Alcohol's Harm
to Others in Australia

PATTERNS

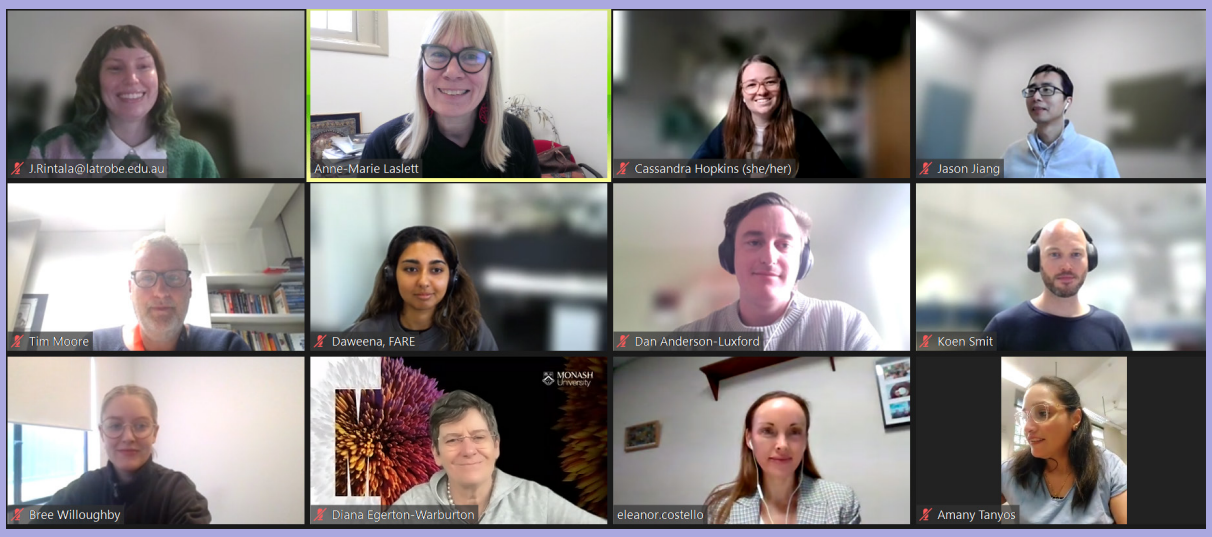
COSTS

DISPARITIES

and

PRECIPITANTS

3 December 2025



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LIST OF SUPPORT SERVICES IF YOU ARE NEED OF HELP LINKED TO SOMEONE ELSE'S DRINKING

Police (Family Violence Unit) Ph. 000

National Alcohol and Other Drug Hotline Ph. 1800 250 015

Family Drug Help Ph. 1300 368 186

Domestic Violence Crisis Line Ph. 1800 015 188

WIRE Ph. 1300 134 130

Sexual Assault Crisis Line Ph. 1800 806 292

Lifeline Ph. 13 11 14

Alcohol's Harm to Others in Australia:
Patterns, Costs, Disparities and Precipitants

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fare Foundation for Alcohol Research & Education
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The authors of this report acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of the lands and waters where we live and work. These lands and waters have never been ceded. We pay respect to Elders past and present. We recognise that Aboriginal and Torres Strait Islander peoples continue to experience systemic racism in Australia today and that culture, community connection, and self-determination are fundamental to the wellbeing of Aboriginal and Torres Strait Islander peoples. In particular, we acknowledge their wisdom and strength in addressing alcohol problems Australia-wide, and their ongoing resilience as they seek to improve health and wellbeing and keep communities safe.

We acknowledge the lived experience of the people from different cultures, services and systems who have contributed to this report who have been affected by others' drinking. This includes lived experience experts, researchers, and participants. We acknowledge that our work together, to understand and improve the knowledge base and the services and systems that respond to harms from others' drinking, is ongoing.

Preface

A tradition of research documenting the reach and varieties of alcohol's harm to others (AHTO) besides the drinker has emerged in the last 20 years, with studies in more than 40 countries. The Centre for Alcohol Policy Research (CAPR) has played a leading role in this effort, particularly with its studies in Australia, but also in stimulating, participating in and coordinating efforts internationally. The primary focus has been population surveys asking respondents about harm to them or their children from others' drinking, but there has also been new attention to the data and harms identified in societal response agencies – police, hospitals, child protection agencies, etc. – and study of their records. Work has also been done on social and health costs of alcohol's harm to others.

This Linkage Project brings a world-leading team of alcohol's harm to others researchers together with government, and non-government organisational and academic partners – the Foundation for Alcohol Research and Education (FARE), the Australian Institute of Family Studies (AIFS), the Australasian College for Emergency Medicine (ACEM), Monash Health, and the Alcohol and Drug Foundation (ADF) – all of whom are Australian leaders in efforts to address the social and health harms related to alcohol.

We would like to acknowledge the contribution of our advisory group over the period 2019 -2025, at the inception of the grant, in guiding and grounding our findings along the way, and in ensuring our work has impact as we finalise the project. The following members and their organisations were invaluable contributors to the project:

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Executive Summary

This policy brief summarises the latest estimates of how many people are affected by alcohol's harm to others. This is the harm from drinking that occurs, not to oneself from one's own drinking, but from the drinking of others, including intimate partners, family members, friends, coworkers and members of the public. Harm from others' drinking can occur in multiple ways across Australia in a single year. This research includes information from the 2021 Australian Alcohol's Harm to Others Survey data, underlining the array of harms people commonly experience. Data from national and state level statistics on harms from health, social assistance, police and justice agencies that respond to harms from others' drinking are also presented. The response agency data outlines the severe end of the harm spectrum. Our study also provides information from interviews on experiences of participants affected by others' drinking. Additionally, we present our analyses on the impacts of others' drinking on quality of life and estimate the economic costs to society of others' drinking.

FINDINGS FROM THE 2021 ALCOHOL'S HARM TO OTHERS SURVEY

In 2021, almost half (48%) of all Australians reported experiencing harm (negative effects or specific harms) from others' drinking in the previous 12 months.

Almost a quarter (24%) of Australians reported being negatively affected by the drinking of someone they didn't know, for instance by a stranger's drinking.

More than one in five Australians (22%) reported being adversely affected by the drinking of people they knew, including partners, immediate family members, more distant relatives, friends, co-workers, neighbours and other connections.

Thirty-nine percent of Australians reported specific adverse effects from strangers' drinking; with some respondents reporting harms but not that they perceived that this harm had negatively affected them.

Survey respondents reported a spectrum of harms, including being emotionally hurt or neglected, role failure and faults, serious arguments, family problems, having to care for drinkers, and being verbally abused. Respondents also reported more serious impacts, such as physical or sexual harm, property damage, financial stress, and feeling threatened by others' drinking,

Greater percentages of women, younger people, Australian-born and people drinking in a heavy episodic way reported harm from others' drinking than, men, older people, people born elsewhere, and non- and lighter drinkers respectively.

HARMS FROM OTHERS' DRINKING IN DIFFERENT RELATIONSHIPS

Respondents reported harm from the drinking of people with whom they were in a range of different relationships. These included family or household members (10%), intimate partners (5%), friends (7%), or co-workers (8% of those working).

Family members: Among respondents who reported being harmed by the drinking of a person they knew, respondents reported being harmed by intimate partners (14%) and ex-partners (3%), other immediate family members including children (7%), parents (14%) and siblings (10%), grandparents (1%) and uncles (1%). Harms were also reported from members of the wider family network, including from cousins, in-laws and other relatives.

Intimate partners: In the 2021 AHTO survey, among respondents with a partner, 10.7% reported that their intimate partner was a heavy drinker and 5.9% reported being harmed by their heavy-drinking intimate partner in the past year. Eight percent of women and 3.8% of men reported being negatively impacted by their intimate partner's drinking.

These findings are corroborated by other population surveys. Additional analyses of the 2019 National Drug Strategy Household Survey found 3.4% of Australians experienced alcohol-related intimate partner violence, with women (4.7%) twice as likely to report experiencing alcohol-related intimate partner violence compared to men (2.1%). Among women who reported they had been physically or sexually assaulted in the last 10 years (in the 2021–2022 Australian Personal Safety Survey), over half reported that alcohol was a contributing factor in the most recent incident [1].

Friends: In the 2021 Australian Alcohol's Harm to Others study, an estimated 7.1% of all Australians reported experiencing harm from a friend's drinking.

Co-workers: Of the 8% of workers who reported being negatively affected by a co-worker's drinking in the 2021 Australian AHTO survey, almost half responded that their own work had been affected, 12% responded that they had been in an accident or a close call due to the drinking and over 40% reported that they had had to work extra hours.

HARMS FROM STRANGERS' DRINKING

An estimated 42% of Australian adults reported experiencing alcohol-related harm from a stranger during 2021; this includes 22% who reported negative effects and 39% who reported specific harms). Twelve percent of all Australian adults stated this harm 'affected them a lot'.

Women and adults engaging in less frequent risky drinking (consuming ≥ 5 drinks on a single drinking occasion less than four days a month) had significantly greater odds of experiencing harm than men and adults who do not engage in risky drinking.

Australians aged 50 and older had significantly lower odds of reporting harms from a stranger's drinking than adults aged 18–29 years.

Residents in Queensland, Central Australia (South Australia and the Northern Territory) and New South Wales (including the ACT) were more likely to report harm from the drinking of strangers than were adults living in Victoria. Residents in Western Australia and Tasmania reported similar levels of harm to that found in Victoria.

HARMS TO CHILDREN FROM OTHERS' DRINKING

Over 17% of parents and other caregivers indicated that the children they cared for were negatively affected because of someone else's drinking in 2021. They reported that children were verbally abused (6.2%), financially affected (4.3%), the subject of a child protection call (0.8%), and suffered physical hurt (1%) due to others' drinking in the previous 12 months.

SOCIAL AND ECONOMIC DIFFERENCES IN ALCOHOL'S HARM TO OTHERS

Harms from others' drinking were spread across different socio-demographic groups. However, some measures of disadvantage, including the degree of household crowding and financial disadvantage, were associated with increased likelihood of experiencing alcohol's harms to others.

Among caregivers who lived with children, those who identified as women, were financially stressed, were single caregivers or lived in a disadvantaged neighbourhood were more likely to indicate that a child had been substantially affected by someone else's drinking.

HEALTH IMPACTS, SERVICES AND SUPPORTS ACCESSED DUE TO HARM FROM OTHERS' DRINKING

In 2020–21 (the most recent year analysed) there were 261 deaths and 14,643 hospitalisations recorded as connected with another person's drinking across Australia.

Men experienced a higher rate of deaths and hospitalisations attributed to others' drinking than women across all categories, with the rates highest for alcohol-related interpersonal violence.

Among Australians aged 15 years and above, alcohol-related road crash deaths from others' drinking gradually declined between 2008–09 and 2018–19, while hospitalisation rates remained relatively stable for pedestrian injuries; slight increases were observed among non-pedestrian road users (e.g., drivers, motorbike riders, cyclists). Among children, deaths attributed to another person's drinking were consistently low for all categories, with no cases in some years. Overall, 2 child deaths and 144 child hospitalisations were attributed to others' drinking in 2020–21.

Hospitalisation rates due to another's drinking peaked in 2009–10 and 2011–12, with substantial decreases in 2012–13 and 2015–16 for both men and women across all injury types. Since then, there has been a slight increase in hospitalisation rates for adult women while the rates have been relatively stable overall for men.

