

Alcohol and its social consequences – the forgotten dimension

by

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REDUCING HARM FROM ALCOHOL, DRUGS AND TOBACCO

By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

Abstract

This document represents an attempt to map the social consequences of alcohol consumption. It is the distillate of a research project by an international group of researchers. A more extensive report on this work has been published on behalf of the World Health Organization, Regional Office for Europe (KLINGEMANN, H. & GMEL, G., ED. *Mapping the social consequences of alcohol consumption*. Dordrecht, Kluwer Academic Publishers, 2001). The project was commissioned by the Regional Office to obtain more insight into the social consequences of alcohol consumption, as background for the WHO European Ministerial Conference on Young People and Alcohol (Stockholm, 19–21 February 2001).

The document reviews in particular the existing evidence concerning the influence of alcohol consumption on primary social relations, such as the family. Its impact in a wider social context is also reviewed, with attention focused on the relationship between alcohol consumption and violence. Finally, a summary is given of the research carried out to estimate the impact of alcohol on the economy.

Keywords

ALCOHOL DRINKING
ALCOHOLISM – psychology
SOCIAL PROBLEMS
SOCIAL BEHAVIOR

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Contents

	<i>Page</i>
Introduction	1
Alcohol and the social fabric of groups: friends, family and work	3
Safety, public order and social control of alcohol-related behaviour – striking the right balance.....	7
Social costs to society: up to 3% of gross domestic product.....	9

Alcohol and its social consequences – the forgotten dimension

Introduction

Research into the consequences of alcohol consumption has hitherto been concerned mainly with those that affect health or are more readily quantifiable or measurable. Recent instances of such research are described in the report prepared for the Australian Commonwealth Department of Health and Aged Care (1) and the Tenth Special Report to the United States Congress on “Alcohol and Health” (2). At the same time, a broader concept of harm has been adopted in drug/alcohol policy and research. Many consequences, harmful as well as beneficial, can be characterized as “social” and in no way medical, or at least only indirectly related to health. Consequently, the European Alcohol Action Plan 2000–2005, drawn up by the World Health Organization’s Regional Office for Europe (3) is designed to prevent or reduce the harmful effects of alcohol on the health and wellbeing of individuals, families and communities. In the political arena, alcohol has also increasingly come to the fore as an agent of social problems; the British Home Office, for instance, issued an action plan in August 2000 entitled *Tackling alcohol related crime, disorder and nuisance* (4).

The booklet presented here is an executive summary, a brief overview of the first attempt to compile a comprehensive survey of the social consequences of alcohol consumption for individuals, groups, organizations and society, prepared by an interdisciplinary group of alcohol researchers from Finland, Germany, Norway, Scotland and Switzerland (5). Strategies for reducing the social harm attributable to alcohol consumption are exemplified by reporting the state of the art on harm reduction and community prevention. The focus of the project has been the descriptive epidemiology of alcohol-related social harm; it thus complements other projects under way or already completed, such as the updating of the publication *Alcohol policy and the public good* (6); the comparative study of alcohol consumption and alcohol problems among women in European countries (7); and the European Comparative Alcohol Study (ECAS), which also addresses major elements of alcohol policy in the European Union (see 8 and 9).

A first challenge for the project was to produce a practical working definition of the “social consequences of alcohol”. A negative definition would simply consider all consequences that were not directly medical in nature (e.g. liver cirrhosis as a consequence of alcohol is *not* a social consequence) and that involve persons other than the drinker. More precisely:

“The social consequences of alcohol are changes, subjectively or objectively attributed or attributable to alcohol, occurring in individual social behaviour, in social interaction or in the social environment.”

A second challenge was to arrive at a clearer conception of what is meant by “alcohol-related” – in other words, the idea of causality – in analysing social harm. When alcohol is said to be “related to”, “associated with” or “linked to” some social behaviour or action, these terms are sometimes interpreted as indicating causality. They connote no more, however, than that when alcohol is present in an event this behaviour or action also tends to occur. This is far from stating that it has been caused by alcohol.

In some cases alcohol is a direct cause of a social occurrence, as in many traffic accidents. But even in such cases there may be other contributory causes – for instance, a sudden manoeuvre by an oncoming vehicle or an unexpected fog patch on the road, to which the driver in a sober state could have more easily adjusted.

