

The header features a background of green fern fronds. A white rectangular box is centered on the left side, containing the title 'Latest Te Hiringa Hauora research' in bold white text. To the right of this box is the Health Promotion Agency logo, which consists of a white circle containing the lowercase letters 'hpa', with the words 'health promotion agency' stacked vertically below it, and 'TE HIRINGA HAUORA' in a smaller font at the bottom.

Latest Te Hiringa Hauora research



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Kia ora,

Welcome to the third newsletter from Te Hiringa Hauora/Health Promotion Agency highlighting research published from March to August 2020. During this time many of you will have been busy supporting New Zealand's response to COVID-19 and may have missed some of these publications. We hope that you find this newsletter a useful summary of our recent mahi.

Ngā mihi,

David Dundon-Smith
Research Manager

COVID-19

Impact of COVID-19 – A post-lockdown survey of health risk behaviours

This [survey](#) looks at changes in health risk behaviours post-lockdown (Alert Level 1). This is a follow-up to the COVID-19 Alert Level 4 survey and includes information on alcohol, tobacco, gambling and mental wellbeing.



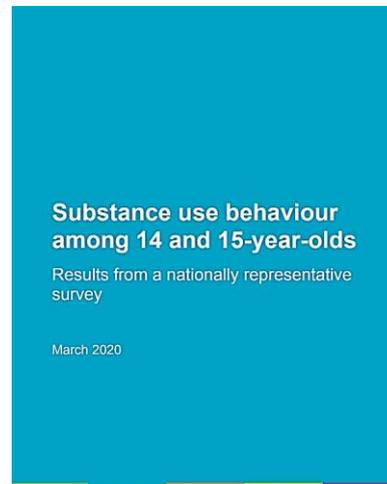
Impact of COVID-19 - The impact of lockdown on health risk behaviours

Key [results](#) from a survey of alcohol, tobacco, gambling and mental wellbeing during the COVID-19 Alert Level 4 lockdown.

Young People

Substance use behaviour among 14 and 15-year-olds: Results from a nationally representative survey

This [report](#) explores the patterns of individual and comorbid use of substances (alcohol, tobacco or cannabis) using data from the 2018 Youth Insights Survey (YIS). The report also examines trends in the prevalence of individual and comorbid substance use over time.



Tau Amanaki Onoono Ki Mua

This [report](#) used the pooled 2014-2018 Youth Insights Survey (YIS) data to examine 14 and 15-year-old Pacific peoples' past-month substance use (smoking, vaping, cannabis, drinking, and heavy episodic drinking).

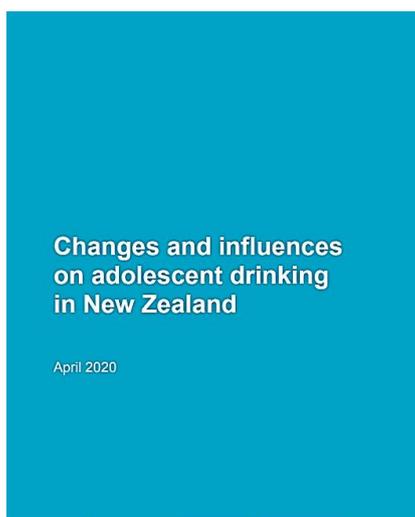
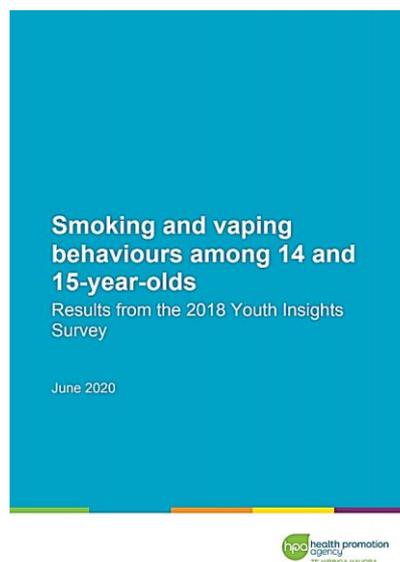
The report explores variation in substance use across Pacific communities and looks at risk and protective factors for youth substance use.

Smoking and vaping behaviours among 14 and 15-year-olds: Results from the 2018 Youth Insights Survey

This [report](#) presents key findings on smoking and vaping behaviours among 14 and 15-year-olds and changes over time. The report also looks at access to cigarettes and vapes, reasons for vaping, and contents of last vape.

Two infographics accompany this report:

- [Vaping profile of 14 and 15 year-olds](#)
- [Vaping behaviours among 14 and 15-year-olds](#)



Changes and influences on adolescent drinking in New Zealand

This [report](#) by SHORE & Whariki Research Centre used New Zealand longitudinal survey data to look at changes in adolescent drinking patterns. The report tracks drinking patterns among adolescents (16 to 17-year-olds) and the wider population (16 to 65-year-olds) from 2011 to 2015.