SERVICE SYSTEM AND SUPPORT UTILISATION FROM SURVEY DATA

Based on the 2021 population survey data, around one in eight adult Australians (12.4%) accessed at least one service or support after experiencing harm from others' drinking. Seeking support from family, friends and/or peers was most common (8.6%), followed by accessing police (5.4%), professional advice/counselling (2.8%), medical treatment (1.3%) and being admitted to hospital (0.5%).

Analysing the National Minimum Dataset on Alcohol and Other Drug Treatment, in 2018-2019 financial year, 4,194 alcohol and other drug treatment, counselling, and telephone (e.g., DirectLine) services were provided to clients who were seeking help because of the harmful alcohol use of someone other than themselves.

IMPACTS ON POLICE SYSTEMS AND CRIME OF ALCOHOL'S HARM TO OTHERS

Alcohol-related family violence police incident report rates vary between states, with alcohol-related family incidents comprising 25-47% (from 2013 to 2019) of all family violence incidents across Australia. This is a large range, and reflects variations in how police identify, code and classify alcohol involvement in family violence incidents as well as differing rates of drinking and family violence. We present data here from three Australian states.

In New South Wales, between 2009–10 and 2018–19 there were around 6,000-7,000 annual alcohol-related domestic violence assaults reported, representing between 46% and 32% of all reported domestic violence incidents in those years. The percentage of domestic violence assaults involving alcohol has declined from 46% in 2009–10 to 32% in 2018–19. The alcohol-related offence rate per 100,000 for such assaults has also declined over this time period, apart from a slight upturn in 2019.

In Victoria, 22,846 family incidents attended by police definitely or possibly involved alcohol in 2018–2019. Analysing the data from 2012-13 to 2018-19, between 37% and 28% of family violence incidents involved alcohol use by the perpetrator. The majority of family violence is directed towards an intimate partner, although approximately a third of incidents (32% to 29%) involved violence directed towards other family members (e.g., parents, children, siblings etc.).

In Western Australia, 7,547 family violence assaults involved police-reported alcohol use in 2019. Between 2013 and 2019, police-reported alcohol-related family violence assaults have fluctuated between 6,800 and 8,100 incidents, comprising between 25 and 38 percent of all family violence assaults.

IMPACTS OF OTHERS' DRINKING ON CHILD ABUSE AND NEGLECT: ANALYSIS OF CHILD PROTECTION DATA

Parental alcohol use was reported as a risk factor in 5% of child intake assessments conducted by the child protection system between 2012 and 2021. This proportion of the children increased for those engaged in later stages of the child protection system. This increased to include 9% of children whose cases were found to be substantiated, and 13% of children who received a protection application in the court for child abuse and neglect.

Geospatial analysis demonstrated that a greater density of off-premises alcohol outlets was associated with higher rates of reported and substantiated child maltreatment in communities or Local Government Areas (LGAs) across Victoria. Specifically, we found that each additional off-premises alcohol outlet per 1,000 residents was associated with a 0.8% increase in reported child maltreatment cases and a 2.5% increase in substantiated cases. The identified spatial patterns reflect the intersection of geography, socioeconomic disadvantage and gender.

QUALITATIVE ANALYSES OF EFFECTS OF OTHERS' DRINKING

In-depth interviews were conducted with selected respondents who reported being affected by the drinking of family members in the 2021 Alcohol's Harm to Others Survey. In most instances, the drinker whose drinking had affected others was a man who regularly engaged in heavy drinking. Those interviewed described fear, conflict, bullying, use of physical force, transgressions and breaches of relational responsibilities of care, and property damage. Often they were embarrassed when family members breached social norms (e.g., being loud and disruptive). Some participants described emotional effects, such as sadness, anxiety or stress, and being frustrated or disillusioned by their situation. Other participants described physical injuries as a result of one-off or repeated and ongoing physical assaults. Psychological effects were also reported, including strong and enduring impacts on their mental wellbeing. Long-term impacts included having low self-esteem, mistrust and an inability to form relationships.

COST OF HARMS FROM OTHERS' DRINKING TO THE AUSTRALIAN ECONOMY

The estimated total social cost due to others' drinking was $34.3 billion in 2021. This included:

- The tangible health care costs attributable to alcohol's harm of $81.8 million related to adult and child assault and abuse and pedestrian and non-pedestrian road crash costs.
- The estimated cost of informal caregiving due to others' drinking of $10.5 billion.
- Costs due to lost quality of life due to others' drinking estimated at $21.15 billion.
- The estimated cost of premature deaths caused by others' drinking of $18.42 million.
- Social services costs of harm to others in 2021 were $194 million.
- Out of pocket expenses were $186 million.
- The cost of productivity losses was $1.476 billion.

POLICY RECOMMENDATIONS

Alcohol's harm to others affects almost half of the Australian population, and has both ongoing and less common impacts upon individuals, relationships, families and communities. These harms occur in homes, workplaces and public spaces, including licensed premises.

While harms from others' drinking are widespread, some harms are concentrated among women, groups that are financially disadvantaged and people who live in more disadvantaged neighbourhoods.

Measures to address population-wide harmful alcohol use should be implemented by Australian governments alongside targeted community, family and individual, place-based prevention and system responses.

Our findings support the need for broad effective policies, like those recommended by the World Health Organization (WHO) and initiatives that target local alcohol-related harms. These include alcohol policies that:

1. Strengthen restrictions on alcohol availability;
2. Advance and enforce drink-driving countermeasures;
3. Facilitate access to screening, brief interventions and treatment;
4. Enforce bans or comprehensive restrictions on advertising, sponsorship and promotion; and
5. Raise prices on alcohol through excise taxes and pricing policies.

Locally our findings support:

6. Adequate treatment and support services for those affected by others' drinking as well as those who themselves drink;
7. Substantial changes to home delivery practices; and
8. Initiatives that address predatory, data-driven push marketing to protect people's health and privacy.

These policies and supports should be provided alongside structural and public-health based policies that address the commercial, gendered and social drivers of alcohol's harm to others.

Introduction

Alcohol's harm to others (AHTO) includes a range of physical injuries, and psychological and social harms [2, 3], for example, foetal alcohol spectrum disorder (FASD), child abuse and neglect, domestic, family and sexual violence (DFSV), assaults, traffic mortality, mental ill-health and reduced wellbeing [3-5].

This project was funded to address the need for new knowledge on the magnitude and costs of alcohol's harm to others in Australia, on its distribution in the population, and to study whether, and if so how, the effects of others' drinking have changed. Moreover, as inequalities in Australia are rising and because we know that socioeconomic disadvantage is linked to more harm per litre of consumption [6], this project systematically studied social inequality in AHTO. Finally, as very few studies have investigated ways of reducing AHTO [7], particularly in the home, where most drinking in Australia occurs [8], we focused on gaining deeper understanding of the factors that are involved when harm from others' drinking occurs in families. This work sought to take into account the concurrence of drinking with norms, settings, relationships and interactions when harm from others' drinking occurred, to inform prevention strategies. The aims of this linkage project were:

AIM 1 To produce a comprehensive current estimate of the harm arising from others' drinking in Australia.

AIM 2 To study disparities and trends in AHTO in Australia, including assessment of variations in the level and frequency of harm by gender and socioeconomic inequalities and levels of consumption.

AIM 3 To provide a detailed quantification of the interpersonal costs from others' drinking for inclusion in studies of the social costs of alcohol.

AIM 4 To investigate interpersonal situational influences on instances of AHTO in home settings, in order to identify potential points of intervention.

The work produced under these four aims will help to bring to attention the substantial social and welfare impacts of AHTO and provide information and motivation for preventive policy changes.

Past research on alcohol's harm to others

Although Australian alcohol consumption levels have fallen fairly evenly across population groups in the past decade [9, 10], many alcohol harms are stable or have risen since 2008 (based on the records of cases and incidents from agencies such as police and emergency departments) [11-13]. Family violence rates per head reported to police have increased in Victoria [14], although national and child protection case rates across Australia appear to have generally stabilised [15]. Whether alcohol involvement in these cases has also remained steady is more difficult to gauge. Comprehensive estimates of the burden of AHTO are rare, with the only previous large national survey on this topic conducted in 2008, 13 years prior to the recent 2021 survey. In 2008, almost three-quarters of the Australian population reported experiencing at least one of a range of harms from others' drinking in the previous 12 months [16].

In 2008, the Australian AHTO survey found that while men were more likely to report harm from strangers', co-workers' and friends' drinking, women were more likely than men to report harms from the drinking of people in their families. Younger versus older adult groups were more likely to report almost all forms of harms from others' drinking. Aside from these gendered and age-related differences, harms were widely spread socio-demographically, with few groups of people unaffected [16].

Other recent surveys also provide limited data on aspects of AHTO. The 2022–2023 National Drug Strategy Household Survey showed that 21% of respondents aged 14 and over, an estimated 4.6 million people, had been verbally or physically abused or put in fear by someone under the influence of alcohol in the previous 12 months. For 25% of participants who had been physically abused, 18% of those who had been verbally abused, and 15% of those who had been put in fear, the person responsible was a current or ex-spouse or partner [17] (Table 4.61). Among women who reported they had been physically or sexually assaulted in the last 10 years (in the 2021–2022 Australian Personal Safety Survey), over half reported that alcohol was a contributing factor in the most recent incident [1].

Elsewhere, in studies undertaken across the world in the years 2008–2015, an estimated 45% (CI: 40–51%) of participants reported harms from the drinking of someone else in the previous year [18]. The rates of AHTO reported in Australia (67.3% using comparable measures) were markedly higher than in many other countries, including other high-income countries like New Zealand and the United States and lower-income countries like Vietnam and Nigeria. Similar high rates were also found in Thailand and India [19]. In Europe, men and women reported similar rates of harms from known persons' drinking (9.1% and 9.8%, respectively), but men reported more harms than women did from strangers' drinking (5.8% vs. 2.9%) [20].

Methods

Underpinned by socioecological public health conceptual models [21, 22], the AHTO project comprehensively estimates the current burden and costs of AHTO in Australia, studies disparities and trends in AHTO, analyses how AHTO differs across key social inequalities, investigates the relationship of the estimated consumption of the harmful drinker to AHTO, and identifies opportunities and strategies for prevention in home settings by studying sequences of events in occurrences of AHTO within these locations.

The project pursues the four project aims, underpinned by the recognition that AHTO emerges within historically conditioned sociocultural, economic and environmental contexts [23, 24]. Quantitative methods are used to address all aims. Qualitative methods are used to meet Aim 4.

QUANTITATIVE SURVEY

The 2021 Alcohol's Harm to Others (AHTO) survey aims to measure the prevalence of different harms due to others' drinking of alcohol in the Australian population [3, 25]. Globally, alcohol's harms to others surveys have been undertaken in more than 40 countries, including Thailand, Nigeria, Sweden, the United States of America, Chile and New Zealand and many European countries [19, 26]. At present, two iterations of the AHTO survey have been undertaken in Australia, in 2008 and most recently in 2021. The work in this policy briefing is based on the 2021 population survey. The 2021 survey applies two data collection methods used by the Social Research Centre [SRC] (this approach differs from the 2008 AHTO survey):

1. The Life in Australia [LinA] sample is a demographically representative online panel survey of the Australian population run by the SRC and established in 2016. Of the 2,003 panel members invited to take part, 78% completed the survey (n = 1,574).

2. A Mobile RDD sample was generated through SamplePages, an analytics company. Sample exclusion criteria included anyone residing in an institution (e.g., prison), aged under 18 years, unable to complete the survey in English, or under the influence of drugs or alcohol. A total of 21,494 phone numbers were contacted, with ~60% unable to be contacted (approx. 13,000). One thousand and fourteen respondents completed the survey (a response rate of 5.5%).

