

Review Article

Scoping Response System Management and Alcohol's Harm to Others in Lower Middle- Income Countries: A Review Essay

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Abstract

Research on harms to others from alcohol abuse remained confined to a few developed countries until recent times. Yet, this situation changed in the last decade when such research expanded into many low and middle -income countries in Asia and elsewhere. A turning point in this regard has been the initiation of an international research project by WHO and Thai Health Foundation about ten years ago. Findings from these studies have shown how widespread are the diverse harms from others drinking in these countries affecting a wide range of victims such as women, children, neighbors, users of roads and public transport and fellow workers in work places. Nature and severity of the harms vary widely across social contexts such as household, neighborhood, work place and public places. Since HTO is a relatively new perspective on alcohol problems, awareness and sensitivity towards it is not very widespread even among personnel within the response management systems in many countries, particularly in the health sector.

Introduction

Harm to others from drinking is an expanding area of research in both the developed and developing countries today. This research is an increasingly significant part of both qualitative and quantitative studies on health and social impacts of alcohol abuse. Evidence emanating from such research has shown clearly that health and other harms suffered by many members of society due to others' drinking are highly significant in countries where such research has been undertaken. In more recent years, this research has expanded to a number of low and middle -income countries outside the western world, thanks to an international research project jointly initiated by the

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WHO and Thai Health Foundation, Thailand under the guidance of a team of experienced researchers drawn from a number of countries. Low and middle -income countries covered by this study included Nigeria, Chile, India, Sri Lanka, Thailand, Lao PDR and Vietnam [1-6].

Beside population level surveys on HTO, the above study also included a scoping study to explore how health, law enforcement, welfare and other agencies managing case -loads recorded and maintained data and responded to victims of harms from others drinking. As part of the scoping study, key informant interviews with selected agency personnel have been conducted in order to find out whether the relevant agencies recorded the data on the involvement of others' drinking in the cases managed by the agencies such as victims of child abuse, inter-personal violence, intimate partner violence and road traffic accidents. These and other harms connected with the drinking of others are evident from population surveys on HTO conducted in many countries including the ones covered by the international study mentioned above.

Victims variously harmed by others drinking, depending on the nature and magnitude of the harms suffered, end up in one or more of a range of agencies that respond to diverse harms. Yet, whether these harms are readily recognized by agency personnel as caused by others drinking cannot be stated until we have empirical evidence drawn from field research. One of the main reasons for conducting the scoping study has been to collect data on the actual situation prevailing in the countries covered by the research study. This is important in view of the fact that population level surveys on HTO conducted in developed and developing countries over the last decade have shown how widespread the diverse harms caused by others drinking. It is in this context that the recognition, recording and management of the cases coming into contact with health and other agencies have become highly significant. The scoping studies conducted in low and middle -income countries, therefore fill a long -standing gap in our understanding of the extent to which the relevant state and civil society agencies recognize, record and respond to widely reported harms from others drinking.

The evidence from the scoping studies across several countries shows that there are both inter-country and intra-country differences regarding the extent to which health and other agencies recognize, record and respond to harms from others drinking. Wherever there is lack of recognition of the involvement of others drinking in harms suffered by the affected persons reporting to agencies for treatment or redress, it is often justified by the fact that the focus of the agency personnel handling cases is mostly on the issue at hand such as injury, abuse or psychological trauma caused by accidents, assaults, inter-personal or domestic violence, etc., rather than on the circumstances of the incidents. Though this is understandable from a narrow professional point of view, recognition of actual cause of the harm in terms of immediate contributory or causative factors is important from a wider societal or policy perspective. The lack of recognition of the involvement of others drinking as a key contributory factor to a whole range of harms suffered by a wide variety of individuals ranging from unsuspecting small children in a domestic environment to employees

in a work place is therefore a major social issue [7-10]. This naturally has wide ranging institutional and policy implications.

Research on diverse harms caused or contributed to by others drinking to a wide range of individuals and groups in society has become critically important as it sheds light on an issue that has not received the attention of researchers and the general public, thereby eluding the attention of professionals and policy makers. Population level surveys and the scoping studies have brought out the fact that the wide range of harms attributed to others drinking not only expand the scope of alcohol related disease burden but also add a new dimension to the case -loads managed by health, law enforcement, social welfare and other agencies. In other words, others drinking makes a significant contribution to high volume cases managed by the above agencies, thereby increasing social and economic costs of harms caused by others drinking. Yet, agencies managing case -loads do not routinely recognize and record the involvement of drinking in such cases. This, often inadvertent neglect tends to underestimate the role of others drinking in acute harms caused to a range of victims such as children, women, fellow workers at work places, passengers in public transport, road users, etc. The following table 1 provide an indicative summary of contexts, range of victims and types of harms directly or indirectly attributable to others drinking. What is also noteworthy here is that the involvement of others drinking more readily recognized in certain contexts such as domestic violence. This is evident from registry data managed by law enforcement agencies in some countries. For instance, a large majority of intimate partner violence cases reported to Police stations in Sri Lanka involved others' drinking.

Contexts	Harms to Others
Domestic (Family)	Intimate partner violence, child neglect and abuse, injuries and harassment of house-hold members
Inter-personal	Interpersonal violence, assault and violence
Neighborhood	Noise, fear, property damage, threats
Public Places	Fear, threats, assault, harassment
Road Traffic	Traffic crashes, compromised road safety, injuries and deaths, time lost
Work Places	Harassment and fear, increased work load, productivity loss, abstention from work, accidents

Table 1: Contexts and harms from others drinking.

Discussion and Conclusion

Population surveys on HTO and scoping studies on agency case -loads conducted in low and middle -income countries have shown that the drinking of others has contributed to diverse harms of varying severity connected with different contexts. But, this research has not yet made a significant impact on public, professional and official

discourses on alcohol related harms in these countries. As a result, public attention continues to be heavily focused on health and other adverse effects of alcohol abuse on the drinker, road users involved in road traffic accidents and violence and self-harm committed by drinkers in society. This is despite the fact that research already conducted in these countries clearly shows that harmful effects of others drinking extends across a wide range of social contexts affecting many vulnerable segments of society like children and women and passengers using public transport.

What is evident from the above is that harms from others drinking are far more widespread in both developed and developing societies than generally recognized. This shows the need for greater attention of agencies managing response systems and policy makers in lower middle income countries.

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