

Cutting back on alcohol consumption

Key results from the 2015/16 Attitudes and Behaviour towards Alcohol Survey & 2016 Health and Lifestyles Survey

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Prepared for the Health Promotion Agency by:
Hayley Guiney, Rhiannon Newcombe, Holly Trowland, Fiona Imlach, & Susan Cook

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

Health Promotion Agency
PO Box 2142
Wellington 6140
New Zealand
enquiries@hpa.org.nz

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Executive Summary

The Attitudes and Behaviour towards Alcohol Survey (ABAS) and Health and Lifestyles Survey (HLS) are national surveys of people aged 15 years and over. Both surveys contain questions about alcohol-related attitudes and behaviour, consumption patterns, consequences of consuming alcohol, and help-seeking.

This report uses results from 'last occasion drinkers' (people who reported having at least two drinks containing alcohol on a single occasion in the past three months) in the 2015/16 ABAS and 'past-year drinkers' (people who reported consuming alcohol in the past 12 months) in the 2016 HLS to provide insight into New Zealanders' attitudes and actions relating to cutting back on their alcohol consumption. Such findings can be used to develop and target programmes and activities that effectively support drinkers to reduce problematic alcohol consumption.

Key findings about cutting back on alcohol consumption

- 36% of last occasion drinkers and 26% of past-year drinkers said that in the last 12 months they had thought about cutting back on how much they drink.
 - Last occasion drinkers more likely to report thinking about cutting back were:
 - those aged 45 years and over (35%), compared with 15 to 17-year-olds (25%)¹
 - risky drinkers (47%), compared with non-risky drinkers (30%).
 - Past-year drinkers more likely to report thinking about cutting back were:
 - those aged 45 years and over (27%), compared with 18 to 24-year-olds (22%)
 - European/Other respondents (27%), compared with Asian respondents (6%)
 - risky drinkers (43%), compared with non-risky drinkers (17%).
- 18% of past-year drinkers said they had made a serious attempt in the past 12 months to cut back how much they drank. Those more likely to have made such an attempt were:
 - people aged 45 years and over (18%), compared with 18 to 24-year-olds (12%)
 - Māori respondents (28%), compared with European/Other (18%)
 - European/Other respondents (18%), compared with Asian respondents (5%)
 - risky drinkers (29%), compared with non-risky drinkers (13%).
- 4% of last occasion drinkers said they had looked or asked for advice, information, or help on how to cut back on their drinking in the past 12 months. Those more likely to say they had done so were:
 - Pacific respondents (8%), compared with European/Other (3%)
 - risky drinkers (7%), compared with non-risky drinkers (3%)
 - people living in areas of the lower North Island other than Wellington/Wairarapa (8%), compared with those living in Auckland region (4%).

¹ The comparisons between groups presented here have been checked by regression analyses that adjust for potential confounding variables (gender, age, ethnicity, risky drinking, region). Only statistically significant comparisons are reported.

- 9% of last occasion drinkers said that someone had given them advice, information, or help on how to cut back on their drinking in the past 12 months. Those more likely to say they had received such advice were:
 - 15 to 17-year-olds (17%) and 18 to 24-year-olds (15%), compared with those aged 45 years and over (7%)
 - Pacific respondents (20%), compared with European/Other (8%)
 - risky drinkers (15%), compared with non-risky drinkers (7%).
- The most common potential sources of advice or support to cut back on drinking reported by past-year drinkers were friends/family members (31%) and their doctor/GP (22%). However, 39% said they would not use any of the suggested sources.²
- The table below shows the proportion of last occasion drinkers who reported taking specific actions after their last drinking occasion, as well as those more likely to report taking these actions.

After the last drinking occasion, action taken	% 'yes'	People who were more likely to report this action after their last occasion
Thought about cutting back how much you drink	8	<ul style="list-style-type: none"> • Risky drinkers (11%), compared with non-risky drinkers (6%) • People living in Auckland region (9%), compared with those living in areas of the South Island other than Canterbury (4%)
Decided to drink less	12	<ul style="list-style-type: none"> • Pacific (19%), and Asian (22%) respondents, compared with European/Other (10%) • Risky drinkers (16%), compared with non-risky drinkers (10%)
Decided to drink more water or eat more food when drinking alcohol	28	<ul style="list-style-type: none"> • Females (31%), compared with males (26%) • 15 to 17-year-olds (46%) and 18 to 24-year-olds (43%), compared with those aged 45 years and over (22%) • Māori (39%), Pacific (50%), and Asian (45%) respondents, compared with European/Other (24%) • Risky drinkers (37%), compared with non-risky drinkers (24%)

² Participants were asked if they would look for advice or support from any of the following: an 0800 telephone helpline (eg, Alcohol and Drug Helpline), a website about alcohol issues (eg, Alcohol.org.nz, alcoholdrughelp.org.nz), a website about supporting cutting back (eg, Living Sober, Hello Sunday Morning, Dry July), a general Internet search, a self-help or peer support group, social services, a community alcohol and drug service, a doctor / GP, a midwife, a Māori community health worker, a Pacific community health worker, a counsellor, a friend or family member, and Church / prayer. Multiple responses were allowed.