The AHTO survey collects demographic information and includes questions about well-being and relationships and how other people's drinking has affected the respondent. The survey focuses on experience in the previous 12 months of harms from others' drinking, as well as drinking norms and behaviour of the respondent and others in different situations, particularly situations in private settings. The average length of interviews was 24 minutes.

For information on weighting and missing data see the technical report [27].
Specific details will be outlined for each individual analysis below.

RESPONSE AGENCY DATA

AHTO data from social response agency statistics for the reference (most recent available) year 2019, and the previous decade (2008–2018), were collated from police crime statistics, child protection systems data, and records of hospitalisation admissions and emergency department attendances. Datasets with information on another person's drinking as a contributing factor to the harm in the case responded to were analysed for Aims 1 to 3.

National data include deaths and hospitalisations from interpersonal violence and from drink-driving road crashes, deaths and hospitalisations of children involving an adult's drinking (available from the National Drug Research Institute [NDRI], Australian Institute of Health and Welfare [AIHW], and Australia Bureau of Statistics [ABS]) and emergency department (ED) data (available from Australasian College for Emergency Medicine [ACEM] [28] and National Injury Surveillance Unit).

State data include substantiated Child Protection cases with a carer's drinking as an issue from Victoria, New South Wales and Western Australia (available through NDRI and CAPR); alcohol involvement in police-recorded assaults and domestic violence [29-31]; and counselling and help-seeking through DirectLine of family members of drinkers in alcohol treatment and health services (e.g., Alcohol and Drug Information System [ADIS] with Turning Point, Victoria).

ECONOMIC COSTING ANALYSIS

Costs of alcohol's harm to others were split into tangible (including direct and indirect) and intangible harms.

Direct tangible costs include damage to property, car and personal belongings, less disposable income for other household spending, and out-of-pocket costs for goods and services needed because of others' drinking, e.g., counselling services. Indirect tangible costs include cost and time loss due to waiting for health and social services, looking after the person drinking and their dependents, and absence from work because of injury or disablement due to others' drinking.

Tangible cost information was based on the 2008 study's methods and updated using the 2021 survey, supplementing survey data with data from response agencies, making use also of relevant Australian costs of illness or cost-benefits/effectiveness studies (e.g., costs of foetal alcohol spectrum disorder).

Using the human capital method, counting each hour not worked as an hour lost [32], and information on the respondent's hourly earnings, productivity losses to Australian society due to others' drinking were computed. Conservative estimates in terms of time lost from paid work, and more inclusive estimates, including unpaid time lost, valued at the hourly rate for the average wage, were undertaken. For intangible harms, quality of life (QOL) data from the 2021 survey were used, with a dollar value placed on the lost quality of life due to drinking of others [33], using gross domestic product per capita in Australia to value a QOL year.

In addition to data from the 2021 AHTO survey, the agency caseload datasets from deaths, hospitalisations, child protection, family services, domestic violence and non-domestic violence, homelessness supports, and traffic injuries were also used in cost estimates. For instance, alcohol attributable fractions were used to calculate mortality and morbidity for road traffic injuries due to others' drinking from data available from NDRI, the ABS and the AIHW. Related costs included loss of productivity due to assaults or injuries. Double-counting of survey and response system events was estimated and avoided.

QUALITATIVE INTERVIEWS

Qualitative follow-up interviews were conducted with respondents from the population survey sample who indicated that either they themselves or a child they care for had been affected by others' drinking and who indicated they were interested in being recontacted for a follow-up interview. Interviews were conducted in mid-2023 via telephone or Zoom, audio-recorded and transcribed verbatim. Verbal consent for participation was obtained. Two samples were composed and are detailed separately below.

Sample 1 – Adults who had been affected by others' drinking in home settings:

The primary qualitative sample comprised 45 adults who had experiences of being affected by someone else's drinking in home settings. Framed by a narrative inquiry approach, an unstructured interview guide invited participants to 'tell the story' of a time when they were affected by someone else's drinking. Participants could choose to narrate historical or current events, a single event or multiple events, and stories of one other person or of several different persons. The narration phase proceeded uninterrupted until participants reached the end of their story. A questioning phase then allowed the interviewer to ask for further elaborations, if necessary, on elements of the story (e.g., relationship of the drinker to the participant, how participant felt and responded, their explanations of the events).

Sample 2 – Caregivers of children who had been affected by others' drinking:

This second sample consisted of 10 caregivers of children who had been affected by others' drinking. Using a semi-structured interview schedule, interviews focused on eliciting detailed descriptions of the instances of harm experienced by children from others' drinking. This included the situations in which these events occurred, the relationship between the child and the drinker and the caregivers' perceptions of the ways in which the child was affected.

Interview transcripts from both samples were imported to NVivo 14 software for data management and analysis. An iterative inductive process was used to identify key codes and analytic categories. The method of constant comparison [34, 35] was employed to refine the categories and included coding data to develop a coding framework and identify themes related to participants' narrative sense-making around experiences of being negatively affected by another person's drinking. Analysis also explored the elements and relations participants assemble together and the attributions of agency in their accounts of particular events.

ETHICS

The study was approved by the La Trobe University Human Research Ethics Committee (HEC20518) and was undertaken in accordance with the Privacy Act 1988, the Privacy (Market and Social Research) Code 2014, and the Research Society's Code of Professional Practice and ISO 20252 standards. The two additional qualitative projects were also approved by La Trobe University Human Research Ethics Committee (HEC22383 and HEC23043).

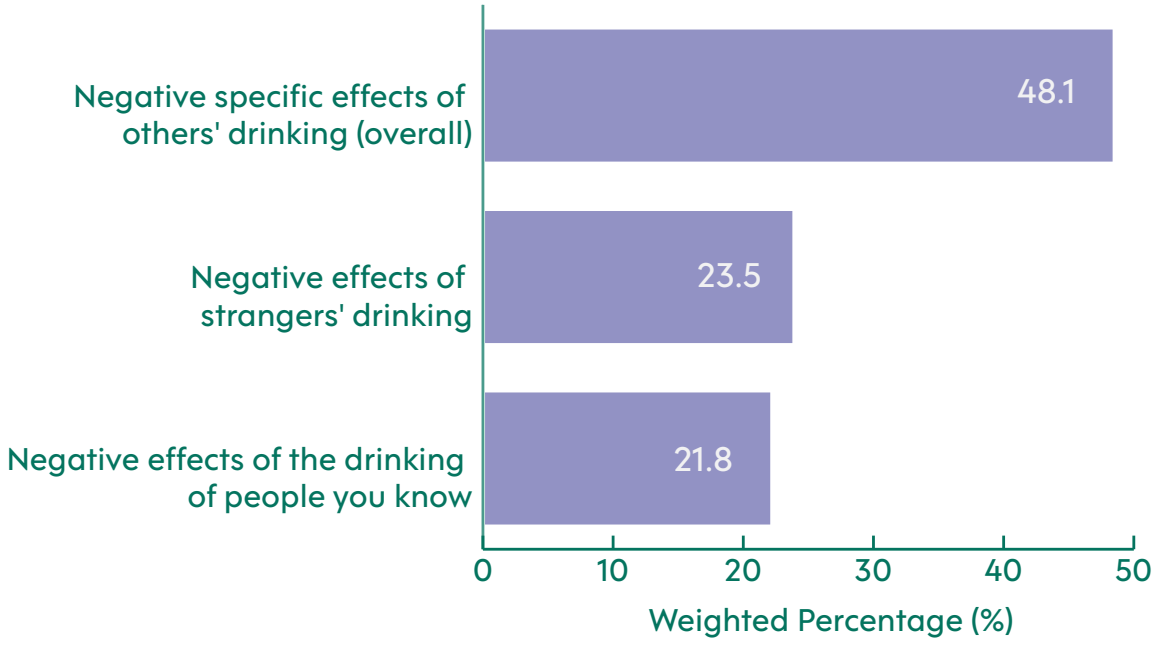
Harm from others' drinking in 2021

In 2021, 48% of Australians reported experiencing harm (negative effects or specific harms) from others' drinking, including harm from a stranger, someone they knew or both. Almost a quarter (23.6%) of Australians reported being negatively affected by strangers' drinking and one in five (21.8%) reported being adversely affected by the drinking of someone they knew (See Figure 1). Thirty-nine percent of Australians separately reported specific adverse effects from strangers' drinking, with this overlapping with those negatively affected by strangers' drinking (adding in these effects the total percentage of Australians harmed sums to 48%, i.e., more than 45.4%).

Women, younger people, Australian-born respondents and people drinking in a heavy episodic way reported significantly higher rates of harm from others' drinking, while men, older people, overseas-born, non- and lighter drinkers reported lower rates. Smaller percentages (7.5%) of participants (than those harmed in any way, and in comparison to 2008) reported being harmed substantially by others' drinking, including by people they knew (5.8%) or strangers (2.3%).

Focusing separately on men and women, men who were heavier drinkers, were furloughed (laid off during COVID-19), younger men, and men who were born overseas in English-speaking countries were more likely to have been affected by others' drinking than other men. Women were not affected differentially by these factors apart from by age – younger women were more likely to report harm from others' drinking than older women. Substantial harm was more likely to arise from the drinking of people the respondent knew relatively well than from strangers' drinking.

Figure 1. Alcohol's harm to others in Australia: adverse effects of others' drinking



Harm from the drinking of people you know

In 2021, in the AHTO survey, 60% percent of Australians reported having people who drank heavily in their lives and over a fifth (21.8%) reported being adversely affected by the drinking of one or more persons that they knew in the last year. Respondents reported harm from the drinking of people they were in a range of different relationships with, including family, intimate partners, friends and colleagues or co-workers.

As depicted in Figure 2, survey participants reported many negative health and social effects, including being emotionally hurt or neglected by others' drinking, having a social occasion ruined, effects of role failure and faults, serious arguments, family problems, having to care for drinkers and verbal abuse due to others' drinking. Respondents also reported other serious impacts, such as physical or sexual harm, property damage, financial stress and threats from others' drinking, although less commonly.

The survey also identified demographic factors associated with greater risk of experiencing harm from others' drinking. Women were more likely than men to report harms from the drinking of people they knew. Younger people were more likely to do so than older people, as were respondents born in Australia compared to those born in non-English speaking countries, and more people who used alcohol frequently compared to less frequent drinkers [36].

Figure 2. Harm types from the drinking of people known to respondents

Harm from partners' drinking

QUANTITATIVE FINDINGS

According to the World Health Organization (WHO), Intimate Partner Violence (IPV) includes acts of physical violence, sexual coercion, psychological abuse, and controlling behaviours that cause harm to the victim [WHO, 37]. In 2019, analyses of the National Drug Strategy Household Survey found 3.4% of Australians experienced alcohol-related intimate partner violence, with women (4.7%) over twice as likely to report experiencing alcohol-related intimate partner violence compared to men (2.1%). This same study found that those who are middle-aged, divorced, separated or single parents experienced the highest rates of alcohol-related intimate partner violence [38].

In the 2021 AHTO survey, 10.7% of respondents reported having a heavy drinking intimate partner and 5.9% of respondents reported being harmed by a heavy drinking intimate partner in the past year. Eight percent of women and 3.8% of men reported being negatively impacted by their intimate partner's drinking. In 2021, 41% of perpetrators of intimate partner harm were reported to consume 5+ standard drinks at least 5 times per week. In terms of the characteristics of perpetrators of alcohol-related intimate partner harm, nearly 66% were men and over 48% were aged 40-59 years, groups in Australia (Tanyos et al, unpublished). The most commonly reported harms included having a serious argument, feeling emotionally hurt or neglected, being negatively affected on a social occasion, and the partner failing to fulfil a responsibility or a commitment.

