The Harm to Others from Drinking

A WHO/Thai Health International Collaborative Research Project

National report for Thailand

(May 2015)

World Health Organization

ThaiHealth
(Thai Health Promotion Foundation)

Acknowledgements

This national report is part of The Harm to Others from Drinking project, a collaborative international project involving multiple national teams and operating under a Memorandum of Understanding between the World Health Organization and the Thai Health Promotion Foundation. The proposal was developed in the framework of the WHO international research initiative on alcohol, health and development. The research project measures and analyses the harm to others from drinking in six low- and middle-income countries, in terms of the situation in each society and also in cross-national analyses.

At the international level, the project is coordinated by the WHO Management of Substance Abuse team in the WHO Department of Mental Health and Substance Abuse and International Health Policy Program (IHPP), Thailand. Turning Point Alcohol and Drug Center, Melbourne, Australia provides technical support and central data management for the project implementation.

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THE HARM TO OTHERS FROM DRINKING

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1 Executive summary: Harm to others from drinking in Thailand

This research project, the Harm to Others from Drinking (HTO) in Thailand: A WHO/Thai Health International Collaborative Research Project, is the first study attempting to understand the whole range of alcohol-related problems in Thailand by including the negative consequences of alcohol drinking to other people than drinkers themselves. The main objectives of this study were to: document the scope and magnitude of alcohol's harm to others in the Thai population by considering various patterns of negative effects or events; understand the relationships between drinkers and respondents; as well as to explore the evidence available from the services that respond to and provide care and support to HTO victims.

Although Thailand has a quite low prevalence of drinkers (approximately 30%), the findings from this study show that harm from alcohol drinking is prevalent and widely distributed. Most Thais (82% of 1,695 respondents) have experienced some adverse effects of others' drinking in the last 12 months. About 28% of respondents reported they were affected a lot – including 18% by strangers and 19% by family or friends. Among those who report having co-workers, the prevalence of harm from others' drinking at work was 32% and the prevalence of the harm to respondent's children was 25% among respondents who have some parental responsibility for children.

Overall, a higher proportion of male, younger, married, richer, Northern and North Eastern, drinkers reported being negatively affected. However, by considering various adverse events of harms, researchers found different patterns. A high proportion of HTO was related to the drinking of strangers or the drinking of others in public places. Specific negative experiences or events at home due to the drinking of family members or friends were also prevalent. The pattern of HTO experienced by women and men differed, as did the patterns experienced by those with different relationships to the problematic drinkers.

This research also showed the economic impact of HTO and the financial burden upon people surrounding the drinker in several situations, for instance because of events such as financial stress or damage to their house, car or property as well as time spent responding to negative events caused by the drinking of others.

Looking at the services that respond to HTO, and provide care and support to the people who were affected negatively, services can be categorized into three main sectors: health, police and justice, and social protection. These services take care of these three prominent forms of HTO, including violence against women and children, traffic injuries, and crimes against the person and property. Violence against women and children seems to be the HTO problem which receives the greatest response in Thailand when compared with response systems for other harms. In addition it is the sectors with the most developed data system. However, generally, it can be seen that the there is less recognition and perception of the HTO concept from provider perspectives especially formal governmental services and a lack

of recorded data. 28% of respondents reported they were affected a lot which 18% by strangers and 19% by family or friends.

In conclusion, the substantial proportion of harm from others' drinking in Thailand found in this study requires attention from the public and action from policy makers. Effective alcohol policy to reduce the rate of heavy drinking and mitigate its negative consequences would benefit not only drinkers, but also the people surrounding them. In addition, service systems for supporting and taking care of the proportion of people who are affected substantially by others' drinking should be promoted.

2 Background

2.1 The international collaborative research project

The Harm to Others from Drinking project is a collaborative international project under the Memorandum of Understanding between the World Health Organization and the Thai Health Promotion Foundation. The proposal was developed in the framework of the WHO international research initiative on alcohol, health and development. The research project measures and analyses the harm to others from drinking in six low- and middle-income countries, in terms of the situation in each society and also in cross-national analyses. Each collaborating country that carries out the project must follow the master research protocol.

2.2 Drinking and related problems in Thailand

The situation of alcohol consumption in Thailand has been measured through several periodic national surveys. The survey results on Alcohol and Tobacco Consumption of the National Statistical Office[1] show that 31.5% of Thai adult populations are current drinkers including 53.4% of males and 10.9% of females. There is quite a high prevalence of risky patterns of drinking compared to other developing countries. The prevalence of regular drinkers is 44.2%, and 35.3% are binge drinkers (drinking more than 50 grams of alcohol per occasion).

Focusing on measuring alcohol-related problems, our review examined several national surveillance systems and local records. We have reported separately on each specific type of alcohol-related problem reported by each responsible agency. For example, alcohol-related injuries and deaths from traffic accidents were reported by the Royal Thai police. Alcohol-related mortality and morbidity were reported by the Ministry of Public Health. Alcohol-related domestic violence and sexual abuse data were found from non-government organizational (NGO) records such as the Friends of Women Foundation and the Women's and Men's Progressive Movement Foundation. In addition, there are many surveys in Thailand interested in exploring individual and social negative effects of alcohol drinking. However, most of them have often focused on the problems of respondents' drinking to themselves, while there are only a few small-scale studies exploring some issues of harms from others' drinking. The results of the National Statistical Office's survey reported that 13.5% of the population have at least once experienced the following adverse events: being injured or getting involved in alcohol-related accidents including traffic accidents, domestic violence or having a family problem due to alcohol drinking, having a problem in their working life due to alcohol drinking, drink driving, and drinking during pregnancy or the breastfeeding period. Men were more likely to report experience with adverse events from their own drinking than women such as trouble with household finances, family relationships, working or studying and personal health. This evidence is limited in its generalizability to the general population as well as representing a comprehensive picture of negative effects of alcohol drinking in Thai society.

[1] National Statistical Office, Ministry of Information and Communications Technology (2010), A survey report of smoking and alcohol consumption among Thai population 2010,

There have been only two national well-designed studies that have estimated the burden of alcohol-related problems comprehensively in Thailand. Firstly, the results of the Burden of Disease and Injuries in the Thai Population 2009 study showed that among males, alcohol dependence was ranked the first cause of deaths and disability, and alcohol drinking was ranked the first health risk factor, contributing 8.7% and 15.7% of disability adjusted life years (DALYS) respectively. Secondly, the economic costs of the alcohol consumption study showed that 156,105.4 million baht (9,627 million US$ PPP) or about 1.99% of the total Gross Domestic Product (GDP) was attributed to alcohol consumption. The largest costs were due to productivity losses because of premature mortality, followed by costs due to reduced productivity, health care costs, costs of property damage as a result of road traffic accidents, and costs of law enforcement.

2.3 Study goal and objectives

The main goal of the study is to understand the scope and magnitude of alcohol`s harm to others than the drinker in Thailand and the implications of this for policies and interventions to reduce the harmful use of alcohol.

This information complements data available on alcohol consumption as a risk factor in the burden of disease study, since that data primarily measures adverse effects of drinking on the drinker. Collecting and analysing information on alcohol's adverse effects on others has several anticipated benefits for society:

- the information on the scope and size of problems will point to where the greatest unmet needs are, in terms of services and assistance;
- in yielding detailed information about the circumstances and contingencies of particular harms to others, the data can contribute to forming responses and policies that are maximally effective in preventing or ameliorating the harm;
- the data is likely to be particularly helpful in developing policy support for effective countermeasures and policies, since harm to a second person from the first person's behaviour is a strong argument for effective governmental policy and prevention;
- the study's results will provide guidance for future efforts to improve the database on alcohol's harms to others, both at international and at national and subnational levels, as well as for policies and other efforts to reduce rates of such harms.

2.4 Study design

This national report covers Phase I of the WHO study, including two components; (1) A scoping and assessment study and (2) A general population survey. The scoping and assessment study looks at how serious harms from others' drinking are dealt with by major societal response agencies, such as police, hospitals and family assistance agencies. The general population survey approaches the problem from the grassroots level: what do Thais experience in their everyday life in terms of harms from others' drinking to themselves, and to children for whom they are responsible?

1. **A scoping and assessment study** which establishes what data is already available in the society on the nature and extent of harm to others from drinking. The aims of this component are twofold;

- to provide information concerning notice given to and the handling of drinking by others in cases dealt with by social and health agencies. This will be used in the summary reports at the end of the first and of the second phase;
- to provide information for the planning of sampling frames and procedures for the Phase II study, which will include registry data analysis and a case load study.

