24.4**

**p<.05; **p<.01; ***p<.001;*

Cleaning up after the drinker

An age gradient was evident in the caring duty of cleaning up after the known drinker, with higher rates in the youngest age group (45%) and lowest in oldest age group (8%). More respondents who were single (36%) or living with a partner (33%) reported such duties. The profile of those more likely to report cleaning up after the drinker, controlling for demographics, was those under 45 years of age, those living with a partner or those who were single.

Caring for children and others (extra caring responsibilities)

More women than men reported caring for children and others (extra caring responsibilities) due to the known drinker's drinking (21% vs 13%). One in five respondents (21%) in the 18-44 age groups reported caring for others, compared to 5% in the oldest age group. A higher proportion of those who were living with a partner or who were separated reported having to take on extra responsibilities in caring for children and others due to the known drinker's drinking (Table 8). Those more likely to report caring for children and others, controlling for demographics, were women, those under 60 years of age, respondents who had attained upper secondary education or who were separated.

Section 4.1 Key results

Caring for known drinkers

- Three in every five respondents (61%) reported having a known heavy drinker in their life or someone who drinks a lot sometimes.
- Over half of respondents (53%) who had a heavy drinker in their life reported some form of lost time due to caring duties in the last 12 months.
- Those more likely to report caring for known drinker were those under 60, those living with a partner and those with a basic education (upper and lower secondary education).
- Those more likely to report taxiing care duties for known drinker were men and those under 60.
- Those more likely to report cleaning up after the drinker were those under 45, those living with a partner and those who were single.
- Those more likely to report caring for children and others due to known drinker's drinking were women, those under 60, respondents who had attained upper secondary education and those who were separated.

4.2 Burden of specific harms from drinkers with a cost impact

About one in five (19%) reported one or more negative events due to others' drinking that had financial burden/costs for respondents. Across the six harm items, ruined clothing or other belongings was reported most often (one in ten respondents), with property damage next, followed by less money for household expenses, stolen money, financial trouble, and a traffic accident due to others' drinking (Table 9).

Table 9: Negative events due to others' drinking (N=2005)

Negative events due to others' drinking	Prevalence %
Ruined your clothes or other belongings	10.4
Property damage	6.3
Less money for household expenses	4.8
Money stolen or other valuables	2.9
Financial trouble	2.2
Responsible for traffic accident	0.6
Any financial impact	**18.7**

The demographic profile showed that respondents in the youngest age group (18-29 yrs) had a higher proportion who reported a financial burden due to other's drinking, in particular ruined belongings, property damage and money stolen (Table 10). Overall, those who were not married reported higher rates of financial burden. In terms of specific financial burden, more women than men reported financial trouble due to others' drinking.

Property damage and less money for household due to others' drinking were higher among respondents in both the lowest income group and the second income group. Overall, the profile of those more likely to report negative financial impact due to the drinking of others, controlling for demographics, showed that those under 60, and those not married (living with a partner, single or separated) were twice as likely to report a financial burden.

Table 10: Financial impact from another's drinking by demographics (n=2005)

	N	Any financial impact	Ruined belongings	Traffic accident	Property damaged	Financial trouble	Stolen money	Less money for household^
Overall total	2005	18.7	10.4	0.6	6.3	2.2	5.8	9.6
Gender								
Men	980	19.3	10.8	0.7	6.2	1.2	6.0	7.9
Women	1025	18.2	10.1	0.6	6.3	3.2**	5.5	11.4
Age group								
18-29 yrs	437	38.2	26.5	0.7	11.2	3.2	12.5	10.9
30-44 yrs	630	19.5	9.7	0.8	7.4	3.0	3.0	10.6
45-60 yrs	517	12.6	5.2	0.4	4.4	1.5	3.9	9.0
60+ yrs	421	5.0***	1.2***	0.7	1.7***	1.0	0.8***	4.9
Education								
Lower secondary	327	16.8	8.0	0.3	4.3	3.1	10.1	13.7
Upper secondary	510	18.8	11.0	0.6	6.5	1.6	5.3	9.1
Third-level non-degree	338	21.3	11.2	0.6	8.9	2.9	7.4	11.7
Third-level degree	825	18.4	10.8	0.8	5.9	1.9	3.6*	7.7
Civil status								
Married	987	10.0	3.5	0.5	3.2	1.4	2.3	8.7
Living with partner	180	31.1	18.3	1.7	14.4	3.9	3.7	11.0
Single	722	27.5	18.1	0.7	8.7	2.2	9.1	9.1
Separated	114	18.6***	7.9***	0.9	4.4***	6.1**	10.0***	18.3
Household gross weekly income								
Under €385	389	20.1	8.2	1.3	8.5	4.4	7.4	16.5
€386-959	825	18.4	11.5	0.5	4.8	2.8	5.5	10.8
€960-1,922	581	18.2	9.3	0.7	7.9	0.9	4.6	5.9
€1923+	210	19.0	13.3	0.5	3.8*	0.0***	7.1	4.0***

