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Study Finds 40% of Victorians Hospitalized With Alcohol-Associated Hepatitis Were Under 46

Doctors and public health advocates called for stronger prevention, education and treatment after admissions stayed above pre-pandemic levels

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Doctors and public health advocates in Australia called for stronger action on alcohol harm on Thursday, November 12, after a study highlighted severe alcohol-related liver disease in younger adults and raised concern about how early serious illness is appearing.

Information published by the Foundation for Alcohol Research and Education, or FARE, said the research found a growing pattern of alcohol-driven liver disease in adults under 40, a group that has often been seen as facing lower risk of this kind of severe illness. The study prompted calls for stronger prevention efforts, wider public education about alcohol harm and better access to treatment services.

FARE said the research came from the Burnet Institute and focused on Victoria. According to the summary released with the findings, 40% of people hospitalized with alcohol-associated hepatitis in Victoria between 2017 and 2024 were younger than 46. The summary also said hospital admissions remained above pre-pandemic levels, suggesting that the pressure on the health system has not returned to where it stood before the COVID-19 disruption.

The findings add to concern among doctors that alcohol-related liver disease is not limited to older long-term drinkers. While the material released by FARE did not provide a full breakdown of age groups or the underlying causes behind each admission, it said the trend points to a growing burden in younger adults. Health professionals cited in the release said the pattern shows the need for earlier intervention rather than waiting until people present with advanced disease.

The advocacy response was centered on prevention as well as treatment. FARE said medical experts and advocates want stronger public health policies to reduce harmful alcohol use, alongside better education on the risks of excessive drinking. They also called for easier access to care for people already experiencing alcohol dependence or other alcohol-related health problems.

The material released Thursday did not list specific policy changes in detail, but the message from doctors and campaigners was that the problem is avoidable and that governments should respond before more younger adults reach the point of hospitalization. That framing is likely to keep attention on measures that public health groups have pushed in the past, including earlier screening, broader community education and treatment pathways that are easier to reach.

The study may also intensify debate across the drinks industry, from beer and wine to spirits, because new evidence of serious harm in younger adults can increase pressure for tighter prevention rules. Policymakers could face renewed calls to review alcohol advertising, retail access, warning information and other sales-related controls, particularly if concern grows about risks among younger consumers and women. Whether such changes follow will depend on how governments, health agencies and industry groups respond to the data.

For hospitals and clinicians, the figures are another sign that alcohol harm remains a live public health issue even after the worst period of the pandemic passed. A sustained level of admissions above pre-pandemic baselines can mean continued demand on inpatient care, specialist treatment and follow-up services. In practical terms, that places the issue not only in the field of long-term prevention but also in day-to-day hospital capacity and community health planning.

The release from FARE offered only a brief account of the research, and it did not include the full study methods in the material provided publicly on Thursday. Even so, the headline figures were strong enough to trigger a coordinated public appeal from doctors and advocates for governments to act. Their central argument was that severe alcohol-related liver disease is affecting younger Australians at a troubling rate and that waiting for the problem to worsen would carry a higher human and health-system cost.