Introduction

The Attitudes and Behaviour towards Alcohol Survey (ABAS) and Health and Lifestyles Survey (HLS) are national surveys of people aged 15 years and over undertaken by the Health Promotion Agency (HPA). Both surveys contain questions on alcohol-related attitudes and behaviour, consumption patterns, consequences of consuming alcohol, and help-seeking behaviours. Whereas the ABAS questions focus largely on the last drinking occasion within the last three months, the HLS asks about drinking in the past year. Results from these surveys are used to inform the planning and development of alcohol activities, policies and programmes that aim to reduce alcohol-related harm in New Zealand.

HPA has a particular focus on reducing alcohol-related harm. The questions in the ABAS and HLS around cutting back on alcohol consumption provide valuable information about the extent to which drinkers consider reducing their consumption and how they might achieve this.

The Ministry of Health's *National Drug Policy 2015 to 2020*³ includes the objective of shifting attitudes to alcohol and other drugs. This involves reducing discrimination towards those who are seeking help for problematic alcohol and drug use. Monitoring the number and type of drinkers who seek help or advice about their drinking, and where this help is found, provides insight into how easily drinkers are able to access the support they need and what barriers may exist that stop drinkers seeking help. Such findings can be used to develop and target programmes and activities that effectively support drinkers to reduce problematic alcohol consumption, including help-seeking campaigns.

This report

This report presents descriptive results from the 2015/16 ABAS and 2016 HLS. Information is provided on New Zealand adults' attitudes and actions relating to cutting back on their alcohol consumption. The results are also compared by age, gender, ethnicity, risky drinking behaviour, and region. All results are weighted so that they are representative of the total New Zealand population aged 15 years and over.

The ABAS questions presented in this report were asked only of those respondents who reported having at least two alcoholic drinks on any one occasion in the last three months. In contrast, the HLS questions were asked of those respondents who reported drinking alcohol in the past year. The two main sections of this report mirror this difference when information is available: first, actions taken over the past year are described, followed by actions taken after the last drinking occasion. Having results on the same topic from two different surveys provides a more solid evidence base for decisions. For example, results that are consistent across both surveys paint a stronger picture about which drinkers are more likely to try or think about cutting back, which can inform targeting of help-seeking campaigns.

³ Inter-Agency Committee on Drugs. (2015). *National Drug Policy 2015 to 2020*. Wellington: Ministry of Health

Method

The ABAS and HLS are both nationally representative surveys of all usually resident New Zealanders aged 15 years and over. Each survey is briefly described below - a full description of methods, questionnaires, and further publications can be found at <http://www.hpa.org.nz/research-library/research-publications>.

The **ABAS** was conducted annually and involved surveying approximately 4,000 people aged 15 years and over via Computer-Assisted Telephone Interviewing (CATI). Households were stratified into telephone directory regions and a random sample of telephone numbers was generated from all number ranges found in the White Pages using a Random Digit Dialling (RDD) approach. The 2015/16 fieldwork was conducted over four months: November, December, January, and February.

The **HLS** is conducted every two years and involves surveying a large sample of people aged 15 years and over via in-home Computer-Assisted Personal Interviewing (CAPI). The HLS uses a multi-stage sample selection process in which a set of meshblocks is selected first, then a sample of dwellings within those meshblocks, and finally one eligible adult from each selected dwelling. In 2016, the fieldwork was conducted over eight months (May to December).

This report uses results from the 2015/16 ABAS and the 2016 HLS to provide complementary insights into New Zealanders' attitudes and actions relating to cutting back on their alcohol consumption. Table 1 shows the sample size and response rate for each survey.

Table 1: Total sample size and response rate for the 2015/16 ABAS and 2016 HLS

Survey	Sample size	Response rate (unweighted)
2015/16 ABAS	4,200	32%
2016 HLS	3,854	75%

The questions in this report, which relate to cutting back on alcohol consumption, were asked of a subset of respondents in each survey. The ABAS questions were asked of those who reported having at least two drinks on any one occasion in the last three months. Those respondents made up 53% of the total 2015/16 ABAS sample and are referred to in this report as '**last occasion drinkers**'. The HLS questions were asked of those who reported drinking alcohol in the past year. Those respondents made up 76% of the total 2016 HLS sample and are referred to here as '**past-year drinkers**'. Table 2 on page 10 summarises the characteristics of respondents included in this report.

