

# Positioning alcohol's harm to others (AHTO) within alcohol research: A reinvented perspective with mixed policy implications

KATARIINA WARPENIUS & CHRISTOFFER TIGERSTEDT

## ABSTRACT

**AIMS & DESIGN** – This overview analyses the recent emergence of the concept of alcohol's harm to others (AHTO) and the potential policy implications embedded in this research perspective. The overview is an account of ways in which recent alcohol research has grasped the kind of harm that goes beyond the drinker. It positions the dimensions of alcohol's harm to others as a research perspective in relation to other established research approaches to alcohol-related problems. **FINDINGS** – Several concepts presented within different disciplines have focused on how adverse consequences of drinking go beyond the individual drinker. However, the scientific discussion is still characterised by an obvious conceptual instability. Alongside the growing research interest in alcohol's harm to others there is a political discourse stressing the urgency of alcohol policy measures protecting innocent victims against damage from others' alcohol use. **CONCLUSIONS** – In drawing attention to the interactional nature of alcohol-related harm, the AHTO perspective brings a novel syntagmatic and cross-cutting aspect to established traditions in alcohol research and forms a unique scientific approach. The AHTO perspective has the potential for creating a political will to move the alcohol policy agenda forward, but the question of a suitable and credible term is unresolved. Conceptually, the AHTO perspective is still in a state of flux, while politically it is loaded with considerable ambitions and interests related to causal attributions and ethical conclusions embedded in the research perspective.

**KEYWORDS** – alcohol, harm to others, concepts, policy

Submitted 29.5 2016

Final version accepted 14.10 2016

## Introduction

This overview deals with the recent emergence of the concept of alcohol's harm to others (AHTO) in alcohol research and the potential policy implications embedded in the terminology used in scientific discussions. Basically, "harm to others" as a research perspective involves the idea of the negative consequences of excessive drinking for other people and to society. However, the concepts that grasp at this kind of harm go beyond naming and describ-

ing the negative consequences of drinking (c.f. Room, Hellman, & Stenius, 2015): they point out specific kinds of problems, provide explanations of how harmful consequences are caused and diffused within the social fabric, and indicate policy solutions to such social problems.

In this article, we focus on how the diverse concepts applied in the research literature are anchored to various research traditions and what the added value of the

AHTO perspective is compared to previous approaches in alcohol research (see Warpenius, Holmila, & Tigerstedt, 2013). Our aim as social scientists is to position the dimensions of AHTO as a research perspective and its policy implications in relation to other concepts and established research approaches to alcohol-related problems.

As a concept, alcohol's harm to others (AHTO) is a novel invention in alcohol research in the 2000s (see Manton, MacLean, Laslett, & Room, 2014), though we can trace several contemporaneous research efforts that have preceded and paralleled this innovative conceptualisation. First, we reconstruct a brief genealogy of AHTO and parallel concepts that have been used to describe a research perspective on alcohol-related harm to others. Then we crystallise the unique characteristics of AHTO as a cross-sectional research perspective by relating it to previous research approaches explaining alcohol-related problems, i.e., the individual, the population and the community approach. Finally, we explore the political flux around the conceptualisation of AHTO and its policy implications.

### **A brief genealogy of AHTO as a contemporary research perspective**

The harmful impact of alcohol use on the health of both the individual drinker and populations has been extensively studied in the modern research literature. By contrast *alcohol's harm to people other than the drinker and to society* has been a neglected perspective in alcohol studies, as several researchers have recently pointed out (Laslett et al., 2010; see also Klinge-

mann & Gmel, 2001), except for some specific issues like drink driving and alcohol-related violence (Room et al., 2010). The general understanding of alcohol as a causal factor in social problems differed substantially at the height of the temperance movements a century ago when the major role of alcohol in social problems was openly acknowledged and even carefully recorded in registers by many social institutions (Laslett et al., 2010; Room et al., 2010; for Finland, see Peltonen, 1988). The temperance movements became a powerful political actor especially in the Nordic countries and in North America at the turn of the 19<sup>th</sup> and 20<sup>th</sup> centuries. By the mid-20<sup>th</sup> century, there had been strong political reactions in the former temperance countries against temperance as a universal policy agenda (for the United States, e.g. Roizen, 2004; Warpenius, & Sutton, 2000). As a consequence, and along with liberal ideals of individual freedom and consumer choices (Sulkunen, 2000), the permissible scope of public discussions of alcohol problems was more or less reduced to the minimum perspective of the drinkers' harm to themselves.

It has been argued that there are several potential reasons why the way of viewing the negative effects of alcohol as harm to others and society has been partly displaced in the research literature and policy argumentation. Among those are limitations generated by alcohol research paradigms, but even more by ethical and political considerations (Fekjaer, 2011). For example, the ethical will to avoid moral judgements and blaming the drinkers, the understanding of alcohol issues as part of modern privacy and the political concern with returning to old-fashioned

temperance reasoning have been identified as reasons for silence (Laslett et al., 2010; Room et al., 2010).

Though the social approach to alcohol-related harm has a long historical tradition, the expression of “alcohol’s harm to others” is a relatively new coinage and reflects an ideological shift or a “neo-retro” perspective on the negative consequences of drinking. A tendency to focus on the detrimental effects of drinking on the drinker and society has remained in alcohol research even after the temperance movements declined as a potent political factor (Levine, 1993). One of the main forces keeping the problem approach alive has been the lively research community especially in the former temperance countries. Thus even if the term “alcohol’s harm to others” is an innovation, it reflects a long-term will to uncover hidden problems associated with drinking that go beyond the drinker. At the moment AHTO is a fairly topical issue partly because of the growing tensions in the global alcohol political field. It seems that its recent emergence as a research perspective appears in parallel with political reactions against individualised harm-reduction policies favoured by the international alcohol industry.