*p<.05; **p<.01; ***p<.001;

Section 4.2 Key results

Burden of specific harms from drinkers with a cost impact

- About one in five (19%) reported one or more negative events due to others' drinking that had a financial burden/costs for respondents, with ruined belongings and property damage the most prevalent.
- Respondents more likely to report negative financial impact due to the drinking of others were those under 60, and those not married.

4.3 Seeking help due to the drinking of others

The prevalence of seeking public services due to the drinking of others in the past 12 months was higher for having to call the police (7%) than for use of health-related services (5.4%). However, advice from informal networks had the highest prevalence (9.2%) (Table 11). Within the health-related services, seeking counselling/professional advice (3.6%) was more prevalent than admission to hospital (1.8%) or seeking other medical treatment (1.2%) due to others' drinking. The prevalence rates for seeking services translate to an estimated 442,849 of the adult population in Ireland needing assistance due to others' drinking, with 249,995 people looking for help from the police and 192,854 requiring health-related services.

Table 11: Prevalence of seeking help due to others' drinking (N=2005), weighted data

	Prevalence (%)
Seeking law enforcement services - calling the police	7.0
Seeking health-related services	5.4
Seeking counselling/professional advice	3.6
Admission to hospital/ED attendance	1.8
Seeking other medical treatment	1.2
Seeking advice from informal networks (a religious leader, friends, neighbours or other source of support)	9.2

The demographic profiles of respondents who contacted law enforcement, health-related services or received advice from informal networks are presented in Table 12.

Seeking help from law enforcement services

Fewer older people and fewer respondents who were married reported making calls to the police seeking help due to the drinking of others (Table 12). Those more likely to seek help from law enforcement services due to the drinking of others, controlling for demographics, were those under 60 years (three times more likely to call police for help than older respondents), those who attained third-level, non-degree education and those living with a partner.

Seeking health-related services

A higher proportion of women than men reported having to seek help from health services due to others' drinking (Table 12). Those who were younger in age reported higher rates of seeking health services. Fewer respondents who were married compared to other civil status groups reported use of health-related services. Those more likely to report having to seek health-related services in the last 12 months due to the drinking of others, controlling for demographics, were women, those under 60 years and those who were separated.

Table 12: Prevalence of seeking help due to others' drinking (n=2005), (weighted data) by socio-demographics

	N	Law enforcement services %	Health-related services %	Advice from informal networks %
Overall total	2005	7.0	5.4	9.2
Gender				
Men	980	6.4	4.1	6.6
Women	1025	7.5	6.6*	11.6***
Age group				
18-29 yrs	437	9.6	10.5	16.9
30-44 yrs	631	8.4	4.6	8.7
45-60 yrs	517	6.8	4.8	7.5
60+ yrs	420	2.4***	1.9***	3.8***
Education				
Lower secondary	327	5.5	4.6	8.0
Upper secondary	510	7.1	6.5	6.1
Third-level non-degree	338	9.8	5.0	12.7
Third-level degree	825	6.4	5.2	10.2**
Civil status				
Married	987	5.2	3.1	6.3
Living with partner	180	11.7	7.8	14.4
Single	722	8.2	7.3	11.0
Separated	114	8.8**	8.8***	14.0***

*p<.05; **p<.01; ***p<.001;

Seeking advice from informal networks

The prevalence of seeking advice from informal networks such as religious leaders, friends, neighbours or other sources of support was higher among women than men and among those in the youngest age group. Respondents who had attained third-level education (non-degree and degree levels) had a higher proportion who reported seeking advice from informal networks. More respondents who were living with a partner or were separated reported seeking help from

informal networks. Those more likely to report seeking help from informal networks, controlling for demographics, were women, those under 45 years of age and those who were separated. Respondents who had attained upper secondary education level were less likely to report seeking advice from informal networks, compared to those with third-level education.