As a chemical substance, alcohol has predictable properties, which are evident in chemical reactions. It also has characteristic effects on the metabolic functions of the human organism. Its consequences for behaviour include psychomotor effects on, for instance, driving skills. These effects are predictable and a causative role of alcohol is relatively easy to establish, as police regularly do in roadside checks.

Some of the immediate effects of alcohol on the biochemical, metabolic, psychomotor and cognitive processes are responsible for many of the social consequences of alcohol consumption. They do not suffice for predicting and explaining these consequences, however.

Alcohol-induced psychomotor impairment has many consequences other than those on health. They include those that follow from the effect of alcohol on cognition. In accidents, both types of impairment are at work. In addition to society’s practical everyday experience of these consequences, there is a large scientific literature, both from extensive field studies and from experimental laboratory research, which points to alcohol as being a sufficient cause of such social consequences. Alcohol can be said to be a

contributory cause of many types of negative social conditions for both individuals and society, but to rarely act alone in determining them. In such circumstances alcohol is often said to increase the *risk* of negative consequences.

Alcohol can act as a cause at several levels of determination. Pharmacological causality is the easiest to prove or disprove, and the use of the term “cause” tends to be limited to this type of cause and effect as found in the natural sciences. Research has shown, however, that alcohol consumption has causal effects at several different levels outside the sphere of natural science. Studies in different cultures show that the same type of consumption may have very different outcomes. Quite large differences are found even among industrialized societies in Europe. Psychological experiments have shown that people’s beliefs about alcohol and its effects determine how they behave after drinking. Similar experiments have shown the importance of situational factors, the setting and the social context in which drinking occurs, for determining the social consequences of drinking. A useful way to grasp the variety of ways in which alcohol consumption can have social consequences is to contrast the social conditions in alcohol-consuming societies with those that might exist in a totally alcohol-free society.

Readers interested in the methodological debates on this area of research will find a fuller account in the volume of which this is an executive summary (5).

Alcohol and the social fabric of groups: friends, family and work

Friends are part of the social environment in which young people learn how to drink and how to behave after drinking. The influence is mutual: young people are selected to be friends of drinkers because of their drinking habits and their attitudes towards alcohol; and young people – as well as adults – select *their* friends in accordance with their own drinking preferences. Thus, networks of friends share a certain compatibility with regard to alcohol. These mutual processes are often hidden under the label “peer pressure”. In many cultures, there is a recurrent theme of conflict between familial obligations and drinking with friends.

When alcohol determines much of the style and content of a person’s life, it also becomes a major determinant of networks of friends. The quality of friendships and the effects of alcohol on friendships should not be judged entirely according to middle-class values. Alcohol-dependent individuals, including those “on skid row”, can form intense and supportive friendships. Alcohol induces considerable emotional instability, however, and this is reflected in the interaction within such friendship groups. In a disproportionate

number of violent crimes, both offender and victim come from the same alcohol-abusing circle of friends and acquaintances.

Women, especially young women, encounter special risks in groups of drinking friends and acquaintances. In many societies, a woman who drinks seems to signal that she is at least approachable, and to some men an intoxicated woman is by definition sexually available. Such concepts as “acquaintance rape” and “date rape” bear witness to recent concern with this problem. A large proportion of unwanted sexual advances are mediated by alcohol.

Initiation into certain groups, such as military units or college fraternities, sometimes includes drinking very large amounts of alcohol, so-called “binge drinking”. This pattern of drinking entails high risks of accidental injury, violence and acute alcohol-poisoning. It has long been known that a heavy-drinking lifestyle in groups of friends is relatively common in the armed forces. More recently, the focus has been on such drinking patterns on college and university campuses and what they mean for the development of problem drinking patterns later in life.

It is generally believed that when high-risk activities and socially disruptive behaviour are connected with drinking, they are judged less critically than the equivalent sober behaviour. Recent surveys show, however, that the general population does not consider drunkenness to be a valid excuse for such behaviour. With rare exceptions, legislation in countries with a western culture makes no special provision for alcohol intoxication, although in practice someone on trial for homicide may more easily be sentenced for manslaughter rather than murder if the crime was committed while under the influence of alcohol. Diversion into treatment for alcohol abuse is also more likely in lesser crimes involving alcohol.