Despite the discontinuity in scientific and policy traditions, we can identify specific modern research efforts preceding the novel conceptualisation of the AHTO perspective as reviewed by Laslett et al. (2010) and Room et al. (2010). Both distinguish between two quantitative research traditions dealing comprehensively with alcohol-related harm to those other than the drinker. *The survey tradition* originates partly from victimisation studies conducted within criminology. One of the aims of

these studies has been to compensate for the dark figure of unreported crime by asking people directly about their actual experience of being a victim of crime. In the same vein, Kaye Fillmore (1985) analysed “the social victims of drinking” by inquiring whether the respondents had been the object of various unpleasant consequences because of someone else’s drinking in the private or public sphere (for another early study, see Baklien, 1987). Later, similar studies have been carried out to a limited extent in Canada (e.g. Eliany, Giesbrecht, Nelson, Wellman, & Wortley, 1992; Giesbrecht & West, 1997), in the US (Jones & Greenfield, 1991), in the Nordics (Mäkelä et al., 1999) and in Australia (AIHW 2002).

*The cost of alcohol tradition* has concentrated on estimating the economic costs of alcohol consumption to health care, police authorities, workplaces and other social institutions (early works by Berry & Boland, 1977; Leu, & Lutz, 1977; more recent works by Single et al., 1996; Single et al., 2003; Rehm et al., 2006). In this tradition, external costs or the “externalities of drinking” have become neutral and recurring concepts signifying undesirable economic effects from consumer behaviour which impacts outsiders or bystanders (Connor & Casswell, 2009). When estimating externalities, researchers use statistics and register data routinely collected by various social institutions, as well as tailor-made studies. Taken together, costs of harm to others than the drinker have been studied quite rarely, and the economic load of alcohol-related negative consequences for society seems to be underestimated (Navarro, Doran, & Shakeshaft, 2011). Although it is largely acknowledged that there are many technical

and methodological challenges in translating alcohol-related problems into monetary terms, there is a political demand for cost-of-alcohol studies. What should also be pointed out from the AHTO perspective is that, when monetarising harm, the cost-of-alcohol tradition does not necessarily help us to improve our understanding of the social dynamics of drinking and drinking problems (Mäkelä, 2012).

In addition to these quantitative methodological traditions, there has been a growing interest in the international research community in *qualitative approaches* to alcohol-related problems that go beyond the drinker (Holmila, 2011; Manton, MacLean, Laslett, & Room, 2014). An illustrative example is a qualitative comparative study on alcohol and intimate partner violence (Holmila et al., 2014). All in all, the perspective of others is a fruitful and necessary addition to cultural studies on alcohol-related harm. The strength of different kinds of qualitative data is that they reveal perspectives of “the others” and their experiences and involvement in drinking situations leading to harmful consequences. Qualitative research and social scientific traditions offer suitable tools for further explorations of these social dimensions of alcohol-related harm to others (e.g. Simonen & Törrönen, 2016).

It has been pointed out that alcohol research often suffers from methodological individualism. For example, survey-based studies mainly focus on individuals’ perspective on harm (Room et al., 2010), while the social contexts of action and social interaction between subjects are neglected in research settings. This limitation is partly due to the inherent methodological individualism in survey research

designs where respondents are treated as single individuals isolated from interaction with the social environment (Laslett et al., 2010).

Among AHTO’s immediate alcohol-specific forerunners one should mention at least two important research perspectives that conceptually and theoretically have struggled to break free from the limitations of the individualising survey tradition on the one hand, and from the perspective of macro-social costs of alcohol to society, on the other. The first could be called “the social harm from drinking” perspective (Room, 1998 & 2000; Rossow, & Hauge, 2004; see also Room, 1996), which is characterised by an emphasis on the *interactional nature* of those harms. A concise, laconic definition of the perspective is given by Room (2000, p. 94): “[s]ocial harms from drinking are inherently interactional”.

The second perspective could be called “the social consequences of alcohol consumption” (Rehm & Gmel, 1999; Gmel, Rehm, Room, & Greenfield, 2000; Klingemann & Gmel, 2001). At the outset, this perspective covers both the positive and the negative consequences of drinking for individuals, groups and social institutions. However, the empirical examples given in the important reader edited by Klingemann and Gmel (2001) concentrate almost solely on studying the harmful effects and costs of alcohol consumption. Anticipating, as it were, the present discussion on alcohol’s harm to others, this book may be viewed as a manifesto favouring research into the overlooked social consequences of drinking.

Each of the two important precursors of the AHTO perspective aimed to combine

the rich spectrum of social and societal harms into a single frame. Klingemann and Gmel (2001, p. 2) discussed alcohol-related problems in terms of “the social consequences of alcohol consumption for individuals, groups, organizations and society”, while Room (2000, p. 94) defined “social harm” as “perceived mis-performance or failure to perform in major social roles”. The former emphasises the actualised negative consequences to others, while the latter pays attention to the social dynamic inflicting the harms. Both of these theoretical developments intended to transcend the dichotomy of individual- vs. institutional-level harm, thereby integrating the social aspects of harmful drinking into a coherent stream of thought in terms of major social roles (harm to the family, friendships, work, etc.) and institutions (harms visible in emergency services, the workplace, police records, etc.).