2. **A general population survey** of 1500 completed interviews of adults on the respondents' experiences of harms from others' drinking. The WHO protocol specified that the survey should cover regions of the country or the whole country, and the Thai survey covered five provinces which reflect well the diversity of the country.

The aims of this component are:

- to be the main source of information on the experience of harms from others' drinking as broadly experienced in the population of the society;
- to chart the distribution of different forms of harm in different segments of the population, defined by demographics, by geography and by their own drinking patterns;
- to provide a data point for cross-national analyses of rates, distribution and determinants of harms from others' drinking.

3 Findings from the Scoping and assessment study

3.1 Methods

Data Collection

Researchers employed two methods sequentially to collect data. Firstly, document review was employed to explore systematically how societal service agencies responded to people affected by others' drinking in Thailand. Researchers collected many forms of information, including published evidence, news and organizational reports, by searching for keywords on alcohol-related problems or negative effects (such as injuries, violence, assault, domestic/family violence, child abuse, crime and traffic accidents) in web search engines, and websites of relevant agencies. Secondly, researchers interviewed key informants to investigate current structures, functions and practices of service agencies, including practices on recording information on the involvement of others' drinking in cases.

Key informants and agencies

Based on document review, the main service agencies providing care and support for victims of harm to others from drinking (HTO victims) in Thailand were listed. Then, they were categorized into four main sectors: health, social protection, justice and police, and others. Researchers purposively selected a few agencies from each sector to study. The selected lists cover both the national and the provincial level, as well as both state-run and civil society (NGO) agencies. Twelve agencies, out of 18 identified agencies in four provinces (Bangkok, Nonthaburi, Khon Kaen and Saraburi), gave voluntary consent to participate in the study. The agencies include 8 governmental agencies and 4 NGOs. Administrators and relevant staff members who are in charge of client service or working on alcohol-related issues in each agency were interviewed face-to face in semi-structured interviews between April and September 2013. The interview includes information on four main topics: agency background, situation and pattern of HTO-related cases, data and recording systems, and concern about and experience with HTO.

Table 1 List of 12 interviewed agencies

Sector	Name of informants agencies	Level	Characteristic
Health	Psychiatric hospitals: Somdet Chaopraya Institute of Psychiatry (Alcohol abuse and drug use department)	National/ Local	Government, Ministry of Public Health
	Regional hospital: Khon Kaen Hospital, (Mental health department, Trauma and Critical Care Center)	Regional/ Local	Government, Ministry of Public Health
	Primary Health Care: Talad-Noi Primary care unit in Saraburi	Local	Government, Ministry of Public Health
Social protection	Women 's organization: Friends of Women Foundation (FWF)	National	NGO
	Women's organization: Women and Men Progressive Movement Foundation (WMPM)	National	NGO
	Children protection center: Center for the Protection of Children's Rights Foundation	National	NGO

	(PCR)		
	Social welfare office: Khon Kaen Provincial Ministry of Social Development and Human Security	Local	Government, Ministry of Social Development and Human Security
Justice and police	Police Station: Nonthaburi police station	Local	Government, Ministry of Interior
	Police Station: Khon Kaen Police Station	Local	Government, Ministry of Interior
	Probation office: Nonthaburi Juvenile Observation and Protection Centre	Local	Government, Ministry of Justice
Others	One Stop Crisis Center in Khon Kaen Hospital (KK OSCC)	Local	Government, (Multi-ministerial collaboration)
	Alcohol and drug treatment (Religious): Tham Krabok temple in Saraburi	National (Informal)	Religious organization, Ministry of Culture

3.2 Alcohol's harm to others in response services: Characteristics and sense of magnitude

In Thailand, three sectors -- health, justice and police, and social protection -- play the main roles in providing services for HTO victims. From our interview with selected agencies in each sector, HTO victim cases were roughly grouped by type of harm into these four most common categoreis: (1) Violence against women and children, (2) Traffic injuries, (3) Crimes against person and property such as physical assault, quarrels and fights, and (4) other harms. Figure 1 shows the pathways of HTO cases to the main response services.

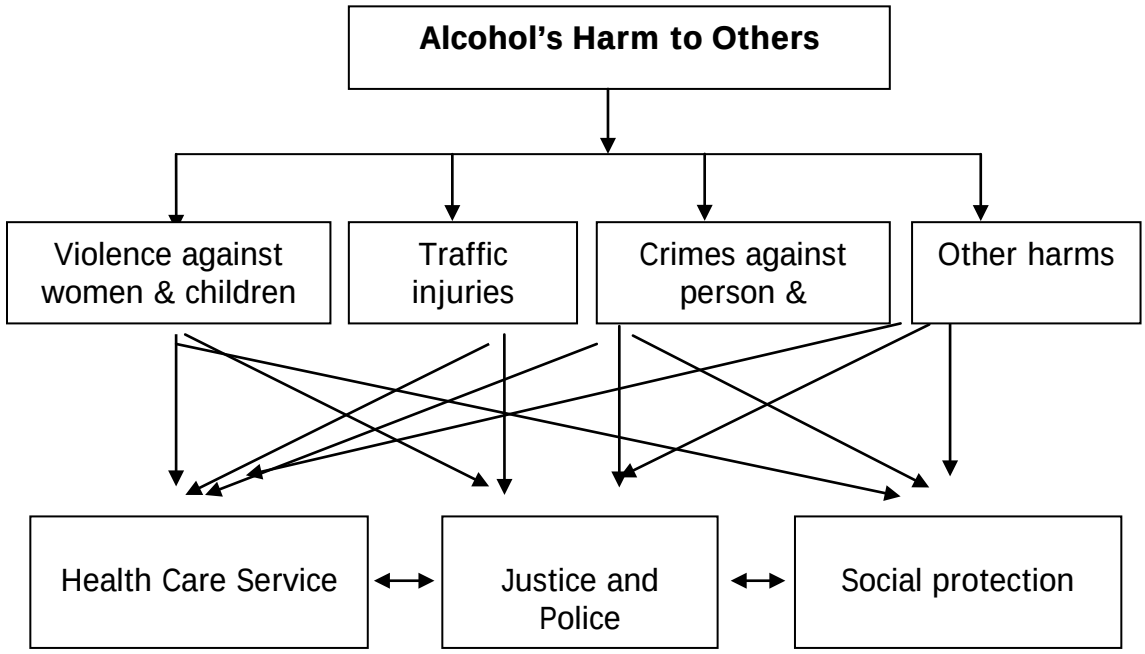


Figure **1 Alcohol's Harm to Others and main response services.**

3.2.1 Violence against women and children

In Thailand, beside the Criminal Code B.E.2499 (1946), there are two main laws designed to protect children and women's rights and welfare: the Child Protection Act B.E. 2546 (2003) and the Domestic Violence Victim Protection Act B.E.2550 (2007). These laws are fundamental for addressing the issue of violence against women and children. Responses to such problems involve collaboration between several state-run and civil society agencies, including the One Stop Crisis Center (OSCC), the Office of Women's Affairs and Family of Ministry of Social Development and Human Security, the Royal Police office, the Office of the Attorney General, Courts of Justice ,Emergency home under the Association for the Promotion of the Status for Women and the Friends of Women Foundation (or temporary shelter where provides assistance and services for women and children who are victims of violence).

Most violence against women and children is manifested in, and registered as, physical and sexual assault. Most victims who come to services are the more severe cases, often involving traumatic injury. Victims are frequently brought to service agencies by someone else rather than walking in by themselves. Thus, the health care system, especially hospital emergency departments, is the most common front line system for victims of this category. Only a minority of cases would pop up at other social welfare services or in the judicial system.

Domestic violence has gained attention in Thai health and social service systems. One Stop Crisis Centers (OSCC) were set up at all provincial hospitals to be the special units providing integrated services to patients who experienced domestic violence, including medical services, legal matters, rehabilitation and other social supports [Frame I]. Further, the OSCC Network for each province was established to boost case-finding and provide

comprehensive care in the longer term. This OSCC Network includes all departments in provincial hospitals, district hospitals, local police officers, community leaders and health volunteers. But in practice, not many of OSCCs and OSCC Networks work effectively.

