

## Furthering understanding of the scope and variation of alcohol and drug harms to others: Using qualitative discussion groups to inform survey development

Katherine J. Karriker-Jaffe<sup>1</sup>, Cat Munroe<sup>2</sup>, Matthew McDonough<sup>3</sup>, Camillia K. Lui<sup>2</sup>, Deborah Krug Mangipudi<sup>3</sup>, Robynne Locke<sup>3</sup>, Ivette Rodriguez Borja<sup>1</sup>, Deidre Patterson<sup>2</sup>, William C. Kerr<sup>2</sup>, and Thomas K. Greenfield<sup>2</sup>

<sup>1</sup> RTI International

<sup>2</sup> Alcohol Research Group

<sup>3</sup> ICF

### Abstract

**Aims:** Alcohol and drug use can have negative effects on family and friends of someone who uses these substances. To give voice to people with lived experience, we sought in-depth qualitative data from people who experienced such harms to others (HTO) to better understand the scope and variation of alcohol and drug HTO to inform future survey research in the United States (US).

**Design:** Five discussion groups with people from varied racial and ethnic groups.

**Setting:** Five US cities with different sociodemographic profiles and alcohol and drug use patterns.

**Participants:** Family members of individuals with substance use disorders (SUD).

**Measures:** Thematic analysis was used to identify themes and highlight harms that have not been well-represented in US general population surveys to date.

**Findings:** Discussion group participants described how alcohol and drug HTO can have long-lasting effects, raising questions about strategies to query and document harms occurring over the life course. The emotional stress and burden of a close relationship with someone with SUD was a recurrent theme. Participants also noted how systems and policies may inadvertently intensify HTO through negative interactions with legal or social service entities. In addition, they identified helpful community resources (including Al-Anon) for people impacted by someone else's substance use.

**Conclusions:** Qualitative data from people with relevant lived experience identified new areas for alcohol and other drug HTO research, including duration of harms across the lifespan, emotional and psychological impacts, and systems-level harms. Findings informed a redesign of our national survey instrument to efficiently capture the broad range of HTO.

### Introduction

Negative consequences of alcohol and drug use can affect family and friends of someone who uses these substances. Accurate data on rates, sources, and severity of secondhand harms from alcohol and other drugs—alternatively known as harms to others (HTO)—are essential for informing policies

and programs to address the range of impacts of alcohol and other drug use on families and communities. Secondhand harms encompass family, marriage, and relationship difficulties; traffic accidents; vandalism; physical harm and violence; and financial difficulties caused by someone else's substance use, as well as being a passenger with an impaired driver (Grittner et al., 2021; Nayak et al., 2019). Prior work

**Correspondence:** Cat Munroe, tel: +1 (918) 361-7869, email: [cmunroe@arg.org](mailto:cmunroe@arg.org)

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in the US (Greenfield et al., 2009; Nayak et al., 2019) and other countries (Grittner et al., 2021; Seid et al., 2015; Wilsnack et al., 2018) has examined prevalence of secondhand harms from alcohol. In the US, national surveys have documented that 20% of US adults had experienced at least one alcohol harm caused by someone else's drinking in the past year (Nayak et al., 2019), and almost 60% had experienced at least one of these harms in their lifetime (Greenfield et al., 2009). Exposure to other people who drink heavily has been associated with a multitude of negative impacts on children, siblings, spouses and romantic partners, friends, co-workers, and others in the community (Greenfield et al., 2016; Karriker-Jaffe et al., 2018).

However, HTO are not limited to alcohol and can arise from the use of other drugs (e.g., cannabis, opioids, and stimulants; Fischer et al., 2023; Kerr et al., 2021), as well as polysubstance use involving alcohol and drugs. With a few exceptions (for example, Callinan & Room, 2014; Kerr et al., 2021; Melberget al., 2011; Moan et al., 2019), these drug-related HTO have been understudied in general population samples. Given cannabis legalization in many US states, the ongoing opioid epidemic, and the increased use of substances alone and in combination with alcohol, population-level data are needed to document alcohol and other drug HTO prevalence. To inform general population survey development, this qualitative project sought to examine whether questions on alcohol's HTO can be adapted to capture drug HTO on a self-administered survey instrument.