Section 4.3 Key results

Seeking help due to the drinking of others

- About one in fourteen respondents (7%) reported seeking help from law enforcement services (had to call the police) due to the drinking of others in the past 12 months. Those more likely to seek law enforcement services were under 60, had third-level, non-degree education and were living with a partner.
- About one in eighteen respondents (5.4%) reported seeking health-related services due to others' drinking, with counselling and professional advice (3.6%) more common than admission to hospital/ED attendance (1.8%) or other medical treatment (1.2%). Those more likely to seek such health-related services were women, those under 60 and those who were separated.
- The prevalence rates of seeking services translates to an estimated 442,849 of the adult population in Ireland needing assistance due to others' drinking, with 249,995 people looking for help from the police and 192,854 requiring health-related services.
- Seeking advice from informal networkers (friends, neighbours or other sources of support) had the highest prevalence (9.2%). Those more likely to seek help from informal networks were women, those under 45 years and those who were separated.

5

Financial burden of alcohol's harm from others in Ireland

5.1 Estimated costs of caring for drinkers due to drinking of others

Among respondents who reported having a heavy drinker in their life (n=1,232), over half (53%) reported some form of lost time due to caring duties because of the known drinker's drinking in the last 12 months (See Section 4.1). The caring duties examined were: caring for the drinker, caring for children and others, cleaning-up after the drinker and taxiing the drinker. To estimate the cost of caring for the known drinker, the formula undertaken by Jiang et al. (2017) was used, which required the total hours in caring duties, the national average employee hourly salary, the proportion of employed carers in the survey sample and the Irish adult population. A conservative approach was used in estimating the cost of caring for known drinker, which was confined to two of the caring duties (caring for the drinker and caring for children and others). This had the beneficial effect of mitigating the potential overlap of the general measure (caring for drinker) and the more specific caring duties (cleaning-up after the drinker and taxiing the drinker). Therefore, the overall cost estimate of caring for known drinker was based on two caring duties (caring for drinker, caring for others). To estimate the total time spent in these two caring duties, the frequency of caring was multiplied by the average hours per caring event over the last 12 months. In order to provide an overall time and cost estimate of those who reported a known heavy drinker in their life, respondents who did not report involvement in caring duties were allocated a zero score and included. The total time spent caring was on average 49.7 hours in the last 12 months, based on the two caring duties. The formula used by Jiang et al. (2017) was applied to the Irish data as follows: Total hours in caring [49.7 hrs] x the national average employee hourly wage rate [€20.51 (CSO)] x % of employed carers in the survey sample [62.7%] x Irish adult population [3,571,363 (CSO 2017)]. The total estimated cost of caring for known drinker using the above formula totalled €2.28 billion annually.

While the formula used is a valid and useful measure, it excludes the cost to carers who do not work outside the home. Arno et al. (1999) argue that if this informal care is not available, the person affected (in this case the heavy drinker) might have to be hospitalised at considerable cost to themselves or the taxpayer. Caring for a known drinker on a 'voluntary' basis brings with it an 'opportunity cost', where the carer forgoes the opportunity of engaging in their own personal choice of activities in order to take care of the known drinker. When estimating the cost of caring, some economists have applied a discount for willingness to care for less than average weekly earnings (AWE), where the focus was on harm to others and bingeing (MJA 2012). Other economists estimate informal caring costs to include full-time homemakers (Arno et al. 1999), while still others estimate caring costs above the average wage earnings (Access Economics 2005). For the cost estimate of caring for the known drinker in Ireland in this study, a discount of 80% was applied to the total estimated cost, taking into account that caring for the known drinker, including both chronic heavy drinkers and risky single occasion drinkers (RSOD), may in part be voluntary. Therefore, in Ireland, a conservative total cost estimate for caring for known drinkers was €456.5 million annually, with a discount for potentially caring on a voluntary basis. For comparison, in Ireland the informal care for those with dementia provided by family and friends each year was estimated to have a value of €807 million, using a cost-of-illness approach (Connolly et al. 2014).

5.2 Estimated costs of seeking help due to others' drinking

Seeking help due to others' drinking was examined across four public services. The services examined were having to call the police, being admitted to hospital or an emergency department (ED), having to receive other medical treatment and receiving counselling or other professional advice, including calling a helpline or going to a self-help group, because of other people's drinking or the problems it was causing. The prevalence of seeking supportive services was highest for calling the police (7%), followed by counselling/professional advice (3.6%), hospital admission/ED attendance (1.8%) and other medical treatment (1.2%).

Cost of time

Among those who reported having to seek public services, respondents were asked how much time this took out of their normal activities over the last 12 months. Among those who were negatively affected by someone else's drinking, the length of time involved was highest in seeking health-related community services (Table 13). In the last 12 months, 17 hours on average was involved in seeking counselling/professional advice or in seeking other medical treatment, while hospital admission/ED attendance required on average 12 hours. The length of time spent calling police due to the drinking of others was on average 10 hours in the last 12 months. To estimate the economic cost of having to seek public services due to others' drinking, the national average employee hourly rate was applied to calculate the cost of time and then estimated for the Irish adult population (Table 13). The estimated cost of seeking law enforcement services (calling police) to the adult population was almost €50 million and the second highest cost was €46 million for seeking counselling or professional advice due to others' drinking.

