



**TEN to  
MEN**

The Australian Longitudinal  
Study on Male Health

[tentomen.org.au](http://tentomen.org.au)



# Australian male alcohol use and harm prevention across the life course

## Ten to Men Snapshot Series – #3

### Key findings and implications

1. The vast majority of Australian men drink alcohol, and the proportion of Australian men drinking alcohol has remained relatively unchanged over the past decade. From 2013–14 to 2022, almost 9 in 10 men aged 18–57 years drank alcohol in the previous 12 months.
2. However, the frequency of alcohol use (past 12 months) has changed over time, with more males drinking multiple times per week from 2020–21 onwards. This was during the peak COVID period, and further data collection points are required to determine if this change remains past 2022.
3. The frequency of alcohol consumption differed by age and priority population groups. Men aged 45 years and over and men living in regional or more socio-economically disadvantaged areas were consistently the most frequent consumers of alcohol over time.
4. Risky alcohol consumption (more than 4 standard drinks on a typical occasion) was found to be highest among young adults (those aged 18–29 years in 2013–14), with almost half (48%) consistently consuming alcohol at risky levels from 2013–14 to 2022.
5. After the age of 30 years, more than half of men consumed alcohol below the risky threshold, though almost 3 in 10 older men (aged 45–57 years in 2013–14) were consistently borderline for risky drinking.
6. While middle-aged men remain the most frequent consumers of alcohol overall, risky drinking patterns remain highest among young adult males and they should remain a priority intervention group. The borderline nature of risky drinking for older men also warrants monitoring.
7. Early predictors of risky alcohol use varied by age. Tobacco smoking, drug use and starting drinking at an early age were predictors for all ages. Regional location was a predictor for young males and disability was a predictor for older men.
8. These findings suggest that interventions to reduce future risky alcohol use at a population level for males should focus on co-occurring risky health behaviours as well as underage drinking. Additionally, policy makers and practitioners should tailor their strategies to reduce risky alcohol consumption with a specific focus on young men in regional areas and older men with disability.

## About *Ten to Men*

*Ten to Men*: The Australian Longitudinal Study on Male Health (TTM) is a nationwide longitudinal study on the health and wellbeing of Australian boys and men. TTM was established by the Australian Government's National Male Health Policy (2010) and currently serves the National Men's Health Strategy 2020–2030. This TTM snapshot is part of a series of research focused on preventive health commissioned by the Department of Health and Aged Care (DOHAC). More details on the TTM study can be found by visiting [aifs.gov.au/tentomen](https://aifs.gov.au/tentomen).

## What do we know?

Alcohol use is among the leading risk factors contributing to disease burden in Australia, especially among males. In 2018, 4.5% of the total disease burden was due to alcohol use, making it the fifth leading risk factor contributing to disease burden in Australia. Further, the burden for males (6.1%) was more than double that for females (2.6%) (Australian Institute of Health and Welfare [AIHW], 2021). The number of alcohol-induced deaths and alcohol-related deaths continues to increase, with both at 10-year highs in 2022 and remaining considerably higher for males than females (AIHW, 2024a). Frequent or high levels of alcohol consumption can also negatively impact families (Ferris et al., 2011; Singh & Bhattacharjee, 2022) and communities (AIHW, 2024).

Patterns of alcohol use vary over the life course. Emerging evidence suggests that patterns of alcohol use have shifted over time, with total alcohol consumption now peaking in middle age, rather than earlier in adulthood, before steadily declining in to older adulthood (Cook et al., 2022; Leggat et al., 2022). Young adults are the most likely to engage in risky or harmful drinking, and exceed safe drinking guidelines, by consuming more than 4 standard drinks on one occasion (Leggat et al., 2022; Lima et al., 2020). At around the age of 30, as people continue into adulthood, the quantity of alcohol consumed and risky single occasion drinking decreases in frequency but the number of drinking occasions increases in frequency (Cook et al., 2022; Leggat et al., 2022).

Predictors of alcohol use across the life course are also varied and dynamic. Adolescent alcohol use is influenced by a mix of immediate social factors, including peer alcohol use, family factors such as parental use of alcohol, along with socio-economic disadvantage and geographic location (Deeken et al., 2020). Among young adults, drinking patterns are still influenced by these factors but other factors such as education, employment and relationship status also begin to predict alcohol use (Stephenson et al., 2024; Szabó et al., 2021). The same factors also influence middle-aged adults (Creery & Davies, 2024; Stephenson et al., 2024) with the addition of social factors such as social isolation or lack of social engagement associated with increased alcohol use for middle-aged adults (Deeken et al., 2020). The factors predicting alcohol use among middle-aged adults also influence alcohol use patterns among older adults (Canham et al., 2015; Deeken et al., 2020). Yet, at this time, changes in health, employment (such as leaving the workforce) and the use of new medications can also shift alcohol use patterns (Deeken et al., 2020; Szabó et al., 2021).

## How will this research build the evidence base?

Although alcohol use is high among Australian males, putting them at an increased risk of drinking harm, few longitudinal studies have specifically focused on male alcohol use, and even fewer have considered alcohol use patterns and predictors for men of various ages. This research will provide new evidence of the patterns and predictors of alcohol use among Australian males.

Taking an approach that is specific to age ensures that policy and practice interventions are targeted, timely and most relevant for the men they seek to help. With some exceptions (for example Leggat et al., 2022), most studies to date that consider age differences in alcohol use focus on a single life stage and rely on cross-sectional data. Cross-sectional data cannot inform how alcohol use patterns and the associated predictors change over time for individuals.