Harm from family members' drinking

QUANTITATIVE ANALYSIS

Among AHTO survey respondents who reported being harmed by the drinking of family members and relatives and other people they knew (including coworkers and friends), respondents reported being harmed by the drinking of their intimate partners (13.5%), ex-partners (3.2%), parents (14.4%), children (6.9%), and siblings (9.8%). Harms from the wider family network were also reported including from grandparents (1.1%), uncles (1%), and other family members (16.8%), including cousins, in-laws, and more distant relatives) [39].

I grew up with an alcoholic father, and I don't remember a day when I was younger that he didn't drink and become belligerent because of it. He became violent, he became difficult. He became pretty much a monster.... When I'm in the kitchen about to be beaten on, I feel fear. It's more than fear, it's terror. It's absolute terror and a sense of helplessness because there is no escape. I don't even know that you could escape or what escape would look like. It's just - it's pure terror.

Robert
man, age group 65-74 yrs, overseas

QUALITATIVE FINDINGS

Most participants in the qualitative study spoke of being affected by the drinking of a family member (or members), specifically one or both parents, a sibling, an adult child, or a member of their extended family, such as an uncle, grandparent, or parent-in-law. In most instances, the affecting drinkers were identified as men, who regularly engaged in heavy drinking, although there were a few accounts in which women were identified as the affecting drinkers. This is consistent with previous research on family and domestic violence, where perpetrators are most likely to be men, in close relationships with the people they victimise [40].

A wide range of events and encounters involving being affected by a family member's drinking were described by participants. In many accounts, the affecting drinker lived in the same household and these experiences happened at home on an ongoing basis as part of their daily lives. The different forms of actions from, and interactions with, the affecting drinking that were described by participants ranged from events involving social conflict, bullying, physical force, transgressions and breaches of relational responsibilities of care, to events involving property damage or practices of care.

Consistent with the variation in the character of the events and encounters, a varied and wide range of effects of these events were also described by participants, situated along a continuum of intensity and severity.

Now I find, even as an adult, I'm in my early 50s and I drink very little now, [...] until this day I really get very nervous and uncomfortable when people around me are drunk. It's very uncomfortable for me and it just makes me nervous, agitated.

Jason
man, age group 45-54 yrs, VIC

My father was a big drinker. He was particularly violent with myself and my sister.... It went on all the time. That just made my life scary. I've always been scared of people. My sister actually suicided at 25 and I believe it was because she had no self-esteem because of the way we'd been attacked all the time.

Tracey
woman, age group 55-64 yrs, NSW

I am [in] low contact with my family because of their alcohol issues. So I don't really have to experience it in person anymore.

Crystal
woman, age group 25-34 yrs, NSW

EMOTIONAL EFFECTS

Most commonly described were the range of feelings and moods engendered by the actions of the affecting drinker. Some participants described minor emotional effects, such as feeling uncomfortable, annoyed or embarrassed by their family member transgressing social norms (e.g., being loud and disruptive). Other participants described moderate emotional effects, entailing feelings of sadness, anxiety or stress, particularly when subjected to or witnessing events involving bullying or social conflict (e.g., arguments). Some also spoke of feeling upset, stressed, frustrated or disillusioned when subjected to additional caring responsibilities or when an affecting drinker breached relational responsibilities of care (e.g., a mother having a noisy party on a weeknight and disrupting an older teenager's sleep). Several participants described experiencing severe negative emotional effects, such as feeling distressed, frightened or fearful for their lives, due to physical or verbal abuse.

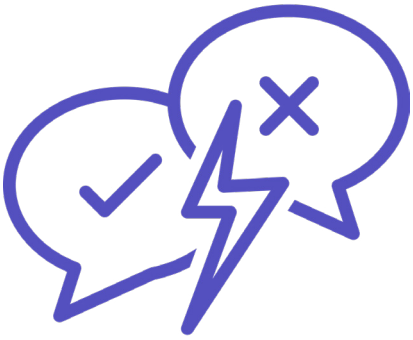
PHYSICAL EFFECTS

Some participants described physical injuries as consequences of events involving physical force used by an affecting drinker. These effects included moderate to severe injuries as a result of one-off or repeated and ongoing physical assaults from a family member.

PSYCHOLOGICAL EFFECTS

Some participants described experiencing psychological effects due to their family members' drinking, which had strong and enduring impacts on their mental wellbeing even long after the events. Some who experienced ongoing physical or verbal abuse from a family member, particularly a parent, described having low self-esteem, mistrust, and inability to form relationships, amongst other effects. Others who described not having their physical and emotional needs met as a child due to their parents' drinking also described lasting psychological effects, such as low self-esteem and self-worth.

EFFECTS ON SOCIAL RELATIONSHIPS



Several participants said that the drinking family member's actions when intoxicated had negative effects on their relationships with them, such as losing their trust and respect after events involving aggression, conflicts, as well as breaches in relational responsibilities as a parent or family member. This led to some participants having strained relationships with their family members and choosing to minimise contacts to avoid adverse effects from their drinking.

Harm from friends' drinking

Alcohol consumption among friends can extend beyond personal health risks and negatively affect those within their social circle [36]. In the 2021 Australian Alcohol's Harm to Others study [25], an estimated 7.1% of all Australians reported experiencing harm from a friend's drinking [41]. Not all people were affected by their friends' heavy drinking. Of the 2,574 survey participants, 936 reported having a friend they identified as a heavy drinker. Of these, 189 participants were negatively affected by their drinking, indicating that 20.4% of people who reported having heavy drinking friends were adversely affected by their drinking.

Of respondents negatively affected by friends' drinking, 58% reported that a social occasion had been ruined or spoiled because of their friends' drinking; 37% reported that a friend failed to do something they were being counted on to do because of their drinking, 31% felt emotionally hurt or neglected, 28% were called names or otherwise insulted, 25% had to stop seeing a friend because of their drinking, and 25% reported being involved in a serious (non-physical) argument. Altogether, these negative consequences strain relationships and create emotional and practical challenges for those affected. The data reflect how alcohol's impact extends beyond those who are drinking, placing significant emotional and logistical demands on friends. Qualitative studies are needed to further explore the types of harm from friends' drinking and the contexts in which these harms occur.

Harm from co-workers' drinking

Alcohol use among co-workers can result in alcohol-related absenteeism, alcohol-related harm among co-workers, and in additional costs due to co-workers' drinking. An Australian study found that 3.5% of workers reported missing at least one day of work due to their own use of alcohol [42]. Overall, men are more likely to report alcohol-related harm from co-workers' drinking [43].

An Australian cross-sectional study found that 3.5% of working participants reported having to work extra hours due to a co-worker's drinking [44]. In addition, an international study of twelve countries found that 9.3% of workers reported one or more of the following harms due to a co-workers' drinking: covering for a co-worker, reduced productivity, ability to do their job had been negatively affected, involved in an accident or close call at work, and had to work extra hours [43].

An Australian cross-sectional study found that almost one third of Australian workers reported working with a co-worker they considered a heavy drinker [44]. Altogether, 8% of the working participants indicated that they were negatively affected by their co-workers' drinking in the past twelve months. It is estimated that the total annual cost to the Australian economy due to extra time worked as a result of co-workers drinking was $453 million [44]. Productivity losses form a large component of the overall harms from others' drinking.

In the 2021 Australian AHTO survey [25], participants who were employed or volunteering (n = 1,399) were asked if "at any time in the last 12 months, have there been any co-workers who you would consider to be a fairly heavy drinker or someone who drinks a lot sometimes?" A total of 361 or 26.7% (95% CI: 23.9%, 29.8%) reported that they did have a heavy drinking co-worker.

These participants were then asked "Overall, would you say their drinking negatively affected you in some way in the last 12 months?" Almost one in five employed participants who worked with a heavy drinking co-worker (18.8%, 95% CI: 14.3%, 24.5%) reported that they had been negatively affected by a co-worker's drinking in the last 12 months. These participants (n = 68) were then asked three questions about the negative effects from their co-workers' drinking.

Almost half (47.7%) of these participants negatively affected by a co-worker's drinking responded that their own work had been affected, 12.1% responded that they had been in accident or a close call due to their drinking, and 42.2% reported that they had to work extra hours.

Due to the relatively low number of participants that indicated they worked with a heavy drinking co-worker (8%, n = 361), these descriptive statistics should be interpreted with caution. The low percentage affected is likely due to timing of the study, which asked about the previous 12 months when substantial public health restrictions were in place to limit the spread of COVID-19, and included most people working from home.

Harm from strangers and people you do not know well

Overall, an estimated 42.4% of Australian adults reported experiencing alcohol-related harm from a stranger during 2021, with 2.3% of adults stating this harm had 'affected them a lot'. More women than men (45.1% vs 39.9%) reported experiencing harm from strangers' drinking. Australians aged 50 and older had significantly lower odds of reporting AHTO from strangers when compared with adults aged 18–29 years. Residents in Queensland, Central Australia (South Australia and the Northern Territory) and New South Wales (including the ACT) all had significantly higher odds of reporting harm than adults living in Victoria, while residents in Western Australia and Tasmania reported similar levels of harm to that found in Victoria.

Respondents reported experiencing harms from strangers' drinking (reported in Table 1) that were tangible and that decreased amenity for them. Tangible harms included harms such as verbal abuse, being involved in a serious argument and being pressured into sexual activity, and were slightly more commonly reported by women than men, but these differences were not statistically significant for individual items. In terms of age, adults aged 18–29 reported a significantly higher percentage of all tangible harms, excluding being involved in a traffic accident and property damage, compared to adults aged 65 and older, with statistical differences also seen for physical abuse and being forced into sexual activity compared to those aged 50–64.

Understood as indirect exposure to harm in the general vicinity of the person who is drinking, amenity harms are typically described as less serious harms and more commonly experienced. The prevalence of these harms was significantly greater among women than men, with a significantly higher percentage of women reporting feeling unsafe in public and being kept awake at night. Similar to tangible harms, those aged 18–29 reported experiencing a significantly greater proportion of almost all amenity harms (except being kept awake at night) than Australians aged 50 and older. Further, adults aged 30–49 reported a significantly higher prevalence of being kept awake at night, yet a significantly lower prevalence for feeling unsafe in public places, than those aged 18–29.