Table 13: Seeking help–Length of time and estimated cost of people seeking services due to others' drinking

Service sought due to drinking of others	Prevalence	Length of time - hours (mean)	Cost of time spent €*	Estimated cost Irish adult population
Calling police	7.0	9.74	€199.8	€49,940,933
Hospital admission/ED attendance	1.8	11.85	€243.0	€15,623,938
Seek other medical treatment	1.2	17.05	€349.7	€14,986,675
Seek counselling/professional advice	3.6	17.51	€359.1	€46,173,022

*Hour rate €20.51. National average employee hourly rate (CSO)

Out-of-pocket expenses

Respondents were also asked about their total out-of-pocket expenses (OPE) including cost of travel when seeking the different health-related services. The median was used as the average measure due to a few cases at the high end of the distribution which would have inflated the mean value (Table 14). Seeking counselling/professional advice due to others' drinking had the highest average (median) out-of-pocket expense of €143.32, with a population estimate of almost €18 million. Out-of-pocket expenses for seeking hospital admission/ED attendance due to others' drinking had an average cost of €77.60, and for other medical treatments the average cost was € 95.62. This translated to population cost estimates of almost €5 million and €4 million respectively.

Table 14: Out-of-pocket expenses experienced by people using health services due to drinking of others

Service sought due to drinking of others	Prevalence	OPE €* (median)	Estimated cost Irish adult population
Hospital admission/ED attendance	1.8	€77.60	€4,992,337
Other medical treatment, including travel costs	1.2	€95.62	€4,097,925
Counselling/professional advice costs	3.6	€143.32	€17,914,671

*Hour rate €20.51. National average employee hourly rate (CSO)

5.3 Estimated cost burden of specific harms due to drinking of others

About one in five (19%) respondents reported one or more negative events due to others' drinking that had a financial burden/costs (See Section 4.2). In relation to five of the six harm items (listed in Table 15), respondents were asked to estimate their total out-of-pocket expense (OPE) because of these specific harms experienced due to the drinking of others. Traffic accidents had the highest average out-of-pocket expenses of €559.30, with a prevalence of 0.6%. This yielded a population estimate of €12 million. Ruined clothes or other belongings had the lowest average OPE cost of €91.30 but had the highest prevalence (10.4%), giving a population estimate of €33.9 million. While the OPE average cost for property damage due to others' drinking was the second lowest at €179.20, the prevalence was relatively higher than most of the harm items (6.3%), resulting in the highest population estimate of €40.3 million.

Table 15: Estimated out-of-pocket expenses due to others' drinking in the past 12 months

Harm experienced due to others' drinking	Prevalence %	Mean OPE € cost	Estimated cost to Irish adult population
Traffic accident	0.6	559.3	€11,984,780
Financial trouble	2.2	250.8	€19,705,352
Stolen money or other valuables	2.9	231.6	€23,986,702
Property damage	6.3	179.2	€40,319,260
Ruined your clothes or other belongings	10.4	91.3	€33,910,806

5.4 Estimated workplace costs

Overall, one in seven (14%) workers reported experiencing problems due to the drinking of co-workers (see Section 3.3). Two of the work-related harm items (extra hours worked, days off) allowed for an estimation of the economic cost of the negative effects in the workplace from the drinking of others. Those who reported having to work extra hours due to co-workers' drinking were asked to estimate the number of extra hours involved in the last 12 months. Those who reported having to take days off work due to other people's drinking were asked to estimate the number of days off in the last 12 months.

Cost of working extra hours

The survey found that 5.2% of those in paid employment had to work extra hours due to co-workers' drinking and the average number of extra hours worked was 16.5. To calculate the cost to society of the extra hours worked due to co-workers' drinking, we assume that 5.2% of the labour force was required to work extra hours due to others' drinking and that the average extra hours worked was 16.5. The total number in employment in Ireland was 2,063,000 and the national average total labour cost per hour is €25.91(CSO). Therefore, the total number of workers who had to work extra hours was 107,276 (Table 16). If each of these workers worked 16.5 extra hours the total extra hours worked would be 1,770,054. If each of these extra hours worked incurred the average total labour cost per hour of €25.91, the estimated total cost of the extra hours worked is €45.86 million.

