Chapter 2
Alcohol use among Australian males
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Key messages

- Around one-fifth of Australian boys aged 10–14 years have consumed alcohol. Those who have are more likely to also have friends who have drunk alcohol in the past year.

- Young men (15–17 years old) who have drunk more than a sip or taste of alcohol underage are more likely to engage in frequent and riskier alcohol consumption patterns from the age of 18.

- The majority of adult Australian men have recently drunk alcohol (88%), of which only a minority – one-third – drink at moderate-to-high risk levels.

- Younger adult males typically drink at riskier levels than their older counterparts.

- Many adult males engaging in moderate-to-high-risk alcohol consumption do not transition to low-risk patterns over time.
Overview

The following services offer support, counselling and information for anyone seeking help or information regarding their own or another person’s harmful alcohol or other substance use:\footnote{These and additional services are listed at: www.health.gov.au/health-topics/alcohol/alcohol-contacts}

- In an emergency, call 000
- National Alcohol and Other Drugs Hotline ph. 1800 250 015
- Counselling online www.counsellingonline.org.au
- Family Drug Support ph. 1300 368 186
- Hello Sunday Morning hellosundaymorning.org

It is well-established that the use of alcohol is associated with copious personal and interpersonal harms, including a range of diverse health-related consequences (Global Burden of Diseases Injuries and Risk Factors Study [GBD] Alcohol Collaborators, 2018). Specific harms – resulting particularly from more frequent and heavy alcohol use patterns – include numerous types of cancer (e.g. cancers of the liver, oral cavity, oesophagus, rectum and colon) (Boffetta, Hashibe, La Vecchia, Zatonski, & Rehm, 2006), infertility (Sansone et al., 2018), dementia (Koch et al., 2019), mental health issues (Boden & Fergusson, 2011), violence (Wilkinson, Livingston, & Room, 2016), damage to bodily organs such as the brain and liver (Lackner & Tiniakos, 2019; Oscar-Berman & Marinkovic, 2003), and incurring injuries while intoxicated (Caamano-Isorna et al., 2017). It is estimated that 4.5% of the total burden of disease and injury in Australia is attributable to the consumption of alcohol (Australian Institute of Health and Welfare [AIHW], 2020).

Compared to females, males are more commonly affected by alcohol-related harms due, at least in part, to typically higher rates of alcohol use. In 2016, 12.2% of male deaths among the global population aged 15–49 years were attributable to alcohol use, compared to 3.8% of female deaths (GBD Alcohol Collaborators, 2018). According to Australia’s National Drug Strategy Household Survey (AIHW, 2020),\footnote{The National Drug Strategy Household Survey, undertaken triennially, provides estimates of alcohol and other substance use among Australians aged 14 years and over (AIHW, 2020). The Australian Secondary Students’ Alcohol and Drug Survey (ASSAD), also undertaken on a triennial basis, provides estimates of alcohol and other substance use among current students in Years 7–12 in Australia (Guerin & White, 2018). Although there are similarities in the types of information on substance use collected across these studies and Ten to Men, the collection of data on the diverse characteristics and behaviours of Ten to Men participants allows more nuanced examinations of factors associated with certain drug consumption patterns among Australian males aged 10 years and over.} males were much more likely to drink alcohol on a daily basis and consume greater volumes than females. Alcohol use disorders, and suicide and self-inflicted injuries are the two leading causes of health burden among Australian males aged 15–24 years (AIHW, 2018). Among those aged 25–44 years, alcohol use disorders are one of the top three leading causes of the total burden of disease (and fatal burden). The other two are suicide and self-inflicted injuries and back problems.

The estimated ‘societal’ consequences of alcohol consumption in Australia are also substantial. In 2010 alone, the cumulative amount of alcohol-related costs to the country’s criminal justice and health care systems, Australian productivity and traffic accidents was estimated to be around $14.4 billion (Manning, Smith, & Mazerolle, 2013).

This chapter uses data from Waves 1 and 2 of Ten to Men (TTM) to explore lifetime and ‘recent’ (past year) consumption of alcohol among Australian males aged 10 and older. As there is a greater number of adult males in the TTM cohort compared to boys and young men, and also because of their older age, more detailed information is supplied for this group regarding frequency of alcohol use, experience of alcohol-related consequences, and factors associated with more harmful patterns of use. Among young males (those aged 15–17 years), this section briefly investigates whether those who drink ‘underage’ subsequently engage in different alcohol use patterns after they turn 18 (the legal drinking age in Australia).