The data in this report have been weighted (adjusted) so that the sample reflects the makeup of the New Zealand population at the last Census (2013). For each question, overall and subgroup-specific proportions were calculated first. Logistic regression was then used to test for statistical differences between responses across specific variables of interest including gender, age, ethnicity, risky drinking, and geographic region ('region'). All variables of interest for a particular question were included in the regression model to enable estimation of the unique relationship

between each predictor (eg, age) and outcome (eg, tried to cut back on drinking), while holding constant all other predictors (eg, gender, ethnicity, risky drinking, and region).

Interpreting the results

All percentages in this report (including in the figures) represent the weighted unadjusted percentages, with error bars representing the 95% confidence intervals. The text and figures in the Results section also indicate where there were significant differences in response across particular subgroups of interest, after adjusting for all other variables included in that particular regression model. For example, if the model includes gender, ethnicity, age, risky drinking status, and region, the mention of a significant difference by age can be interpreted as, 'a significant difference by age, after adjusting for gender, ethnicity, risky drinking status, and region'.

The notes below each figure specify which variables were included in that particular regression model. They also indicate the sample size ('base'). In some cases, the base may be slightly reduced from the overall total, as respondents were only included in the regression if they had no missing data and no 'don't know' or 'refused' responses across any of the variables of interest. For example, if someone had all other variables recorded but was unable to be categorised as a risky or non-risky drinker, they would be excluded from the regression for that question.

Results

Table 2 outlines the demographic characteristics of respondents who answered the 2015/16 ABAS and 2016 HLS questions relevant to this report.

Table 2: Demographic characteristics of respondents, 2015/16 ABAS and 2016 HLS

	2015/16 ABAS		2016 HLS	
	Number	Percent (%) ⁴	Number	Percent (%) ¹
Total	2,154		2,700	
Gender				
Female	996	46	1,470	54
Male	1,158	54	1,230	46
Age				
15-17 years	110	5	34	1
18-24 years	269	12	257	10
25-44 years	777	36	940	35
45+ years	998	46	1,469	54
Prioritised ethnicity⁵				
Māori	398	18	672	25
Pacific	170	8	267	10
Asian	117	5	155	6
European/Other	1,469	68	1,606	59
Last month risky drinking				
Risky	690 ⁶	32	937 ⁷	35
Non-risky	1,455	68	1,763	65
Could not be categorised⁸	9	<1	0	0
Region				
Auckland	705	33	914	34
Other upper North Island (NI)⁹	424	20	501	19
Wellington/Wairarapa	269	12	366	14
Other Lower North Island (NI)¹⁰	223	10	331	12
Canterbury	270	13	320	12
Other South Island (SI)¹¹	263	12	268	10

⁴Raw, unweighted

⁵ Ethnicity was prioritised in the order of: Māori, Pacific, Asian, and European/Other.

⁶ In the ABAS, 'risky drinking' was conservatively defined as ≥ 5 drinks on any one occasion in the last month for those aged 15 to 17 years, and ≥ 7 drinks on any one occasion in the last month for adults aged 18 years and over. This definition of risky drinking is higher than HPA's low-risk alcohol drinking advice for an occasion (see <http://www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice>).

⁷ In the HLS, 'risky drinking' was defined as ≥ 5 drinks on one occasion in the last month for women, and ≥ 6 drinks on any one occasion in the last month for men.

⁸ Respondents answered 'don't know' or 'refused' to the questions used to determine risky drinking status.

⁹ 'Other upper North Island' included Northland, Waikato, Bay of Plenty, and Gisborne regions.

¹⁰ 'Other lower North Island' included Hawkes Bay, Taranaki, and Manawatu-Wanganui regions

¹¹ 'Other South Island' included West Coast, Otago, Southland, Tasman, Nelson, and Marlborough regions