From the recorded data from Khon Kaen OSCC, there were 1,068 patients in 2012. Women and children are identified as the main victimized clients. There are about 4 to 5 new cases every day, or about 70 to 80 cases per month, transferring to Khon Kaen OCSS. It is estimated by the staff that about half of female client cases were related to alcohol drinking and drunkenness of husbands or partners. About 50% of female cases were physically abused, and about 40% sexually abused. Cases of male drinkers physically assaulting their mothers were also found in the record.

Frame 1: The One Stop Crisis Center (OSCC)

The One Stop Crisis Center (OSCC) was set up in 2000 under the Ministry of Social Development and Human Security as a government policy response to family violence. It provides immediate social assistance to children, women, elderly and persons with disabilities who are confronted with problems such as domestic violence (including physical, psychological, sexual violence and neglect), human trafficking, gender-based violence, child labour and teenage pregnancy. It also plays a preventive role by raising public awareness and focuses on rehabilitation.

The OSCCs are located in all provincial hospitals, normally close to the emergency room. The OSCC program includes a hotline managed by trained staff, a network of 22,000 crisis centers around the country and 1,300 mobile units to access communities nationwide. It provides medical services for both mental and physical health, and acts as a case manager, liaising between clients and other institutions, in order to transfer the clients to receive services that meet their needs. The Center also has temporary shelter for clients. The Center uses a multi-disciplinary team including lawyers, psychiatrists, medical doctors and other stakeholders.

Several non-governmental organizations (NGOs) have worked at ground level for a long time providing assistance to domestic violence victims and conducting social campaigns to raise public awareness and improve attitudes on women's rights. The Friends of Women Foundation (FWF) with four regional centres, the Women and Men Progressive Movement Foundation (WMPM) and the Center for the Protection of Children's Rights Foundation

(PCR) are examples of well-recognized organizations in this area. Their declared missions and available services are listed in Table 2. On average, FWF has 100-120 female clients each month, classified into four groups: domestic violence, sexual abuse, unwanted pregnancy and human trafficking. Domestic violence accounted for 70 to 80% of all cases. Among these cases, issues of adultery and jealousy are very common. About one-third of all cases are related to alcohol. The staff of FWF observe that there has been an increasing trend in terms of client numbers and case severity in the last five years. Some of the most severe FWF clients include cases of spouse burning by an intoxicated husband (see Vignette I for example). WMPM provides services similar to FWF for domestic violence against women, but it focuses more on gender equity, promoting an alcohol-free community, and psychological abuse. WMPM also provides a treatment program assisting both men and women to quit drinking. A larger percentage, (55%) of WMPM clients are affected by alcohol-related problems.

According to the Child Protection Act B.E 2546 (2003), PCR, set up in 1981, is among the formal agencies with responsibility for taking care of child clients. It can be said that PCR is the active coordinator agency in the social service system for these cases. PCR coordinates other agencies such as government welfare and legal offices to provide appropriate treatment and rehabilitation to clients, including assistance with legal matters. There were about 250 to 300 children clients annually, including cases of neglect or deprivation, trafficking, and physical, psychological and sexual abuse, transferred from many agencies or persons such as hospitals (about 80% of all transferred cases), schools, the community, caretakers, relatives or parents. About 20% of records were physical abuse cases and 60% sexual abuse cases -- mostly committed by their relatives. The number of victimized children under the age of 5 has been increasing over the last year. About 75%- 80% of cases were related to alcohol drinking, with some of them also related to drug use. There were several cases of physical child abuse by drunken family members. For sexual abuse, alcohol sometimes was used as a means to groom the victim and enable the incident by encouraging younger victims to drink.

Table 2 NGO agencies with specific services for domestic violence

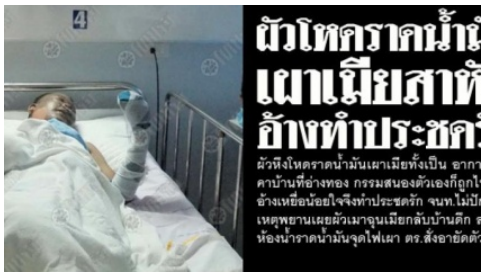
Organization	Services/activities
Friends of Women Foundation (FWF)	• Providing services to women who experience physical violence, sexual abuse, family problems and human trafficking • Providing legal and societal support, in the form of phone and face-to-face consultation • Coordinating to integrate clients with other social work institutions regarding their needs • Supporting rehabilitation counselling
Women and Men Progressive Movement Foundation (WMPM)	• Providing services to men and women who are affected by violence -- both physical and sexual abuse, and domestic violence • Providing legal and social support, in the form of face-to-face and phone consultation • Integrating clients with other social work institutions regarding their needs • Advocating active and equal participation between men and women (gender equity) in social activities and policy process

	• Proactive prevention program for the population at risk and a quit program for drinking women who want to quit
Center for the Protection of Children's Rights Foundation (PCR)	• Promoting child rights, child and family development • Providing help in seeking treatment and care, legal and social services to victimized children (neglected or deprived, trafficking, physical, psychological and sexual abuse) aged under 18 through the child protection process

Vignette I: Drinking husband and Burned Wife

Wife burned: jealousy or alcohol !!

"80% of body burned, pain extending from bone to skin, and her grief continues"



Miss A, aged 18, graduated from secondary school in the Northeast of Thailand. She migrated to work in a factory in Bangkok and met Mr. B who also came from the same region. They fell in love and shortly decided to live together without parental approval. Before staying together, Mr. B drank only occasionally. After only a short period together, the behavior of Mr. B changed: he became a regular drinker, became jealous and often abused Miss A. His conduct to Miss A often became violent after drinking, and he often accused Miss A of adultery. Miss A later decided to separate, and live on her own nearby, because she could not tolerate any more abuse and pain from Mr. B. The day that changed Miss A's life forever is the day that Mr. B was again drunk with his friends. Mr. B dragged Miss A to his room and abused her with all his force; finally, he spilled petrol over her body and then burned her. Her neighbor came to help, but that was too late. Now, Mr. B was penalized with 17 years imprisonment and left Miss A in pain and sorrow.

Smaller proportions of violence against women and children cases were found in police records. Police in Khon Kaen police station observed that in most cases of fighting between husband and wife, the complainant just wanted the police to notice the case, but did not want to proceed with the prosecution process. Therefore, most cases were registered as a compoundable offence, and not taken to further legal process.

Officially, the provincial Office of the Ministry of Social Development and Human Security is the main agency responsible for social welfare and services for vulnerable people. It thus has the opportunity to take care of the victims of violence, and prioritize assistance of women and children who are victims. In practice, however, the Office focuses more on poor people, elderly people, and people with disability and disadvantages, rather than women and children victims of domestic violence.

3.2.2 Traffic injuries

The main legislation and national policy to control drink driving is the Land Transport Act B.E 2522 (1979), auspiced by the Road Safety Authorities. People who are affected by traffic injuries might show up at a hospital emergency department, through on-site emergency medical service, through the Royal Police office and in courts. In practice, charity agencies volunteer to take care of first aid and transfer patients to hospital, and act as another type

of agency dealing with drink-driving cases and victims. The most popular volunteer group is the Ruamkatanyu Foundation, with their own thousands of mobile rescue units.

As with family violence victims, alcohol-related traffic injuries and accident cases are most likely to be found in the emergency rooms of hospitals. Nurses at the Trauma and Critical Care Center of Khon Kaen hospital estimated that 90% of road traffic injury inpatients were alcohol-related, and mostly caused by self-drinking. Of these cases, about 40% were motorbike drivers and 20% were passengers who were victims of drinking drivers. The prevalence of road traffic injury cases increased during the weekend and long holidays, when Thai people hang out and drink. This study found that documentation on alcohol in road traffic injury is neither mandatory practice nor standardized among relevant officers. Therefore, records on alcohol and drink driving cases differ considerably between health and police agencies in many jurisdictions.

3.2.3 Crimes against person and property

Crimes against person in this study are serious offences including assault, battery, rape and homicide. Crimes against property include two types: firstly, crimes in which property is destroyed, including such acts as arson and vandalism, and secondly, crimes in which property is stolen or otherwise taken against the will of the owner, including larceny, robbery and embezzlement.