### **A novel “umbrella concept” and competing terms**

Neither Klingemann and Gmel (2001) nor Room (2000) introduced the term “harm to others” as a distinct concept. In Room’s article, in particular, the concept is clearly incipient. And in concert, these two works draw attention to the fundamental issues intrinsic in the pending concept of alcohol’s harm to/from others. Thereafter, variations of what was to become the “umbrella concept” of alcohol’s harm to others appeared in some studies published in the 2000s. For example, Rossow and Hauge (2004) operated with terms such as “social harms from others’ drinking” and “negative consequences from other people’s drinking”. Langley and collaborators (2003) used the term “second-hand ef-

fects” to catch the negative experiences directly resulting from someone else’s drinking. When discussing quality-of-life effects, Johansson et al. (2006, p. 135) called for more attention to “harm caused to the third party – relationships within family, with friends, harm to children – but also nuisances caused by alcohol outside close relationships”.

Consequently, studies in the 1990s and early 2000s examining the impact of the drinkers on people in their surroundings did not establish any new standard concepts concerning alcohol-related harm. If, at all, one could talk about a generic expression covering the issue of harm in these studies, it would be “social harm from drinking”. When Room, Laslett and colleagues theorised and adopted “alcohol’s harm to others” as the key concept of their ground-breaking works (Room et al., 2010; Laslett et al., 2010; see Room, 2008), the concept of “harm to others” took root and spread in the research literature. This conceptualisation pays attention to two important aspects of alcohol’s harm to others. First, it discloses the wide and diverse panorama of human or institutional victims of drinking, highlighting parties other than the drinkers themselves, such as family members, workmates, friends and strangers. Examples of harms caused by someone else’s drinking to others include violence, accidents, financial problems, mental health problems and birth defects. Second, the concept makes us more sensitive to the interactive processes and dimensions of drinking situations. (Room et al., 2010.)

Thereafter, a specific alcohol’s harm to others (AHTO) research (Manton et al., 2014) has gained ground to the extent that

some have proclaimed a paradigm shift within the field of alcohol studies (Fekjaer, 2011). One strong indication of this is that in the 2010s the term is used as a keyword in research reports. Since then, we may talk about alcohol's harm to others as a reinvented research perspective adopted and applied especially by leading alcohol epidemiologists in Australia (Room et al., 2010; Laslett et al., 2010; Laslett et al., 2011), New Zealand (Casswell, You, & Huckle, 2011) and the United States (Greenfield et al., 2009), as well as by the WHO (2007).

However, depending on discipline or focus, several concepts have been applied to grasp the fact that drinking has negative effects on other people and society as well. It is fair to say that the growing field of research on the negative consequences of drinking for others in the 2000s is still marked by an obvious conceptual instability. While "harm to others" seems to be popular in Australian and New Zealand studies, US and Canadian studies prefer "externalities" or "second-hand effects". The few existing Nordic studies talk mainly about "harm to others" or "third-party damages".

### **AHTO's relation to previous established research approaches**

In order to capture the unique contribution of the AHTO perspective to research, we relate it to three established research approaches within alcohol studies, i.e. the individual, the population and the community approach. These research approaches not only name and describe the nature of alcohol-related problems, but also provide distinctive causal explanations and potential policy solutions to such troubles.

The "individual approach" has been the dominating research paradigm in modern alcohol research, as pointed out by some researchers (e.g. Laslett et al., 2010). In the individual approach, the negative consequences of drinking are identified as problems primarily for drinkers. The "individual approach" has concentrated on the drinkers' risk of harming themselves and mainly on the physiological pathologies of the individual drinker, while much less interest has been given to harm to people and situations in the immediate surroundings or to the costs to public services. Illustrative examples of the individualised model are the alcohol-specific medical conditions defined in the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) applied in health studies. Both of these authorised classificatory systems concentrate on individual-level alcohol-related adverse health outcomes. Correspondingly, screening methods measuring the risk of alcohol-related problems in a clinical setting (like the AUDIT questionnaire) pay attention to the health outcomes for the drinkers rather than others around them. In this medicalised view, adverse alcohol-related effects are defined as physiological or mental pathologies caused by the individuals' excessive or addictive drinking behaviour.

In considering the "individual approach", present-day society and current alcohol policies tend to emphasise privatised consumer risks and responsibilities (see Sulkunen, 2009). This is in line with the research approach focusing on the individual, while in liberal modern societies risky drinking is viewed as a physical and psychiatric pathology requiring treatment

interventions. Curiously, the disease/patient approach also limits the individual responsibility for harming others around the drinker, while the blame is put not on the individual but rather on the disease.

The “*population approach*” has likewise not focused on interactions between the drinkers and their environment. Rather, this approach has foregrounded correlations between the health status of a particular population and the aggregate amount of alcoholic beverages consumed. The population view has been effectively utilised in the WHO’s Global Burden of Disease project, according to which alcohol is the second leading factor in the burden of disease in high-income countries (WHO 2009). In several nation states and in the Scandinavian countries in particular (Tigerstedt, 2001), the population-level public health approach has served as a guiding light in justifying universal alcohol policy measures. The control-of-supply model, in Scandinavia termed the total consumption model, is based on epidemiological research findings showing a strong association between the population-level total consumption of alcohol and the aggregate level of harmful consequences of drinking in a given society (Bruun et al., 1975; Babor et al., 2010). As a research paradigm, however, the population approach neglects the socially embedded nature of harm to bystanders in specific drinking situations.