Actions taken in the last 12 months

Thinking about cutting back on alcohol consumption

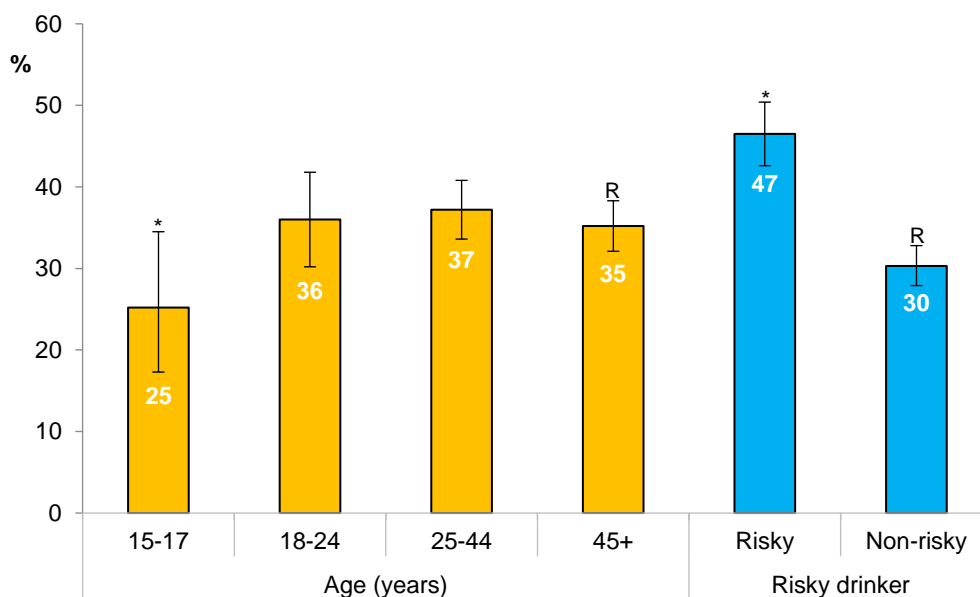
In the 2015/16 ABAS and 2016 HLS, last occasion drinkers (ABAS) and past-year drinkers (HLS) were asked whether they had thought about cutting back on how much they drink in the last 12 months.

Overall, 36% of last occasion drinkers (2015/16 ABAS) said they had **thought about cutting back on how much they drink** in the last 12 months. As shown in Figure 1, the proportion of respondents who said 'yes' varied by age, and risky drinking status. Specifically, those more likely to say 'yes' were:

- those aged 45 years and over, compared with 15 to 17-year-olds
- risky drinkers, compared with non-risky drinkers.

There were no differences by gender, ethnicity, or region.

Figure 1: Last occasion drinkers who said they had thought about cutting back on how much they drink in the last 12 months, by age and risky drinking status



Base: Last occasion drinkers (n = 2,142)

Source: ABAS 2015/16

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

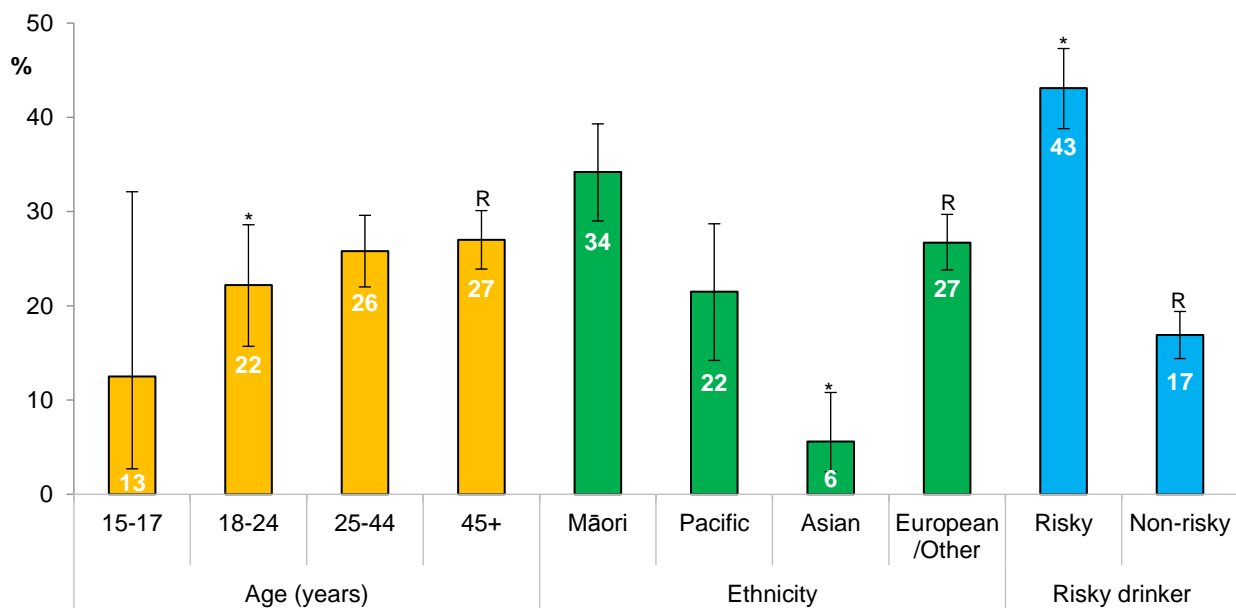
Overall, 26% of past-year drinkers (2016 HLS) said they had **thought about cutting back on how much they drink** in the last 12 months. As shown in Figure 2, the proportion of respondents who said ‘yes’ varied by age, ethnicity, and risky drinking status. Note that compared to the 2015/16 ABAS analysis, this analysis of HLS results used slightly different categories for risky drinking status (at least 5 drinks on one occasion for women; at least 6 for men).