After identifying the research gaps described above, we decided to address the following research questions:

1. How has frequency of alcohol use changed among Australian males over time? How does frequency differ by age and priority population groups in the National Men's Health Strategy (e.g. males living in rural and remote areas, Aboriginal and Torres Strait Islander males, males from socio-economically disadvantaged backgrounds and LGBTQA+<sup>1</sup> people)?
2. How do risky alcohol use patterns differ over time among males?
3. Which social, demographic and economic factors are associated with risky alcohol use patterns for males at different stages of the life course?

## Data In Focus

### Sample

This snapshot uses data from Wave 1 ( $n = 15,758$ ), Wave 2 ( $n = 11,785$ ), Wave 3 ( $n = 7,915$ ) and Wave 4 ( $n = 7,050$ ) of *Ten to Men*, which were collected in 2013–14, 2015–16, 2020–21 and 2022, respectively. Males were aged 10–57 years in Wave 1. Full details of the *Ten to Men* sample are available from [aifs.gov.au/tentomen](https://aifs.gov.au/tentomen).

### Key variables

The first alcohol use frequency measure was alcohol consumption in the previous 12 months ('Never', 'Monthly or less', '2 to 4 times a month', '2 to 3 times a week' or '4 or more times a week').

The second alcohol use frequency measure was the number of standard drinks on a typical day when drinking alcohol ('1 or 2', '3 or 4', '5 or 6', '7 to 9' or '10 or more'), with risky drinking measured as more than 4 standard drinks on a day.

Predictors of risky alcohol use included Wave 1 measures of age, region, Indigenous status, socio-economic disadvantage, cultural and linguistic diversity, disability status, LGBTQA+ status, education, employment, social support, marital status, age of first drink, use of illicit drugs and tobacco smoking.

Further information on the key variables is provided in the supplementary materials.

### Analysis

The prevalence of alcohol use and how this differed by age and priority populations was reported using population-weighted statistics and multigroup latent growth modelling. A series of latent growth class analyses were conducted to analyse patterns of risky alcohol use among different age cohorts of males. Latent growth class analyses are statistical methods used to identify different patterns of change over time among groups of individuals. They help us discover distinct subgroups within a larger population, each following a unique trajectory of development. Multinomial logistic regression analyses were then conducted for each age cohort to understand which factors predicted different risky drinking trajectories.

<sup>1</sup> No intersex (I) people were included in the *Ten to Men* sample. The '+' symbol is used as some people responded 'Other (specify)', 'Other identity (specify)', 'I use a different term' or 'I use a different term (please specify)' to questions regarding sexuality and/or gender identity. A small number of people did not identify as male, which is why the term 'LGBTQA+ people' is used throughout this report.

## Prevalence of alcohol use among Australian males between 2013-14 and 2022

### The proportion of Australian men who used alcohol remained relatively unchanged between 2013-14 and 2022 ...

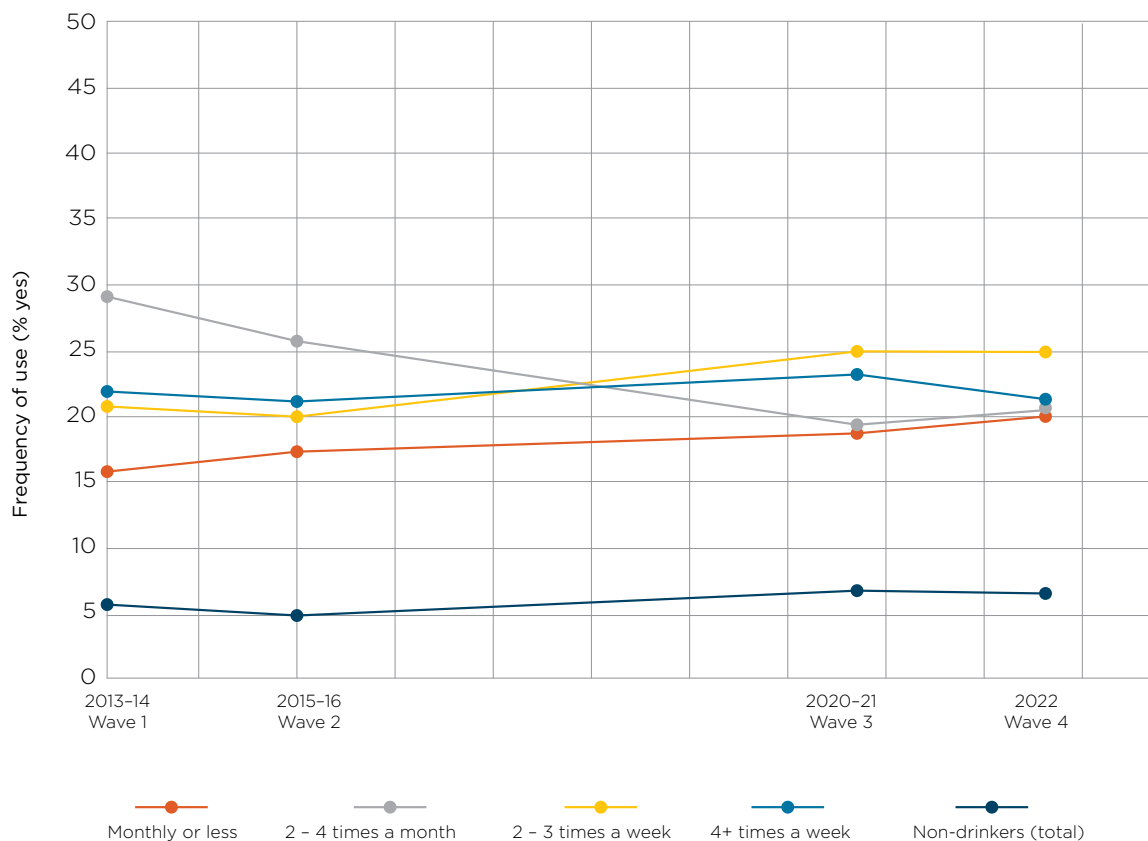
In 2013-14, 88% of men aged 18-57 years reported consuming alcohol in the previous 12 months. By 2022, the proportion was relatively unchanged for this cohort (now aged 27-65 years) at 87%. This is similar to other recent population-based estimates, which showed between 80%-85% of males aged 18-59 years reported consuming alcohol in the previous 12 months (AIHW, 2024a).