Surprisingly, the role of alcohol in criminal cases is little documented, and thus cannot be found in the records of police stations, which register on average 200-300 legal cases a day. Police officers at the Nonthaburi police station estimated that documented alcohol-related criminal cases might account for only 5 to 6% of total legal cases, although they recognized that alcohol is actually involved in many crime incidents, such as public intoxication, which is a very common phenomenon in their jurisdiction. Such public intoxication could be easily charged under the Criminal Code B.E. 2499, Section 378, but in practice most of these cases are not picked up. Police officers gave some further reasons for under-reporting: that many cases can be settled by compromise in the view of officers and litigants, in which case litigants may not want to continue the case to further legal process, and that all parties might see no benefit to recording the alcohol consumption. Police officers at the Khon Kaen police station assumed that 40% of assault and battery cases are associated with alcohol drinking, and stated that these cases almost always occurred in communities during local ceremony and festive celebrations. The cases were more serious if the drinker used armaments. Fighting among teenage groups is regular in urban areas. For most such brawls, it was found that they coincided with alcohol drinking, drug use and motorcycle racing in public streets at night, which created public disturbance and danger to the whole community (see Vignette II). A drunken offender who set fire to his own house and attempted to burn an old lady was one of the most drastic incidents reported by the police interviewed. For less serious crimes, only a few robbery and larceny cases were reported to involve drinking before such cases. In addition, there is also no record about alcohol in the records of the Juvenile Observation and Protection Centre, which is the specialised agency on juvenile delinquency.

Vignette II Motorcyclist Racing Gangs, Alcohol and Vandalism

Motorcyclist Racing Gangs, Alcohol and Vandalism

Many victims report to the police on the damage of their public vehicles causing by teen motorbike gangsters. Drinking and intoxication in public areas are common among them. Mr. A is among those affected in such cases. This 46 year old truck driver drove his vehicle past some 10 youngsters who were drinking. Suddenly and for no reason, one of those young gangsters threw beverage bottles and stones at his wind shield. Mr. A stated that he was almost killed by this incident, and not only his truck, but also other lorries driving past, were attacked in this way by these young gangsters.

3.2.4 Other social harms

Mental health problems

Psychological harms from others' drinking can also be found in the mental health departments of hospitals. A psychiatrist at Khon Kaen Hospital observed that about 70% of her female patients diagnosed with general anxiety disorder (GAD) and depression have heavy drinker(s) in their family and face socioeconomic problems. Most commonly, the problematic drinkers in their life are husbands and sons. Information from the Mental-Health Hotlines Call Center shows that alcohol use and alcohol-related problems, together with stress from work, marital relationships, children's addiction to computer games, drug use, and gambling, are among the most frequent reasons for consultation.

This study found that data on alcohol is largely ignored by relevant service agencies. Attention to the alcohol use of patients and those surrounding them largely depends on the personal interest of mental health workers. Many alcohol-related mental health patients therefore were left untreated, because alcohol issues were neither the main complaint nor primary diagnosis.

Unwanted teenage pregnancy

This study found many cases of alcohol-related unwanted teenage pregnancy manifested at Khon Kaen OCSS. The prototype case involves drinking by both parties before engaging in sexual intercourse. A few teenage moms who are lesbian tomboys drank with a group of male friends before the sexual incident that led to unwanted pregnancy. Apart from social campaigns, however, alcohol is not mentioned in proactive efforts to address teenage pregnancy. Recording whether alcohol use was involved is also not part of the standard protocol for information on every client of these service agencies.

3.3 Recording of alcohol harm to others data in service agencies in Thailand

This component of the report describes the existence of data systems about HTO at the organizational level. Most service agencies have no standards about how to document information on alcohol use. Such data as is recorded on alcohol use and HTO from these agencies have been categorized into three formats: in annual reports at the aggregated level; in computer databases and; in case profiles (paper-based). The latter two formats are available at the individual case level. Examples of alcohol and HTO data recorded in service agencies are shown in Table 3.

Health service system records

Within the health care system, HTO victims are most likely to present in two hospital departments: the emergency room and the mental health unit. Most intentional and unintentional injury patients come or are referred to emergency departments. In some settings, cases of violence against women and children may go to the OSCC, which are located within provincial hospitals, although it is not directly under the MoPH. For most injury cases, hospital staff ask about alcohol consumption before the incident, as part of a standard history taking practice, through patients, friends, and relatives. Basic practices also include observation of alcohol odor from breath, particularly among unconscious patients. Only some hospitals have quite comprehensive data collection practice, using 'Injuries Surveillance Forms' which record the drinking status of injured patients and their blood alcohol concentration (BAC). Verifying BAC is not common for non-fatal cases, partly due to controversy on the right of health workers to test for BAC without consent. For most cases, hospital staff are unable to examine information about the alcohol consumption of other relevant persons, including other parties involved in accidents and perpetrators. Therefore data from hospital settings mainly focuses on the drinking of the patient, not HTO. Moreover, many patients see that recording alcohol consumption of injured or other parties may have legal implications, as well as impact on health insurance coverage. Hence, some do not want the hospital to record such data, or may not give consent for BAC testing. For some serious cases such as assault or homicide, hospital staff, rather than patients, may report cases to the police.

Domestic violence records

The situation of domestic violence cases in Thailand is well-revealed in the annual report required by the Domestic Violence Victim Protection Act B.E.2550 (2007), and is a matter of high concern among governmental organizations and NGOs. Generally, the report presents rough proportions of alcohol or drugs-related cases, both legal and non-legal, in several partner agencies under the coordination of the Office of Women's Affairs and Family Development, Ministry of Social Development and Human Security. Detailed reports which collect data on alcohol drinking by both victims and offenders and include some case studies can be found in NGO organizations' reports, such as from the Women and Men Progressive Movement Foundation (WMPM). However, this report covers only those victims coming to service agencies, whereas a substantial proportion of domestic violence victims do not access these. (See Table 3)

Police and justice records (only criminal cases, not include civil cases)

Not all cases recorded in the police system contain alcohol data. Information on alcohol is seldom recorded in general case reports, while it is a little more common for legal cases that go beyond just a case record. Alcohol-related data, including BAC, are recorded only for arrested drink driving cases, and only for vehicle drivers, not every injured person, and blood alcohol concentration level (BAC) of the drivers will be collected only for cases involving legal process, not for all road traffic injury cases. The limitation of police data is thus that the records collected are only for cases involving legal process. With limited awareness of alcohol's contribution to crimes and injury, alcohol has been practically ignored by police officers in their investigation processes. Alcohol consumption is not included in the interview guideline and structure, leading to substantial underreporting of alcohol-related cases. As the gateway to further justice system processing, police underreporting also results in underreporting in attorney, justice court and correction sectors, such as the youth detention center.

Table 3 Examples of alcohol data recording in selective service agencies

Organizations	**Alcohol recording data (and relevant behaviors)**	**Type of data**	**% estimated HTO cases** (of total clients)	**Perception on HTO trend**
One Stop Crisis Center in Khon Kaen Hospital (KK OSCC)	• Drinking and drugs use status of clients	Case profile (on paper and in computer database)	~ 50% of female clients (affected by drunken husbands/ partners) (Total 1068 clients/year, ~ 70-80 cases/month)	Steady in both prevalence and patterns of problems
	• Drinking and drugs use of offenders (as part of the personal details of offenders and the probable causes of violence) • Drinking and drugs use status of caretakers • Other social factor (i.e. having drinker(s) /drug user(s) in family)	Violence case's profile (some variables were kept in computer database) and summary in annual report		
Somdet Chaopraya Institute of Psychiatry (Alcohol abuse & drug use department)	• Drinking status and pattern of patients with alcohol-related problems, alcohol dependence (using AUDIT)	n/a	n/a	n/a
Khon Kaen Hospital, (Mental health department)	• Drinking of patients with mental problems (especially in depression and anxiety) • Drinking of other family members (by interview)	Patient profiles (OPD folder, paper based)	~ 70% of female patients diagnosed as general anxiety disorder (GAD) are associated	increase

			with having heavy drinker(s) in household & constraining socioeconomic problems.	
Khon Kaen Hospital, (Trauma and Critical Care Center)	• Drinking behavior of (injured) patients (yes (mg%), no, don't know) (when arrived)	Injuries surveillance form (kept in case's profile & keyed into computer database)	n/a	Steady
Talad-Noi Primary care unit in Saraburi	n/a	n/a	Less than 5%	Steady
Friends of Women Foundation (FWF)	• Drinking status of clients (victims) and • Drinking status of offenders (husband, partner, family members) • Drinking pattern of offenders (drinking volume & frequency)	Structured interview form, case profile (keep in computer database)	~ 30 – 35 % (Total ~ 100 – 120 cases/month)	Increase
Women and Men Progressive Movement Foundation (WMPM)	• Drinking of clients (men and women) • Drinking pattern of offenders (drinking volume & frequency)	Structured interview form, case profile (keep in computer database)	~ 55%	Increase
Center for the Protection of Children's Rights Foundation (PCR)	• Descriptive data from case interview/investigation	Case profile (Paper-based)	~ 60-70%	Increase & more complicated problems
Khon Kaen Provincial Ministry of Social Development and Human Security	n/a	n/a	n/a	n/a
Police Station (Nonthaburi, Khon Kaen)	Traffic accidents: • Drink driving with BAC for legal case Assaults: • Drinking of offender • Descriptive data from case interview	Report of the lawsuit or case law	Less than 5%	Remained

