

**“YOUR DRINKING IS MY PROBLEM”:
RECORDING ALCOHOL’S HARM TO OTHERS IN NIGERIA**

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ABSTRACT

The negative consequences of alcohol consumption on the drinker are well documented. Alcohol is the cause of many physical and mental health conditions and is associated with social problems affecting the drinker, the family and the society at-large. Non-drinkers also experience the impact of other people’s drinking though the extent of this experience is not well documented. This paper presents preliminary data from the WHO/Thai Health project on the harm to others from drinking. A sample of 16 health, security and social welfare agencies in Akwa Ibom State of Nigeria was selected and a nominated key informant in each agency was approached for information using a qualitative interview schedule. The information sought from respondents included types of harms to others seen at the agency, the frequency of such cases, how information about the cases are recorded and handled, and whether regular records are kept at the agency on harm to others from alcohol. Findings show that few agencies collected data on harm to others from drinking but several reported seeing people affected by the drinking of others, with most cases reported by social welfare agencies. Almost all the agencies contacted expressed interest in collecting relevant data and being involved more in addressing the problem. The reported low levels of awareness and action on harm to others from drinking have potentially serious implications in a society with a rapidly growing rate of alcohol consumption.

Key words: Alcohol, harm to others, Nigeria, drinking problems

INTRODUCTION

Alcohol consumption and its consequences vary widely around the world, but the burden of disease and death remains

significant across cultures (WHO, 2012). Independent and collaborative studies show alcohol and other drug use as a pervasive and enduring public health problem (Windle, 2003; Obot, 2006; 2007; Roerecke,

Obot, Patra & Rehm, 2008; WHO, 2012). Harmful alcohol consumption is identified as a major factor in death, disease and injury due to dependence, liver cirrhosis (Lim, et al., 2012), cancers, coronary heart diseases, cardio-vascular complications (Rehm, et al., 2008, 2010) and many other health conditions.

According to the World Health Organization, harmful use of alcohol is the third largest risk factor for disease and disability globally. It is a causal factor in 60 types of diseases and injuries and a component cause in 200 others. Almost 4% of all deaths worldwide are attributed to alcohol, greater than deaths caused by HIV/AIDS, violence or tuberculosis (WHO, 2011).

Perhaps, the biggest social impact of harmful and hazardous consumption of alcohol is on crime and violence, strained relationships, family break ups, child abuse and road/industrial accidents (Mann et al., 2006; 2008; Bond et al., 2010). Alcohol has also been implicated in psychological deficits among young drinkers such as reduced concentration, perception, coordination and reaction time.

Over time, the harms from alcohol consumption have been erroneously perceived as being largely the problem of the individual drinker. However, recent research findings (Foundation for Alcohol Education and Research, 2011; WHO, 2011) indicate that alcohol problems do not just affect the drinker; they also impact greatly on others as they ripple through families, workplaces and communities. An intoxicated driver endangers people's lives by involving them in traffic accidents or violent behaviour. An addicted drinker would negatively affect co-workers, relatives, friends and strangers.

A survey involving 2,600 Australian adults which measured alcohol's impact on people other than the drinker found that about two thirds of respondents were adversely affected by someone else's drinking in the past year (WHO, 2012). More than 70,000 Australians were victims of alcohol related assaults and of those 24,000 experienced the assault as domestic violence. It was also revealed that almost 20,000 children across Australia were victims of substantiated alcohol related child abuse and the death of 367 people, and hospitalization of a further 14,000 people could be attributed to someone else's drinking (Foundation for Alcohol Research and Education, 2011).

Using this initial Australian research as a model for international study across the Americas, Asia, Africa and Europe, the World Health Organization in conjunction with Thai Health Promotion Foundation commissioned the African Centre for Research and Information on Substance Abuse (CRISA) to extend this study to Nigeria - a country with one of the highest adult alcohol per capita consumption rates (12.3 litres of pure alcohol) (WHO, 2011). The preliminary findings of the scoping and assessment aspects of this important international collaborative effort are presented in this report. This study which is the first of its kind in Nigeria is expected to initiate a sustained and comprehensive effort to quantify alcohol's harm to people other than the drinker in a country where harmful and hazardous use of alcohol has been perpetually under-reported and accorded minimal priority in public health policy. Thus if the study would aid in the expansion of public knowledge of alcohol's impact on people other than the drinker,

provide comparable data on the issue in context, redirect government's misplaced priority in the adoption, implementation and enforcement of policy, reduce the impact of harmful and hazardous use on innocent and unsuspecting victims, then its objectives would have been realized.

METHOD

Study location and sample

The scoping and assessment phase of 'harm to others from drinking' project was conducted in Akwa Ibom State, Nigeria. The state is one of the six Niger Delta states in the country with a population of 3, 920, 208 and a land area of 6, 900Km². Akwa Ibom State comprises 31 Local Government Areas (LGAs) with Uyo, a rapidly growing urban area, as its capital (Federal Republic of Nigeria Official Gazette, 2007) and surrounded by several equally fast growing LGAs. Data collection for the study was conducted only in agencies and organizations located in the capital city.