Table 16: Harm in the workplace: Cost estimates for extra hours worked or days off due to others' drinking

Harm experienced due to drinking of others ..	Prevalence	Length of time (mean)*	Estimated no. of employees	Estimated cost, Irish workforce
Extra hours worked	5.2	16.5 hours	107,276	€45,862,099
Days off work	5.1	4.4 days	105,213	€76,736,470
Estimated total costs				€122,598,569

Number in employment: March 2017, 2,063,000

*Hour rate €25.91, National average total labour cost per hour (March 2017).

Cost of taking time off work

The survey also found that 5.1% of respondents had to take time off work because of others' drinking, and that the mean number of days taken off was 4.4 per year. 5.1% of the total number in employment was 105,213. This is the number of workers who had to take days off because of other's drinking. Multiplying this figure by the average number of days lost of 4.4 gives a total number of days lost of 462,937. Using the average number of hours per day worked of 6.4 and the average daily labour cost of €25.91 gives an estimated total cost of absenteeism (days taken off) due to others' drinking of €76,736,470. The total cost of work related costs, of extra days worked due to co-workers drinking and the cost of lost output due to days off work caused by others' drinking, adds up to a total figure of €122.6 million per year.

Section 5: Key results

Financial Burden of alcohol's harm from others drinking in Ireland

Cost areas	Cost items	Estimated costs	Total estimates
Caring for the drinker	Caring for drinker, caring for others	€456,513,453	**€456,513,453**
Seeking help: services			
	Calling police	€49,940,933	
	Hospital admission/ED attendance	€15,623,938	
	Other medical treatment	€14,986,675	
	Counselling/professional advice	€46,173,022	**€126,724,568**
Seeking help: OPE			
	Hospital admission/ED attendance	€4,992,377	
	Other medical treatment	€4,097925	
	Counselling/Professional advice	€17,914671	**€27,004,933**
Cost burden of specific harms from other drinkers OPE			
	Traffic accident	€11,984,780	
	Financial trouble	€19,705,352	
	Stolen money or other valuables	€23,986,702	
	Property damage	€40,319,260	
	Ruined clothing or other belongings	€33,910,806	**€129,906,901**
Workplace costs			
	Extra hours worked	€45,862,099	
	Days off work	€76,736,470	**€122,598,569**
	Estimated total costs assessed		**€862,748,424**

Most studies of the cost of alcohol-related harm have focussed on the cost to society in the form of spending on the healthcare system, the criminal justice system and the output lost due to absenteeism by the drinker. A report for the Irish Health Service Executive (HSE) by Byrne (2010) estimated the costs of problem alcohol use to society in Ireland to be €3.7 billion in 2007. The HSE report found that the two most significant costs to society, amounting to 64% of total costs, were costs to the healthcare system and the cost of alcohol-related crime.

This study is the first to attempt to estimate the cost of alcohol's harms to others in Ireland, using survey data. The total estimated cost of €862.75 million is very substantial and represents costs to the individual and society. The largest element of the cost of harm to others (53% of the total) is the cost of caring for the drinker or caring for others affected by the drinker. As a discount of 80% has been applied to the costs revealed by the survey to account for the fact that a substantial element of this care may be regarded as voluntary, this figure is a conservative estimate.

The second most significant element of costs of harm to others (14.8% of the total) is the cost of out-of-pocket expenses (OPE) due to drinking by others. The two largest elements of the OPE due to others' drinking are damage to property and ruined clothing or other possessions. This figure is significant because, being survey based, it reflects the true level of alcohol-related property damage, much of which is not reported as a crime. (See Alcohol - Where's the Harm? (Alcohol Action Ireland 2010) for more on this). The cost of seeking help due to drinking by others (14.5% of the total) is the third most significant element of the total costs, though it is only a limited economic measure of the adverse effects of problem drinking on their family and friends.

The cost of drinking by others in the workplace (14% of the total) represents only the cost of additional days that had to be worked due to others' drinking and the cost of days lost from work due to others' drinking. This is an underestimate, as the survey found that 7.2% of workers reported that their productivity has been reduced, while 5.9% of those surveyed reported that their ability to do their work had been impaired by co-workers' drinking, but it was not possible to cost this loss of productivity.

The distribution of costs of harm to others estimated in this study is comparable to the breakdown of cost of alcohol harm to others in Australia estimated by Laslett et al (2014). Laslett et al (2014) estimated the cost of alcohol harm to others, borne by those experiencing the harm as €13 billion. As in this study, the largest element of the costs of harm to others estimated for Australia at €9.3 billion, or 70 per cent of the total, was time spent caring for drinkers or filling in for them. Out of pocket expenses due to drinking by the known drinker in the Laslett et al study was 7.3 per cent of the total tangible costs of harm to others compared to the Irish figure of 14.8 per cent.