Nonthaburi Juvenile Observation and Protection Centre	• Drinking of clients • Drinking pattern of closed family members/care takers (Types, volume, frequency)	Case profile (Paper-based)	Lesser	n/a

3.4 Conclusions of the Scoping and assessment study

This study attempted to develop a panoramic picture of services that respond to and provide care and support to HTO victims. The concept of HTO was adopted to focus on and categorize the alcohol-related harms in society. Existing services that manage HTO can be categorized into three main sectors: health, police and justice, and social protection. Three prominent HTO found in the selected agencies in this study are violence against women and children, traffic injuries, and crimes against the person and property. It can be seen that these three recognized types of HTO did not extend far beyond the acute (short-term effects) harms to individuals.

Data from key informant interviews provided a better picture of the responses to HTO in Thai society: who was affected, whom were victims affected by and where HTO victims went to get help. Due to limited understanding of the HTO concept, and the complicated mechanisms involved that affect social attitudes, norms and expectations and attribution of problems to alcohol, and a lack of recorded data, however, we still have little sense of the scope of the problems and cannot depict their magnitudes. For instance, whereas many patients with general anxiety disorder were found to have drinker(s) in the family, this type of HTO has not been considered as HTO by providers. We know that the most common pattern of domestic violence involves a drunken husband and a victimized wife, and we find that the contribution of alcohol drinking to traffic injuries and crimes is acknowledged, but we do not know how many HTO victims are hidden in society. Consideration of alcohol-related harms has primarily focused only on consequences for drinkers, particularly health problems, and HTO has not been well-recognized. As a consequence, this issue is neglected, leading to less action and few accessible services as well as no recorded data.

Violence against women and children seems to be the HTO problem with the most responsive service and data system, compared with other harms. Apart from formal governmental services, there are the OCSSs, which provide an integrated and coordinated system, and several NGOs established to respond to this problem and provide supports to the victims of violence. However, most of these agencies still respond passively, providing care after these events. It is rare to find prevention interventions in the agencies studied. Police services are also reactive, rather than proactive: always on-call at their station waiting for victims to walk in or for emergency calls.

With respect to data registry systems, it can be said that all sectors including health, police and justice pay little attention to the alcohol dimensions of their caseloads, and particularly to the drinking of others besides the case in front of them. The real magnitude of problems is unclear and under-reported. We don't know how many victims there are who cannot access services and remain hidden in the household or community. The existing information is also not kept in systematic ways, and is likely to duplicate recording of the same clients in

different agencies, since paper records are often not coded into electronic form. Putting together cumulated registers is likely to require extensive data cleaning.

4 Findings from the Population survey

4.1 Methods

The surveys in the general population were undertaken by the Health Promotion Policy Research Center (HPR) of the International Health Policy Program (IHPP). Approval for this study was obtained from the Ethical Review Committee of the WHO for the master protocol and by the Research Ethics Board of the Institute for Development of Human Research Protection (IHRP) for the Thailand project.

Design and sampling method

This study is a cross-sectional household survey conducted between September 2012 and March 2013. A multistage sampling technique was employed. Five provinces were selected to represent each of the four geographical regions and the capital city of Thailand (Chonburi from Central, Chiang Mai from North, Khonkaen from North East, Suratthani from South and Bangkok) (Figure 2). Within the selected province, a district where the provincial capital is located and two other randomly chosen districts were used. In each selected district, two randomly chosen sub-districts were included, then in each subdistrict four villages/blocks were chosen. Fifteen households were selected from each village/block (figure 3). One household member aged between 18 and 70 was randomly selected (by using a random number applied to the sequential list of household members' ages) for a face-to-face interview by one of 5-7 trained interviewers, under the supervision of an experienced fieldwork director (see Figure 3). In total, there were 5 provinces, 15 districts, 30 sub-districts, 120 villages/blocks, 1800 households and 1,695 respondents, with a 94% response rate.

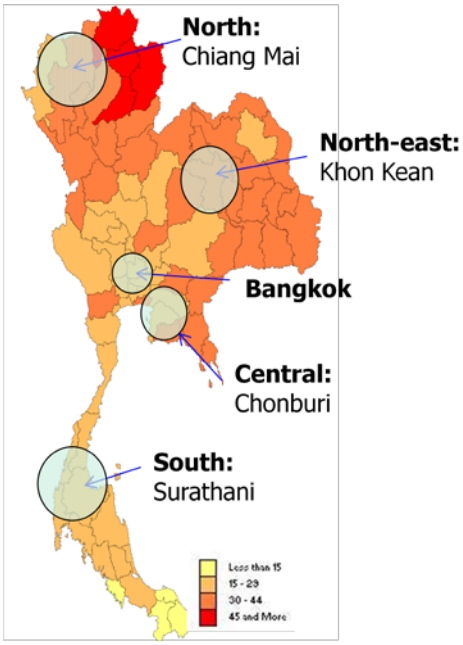


Figure 2 The five provinces selected for the study

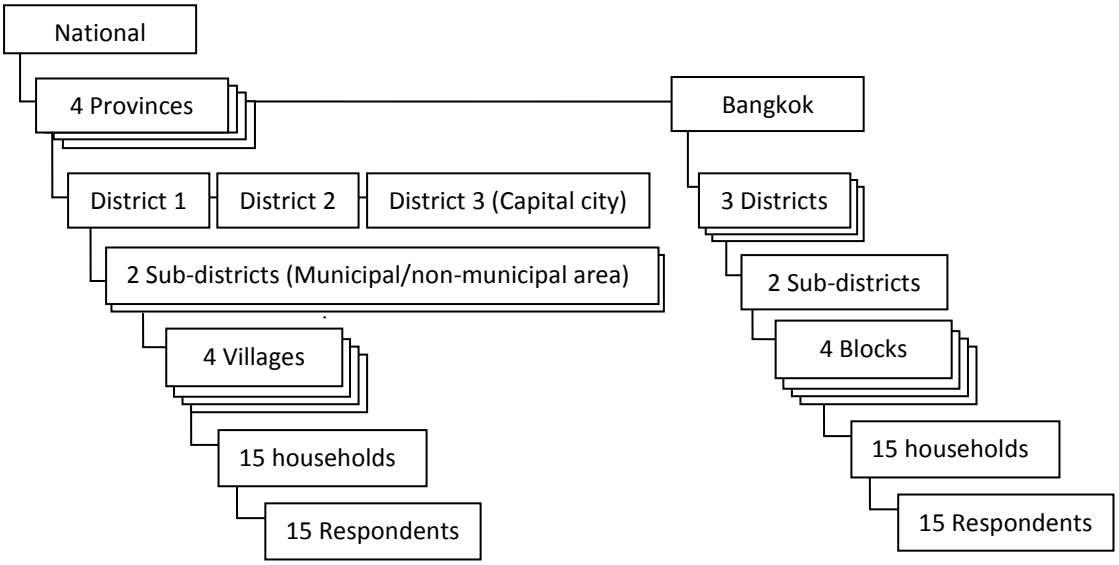


Figure 3 Sampling framework

Measurement

The survey instrument was translated from the full questionnaire (Version 1) of the master protocol, "A WHO/Thai Health International Collaborative Research Project on the Harm to Others from Drinking" (13) and also back-translated to check the meanings, using the WHO protocols for such translation/back translation techniques.