The overall aim of this chapter is to improve understanding of alcohol use patterns among boys and young and adult men in Australia, including age of initiation, experiences of related harms, and factors associated with engaging in riskier consumption behaviours. Such information is vital for developing and implementing timely, targeted and evidence-based policy and practice to prevent and reduce the associated adverse consequences experienced by individuals, families and communities nationwide.
Alcohol use

Alcoholic beverages are served and consumed in different sizes, and some are stronger than others. Standard drinks help to measure how much alcohol a person consumes. In Australia, a standard drink is always equivalent to 10 g of alcohol (Box 2.1).³

**Box 2.1: What is a ‘standard drink’?**

Listed below are some examples of how many standard drinks are in different amounts and types of alcohol:

- a ‘pot’ (285 ml) of full strength beer: 1.1 standard drinks
- a ‘stubby’ (375 ml) of full strength beer: 1.4 standard drinks
- a can (375 ml) of low strength beer: 0.8 standard drinks
- a ‘slab’ or case of full strength beer (24 x 375 ml): 34 standard drinks
- 100 ml of red wine: 1.0 standard drinks
- 100 ml of white wine: 0.9 standard drinks
- a can (375 ml) of pre-mixed spirits: 1.5 standard drinks.

To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, Australia’s National Health and Medical Research Council (NHMRC) recommends consuming no more than four standard drinks on any one day, and no more than 10 standard drinks in a week (note that, at the time of publication, these guidelines were currently in draft format and under expert and public consultation). The risk of injury and dying from alcohol-related disease is below one in 100 if these guidelines are adhered to (NHMRC, 2019).

In the TTM survey, ‘alcohol use’ is defined as ‘more than a sip or taste of an alcoholic drink’. Mentions of ‘recent’ alcohol use throughout this chapter refer to alcohol consumption in the 12 months prior to interview.

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³ The definition of a standard drink can vary by country; e.g. in the United States (US) a standard drink is 14 g of alcohol, compared to 10 g in Australia (Mellinger, 2019).
Alcohol use among Australian boys

Understanding patterns of alcohol use among children and young people is important. Compared to adults, young people might be at greater risk of experiencing certain alcohol-related harms; for example, given the extent of brain development and maturation that occurs during adolescence, research suggests that young alcohol consumers are at risk of reduced neurocognitive functioning (Bava & Tapert, 2010). However, there is limited information on the use of alcohol among Australians aged less than 12 in particular (AIHW, 2020; Guerin & White, 2018). To address this gap, brief findings are presented here on the prevalence of alcohol use among Australian boys aged 10–14 years. Given their young age, boys in the TTM cohort were only asked a handful of questions about their use of alcohol.

Among TTM boys aged 10–14 years in 2013/14, just over one-fifth (21%) reported having had more than a sip or taste of an alcoholic drink in their lifetime (Table 2.1). Among this group, the average age of first alcohol consumption was 10.4 years. A smaller percentage (around 11%) of boys aged 10–14 years were estimated to have consumed alcohol recently (in the past year). Approximately 7% of boys aged 10–11 years had recently drunk alcohol, compared to around 20% of those aged 14 years.

Overall, the extent of lifetime alcohol use among TTM boys in 2013/14 remained at less than one-fifth (20%) between the ages of 10 and 12 years, before increasing to around one-quarter at 13 years and one-third at 14 years. The prevalence of recent alcohol use among boys aged 10–12 remained at less than 10%, before increasing as they hit their teenage years; in 2013/14 an estimated one-fifth of Australian boys aged 14 years had drunk more than a sip or taste of alcohol at least once in the past 12 months.

**Table 2.1: Estimated prevalence of lifetime and recent/past year alcohol consumption among boys in 2013/14, by age**

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>n</th>
<th>Lifetime %</th>
<th>Past year %</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>202</td>
<td>16.6</td>
<td>8.7</td>
</tr>
<tr>
<td>11</td>
<td>212</td>
<td>18.3</td>
<td>6.0</td>
</tr>
<tr>
<td>12</td>
<td>229</td>
<td>15.7</td>
<td>5.9</td>
</tr>
<tr>
<td>13</td>
<td>245</td>
<td>24.1</td>
<td>12.2</td>
</tr>
<tr>
<td>14</td>
<td>206</td>
<td>33.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>1,094</td>
<td>21.4</td>
<td>10.6</td>
</tr>
</tbody>
</table>

*Notes:* n = 1,094 boys with valid responses to alcohol prevalence questions; 95% Confidence Intervals provided in the supplementary materials.

*Source:* TTM data, Wave 1, boys cohort, weighted

Recent alcohol use among Australian boys was typically infrequent in 2013/14 (Table 2.2); half of those who had ever drunk alcohol had not consumed any in the previous year, and approximately 44% had drunk alcohol on a monthly basis or less frequently during that time. Nevertheless, around 6% of boys who had ever consumed alcohol had drunk more frequently than this in the past year. This equates to an estimated 1.3% of all males aged 10–14 years in Australia.