When considering the “population [research] approach”, one of the reasons for preferring public health measures has been a specific view of how to tackle people who drink too much. Bruun et al. (1975, p. 67) were most distinct on this point: “Strategies which single out individuals

(...) also [carry] social costs in that [they tend] to be applied to those with the least social resources to protect themselves.” Consequently, welfare ideology and the population approach allow for avoiding moral labelling and discrimination of individual users (Tigerstedt, 2001; Sulkuinen & Warsell, 2012).

The “*community approach*” within social research on alcohol has been developed since the 1980s as a challenge to individualised approaches. “*A systems approach to prevention*”, formulated by Harold Holder (1998; Holder et al., 2000), questions individualised views on alcohol-related problems and is primarily concerned with the social dynamics operating in different agencies and bodies within a local community. In the community approach, alcohol and other drug problems are seen as the outcomes of interactive processes driven and sustained by the complex community system composed of several subsystems (Holder, 1998). Consequently, the reduction of alcohol-related problems requires changes in the social dynamics at the community level.

This research approach regards communities above all as social systems through which alcohol is obtained and consumed (Holder et al., 2000), implying that problems related to alcohol use are not generated by an individual-level tendency to drink in a risky way, but rather evolve in a social community context. In the last resort, dysfunctions in the community system cause the harmful effects of alcohol. The community approach also emphasises that many of the burdens associated with alcohol are borne collectively, for example, through road traffic accidents, property damage and alcohol-related violence.

Thus, the community approach resembles AHTO research in also bringing out the social character of alcohol's harm to the self – and to others.

Figure 1 shows how the AHTO perspective is related 1) to previous research approaches, 2) to main objects to be influenced and 3) to key measures embedded in these traditions. The three research approaches differ paradigmatically with regard to the level of harm (individual, community, national population); they each illustrate causal mechanisms that explain how alcohol-related problems evolve as a consequence of alcohol consumption at different levels of human life. The cross-cutting AHTO perspective penetrates the three levels horizontally. "Others" can be understood at the micro-social level as other individuals connected to the heavy drinker; at the meso-social level as social environments in which problematic alcohol consumption occurs; and at the macro-social level as the population-level aggregate consumption pattern causing costs and burdens to society.

Figure 1 positions AHTO as a research perspective in relation to established approaches and demonstrates the *syntagmatic* nature of the AHTO perspective. Empirically AHTO is an aspect that hopefully will be recognised and considered in research. As such it is anchored to and overlaps with established research traditions and epistemologies. Thus we are not witnessing a genuine scientific paradigm shift but a reinvention of alcohol's harm to others as a research perspective that at the three different levels may capture the broad scale and empirical variety of adverse effects of alcohol on others. Rather than being a new paradigm, AHTO serves

as a corrective to established research approaches.

Compared to previous research approaches the added value of the perspective of alcohol's harm to others is evident, as it supplements those research traditions in particular which are based on medical (individual) and epidemiological (population) epistemologies. We claim that, by drawing attention to the interactional nature of alcohol-related harms that go beyond the individual drinker, AHTO research brings a novel syntagmatic and cross-cutting perspective to all three established traditions in the alcohol research presented above. It is a specific research perspective that strains our senses towards the fact that harms which are related to drinking – like drinking itself – evolve from a variety of human interactions.

Drawing attention to the interactional nature of alcohol-related harm, the AHTO perspective serves as a critical social scientific comment on all three established research approaches. The "individual approach" is reminded of the fact that the isolated drinker is a social creature, and his or her alcohol-related ill health is socially conditioned. The message to the "population approach" is that focusing on average consumption and its correlations with alcohol-related harm does not provide us with knowledge about the social dynamics behind that drinking and harm. Finally, the added value to the "community approach" is that there are many interactional aspects that go beyond the social dynamics occurring in the local subsystems.

With respect to policy responses, the three approaches in alcohol research have avoided blaming the individual drinker



**Figure 1.** The perspective of alcohol's harm to others in relation to the three established research approaches.

for causing harmful consequences – but by means of different logics. The individual/medical approach sees excessive drinking as a disease and as an expression of social disadvantages, and considers the alcoholic to be a victim. The community approach stresses that problems are caused by dysfunctional social mechanisms at the system level – not by the individual drinker per se. And the population approach, again, views consumption and the harmful consequences of drinking as population-level phenomena, which implies that problem drinking is part of a collective rather than an individual behavioural pattern. In contrast to the established research approaches, the AHTO perspective potentially offers an explanatory model for alcohol-related problems that considers the drinker as a failed individual causing

harm to others. Thus, when drawing attention to the interactional character of harm, there is a danger that the AHTO research is utilised in policy debates by putting the problem drinkers and those around them against each other, thereby pointing an accusing finger at the drinker, while “the others” remain (innocent) victims.

The reality is often more complicated. People close to the problem drinker may be innocent bystanders, but they may also be guilty or partly guilty. When alcohol-related problems are mediated by social interactions, causal attributions that actors make depend on their culturally conditioned definitions of social situations and harm. For example, depending on the cultural position of drinking in a given society, the attributive effect of beverage *alcohol* on harm may be judged in various ways

by different social groups. Correspondingly, various *harm* may be valued and perceived differently in different cultures. Finally, the question of the role of the *others* may, depending on the cultural setting, be that of a pure innocent victim, a bystander or even a subject deeply involved in the emergence of the harm at issue.