### ... though there were changes in frequency of use

There have been some changes in the frequency of alcohol use for men over time (Figure 1). In 2013-14, the highest frequency of alcohol consumption among men aged 18-57 years was 2-4 times per month (29%). By 2020-21, with these men now aged 25-65 years, this proportion had decreased to 21%, with corresponding increases in the proportion drinking 2-3 times per week (from 21% to 25%) and 4+ times per week (from 22% to 23%). The proportion drinking 2-3 times per week remained stable to 2022, with the proportion drinking 4+ times per week decreasing to around 2015-16 levels.

**Figure 1:** Frequency of use differed among Australian men

The proportion of men who consumed alcohol at different frequencies from 2013-14 to 2022



**Notes:** Men (aged 18-57 years in 2013-14) at Wave 1,  $N = 13,658$  (population estimate = 5,340,016); Wave 2,  $N = 10,215$  (population estimate = 13,719); Wave 3,  $N = 6,995$  (population estimate = 13,890) and Wave 4,  $N = 6,225$  (population estimate = 5,347,774).

**Source:** *Ten to Men* data, Waves 1-4, weighted

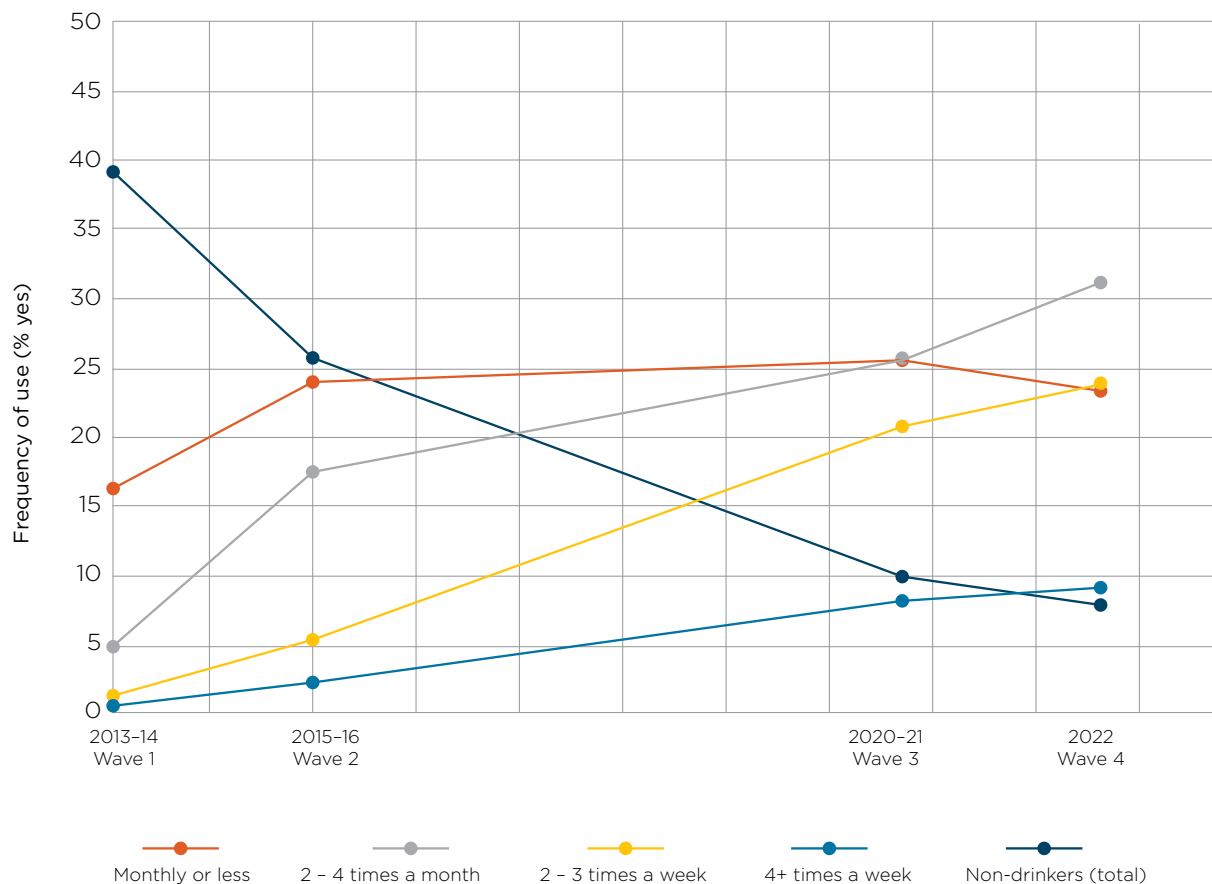
## For younger males, alcohol use increased during the transition to adulthood

In 2013-14 just over 1 in 5 males (22%) aged 10-17 years reported consuming alcohol in the previous 12 months. At this time all were under the legal drinking age. By 2022 the proportion of alcohol users increased to 86%, with this cohort now 18 years or over and legally able to consume alcohol within Australia. Alcohol use typically increases over time as young people transition through their teen years and into young adulthood. Our data show similar trajectories of alcohol use among this age cohort as has been reported in other research on alcohol use in young Australians (Yuen et al., 2020).