No TTM participants aged 10 years in 2013/14 reported drinking alcohol more frequently than 2–4 times per month (i.e. more than weekly).
Table 2.2: Alcohol use frequency in the last 12 months among boys who have ever consumed alcohol in 2013/14

<table>
<thead>
<tr>
<th>Alcohol use frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>50.1</td>
</tr>
<tr>
<td>Monthly</td>
<td>43.9</td>
</tr>
<tr>
<td>2–4 times/month</td>
<td>4.5</td>
</tr>
<tr>
<td>More than weekly</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Notes: \(n = 211\) boys who reported lifetime alcohol consumption (of \(n = 1,094\) boys with valid responses to alcohol prevalence questions).  
\(^a\) Estimate not reliable (cell count < 10). 95% Confidence Intervals provided in the supplementary materials.  
Source: TTM data, Wave 1, boys cohort, weighted

Peer influence on alcohol use among boys

In 2013/14, TTM boys aged 12–14 years were asked how many of their four best friends had ‘drunk alcohol when their parents did not know about it’ in the past 12 months. Significant associations were observed between alcohol consumption (ever or recently) and the number of peers who had recently drunk alcohol (Figure 2.1). Overall, peers’ alcohol use was important; significantly more boys with one or more friends who had consumed alcohol without their parents’ knowledge in the past year had drunk alcohol in their lifetime (52%). By comparison, out of boys with no friends who had drunk alcohol without their parents’ knowledge, 20% had ever tried alcohol. Similarly, boys who had at least one close friend who had consumed alcohol without their parents’ knowledge in the past year were more likely to have recently used alcohol in 2013/14, compared to those who did not have friends who had done so (39% vs 9%, respectively).

Figure 2.1: Prevalence of alcohol use among boys aged 12–14 in 2013/14 by the number of close friends who had ever consumed alcohol without their parents knowing

Notes: \(n = 672\) boys aged 12–14 years with valid responses to alcohol use questions. Brackets above/below bars represent 95% Confidence Intervals.  
Source: TTM data, Wave 1, boys cohort, weighted  
Credit: Ten to Men 2020 (creativecommons.org/licenses/by/4.0/)
Alcohol use among Australian young men

Ten to Men findings indicate that, as Australian boys get older and enter adolescence, a greater proportion report drinking ‘more than a sip or taste’ of alcohol (see Table 2.1). It is important to monitor alcohol consumption among young men, including lifetime and recent patterns of use and age of initiation. The legal drinking age in Australia is 18, and research points to poorer outcomes later in life as a result of an earlier onset of alcohol use, such as the development of alcohol use disorders and an increased likelihood of engaging in other risk behaviours such as unprotected sex (Hingson & Zha, 2009; Stueve & O’Donnell, 2005).

**Lifetime alcohol use**

Based on TTM data, in 2013/14 less than half (approximately 45%) of Australian males aged 15–17 years were estimated to have ever consumed alcohol at least once. The average age of initiation among this group was 14.41 years. Young men who had ever consumed alcohol were significantly more likely to be older (an estimated 64% of 17 year olds had ever drunk alcohol, compared to 43% and 30% of young men aged 16 and 15, respectively). There were no significant differences in lifetime use of alcohol among young men in 2013/14 according to country of birth (Australia vs other), residential location (major cities vs inner regional vs outer regional areas), or socio-economic advantage according to the Socio-Economic Indexes for Areas (SEIFA); however, young men who reported lifetime alcohol use were significantly more likely to have ever had sex compared to those who had never drunk alcohol (37% vs 4%, respectively).

**Past year alcohol use**

In 2013/14, around two-fifths (41%) of Australian males aged 15–17 years were estimated to have consumed alcohol in the past 12 months. Close to half (52%) of this group consumed alcohol less frequently than monthly in the past year. In comparison, 31% drank on a monthly basis, and approximately 17% drank alcohol weekly or more often.

Figure 2.2 details the number of standard alcoholic drinks consumed by this group in a ‘typical’ or ‘usual’ drinking session during both periods (see Box 2.1 for a definition of a ‘standard’ drink in Australia). Overall, in 2013/14, around two in five (39%) Australian males aged 15–17 years who had drunk alcohol in the past year usually engaged in ‘binge’ drinking (i.e. consuming more than four standard drinks in a single session). In comparison, over one-third (37%) typically consumed 1–2 beverages in a drinking session in the past year, and around one-quarter (24%) usually had 3–4 drinks. Of young men who had drunk alcohol in the past year, around one in 10 consumed 10 or more standard drinks in a typical session.