Table 1. Prevalence of experiences different types of harm from the drinking of a stranger in the previous 12 months by age and gender

Due to a stranger's drinking, have you... ?	Men %	Women %	18-29 %	30-49 %	50-64 %	65+ %
Tangible harms						
Been verbally abused	11.8	12.9	13.1	17.6	11.4	5.3
Been physically abused	3.2	2.5	4.4	4.1	1.6	0.5
Been threatened	7.5	7.1	9.0	10.6	6.1	1.7
Involved in a serious argument	6.2	8.1	7.2	10.0	7.2	2.5
Forced / pressured into sexual activity	0.7	1.6	2.4	1.4	0.6	0.2
Been involved in a traffic accident	0.8	0.8	0.6	1.8	0.1	0.3
Had property damage	1.8	1.4	0.7	3.1	1.1	0.5
Had personal belongings damaged	2.1	1.5	2.1	2.3	1.7	0.3
Any tangible harm	14.9	17.5	18.7	22.2	15.0	6.2
Amenity harms						
Been kept awake at night or disturbed	14.4	19.3	16.8	23.4	16.0	7.6
Been annoyed by people vomiting / urinating / littering	22.1	25.3	34.0	28.5	21.0	10.3
Felt unsafe in a public place	14.8	23.9	33.0	24.1	13.3	6.4
Any amenity harm	32.8	39.9	46.5	45.4	32.1	17.5
Any harm: tangible or amenity	39.9	45.1	50.3	50.7	41.0	23.0

Harms to children

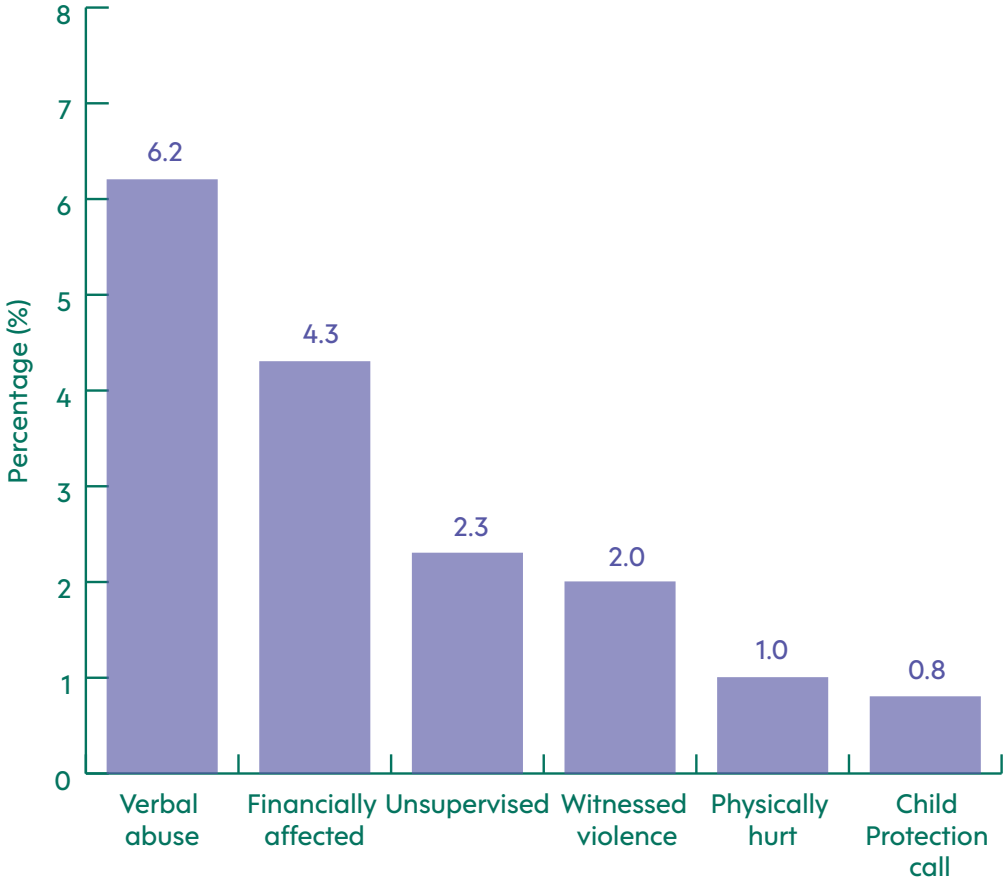
Children may be affected in many ways: they may experience direct physical harm, they may witness violence in the home, they may have less supervision than usual, or they may experience caregivers who are less attentive or more unpredictable than usual [11, 45, 46]. Previous Australian research shows that 22% of caregivers with children under 18 years indicated that at least one child was negatively affected by others' drinking in 2008 [47].

CROSS-SECTIONAL SURVEY FINDINGS - HARMS TO CHILDREN FROM OTHERS' DRINKING

Using a sub-sample of 854 parents and other caregivers of children aged under 18 from the 2021 Australian AHTO survey, unweighted prevalence estimates were generated to show the percentage of caregivers who indicated a child was affected by others' drinking in the past 12 months [48]. Over 17% of caregivers had indicated that a child was affected in any way because of someone else's drinking in the past 12 months.

Figure 3 shows the percentage of caregivers who indicated specific harms to children from someone else's drinking. Verbal abuse (6.2%) and being financially affected (4.3%) were the most commonly indicated harms, while being a subject of a child protection call (0.8%) and being physically hurt (1%) were the least commonly indicated harms. Importantly, evidence from the Australian Child Maltreatment Study (2023) indicated that exposure to domestic and family violence can have long-term consequences for children's wellbeing, mental health, and development.

Figure 3. Percentages of caregivers who indicated a child experienced harm from others' drinking



SOCIO-DEMOGRAPHIC CHARACTERISTICS AND REPORTS OF CHILDREN SUBSTANTIALLY AFFECTED BY OTHERS' DRINKING

A more targeted analysis was performed looking only at caregivers who lived with children and reports of caregivers' interpretations of 'how much' a child was affected (categorised into less substantially affected vs. substantially affected). Among the caregivers who lived with children, 5.4% indicated one or more children had been substantially affected by someone else's drinking in the past 12 months. In this analysis, socio-demographic characteristics such as identifying as a woman, experiencing financial stress, being a single caregiver and living in disadvantaged area were associated with indicating a child was substantially affected by someone else's drinking.

QUALITATIVE ACCOUNTS OF CHILDREN BEING AFFECTED BY OTHERS' DRINKING

The following section draws on in-depth interview data with caregivers of children who were affected by others' heavy drinking or adults reflecting on childhood experiences of a parents' heavy drinking. Most participants described the impacts of a mother's or father's drinking, and in some cases extended relatives such as grandfathers were identified as the person whose drinking affected a child. Due to ethical barriers this research does not include children's perspectives.

> I remember driving with my mum at different times, and my dad, just thinking, I hope we get home alive. They were super, super, super under the influence, weaving in lanes and all that sort of stuff. As a child, that makes you feel inherently unsafe.
>
> *Andrew,*
> *man, age group 35–44 yrs,* VIC

> I mean, she would yell, she would scream. All that sort of stuff, which obviously impacts kids. Her patience, her tolerance levels, just decreased and you know I guess with the kids she looked like a bit of a monster.
>
> *Brett,*
> *man, age group 55-64 yrs, VIC*

UNSAFE SITUATIONS OR A LACK OF SUPERVISION

Participants discussed situations where a child was left in an unsafe situation or left without adequate supervision. This included instances where parents were too intoxicated to care for their children or were exposing them to dangerous situations. One example that featured in several interviews was instances of drink driving with children in the car.

YELLED AT OR VERBALLY ABUSED

Several participants described instances where children were yelled at or witness to verbal arguments. Alcohol consumption was associated with a heightened irritability and loss of control leading to shouting or verbally abusive remarks. Participants described how this behaviour created a tense environment for children.

UNPREDICTABILITY

Unpredictable and volatile behaviour was commonly described as a factor that heightened fear and anxiety among children. These accounts were shaped by feelings of uncertainty associated with alcohol consumption. While both mothers and fathers were described as unpredictable, fathers were more commonly associated with violence or aggression.

So, the kids miss out on lots of experiences like getting to hockey training or soccer training, or being able to socialise with their friends or going to friends' houses or sleeping over, or having other kids sleep over at our house. So, the children don't want to have their friends sleep over because mum will be potentially drunk and doing something strange.

Stephen,
man, age group 45-54 yrs, SA

From the moment we would see a beer bottle in his hand, it would lead to a feeling of a countdown of when is that crossover moment because he was very Jekyll and Hyde obviously once he started drinking. There was an expectation there of when and how to react. It created quite a tense sort of feeling. Even from my kids, it was the anticipation of how is this going to be? Is it going to be a good day or a bad day?

Craig,
man, age group 35–44 yrs, QLD

EMOTIONAL IMPACTS

Most participants highlighted the emotional impact that parental heavy drinking had on children. Many described feelings of fear, confusion and sadness as a result of a parent's or relative's drinking. Feelings of stress were common among the accounts, with some feelings of responsibility or shame associated with a parent's drinking.

SOCIAL AND EDUCATIONAL IMPACTS

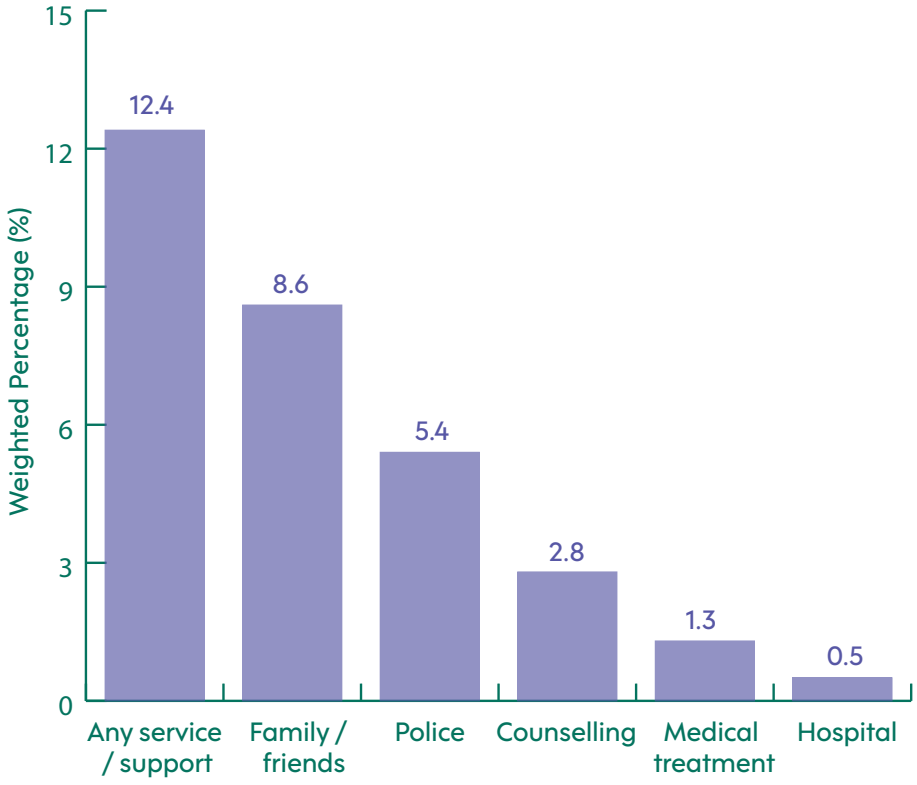
Some participants shared accounts of children missing out on social or educational opportunities due to a parent's drinking. This included instances where children were unable to attend school events, extracurricular activities, or social gatherings because of the parent's inability to provide transportation or the chaotic environment at home.

SERVICES AND SUPPORTS ACCESSED DUE TO OTHERS' HARMFUL DRINKING

The 2008 AHTO survey found 17.5% of Australians accessed formal services due to AHTO in the last year [49], although the survey did not measure the prevalence of accessing all informal supports.

Firstly, population prevalence of support-seeking was estimated using data from the 2021 AHTO survey and these results are presented in Figure 4. Of the total weighted survey sample (N = 2,547), 12.4% (n = 320) of respondents accessed at least one service or support after experiencing AHTO in the last year. Seeking support from family, friends and/or peers was most common (8.6%; n = 222) followed by accessing police (5.4%; n = 139), professional advice/counselling (2.8%; n = 71), medical treatment (1.3%; n = 33) and being admitted to hospital (0.5%; n = 12).

Figure 4. Proportion of survey respondents who accessed different types of support due to another's harmful drinking in the past year



Next, a subset of those who reported being negatively affected by others' drinking (n = 888) was studied using multivariable logistic regression to examine which characteristics were associated with seeking different supports.

Women were more likely to access counselling and support from family and friends in response to harm from another's drinking. Respondents with a higher education level and who were experiencing two or more financial stressors had higher odds of accessing police and counselling.