As males aged 10-17 years transitioned into adulthood, increases in frequency of drinking were seen in all categories (Figure 2). The largest increases in frequency were seen in the proportion drinking 2-4 times per month (5% to 31%) followed by 2-3 times per week (from less than 1% to 23%).

**Figure 2: Frequency of use increased for all categories for young males**

The proportion of young males who consumed alcohol at different frequencies from 2013-14 to 2022



**Notes:** Young males (aged 10-17 years in 2013-14) at Wave 1,  $N = 2,100$  (population estimate = 1,120,607); Wave 2,  $N = 1,570$  (population estimate = 2,082); Wave 3,  $N = 920$  (population estimate = 2,120) and Wave 4,  $N = 740$  (population estimate = 1,088,381).

**Source:** *Ten to Men* data, Waves 1-4, weighted

## Over time, alcohol use remained more frequent among older men and those living in regional or socio-economically disadvantaged areas

We investigated differences in the frequency of alcohol use among Australian men at different ages and those belonging to priority groups outlined in the National Men's Health Strategy 2020–2030 compared to men not in the priority groups. Full results are available in Table S1 of the supplementary materials.

The findings indicate that men aged 45+ years (in 2013–14) and those living in regional or socio-economically disadvantaged areas reported more frequent alcohol use in 2013–14, with these differences remaining stable over time. Our data support recent evidence that showed that older adults typically drink more often than their younger counterparts (Leggat et al., 2022). Additionally, our findings are consistent with evidence showing that alcohol use is higher among those in regional areas (Cook et al., 2022; Friesen et al., 2022).

However, our findings are inconsistent with the wider alcohol literature, which typically finds, despite usually having worse health outcomes associated with alcohol consumption, those who live in areas with greater socio-economic disadvantage typically drink at similar rates or less frequently than their less disadvantaged counterparts (Boyd et al., 2022; Giskes et al., 2011; Tschärke et al., 2024). The reason for the inconsistency with prior research is unclear. Nevertheless, there is ample evidence that individuals living in socio-economically disadvantaged communities have worse outcomes across a range of health indicators (Boyd et al., 2022; Livingston, 2014) and our findings reaffirm the importance of understanding and mitigating health inequities.

Consistent with prior research, in our data, frequency of alcohol use was lower over time among those with disability (Reif et al., 2022), those who were culturally and linguistically diverse (AIHW, 2024b) and those who identified as Aboriginal and/or Torres Strait Islander (AIHW, 2024a). Alcohol consumption is typically higher among LGBTQA+ people (Amos et al., 2022) – however, in our data, males that identify as LGBTQA+ consistently consumed alcohol less frequently over time than males that do not identify as LGBTQA+. This is consistent with recent Australian data that show a decreasing trend in alcohol consumption among LGBTQA+ people since 2010 (AIHW, 2024c).

## Patterns of risky alcohol use

According to the current national guidelines for reducing the risk of alcohol-related harm, adults should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day of typical drinking (National Health and Medical Research Council [NHMRC], 2020). It is also recommended that children and people under the age of 18 years should not drink any alcohol. Information on the number of standard drinks consumed per week was not collected in the *Ten to Men* study so the current analyses focused on risky drinking as defined by more than 4 standard drinks on any single drinking occasion.<sup>2</sup> Full results are available in Table S2 of the supplementary materials.

We examined risky drinking patterns for males by age group. At 2013–14 (Wave 1) those in the 'young male' cohort were aged 10–17 years, those in the 'young adult' cohort were aged 18–29 years, those in the 'early middle adult' cohort were aged 30–44 years and those in the 'late middle adult' cohort were aged 45–57 years.

<sup>2</sup> A standard drink is a drink that contains 10 grams of pure alcohol (NHMRC, 2020). Examples include 375 ml of mid-strength beer (3.5% alcohol/volume), 285 ml of full-strength beer (4.9% alcohol/volume), 100 ml of wine (13% alcohol/volume) or 30 ml of spirits (e.g. vodka, gin, rum or whiskey; 40% alcohol/volume) (NHMRC, 2020).

## Young adults had the highest proportion of consistently risky drinkers over time

Between 2013–14 and 2022, almost half (48%) of young adults (aged 18–29 years in 2013–14) consistently consumed more than 4 standard drinks on a typical drinking occasion (see Figure 3). Proportions decreased for older age cohorts, with 37% of the early middle adult cohort (those aged 30–44 years in 2013–14) and 21% of the late middle adult cohort (those aged 45–57 years in 2013–14) drinking at risky levels.

For young males (those aged 10–17 years in 2013–14), 13% consistently consumed more than 4 standard drinks on a typical occasion between 2013–14 and 2022.

## Of the risky drinkers, slightly older adults had higher proportions of high-risk drinkers

For those males labelled as risky drinkers,<sup>3</sup> most displayed patterns of moderate-risk consumption, drinking an average of around 5–6 standard drinks on a typical occasion over time. A smaller subset were high-risk drinkers, consuming an average of around 7–9 standard drinks on a typical drinking occasion over time.

Between 2013–14 and 2022, half of the early middle adult cohort (aged 30–44 years in 2013–14) that consumed at risky levels were high-risk drinkers (10% were moderate risk and 10% were high risk) (Figure 3). For all other age cohorts, there were more moderate-risk than high-risk drinkers.

