

Room, R. (2006). MANY IMPORTANT ALCOHOL PROBLEMS ARE WIDELY DISPERSED:
COMMENT ON. *Addiction*, 101(2), 163-165.

Published in *Addiction* 101:163-165, 2006.

MANY IMPORTANT ALCOHOL PROBLEMS ARE WIDELY DISPERSED: COMMENT ON SKOG (2006)

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First published: 24 January 2006

Skog (2006) offers a useful guide to the discussion of the prevention paradox in the alcohol literature, and along the way offers some cogent comments on two underlying literatures: population surveys of drinking patterns and problems and policy impact studies of alcohol problems prevention.

Concerning Skog's comments on population surveys, it is true that those missing in surveys, at least in developed countries with the usual survey methods, are likely both to be heavier drinkers and to have more alcohol problems than average. The question is how much difference this is likely to make. Losses of representation of the whole population in surveys come from two sources: failure to respond among those sampled, and not being included in the sample. In their recent review, Gmel & Rehm (2004) conclude that 'non-response does not seem to be a major source of under-coverage' of consumption, and regard non-inclusion as 'a more important issue'. That those not included in household-based samples may include many extreme cases is suggested by the contrast between the dramatic differences often found by social class in mortality for alcohol-related causes (e.g. Mäkelä 1999) and the gentler social class gradients for survey-reported problems (e.g. Hradilova Selin 2004, pp. 102–104). How much difference sample biases make is likely to vary with the particular problem considered; but if the main problem is with those not included in household-based samples, there is an upper bound to the problem—in most developed societies, this would be less than 5% of the population.

With respect to reporting errors in surveys, what I found most interesting were Skog's examples and proposed solutions. He singles out particularly 'the tendency of some respondents to report quite trivial incidents as drinking related problems'. This is indeed an issue which deserves further consideration. What is going on when some respondents give answers qualifying for an alcohol dependence diagnosis while reporting only very light or infrequent drinking (Dawson & Archer 1993)? Protocol

analyses and other studies are needed (e.g. Greenfield 1995) of the range of meanings in respondents' reports of drinking-related harm. Skog's other suggestions, about analyses starting backwards from samples of victims of damage, raise an important issue not considered previously in analyses of the prevention paradox: harms to others from a person's drinking. The spread of problems across drinking patterns may well be wider if we take harm to others into consideration.

Skog is right in pointing to the importance of causal attribution, and also in noting that it is not clear how variations in the tendency to attribute will affect the prevention paradox. We need more studies of what lies behind such attributions, including variation by culture. The evidence available so far suggests that there is such variation, but that respondents are generally relatively conservative in assigning attribution (Gmel *et al.* 2000; Cherpitel *et al.* 2003).

Concerning the policy implications of the prevention paradox, it seems to me that Skog underestimates the utility of what he calls the 'conservative inference': that prevention strategies should not focus on only the very heavy drinkers. A generation ago the American Public Health Association's guidance on alcohol policy in the community was totally orientated to the detection and treatment of alcoholism (Cross 1968). Still today, industry-funded social aspects groups promote the notion that 'targeted interventions' should replace an emphasis on population-wide approaches (ICAP 2005).

I agree that the prevention paradox by itself does not argue against the utility of targeted strategies; the relative utility of different strategies (and combinations of them) is better assessed by cost-effectiveness analyses (Chisholm *et al.* 2004). It is worth emphasizing the point Skog makes in passing, that whole-population strategies may affect high-risk segments, as well as the converse point that in any case targeted interventions often turn out to have wider effects. At least with respect to effects, the line between targeted and whole-population strategies is not particularly clear.

There is no question that the 'preventive paradox' became part of what is often called the 'new public health approach' to alcohol problems (Room 2002). However, as a relatively late addition to the approach, it was preceded by discussions in terms of a 'disaggregated' approach—that the overlap between different types of alcohol problems in the general population is modest—and the related idea that the clustering of problems in clinical populations is thus not a good guide to patterns in the general population (Room 1977). From a policy perspective, it seems to me that what Skog terms the 'conservative inference', that many important alcohol problems

are widely dispersed, was always the important conclusion from the prevention paradox.

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