### **Political discourses and ambiguous policy implications**

Alongside the growing research interest in alcohol's harm to others we can see the rise of a novel political discourse stressing the urgency of arriving at alcohol policy measures that protect innocent victims against damage from others' alcohol use. At the moment, NGOs and researchers are actively searching for an adequate slogan that would embrace the fact that drinking has negative effects on other people and society as well. According to these discussions, the AHTO perspective has the potential to create a political will to move the alcohol policy agenda forward, but so far the question of a suitable and credible term has remained unresolved.

While alcohol-related lifestyle risks are (re)politicised, the AHTO perspective is seen by some as a powerful political tool for the public health lobby in the struggle against the international alcohol industry. As Caswell and colleagues conclude in an illustrative citation:

Exposure to heavy drinkers may have negative impacts on others and make an important contribution to the overall negative impacts of alcohol. This needs to be investigated further and, if established, taken into account in the discussion of alcohol control policy in

the same way that the role of passive smoking has been considered in the debate and development of healthier public policy in relation to tobacco. (Casswell et al., 2011, p. 1093).

In such policy conclusions we can see "jealousy" of the success story of tobacco control policies. The link between drinking and harm to others is, however, much vaguer, more complex and more indirect than the clear causal link between smoking and harming others around the smoker. Smoking disturbs in a concrete, direct and visually obvious way, while drinking is customary and almost a binding norm in many social situations. However, the contrast between smoking and drinking may have become weaker than it was 20 years ago, and the AHTO perspective may contribute to this development.

The main role in turning the novel awareness of risks to other parties into a major political issue is played by various kinds of non-governmental and voluntary organisations in the public health field. In the European arena, the European Alcohol Policy Alliance has probably been the most active agent in trying to transfer the success story of anti-smoking campaigns to the alcohol field. This was reflected in the preparations of the European Alcohol Strategy, which was adopted by the European Union in 2006 (European Commission, 2006). When planning the strategy, the public health lobby aimed to find a suitable slogan to express the issue of alcohol's adverse secondary effects. "Passive drinking" and "environmental alcohol damage" were suggested but rejected, and the final document lacks a slogan altogether (Burgess, 2009). In spite of this, "pas-

sive drinking” is still part of the vocabulary of several NGOs, for example in the Nordic and Baltic countries. In the WHO’s *Global strategy to reduce the harmful use of alcohol* (2010), the AHTO perspective is already mentioned as a point of departure.

Also, principal researchers have emphasised the importance of finding an eye-catching and powerful political slogan. First, in an editorial in *Addiction*, Giesbrecht and his Canadian collaborators proposed “second-hand effects of drinking” as a shorthand for social harm from the use of alcohol experienced by those other than the drinker (Giesbrecht, Cukier, & Steeves, 2010, p. 1323). This concept was offered particularly to “those who manage alcohol policies and fund and implement prevention programmes”. The authors carefully underlined that it provides “further support for public policies and community-based initiatives that look beyond blaming the victim or focusing exclusively on the individual” (p. 1324). Giesbrecht and collaborators also used the expression “collateral damage from alcohol”, apparently to signify the phenomenon in its most general sense: collateral consequences of an individual’s drinking are widespread and entail substantial social costs.

Shortly afterwards Babor (2011, pp. 1612–1613) contributed to the politico-conceptual discussion by expressing his concern about the “communication with the public and the scientific community by a better choice of words”. In a comment on Laslett et al., he illustrated “the broad spectrum of consequences that would not have occurred without the disruptive effects of alcohol on people’s biology and behavior”. In order to expose this phenomenon to the public, he pointed out that

“there is the need for a term that captures the popular imagination for social marketing purposes in the public health sense”. And, because the drinking environment can be compared to “a combat zone”, Babor (2011) ended up proposing the concept “collateral damage”, originally used in a military context.

When researchers define the policy implications of their work, the domains of research and policy necessarily intersect. In the research community, the AHTO perspective is considered to have the potency to make alcohol policies more feasible and acceptable. This is put neatly in an article by Greenfield et al. (2014, p. 265): “[W]e also need to see whether documentation and dissemination to policy makers of the extent of alcohol externalities can enhance political will for enacting stronger alcohol policies or, conversely, slow the dismantling of such controls”. As the vivid policy discourse around AHTO research demonstrates, the empirical research findings can be utilised in policy debates to justify a wide spectrum of potential measures at the individual, community and population levels (see Figure 1). In a policy context where alcohol industry groups increasingly challenge public health research and restrictive alcohol policies, AHTO may be utilised as a counterargument against industry partnerships as the path to reducing harm. The future task seems to be to find a balance between various public responses to social problems. The AHTO perspective provides “sound reasons why regulation and effective public health measures should be implemented, in addition to the ethical reasons why drinkers themselves should be cared for” (Laslett, 2012, p. 1).

The political optimism among public health advocates is obvious, but a critical comment should nevertheless be made on the ambiguous policy implications related to the emergence of the AHTO research perspective. By drawing attention to the interactional character of harm, the AHTO perspective may provide arguments for blaming the individual drinker for causing problems to other, innocent parties. Such an argumentation would imply that the results of AHTO research favour individualised control policy measures targeted at users and constitute a rejection of universal control. The question to keep in mind is whether and in what way the AHTO perspective may be harnessed for such individualised policy purposes, for example, by the alcohol industry, while the challenge is to keep the perspective separate from a potential societal “crackdown on the drunkard” (Mäkelä & Room, 1985).