Many national survey studies on HTO focus on a relatively short timeframe, such as the past 12 months (Kaplan et al., 2017; Kerr et al., 2021; Nayak et al., 2019; Seid et al., 2015; Wilsnack et al., 2018), although some surveys also collect lifetime measures (Greenfield et al., 2009). Timing is important, as some harms may be short-term while other harms may be longer in duration. To obtain a more comprehensive understanding of the range of people's experiences of alcohol and other drug HTO, we conducted in-depth qualitative discussion groups with individuals who have experienced these harms. We identified elements of secondhand harms that have not been captured well by survey data to date. Insights gained from these discussion groups can help inform future surveys and improve the accuracy of national data on alcohol and other drug HTO rates and severity.

## Methods

We conducted eleven discussion groups with US adults who experienced secondhand harms due to someone else's use of a drug other than alcohol. To capture a range of experiences from communities of color, across urbanicity and rurality, and in geographic areas impacted by specific substances, five US cities were purposively identified for participant recruitment: two cities in the Midwest, one in the South, one in the West, and one in the rural Northeast. These diverse regions have different alcohol and other drug use patterns and challenges, as well as different population demographics (for detailed demographics, see Table 1). For example, the West has legalized recreational cannabis, while the Midwestern cities have high rates of prescription opioid

overdose. Participants were recruited using multiple strategies, including being contacted because they were named as a loved one of an individual who participated in a prior research study on substance use treatment. The discussion groups were conducted remotely by trained facilitators, and each lasted approximately two hours. All participants received a US\$125 gift card.

## Participants

We recruited adult participants in conjunction with an ongoing study of people in substance use disorder (SUD) treatment. We focused on identifying individuals who experienced HTO due to substances other than alcohol, so eligibility criteria for the discussion groups included past experiences with problems due to someone else's use of cannabis, opioids, stimulants, or other drugs. We also recruited adults in caregiving roles (such as parents and other guardians) who have children who had experienced harm(s) from another person's substance use. The Institutional Review Board of the Public Health Institute (PHI), Oakland, CA (US Office for Human Research Protections IRB#00000775 & Federalwide Assurance #0000018) reviewed the discussion group protocol (PHI IRB protocol #I21-022; including the consent scripts with information related to confidentiality and expectations of privacy among participants, as well as the discussion group questions) and determined that the groups did not meet the definition of human subjects research, as the primary purpose was to inform survey development. The discussion group participants were recruited to offer illustrative and insightful information about their own experiences.

## Procedure

Discussion groups were conducted in the summer of 2022. Potential participants were screened for eligibility with a brief set of questions on demographic characteristics, city of residence, and experiences with a few types of HTO. Two-hour English-language groups with up to eight participants were conducted virtually using the Zoom meeting platform. Trained discussion group facilitators described the study purpose and obtained verbal consent for participation, recording of the session, and use of information from the discussions to inform our subsequent survey research. Participants were also made aware that their contributions would be de-identified in research publications. The facilitators followed a semi-structured discussion group guide that covered HTO experiences related to another person's use of (1) cannabis, (2) opioids, (3) stimulants, and (4) multiple substances, including drugs combined with alcohol. Participants were asked to list secondhand harms that may result from someone's use of each of these specific substances, and the generated list was then compared to a list of harms used in prior US survey studies to encourage a comprehensive discussion of many possible types of HTO. Participants were asked to compare secondhand harms they had experienced because of people's use of these various substances in order to identify which harms might be unique to a specific substance and which might be more common across substances. Specific probes were included to delve deeper into family harms and financial trouble caused by someone else's substance use. The groups concluded with

participants sharing experiences of seeking help, including any unintended consequences resulting from help-seeking. All of the groups were recorded and transcribed for analysis.