Respondents harmed by a stranger had higher odds of accessing police, whereas respondents harmed by someone they know had higher odds of seeking support from family/friends. Experiencing more severe harm from another's drinking was associated with greater odds of accessing any support.

Analysing harms from others' drinking managed in response agencies

In addition to information gained from the AHTO population survey and qualitative interviews, data on social response agency statistics for the reference year (the most recent available year, 2021 where available), and the previous decade (2008/09–2020/21), were collated from health, police and social service response agencies and systems.

DEATHS AND HOSPITALISATIONS DUE TO OTHERS' DRINKING

In 2020–21 (the most recent year analysed) there were a total of 263 deaths and 14,787 hospitalisations attributed to others' drinking across child and adult age groups in Australia.

Alcohol attributable deaths (Figure 5) and hospitalisations were estimated across the entire data set (2008/09–2020/21) using alcohol attributable fractions and annual rates of severe health-related consequences from others' drinking. Alcohol-attributable deaths and hospitalisation rates were consistently higher among men across all categories, with alcohol involvement highest for interpersonal violence.

Among Australians aged 15 and above, road crash deaths gradually declined over time, while hospitalisation rates remained relatively stable for pedestrian injuries, with slight increases for non-pedestrian incidents. Among children, alcohol-attributable deaths were consistently low for all categories, with no cases in some years (data not shown). Hospitalisation rates (Figure 6) peaked in 2009–10 and 2011–12, with substantial decreases in 2012–13 and 2015–16 for both sexes across all injury types. This section is a summary of data that have been submitted for peer review [51].

Figure 5. Alcohol attributable deaths to men and women from others' drinking, 2008/09-2020/21

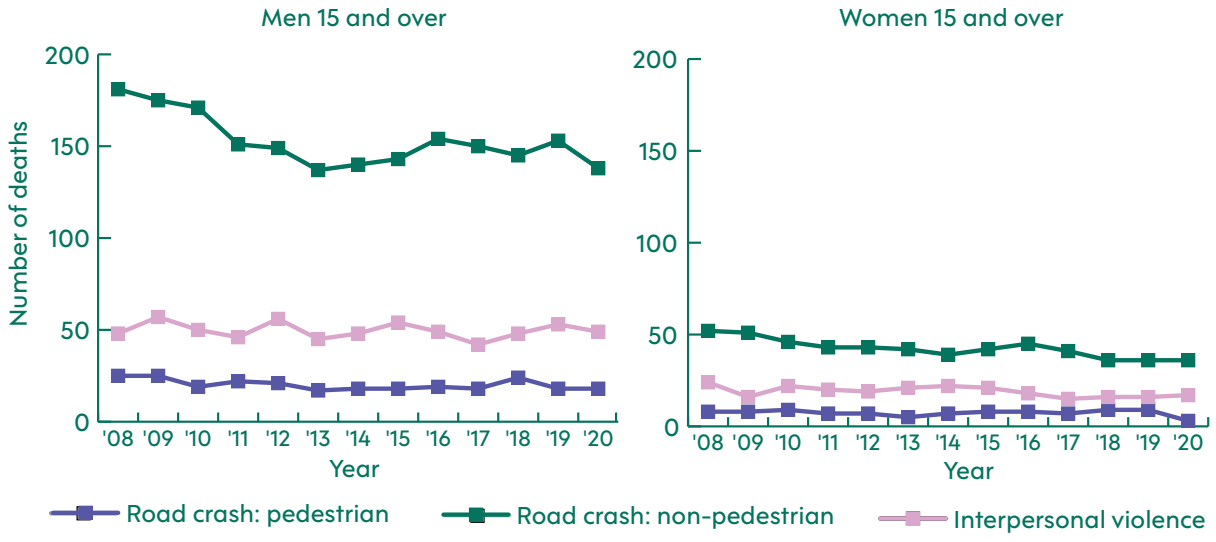


Figure 6. Alcohol attributable hospitalisations of adults and children (0-14 years) by gender from others' drinking, 2008/09 - 2020/21

TREATMENT EPISODES FOR OTHERS' DRINKING

Based on data provided on request by Turning Point Alcohol and Drug Centre and analysing data from National Minimum Dataset on Alcohol and Other Drug Treatment, in total, 4,194 alcohol and other drug treatment, counselling, and DirectLine services were provided to clients across Australia who were seeking help because of the harmful alcohol use of someone other than themselves during 2018–19.

COMPARISONS OF STATE-BASED POLICE REPORTS OF ALCOHOL-RELATED FAMILY VIOLENCE STATISTICS

Alcohol-related family violence police incident report rates vary between states, with alcohol-related family incidents comprising 25%-47% (from 2013 to 2019) of all family violence incidents. Here we report the rates from three states – Victoria, New South Wales and Western Australia. Note: caution is needed when comparing figures between states as definitions and methods for data collection differ.

In New South Wales, Table 2 indicates that between 2009-10 to 2018-19 there were around 6,000-7,000 alcohol-related domestic violence assaults annually. While the number of alcohol-related domestic violence assaults has remained at around 7,000 assaults per year, the percentage of domestic violence assaults involving alcohol has declined from 46% in 2009–10 to 32% in 2018–19. The alcohol-related offence rate per 100,000 has also declined over this time period, apart from a slight upturn in 2019.

Table 2. Alcohol-related domestic violence assaults in New South Wales 2009-10 to 2018-19

Year	Alcohol-related domestic violence assaults		Annual % change in alcohol-related assaults	Alcohol-related offence rates per 100,000
	n	%	%	n
2009–10	7628	46.9	-	133.3
2010–11	7375	43.8	-3	127.3
2011–12	6729	41.5	-9	110.7
2012–13	6942	40.3	3	108.3
2013–14	6766	37.2	-3	104.2
2014–15	6440	34.7	-5	97.8
2015–16	6483	33.3	1	97.0
2016–17	6508	33.1	0	95.7
2017–18	6489	33.4	0	94.6
2018–19	6860	33.0	6	100.0

Source: NSW Recorded Crime Statistics July 2009 to June 2019 [53].

1 In NSW, domestic violence is not specifically defined in legislation. However, the Crimes (Domestic and Personal Violence) Act 2017 (NSW) defines a 'domestic violence offence' as follows:
'(1) In this Act, domestic violence offence means an offence committed by a person against another person with whom the person who commits the offence has (or has had) a domestic relationship, being—
(a) a personal violence offence, or
(b) an offence (other than a personal violence offence) that arises from substantially the same circumstances as those from which a personal violence offence has arisen, or
(c) an offence (other than a personal violence offence) the commission of which is intended to coerce or control the person against whom it is committed or to cause that person to be intimidated or fearful (or both)'. [52].Crimes (Domestic and Personal Violence) Act 2017 (NSW).

In Victoria, Table 3 indicates that from 2012–13 to 2018–19 between 37% and 28% of family violence incidents involved alcohol use by the perpetrator. Similarly to NSW, while the overall number of family violence incidents has increased, alcohol-related family violence numbers have remained stable since 2012–13 and the alcohol-related offence rate has thus declined.

Table 3. Number of family incidents with definite or possible alcohol involvement, Victoria, 2013-14 to 2018-19

Year	All family incidents	Family incidents with possible or definite alcohol involvement			Incident rate per 100,000
	n	n	%	annual change %	n
2012-13	60,545	22,202	37	-	383
2013-14	65,179	22,951	35	3	396
2014-15	70,901	23,656	33	3	402
2015-16	78,006	24,847	32	5	414
2016-17	76,494	22,481	29	-10	360
2017-18	76,113	22,131	29	-2	347
2018-19	82,652	22,846	28	3	350

Source: Victorian Crime Statistics Agency 2019

2 In Victoria, family violence is define by the Family Violence Protection Act 2008 (VIC) as follows:
'(1) For the purposes of this Act, family violence is—
(a) behaviour by a person towards a family member of that person if that behaviour—
(i) is physically or sexually abusive; or
(ii) is emotionally or psychologically abusive; or
(iii) is economically abusive; or
(iv) is threatening; or
(v) is coercive; or
(vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or
(b) behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a)'. [54]
FAMILY VIOLENCE PROTECTION ACT 2008 - SECT 5.

3 The overall increase in the number of recorded incidents has in part been due to improved recording of incidents. Since 2011, initiatives such as the Family Violence Code of Practice have been put in place by Victoria Police to improve the recording of family incidents, the individuals involved and the offences committed. [53]
New South Wales Bureau of Crime Statistics and Research. Crime statistics. 2019; Available from: https://bocsar.nsw.gov.au/statistics-dashboards/open-datasets.html.
4 The alcohol-related offence rate per 100,000 was calculated using ABS Victorian population data from December 2012 to December 2018.

Table 4 shows the relationships in family violence incidents involving alcohol use in Victoria. The majority (68% to 70%) of alcohol-related family violence incidents since 2012 have involved violence directed at a current or former partner. Intimate partner violence (i.e. violence directed towards a current partner) accounted for approximately half of all alcohol-related family violence incidents between 2012-13 and 2018-19. Approximately a third of incidents (29% to 32%) involved violence directed towards other family members (e.g., parents, children, siblings etc.).

Table 4. Relationship of affected family member to alcohol affected person in possible / definite alcohol involved incident, Victoria, 2013-14 to 2018-19

Year	Current Partner		Former Partner		Family		Non-family Member	
	n	%	n	%	n	%	n	%
2012-13	10,780	51	4,024	19	6,204	29	44	0.2
2013-14	11,669	51	4,459	19	6,762	29	38	0.2
2014-15	11,625	49	4,740	20	7,256	31	29	0.1
2015-16	11,720	47	5,215	21	7,867	32	33	0.1
2016-17	10,501	47	4,956	22	6,986	31	36	0.2
2017-18	10,216	46	4,901	22	6,978	32	35	0.2
2018-19	10,171	45	5,267	23	7,364	32	43	0.2

Source: Victorian Crime Statistics Agency 2019

In Western Australia police reported that 7,547 family violence assaults involved alcohol use in 2019 (see Table 5). Between 2013 and 2019, police-reported alcohol-related family violence assaults have fluctuated between 6,800 and 8,100 incidents. In this period, between 38 and 25% of family violence assaults involved police-reported alcohol use. However, despite a decline in the proportion of alcohol involvement in family violence, overall the rate of alcohol-related family violence assaults per 100,000 has remained relatively stable between 2013–2019. This is due to a significant increase in total family violence that has not been reflected in comparable increases in alcohol-related family violence [55].

These figures reflect only cases where alcohol involvement was identified and recorded by police, which may underestimate the true prevalence. While alcohol-related family violence assault rates fluctuate, the rates were lower in 2019 compared to 2013. This may be due to declining rates of drinking, or changes in reporting, and further research is needed to confirm any downward trends.

Table 5. Number of family violence assaults with police-reported alcohol involvement, Western Australia, 2013-2019

Year	All family violence assaults	Alcohol-involved family violence assault			Alcohol-related Assault rate per 100,000
	n	n	%	annual change %	n
2013	21,463	8,118	38	-	325
2014	21,398	6,795	32	-16	265
2015	27,104	7,275	27	7	281
2016	32,132	7,758	24	7	297
2017	28,682	7,895	28	2	306
2018	28,669	7,660	27	-3	296
2019	30,396	7,547	25	-1	289

Source: Western Australia Police 2020

Comparison of data from Australian states is difficult. For instance, why the Victorian statistics are so much higher than in NSW is difficult to gauge but may be partly due to the inclusion of an additional "possibly alcohol-involved" category or under-reporting of broader family violence and alcohol-involved family violence incidents in NSW.