### **A reinvented perspective: future research challenges**

In this article, we have traced different alcohol research approaches focusing on harm in order to identify the unique features of AHTO as a research perspective, and to acknowledge its added value to our understanding of alcohol-related harm. As social scientists, we claim that in drawing attention to the interactional nature of alcohol-related harm, the AHTO perspective brings a new syntagmatic aspect that supplements the three established approaches in empirical alcohol research, which we have identified as “the individual approach”, “the population approach” and “the community approach”. Conceptually, the AHTO perspective is still in a state of flux, and so far there appears to be no clear

consensus on what exactly the issue at hand should be called – while politically it is loaded with considerable ambitions and interests related to causal attributions and ethical conclusions embedded in the research perspective.

Our aim has been to further emphasise the *interactive processes and dimensions* of drinking situations and thereby to call for a deepened theoretical understanding of alcohol-related problems – to others and to the self – as outcomes of social interaction. The essence of the statement that “[s]ocial harms from drinking are inherently interactional” (Room, 2000, p. 94) is that it diversifies the image of alcohol-related harm by drawing attention to two often underexposed aspects of harm. In conclusion, we summarise these aspects as challenges for future research.

First, viewing harms as inherently interactional phenomena widens the focus from the tail end of the actualised problems to also cover earlier phases of the *trajectory of the harm*. Conceptually, the AHTO perspective is preceded by the concept of [negative] “social consequences” of alcohol consumption. “Consequences” clearly allude to harm as an end result, as a final state, as something that has taken place, been experienced, registered, etc. Instead of expressing problems in terms of diagnoses, statistical categories or AUDIT scores, *ex post facto*, the AHTO perspective puts the focus on the moments where harm (to others) starts evolving and probably grows into more serious damage. Besides looking at alcohol problems after the harmful alcohol use has taken place, the AHTO perspective reminds us to pay attention to the interaction in social situations that precede harmful consequences

for social environments, such as violent behaviour in the family or absenteeism from work. This kind of knowledge would also be useful in developing preventive measures. The AHTO perspective, however, does not offer a solid new theory explaining straight causal relations between alcohol consumption and related problems. Rather, it makes us more sensitive to social situations, social company and broader social contexts related to drinking. The AHTO perspective enriches our knowledge about the social dynamics of specific alcohol-related problems, how these harmful effects are experienced, negotiated, tolerated and coped with.

Second, harm to others being “inherently interactional” implies that alcohol-related problems spread into *multiple parts of the societal organism*. A variety of people – and their institutions – are in the sphere of influence of harmful drinking. On the one hand, we are dealing with the drinker’s family members, friends or completely unknown people who, to dif-

ferent degrees, are part of the drinking situations resulting in harm to them. On the other hand, the interactional character of alcohol’s harm comprises a most diverse set of societal institutions and actors, such as restaurant workers, taxi drivers, social workers, public health nurses, caregivers, the police, security personnel, etc. The promise of the AHTO perspective is that it helps research to trace and make visible harms, and to understand how they come about, being part of and mediated by social interaction. It serves as a cross-sectional criterion that should be taken into account when studying harm from drinking.

**Declaration of Interest** None

**Katariina Warpenius**, M.Soc.Sci  
National Institute for Health and Welfare  
E-mail: katarina.warpenius@thl.fi

**Christoffer Tigerstedt**, PhD  
National Institute for Health and Welfare  
E-mail: christoffer.tigerstedt@thl.fi

## REFERENCES

- AIHW (2002). *Australian Institute of Health and Welfare. 2001 National Drug Strategy Household Survey: First results*. AIHW cat. no PHE 35. Canberra: AIHW.
- Babor, T. (2011). Commentary on Laslett et al. (2011): Alcohol-related collateral damage and the broader issue of alcohol’s social costs. *Addiction*, 106(9), 1612–1613.
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Gruenewald, P., Hill, L., Holder, H., Homel, R., Österberg, E., Rehm, J., Room, R., & Rossow, I. (2010). *Alcohol: No ordinary commodity. Research and public policy*. Oxford: Oxford University Press.
- Baklien, B. (1987). Andres fyll [Others’ drinking]. *Tidsskrift om edruskappsspørsmål*, 1, 21–24.
- Berry, R., & Boland, J. (1977). *The economic cost of alcohol abuse*. New York: Free Press.
- Bruun, K., Edwards, G., Lumio, M., Mäkelä, K., Pan, L., Popham, R.E., Room, R., Schmidt, W., Skog, O., Sulkunen, P., & Österberg, E. (1975). *Alcohol control policies in public health perspective*. Forssa: The Finnish Foundation for Alcohol Studies.
- Burgess, A. (2009). Commentary: The politics of health risk promotion. “Passive drinking”: A “good lie” too far? *Health, Risk & Society*, 11(6), 527–540.
- Casswell, S., You, R., & Huckle, T. (2011).