## The number of drinks consumed by risky drinkers decreased over time for some age cohorts

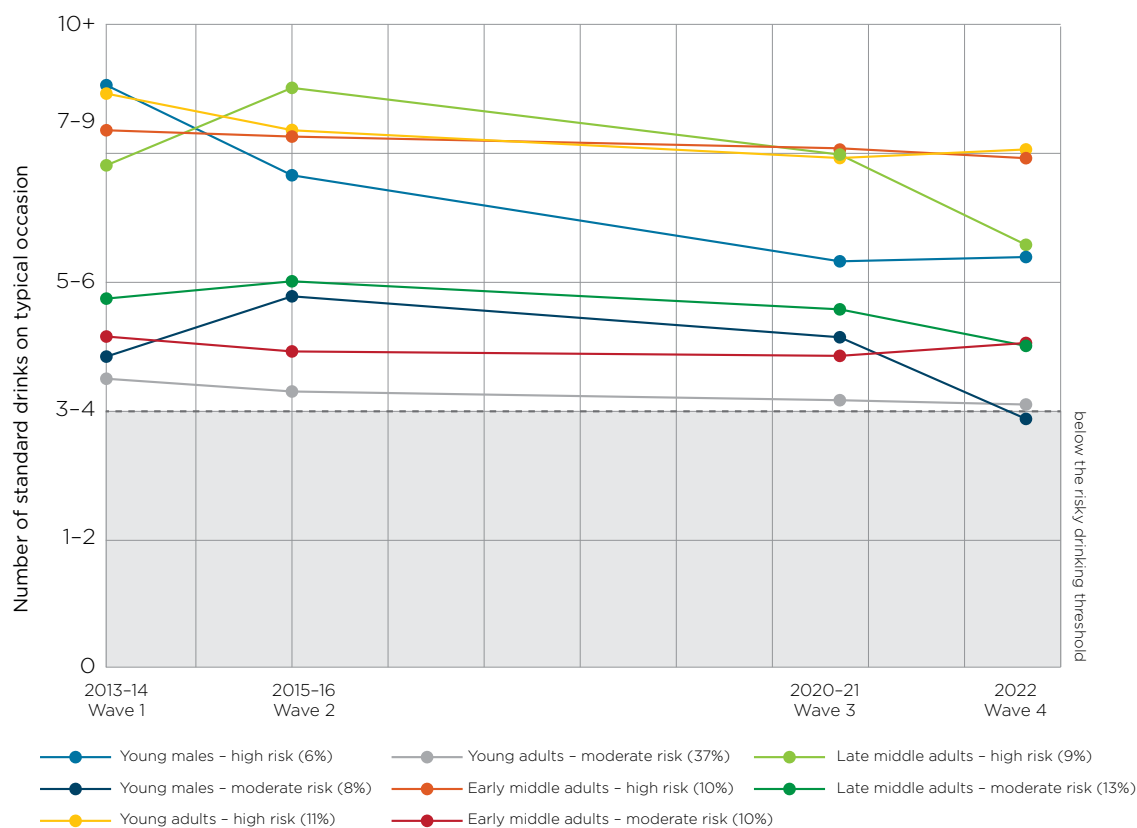
For the young adult and early middle adult cohorts (all under 45 years old in 2013–14), the number of drinks consumed at risky levels remained relatively stable over time (Figure 3). In the high-risk category, both cohorts reported a stable average of 7–9 standard drinks on a typical drinking occasion between 2013–14 and 2022. In the moderate-risk category, both cohorts reported a stable number of standard drinks over time (around 5 for early middle adult cohort and just over 4 for the young adult cohort).

However, the number of drinks consumed at risky levels decreased over time for the late middle adult cohort (aged 45–57 years in 2013–14) and more so for young males (aged 10–17 years in 2013–14). For young males classified as high-risk drinkers, the number of standard drinks consumed on a typical drinking session decreased from around 9 in 2013–14 to close to 6 in 2022. Similarly, the number of drinks consumed by young male moderate-risk drinkers was around 4 in 2013–14 and, following an increase in 2015–16, decreased to just under 4 in 2022.

<sup>3</sup> Risky drinkers have been classified as those who showed drinking trajectories of more than 4 standard drinks over time.

**Figure 3:** Different age cohorts demonstrated different patterns of risky drinking

High- and moderate-risk drinking trajectories for each age cohort between 2013-14 and 2022



Notes: Young males (aged 10–17 years in 2013–14),  $N = 2,096$ ; Young adults (men aged 18–29 years in 2013–14),  $N = 3,311$ ; Early middle adults (men aged 30–44 years in 2013–14),  $N = 5,725$ ; Late middle adults (men aged 45–57 years in 2013–14),  $N = 4,532$ .

Source: *Ten to Men* data, Waves 1–4

## Among the young males that started as low-risk drinkers, 1 in 10 exceeded the risky drinking threshold within 2 years ...

