lance Centre and the Scottish Centre for Infection and Environmental Health. NSHPC relies on active reporting from paediatricians through the British Paediatric Surveillance Unit of the Royal College of Paediatrics and Child Health, and from obstetric respondents reporting through an active reporting scheme run under the auspices of the Royal College of Obstetricians and Gynaecologists. We thank all those reporting to NSHPC and particularly the staff, families, and children from the 17 CHIPS centres (see bmj.com for details).

Contributors: See bmj.com

Funding: NSHPC receives support from the Department of Health and the Medical Research Council. The CHIPS cohort has received additional support from Bristol-Myers Squibb, Boehringer Ingelheim, GlaxoSmithKline, Roche, Abbott, and Gilead.

Competing interests: None declared.

Ethical approval: The national study of HIV in pregnancy and childhood received renewed ethics approval, including follow up in the collaborative HIV paediatric study, in 2001 from Great Ormond Street Hospital for Children NHS Trust and the Institute of Child Health research ethics committee.

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Secondhand effects of alcohol use among university students: computerised survey

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"Secondhand effects"—negative experiences directly resulting from someone else's drinking—are among the problems associated with heavy drinking. Secondhand effects regularly receive attention from the media, and this probably shapes public opinion on alcohol policies and how individuals behave—for example, avoiding high risk situations—although no empirical studies have examined this. Also, studies of the incidence of secondhand effects are rare. One survey about drinking among college students has found that secondhand effects—including interruptions to study or sleep, having to take care of a drunk student, and being insulted or humiliated—were common.¹

Many university students in New Zealand often drink hazardedly and are therefore a suitable population for studying secondhand effects.² We estimate the incidence of secondhand effects among university students, by the sex, age, and drinking status of the victim.

Participants, methods, and results

We invited a random sample of 1910 students (aged 16-29 years) at the University of Otago to complete an internet based questionnaire (<http://ipru.otago.ac.nz/ausdemo>), and 1564 (82%) responded.³ We asked the students which of 11 secondhand effects they had experienced in the previous four weeks (table).¹ Responses were none, once, two or three times, or at

least four times. We assessed whether the respondent was a heavy drinker by asking how often they drank six or more drinks on a single occasion.⁴

We obtained complete data from 1524/1564 (97%) respondents. Non-heavy drinkers included 62 abstainers and 191 drinkers who consumed fewer than six drinks on any single occasion. Incidence of any secondhand effect increased with the tendency to drink heavily. Logistic regression with adjustment for sex showed that, relative to 16-19 year olds, 20-24 year olds had similar odds of experiencing at least one secondhand effect (odds ratio 0.80; 95% confidence interval 0.58 to 1.09), and 25-29 year olds were at lower risk (0.17; 0.11 to 0.26).

A previous study considered only undergraduates in halls of residence or in fraternity or sorority houses—environments linked with excessive drinking.¹ We found that being pushed, hit, or assaulted was 1.6 times more common (9% v 15%), unwanted sexual advances were 1.4 times more common (20% v 28%), and damage to property was 1.3 times more common (15% v 20%).

Comment

Secondhand effects due to drinking alcohol are more common among university students than previously thought—for example, a tenth of women and a fifth of men were assaulted at least once in the four weeks

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BMJ 2003;327:1023-4

Secondhand effects due to alcohol among university students experienced at least once in the four weeks before being asked. Values are numbers (incidence; 95% confidence interval)