Survey instrument (Version 1)

	Section	Items	Note
A	Household and Demographic Questions	22	✓
B	Personal Wellbeing Index and EuroQOL-5	6	✓9 statements
C	Brief assessment of harms from others' drinking	13	✓Frequency*, Cost
D	Heavy drinkers in your life	6	✓Frequency *
E	Caring for drinkers	4	✓Time spent
F	Demographics of Identified Drinker	6	✓
G	Children section	7	✓ Frequency *
H	Impact of others' drinking on work	3	✓Time spent
I	Alcohol-related harm in the Community	2	✓ Frequency *
J	Seeking help	6	✓Time spent
K	Drinking Questions for the Respondent (Q, F, Binge, largest/day, effect Score)	5	✓

** measuring by number of event(s) (once or twice OR three or more times)*

Demographic variables

Socio-demographic data of respondents including gender, age, type of living area, highest educational level, occupation, marital status, religious and income were collected.

Respondents' own drinking variables

Drinking practices in the last 12 months of respondents were assessed by asking questions about drinking frequency and average drinking volume per occasion (using a beverage-specific approach). Some items on heavy episodic drinking, including binge drinking frequency or drinking more than five drinks (50 grams of ethanol) on an occasion and the largest drinking quantity in a single day, were also collected. The respondent was also asked whether his/her drinking had negatively affected anyone else, with the extent of effect measured on a scale of one to ten.

Specific adverse effects or events of others' drinking

The survey is designed to measure adverse effects or events from others' drinking in various aspects in the last 12 months by asking a series of questions. Respondents were briefed that 'others' in each event refer to any drinkers, including family members, friends, or strangers, at the beginning of the interview. There are additional items quantifying expenses incurred from the events, including property damage or drinkers taking respondent's money due to their drinking. After a series of HTO questions, the respondents were asked to rate on a scale of 1 (the least serious) to 10 (the most serious) the overall seriousness of adverse effects from drinking of acquaintances and of strangers in the last 12 months.

Heavy drinkers

The respondents were asked to recall any fairly heavy drinkers among family, friends and others they knew, and whether they were negatively affected in some way due to his/her drinking over the last 12 months, whether living or not living together with respondent. Then, one was identified by the respondent as the person whose drinking caused the respondent the most harm in the last 12 months. That drinker's social relationship with the respondent (i.e. spouse, child, parent, sibling, relative, friend, work colleague, neighbor and

stranger), the drinker's gender and age, and how much the drinker usually drank when drinking heavily, were collected.

Caring for drinkers

A series of questions asked respondents about things they may have done to care for the drinkers in the last 12 months, with the amount of time spent caring specified in hours, days or weeks.

Service use

Respondents were asked about any help they had sought or utilized from police, health care and counseling services due to someone else's drinking in the last 12 months, with items on times spent for using these services.

Harms to children

Those respondents who reported having responsibility for any children under 18 years were asked a series of questions about events the child or children may have experienced attributable to another's alcohol use. Degrees of negative effects were measure on a scale of one to ten.

Harm in work life

Those respondents who have co-workers and are currently working were asked about work-related problems due to colleagues' or bosses' drinking, with items on extra hours or days they had to cover. Degrees of negative effects were measured on a scale of one to ten.

Harm from strangers

The impacts of and harm caused by strangers' drinking were also measured by a series of questions, which ranged from public nuisance to physical assault. Degrees of negative effects were measured on a scale of one to ten.

Statistical analyses

Data analyses were undertaken using STATA version 11. Basic demographic data of respondents and descriptive statistics on the prevalence of different types of harms are provided in this report.

4.2 Demographic data of respondents

The final sample size achieved was 1695, with a response rate of 94%. Demographic data of all respondents are shown in Table 1. The average age was 46.1 years (SD 12.9). A majority of the respondents were female, living in a municipal area, had graduated from primary school, and were married and self employed. They were 56.1% abstainers, 27.1% occasional drinkers and 16.8% regular drinkers. Only 7.3% of respondents reported binge drinking at least once a week (Table 1).

4.3 Prevalence of harms form others' drinking in Thailand

4.3.1 Respondents who experienced negative effect from others' drinking

Among the respondents as a whole, 82% (1390 respondents) reported they had experienced the negative effects of someone's drinking in the last 12 months. People who were affected by others' drinking were most commonly female (58.1%), aged 40-49 years old (27.6%), living in the north-eastern region (21.8%) and North (21.9%), living in municipal areas (62.2%), graduated from primary school (44.3%), self-employed (46.2%), and married or living with a partner (68.4%). The respondent's drinking status was only slightly predictive of having been affected by another's drinking: 51.5% of those negatively affected were abstainers, while 29.8% were occasional drinkers and 18.7% were regular drinkers. In terms of more severe effects from others' drinking, of the total sample 17.7% of respondents reported they were affected a lot by strangers and 19.4% by family or friends.

Table 4 Demographic data of respondents and the proportions of respondents who were negatively affected in any way by others' drinking in the last 12 months

	Total respondents		Respondents who experienced negative effect from others' drinking*	
	N	%	N	%
Total respondents	**1695**	**100.0**	**1390**	**100.0**
Gender				
Male	694	40.9	582	41.9
Female	1001	59.1	808	58.1
Age (Mean, SD)		(46,12.9)		(45,12.7)
18 – 19	36	2.1	32	2.3
20 – 29	175	10.3	154	11.1
30 – 39	297	17.5	268	19.3
40 – 49	451	26.6	383	27.6
50 – 59	453	26.7	361	26.0
60 – 70	283	16.7	192	13.8
Region				
Central	338	19.9	267	19.2
North East	343	20.2	303	21.8
North	347	20.5	304	21.9
South	341	20.1	250	18.0
Bangkok	326	19.2	266	19.1
Living in a municipal area				
No	642	37.9	525	37.8
Yes	1053	62.1	865	62.2
Type of living area				
In rural area (but not agriculture area)	376	22.2	330	23.7
In agriculture area	321	18.9	252	18.1
In a small city or town (< 50,000)	524	30.9	429	30.9
In a medium-size city (50,000 - 250,000)	218	12.9	172	12.4
In suburb near a large city	117	6.9	90	6.5
In large city	139	8.2	117	8.4

Educational level				
Never study in school	39	2.3	29	2.1
Primary school	783	46.2	616	44.3
Secondary school	418	24.6	353	25.4
Vocational school	195	11.5	169	12.2
Bachelor's degree or higher	260	15.3	223	16.0
Occupation				
Students	43	2.5	39	2.8
Unemployed	260	15.4	184	13.3
Public/state employee	121	7.1	110	7.9
Private employee	134	7.9	116	8.4
Self-employed	789	46.6	642	46.2
Wage earner	343	20.2	296	21.3
Marital status				
Single	320	18.9	267	19.2
Marriage or de-facto	1139	67.2	951	68.4
Widowed/divorced/separated	236	13.9	172	12.4
Religion				
Buddhism	1591	93.9	1311	94.3
Christianity	19	1.1	17	1.2
Islam	85	5.0	62	4.5
Household income				
Q1 (≤8000 Baht)	333	19.7	260	18.7
Q2 (8001-15000 Baht)	361	21.3	302	21.7
Q3 (1501-20000 Baht)	235	13.9	198	14.2
Q4 (2001-35000 Baht)	310	18.3	256	18.4
Q5 (35001-600000 Baht)	308	18.2	263	18.9
Respondents' drinking pattern				
Abstainer	786	46.4	587	42.2
Ex-drinker	165	9.7	131	9.4
Occasional drinking (< once per week)	455	26.8	413	29.7
Regular drinking (≥ once per week)	289	17.1	259	18.6

*included any of 31 items of specific adverse event

4.3.2 Overall rate and degree of harms from others' drinking

Table 5 degree of harms from others' drinking

		harm from drinking of			
	Overall	**Family /friend**	**Stranger**	**Co-worker**	**to respondent's children**
N	1695	1695	1695	792	937
Prevalence of HTO	1390 (82.0)	-	-	251 (31.7)	230 (24.6)
Degree of negative effect from drinking of (N (%))**					
A little (score 1-5)		902 (53.2)	324 (19.1)	165 (65.7)	133 (74.0)
A lot (score 6-10)	491 (28.0)	329 (19.4)	300 (17.7)	75 (29.9)	74 (32.0)

Note: *% of respondents, **from using summary rating questions (1= less severe, 10=extremely severe)

4.4 Specific negative aspects or events from drinkers

Table 6 Specific negative aspects or events from drinkers (family/ friend and stranger) that the respondents experienced over the last 12 months (N=1695)