- Alcohol's harm to others: Reduced wellbeing and health status for those with heavy drinkers in their lives. *Addiction*, 106(6), 1087–1094.
- Connor, J., & Casswell, S. (2009). The burden of road trauma due to other peoples' drinking. *Accident Analysis and Prevention*, 41(5), 1099–1103.
- Eliany, M., Giesbrecht, N., Nelson, M., Wellman, B. & Wortley, S. (1992). *Alcohol and other drug use by Canadians: A National Alcohol and Other Drugs Survey (1989)*. Technical report. Ottawa: Health Canada.
- European Commission (2006). Communication from the Commission to the Council, the European Parliament, the European Economic and Social Committee and the Committee of the Regions: *An EU strategy to support Member States in reducing alcohol related harm*. European Communities, COM(2006) 625 final. Luxembourg: European Communities.
- Fekjaer, H. O. (2011, June). *Changing paradigms in the alcohol field*. Paper presented at the 37<sup>th</sup> Annual Symposium of the Kettil Bruun Society for Epidemiological and Social Studies on Alcohol, Melbourne.
- Fillmore, K. M. (1985). The social victims of drinking. *British Journal of Addiction*, 80(3), 307–314.
- Giesbrecht, N., Cukier, S., & Steeves, D. (2010). Collateral damage from alcohol: Implications of "second-hand effects of drinking" for populations and health priorities. *Addiction*, 105(8), 1323–1325.
- Giesbrecht, N., & West, P. (1997). Drinking patterns and drinking-related benefits, harm and victimization experiences: Reports from community-based general population surveys. *Contemporary Drug Problems*, 24, 557–579.
- Gmel, G., Rehm, J., Room, R., & Greenfield, T. K. (2000). Dimensions of alcohol-related social and health consequences in survey research. *Journal of Substance Abuse*, 12(1–2), 113–138.
- Greenfield, T. K., Karriker-Jaffe, K. J., Giesbrecht, N., Kerr, W. C., Ye, Y., & Bond, J. (2014). Second-hand drinking may increase support for alcohol policies: New results from the 2010 National Alcohol Survey. *Drug and Alcohol Review*, 33(3), 259–267.
- Greenfield, T. K., Ye, Y., Kerr, W., Bond, J., Rehm, J., & Giesbrecht, N. (2009). Externalities from alcohol consumption in the 2005 National Alcohol Survey: Implications for policy. *International Journal of Environ Research and Public Health*, 6(12), 3205–3224.
- Holder, H. (1998). *Alcohol and the community: A systems approach to prevention*. Cambridge: Cambridge University Press.
- Holder, H., Gruenewald, P. J., Ponicki, W. R., Treno, A. J., Grube, J. W., Saltz, R. F., Voas, R. B., Reynolds, R., Davis, J., Sanchez L., Gaumont, G., & Roeper, P. (2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. *JAMA*, 284(18), 2341–2347.
- Holmila, M. (2011). Getting the full picture of alcohol's burden in the society. Commentary on Casswell et al. *Addiction*, 106(6), 1095–1096.
- Holmila, M., Beccaria, F., Ibanga, A., Graham, K., Hettige, S., Magri, R., Munné, M., Plant, M., Rolando, S., & Tumwesigye, N. (2014). Gender, alcohol and intimate partner violence: Qualitative comparative study. *Drugs: Education, Prevention and Policy*, 21(5), 398–407.
- Johansson, P., Jarl, J., Eriksson, A., Gerdtham, U. G., Hemström, Ö., Selin, K. H., Lenke, L., Ramstedt, M., & Room, R. (2006). *The social costs of alcohol in Sweden 2002*. SoRAD, Forskningsrapport nr 36. SoRAD: Stockholm.
- Jones, R. J., & Greenfield, T. K. (1991). *Alcohol and other drug problems in Marin County, California: Results from a general population survey*. San Rafael, CA: Marin Institute for the Prevention of Alcohol and Other Drug Problems.
- Klingemann, H., & Gmel, G. (Eds.) (2001). *Mapping the social consequences of alcohol consumption*. Dordrecht: Kluwer Academic Publishers.
- Langley, J. D., Kypri, K., & Stephenson, S. C. R. (2003). Secondhand effects of alcohol use among university students: Computerised survey. *British Medical Journal*, 327, 1023.
- Laslett, A.-M. (2012, August). *The cultural, societal and historical development leading*