Levels of binge drinking increased significantly with age: 50% of 17 year olds who had consumed alcohol in the past year reported typically binge drinking, compared to 37% and 17% of 16 and 15 year olds, respectively. Among young males who had consumed alcohol in the past year, there were no significant differences in the likelihood of binge drinking according to Indigenous status, place of birth (Australia vs elsewhere), type of residential location (major cities vs inner and outer regional areas), or level of disadvantage according to the SEIFA.

Importantly, the young men who typically engaged in binge drinking behaviours in the past year were significantly more likely to have experienced certain types of alcohol-related harms, as per the Alcohol Use Disorders Identification Test (AUDIT; see Box 2.2). For example, among young men who reported past year alcohol consumption, significantly more of those who typically binge drank had experienced guilt or regret after alcohol use compared to those who did not usually binge drink (46% vs 9%, respectively). A significantly higher proportion of binge drinkers had also forgotten at least some of what happened the night before due to alcohol use (55% vs 13%, respectively), and more of this group had incurred an alcohol-related injury compared to those who did not usually binge drink (21% vs 7%, respectively).

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4 ‘Ever had sex’ included sex with partners of any gender. At Wave 1, 193 15–17-year-old Ten to Men participants reported ever having sex with girls, six reported ever having sex with guys, and a further six participants reported ever having had sex with both girls and guys.
**Figure 2.2:** Number of standard alcoholic drinks consumed by young males aged 15-17 years in a ‘typical’ drinking session during the past year in 2013/14

Notes: $n = 423$ young men who reported past year alcohol consumption and number of drinks typically consumed. Brackets above/below bars represent 95% Confidence Intervals.

Source: TTM data, Wave 1, young men cohort, weighted

Credit: Ten to Men 2020 (creativecommons.org/licenses/by/4.0/)

**Box 2.2: Alcohol Use Disorders Identification Test (AUDIT)**

The AUDIT is a 10-item questionnaire used to screen for excessive drinking practices. It is used widely by health workers and researchers. Items assess various components or outcomes of alcohol use including:

- hazardous consumption levels (e.g. ‘How often do you have six or more drinks on one occasion?’)
- alcohol dependence (e.g. ‘How often during the last year have you found that you were not able to stop drinking once you had started?’)
- experience of related harms (e.g. ‘Have you or someone else been injured as a result of your drinking?’).

Each question has a set of responses to choose from, with total scores ranging from 0 to 40. Higher scores indicate an enhanced likelihood of harmful alcohol consumption patterns and greater severity of alcohol problems, and possibly a need for treatment:

- A score in the 0–7 range indicates a low risk of related harm; 8–15 indicates moderate risk; and scores of 16 and above indicate a high risk of experiencing alcohol-related harm, including dependence (Babor et al., 2001).
Underage drinking linked to riskier drinking later on

In the TTM study, 45% of young men reported lifetime alcohol consumption in 2013/14. As the legal drinking age in Australia is 18 years, this group of males could be classified as ‘underage’ drinkers. To prevent and reduce the adverse consequences of alcohol and other drug use, it is important to identify the characteristics of individuals and population subgroups who are more likely to engage in harmful patterns of substance use, and to understand different trajectories of use. In this context, analyses were conducted to determine if young male participants who reported underage drinking in 2013/14 of TTM, and had subsequently turned 18 by 2015/16, reported different alcohol use outcomes in 2015/16 when compared to those who had not reported underage drinking in 2013/14.

Four hundred and twenty-four (41%) participants who were in the young male cohort (15–17 year olds) in 2013/14 were re-interviewed when they were of legal drinking age (i.e. aged 18 years or over) in 2015/16. Young men who had engaged in underage drinking prior to 2013/14 were significantly more likely to have consumed alcohol in the past year in 2015/16 (97% vs 77%, respectively). Underage drinkers who had recently used alcohol in 2013/14 were significantly more likely to be consuming alcohol more frequently in 2015/16; specifically, 57% of underage drinkers in 2013/14 were consuming alcohol on at least a weekly basis in 2015/16, compared to 36% of those who had not drunk underage. Additionally, 47% of the underage drinking group were consuming alcohol at moderate-to-high-risk levels in 2015/16, according to the AUDIT (see Box 2.2), compared to only 20% of the underage non-drinkers.
Alcohol use among adult males in Australia

In 2013/14, the vast majority – approximately 92% – of Australian males aged 18-55 had consumed at least one alcoholic drink throughout their lives, with an average age of initiation of 16.75 years. Notably, the average age Australian men first drink alcohol appears to be gradually decreasing across generations (Figure 2.3). For example, in 2013/14, adult males aged 45–54 years had first consumed alcohol at an average age of around 17.5 years, whereas those aged less than 35 years had started drinking around the age of 16.5 years (on average). Although this difference might not seem particularly large, it is important due to the potential for this trend to continue, and especially because of harms associated with alcohol consumption at a younger age (Bava & Tapert, 2010).