In addition to the facilitator, another team member observed each group and took detailed notes to supplement the transcript.

**Table 1**

*Demographics of Discussion Group Participants<sup>a</sup>*

	US Region					Total
	Midwestern City A	Midwestern City B	Southern City	Western City	Rural Northeast	
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
<b>Age</b>						
18-40	3	3	4	6	4	20
41-65	5	5	5	6	2	23
65+	3	2	3	4	2	14
<b>Gender</b>						
Men	5	3	6	8	4	26
Women	6	7	6	8	4	31
<b>Race</b>						
White	0	4	0	6	7	11
Black/African American	11	7	0	6	0	24
Hispanic/Latiné	0	1	12	3	2	18
Another racial or ethnic group	0	1	0	3	0	4
<b>Education</b>						
High school/general equivalency diploma or less	1	2	3	1	3	10
Some college/technical school	2	4	8	5	1	20
4-year college degree +	8	4	1	10	4	27
<b>Drug Related to Harms</b>						
Marijuana	10	4	6	7	3	30
Heroin	6	3	6	8	1	24
Other Opioids	7	7	9	11	5	39
Other Illicit Drugs	9	7	7	15	4	42
<b>Child with Secondhand Harms</b>	7	4	8	5	3	27
<b>Total</b>	11	10	12	16	8	57

<sup>a</sup> Information collected at eligibility screening stage.

**Analysis**

The discussions generated rich information on alcohol and other drug HTO. To distill the information, transcripts were analyzed using thematic analysis, an iterative coding process used to identify meaningful patterns or themes in qualitative data (Braun & Clarke, 2006, 2013). First, members of the

study team familiarized themselves with two group transcripts, and then the team discussed initial observations. Second, the team developed a set of preliminary codes based on study aims and meeting discussions. Third, the team organized the codes into parent and child (primary and secondary) codes for a preliminary codebook. Fourth, four primary coders coded one single transcript using the

codebook to confirm code definitions, ensure coding consistency, identify additional codes, and adjust parent/child (primary/secondary) codes in the working codebook. Fifth, two pairs of coders reviewed a subset of discussion group transcripts independently, and then they met in pairs to determine agreement between their codes and again as a large group to discuss their observations and to update code definitions and organization in the codebook. Thereafter, the remaining transcripts were coded individually by two coders who met to reconcile their coding. In the event of disagreement between coders, differences were resolved through discussion among the coding team, or if they remained unresolved, they were discussed with the larger team, including the lead investigators. During the coding process, the team met weekly to discuss observations about the coding process, adjust the codebook as needed, and resolve any discrepancies. Then, once coding was complete, the primary coders and team members reviewed and grouped the coded excerpts and identified final names for the resulting themes. Finally, written descriptions of each theme, with illustrative data extracts, were produced.

The team used multiple strategies to ensure the integrity of the findings. These strategies involved using the iterative process where primary coders discussed the themes as they worked to refine the codebook to ensure agreement with other team members. The team also engaged in discussions of how personal experiences and differences in professional training contributed to team members' understanding of participants' experiences. Finally, members of the team who were not responsible for initial coding of the transcripts reviewed the overall findings for consistency and clarity.

## Results

We highlight key themes relevant for informing national survey questions that emerged from the discussion groups. First, the emotional impact of a close relationship with someone with SUD was a recurrent theme that was prominent across substances and across harm types. Participants also described how HTO can have long-lasting effects, raising questions about how best to query and document harms over the life course (i.e., past year vs. lifetime). Assumptions about help-seeking were challenged by people's experiences with systems and policies that exacerbated HTO, although some did describe successful help-seeking experiences.