Alcohol and domestic violence are linked to spouse/partner and family structures. The size of the problem is often underestimated. Legal and cultural limits bar access to the private or domestic sphere, even if the physical and psychological wellbeing of women is at stake, and victims are reluctant to report this covert violence. Alcohol plays a major role here.

Although in the current state of knowledge it is difficult to determine the extent of the suffering and harm undergone by the immediate family of the heavy drinker, it is likely to be considerable and at least as extensive – albeit different in nature – as that of the drinkers themselves.

Children are the most severely affected, since they can do little to protect themselves from the direct or indirect consequences of parental drinking. Some have already been severely and permanently scarred, even before they are exposed to parental behaviour. At least one child in 3000 in western countries (Australia, New Zealand, Sweden, the United Kingdom

and the United States) is born with fetal alcohol syndrome, and there is a tenfold higher incidence of disorders related to direct exposure to alcohol during gestation. Parental drinking can thus seriously harm a child's development, although its modes of action have only been partially elucidated. In particular, abuse, neglect, isolation and insecurity or inconsistent parental behaviour and demands are much more common in the families of alcohol abusers than in others. Investigation of the long-term psychological effects of such harm in childhood has yielded somewhat contradictory findings, and definitive conclusions are yet to be drawn. What is well established, however, is that there is a substantial – twofold to tenfold – risk of intergenerational transmission of problem drinking. Several hypotheses have been advanced to explain modes of transmission, and recent studies indicate that the aggregation of certain factors increases the risk.

Table 1. Proportions of young adult offspring of parents with drinking problems and comparisons responding to each item of the Negative Childhood Experience Scale

	Offspring (%)	Comparisons (%)
Arrangements going wrong	50.3	25.0
Lack of social life for family	67.9	38.8
Moving house a lot	27.3	18.8
Being on own a lot	47.3	25.0
Forced to participate in parents' rows	44.8	8.8
Being pulled between parents	51.5	20.0
Worry about parent losing job	22.4	3.8
Fear of having to do without	22.4	6.3
Keeping secrets from one parent to protect the other	33.9	10.0
Putting parent to bed	28.5	1.3
Having to take care of parent	27.3	7.5
Having to act older	61.8	21.3

Source: Velleman & Orford (10, p. 307).

The partners of alcohol abusers also pay a heavy price. They are at serious risk of violence, since marital violence is clearly more common with problem drinking. Although only hypothetical explanations have yet been advanced for marital violence in these circumstances, an alcohol-specific effect appears to be undeniable. Apart from the risk of marital violence, an alcohol-related problem may affect the quality of life and the health of the drinker's partner in other ways. The family is liable to split or to break up, as several studies of the causes of divorce have shown. A contrary condition, referred to as "co-dependence" and described principally in the clinical literature, takes the form of a contradictory involvement by the drinker's partner in maintaining the drinker's alcohol habit, through efforts to conceal

and compensate for it. In either case, and as regards such couples in general, the condition of the drinker's spouse or partner is liable to deteriorate, with consequent psychological or physical disorders.

The negative effects of excessive drinking on non-drinking family members, and particularly on children, remain a cause of concern and have to be considered a pertinent public health issue. Efforts to involve spouses or other family members in the treatment of the drinking patient are promising, since they may have an impact not only on the immediate problems but also in preventing the higher risk of future addiction in the relatives of the drinking member.

The impact of alcohol consumption on productivity and work career has been demonstrated in a large number of studies. Although alcohol consumption does not contribute to any large proportion of the total production losses from work absenteeism, it is well established that alcohol-dependent people and heavy drinkers have more sick-leave days than other employees and thus cost their employers considerable amounts (in the United Kingdom, for instance, this has been estimated at £779 million per year). In addition, some studies have shown that the majority of those who report taking sick leave from work because of drinking belong to the large group of more or less moderate drinkers. This kind of alcohol-related absenteeism is probably short-term sick leave due to hangovers from occasional episodes of heavy drinking.

Many studies have shown that unemployment and heavy drinking tend to go together. The causative effect can work both ways: heavy drinkers have a higher risk of losing their jobs, but becoming unemployed often leads to increased drinking. Moreover, both alcohol abuse and unemployment may be caused by a third factor, which may explain why some people are both heavy drinkers and unemployed.