Those more likely to say that they had thought about cutting back on how much they drink in the last 12 months were:

- those aged 45 years and over, compared with 18 to 24-year-olds
- European/Other respondents, compared with Asian respondents
- risky drinkers, compared with non-risky drinkers.

There were no differences by gender or region.

*Figure 2: Past-year drinkers who said they had **thought about cutting back** on how much they drink in the last 12 months, by age, ethnicity, and risky drinking status*



Base: Past-year drinkers (n = 2,694)

Source: HLS 2016

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

Attempting to cut back on alcohol consumption

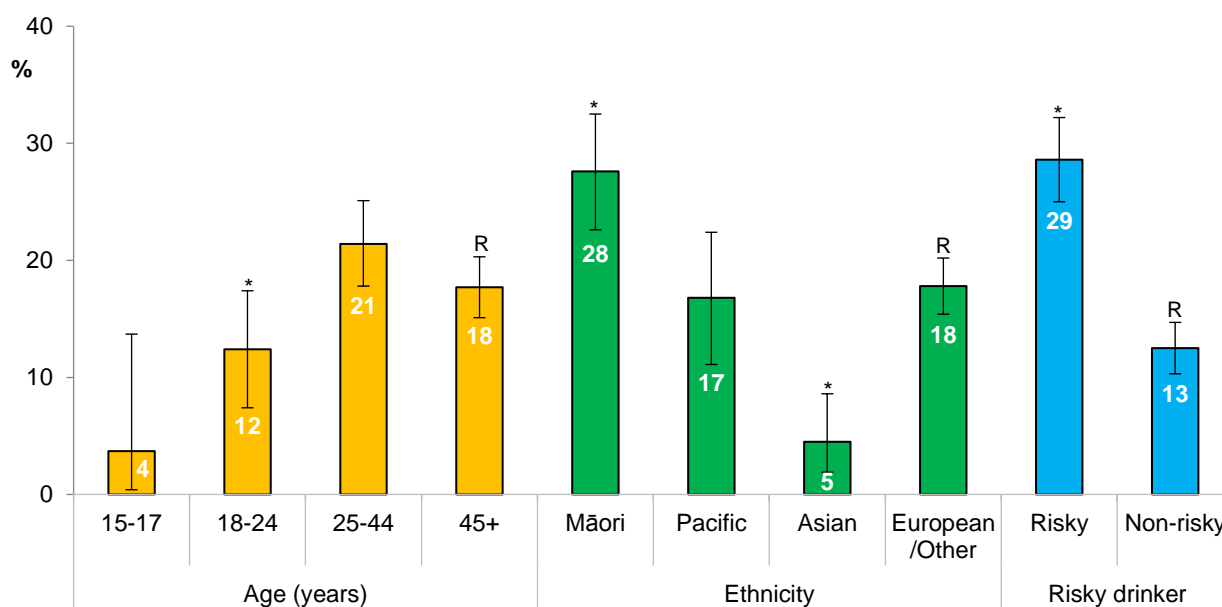
In the 2016 HLS, past-year drinkers were asked whether they had **made a serious attempt to cut back on how much they drink** in the last 12 months. A 'serious attempt' was not defined – this was up to respondents to interpret. Overall, 18% said 'yes'.

As shown in Figure 3, the proportion of respondents who had made a serious attempt to cut back varied by age, ethnicity, and risky drinking status. Specifically, those more likely to say 'yes' were:

- those aged 45 years and over, compared with 18 to 24-year-olds
- Māori respondents, compared with European/Other
- European/Other respondents, compared with Asian respondents
- risky drinkers, compared with non-risky drinkers.

There were no differences by gender or region.