6

Discussion

Harm from strangers' drinking

This is the first dedicated Irish survey on alcohol's harm to others. The survey found that one in every two people in Ireland reported harm due to strangers' drinking. The most common specific harms experienced were sleep disturbances (being kept awake at night by drunken noise) and perceived threats to personal safety (being harassed on the street, having felt unsafe in public places, or afraid). These findings are similar to those for other European countries, Australia and New Zealand, with somewhat lower rates in North America, although the prevalence varies depending to some extent on the number of harm items used (Giesbrecht et al. 2010; Laslett et al. 2011; Casswell et al. 2011a; Synnove Moan et al. 2015; Greenfield et al. 2016; Karriker-Jaffe et al. 2017; Marmet & Gmel 2017). In Ireland, more women reported feeling unsafe and afraid on the street while more men reported verbal altercations (being called names/insulted), as was also reported elsewhere (Laslett et al. 2011). Overall, harm from strangers' drinking was more likely among men, those with higher education and those aged less than 60, in particular those in the youngest adult age group. The public domain is a shared space for all citizens. However, the risk of harm from strangers' drinking tends to occur in the shared public space and can be experienced by both drinkers and non-drinkers alike.

The social settings where alcohol is consumed are many and varied such as pubs, clubs, music concerts, and sporting venues as well as parties and community events. Therefore, the gathering of people in social settings creates an environment where interactions with strangers are common. While friends may be out for a social evening, they are sharing the same space as strangers, both within venues and in travelling between venues. Risky drinking in Ireland is the dominant drinking pattern among young adults (Long & Mongan 2014). Therefore, harm from strangers' drinking is more possible. While the most common harms from strangers are less physically severe, they may have a cumulative effect, resulting in a greater sense of unease, threat and fear to personal safety, especially felt by women. Such experiences could undermine a sense of community cohesion and safety. Therefore, alcohol policy implementation needs to ensure that public places are managed to provide public safety for all, including enforcement of effective licensing laws, such as no drinking in public places, and prohibition of serving alcohol to minors or those already intoxicated.

Harm from a known drinker

Two in every five people surveyed reported harm from a known drinker (family or friend), with stress, verbal altercation, being harassed in private and problems with friends and neighbours the most prevalent. While overall there was no gender difference in total psychological harms, more women reported stress, family problems, feeling threatened at home or depressed or having financial trouble due to a known drinker. The association of having a heavy drinker in one's life and increased mental health problems such as depression, anxiety and distress has been reported (Ferris et al. 2011; Greenfield et al. 2016; Karriker-Jaffe et al. 2017). Mental health problems were not diagnostically measured in this study; rather the study captured the respondents' perception of how the drinking of a family member or friend made them feel. More men reported tangible harms such as having been a passenger with a drunk driver and ruined belongings, which were highest in the youngest age group. Overall, those more likely to report any harm from a known drinker were those aged less than 60 and those with third-level, non-degree education.

A comparison of eight items that asked about both harm from strangers and harm from known drinkers showed a higher proportion of harm from known drinkers in relation to three items - being stressed, verbal altercation (being called names/insulted) and feeling depressed - compared to such harms from strangers' drinking. The extent of harm from known drinkers (family and friends) is worrying in two aspects. Firstly, the serious nature of the harms reported could potentially affect the health and well-being of the individual. Secondly, given that the harm is perpetrated by family and friends, these harms are unlikely to be one-off events and are more likely to occur regularly.

Work-related harms

One in seven workers reported problems from co-workers' drinking. The specific harms most often mentioned were the respondent's own work productivity being reduced and having to cover for a co-worker. One in twenty workers reported absenteeism from work due to others' drinking (average days off work: 4.4 days), with an estimated cost of €76.74 million. A similar proportion reported having to work extra hours due to co-workers' drinking (average 16.5 hrs), with a cost estimate of €45.86 million. Male workers and those in the youngest age group were more likely to report harm from co-workers' drinking. In Australia, a lower proportion (3.5%) of the workforce reported having to work extra hours due to co-workers' drinking, with a cost estimate of $AU453 million (Dale & Livingston 2010). In the Mongan and Long report, 4.2% of workers reported missed days due to their own drinking, with the average number as 3.3 days, with an estimated cost of €41.3 million (Mongan and Long, 2016). This suggests that absenteeism due to co-workers' drinking in Ireland carries a higher cost burden than absenteeism from the worker's own drinking (€76.74m vs €41.3m).