Specific negative aspects or events from drinkers (in the last 12 months)	Total respondents		Male		Female	
	N	(%)	N	(%)	N	(%)
[C2] Been insulted	**496**	**29.3**	236	34.0	260	26.0
[C3] Been pushed or shoved	**83**	**4.9**	38	5.5	45	4.5
[C4] Been harmed physically	**40**	**2.4**	23	3.3	17	1.7
[C5] Clothes or other belongings were ruined	**64**	**3.8**	18	2.6	46	4.6
[C6] Been responsible for a traffic accident you were involved in	**88**	**5.2**	48	6.9	40	4
[C7] House, car or property were damaged	**86**	**5.1**	37	5.3	49	4.9
From friend or family						
[C8] Been a passenger with a driver who drank a lot	**386**	**22.8**	209	30.1	177	17.7
[C9] Been harassed or bothered at a party or some other private setting	**267**	**15.8**	135	19.5	132	13.2
[C10] Felt threatened or afraid because of someone's drinking at home or in some other private setting	**151**	**8.9**	48	6.9	103	10.3
[C11] Had family problems or marriage difficulties due to someone else's drinking	**149**	**8.8**	47	6.8	102	10.2
[C12] Had problems with a friend or neighbor due to their drinking	**170**	**10.0**	92	13.3	78	7.8
[C13] Had financial trouble because of someone else's drinking	**190**	**11.2**	91	13.1	99	9.9
[D5A] Had felt sad/been ignored due to the person's drinking / intoxication	**419**	**24.7**	146	21.0	273	27.3
[D5B] Stopped seeing the person due to their drinking / intoxication	**641**	**37.8**	229	33.0	412	41.2
[D5C] Had ever been forced or sexually harassed due to the drinking / intoxication	**13**	**0.8**	1	0.1	12	1.2
[D5D] That person had negatively affected a social occasion you were at	**379**	**22.4**	186	26.8	193	19.3
[D5E] That person did not complete their assigned work due to their drinking / intoxication (including hangover)	**490**	**28.9**	249	35.9	241	24.1
From friend or family who are living in the same household with respondents						
[D5F] A member of the household refused to do his or her assigned chores due to drinking / intoxication (including hangover)	**91**	**5.4**	29	4.2	62	6.2
[D5G] Had to avoid meeting friends or family members due to embarrassment over the drinking / intoxication of a person in your household	**79**	**4.7**	19	2.7	60	6.0
[D5H] Had to leave your home without eating anything because of the drinking / intoxication of a person in your household	**70**	**4.1**	16	2.3	54	5.4
[D5I] Had to flee from your home due to the	**39**	**2.3**	7	1.0	32	3.2

drinking / intoxication of a person in your household						
[D5J] A friend or person in your household stole money or other valuables from your while drinking/intoxicated	**40**	**2.4**	20	2.9	20	2
[D5K] Had not enough money for household expenses due to the drinking / intoxication of a person in your household	**58**	**3.4**	11	1.6	47	4.7
From strangers in community or public places						
[IA] Been disturbed/harassed by a drinker in a public place	**247**	**14.6**	122	17.6	125	12.5
[IB] Felt afraid when confronted by a drinker in a public place	**562**	**33.2**	153	22.1	409	40.9
[IC] Woke up at night/could not sleep due to the loud noise from drinkers	**529**	**31.2**	212	30.6	317	31.7
[ID] Felt unsafe due to the drinking of others in a public place	**649**	**38.3**	242	34.9	407	40.7

4.5 Caring for drinkers

Table 7 Caring for a family member or friend because of their drinking in the last 12 months (N=1695)

Had to do/take care for a family member or friend because of their drinking in the last 12 months	N	%	**Caring (times)**	**Time spending** (Hours/year)**
			X (SD)	X (SD)
[E1] Had to spend some time caring for a family member or friend because of their drinking	**336**	19.8	18.7 (57.2)	44.2(192.3)
[E2] Had to spend some time taking on extra responsibilities caring for children or others because of a family member or friend's drinking	**79**	4.7	36.2 (84.8)	577.0(1,964.4)
[E3] Had to clean up after a family member or friend because of their drinking	**501**	29.6	35.2 (84.8)	15.6 (49.8)
[E4] Had to take a family member or friend somewhere or pick them up because of their drinking	**321**	18.9	11.8 (40.1)	6.1 (17.6)

4.6 Service use because of the effects of others' drinking (Section J)

Table 8 Service use because of the effects of others' drinking (Seeking help) (Total N=1695)

Service use because of the effects of others' drinking In the last 12 months	**N**	**%**	**Service use (times)**	**Time spent (mins)**	**Expense/damaged cost (Baht)**
			X (SD)	X (SD)	X (SD)
[J1] Had to call the police	90	5.3	2.3 (1.87)	66.1 (95.6)	n/a
[J2] Had been admitted to hospital/emergency department	23	1.4	2.7 (5.98)	9765.7 (16304.7) or 6.8 days	8194.2 (14386.0)

[J3] Had to seek for medical treatment (including went to clinic, pharmacy)	43	2.5	2.7 (3.65)	2082.9 (7212.7) or 1.4 days	749.3 (2072.5)
[J4] Used the counseling or professional advice (including helpline or self-help group)	14	0.8	3.3 (2.26)	439.5 (1229.1)	1430 (2229.2)
[J5] Went for advice or help from a religious leader/friends/neighbors or other supporting service	117	6.9	4.3 (7.5)	140.0 (360.9)	n/a
[J6] Had to take off work or away from your normal activities	80	4.8		7.7 (14.7) days	

4.7 Alcohol-related harms from co-workers at work (Section H)

There were 790 (46.7%) respondents reporting have co-workers.

Table 9 Impact of others' drinking on work (at workplace) (n=790)

Specific impacts of others' drinking on work at workplace in the last 12 months (drinking of coworkers who respondents worked with, including boss)	**Respondents who have co-workers (790)**	
	N	**(%)**
[H1] Had problems with coworkers due to their drinking	97	12.3
[H2A] Had to cover for coworkers due to their drinking/hangover	149	18.9
[H2B] Productivity at work was reduced due to coworker's drinking/hangover	143	18.1
[H2C] Ability to do the job was negatively affected due to coworker's drinking/hangover	95	12.0
[H2D] Been involved in accidents caused by coworkers due to their drinking/hangover	45	5.7
[H2E] Had to work extra hours due to coworker's drinking/hangover	80	10.1

4.8 Alcohol's harms on children (Section G)

There were 937 (55.3% of total respondents) respondents reporting have some parental responsibility with children (37.2% have children (including adopted or stepchildren, 21.8% have other children living in the same household and 1.8% have other children)

Table 10 Specific negative aspects or events of harms from drinking on children (n=937)

Specific negative aspects or events of harms from drinking on children in the last 12 months	**N**	**%**
[G3A] Children were left in unsupervised or unsafe situation because of someone's drinking	**33**	3.5
[G3B] Children were criticised/yelled at/verbally abused because of someone's drinking	**69**	7.4
[G3C] Children were physically hurt because of someone's drinking	**16**	1.7
[G3D] Children witnessed serious violence in home due to someone's drinking	**69**	7.4
[G3E] Children were clients of Child Protection agency, family services or other response services because of someone's drinking	**1**	0.1
[G3F] Children's parents/guardians had not enough money for the things needed by children because of someone's drinking	**49**	5.2
[G4] Children were negatively affected by someone's drinking	**142**	15.1

[G5] Relationship of drinker to children		
Parents	**50**	5.3
Step parents	**3**	0.3
Siblings	**1**	0.1
Relatives from father's side	**9**	1.0
Relatives from mother's side	**23**	2.5
Friend	**13**	1.4
Others (i.e. stranger, neighbor, people in community, gangster)	**51**	5.4
[G6] Number of children who were affected by respondent's drinking	**52**	**5.6**
[G3/G4/G6] Number of children who were affected by someone's drinking in some ways	230	24.6

4.9 Alcohol-related harms from others' drinking by types of relationships

Table 11 Relationship between drinkers and respondents (n= 1,390 for those who were adversely affected)

Relationship between drinkers and respondents	Total (1390)		Male (582)		Female (808)	
	N	%	N	%	N	%
Family						
Spouse	94	6.8	4	0.7	90	11.1
Child	45	3.2	18	3.1	27	3.3
Parent	31	2.2	14	2.4	17	2.1
Other relatives	133	9.6	46	7.9	87	10.8
Friend	125	9.0	82	14.1	43	5.3
Neighbor and others	181	13.0	78	13.4	103	12.8

4.10 Demographic of identified drinker (whose drinking most affected respondents)

650 respondents identified the most problematic drinker, that is, the drinker whose drinking has affected them the most. Among this group, 24.9 % were most affected by a neighbor or people in the community, 17.1% by an immediate family member (Parent, child, sibling), 14.9% by a spouse and 14.3% by a friend. Most of the identified drinkers are male, 93.6%, and the drinker was mostly commonly aged 40-49 (29.5%).