The study adopted a purposive sampling technique to select a sample of social welfare organizations and agencies in the state. Sixteen consenting organizations were included in the study based on their awareness and/or experience of the various degrees of harm their hazardous substance using clients pose to members of the public and vice versa. The sixteen organizations in the sample were in the following categories: health institutions, social welfare organizations, law enforcement/transportation agencies and hospitality outfits in the state. In all, data on the harm from alcohol consumption to people other than the drinker were gathered from:

- Four health institutions (the mental health unit of a Teaching Hospital, accident and emergency unit of a General Hospital, a Psychiatric Hospital, and the accident and emergency unit of another General Hospital);
- Four social welfare organizations (governmental and non-governmental organizations);
- Five organizations in the law enforcement and transportation sectors (e.g., drug law enforcement, security, traffic, transport);
- Three hospitality outfits in the state capital that cater to the entertainment needs of urban dwellers.

Instrument and data collection

A qualitative interview schedule was used in the data collection. This 17-item schedule asked for information on the awareness and experience of key informants concerning the various harms a client's hazardous drinking style could cause innocent victims of the society and vice versa and their method of data collection regarding such incident among other questions. Prior to the interview, the harm to others from drinking informed consent form sought the voluntary participation of the organizations and agencies in the survey.

Procedure

Training of interviewers and data collection for the scoping and assessment phase of this survey spanned a period of 3 months. Organizations and agencies were selected based on the researchers' conviction that they were involved with clients who come to their services because of someone else's drinking. It was also possible that the drinking of the clients the organization or agencies came in

contact with affected other people in the society. Thus heads of these organizations and agencies were officially approached, the heads would then refer researchers to the departments and personnel in charge of such work in the organization. Unit heads were briefed on the nature of the study and the roles expected of them via the informed consent form. Organizations and agencies that consented to participate in the study were then issued the certificate of consent form to fill and endorse, marking the commencement of the tape-recorded interview. In event where such head was not disposed for the interview at the time of endorsement of the certificate of consent, a more convenient schedule for both parties was considered. Thus, of the 22 organizations and agencies purposively drafted for study, 16 gave voluntary consents and the breakdown is as follows: four health based organizations, four social welfare agencies, five law enforcement/ transportation agencies and three hospitality outfits in the state capital of Akwa Ibom.

RESULTS AND DISCUSSION

This section presents findings of the scoping and assessment interview. In this section, attempts will be made to present the types of harm to others reported by the re-

spondents, reported awareness and experience of impact of other people's drinking by different categories of respondents, type of information collected by the agencies and institutional systems of recording alcohol harm to others, among other findings.

Reported types of harm to others

The diversity of harms recorded allow for the development of different profiles of harms from other people's drinking. Here we adopt a typology that subsumes these harms under four broad categories namely physical, social, economic and occupational (see Table 1).

The specific harms included under the physical category as captured by item '9' in the 'harm to others from drinking questionnaire' are road traffic accidents, assaults, quarrels, fights, injuries, harassment, and domestic violence, especially those perpetrated by the male partner. Child battery by an alcohol-using parent, especially the father, was another commonly reported case of physical harm to others. Economic harms to others included indebtedness by addicts, inability to provide for the family, loss of property and stealing from family members. The cost of treatment for an injured alcohol user or for injuries caused to a family member is also included in this category of harms. Social harms included divorce or marital dissolution, discontinuation of children's

Table 1. Categories of harm to others from drinking

Categories of Harm	Types of Harm to Others
Physical	Road traffic accidents; physical assault; quarrels; fights; injuries; harassment; domestic violence; child battery
Economic	Indebtedness; loss of property; stealing from family members; inability to provide for family; cost of treatment of injured drinker or family member
Social	Divorce; discontinuation of children education; abandonment of family
Occupation	Loss of job; unemployment; poor productivity

education, abandonment of family mostly by the father, disobedience of the law. Occupational harms to others consisted of unemployment, loss of job and poor productivity arising from loss of man-hours to hang-over and hospitalization due to alcohol-related health problems.

It is clear from the above information that physical harms were the most predominant harm to others from alcohol consumption. It is also noteworthy that physical harms have strong health implications to the effect that physical harms are almost coterminous with health harms. Similarly, it should be noted that these harms are inter-related. For example, physical harms (such as road traffic accident) could lead to occupational harm (loss of job), which in turn could harm the family economically. But perhaps the most important insight arising from the data is that apart from the social/marital harm, all the categories of harms have serious economic implications. Physical harms entail enormous financial burden either in the form of loss of income or increased burden of health expenditure. Loss of productivity leads to loss of income, which in turn deepens the economic harm. Taken together, they highlight the fact that alcohol use has serious negative economic impacts on others.