Figure 2.3: Mean age (years) of initiation of alcohol use among adult males 2013/14

Notes: \(n = 12,609\) adult males who reported lifetime alcohol consumption and provided a valid response regarding age of alcohol initiation. Brackets above/below bars represent 95% Confidence Intervals.

Source: TTM data, Wave 1, adult cohort, weighted

Credit: Ten to Men 2020 (creativecommons.org/licenses/by/4.0/)

Past year alcohol use

In both 2013/14 and 2015/16, the majority of Australian males aged 18 years and over (approximately 88%) had consumed alcohol in the past 12 months. Figure 2.4 details the amount of standard alcoholic drinks consumed by this group in a ‘typical’ or ‘usual’ drinking session during both periods (see Box 2.1 for a definition of a ‘standard’ drink in Australia). Overall, adult men most commonly reported typically drinking a small number of alcoholic beverages per session; during both 2013/14 and 2015/16, around 70–73% of this group usually consumed four drinks or less in one sitting. The majority – over two-thirds – of recent adult male drinkers were consuming alcohol within the current (draft) NHMRC guidelines to reduce the risk of harm from alcohol-related disease (NHMRC, 2019). But over one-quarter of adult males who had engaged in past year alcohol use were drinking at levels defined as ‘risky’ by the NHMRC; specifically, in 2013/14 and 2015/16, around 15% typically consumed five or six drinks in a usual session, 6–8% had seven to nine drinks, and 5–7% consumed at least 10 alcoholic beverages in a typical drinking session. Australian males engaging in such patterns of alcohol use are likely to experience associated harms (AIHW, 2020).

Slight changes in the quantity of alcohol typically consumed by adult males were observed between 2013/14 and 2015/16. A significant increase in adult males drinking 1–2 standard drinks was observed (36% in 2013/14 to 40% in 2015/16), which appeared to be driven by fewer men drinking 7–9 drinks (8% to 6%, respectively) and 10 or more drinks (7% to 5%, respectively).
Between 2013/14 and 2015/16, there were minimal changes in the frequency of alcohol use among adult males (Figure 2.5). At both time points, about two-thirds of this group reported drinking weekly or more often in the past year.

Importantly, Australian men who drank alcohol more frequently were significantly more likely to typically drink greater volumes; for example, in 2013/14, approximately one-third of adult males who drank alcohol at least weekly usually consumed five or more drinks in a typical session, compared to around one-quarter of those who drank alcohol less than weekly in the past year.
Regret and ‘blackouts’ relatively common

In 2013/14 and 2015/16, adult TTM participants were administered the AUDIT (see Box 2.2) to classify the risk level of their alcohol consumption and understand their experience of some associated harms. Of the alcohol-related harms covered in the AUDIT, the one most commonly experienced by adult males in the past year in both 2013/14 and 2015/16 (see Tables 2.3 and 2.4, respectively) was a feeling of guilt or regret after a session of drinking; around 28% of men had experienced this at least once in the last year, with 3% experiencing it at least weekly at both time points. Around 28–29% of men had been unable to remember what happened the night before due to alcohol consumption at least once in the last year, and around one-fifth had failed to do what was normally expected from them due to drinking during that period.

Less common but indicative of more harmful use, 10% of adult males had a relative, friend and/or health worker (e.g. doctor) indicate concern or suggest cutting down drinking in the past year at both time points, and 2–3% had injured themselves and/or someone else in the past year due to alcohol use.

AUDIT scores are also used to classify respondents’ alcohol use according to level of risk of experiencing related harms. Higher total scores are indicative of a greater risk of experiencing alcohol harms (see Figure S2.1 in the supplementary material for the distribution of AUDIT scores among adult TTM participants at Wave 1). According to the AUDIT scores of TTM participants, in 2013/14 and 2015/16, most adult males (66% at Wave 1 and 69% at Wave 2) were engaging in alcohol use patterns categorised as ‘low’ risk (Figure 2.6). A minority (8–9% across both time points) were consuming alcohol at levels considered to be of ‘high’ risk of experiencing associated harms.

There was little movement out of these risk categories between 2013/14 and 2015/16; specifically, 85% of all adult males stayed within their respective risk groups. However, of males classified as engaging in moderate-to-high-risk alcohol use in 2013/14, 26% had become low-risk drinkers by 2015/16, whereas of those classified as low-risk drinkers in 2013/14, 9% were moderate-to-high-risk alcohol consumers in 2015/16.