Secondhand effect	Sex of victim		Victim's tendency to drink heavily*			Total (n=1524)
	Women (n=881)	Men (n=643)	Never (n=253)	Monthly or less (n=602)	Weekly or more (n=669)	
Insulted or humiliated	294 (33; 30 to 37)	221 (34; 31 to 38)	70 (28; 22 to 34)	175 (29; 25 to 33)	270 (40; 37 to 44)	515 (34; 31 to 36)
Serious argument or quarrel	148 (17; 14 to 19)	136 (21; 18 to 25)	14 (6; 3 to 9)	81 (13; 11 to 16)	189 (28; 25 to 32)	284 (19; 17 to 21)
Pushed, hit, or otherwise assaulted	118 (13; 11 to 16)	114 (18; 15 to 21)	21 (8; 5 to 12)	63 (10; 8 to 13)	148 (22; 19 to 25)	232 (15; 13 to 17)
Property damaged	174 (20; 17 to 23)	130 (20; 17 to 24)	43 (17; 13 to 22)	110 (18; 15 to 22)	151 (23; 19 to 26)	304 (20; 18 to 22)
Had to take care of a drunk student	370 (42; 39 to 45)	239 (37; 33 to 41)	45 (18; 13 to 23)	227 (38; 34 to 42)	337 (50; 47 to 54)	609 (40; 37 to 42)
Found vomit in the halls or bathroom	201 (23; 20 to 26)	173 (27; 24 to 31)	41 (16; 12 to 21)	107 (18; 15 to 21)	226 (34; 30 to 38)	374 (25; 22 to 27)
Studying or sleep interrupted	571 (65; 62 to 68)	347 (54; 50 to 58)	135 (53; 47 to 60)	323 (54; 50 to 58)	460 (69; 65 to 72)	918 (60; 58 to 63)
Unwanted sexual advance	279 (32; 29 to 35)	151 (23; 20 to 27)	24 (9; 6 to 14)	146 (24; 21 to 28)	260 (39; 35 to 43)	430 (28; 26 to 31)
Sexual assault or date rape	8 (1; 0 to 2)	3 (0; 0 to 1)	0 (0; 0 to 1)	3 (0; 0 to 1)	8 (1; 1 to 2)	11 (1; 0 to 1)
Different crime on campus	11 (1; 1 to 2)	13 (2; 1 to 3)	4 (2; 0 to 4)	5 (1; 0 to 2)	15 (2; 1 to 4)	24 (2; 1 to 2)
Different crime off campus	26 (3; 2 to 4)	25 (4; 3 to 6)	5 (2; 1 to 5)	20 (3; 2 to 5)	26 (4; 3 to 6)	51 (3; 3 to 4)
Any	752 (85; 83 to 88)	524 (81; 78 to 84)	182 (72; 66 to 77)	476 (79; 76 to 82)	618 (92; 90 to 94)	1276 (84; 82 to 86)

*Six or more drinks (60 g ethanol) on one occasion.

preceding our survey, and one fifth of students had their property damaged.¹ Even non-heavy drinkers experienced several effects, some serious.

Strengths of this study include the random sampling, the high response rate, and using a computerised questionnaire, a method known to increase reporting of high risk behaviour.⁵ Limitations include imprecision—for example, the seriousness of “crimes” is unspecified—reliance on respondents to attribute responsibility for the effect, and our focus on students alone.

The needs of the many non-drinkers and moderate drinkers who are harmed by heavy drinkers should be considered when devising local and national alcohol policies. Universities and colleges should tackle environmental risk factors for hazardous drinking—for example, the availability and promotion of alcohol on and around campus—and should provide screening and intervention services for students with patterns of hazardous drinking.

We thank Dorothy Begg and Margaret Geddis for comments on an earlier version of this paper.

Contributors: JDL got funding for the study, designed the study, analysed the data, and wrote the paper. KK got funding for the study, designed the study, managed and analysed the data, and wrote the paper. SCRS managed and analysed the data and reviewed the paper. KK is guarantor.

Funding: Health Research Council of New Zealand and Alcohol Advisory Council of New Zealand.

Competing interests: None declared.

Ethical approval: University of Otago ethics committee.

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(Accepted 15 July 2003)

Privacy of patients' information in hospital lifts: observational study

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BMJ 2003;327:1024-5

Respect for the confidentiality of patients' information is a basic principle of ethical and effective medical practice. It ensures individual patients' privacy, and, more broadly, it upholds public perception of the quality of the healthcare system and its professionals. Observational studies have shown that breaches of patients' confidentiality by healthcare professionals occurred in 3%-7% of lift rides in hospitals.^{1 2}

Even though most healthcare professionals know the limits of confidentiality well, they have trouble applying them to their behaviour, particularly in hospital lifts where discussions of patients' information may be overheard.³ To decrease the risk of compromising patients' confidentiality in public spaces in

hospitals, we investigated the number and nature of comments that compromise patient confidentiality in hospital lifts and the reactions of colleagues who witnessed these comments.

Participants, methods, and results

We instructed medical students in the information privacy policy of St Michael's Hospital, a tertiary care centre in Toronto, Canada. They recorded the date, time, duration, and location of every journey they took in a public lift at St Michael's Hospital during regular hours for two weeks in November 2002.