### Personal Impacts of Close Relationships with Someone with a Substance Use Disorder

Participants described significant effects of another person's substance use on their daily life and overall wellbeing. We identified three general sub-themes: (1) *emotional impacts*, which captures worry and concern about the person who was using and distress caused by the person's behavior when using; (2) *picking up the slack*, which captures taking on tasks due to someone else's substance use; and (3) *restricted autonomy and growth*, which captures feeling unable to pursue desired opportunities for personal restoration, connection, or growth due to another person's substance use.

### Emotional Impacts

Participants described a wide variety of emotions and emotional states related to their loved one's alcohol and/or drug use. One participant described the emotional impact of living with a family member who used opioids in terms of an undercurrent of fear and unease:

*We were never at ease, because we always felt 'what's going to be the next shoe that's going to drop?'... You went to bed or whatever, you don't know whether [they] can come over to your bed and physically attack you. They don't know what they're doing. (Midwestern City A, Group #2)*

Others described difficulty coping with the unpredictable behavior of the person using and described this pattern as introducing instability into their own life. This was particularly common when the other person was using stimulants or multiple substances simultaneously:

*I've physically had to leave my home a couple of times... because you never knew with the drinking and the crack cocaine and whatever else he was doing, how he would act. It made him mean and evil, disrespectful, and you just never knew what you were going to get. (Midwestern City B, Group #1; talking about an ex-partner)*

### Picking up the Slack

As a result of another person's substance use, participants recounted taking on additional responsibilities and domestic labor that normally would have been done by this person. As one participant stated:

*[W]hatever you needed to do around the house, I mean, just the basic amount of cleaning up their own space in the house, making food, dinner, whatever, if the person is responsible for cooking food, going out to collect household items. Can't depend on them no more, that's out the window. So again, to get back to loss of time. And so you got to depend on yourself again... (Midwestern City A, Group #2, discussing problems due to other person's use of cannabis)*

This theme was pronounced among participants whose parents used alcohol and/or drugs during their childhood, and they described growing up quickly and providing for themselves either physically or emotionally:

*I feel like it also makes you grow up 10 times quicker, because that's when you got to be more mature. You really don't get to live out your kid life, like, or your younger years. You have to grow up and miss out on a lot of things because you've taken on the responsibility of becoming an adult while you're still a kid... (Midwestern City A, Group #2, discussing experiences with father who used drugs)*

### Restricted Autonomy and Growth

A number of participants described restricted autonomy and growth when living with someone who used alcohol and other drugs. Some examples were specific to feeling limited

or confined in their relationship with the person who was using alcohol or other drugs. For instance, one participant shared:

*If I wanted to have a date night, I couldn't, because he needed his marijuana. So it was either/or, and then it's like, did I want to have him home, grouchy in a bad mood because he didn't have the financial ability to get the drug, or we're going to go out and have dinner and a movie? So it's like you can't win. (Southern City, Group #2, discussing romantic partner who used cannabis)*

Other participants disclosed making choices that meant giving up significant personal endeavors and opportunities for growth in order to support their loved ones. As another participant shared,

*For me, personally, I had to give up my life for my mother. I mean, I had to drop out of school... And I had to give up my whole life... I just had to just turn over a new leaf and just say, 'I'll see you guys later, I'm going'. Had to leave at the drop of a hat and just go. (Midwestern City A #2, discussing mother who used opioids)*

### Enduring Effects of Secondhand Harm Experiences

Participants described a broad range of deleterious effects of a person's substance use, especially harms occurring from a parent or caregiver in their early life. Further, the different harms people experienced as children reflected quite a bit of overlap of substance use with physical violence or domestic abuse, or co-occurrence of caregiver substance use and victimization. For example:

*He would turn on a dime from being this friendly, happy guy to all of a sudden being a rageaholic. And he even chased me out onto the roof one night. He just was just out of control many times, and that has definitely affected me to this day. (Rural Northeast, Group #1; discussing brother who struggled with alcohol and other drug use)*

