

Attitudes and Behaviour towards Alcohol Survey 2009-2011

Methodology report.

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COMMISSIONING CONTACT'S COMMENTS:

The HPA commission was managed by Dr Craig Gordon, Senior Researcher.

The Attitudes and Behaviour towards Alcohol Survey (ABAS) is undertaken every year by the Health Promotion Agency (HPA, formerly this survey was undertaken by the Alcohol Advisory Council of New Zealand) to provide information on the attitudes and behaviour of New Zealanders towards alcohol. This survey focuses on behaviour related to the last drinking occasion, including how much and what was drunk, the drinking location and purpose, consequences and help or assistance offered at that occasion. Attitudes and opinions in relation to getting drunk and the seriousness of the alcohol problem are also examined, along with non-drinkers and the role they play in the company of others who are drinking. The aim of the survey is to provide insight into the behaviours and attitudes of people in relation to alcohol.

Research New Zealand undertook the ABAS on the behalf of the HPA. A series of new reports were commissioned from Research New Zealand in May 2012 covering the 2009, 2010 and 2011 ABAS surveys. Final reports were received in May 2013. This new report series uses a three-year snapshot where data from the 2009, 2010 and 2011 surveys is combined (where possible) to improve the ability to provide breakdowns by age, gender and ethnicity. A section in the reports also examines changes over time where possible between the three survey years.

This report presents information on the methodology for the 2009, 2010 and 2011 ABAS.

REVIEW:

The report has not undergone external peer review.

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Report was developed by Emanuel Kalafatellis, Katrina Magill, Hayley Stirling and Olivia Jones of Research New Zealand. Feedback on this report was provided by Alistair Crossling of the HPA.

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1.0 Methodological specifications

This report outlines the methodology used for the Attitudes & Behaviour towards Alcohol Surveys for 2009, 2010 and 2011. The surveys were completed, by telephone, with two audiences; 18 years of age or more and Minors, 12 -17 years of age. The survey results for the three surveys have been consolidated into a larger database.

1.1 Survey design

The original survey questionnaire was developed in collaboration with the Health Promotion Agency and over the last three years has been largely unchanged in the interests of being able to consolidate the results and to make comparisons between 2009 and 2011.

The questionnaire was extensively cognitively pre-tested in 2010. New questions added to the 2011 Survey were also pre-tested. Pre-testing involved simulating the interview and then doubling-back with respondents to examine their understanding of key questions.

In broad terms, the current survey questionnaire contains the following types of questions:

- u Behavioural questions relating to the consumption of alcohol (e.g. the frequency of consumption, the volumes consumed, the main types of alcohol consumed, the places alcohol is consumed and the events at which alcohol is consumed).
 - u These are within the context of the last four weeks, or on the last drinking occasion.
- u The extent to which drinkers plan their drinking so that they drink alcohol at moderate and safe levels, including the extent to which they follow through with those plans.
 - u The extent to which drinkers consume too much alcohol or become intoxicated, including the extent to which they are offered assistance and help.
- u The extent to which drinkers, who invite friends and guests to their home and consume alcohol, plan these events so that drinking occurs at moderate and safe levels, including the extent to which they follow through with those plans.
 - u The extent to which friends and guests consume too much alcohol or become intoxicated, including the extent to which they are offered assistance and help.



- u The extent to which Non-drinkers take steps to ensure others they are with, who are drinking, do so at moderate and safe levels.
- u The extent to which Non-drinkers offer assistance and help to people who consume too much alcohol or become intoxicated.
- u Attitudes to drinking at unsafe levels and the consequences of this type of behaviour.
- u Attitudes to New Zealand's 'drinking problem', including beliefs about how serious it is, what the problem is and how important it is to resolve.

There are a number of important aspects of the questioning that need to be noted:

- u Drinkers and Non-drinkers self-define themselves.
- u A convention is followed whereby the majority of the behavioural and planning questions are asked in the context of the 'most recent drinking occasion'. The assumption is that the most recent drinking occasion is typical of most drinking occasions, and that atypical occasions cancel each other out.
- u Drinkers under-report the volume of drinking they consume. Therefore, reported levels of drinking are adjusted based on the results of the HPA's calibration surveys¹. Therefore, any level of drinking reported in this research is expressed in terms of the equivalent number of standard drinks².

1.2 Population of interest & sampling frame

The population of interest for this survey is all resident New Zealanders, 12 years of age or more.

A multi-stage random sampling process is used, with the General and Māori Electoral Rolls providing the sampling frame:

- u Initially, eligible electors are randomly sampled as a means of randomly selecting households.
- u Once contact had been established with a household, a respondent for the survey is randomly selected from all those normally living in the household who are eligible (i.e. are 12 years of age or more). At least five attempts (on different days and at different times) are made to contact and interview this person before they are replaced.

Māori, Pacific peoples and Minors, 12-17 years of age, are over-sampled in order to ensure that their results can be examined with reasonable confidence. 'Snow-balling' is also used as a means of sampling 'hard-to-reach' groups such as young Māori and Pacific people.

¹ Standard Drink Calibration, Research New Zealand, 2009.

² A standard drink contains 10 grams of pure alcohol.



In the most recent survey (2011) older people (i.e. aged 64 years or more) were also over-sampled so that their results could be examined with confidence as well.

1.3 Recruitment

Once selected, households are pre-notified that they might be contacted for the survey by way of a pre-notification letter.