Table 2.3: AUDIT results (items 3–10): Alcohol use patterns, outcomes and harms among adult males aged 18–55 years in 2013/14 who had consumed alcohol in the past 12 months

<table>
<thead>
<tr>
<th>AUDIT items</th>
<th>Never %</th>
<th>Less than monthly %</th>
<th>Monthly %</th>
<th>Weekly or more often %</th>
<th>Yes, but not in the last year %</th>
<th>Yes, in the last year %</th>
<th>Total, n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of consuming six or more drinks per drinking occasion</td>
<td>21.2</td>
<td>35.6</td>
<td>18.8</td>
<td>24.4</td>
<td>-</td>
<td>-</td>
<td>11,430</td>
</tr>
<tr>
<td>Frequency of being unable to stop drinking once started</td>
<td>78.7</td>
<td>11.3</td>
<td>4.9</td>
<td>5.2</td>
<td>-</td>
<td>-</td>
<td>12,062</td>
</tr>
<tr>
<td>Frequency of failing to do what was normally expected of you due to your drinking</td>
<td>78.6</td>
<td>16.0</td>
<td>3.3</td>
<td>2.1</td>
<td>-</td>
<td>-</td>
<td>12,040</td>
</tr>
<tr>
<td>Frequency of needing an alcoholic drink in the morning to get going following a heavy drinking session</td>
<td>95.5</td>
<td>3.0</td>
<td>0.7</td>
<td>0.8</td>
<td>-</td>
<td>-</td>
<td>12,039</td>
</tr>
<tr>
<td>Frequency of feeling guilt or regret after drinking</td>
<td>71.9</td>
<td>20.3</td>
<td>4.7</td>
<td>3.1</td>
<td>-</td>
<td>-</td>
<td>12,039</td>
</tr>
<tr>
<td>Frequency of being unable to remember what happened the night before due to alcohol consumption</td>
<td>71.5</td>
<td>22.2</td>
<td>4.3</td>
<td>2.1</td>
<td>-</td>
<td>-</td>
<td>11,955</td>
</tr>
<tr>
<td>Have you or someone else ever been injured as a result of your drinking?</td>
<td>84.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>13.0</td>
<td>2.8</td>
<td>11,989</td>
</tr>
<tr>
<td>Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>82.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7.8</td>
<td>10.2</td>
<td>11,955</td>
</tr>
</tbody>
</table>

Notes: Adult males who reported past year alcohol consumption and provided valid responses to the AUDIT items. Percentages might not add to 100.0% because figures were rounded to one decimal place.

Source: TTM Wave 1, adult cohort, weighted
Table 2.4: AUDIT results (items 3-10): Alcohol use, outcomes and experience of associated harms among males aged 18–60 years in 2015/16 who had consumed alcohol in the past 12 months

<table>
<thead>
<tr>
<th>AUDIT items</th>
<th>Never %</th>
<th>Less than monthly %</th>
<th>Monthly %</th>
<th>Weekly or more often %</th>
<th>Yes, not in the last year %</th>
<th>Yes, in the last year %</th>
<th>Total, n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of consuming six or more drinks per drinking occasion</td>
<td>24.0</td>
<td>35.4</td>
<td>18.3</td>
<td>22.4</td>
<td>–</td>
<td>–</td>
<td>9,537</td>
</tr>
<tr>
<td>Frequency of being unable to stop drinking once started</td>
<td>78.9</td>
<td>11.4</td>
<td>4.4</td>
<td>5.3</td>
<td>–</td>
<td>–</td>
<td>9,534</td>
</tr>
<tr>
<td>Frequency of failing to do what was normally expected of you due to your drinking</td>
<td>80.3</td>
<td>14.7</td>
<td>3.0</td>
<td>2.0</td>
<td>–</td>
<td>–</td>
<td>9,529</td>
</tr>
<tr>
<td>Frequency of being unable to remember what happened the night before due to alcohol consumption</td>
<td>71.8</td>
<td>20.7</td>
<td>4.8</td>
<td>2.8</td>
<td>–</td>
<td>–</td>
<td>9,532</td>
</tr>
<tr>
<td>Frequency of needing an alcohol drink in the morning to get going following a heavy drinking session</td>
<td>96.5</td>
<td>2.2</td>
<td>0.8</td>
<td>0.6</td>
<td>–</td>
<td>–</td>
<td>9,530</td>
</tr>
<tr>
<td>Frequency of feeling guilt or regret after drinking</td>
<td>74.9</td>
<td>19.4</td>
<td>4.1</td>
<td>1.6</td>
<td>–</td>
<td>–</td>
<td>9,529</td>
</tr>
<tr>
<td>Have you or someone else ever been injured as a result of your drinking?</td>
<td>89.3</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>8.9</td>
<td>1.9</td>
<td>9,540</td>
</tr>
<tr>
<td>Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?</td>
<td>83.3</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>7.1</td>
<td>9.6</td>
<td>9,539</td>
</tr>
</tbody>
</table>

Notes: Adult males who reported past year alcohol consumption and provided valid responses to the AUDIT items. Percentages might not add to 100.0% because figures were rounded to one decimal place.