*...a lot of physical abuse came about. And it got to a point where it was just unbearable. And there's a lot of hurt and a lot of pain. And even though I'm older now, I've sort of gotten over it, but there are some things, still thoughts in your head as to why couldn't things have been different... And there's always the "would have, should have, could have" that always come into play. So with me, it's just a lot of hurt. (Western City, Group #2; discussing mother who used heroin)*

Participants also discussed the chronicity of the harms over time, both in terms of ongoing victimization and negative impacts of harms that lasted several years. Harms experienced early in life also endured across the life course in terms of estrangement from parents, as illustrated by the example below:

*I have my aunt and whoever took care of me, and I want to know what a mother or a father feels like. And you don't get those chances when they decide to let their*

*habits take over... my father, he's missing out on my son's life because I don't want to bring him around...it just messes with you mentally overall...(Midwestern City A, Group #2; discussing parents who used opioids)*

Participants also discussed impacts on adult relationships as a result of childhood and adolescent experiences, including difficulties with trust and lack of meaningful connections due to early traumatic experiences:

*My niece's kids, it made an impact on them because they felt they had to keep secrets about what had happened. They started being a lot less trusting of adults, and communicative. They kind of shut down, three of them, three kids. (Rural Northeast, Group #1; in relation to opioid harms to children)*

Others described romantic relationships in adulthood with individuals who also used alcohol or drugs heavily and experiencing further harms in these relationships:

*My mom, she wasn't a drug addict, but my stepdad was. But I remember always thinking, I'm never going to be like her, I never want to put myself in a position like her, I would never want to put my partner who has a substance abuse problem first. And then when I was 18, I entered a relationship with someone with substance abuse issues, an older man. And it was weird because it was comforting to see myself in the exact same situation as what I grew up with...I would always say that I never wanted to live like that. But there I was living that life. (Southern City, Group #2)*

### Systems and Policies that Exacerbate or Ameliorate Secondhand Harms

We asked participants about their experiences seeking help when they were experiencing harms from someone else's alcohol or drug use. Multiple challenges related to seeking help were mentioned, particularly in reference to experiencing harms in childhood. This is illustrated by one participant's story:

*Like if I dial 911 [emergency services] when my dad was beating my mom, she wasn't going to leave him... [T]here was an instance where I did call the cops and they came, they took him to jail. They released him 24 hours later, he was back home to apologize. And the following weekend, he was back at it again. You feel trapped. I mean, it's like what do you do? (Southern City, Group #2; discussing experiences with father)*

Participants also noted how systems and policies may inadvertently intensify HTO. Although some people described religious institutions as a resource to cope with someone else's substance use, some also pointed out how churches can fail to protect them, particularly for children. One participant described their mother's experiences with church as a source of help from their father who was using alcohol and other drugs.

*Actually, that was the reason I left the church because I found myself—when I say he would sweet talk her [into]*

*coming back, what I meant is the church elders and the men and women of the church will convince her to let him back in the house, just so he can beat her again, because that's what God wanted.* (Midwestern City B, Group #1; discussing experience with parents)

Other systems which are supposed to support women and children were found to further escalate HTO experiences:

*Police were called all the time and most of the time, they told us that there was nothing that they could do even though there were kids living in the house and stuff. And then when I was little, I was sexually abused... But in all those instances, even when [child protective services] came and they would talk to me and stuff and they wrote everything down...but I just feel like they did not help us at all. They did not care...they didn't do anything.* (Southern City, Group #2; discussing experiences with father)

There were additional challenges associated with calling the police for communities of color, as illustrated by one participant:

*It's embarrassing, it's heartbreaking that someone you care for, you have to go to this extreme. And it's something that I dreaded doing, knowing my husband was a Black man and knowing how police are with Black men. I was afraid for me, him, and then I was more so afraid of if he'll act a fool on them and make them beat him up or drag him or something like that. But it got to the point where, hey, I needed their help. ... I just had to pray to God to let them safely take him to jail. You know, it makes you feel very bad to have to do that to somebody you love to call the authorities on.* (Midwestern City B, Group #1; discussing experiences with husband)