Alcohol consumption has a dual impact on education. First, parental heavy drinking increases the risk of poor school performance, truancy and school drop-out among their children. In some cases, a mother's heavy drinking during pregnancy leads to attention deficits and behavioural problems in the child. But parental heavy drinking (or alcohol abuse) also seems to affect their parenting skills, and thereby, again, the child's performance in school. The other kind of impact is the possible effect of heavy drinking episodes by students on their school performance and educational careers. Some studies have shown that school drop-out is more common among heavy-drinking students than among others. The extent to which heavy drinking may be a cause of poor school performance is not clear, however.

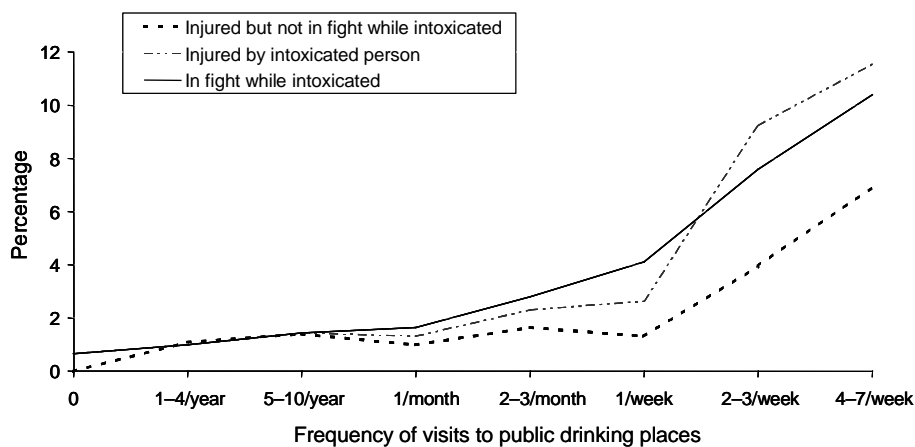
Safety, public order and social control of alcohol-related behaviour – striking the right balance

Numerous research reports attest to the significant impact of drinking on accidents, suicide and violence. The findings of studies using different methods and data from a wide spectrum of countries and cultures are consistent in this respect. Drinking to intoxication increases the likelihood of injury or death from accidents and violence. Many of those involved in accidents, self-inflicted injury or violence had been drinking – more often, it seems, as victims of violence (some 40–65% of whom had been drinking) than of various types of accident (some 20–30%). Also, some 20–50% of people who commit suicide or attempted suicide were intoxicated at the time or known to be heavy drinkers. Particularly with regard to violence involving two or more parties, in 40–80% of cases the offender had been drinking. Frequently intoxicated and heavy drinkers are at particular risk of injury, whether from accidents, self-inflicted harm or violence. Although alcohol is involved in a large proportion of injuries, it is not evident that it is always the cause: some would have occurred in its absence. Yet from a preventive perspective it should be noted that injuries from accidents and violence, as well as suicide, have shown significant reductions when alcohol consumption in a population has decreased, whether as a result of particular policy measures or for other reasons.

In societies with a western culture, since the time of the temperance movement alcohol has been considered a major cause of deviant behaviour, ranging from disorderly, socially disruptive conduct to serious threats to order and safety. This is widely recognized on the part of the general public, the police and criminal justice system, health authorities and medical care providers, communal authorities, welfare agencies and employers. All realize, for this reason, that alcohol consumption needs to be controlled. To some extent, the cultural context and its limits of tolerance determine what constitutes violation of public order and how much is attributable to alcohol abuse. It is clear, however, from a large body of research evidence that the threats which alcohol presents to public order and safety are actual, not merely socially or culturally perceived, constructed or defined.

Without question, alcohol plays a major role in crime, especially in crimes of violence. In international comparisons, the category of assaults and homicides is that with the highest level of alcohol involvement, ranging between 35% (Canada) and 85% (Sweden).

Fig.1. Percentage of respondents who reported taking part in a fight while intoxicated, being injured by an intoxicated person, and being injured from other causes, in the past 12 months, as related to frequency of visits to public drinking places during the same period



Source: Rossow (11, p. 1656).

There is empirical evidence illustrating the damage which alcohol consumption inflicts on working relations and career opportunities. Numerous workplace problems, including sexual and other forms of harassment, are linked with use of alcohol and other drugs.