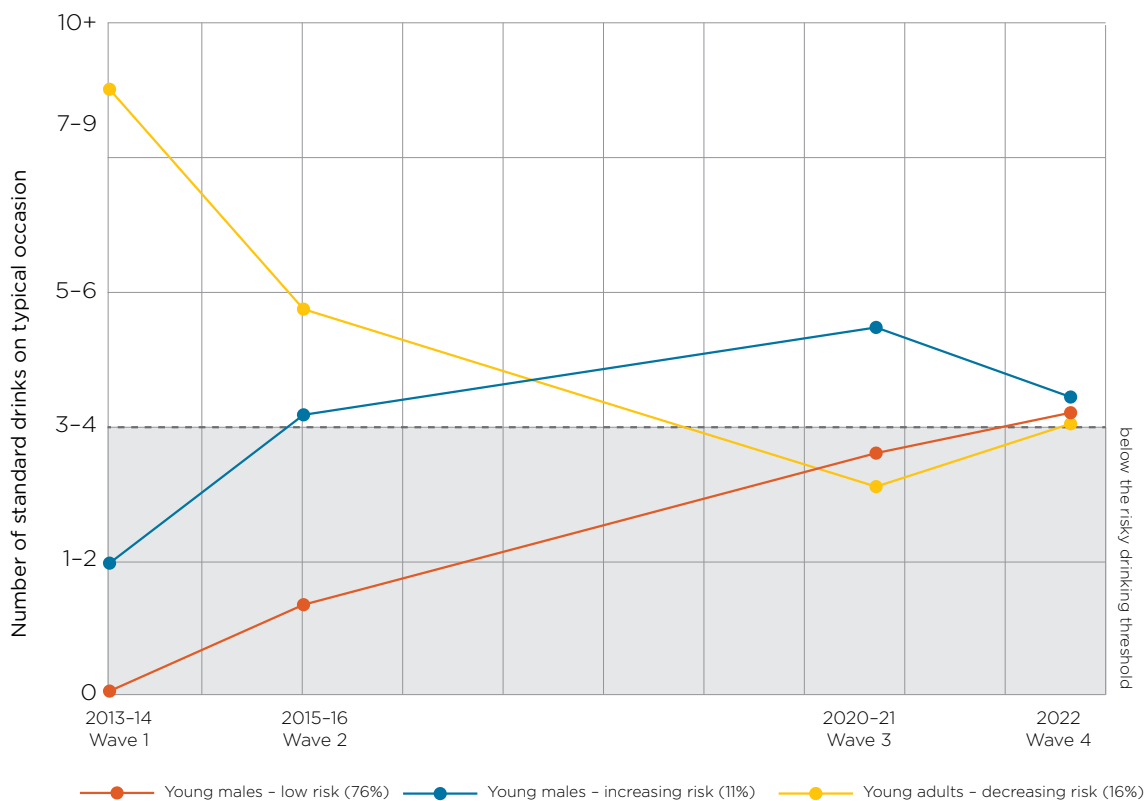
As young males got older, they consumed more alcohol and, by 2022 (when all were aged 18 years or over), around three-quarters who were previously classified as low risk were just over the threshold for risky drinking. However, a subset of young males crossed over the risky drinking threshold much earlier. Specifically, after starting as low risk, consuming 1–2 standard drinks per typical drinking day, around 1 in 10 young males showed sharp increases in their risky alcohol consumption by 2015–16 (now aged 12–20 years), drinking more than 4 standard drinks per day (see Figure 4). The average number of standard drinks consumed among this subset of young males continued to rise, peaking in 2020–21, before decreasing slightly and remaining at just over the risk threshold in 2022.

## ... conversely, around 1 in 6 young adults moved from high-risk to low-risk drinking by 2020-21

For the young adult cohort, 1 in 6 (16%) showed a sharp decrease in alcohol consumption over time (see Figure 4). This subset started with an average of just over 7-9 standard drinks on a typical drinking occasion in 2013-14. By 2015-16, this subset consumed an average of around 5-6 standard drinks and, in 2020-21, this number had dropped to less than 3-4 standard drinks on a typical drinking occasion. In 2022, the number of standard drinks consumed on a typical drinking occasion increased slightly, to an average of 3-4 standard drinks.

**Figure 4:** Some of the young adults showed decreasing risk over time and some of the young males showed increasing risk in drinking patterns

Changing drinking risk patterns among the young male and young adult cohorts between 2013-14 and 2022



**Notes:** Young males (aged 10-17 years in 2013-14),  $N = 2,096$ ; Young adults (men aged 18-29 years in 2013-14),  $N = 3,311$ .

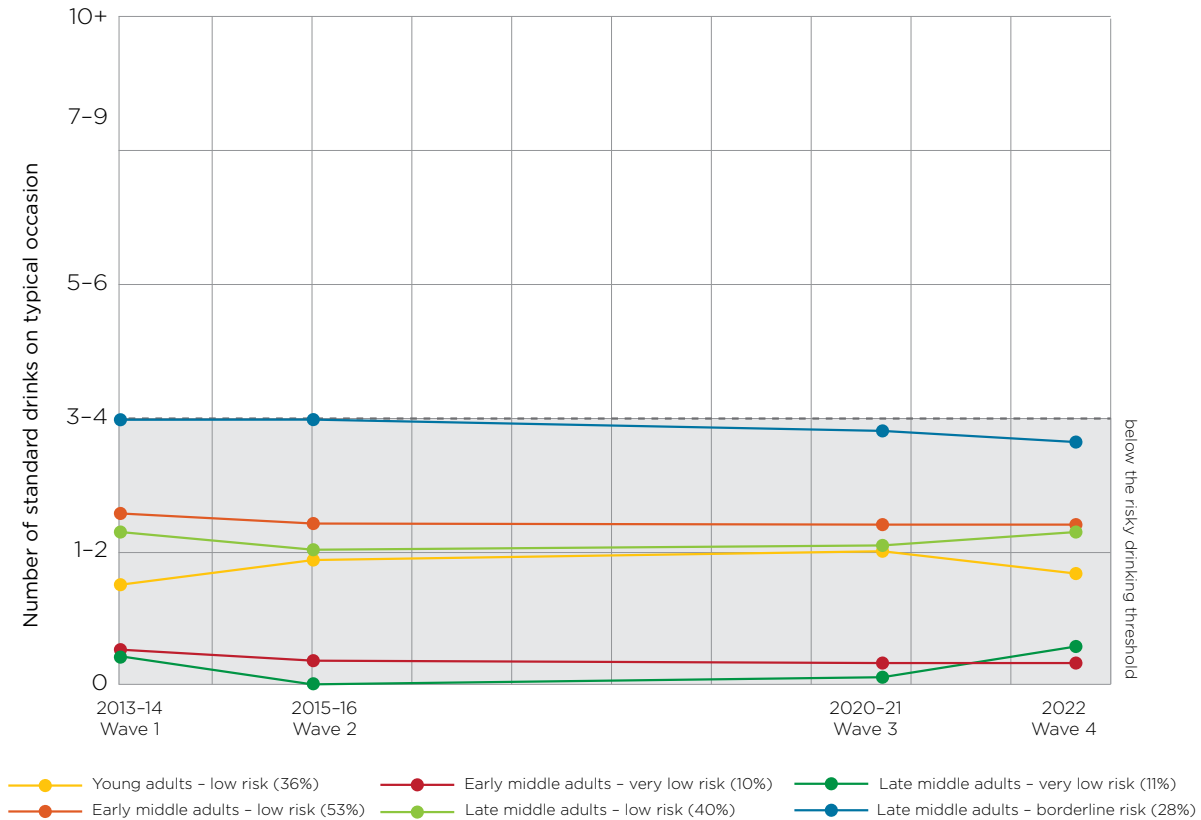
**Source:** *Ten to Men* data, Waves 1-4