Figure 3: **Past-year drinkers** who said they had **made a serious attempt to cut back** on how much they drink in the last 12 months, by age, ethnicity, and risky drinking status



Base: Past-year drinkers (n = 2,694)

Source: HLS 2016

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

Information and advice-seeking

Looking or asking for advice

In the 2015/16 ABAS, last occasion drinkers were asked whether they had **looked or asked for advice, information, or help** on how to cut back on their drinking in the last 12 months. Overall, 4% said 'yes'.

The proportion of respondents who said they had looked for advice, information, or help in the last 12 months varied by ethnicity, risky drinking status, and region. Specifically, those more likely to say they had done so were:

- Pacific respondents (8%), compared with European/Other (3%)
- risky drinkers (7%), compared with non-risky drinkers (3%)
- people living in areas of the lower North Island (8%) excluding Wellington/Wairarapa,¹² compared with those living in Auckland region (4%).

There were no differences by gender or age.

¹² ie, those living in Hawkes Bay, Taranaki, or Manawatu-Wanganui regions

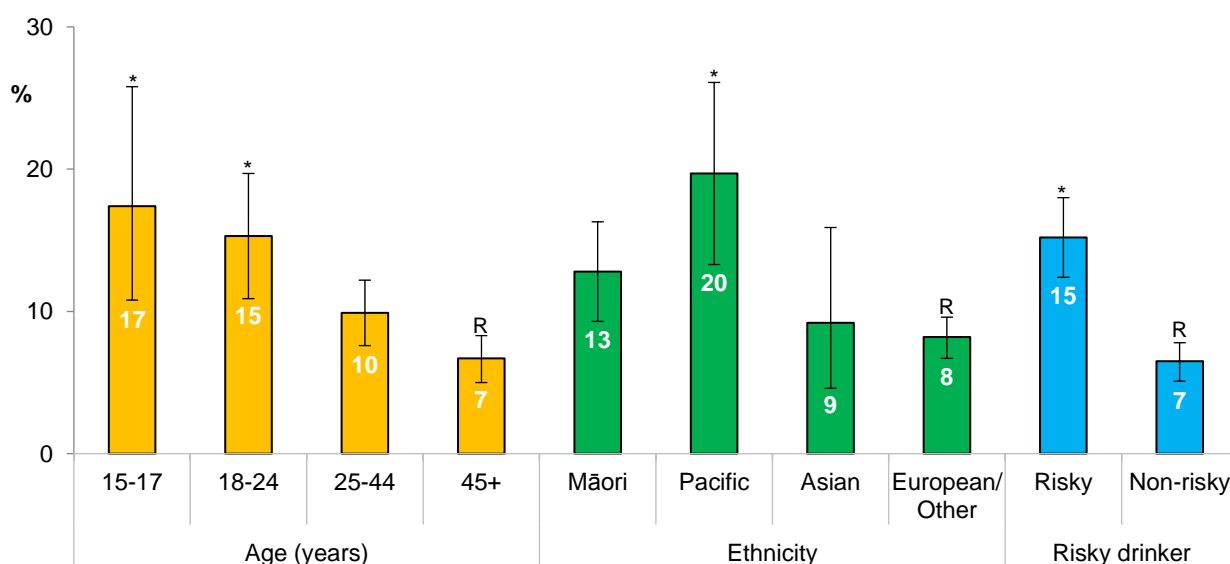
Last occasion drinkers were also asked, whether **anyone had given them any advice, information or help** on how to cut back on their drinking in the last 12 months. Overall, 9% said ‘yes’.

As shown in Figure 4, the proportion of respondents who said they had been given advice, information, or help in the last 12 months varied by age, ethnicity, and risky drinking status. Specifically, those more likely to say they had received advice, etc were:

- 15 to 24-year-olds, compared with those aged 45 years and over
- Pacific respondents, compared with European/Other
- risky drinkers, compared with non-risky drinkers.

There were no differences by gender or region.

Figure 4: Last occasion drinkers who said that someone had given them advice, information or help on how to cut back on their drinking in the last 12 months, by age, ethnicity, and risky drinking status



Base: Last occasion drinkers (n = 2,142)

Source: ABAS 2015/16

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

Potential sources of advice

In the 2016 HLS, past-year drinkers were asked, 'If you were trying to cut back on drinking, **do you think you would look for advice or support from [specific source].**' The most common potential source of advice or support was 'a friend or family member', followed by 'a doctor or GP', although 39% of respondents indicated they would not use any of the suggested sources.