Table 12 Demographics of the identified drinker) who has most negatively affected the respondent because of their drinking) (n=650)

Respondents who can identify the most problematic drinker such a person	Total respondents (650)		Male (266)		Female (372)	
	N	%	N	%	N	%
[F1] By relationship with identified drinker						
Spouse/ex-spouse/ex-partner	100	15.4	3	1.1	97	25.5
Immediate family member (Parent, child, siblings)	111	17.1	41	15.2	70	18.4
Other household members (e.g. aunt, uncle, grandpa, grandma & relatives in laws)	89	13.7	32	11.9	57	15.0
Friend (including boyfriend/girlfriend)	100	15.4	67	24.8	33	8.7
Co-worker	60	9.2	46	17.0	14	3.7
Neighbor/people in communitysrehto dna	187	28.8	80	29.6	107	28.2
[F2] Gender of identified drinker						
Male	606	93.2	255	94.4	351	92.4
Female	39	6.0	11	4.1	28	7.4
[F3] Age of identified drinker (years)						
16 - 19	15	2.3	8	3.0	7	1.8
20 - 29	95	14.6	44	16.3	51	13.4
30 - 39	158	24.3	77	28.5	81	21.3
40 - 49	192	29.5	69	25.6	123	32.4
50 +	1235	29.2	72	26.7	118	31.1

4.11 Out-of-pocket expenses from others' drinking

Table 13 Cost/expense spent in specific events due to others' drinking (n=374)

Negative events due to someone else's drinking in the last 12 months	N	%	Expense/damaged cost (Baht)		
			$\bar{x}$ (SD)	Min	Max
Respondents who reported experiencing financial impacts (1+)	374	22.1	10,363 (32,573)	20	200,000
[C13] Experienced financial trouble	190	11.2	4,098 (10,304)	20	90,000
[C6]Paid for involved traffic accident (i.e. as passenger, victims) traffic accident caused by others' drinking (such as health care cost, payment for fixing/repairing car/houses)	88	5.2	13,845 (31,293)	200	160,000
[C7] House/car/property were damaged	86	5.1	15,168 (35,565)	100	200,000
[C5] Clothes/other belongings were ruined	64	3.8	2,231 (2,370)	60	11,000
[D5k] Had not enough money for household expenses	58	3.4	5,953 (9,873)	100	40,000
[D5J] Money/other valuables were stolen	40	2.4	10,815 (34,310)	60	200,000

4.12 Conclusions of general population survey

Of total respondents, 82% (of 1,390 respondents) reported they had experienced the negative effects of someone's drinking in the last 12 months. Among affected respondents, most people who were affected by others' drinking were female (58%), aged 40-49 years old (28%), living in the north-eastern region and the North (22%), living in municipal areas (62%), graduated from primary school (44%), self-employed (28.4%) and married or living with partners (68%). About 42% of those negatively affected were abstainers, while 30% were occasional drinkers and 19 % were regular drinkers. Of the total sample 28% of respondents reported they were affected a lot, of which 18% were affected by strangers and 19% by family or friends.

Considering specific negative aspects or events associated with others' drinking, about 40 % of all respondents reported that they had stopped seeing the person due to their drinking or intoxication. Harm from drinking of strangers also showed that 38% of respondents reported that they felt unsafe in the public places because of drinking of others, 33% felt afraid when confronted by a drinker in a public place and 31% had to wake up at night or could not sleep due to the loud noise from drinkers. Around 22 – 30% reported that they had been insulted, drinkers did not complete their assigned work due to their drinking, they had felt sad (or emotionally hurt) or been ignored due to the other's drinking, they were a passenger with drunk driver, and the drinkers had negatively affected a social occasion the respondents were at. Physical and sexual abuse were less commonly reported, by less than 3%. Men were about 2 times more likely than women to report they had been physically assaulted, been responsible for a traffic accident, been a passenger with a driver who drank a lot and had problems with a friend or neighbor due to their drinking. Almost of those who had been abused sexually were female. Women were about 3 times more likely than men to report that they had to flee their homes and had not enough money for household expenses due to the drinking or intoxication of a person in household.

Regarding caring for drinkers, 30% of respondents reported they had to clean up after the drinking of family members or friends (Those who did report this indicated they did so around 35 times or that they spent about 16 hours doing this in the past year), 20% had to spend some time caring for a family member or friend because of their drinking (and again, if they had done so they reported doing so about 19 times/year). Although a smaller percentage (5%) of respondents reported they had to take extra responsibility caring for children or others instead of drinkers (and if they did so they reported doing so about 36 times/year), these respondents reported spending the longest time doing this –about 24 days in the past year.

Respondents also reported using of social and health care because they had been affected by the drinking of others, with many receiving informal advice from friends, community leaders or others (7%) and contacting the police (5%). These previous two forms of help were the most commonly reported forms of help sought. . Respondents who had been admitted at emergency department or hospital (1%) reported the longest times in care, reporting on average stays of about 7 days a year in hospital.

The prevalence of experiencing harm from others' drinking at work was 32% (of the 790 respondents who reporting have co-workers). The most common negative events reported were covering work for drunk colleagues (19%) and reduced productivity (18%).

Among the 937 respondents who had some parental responsibility for children, the prevalence of harm reported to respondent's children was 25%. Children witnessed serious violence in home due to someone's drinking (7%) and children were criticised, yelled at or verbally abused because of someone's drinking: these were the most common harms. About 6% of respondents reported their children were affected by the drinking of respondents themselves. Apart from other drinkers such as neighbors or strangers [about 5.4%], parents were the most likely people to be reported as the problematic drinkers whose drinking harmed the children [5.3%].

Considering the relationship between drinkers and respondents who were adversely affected (1390 respondents), the highest proportion of respondents (13%) reported having been affected in the last year by the drinking of a neighbor or people in the community followed by a friend (10%) and other relatives (9%). The percentage of women who reported having been affected by neighbor (13%) is similar to the percentage affected by a spouse (11%). Less than 1% of men reported having been affected by a domestic partner. Men were more likely to report that friends' drinking had negatively affected them, with 14% of men reporting this.

There were 650 respondents (38.4% of total) who identified the problematic drinker whose drinking had most negatively affected the respondent in the last 12 months. Among this group, 29% were most affected by a neighbor or people in the community, 17% by an immediate family member (Parent, child, siblings), 15% by a spouse and 15% by a friend. Most of the identified drinkers were male (93%) and the drinker was mostly commonly aged 40-49 (30%).

For the out-of-pocket expenses from others' drinking, 22.1% of the sample reported they had experienced financial impacts of someone's drinking in the last 12 months with average annual out-of-pocket expenses of 10,363 baht (345 USD) each. Because of someone else's drinking, 11.2 % reported having financial trouble, 5.2% had to pay for traffic accidents they were involved in, 5.1% paid for repairing damaged house/car/property, 3.8% for ruined clothes/belongings, 3.4% reported difficulty paying for household expenses, and 2.4% that their money/other valuables were stolen. Among those respondents who had children to take care of (n= 937), 5.2% of them reported they had not had enough money to buy food or essential things for kids due to others' drinking during the last 12 months.

Appendix I: List of research team

Research Team

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Appendix II: Certificate of Ethics Approval

Ethics Committee

Institute for the Development of Human Research Protections (IHRP)

Building 8 Floor 7 Room 702 Department of Medical Science Ministry Public Health Nonthaburi Thailand 11000

Certificate of Approval

Title of Project : The Harm to Others from Drinking in Thailand: AWHO/ThaiHealth International Collaborative Research Project (HTO). (10 Sep 2012)

Principle Investigator: Orratai Waleewong

Responsible Organization: Center for Alcohol Studies, International Health Policy Program Thailand, Ministry of Public Health.

The Ethics Committee of Institute for the Development of Human Research Protections (IHRP) had reviewed the research proposal. Concerning on scientific, ICH-GCP and ethical issues, the committee has approved for the implementation of the research study mentioned above.

(Dr.Vichai Chokevivat)
Chairman

(Dr.Pramote Stienrut)
Committee and Secretary

Date of First Meeting: August 14, 2012

Date of Approval: September 12, 2012