## After 30 years of age, more than half of men consumed alcohol below the risky threshold over time, though almost 3 in 10 older men are consistently borderline

Between 2013-14 and 2022, 63% of the early middle adult cohort and 51% of the late middle adult cohort displayed stable low or very low risk drinking patterns, consuming an average of around 1-2 standard drinks or less (but above zero) on a typical occasion (Figure 5). A further 28% of the late middle adult cohort consumed alcohol at borderline risky levels over time.

**Figure 5: Most middle-aged men consumed alcohol below the risk threshold**

Low and very low risk patterns among the young adult, early middle adult and late middle adult cohorts between 2013-14 and 2022



**Notes:** Young adults (men aged 18-29 years in 2013-14), *N* = 3,311; Early middle adults (men aged 30-44 years in 2013-14), *N* = 5,725; Late middle adults (men aged 45-57 years in 2013-14), *N* = 4,532.

**Source:** *Ten to Men* data, Waves 1-4

## Predictors of risky alcohol use patterns

Efforts to reduce risky alcohol use are strengthened by understanding which lifestyle, demographic and socio-economic factors are associated with alcohol use at each stage of the life course. To build this evidence base, we examined how a broad range of factors at 2013-14 (Wave 1) predict the likelihood of specific risky drinking patterns from over time (2013-14 to 2022).

### Tobacco smoking, drug use and starting drinking at an earlier age are linked to risky drinking across all age cohorts

For each age cohort, males were more likely to show consistent alcohol consumption above the risk threshold (either moderate or high risk, compared to low risk) over time if they smoked tobacco, used illicit drugs or had their first drink at an earlier age. See supplementary materials for full results.

Among the young male cohort those who smoked tobacco in 2013-14 were 11.8 times more likely to show high-risk drinking patterns and 5.7 times more likely to show moderate-risk drinking patterns. For the young adult and both middle adult cohorts, those who smoked tobacco in 2013-14 were around 2-3 times more likely to show high-risk drinking and up to 1.6 times more likely to show moderate-risk drinking over time.

When compared to the low-risk group, young males who had ever<sup>4</sup> used an illicit drug were 8.7 times more likely to show high-risk drinking and 5.1 times more likely to show moderate-risk drinking. Among the young adult and both middle adult cohorts, those who used illicit drugs in 2013–14 were around 2.3–2.8 times more likely to show high-risk drinking patterns and around 1.5–2.3 times more likely to show moderate-risk drinking patterns.

Males in the young adult cohort who consumed alcohol for the first time before the age of 18 years were 4.4 times more likely to display high-risk drinking patterns and 3 times more likely to drink at moderate risk levels over time. Among the early middle adult cohort and late middle adult cohort, males were 3 times more likely to consume alcohol at high risk levels and around 2 times more likely to consume at moderate risk, if they had their first drink before the age of 18 years.

As the young male cohort were under the age of 18 years in 2013–14, we tested drinking initiation before the age of 15 years, the typical age of the first alcoholic drink (Gardner et al., 2024). We found that young males who had their first drink before the age of 15 years were 12.1 times more likely to display high-risk drinking patterns and 7.4 times more likely to show moderate-risk drinking trajectories.

## Living in regional areas is linked to high-risk drinking and increasingly risky drinking for young males

Our findings show that living in a regional area was a significant risk factor for risky drinking only for the young male cohort. Specifically, 10–17 year olds in 2013–14 who lived in a regional area at that time were 1.9 times more likely than those living in metropolitan areas to display continued high-risk drinking patterns over time. Further, compared to those in metropolitan areas, young males who lived in regional areas in 2013–14 were twice as likely to exceed the risky drinking threshold by 2015–16.

## Disability is linked to risky drinking among older men

Among the late middle adult cohort (aged 45–57 years in 2013–14), moderate risk drinking patterns, characterised by an average consumption of up to 5–6 standard drinks over time, were more common among those with disability compared to those without disability in 2013–14. Compared to the consistently low-risk drinking group, late middle adult men with a disability were 8.6 times more likely to drink at moderate risk levels.