Table 3 shows the services that at least 5% of respondents indicated they would seek advice or support from.¹³

Table 3: Places or services respondents would seek help from if they wanted to cut back on their drinking, 2016 HLS

Action	% 'yes'	95% confidence interval
A friend or family member	31	(28, 33)
A doctor / GP	22	(20, 24)
An 0800 telephone helpline (eg, Alcohol and Drug Helpline)	20	(18, 23)
Website about alcohol issues (eg, alcohol.org.nz, alcoholdrughelp.org.nz)	13	(11, 15)
A general internet search	10	(9, 12)
A self-help or peer support group	9	(7, 10)
A community alcohol and drug service	9	(8, 11)
A website about supporting cutting back (eg, Living Sober, Hello Sunday Morning, Dry July)	7	(6, 8)
A counsellor	7	(5, 8)

¹³The potential help sources asked about in the survey, but that fewer than 5% of respondents said they would use, were: social services, midwife, Māori community health worker (but 6% among Māori); Pacific community health worker, or church/prayer.

Actions taken after last drinking occasion

In the 2015/16 ABAS, last occasion drinkers were asked if they had taken specific actions after that last occasion. Table 4 shows the proportion of respondents who reported taking each action.

Table 4: Actions taken after last drinking occasion, 2015/16 ABAS

After that last drinking occasion, did you...	% 'yes'	95% confidence interval
Think about cutting back how much you drink	8	(7, 9)
Decide to drink less	12	(10, 13)
Decide to drink more water or eat more food when drinking alcohol	28	(26, 30)

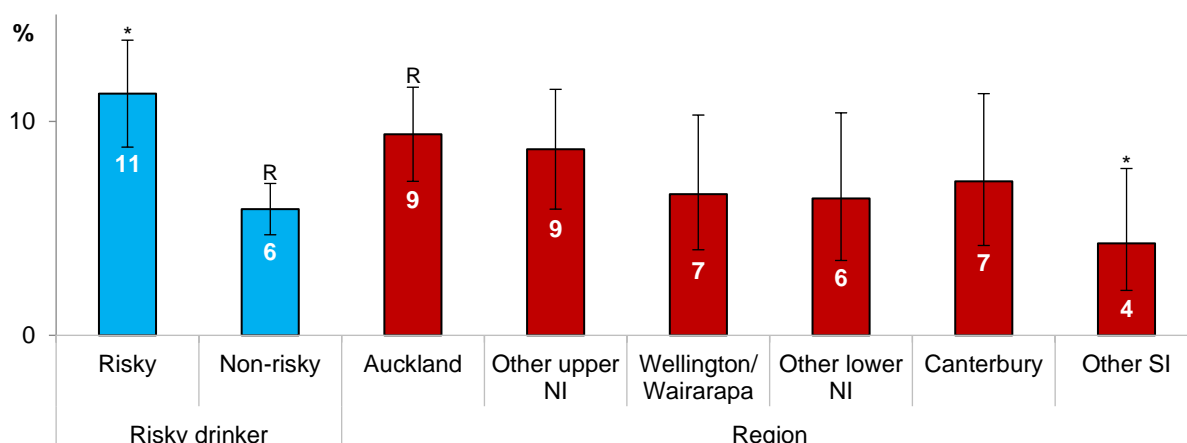
Think about cutting back how much you drink

As shown in Figure 5, the proportion of respondents who said that after their last drinking occasion, they had **thought about cutting back how much they drink** varied by risky drinking status and region. Specifically, those more likely to say they had taken this action were:

- risky drinkers, compared with non-risky drinkers
- people living in Auckland region, compared with those living in areas of the South Island (SI) other than Canterbury (labelled 'other SI').¹⁴

There were no differences by gender, age, or ethnicity.

Figure 5: Last occasion drinkers who said that after their last drinking occasion, they had **thought about cutting back how much they drink**, by risky drinking status and region



Base: Last occasion drinkers (n = 2,145)

Source: ABAS 2015/16

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

¹⁴ ie, those living in the West Coast, Otago, Southland, Tasman, Nelson, or Marlborough regions