A tolerant social climate towards public drunkenness goes together with high arrest rates, and vice versa, which suggests that informal social control has a greater influence on behaviour than legislation. Both are necessary, however, to reach an optimum of costs, control and acceptable public order.

Alcohol or alcohol abuse often triggers highly visible disruptive behaviour such as football hooliganism and racial violence, or is advanced as a mitigating factor to escape punishment.

Alcohol control measures employed to increase public safety and order should be based on evidence rather than morality. Policy measures designed to control “difficult” or disadvantaged groups (e.g. youth subcultures, the poor and the homeless), by reducing broad socio-political issues to one of alcohol alone, are counterproductive to an efficient alcohol policy with high credibility in the long run. Civil rights have to be respected, especially when implementing so-called “zero tolerance policies”. Punitive or control measures must not add to cultural or social stigma or have the effect of exposing drinkers to environments that are conducive to even more serious social disorder.

Involuntary committal of alcohol abusers to inpatient psychiatric facilities constitutes a major interference with their lives; such committals should be exclusively for purposes of treatment, not for reasons of families' or partners' convenience or of threats to their safety, which should be dealt with in other ways. Involuntary committals have decreased in many countries since the 1960s, however, probably because the use of the “umbrella” of alcohol treatment to control public disorder or danger has been seen to be an unwarranted or ineffective course of action.

Liberalization and deregulation of outlet density and opening hours will induce an increase in alcohol-related disturbances to public order and threats to safety, whose costs and burden have to be shouldered by the taxpayer and the general public. Evidence indicates that a large proportion of violent crime occurs in and around licensed premises. Outbreaks of violence associated with mass sporting and other cultural events may be avoided if such events are required to be alcohol-free.

Measures to increase public awareness of alcohol problems should highlight the threat that alcohol poses to safety and public order. More such problems are likely to come to light at first, but the public may then demand and support countermeasures. For example, the vulnerability of intoxicated individuals to criminal harm may be used as a starting point for work by community planners. Public attention to this matter may bring about protective measures such as social support and skilled help to vulnerable individuals or families.

Social costs to society: up to 3% of gross domestic product

Alcohol consumption, and especially abusive consumption, can entail important costs to society. Compared with tobacco or illicit drugs, alcohol is clearly more “expensive” in terms of the resources expended in dealing with the adverse consequences of abusive drinking. The costs of alcohol consumption may be broadly categorized as follows:

- **Direct costs**
 - Health, judicial and social welfare systems
 - Material damage
- **Indirect costs**
 - Premature death
 - Excess morbidity and unemployment

Alcohol consumption has numerous health effects, both chronic (e.g. liver cirrhosis) and acute (traffic accidents), which result in expenditure

on hospital and outpatient treatment, as well as on pharmaceuticals. Costs also arise in the welfare and judicial systems, such as those for social assistance and counselling of alcoholics and their families, or police intervention, imprisonment and court work. The material damage resulting from traffic accidents due to drunken driving also results in significant costs.

Much more important, however, are the costs resulting from the impact of alcohol on the workplace. Primarily, alcohol-related costs arise from premature death, since people who die before the age of retirement represent a loss of national productivity. Also, excess unemployment and absenteeism, as well as work accidents and reduced efficiency on the job due to alcohol misuse, contribute significantly to the total costs of alcohol consumption to society.

From the existing international scientific evidence, a number of core messages can be retained.

- **The social costs of alcohol consumption amount to between 1% and 3% of gross domestic product.**
- **Thus, for the European Union in 1998, the social costs of alcohol consumption can be estimated at between US \$65 million and US \$195 million (at constant 1990 prices and exchange rates).**
- **About 20% of the total costs are direct costs, representing the amount actually spent on medical, social and judicial services.**
- **About 10% of the total costs are spent on material damage.**
- **About 70% of the total costs represent lost earnings of individuals who die prematurely or are unable to perform their productive tasks in the way they would have if they had not been consuming alcohol.**

In national budgets in Europe, the social costs of alcohol consumption are comparable to, or even exceed, government expenditure on social security and welfare, amounting to approximately one fourth of its total health expenditure. Clearly, therefore, the adverse consequences of alcohol use and misuse are significant and call for adequate policy measures to reduce them.

Further reading

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