To identify interventions and services for people experiencing alcohol or other drug HTO, participants described what had helped to address their own emotional and HTO experiences. Most stories of successful help seeking were in relation to their experiences as adults. Many of the resources were informal, including family and friends, as well as some community groups:

*I remember stepping in [to an Al-Anon meeting] and sitting and listening and I remember the feeling of 'oh my god, these people are speaking my language'. They knew what was going on in alcoholic homes. For me, I didn't feel so alone at that point.* (Participant in the rural Northeast, Group #1)

## Discussion

Prior studies on secondhand harms have focused primarily on alcohol, capturing the following types of harms: family, marriage, and relationship difficulties; traffic accidents; vandalism; physical harm and violence; and financial difficulties caused by someone else's alcohol use, as well as being a passenger with an impaired driver (Callinan & Room, 2014; Karriker-Jaffe et al., 2018; Nayak et al., 2019). Quantitative survey data have revealed how prevalent and detrimental alcohol's HTO are among US adults (Greenfield

et al., 2016; Karriker-Jaffe et al., 2018). However, further research is necessary to address potential secondhand harms resulting from the escalating use of other drugs including cannabis, opioids, and stimulants—and combination of these drugs with alcohol. To inform development of our next US national survey on alcohol and other drug HTO, we conducted a series of discussion groups in five locations across the US to learn more about people's experiences with harms caused by someone else's substance use. The qualitative themes revealed aspects of harms that have not yet been well-captured in quantitative survey data to date, including the long-term emotional impacts of having a close relationship with someone who has a SUD, enduring effects of harms across the life course, and the intended benefits and unintended consequences of seeking help to cope with harms from someone else's use of alcohol and/or drugs. In response to these observations, we added items from the Burden Assessment Scale (Reinhard et al., 1994) to our upcoming quantitative data collection instrument.

Some of these themes are well-known to practitioners and researchers. Participants' stories of intertwining violence and substance use are resonant with studies of parental substance use and SUD in relation to parenting issues, including harmful discipline and child maltreatment (Gruber & Floyd Taylor, 2006), as well as the robust literature on links between substance use—particularly alcohol use (Leonard & Quigley, 2017), but also withdrawal from alcohol, opioids and stimulants (Gilchrist et al., 2019)—and family violence (Gibbs et al., 2020; Gruber & Floyd Taylor, 2006; Ramsoomar et al., 2019). Recent reviews have quantified the evidence base for associations of parental substance use or SUD with diverse types of impacts on children and adolescents (McGovern et al., 2020; Solis et al., 2012).

Participants in these discussion groups also shared many difficulties seeking help, particularly when they were children or when domestic violence was involved. Many studies have highlighted barriers women face when considering whether and how to leave a violent partner, and these include financial limitations (Hien & Ruglass, 2009; Kim & Gray, 2008), psychological factors such as fear and concerns about safety of themselves and their children (Hien & Ruglass, 2009; Kim & Gray, 2008), and negative interactions with law enforcement agencies/police officers (Hien & Ruglass, 2009). Further, some studies have found that African American women may be particularly reluctant to report violent male partners to law enforcement given suspicions they will be treated harshly (Hien & Ruglass, 2009). Solutions are needed to create safe places for women, children, and others negatively impacted by another person's substance use to go for assistance, particularly when violence is involved. Some community resources do exist, including various social services (European Monitoring Centre for Drugs and Drug Addiction, 2022) and Al-Anon Family Groups (Timko et al., 2012), a mutual-support program that parallels Alcoholics Anonymous for people who are negatively impacted by someone else's alcohol use. Studies have documented beneficial effects of engagement with Al-Anon (Timko et al., 2015), and interventions are underway to help connect people who have experienced

alcohol or drug HTO with these community resources (Baloh et al., 2022). More data on engagement with Al-Anon and other support systems may be informative for planning and intervention to support people experiencing harms due to someone else's substance use.