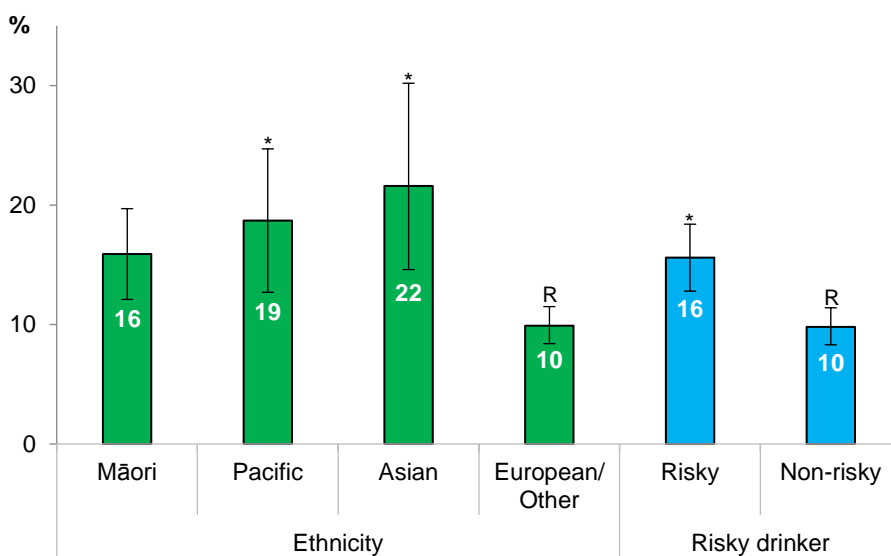
Decide to drink less

As shown in Figure 6, the proportion of respondents who said that after their last drinking occasion, they had **decided to drink less** varied by ethnicity, and risky drinking status. Specifically, those more likely to say they had taken this action were:

- Pacific, and Asian respondents, compared with European/Other
- risky drinkers, compared with non-risky drinkers.

There were no differences by gender, age, or region.

Figure 6: Last occasion drinkers who said that after their last drinking occasion, they had **decided to drink less**, by ethnicity and risky drinking status



Base: Last occasion drinkers (n = 2,145)

Source: ABAS 2015/16

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region.

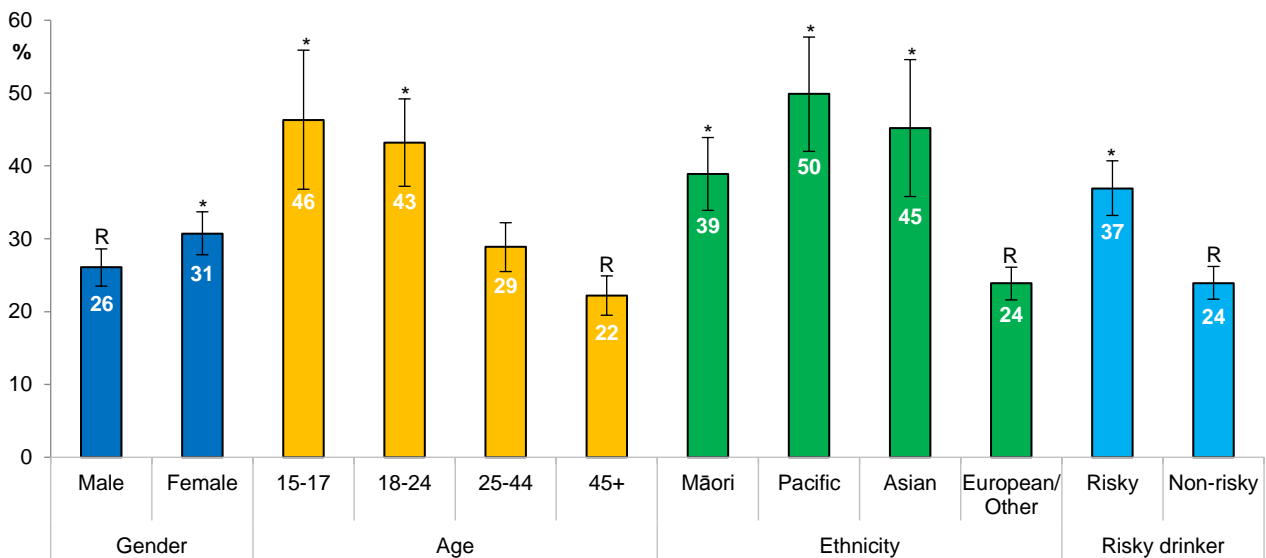
Deciding to drink more water or eat more food after drinking alcohol

As shown in Figure 7, the proportion of respondents who said that after their last drinking occasion, they had **decided to drink more water or eat more food after drinking alcohol** varied by gender, age, ethnicity, and risky drinking status. Specifically, those more likely to say they had taken this action were:

- females, compared with males
- 15 to 24-year-olds, compared with those aged 45 years and over
- Māori, Pacific, and Asian respondents, compared with European/Other
- risky drinkers, compared with non-risky drinkers.

There were no regional differences.

Figure 7: Last occasion drinkers who said that after their last drinking occasion, they had **decided to drink more water or eat more food after drinking alcohol**, by gender, age, ethnicity, and risky drinking status



Base: Last occasion drinkers (n = 2,145)

Source: ABAS 2015/16

* Significantly different from the reference group (R), from a logistic regression model including gender, age, ethnicity, risky drinking status, and region