- up to the increasing policy significance of alcohol's harm to others. Paper presented at the Nordic Alcohol and Drug Researchers' Assembly, Copenhagen.
- Laslett, A. M., Catalano, P., Chikritzhs, T., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M., Matthews, S., Mugavin, J., Room, R., Schlotterlein, M., & Wilkinson, C. (2010). *The range and magnitude of alcohol's harm to others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre.
- Laslett, A.-M., Room, R., Ferris, J., Wilkinson, C., Livingston, M., & Mugavin, J. (2011). Surveying the range and magnitude of alcohol's harm to others in Australia. *Addiction*, 106(9), 1603–1611.
- Leu, R., & Lutz, P. (1977). *Economic aspects of alcohol consumption in Switzerland*. Zürich: Schulthess.
- Levine, H. (1993). Temperance cultures: Concern about alcohol problems in Nordic and English-speaking cultures. In M. Lader, G. Edwards, & D. C. Drummond (Eds.), *The nature of alcohol and drug-related problems* (pp. 16–36). New York: Oxford University Press.
- Mäkelä, K. (2012). Cost-of-alcohol studies as a research programme. *Nordic Studies on Alcohol and Drugs*, 29(4), 321–343.
- Mäkelä, K., & Room, R. (1985). Alcohol policy and the rights of the drunkard. *Alcoholism: Clinical and Experimental Research*, 9(1), 2–5.
- Mäkelä, P., Fonager, K., Hibell, B., Nordlund, S., Sabroe, S., & Simpura, J. (1999). *Drinking habits in the Nordic countries*. SIFA rapport Nr. 2. Oslo: Statens institutt for alkohol- og narkotikaforskning.
- Manton, E., MacLean, S., Laslett, A.-M., & Room, R. (2014). Alcohol's harm to others: Using qualitative research to complement survey findings. *International Journal of Alcohol and Drug Research*, 3(2), 143–148.
- Navarro, H. J., Doran, C. M., & Shakeshaft, A. P. (2011). Measuring costs of alcohol harm to others: A review of the literature. *Drug and Alcohol Dependence*, 114(2–3), 87–99.
- Peltonen, M. (1988). *Viinapästä kolerakauhun*. Kirjoituksia sosiaalihistoriasta [From weak tolerance to alcohol to the horror of cholera. Writings in social history]. Helsinki: Hanki ja jää.
- Rehm, J., Baliunas, D., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., & Taylor, B. (2006). *The costs of substance abuse in Canada 2002*. Ottawa: Canadian Centre on Substance Abuse.
- Rehm, J., & Gmel, G. (1999). Patterns of alcohol consumption and social consequences: Results from an 8-year follow-up study in Switzerland. *Addiction*, 94(6), 899–912.
- Roizen, R. (2004). How does the nation's "alcohol problem" change from era to era? Stalking the social logic of problem-definition transformations since Repeal. In S. Tracy & C. Acker (Eds.), *Altering the American consciousness: Essays on the history of alcohol and drug use in the United States, 1800–2000* (pp. 61–87). Amherst: University of Massachusetts Press. Retrieved from <http://www.roizen.com/ron/postrepeal.htm>.
- Room, R. (1996). Alcohol consumption and social harm: Conceptual issues and historical perspectives. *Contemporary Drug Problems*, 23(3), 373–388.
- Room, R. (1998). Drinking patterns and alcohol-related social problems: Framework for analysis in developing societies. *Drug and Alcohol Review*, 17(4), 389–398.
- Room, R. (2000). Concepts and items in measuring social harm from drinking. *Journal of Substance Abuse*, 12, 93–111.
- Room, R. (2008, June). *Thinking about measuring alcohol's harm to others*. Paper presented at the 34<sup>th</sup> Annual Alcohol Epidemiology Symposium of the Kettil Bruun Society, Victoria, BC, Canada.
- Room, R., Ferris, J., Laslett, A.-M., Livingston, M., Mugavin, J., & Wilkinson, C. (2010). The drinker's effect on the social environment: A conceptual framework for studying alcohol's harm to others. *Int. J. Environ. Res. Public Health*, 7(4), 1855–1871.
- Room, R., Hellman, M., & Stenius, K. (2015). Addiction: The dance between concept and terms. *The International Journal of Alcohol and Drug Research*, 4(1), 27–35.
- Rossow, I., & Hauge, R. (2004). Who pays for the drinking? Characteristics of the extent and distribution of social harms from others' drinking. *Addiction*, 99(9), 1094–102.

- Simonen, J., & Törrönen, J. (2016). Older women's experiences, identities and coping strategies for dealing with a problem-drinking male family member. *Drugs: Education, Prevention and Policy*. <http://www.tandfonline.com/doi/full/10.1080/09687637.2016.1184622>.
- Single, E., Collins, D., Easton, B., Harwood, H., Lapsley, H., Kopp, P., & Wilson, E. (2003). *International guidelines for estimating the costs of substance abuse*. Second edition. Switzerland: World Health Organization.
- Single, E., Collins, D., Easton, B., Harwood, H., Lapsley, H., & Maynard, A. (1996). *International guidelines on estimating the costs of substance abuse*. Ottawa: Canadian Centre on Substance Abuse.
- Sulkunen, P. (2000). The liberal arguments. In P. Sulkunen, C. Sutton, C. Tigerstedt, & K. Warpenius (Eds.), *Broken spirits: Power and ideas in Nordic alcohol control* (pp. 67–91). NAD publication 39. Helsinki: NAD publication.
- Sulkunen, P. (2009). *The saturated society. Governing risk and lifestyles in consumer society*. London: Sage.
- Sulkunen, P., & Warsell, L. (2012). Universalism against particularism. Kettil Bruun and the ideological background of the total consumption model. *Nordic Studies on Alcohol and Drugs*, 29(3), 217–232.
- Tigerstedt, C. (2001). *The dissolution of the alcohol policy field: Studies on the Nordic Countries*. University of Helsinki. Department of Social Policy. Research Reports 1/2001. Helsinki: University of Helsinki.
- Warpenius, K., Holmila, M. & Tigerstedt, C. (Eds.) (2013). *Alkoholi- ja päihdehaitat läheisille, muille ihmisille ja yhteiskunnalle [Alcohol- and drug-related harm to other people and society]* Helsinki: National Institute for Health and Welfare.
- Warpenius, K., & Sutton, C. (2000). The ideal of the alcohol-free society. In P. Sulkunen, C. Sutton, C. Tigerstedt, & K. Warpenius (Eds.), *Broken spirits: Power and ideas in Nordic alcohol control* (pp. 45–66). NAD publication 39. Helsinki: NAD publication.
- World Health Organization WHO (2007). *WHO expert committee on problems related to alcohol consumption*. WHO Technical report series 944. Geneva: WHO.
- World Health Organization WHO (2009). *Global health risks: Mortality and burden of disease attributable to selected major risks*. Geneva: WHO.
- World Health Organization WHO (2010). *Global strategy to reduce the harmful use of alcohol*. Geneva: WHO.