Nearly all agencies surveyed acknowledged seeing clients who were negatively

impacted by other people's drinking. In most cases, the 'other' whose drinking caused harm to the client were spouse, family member and/or co-worker. Other persons' drinking harmed clients in different ways. Table 2 shows reported awareness and experience of harm to others from drinking among different categories of respondents.

Three out of the four health based organizations reported being aware of the impact of other people's drinking on their client while 50% reported actual experience where the effects of other people's drinking on the clients was an issue; 100% of the welfare agencies accepted being aware and having experienced the impact of other people's drinking on their clients. The law enforcement/transportation agencies and the hospitality sector organizations also reported high levels of awareness and experience of the impact of other peoples' drinking on their clients. The scope of harms to others from alcohol use makes a case for proper documentation of such cases.

Type of information collected and institutional systems of recording alcohol harm to others

Two items in the interview schedule probed responses on the specific type of data collected and the institutional sys-

Table 2. Reported awareness and experience of impact of other people's drinking by different categories of respondents (n, %)

Category	Awareness of impact		Experience of actual case	
	Yes	No	Yes	No
Health Based Organization (n=4)	3(75%)	1(25%)	2(50%)	2(50%)
Social Welfare Agency (n =4)	4(100%)	0(0%)	4(100%)	0(0%)
Law Enforcement/ Transportation (n=5)	4(100%)	0(0%)	4(80%)	1(20%)
Hospitality Outfit (n=3)	3(100%)	0(0%)	3(100%)	0(0%)

tems of recording alcohol harm to others. The traffic unit of the Nigeria Police Force accepted having no recorded information on alcohol since the organization lacked the instruments to test the blood alcohol concentration of defaulters. Other law enforcement agencies/transportation company (Federal Road Safety Commission, National Drug Law Enforcement Agency and the Akwa Ibom Transport Company) admitted receiving complaints from victims of fight, data on drunk-driving, spousal stress, child trafficking. They however submitted that these complaints were rare as alcohol is a generally accepted substance in the society. The hospitality sector was quite interested in taking note of debtors, quantity and rate of alcohol and the physical damage triggered by hazardous or harmful consumption. In the social welfare sector, domestic violence against women, spousal fight, child neglect and quarreling were reported. The mental health unit of the university teaching hospital showed evidence of systematic recording of issues related to alcohol so as to aid in diagnoses and treatment of alcohol related cases.

Despite the high level of awareness of alcohol-related harms in general and harms to others from alcohol consumption in particular among the agencies surveyed, as highlighted in Table 2, it was observed that systems for recording such information were generally inadequate. Few of the agencies surveyed had institutionalized systems for recording cases of alcohol harm to others, such as case notes, set forms, computer entries and other methods for tracking such data. The few that had such systems were mainly women and child protection agencies and the National Drug Law Enforcement Agency NDLEA (an agency charged with

the enforcement of drug control laws and drug demand reduction) and the mental health unit of the teaching hospital.

Interest in proper documentation of cases of harm to others from alcohol use in these exceptional agencies may be attributed to the centrality of substance abuse to their work. The women/child protection agency handles issues of domestic violence and violation of women and child rights. The connection between these issues and drug use in general is inescapable as the link between substance abuse and domestic violence has been fairly well documented in existing literature. On the other hand, the drug law enforcement agency routinely collects data on the use of various types of chemical substances. However, these agencies acknowledged the need for more conscientious effort to track information on alcohol harm to others.

A majority of the agencies admitted that they probe deeper into cases of alcohol harm to others when such is presented in their agencies, but that they do not possess a comprehensive system for tracking emerging information. The paucity of documented information on the problem in these institutions is due to the lack of any felt need for such information. Indeed, institutions, such as hotels and drinking places, whose businesses centre around alcohol, did not see any need for tracking information on alcohol harms generally, much less harm to others; they rather concentrated on enumerating issues surrounding non settlement of bills after drinking, documentation of indebtedness and the quantity and rates of alcohol sold at a given time.

A uniform pattern of response to the item which probed the proportion of respondents' client base that was ad-

versely affected by other people's drinking was observed among all categories of respondents, as more than 93% indicated a range of 10-30%. Nominated representatives of these institutions who answered questions from the research assistants expressed willingness to document such phenomenon. They stated that their agencies would henceforth develop proper systems to that effect. Some, especially the civil society organizations (CSOs) and hospitals, expressed the view that such system will be put in place because they have now realized the need to collect such data for the purpose of understanding the problem and developing appropriate intervention strategies.

These are findings from semi-structured interviews seeking information on how harm to others from drinking are viewed and responded to in Nigeria. A full and more structured survey will provide useful data on the actual experiences of Nigerians and the extent of the problem in the general population.

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