

Attitudes and Behaviour towards Alcohol Survey 2010-2012

Report 3 – Methodology report

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Any queries regarding this report should be directed to the HPA at the following address:

enquiries@hpa.org.nz

Health Promotion Agency
PO Box 2142
Wellington 6140
New Zealand

August 2014

COMMISSIONING CONTACT'S COMMENTS

Health Promotion Agency (HPA) commissioning of this research was managed by Dr Craig Gordon, Senior Researcher.

The Attitudes and Behaviour towards Alcohol Survey (ABAS) is undertaken every year by HPA 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, any 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.

In June 2012 HPA commissioned Research New Zealand to undertake the ABAS in the field and produce a series of reports. Final reports were received in March 2014. The report series uses a three-year snapshot with data from the 2010, 2011 and 2012 surveys 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 between the surveys.

The series of reports is organised into three major groups: reports focused on drinking behaviour; reports on planning, actions and consequences; and reports on attitudes and opinions.

This report presents information on the methodology for the 2010, 2011 and 2012 ABAS.

REVIEW

The report has not undergone external peer review.

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PREPARED FOR Health Promotion Agency
PREPARED BY Emanuel Kalafatelis, Katrina Magill and Hayley Stirling
CONTACT DETAILS Emanuel Kalafatelis
Research New Zealand
Phone 04 499 3088
www.researchnz.com
PROJECT NUMBER #4395



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1.0 Methodological specifications

This report outlines the methodology used for the HPA Attitudes and Behaviour towards Alcohol Surveys for 2010, 2011 and 2012. The surveys were completed, by telephone, with two audiences: Adults, 18 years of age or more, and young people, 12 -17 years of age. The 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 to enable the consolidation of results and to allow for comparisons between 2010 and 2012.

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 it.

There are a number of important aspects of the questioning that should 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 and 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 has 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, who represent the Health Promotion Agency's (HPA) three priority groups, 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 2011 and 2012 Surveys, older people (i.e. aged 64 years or more) were also over-sampled so that their results could be examined with confidence.

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 person under the age of 15 is interviewed.

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 was 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 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 the past 13 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 2010-2012. Note that multiple response for ethnicity is possible and, therefore, the totals by ethnicity may not sum to the totals and grand totals shown.

Table 1: Samples for 2010-2012 Surveys

	Total No.	2010 No.	2011 No.	2012 No.
Adults, 18+:				
Māori	2,152	621	752	779
Pacific	1,592	611	603	378
NZ European/Other	2,501	629	845	1,027
Total	6,058	1,806	2,132	2,120
Minors, 12-17:				
Māori	1,414	460	452	502
Pacific	860	407	230	223
NZ European/Other	1,315	412	447	456
Total	3,392	1,200	1,069	1,123
Grand total	9,450	3,006	3,201	3,243

1.7 Response rates

Table 2 shows the response rates for the surveys.

Table 2: Response rates for 2010-2012 Surveys

	2010 %	2011 %	2012 %
Adults, 18+	13.8	16.5	12.0
Minors, 12-17	16.1	26.3	22.8

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



Eligible households are those that contain at least one eligible adult. The response rate is then 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 Adults, 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 unweighted Adults, 18+, sample for the 2012 Survey with that of the weighted sample.



Table 3: 2012 Survey – Adults, 18+ - Unweighted compared with weighted sample

	Total unweighted sample 2012	Total weighted sample 2012
Base =	2,120	2,120
	%	%
Gender:		
Male	45	48
Female	55	52
	100	100
Age:		
18-24	19	13
25-34	12	13
35-44	20	25
45-64	30	32
65+	19	16
	100	100
Ethnicity:		
Māori	37	12
Pacific	18	5
Other	48	84
	100	100
Families with children:		
Children aged 15 or younger	43	41
No children aged 15 or younger	57	59
	100	100
Personal/Household income:		
Less than \$30,000	32	26
Between \$30,001 and \$70,000	28	29
Between \$70,001 and \$120,000	23	26
More than \$120,000	9	13
Don't know/Refused	8	7
	100	100
Area type:		
A rural area or small town (pop. under 10,000)	23	22
Medium-sized town or larger (pop. 10,000+)	75	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 +/-%
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
2012:		
Adults, 18+	2,120	2.7
Minors, 12-17	1,123	3.5
Consolidated 2010-2012		
Adults, 18+	6,058	1.7
Minors, 12-17	3,392	2.0