### Updates to Survey Instrument

A key motivator for these discussions was to draw on participants' lived experiences to inform revisions to the upcoming 2023-24 US Alcohol and Drug Harms to Others Survey (ADHTOS). We made changes in four key areas. First, we increased the number of time periods that we included to ascertain when a harm had occurred. Our previous US surveys have either focused on detailed assessment of harms that had occurred in the 12 months prior (such as the 2015 US National Alcohol Harms to Others Survey, NAHTOS) or collected a very limited set of data on harms that had ever occurred, with a follow-up item to further ascertain whether the harm had occurred in the past 12 months (such as the National Alcohol Survey Series since 2000). This structure limits the time periods to either past-year or prior-to-past-year harms. As shown in Appendix A, the new survey will allow people to select multiple time periods spanning a longer period: within the past 12 months, one to five years ago, six to ten years ago, and 11 or more years ago. Many of the participants described being impacted by harms that occurred many years ago, experiencing harms at multiple times in their lives, and/or experiencing harms in different types of relationships (e.g., in childhood with parents; as adults with a romantic partner). With the new survey data, we will be able to take a long-term view and examine how harms occurring prior to the past year are associated with respondents' current mental health status, as well as the impact of experiencing harms in multiple relationships over the life course. Although the longitudinal categories are somewhat rough, we are optimistic that they will provide a first step toward understanding what harms are associated with rapid recovery, and which harms are not.

Second, we added some harms that had not been included in our prior in-depth survey of alcohol's HTO. Items include ending or limiting a relationship with an important person because of that individual's alcohol or drug use, as well as a parent or caregiver having child visitation or child custody limited or terminated because of their alcohol or drug use (see Appendix B). Another change pertains to some survey items that previously were asked only to a subset of people who had a heavy drinker in their life at the time of the survey; we revised the survey instrument to ask these items of all respondents given the recurrence and prominence of these themes in the discussions. Examples include being emotionally hurt or neglected, being mentally stressed or overly worried or concerned, going without food, having to leave home to stay somewhere else, and having less money for household expenses because of someone else's drinking or drug use. These changes should provide a more complete picture of some of the more severe alcohol and other drug HTO.

The third major change was the addition of a seven-item series of questions to assess respondent's caregiving burden

related to someone else's use of alcohol and/or drugs in the past year (Appendix C). We adapted the questions from the Burden Assessment Scale (Reinhard et al., 1994). In the US ADHTOS, these questions will be asked of anyone who has had any harms from someone else's drinking or drug use. These new questions will be helpful for quantifying the impact of alcohol and drug HTO on people with varying degrees and durations of exposure to harms, especially among those who had a close relationship to the person who caused the alcohol or drug-related harm, as this was a prominent theme in the discussions.

The final change related to the items to assess help seeking (Appendix D). We included a thorough list of places where people could seek help or assistance for problems they had experienced because of someone else's alcohol or drug use. We included formal resources, such as healthcare providers, mental health professionals, and legal entities; informal resources, such as religious institutions, self-help groups (Al-Anon), and friends; as well as online and telephone resources, including the new 988 mental health crisis line. For people who had sought help, we include a question to assess their satisfaction with the experience(s) of getting help, and for people who have not sought help, we include a question to capture reasons motivating that decision. The new data from these items will help inform recommendations for services and programs to support people who experience alcohol and drug HTO.

### Conclusions

Qualitative information from people with relevant lived experience identified new focal areas for alcohol and other drug HTO research including the duration of harms across the lifespan, emotional and psychological impacts, and systems-level harms. Findings informed a redesign of our survey instrument to efficiently capture the broad range of alcohol and other drug HTO in the US. We look forward to interpreting the national survey data collected with the new instrument to confirm the efficacy and value of using qualitative discussion groups to inform survey development.

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