**The invisible gorilla and the unseen dimension of alcohol-related harm:**

**Study of students’ experience of Alcohol-Related Collateral Harm**

**ABSTRACT**

Alcohol-related harm is a major public health challenge and any panorama of alcohol misuse reveals that people who drink too much often harm others as well as themselves (Klingemann & Gmel, 2001; Gmel & Rehm, 2003; Karlsson et al, 2010). Drunk driving, street violence, sexual assault, rape, domestic abuse and parental neglect are familiar examples where alcohol consumption by one person is associated with adverse consequences for others. Yet, in the United Kingdom, while alcohol-related harms to drinkers are universally acknowledged as a Public Health issue, and statistics on drinkers are reported routinely (e.g. HSCIC, 2015) public and policy recognition of the extent to which drinkers harm other people remains very limited.

Paucity of information and poor characterisation of these harms contribute to the current low level of their recognition as a collective phenomenon. The UK Government recognises some constituent elements of these harms to people other than the drinker (e.g. drinking in pregnancy and Foetal Alcohol Syndrome). Research has also often focused on some single constituent parts of it, such as alcohol-related violence (e.g. Cherpitel, 2012; Hughes et al, 2008) and seminal in-depth research has addressed alcohol addiction and the family over several years (e.g. Orford, 2005; Orford et al., 2010). Grouping together all the harms that drinkers do to the people around them is a relatively recent development. These combined harms caused by drinkers are now recognise by the World Health Organization (WHO, 2011) which identifies *Harm from Others’ Drinking* as a key element of its *Research Initiative on Alcohol, Health and Development* in its Global Status reports (e.g. WHO, 2014).

Characterisation of these harms is not assisted by the many different terms used in research to describe the harms caused by drinkers e.g. *Externalities from alcohol consumption* (Greenfield et al, 2009) *Second-hand drinking* (Greenfield et al, 2014) *Alcohol’s harm to others* (Room et al, 2010) *Collateral damage* (Giesbrect et al, 2010) and *Collateral harm* (Seid et al., 2015). This study uses the term *Alcohol-Related Collateral harm* (ARC harm) as a portmanteau acronym to describe this multi-faceted phenomenon which also serves as a metaphor for the circle around the drinker where these harms occur.

WHO recognition has prompted more research into ARC harm, but there is considerable scope for this to be developed further. What is known about current prevalence in the UK was described for the first time in the research report *Alcohol’s Harm to Others* (Gell et al., 2015) which reported on Scotland and the North West of England. Internationally, there is a more established research base which has continued to grow over recent years, e.g. in the USA (Greenfield et al, 2014) in Australia (Laslett et al., 2011) and elsewhere in Northern Europe (Hope, 2014; Ramstedt et al. 2015). Nevertheless, recognition and the conceptualisation of ARC harm beyond these academic circles remains limited.

The study's focus on young adults stems in part from Government policy on alcohol-related harms in the UK, which steers attention towards harms to the drinker and thus away from the broader societal concerns posed by ARC harm (e.g. CMO 2016; HO, 2012). Also, most alcohol-related harms to the drinker are cumulative and manifest in later life (heart disease, cirrhosis, cancers etc.) so, the policy focus on health harms to the drinker effectively neglects young-adults. Yet alcohol is the most acute area of lifestyle risk and the leading cause of death for this population group. Almost 25% of all deaths of 16-24 year-olds have been attributed to alcohol (NWPHO, 2008). Additionally, despite estimates showing a decline in young-adult drinking (ONS, 2015a) the impact of their drinking behaviours on themselves and on others, is an ongoing issue (O’Neill et al, 2015) not least in their disproportionate representation in national data on alcohol-related street violence and crime (ONS, 2015b).

The study explored the phenomenon of ARC harm as experienced by college and university students in the UK in the context of their own knowledge and behaviours around alcohol. The extent and types of ARC harm experienced were recorded and associations with potential predictors for ARC harm in this population group were analysed. The ramifications of the established Government policy focus on drinkers was examined alongside the empirical research into the extent of ARC harm the students experienced.

**Study results:**  64% of student survey participants (N=450) experienced ARC harm, including 50% of non-drinkers. ARC harms were associated with being female, aged eighteen or older, being influenced by others’ drinking and having family members who drank every day. The ARC harms reported were classified into a novel taxonomy of eight categories. Thematic analysis of interviews (N=25) identified key risk factors for ARC harm within certain physical and psychological contexts and in environments that permit, encourage, legitimate or reinforce irresponsible and harmful behaviours by drinkers

**Conclusions:** Study participants reported high levels of ARC harm experiences and ARC harm was linked to several predictors. Risk factors include immutable individual characteristics (e.g. age, gender) and ecological factors arising from exposure to specific normative environments. Superordinate themes suggest explanations for ARC harms remaining unseen, including Public Health policy that focuses attention on health harms to the individual drinker, which thus divert attention from ARC harm. **Discussion:** To address the totality of alcohol-related harm effectively**,** a paradigm shift in public awareness of ARC harm is required to drive policy that recognises these wide-ranging societal harms. Raising awareness of harms to children from parents’ drinking might play a key role in this, as public awareness of children harmed by parental smoking drove the policy revolution on ‘passive smoking’.

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