This letter introduces the subject of the survey in general terms and explains how respondents have been sampled and what participation in the survey involves. In accordance with the Code of Practice of the Market Research Society of New Zealand Inc., it also emphasises that participation is voluntary and that any information provided will be treated in the strictest confidence and only reported in an aggregated format. In effect, this letter ensures respondents are interviewed on an informed basis.

Also in accordance with the Code of Practice of the Market Research Society Inc., parental consent is gained before any Minor is interviewed (i.e. any person under the age of 15).

1.4 Interviewing

All interviewing is completed by telephone, from Research New Zealand's CATI-enabled, purpose-built call centre. Interviewing for all three surveys has been completed between November and January (e.g. for the 2011 survey, the interviewing was completed between 7 November 2011 and 20 January 2012).

The call centre operates five days a week (weekends as necessary), from 9.00 AM to 9.00 PM. Final interviews for a day commence at 8.30 PM. The average interview duration is between 15-20 minutes.

1.5 Quality assurance

Research New Zealand's call centre is IQS accredited, which is the market research industry's highest standard for market/social research call centres in New Zealand. This standard conforms with the requirements of ISO 20252, which the industry is in the process of adopting. Research New Zealand has held its IQS accreditation for over 12 consecutive years.



1.6 Achieved sample

Table 1 provides an overview of the achieved sample for each of the three surveys and, in turn, the consolidated sample for 2009-2011. Note that multiple responses are possible and, therefore, the totals may not sum to the totals shown.

Table 1: Samples for 2009-2011 Surveys

	Total No.	2009 No.	2010 No.	2011 No.
Adults, 18+:				
Māori	2,050	677	621	752
Pacific	1,828	614	611	603
NZ European/Other	2,076	602	629	845
Total	5,747	1,809	1,806	2,132
Minors, 12-17:				
Māori	1,400	488	460	452
Pacific	1,037	400	407	230
NZ European/Other	1,262	403	412	447
Total	3,472	1,203	1,200	1,069
Grand total	9,219	3,012	3,006	3,201

1.7 Response rates

Table 2 shows the response rates for the surveys.

Table 2: Samples for 2009-2011 Surveys

	2009 %	2010 %	2011 %
Adults, 18+	15.3	13.8	16.5
Minors, 12-17	23.9	16.1	26.3

The response rate represents the proportion of eligible households contacted during the survey period which provide an eligible respondent.

The response rate is determined by assigning each household to one of four eligibility classes. The four eligibility classes are:

1. **Ineligible:** Households not found to contain any eligible adults, after contact with a person in the household is made.
2. **Eligible non-responding:** Households found to contain at least one eligible adult but no adult selected or selected adult failed to complete core survey questions.
3. **Eligible responding:** Households found to contain at least one eligible adult, one adult selected and all core survey core questions completed.



4. **Unknown eligibility:** Not known whether there are eligible adults usually resident.

Eligible households refer to those that contained at least one eligible adult. The response rate will then be calculated as follows:

$$\text{Response Rate} = C / [C + B + D*(B+C)/(A+B+C)]$$

Where:

A = ineligible households

B = eligible non-responding households

C = eligible responding households

D = households with unknown eligibility

1.8 Weighting

Given the over-sampling that is undertaken, all survey data is weighted to be truly representative of the population from which the samples have been drawn. Separate weighting adjustments are completed for each of the Adult, 18+ and Minors, 12-17 components of each survey.

The weighting parameters are sourced from Statistics New Zealand (Census of Population and Dwellings, 2006) and adjust the achieved samples on the basis of age, gender and ethnicity.

As an example, Table 3 overleaf shows the effect of the over-sampling by presenting the demographic profile of the un-weighted Adult, 18+ sample for the 2011 Survey with that of the weighted sample.



Table 3: 2011 Survey – Adults, 18+ - Unweighted compared with weighted sample

	Total unweighted sample 2011	Total weighted sample 2011
	%	%
Gender:		
Male	48	48
Female	52	52
	100	100
Age:		
18-24	27	13
25-34	13	15
35-44	17	23
45-64	23	32
65+	20	16
	100	100
Ethnicity:		
Māori	35	11
Pacific	28	5
Other	40	84
	100	100
Families with children:		
Children aged 15 or younger	46	42
No children aged 15 or younger	54	58
	100	100
Personal/Household income:		
Less than \$30,000	36	27
Between \$30,001 and \$70,000	28	33
Between \$70,001 and \$120,000	15	21
More than \$120,000	6	9
Don't know/Refused	15	11
	100	100
Area type:		
A rural area or small town (pop. under 10,000)	21	21
Medium-sized town or larger (pop. 10,000+)	77	77
	100	100

Total may not sum to 100% due to rounding.



1.9 Margin of error

The over-sampling and subsequent weighting of the survey sample creates a design effect which, in turn, is reflected in the maximum margin of error (MoE) (at the 95 percent confidence level), that is associated with the results of each survey and the consolidated surveys (Table 4).

Table 4: Margins of error

	Achieved interviews n=	MoE +/-%
2009:		
Adults, 18+	1,809	3.7
Minors, 12-17	1,203	3.6
2010:		
Adults, 18+	1,806	3.8
Minors, 12-17	1,200	3.6
2011:		
Adults, 18+	2,132	3.2
Minors, 12-17	1,069	3.6
Consolidated 2009-2011		
Adults, 18+	5,747	2.0
Minors, 12-17	3,472	2.1