The research on alcohol use among men over the age of 45 years with disability is scarce and our findings are aligned with the limited evidence, which suggests that alcohol can be used at risky levels among older adults with disabilities or health-related functional impairments (Moore et al., 2003; Moos et al., 2010). More research is needed to understand the directionality and underlying mechanisms of the relationship between disability and risky alcohol use among older adults.

## Being physically active is linked to a decrease in risky drinking among young adults who drank at high risk levels

Unique to the young adult cohort was a group of males who showed a steep decline in their consumption of alcohol use over time, starting at high risk levels in 2013–14 and drinking below the risk threshold by 2020–21. Men who were more physically active were 1.6 times more likely to display a strong decline in their drinking over time. These findings suggest that physical activity may play a key role in lowering risky alcohol use among young Australian men.

<sup>4</sup> Only lifetime and not current use of illicit drugs was asked of those under the age of 15 years at Wave 1 (2013–14) of *Ten to Men*. As such, these analyses for the young males cohort were conducted using the lifetime use indicator instead of the current use indicator that was used for those over the age of 18 years at Wave 1.

## Implications for policy and practice

### For Australian men, the proportion drinking alcohol has remained relatively unchanged over time, but an increasing proportion are drinking more often

We found that between 2013–14 and 2022 just under 9 in 10 Australian men used alcohol, with use ranging from less than monthly to multiple times per week. In 2013–14, the highest frequency of alcohol consumption among men was 2–4 times per month but this level of usage had decreased by 2020–21. At the same time, use at 2–3 times per week and 4+ times per week had increased, and this remained stable for 2–3 times per week in 2022 (the proportion drinking 4+ times per week decreasing to 2015–16 levels).

The increase in men drinking multiple times per week coincided with the COVID-19 pandemic and is aligned with evidence showing increases in alcohol consumption during this time (AIHW, 2024a). Our results may indicate that men's alcohol behaviours had not yet returned to pre-pandemic levels. With the available *Ten to Men* data, we are unable to tell if the changes in the frequency of men's alcohol consumption have remained past 2022. However, future waves of *Ten to Men* data will be used to inform this question. Overall, our findings show that men's alcohol use patterns have changed over the past 9 years, with alcohol becoming a weekly fixture in the lives of many Australian men. This trend highlights that efforts to reduce drinking harm need to be stepped up.

### Young adult men displayed the riskiest consistent drinking behaviours over time but some sharply decreased their risky alcohol use

The National Alcohol Strategy 2019–2028 recognises that a person-centred approach that considers drinking risk at different stages of the lifespan is critical to minimise drinking harm in the Australian population. Our data showed that young men (aged 18–29 years) had the highest proportion of consistently risky drinkers, with nearly half consuming more than 4 standard drinks on a typical drinking occasion. These findings support the National Alcohol Strategy 2019–2028, which identifies young adults as a specific population at a disproportionate risk of harmful drinking.

Distinct from the risky drinkers were a group of young men who started as high-risk drinkers, consuming 7–9 standard drinks on a typical drinking occasion in 2013–14, and became low-risk drinkers by 2020–21, consuming less than 3–4 standard drinks on a typical occasion. Young adults were more likely to display this drinking pattern if they were physically active. These results suggest that physical activity can play a protective role in mitigating persistent risky alcohol consumption among young men.

### Some factors predict risky alcohol use across all ages, whereas other factors were specific to different age groups

We found that irrespective of age, tobacco smoking, illicit drug use and starting drinking below the legal drinking age predicted consistently high-risk alcohol use over time. Factors including region and disability were associated with risky drinking patterns for some age groups but not others. Young males who lived in regional areas at 10–17 years of age were up to twice as likely to use alcohol at risky levels. However, region was not a significant predictor of risky drinking among any of the adult cohorts. Disability was a predictor of risky drinking only for men aged 45+ years, where those with disability were 8.6 times more likely to use alcohol at consistently risky levels.

These findings suggest that interventions to reduce risky alcohol consumption at a population level for males should focus on co-occurring risky health behaviours as well as underage drinking. Additionally,

policy makers and practitioners should tailor their strategies to reduce risky alcohol consumption with a specific focus on young males in regional areas and older men with disability.

## Next steps with *Ten to Men* data?

Many related research questions could be investigated with *Ten to Men* data.

With the currently available data:

- What is the difference in physical and mental health outcomes between men who consumed alcohol at consistently low risk levels over time compared to those who used at risky levels?
- Do drinking patterns, especially high-risk drinking patterns, shift among the young male cohort if they move from regional areas to major cities?
- Among older men, which disabilities or health diagnoses are associated with risky drinking patterns? Is risky drinking more likely to be a cause or an effect of these?

Using data from future waves:

- Do the observed changes in alcohol use frequency observed from 2020–21 onwards remain stable?
  - How many men are still consuming alcohol 2–3 times per week in 2024? Is this still the most frequent alcohol use pattern? Do men’s experiences during the COVID-19 pandemic predict whether their drinking patterns have changed over time?
- What is the impact of long-term alcohol use on healthy aging among men over 55?
- How is health service usage associated with changes in risky alcohol consumption patterns over time? For example, moving from high-risk to low-risk consumption or vice versa.
  - Health service usage may include the use of specific programs and services designed to support individuals to obtain help and systems to respond, as outlined in the National Alcohol Strategy (2019–2028).
  - Existing and future *Ten to Men* survey questions (such as those asking about help-seeking behaviours) and linked MBS and PBS data could be used.

## Further details

See Supplementary Materials for technical details of this research, including description of other measures, detailed results and bibliography.

Suggested citation

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