Effects on children

One in six carers reported that children for whom they had parental responsibility were negatively affected and experienced specific harms as a result of someone else's drinking. The specific harms experienced by children, in descending order of prevalence, were verbal abuse, a child witnessing serious violence in the home, not having enough money for a child's needs and child protection agency having been called. Carers from the lowest household income group and carers who were separated were more likely to report harm to children due to others' drinking. Carers identified a parent as the person responsible for harm to children in six out of every ten cases where children were negatively affected.

The specific harm items used in this study were limited, so do not capture the full extent of harm to children from others' drinking. The prevalence of two specific harms (verbal abuse and being witness to serious violence in home) reported in a previous Irish study had not changed, suggesting that children in Ireland continued to be at risk of harm from other's drinking (Hope 2014).

In a multi-country study involving eight countries, Ireland was second highest after Vietnam for reported harm to children from others' drinking, significantly higher than Australia, in an analysis using an indicator of greater severity (two or more harms) (Laslett et al. 2017). A recent study in the US reported that 7.4% of carers (living in the same house as the child) reported harm to children from others' drinking, with verbal abuse of a child and a child witnessing violence most often recorded (Kaplan et al. 2017). The US study also found that caregivers with a heavy drinker in the household were more likely to report harm to children. To reduce risk to children from others' drinking in Ireland, extensive support services are required, with priority given to the most at-risk group: low income families.

Problems at home

To shed light on the issue of alcohol-related domestic problems in Ireland, the analysis was confined to respondents who were negatively affected by the drinking of people they knew. Among those who were negatively affected by known drinkers, two in every five respondents experienced alcohol-related domestic problems. The harm items used (8 in total) were confined to specific harms experienced within the household because of someone in the household's drinking (had to leave home, less money available for the household, having gone without food or being forced or pressured into sex). There were also other harm items related to the domestic setting (family problems), and aggression items (having been threatened, pushed/shoved, harmed physically).

Overall, more women than men reported alcohol-related domestic problems, in particular family problems and feeling threatened or afraid at home. Alcohol-related domestic problems were also more likely among those under 45 years, those with lower education and those who were separated. The burden experienced by women in Ireland from known harmful drinkers, as reported in this study, has also been reported in Australia (Laslett et al. 2011), the US (Karriker-Jaffe et al. 2017) and Northern Europe (Ramstedt et al. 2015).

The range and severity of alcohol-related domestic problems experienced by respondents, including physical aggression, psychological pressure and financial difficulties, highlight the turmoil that alcohol-related domestic problems create. Those who may be less resourced or supported (lower education and separated) carry an added burden. A range of effective social and health services are needed to provide essential supports for those negatively affected by known harmful drinkers. However, to reduce alcohol-related harm across society the implementation of effective public health alcohol policies is required, such as those contained in the Public Health Alcohol Bill (2015), in particular minimum unit pricing to tackle the availability of very cheap alcohol.

Caring duties

Three in every five people reported having at least one known heavy drinker in their life or someone who drinks a lot sometimes. Over half of respondents who had a heavy drinker in their life reported some form of lost time due to caring duties for known drinkers in the past 12 months. The caring duties included caring for the drinker, taxiing the drinker, cleaning up after the drinker and having to take on extra responsibilities caring for children and others because of a known heavy drinker.

More men reported taxiing duties, while more women were involved in caring for children and others. Caring duties were predominately reported by those under 60 years (under 45 for cleaning up after the drinker) and those living with a partner or those who were single.

A conservative approach was used in estimating the cost of caring for a known heavy drinker, confined to just two of the caring duties (caring for the drinker and caring for children and others). Among those in Ireland who had done such caring, the total time spent caring was on average 49.7 hours annually. The formula used by Jiang et al. (2017), when applied to the Irish data, gives a conservative total cost estimate of caring for known drinkers as €456.5 million annually, with a discount for potentially caring on a voluntary basis. The cost estimate excludes carers who are not in paid employment. However, Arno et al. (1999) argue that if this informal care is not available, the person affected (in this case the heavy drinker) might have to be hospitalised at considerable cost to themselves or the taxpayer. Caring for a known drinker on a 'voluntary' basis brings with it an 'opportunity cost', where the carer forgoes the opportunity of engaging in their own personal choice of activities in order to take care of a known heavy drinker.