It was difficult to obtain the data from other states and territories. Please see an earlier report [11] that details information on alcohol-related family violence incidents in Northern Territory. Better data is needed from Queensland, South Australia, Tasmania and the Australian Capital Territory. Differences in how jurisdictions collect and classify data constrain national analysis and highlight the need for more consistent reporting systems. Greater consistency in recording practices would strengthen monitoring across states and support a more uniform prevention approach. However, many of these differences are based on different policing and legal definitions and practices in large state-based systems.

5 The alcohol-related offence rate per 100,000 was calculated using ABS Western Australian population data from December 2012 to December 2018.

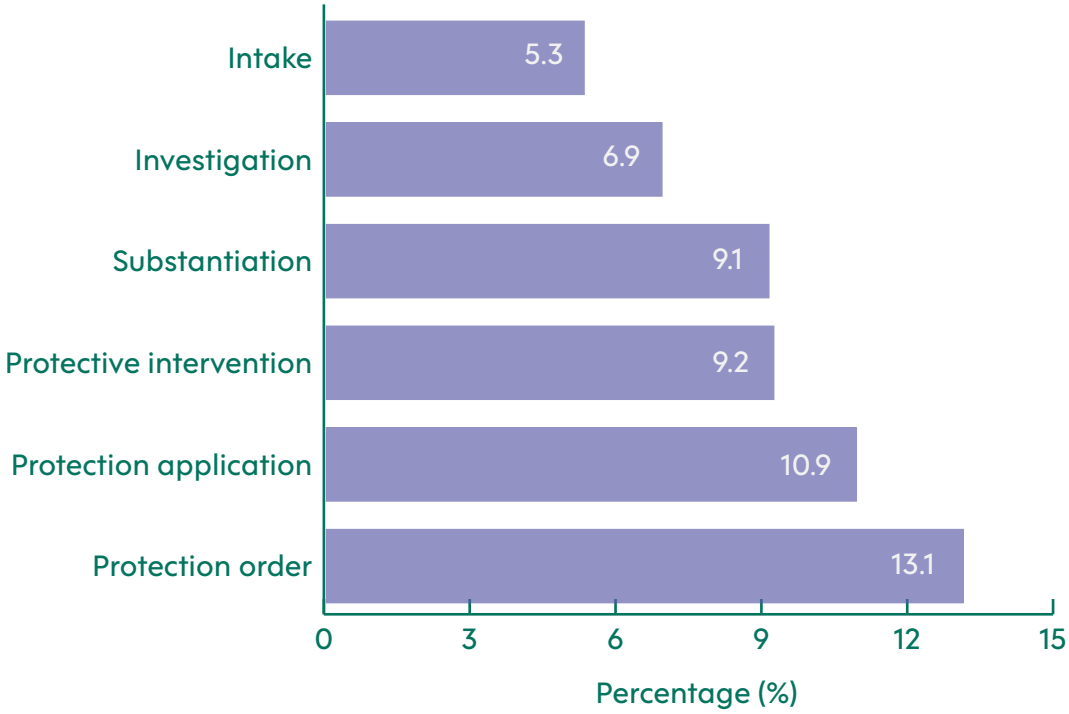
Harms to children from others' drinking: Analysing child protection system data

ASSOCIATION OF PARENT/CARER HARMFUL ALCOHOL USE AND PROGRESSION IN THE CHILD PROTECTION SYSTEM

Probable parental alcohol use was reported as a risk factor in 5.1% of children with an intake assessment in the Victorian child protection system between 2012 and 2021. This number represents thousands of affected children each year and the proportion increases in later stages of the child protection system (see Figure 7). The odds of progressing to investigation, substantiation, protective intervention, protection application and a protection order were statistically significantly higher for children with a primary caregiver who engages in harmful alcohol use.

However, the associations for protection application and protection order were not statistically significant after accounting for variables related to family accommodation, income and composition. This result suggests the socioeconomic circumstances of a child's family (e.g., poverty and housing instability) play a central role in entry and progression to later stages in the Child Protection System [56]. In previous analyses of 2001–2005 Victorian child protection data the alcohol risk factor field had to be reported upon. It is likely that our findings underestimate alcohol as a risk factor as 5.1% is a lower figure than those found for 2001–2005 [3].

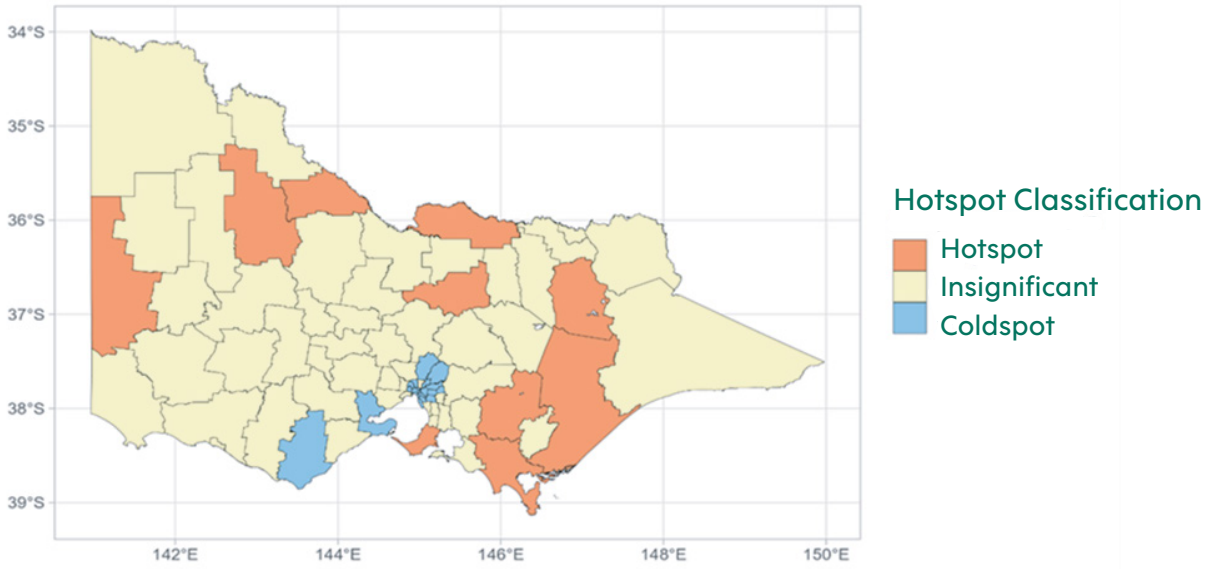
Figure 7. Children with parents or carers with harmful alcohol use listed as a risk factor across Victorian Child Protection stages.



IN DEPTH POLICY ANALYSIS: A GEOSPATIAL STUDY OF OUTLET DENSITY AND CHILD PROTECTION CASES

Geospatial analysis demonstrated that greater density of off-premises alcohol outlets is associated with higher rates of reported and substantiated child maltreatment in communities (Local Government Areas; LGAs) across Victoria. Specifically, we found that each additional off-premises alcohol outlet per 1,000 residents was associated with a 0.8% increase in reported child maltreatment cases and a 2.5% increase in substantiated cases. Figure 8 highlights the areas across Victoria where there was evidence that substantiated cases of child abuse and neglect were higher.

Figure 8. Geospatial hotspot analysis of substantiated cases of child abuse and neglect in Victoria, Australia



The identified spatial patterns also reflect the intersection of geography and socioeconomic disadvantage. Communities characterised by economic hardship and higher densities of off-premises alcohol outlets faced higher risks of harm. Recognising these intersections is crucial for policy responses that combine area-based regulation of alcohol availability with socioeconomic support systems. Further research is necessary in other states and territories, and more uniform data between jurisdictions would enable geospatial analyses across Australia.

Socio-economic differences in alcohol's harm to others

Harms from others' drinking are spread across different socio-demographic groups [25]. However, some measures of disadvantage were associated with increased likelihood of experiencing alcohol's harms to others. The home's degree of crowding (persons per bedroom) was related to harms from others in the household. Crowding is both a measure of exposure to more people potentially drinking in the home and of disadvantage. Financial disadvantage was related to increased likelihood of experiencing harm from drinkers outside the household, whether they were family, friends or strangers. Knowing neighbours and perceptions of neighbourhood safety were associated with a decreased likelihood of experiencing harm from those outside the household [57]. Together, the findings highlight that socioeconomic stressors increased the risk of alcohol-related harm.

Wellbeing and quality of life linked for those affected by others' drinking

Another way of assessing whether harm from others' drinking has an impact on Australians was undertaken using our 2021 AHTO national survey. Respondents' wellbeing was assessed using the European Quality of Life – 5 Dimensional scale (EQ-5D) [50]. The EQ-5D scores were significantly lower for those who reported being negatively affected by others' drinking. Those who identified known heavy drinkers outside the household also had significantly lower EQ-5D scores, compared to those who identified no heavy drinkers. The finding that others' alcohol use impacts the wellbeing of Australians is something that should be taken into account by health and social policymakers.

Totalling the financial abuse and economic harm

In addition to tallying the harms from others' drinking, we estimated the cost of alcohol's harm to others in Australia for 2021 [58]. The estimated total social cost due to others' drinking was $34.3 billion in 2021. Focusing on health care costs of adult and child assault and abuse, and pedestrian and non-pedestrian road crashes, the tangible healthcare costs attributable to alcohol's harm to others amounted to $81.8 million.

The estimated cost of informal caregiving due to others' drinking was $10.5 billion. Lost quality of life due to others' drinking was estimated at $21.2 billion, and the estimated cost of premature deaths caused by others' drinking was $18.4 million. The estimated cost of harm to others in terms of social services costs ($194 million), out of pocket expenses ($186 million) and cost of productivity loss ($1476 million) were large in 2021 [58].

A discussion of alcohol's harm to others and next steps

Alcohol increases the risk of a range of problems that occur to the person drinking and to others in contact with the drinker. Our studies show that participants report harms from the drinking of partners, parents, other family members, friends, co-workers and members of the public and that these harms span, for instance, fear, loss of amenity and verbal, physical and sexual assault.

Harm from others' drinking is widespread across Australian society. Importantly, this work includes the perspectives of people affected by someone else's drinking, who are often overlooked in traditional surveys and who are provided little service system or policy attention. We highlight how community, family and individual factors can exacerbate experiences of alcohol-related harm from others' drinking, alongside forms of structural disadvantage.

The most recent AHTO survey (conducted in 2021) found that almost half of Australians surveyed reported experiencing harm from others' drinking in the past year. Twenty-one percent of Australians reported harm from the drinking of someone that they knew. If participants reported living with a heavy drinker or reported negative effects of their drinking, they were significantly more likely to report reduced quality of life. The levels of harm reported in the 2021 AHTO survey, while they remain very high, are substantially lower than the percentages reported in 2008. Although direct comparison is difficult, the impact of COVID-19, changes in drinking patterns and methodological issues likely explain some of this difference. Another Australian AHTO survey is needed because the 2021 survey was conducted during the height of the COVID-19 pandemic and lockdowns. During

this time, drinking behaviours and the locations people drank at were altered due to the restrictions to minimise the spread of the virus. The timing of the 2021 survey means that limited comparisons can be made with the previous Australian survey in 2008.

Alcohol's harm to others survey findings are complemented by in-depth analysis of qualitative interviews with families who have been affected by others' drinking and secondary analysis of national ongoing surveys and response agency (including police, family violence, child protection) studies. Future interview-based research should be undertaken to include children's voices, and analyses of existing helpline posts that record children's worries about their parents' drinking could also be studied.