Source: TTM data, Wave 2, adult cohort, weighted

Figure 2.6: Prevalence of low vs moderate-high risk alcohol use (as per AUDIT scores) among adult males in 2013/14 and 2015/16

Notes: n = 8,586 males aged ≥18 years at both waves who provided valid responses to AUDIT items. Brackets above/below bars represent 95% Confidence Intervals.

Source: TTM data, Waves 1 and 2, adult cohort, balanced sample, weighted

Credit: Ten to Men 2020 (creativecommons.org/licenses/by/4.0/)
Characteristics associated with more harmful use of alcohol among adult males

Although only a minority – around one-third – of Australian men engage in alcohol consumption at levels associated with medium or high risk of experiencing associated harms (see Figure 2.6), identifying the characteristics of those who do consume alcohol at riskier levels is important for preventing and reducing the adverse consequences of alcohol use in Australia on individual, familial and societal levels. This can be achieved through the development and implementation of targeted, timely and evidence-based education, prevention and harm reduction initiatives.

Using TTM data collected in 2013/14 and 2015/16, Table 2.5 shows that, after taking various socio-demographic, socio-economic and health factors into account, older men, aged 45 and above, were significantly less likely to be engaging in medium- or high-risk (henceforth ‘riskier’) levels of alcohol use compared to those aged 18–24 years. For males aged 25–34 and 34–44, there was no significant difference to men aged 18–24 years (after taking other factors into account).

Lower socio-economic status was associated with less risky alcohol use patterns among adult males. For example, living in low or moderate disadvantage areas (i.e. SEIFA classifications) was associated with a higher likelihood of riskier alcohol use compared to highly disadvantaged areas. Being out of the labour force was associated with a lower likelihood of engaging in riskier alcohol use.

Residing in outer regional areas was associated with a significantly greater likelihood of engaging in riskier alcohol use compared to living in a major city.

Lastly, poorer mental health and overall wellbeing (as indicated by recent experience of depression and/or anxiety and a lower Personal Wellbeing Index score) were associated with an increased likelihood of engaging in riskier alcohol use.

Table 2.5: Characteristics associated with ‘medium’ or ‘high’ risk of experiencing alcohol-related harms (vs ‘low’, by AUDIT scores) among males aged >18 years at Waves 1 and 2

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>aOR</th>
<th>SE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group (years) (ref. = 18–24 age group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25–34</td>
<td>1.34</td>
<td>0.31</td>
</tr>
<tr>
<td>35–44</td>
<td>0.76</td>
<td>0.18</td>
</tr>
<tr>
<td>45–54</td>
<td>0.40***</td>
<td>0.10</td>
</tr>
<tr>
<td>55–60</td>
<td>0.31***</td>
<td>0.09</td>
</tr>
<tr>
<td>Employment status (ref. = employed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed, looking for work</td>
<td>0.89</td>
<td>0.18</td>
</tr>
<tr>
<td>Out of labour force</td>
<td>0.40***</td>
<td>0.09</td>
</tr>
<tr>
<td>Highest level of education achieved (ref. = Year 12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate/diploma</td>
<td>0.92</td>
<td>0.12</td>
</tr>
<tr>
<td>University degree</td>
<td>0.22***</td>
<td>0.04</td>
</tr>
<tr>
<td>Aboriginal and/or Torres Strait Islander</td>
<td>1.92</td>
<td>1.11</td>
</tr>
<tr>
<td>SEIFA Index (level of disadvantage) (ref. = high)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>1.35*</td>
<td>0.19</td>
</tr>
<tr>
<td>Low</td>
<td>1.61**</td>
<td>0.28</td>
</tr>
<tr>
<td>ASGS (ref. = major cities)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inner regional areas</td>
<td>1.20</td>
<td>0.19</td>
</tr>
<tr>
<td>Outer regional areas</td>
<td>1.99***</td>
<td>0.36</td>
</tr>
<tr>
<td>Recent/past year depression and/or anxiety</td>
<td>1.52*</td>
<td>0.22</td>
</tr>
<tr>
<td>CALD</td>
<td>0.02***</td>
<td>0.00</td>
</tr>
<tr>
<td>Married or de facto</td>
<td>0.44***</td>
<td>0.07</td>
</tr>
<tr>
<td>Personal Wellbeing Index score &gt;73 (median = 73)</td>
<td>0.50***</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Notes: n = 12,411 observations. ****p < 0.001; ***p < 0.01; **p < 0.05; *p < 0.05. aOR = adjusted Odds Ratio; ASGS = Australian Statistical Geography Standard; CALD = Culturally and Linguistically Diverse; SE = standard error; multivariable random effects logistic regression. Depression and anxiety were classified according to self-report.