Seeking help and services due to others' drinking

Respondents were asked about seeking help due to the drinking of others through accessing public and other support services (law enforcement, health services) or getting advice from informal networks. Seeking help from law enforcement services (having to call police) was higher than for seeking health-related services, which was also reported in Australia (Mugavin et al. 2014). Seeking help from law enforcement services was more likely among those living with a partner. Within health-related services, seeking counselling and professional advice was more common than admission to hospital/ED attendance or other medical treatment. A similar pattern was also observed in Australia (Mugavin et al. 2014). In Ireland, accessing health-related services was more likely among women and those who were separated.

Getting advice from informal networks was the most common form of seeking help due to others' drinking (one in eleven). Women, those aged under 45 and those who were separated were more likely to seek help from informal networks, while those with secondary were less likely to do so. The promotion of available local services and networks with out-reach, in particular to those from lower education groups, could provide valuable support.

Among those who were negatively affected by others' drinking, ten hours on average annually was involved in calling police due to the drinking of others, with a cost estimate of €50 million. The time involved in seeking health-related services was higher, with an estimated cost of €76.8 million annually. The out-of-pocket expenses (OPE), including the cost of travel when seeking the different health services, was far higher for counselling advice than for hospital service or other medical treatment. This is not surprising, given that counselling generally requires several visits and more people seek such services compared to hospital attendance or other medical treatment.

The OPE for specific harms due to others' drinking which involved a financial burden/cost were also examined and a cost estimate made. The harm items were: involvement in a traffic accident, financial trouble, stolen money or other valuables, property damage and ruined belongings. Those more likely to report such harms were not married. The top two harm items in terms of OPE costs were property damaged and ruined belongings.

Limitations

There are some limitations in this study. The response rate is relatively low; however, similar rates have been reported in other countries (Laslett et al. 2011). The range of harms measured in some of the areas were limited, particularly harm to children, caring duties and harm in the workplace. Therefore, it is likely that the prevalence rates in these areas of harm are underestimated.

7

Conclusions

Conclusions

This is the first dedicated Irish survey which has assessed a comprehensive range of harms due to others' drinking. A robust methodology was used, which was developed in Australia and New Zealand and extended to the WHO/Thai project and to other countries. The reach of alcohol's harm to others (AH2O) across Irish society is evident within families, among friends, in the workplace, and is felt by strangers in public spaces. Public services of health, social and law enforcement become involved in dealing with the consequences of AH2O.

The cost estimates of alcohol's harm to others in Ireland provided in this study are based solely on the AH2O survey data, which proves a very valuable source of information. The estimated cost of harm due to others' drinking in Ireland was €862.75 million annually.

The costs estimated in this study are the tangible costs of harm to others. The survey results did not estimate the intangible costs (fear, pain, suffering, lost quality of life) of alcohol's harm to others, but these are clearly substantial: Laslett et al. (2014) estimated the intangible costs of alcohol harm to others in Australia at €6.4 billion, or 45% of the tangible costs. What is also excluded from the Irish cost estimates is the second 'frame' of information on AH2O, which involves examining a range of data collected by social and health agencies, including police data, road crash mortality and morbidity, death statistics, hospital records, child protection agency data, alcohol and drug services and helpline data, from the view of people affected by others' drinking, as was undertaken in Australia.

This report quantifies some of the 'untold story' of alcohol's harm to others in modern Ireland. It makes very clear that preventing and reducing harm to others from drinkers is an urgent public health goal - equally as important as preventing and reducing harm to the drinker.

8

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Appendix 1: Characteristics of the population sample (WEIGHTED)

	Men	Women	Total
	980	1025	2005
	%	%	%
Age group			
18-29 yrs	23.2	20.5	21.8
30-44 yrs	32.0	30.9	31.4
45-60 yrs	22.7	28.8	25.8
Over 60 yrs	22.1	19.8	21.0
Education			
Lower secondary	19.0	13.7	16.3
Upper secondary	26.8	24.3	25.5
Third-level non-degree	14.0	19.7	16.9
Third-level degree	40.1	42.3	41.2
Place of living			
Rural	45.3	49.1	47.2
Urban	54.7	50.9	52.8
Social class			
ABCI (upper)	45.3	46.7	46.0
C2 (middle)	26.0	21.1	23.5
DE (lower)	28.7	32.2	30.5
Employment status			
Paid work	63.2	55.7	59.4
Other	36.8	44.3	40.6
Frequency of own drinking			
Weekly	48.5	36.0	42.1
Monthly	21.5	24.8	23.2
Less often	13.0	22.6	17.9
Non-drinker	17.1	16.6	16.8
Frequency of own risky drinking (60+g/occ)			
Weekly	25.8	8.4	16.9
Monthly	20.0	13.7	16.8
Less often	25.5	29.5	27.6
Never	28.7	48.3	38.8

Contacts

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