To advance research on AHTO in Australia more detailed data should be collected and linked from health and social response agencies. Health system staff record data about the patient they are dealing with, but not about others involved in the incident. While this briefing details the magnitude of harm and the human and financial implications that can occur from others' drinking, the data is incomplete. For example, when people present to emergency departments and other agencies, information on the drinking of the person who may have harmed the patient is scarce. Alcohol involvement is inconsistently recorded by many agencies, for instance in health, police, justice and social welfare data sets. There is a need to further improve the evidence and database on alcohol's harm to others by collecting more, enhanced, and uniform data (across time and jurisdictions). For instance, better alcohol measures and more research is needed on alcohol-related child maltreatment in other states and territories, and more uniform child protection data collection across jurisdictions would enable geospatial analyses across Australia.

Crucially, national and Global Burden of Disease studies have not included alcohol's harms to others in estimating disabilities and deaths due to alcohol, whereas they do include damage from "second-hand smoke" in estimations for harm from tobacco smoking [59].

Specific areas of harm to others have effectively driven policy on alcohol's harm to others in a few key areas in Australia. For example, specific data collection and studies on children affected by drink-driving led to substantial policy changes. An advantage for dealing with drink-driving was that the behaviour occurred on public roads, areas under substantial government responsibility and control. For other types of harm, the authority over the environment similarly has been involved in the policies; for example, employers and unions have been involved in measuring workers' breath and blood alcohol levels in workplaces. This is more difficult in private spaces including homes.

Descriptive studies of AHTO in Australia have influenced policy, yet there has been little work done on how alcohol control and other policies may reduce rates of alcohol's harm to others in Australia and elsewhere. Evidence should inform policy development and evaluation and monitoring of alcohol-related harm.

REGARDING POLICY, REGULATION AND INTERVENTION BY GOVERNMENT

There is a strong argument that when people who drink alcohol harm themselves, there is a limited role for government. However, when externalities are present, government intervention may be necessary to ensure that the health, wellbeing and rights of those affected by others' drinking are protected. Government's role is not about limiting personal freedom but about protecting other's rights to safety and wellbeing. In other words: intervention may be warranted when behaviours generate preventable public harm.

These findings underline the need for governments to take responsibility and develop policies that prevent harms to others from alcohol. This includes reducing harms to women and children in line with the current National Plan to End Violence against Women and Children, and acknowledges alcohol's relationship to family, domestic and sexual violence. The World Health Organization outlines five best ways or "Best Buys" in which the harmful use of alcohol can be reduced:

1. Strengthen restrictions on alcohol availability;
2. Advance and enforce drink-driving countermeasures;
3. Facilitate access to screening, brief interventions and treatment;
4. Enforce bans or comprehensive restrictions on advertising, sponsorship and promotion; and
5. Raise prices on alcohol through excise taxes and pricing policies.

Our study supports the introduction of such measures and their inclusion in our National Alcohol Strategy and our National Drug Strategy.

These national strategies should be supplemented with effective local strategies and address emerging issues like the online sale and home delivery of alcohol. Local strategies are advocated for by State and National organisations like FARE and ADF. Both FARE and ADF are partners in this research and are key to the research translation chain from academia to non-government organisations and then government. For instance, on the basis of research findings, FARE and ADF advocate for current strategies to reduce the availability of alcohol within the home, thereby seeking to reduce family violence and other alcohol related harms to others.

The Foundation for Alcohol Research and Education recommends the following changes to home delivery practices:

1. A two-hour safety pause between order and delivery, for alcohol-only orders, to prevent the rapid delivery of alcohol into homes;
2. Keep deliveries to between 10am and 10pm, to reduce the risks of alcohol-related family violence and suicide, which increase later at night in the home;
3. Effective digital age verification for online sales of alcohol to ensure alcohol isn't sold to children;
4. Identity (ID) checks on delivery of alcohol to ensure alcohol isn't supplied to children or intoxicated people;
5. Address predatory, data-driven push marketing to protect people's health and privacy; and
6. Support delivery staff with delivery-specific training, not penalising them for non-delivery, and making delivery companies liable for non-compliance.

COMMERCIAL, GENDERED AND SOCIAL DETERMINANTS OF HEALTH AND POLICY RECOMMENDATIONS

While the alcohol industry plays a fundamental role in the hospitality and tourism industries and what has been termed the 'nighttime economy', the significant economic costs of harms that alcohol inflicts on others are under-recognised and often disregarded. This report's findings highlight that commercial determinants of health and harm are at play, and that industries need to be held responsible for the management of the externalities (problems beyond those they acknowledge), namely the alcohol they sell that causes harm to both people drinking and others with whom they intersect. Consistent with WHO policy, the alcohol industry's activities should be limited in terms of advertising, and their products should be taxed to the degree that they are able to compensate the Australian community for the burden of harm they create. Current tax offsets and subsidies do the opposite of this.

The 2020 AHTO survey shows that two-thirds of those harmed by others' drinking were harmed by men's drinking. This is consistent with fundings that the majority of alcohol consumed globally (and in Australia) is by men. The harms resulting from men's drinking to partners and families can take many forms – financial abuse, neglect, controlling or erratic behaviours, as well as physical and emotional violence. There are therefore multiple arguments for gendered alcohol-related policy interventions that limit drinking and its harm in the interests of the women and children.

This briefing highlights that a greater percentage of women experience harm from others' drinking than do men and provides evidence that it is primarily men's drinking that is responsible for the majority of harm reported from others' drinking. Policies should account for the gendered nature of these harms, centring the safety of women and children while engaging men as part of the solution through tailored, non-stigmatising approaches. Reducing men's alcohol use is viewed as a promising strategy to reduce alcohol-related harm to women and children and should help to meet the 2030 Sustainable Development Goals relating to health (SDG 3) and ending discrimination against women and girls (SDG 5-1) targets. Strategies that hold the most potential include those that combine multiple levels of action.

At the policy level, this means increasing the price of alcohol, limiting its availability (e.g., by limiting outlets, reducing access to home delivery), enforcing responsible driving and service laws and restricting marketing, particularly that which links alcohol use with health, wellbeing and masculinities. At the community level, local campaigns should challenge heavy drinking cultures, promote communities free from alcohol-harm and provide adequate treatment and support services. At the family and individual levels, early intervention and treatment should reduce conflict and violence in households affected by alcohol [60].

The broad-based policies recommended in the previous section of this briefing will in theory address harms overall and from men's drinking, but evaluation is needed to determine whether these strategies are effective for others who are impacted [1, 61-63]. Gender-informed interventions among people in treatment for alcohol and other drug use have promise, particularly intimate partner intervention programmes for men in treatment for their alcohol and other drug use [62].

An exception where men continue to experience more harm from others' drinking than women, relates to some of the most serious and violent incidents of AHTO. Men are significantly more likely to be killed in road crashes and in violent male-on-male incidents that present to hospital and police. In most of these incidents, it is men's drinking that is directly implicated in harms to other men. Blood alcohol concentration roadside testing interventions have been effective in reducing road deaths and brief interventions have been shown to be effective in reducing drinking, including men's drinking [63].

Again, whether these strategies have positive impacts on men affected by others' drinking (rather than on men who are themselves drinking) should be better evaluated. This briefing shows that parental harmful alcohol use is associated with further progression into the child protection system and is associated with poorer outcomes for children and young people in child protection (e.g., placement in out-of-home care or other interventions). Our research also shows that one in six (17%) caregivers in the general population report harm to children from heavy drinking by parents and other adults.

Policymakers and service systems should prioritise prevention and early intervention to address parental harmful alcohol use as a potential source of harm to children and young people.

Alcohol screening and early intervention could be implemented to support individuals and families, [63, 64]. This briefing highlights the need for focused public health approaches that address harmful alcohol use in prevention, early intervention, treatment and policy efforts [61, 63, 64].

Geo-spatial studies, including those in this report, highlight that alcohol availability contributes to harm to children and underline the need for measures such as outlet regulation in response to alcohol's harm to others.

Efforts to address alcohol-related harms would benefit from simultaneous consideration of social and economic disadvantage.

Additionally, ensuring availability and accessibility of support, such as financial assistance, is crucial as evidence suggests that individuals who experience barriers such as economic hardship, geographical location constraints and other social factors, may be less able to access the support needed [65-67].

Other measures of support for children and families might include counselling or peer support groups, and economic assistance, such as subsidies for housing, healthcare or childcare.

Understanding how children may be affected by parental drinking and other social or economic inequalities may assist professionals to provide the necessary support to children and families [68].

Importantly, future research should include children's perspectives on their experiences of harms from a parents' drinking and the types of support needed.

IMPROVING THE LIVES OF THOSE CARING FOR OTHERS

Many Australians reported spending time caring for a person drinking or dependents that the person drinking would otherwise have been looking after. This impact was sometimes occasional and in other instances almost constant. We highlight the need for targeted prevention to reduce heavy drinking and thereby reduce the burden on those expected to care for and support partners, relatives and friends who drink heavily.

Our general population survey results indicate that service providers, health promotion practitioners, and policymakers should focus on younger age groups (18–34 years), those who live in regional areas, and those born in Australia, who we found were at greater risk of being burdened by caregiving because of others' alcohol use. Brief interventions to reduce drinking, family-related alcohol counselling, and controlling home delivery of alcohol may help to reduce harmful alcohol use, thereby reducing the burden of informal care and improving caregivers' health, quality of life, and financial well-being. It is important to ensure that there is not stigma (or less stigma) around seeking support when people affected by others' drinking (affected others) themselves need to discuss their concerns, their worries and the problems they experience due to others' drinking.

While women were more likely to report experiencing harm from others' drinking than men, and to report caring for others, they were better at (or more likely to report accessing) seeking informal and formal support in these circumstances. Different groups of people may experience barriers to accessing supports after experiencing AHTO. Our research found men were less likely to access support from friends, family or counselling/advice services after experiencing harm from another's drinking. This result may reflect stigma around help-seeking for men, whereby experiences of victimisation and poor mental health are perceived as sources of weakness [69].

Research has consistently documented low mental health service use among men, despite men being twice as likely to die by suicide than women globally [70]. Younger men in particular have endorsed publicly stigmatising views about men's suicide and depression [71], which may be a barrier to accessing mental health support if they have been harmed by others' drinking, if they themsleves are drinking heavily, or if their own drinking has harmed others. Policies and services should consider how to reduce stigma-related barriers for men accessing mental health and other supports due to AHTO. Barriers that discourage men from acknowledging how their own drinking may be affecting others should also be tackled.

Conclusion

This policy brief summarises the latest estimates of how many people are affected by the drinking of others across Australia in a single year. The 2021 Australian Alcohol's Harm to Others Survey data indicate that almost half of the Australian population was adversely affected by others' drinking. Australians reported an array of harms from others' drinking – including from family, friends and coworkers. Harms to children from others' drinking were reported by one in six families and included physical, verbal and emotional abuse, and a series of harms that affected relationships and roles. Significant financial and economic impacts and increased burdens associated with caring for people drinking heavily were identified.

Other severe harms from others' drinking emerged in many national and state level health, social assistance, police, and child protection agencies that respond to harms from others' drinking.

To amplify and contextualise the statistics found in our studies, we conducted in-depth interviews with men and women, about their lives, and how they had been affected by others' drinking. Family members described events involving conflict, bullying, physical force, transgressions, breaches of responsibility, and property damage. Family members described how they themselves and their children had been affected by others' drinking.

We found that Australians living with the harm from others' heavy drinking experienced poorer quality of life.

Finally, we estimated the economic costs to society of others' drinking to be $34.3 billion in 2021.

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