Source: TTM data, Waves 1 and 2, adult cohort, unweighted
Conclusion

Less than half of the boys and young men in Australia have lifetime or recent (past year) experience of alcohol consumption. A growing body of research - including TTM - suggests that any alcohol use by young people is problematic. For example, TTM found that underage drinking by young men was associated with more frequent alcohol consumption following the age of 18. These findings reflect those of other studies indicating that earlier initiation of alcohol use is associated with an increased likelihood of engaging in more harmful alcohol use patterns at an older age, in addition to a greater likelihood of experiencing certain harms such as the development of an alcohol use disorder (Hingson & Zha, 2009; Plenty et al., 2019).

Recent research has indicated that harm minimisation policies targeting adolescents may be less effective at reducing alcohol-related problems compared to stricter zero tolerance approaches (Epstein, Bailey, Furlong, Catalano, & Toumbourou, 2020). This accords with current Australian policy on underage alcohol use as per the Australian National Alcohol Strategy 2019–2026 and the NHMRC’s (draft) Australian guidelines to reduce health risks from drinking alcohol. Both of these highlight the numerous dangers of youth alcohol consumption and indicate that there is no level of safe alcohol use for Australians aged less than 18 years.

Initiatives designed to delay the onset of alcohol consumption among boys and young men could therefore be beneficial for preventing serious alcohol-related consequences among both young and older males in Australia. Such measures will need to consider factors associated with a greater likelihood of underage alcohol consumption, including peer influence (as indicated by TTM findings) and parental approval and provision of alcohol (Ryan, Jorm, & Lubman, 2010).

Although use of alcohol is prevalent among adult males in Australia, most typically drink at levels considered to be ‘low risk’ (i.e. infrequently and consumption of low volumes). Nevertheless, there is a significant minority of Australian men who engage in moderate-to-high risk alcohol use, including frequent consumption of high volumes of alcohol. Younger cohorts of adult males in particular were shown to be consuming alcohol at riskier levels than their older counterparts.

Some Australian men were more likely to be classified as moderate-to-high risk alcohol consumers. Lower socio-economic status was associated with less risky alcohol use patterns compared to people of higher socio-economic status. However, those of lower socio-economic status experience a disproportionate amount of alcohol-related harms due to various moderating factors including race, ethnicity and unstable accommodation (Collins, 2016). Researchers have suggested that multi-level public health interventions are needed to address not only harmful alcohol use and its consequences among diverse population subgroups, but also the factors that contribute to marginalisation and disenfranchisement in general (Collins, 2016).

Australian males residing in outer regional areas were also shown to be significantly more likely to engage in riskier alcohol use compared to those living in major cities. This reflects Australian Bureau of Statistics (ABS, 2018) findings that those in more remote residential locations are associated with exceeding alcohol use guidelines. Further research points to barriers to service use outside of major cities for people who use alcohol and other substances (e.g. Berends, 2010; Brown, Rice, Rickwood, & Parker, 2016; Deans & Soar, 2005). Given lower rates of service access among Australians living in rural and regional areas in general (AIHW, 2019), there is an ongoing need for tailored initiatives to address risky alcohol use and related harms among males in such areas of the country.

Poorer mental health and overall wellbeing (as indicated by recent experience of depression and/or anxiety and a lower Personal Wellbeing Index score) were associated with increased odds of engaging in riskier alcohol use. This highlights well-documented associations between excessive alcohol consumption and poor mental and general health (Burns & Teesson, 2002; Verdurmen, Monshouwer, van Dorsseelaer, ter Bogt, & Vollebergh, 2005), and a continued need for holistic approaches to addressing substance use and mental health (‘dual diagnosis’) in Australia.

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Importantly, among adult males, there was little movement out of alcohol risk categorisations between 2013/14 and 2015/16; 85% stayed within their respective risk groups, and only around one-quarter of those classified as engaging in moderate-to-high-risk alcohol use in 2013/14 had become low-risk drinkers by 2015/16. This reflects findings presented in other chapters of this report, in the sense that many Australian males experiencing adverse health conditions and/or engaging in certain risk behaviours cannot – or are not willing – to make the required changes to improve their health and lifestyles. Translational research is needed to understand how to initiate positive change among this group.

In this context, data collected in future waves of TTM will further help improve understanding of trajectories of alcohol use among Australian males.
References