Alcohol consumption among 14 to 15-year-old Year 10 students, 2012-2018

This brief [report](#) presents key findings on Year 10 students' alcohol consumption based on data from the 2018 Youth Insights Survey.

It presents patterns of alcohol consumption (including heavy episodic drinking); looks at the factors that influence whether or not students drink heavily; and shows changes in alcohol consumption from 2012 to 2018.



Insights

Alcohol consumption among 14 to 15-year-old Year 10 students, 2012-2018

Key points

- In 2018, the majority of 14 to 15-year-old Year 10 students (89%) did not drink alcohol. However, 6% said they consumed alcohol weekly.
- Asian and Pasifika Year 10 students were less likely to consume alcohol in 2018, compared to Māori and New Zealand European/Other students.
- In 2018, Year 10 students who drank alcohol typically did so at home.
- Fewer Year 10 students reported drinking alcohol in 2018 compared to 2012, and those who did drink did so less frequently.
- Over time there was also a decrease in the number of Year 10 students engaging in heavy episodic drinking (five or more drinks in one session).
- 12% of Year 10 students had engaged in heavy episodic drinking in the past month in 2018.
- Māori Year 10 students were more likely to have engaged in heavy episodic drinking than NZ European/Other, Pasifika and Asian students.

Background

In 2018/19, more than half (58%) of all 15 to 17-year-olds consumed alcohol in the past year; 6% at hazardous levels (Ministry of Health, 2019).

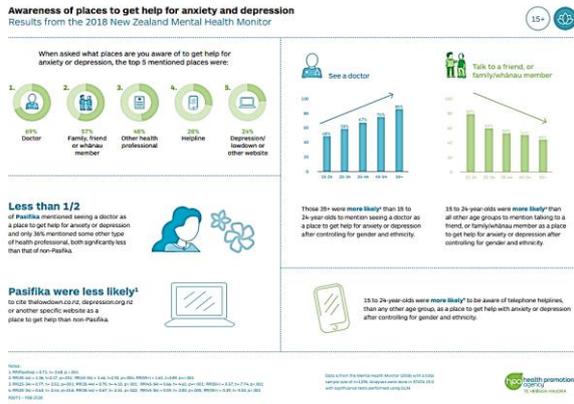
Young people's drinking is known to have a significant impact on brain development, increase the risk of accidents, injuries, unsafe sexual behaviour, and/or lead to poor school performance and breakdown in relationships (Harding et al., 2016; Te Hiriinga Hauora/Health Promotion Agency, 2020).

The Youth Insights Survey (YIS) monitors Year 10 students' behaviours, attitudes, and knowledge on a range of health-related topics, including alcohol consumption.

This insights paper:

- i) presents patterns of alcohol consumption (including heavy episodic drinking) for Year 10 respondents (14 to 15-year-olds) in the 2018 YIS;
- ii) looks at factors that influence whether or not Year 10 students drink heavily, based on the 2018 YIS; and
- iii) shows changes in alcohol consumption from 2012 to 2018.

Mental Health and Wellbeing

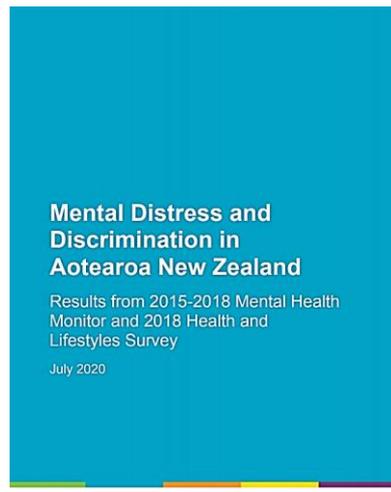


Awareness of places to get help for anxiety and depression: Infographic

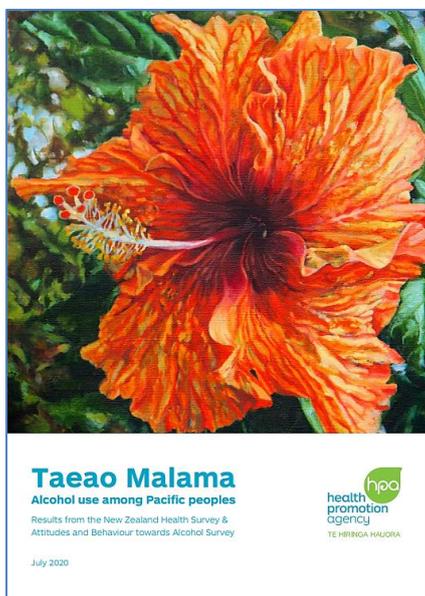
This [infographic](#) describes findings from the 2018 New Zealand Mental Health Monitor (NZMHM) on people’s awareness of places to get help and differences across different age groups and ethnicity.

Mental Distress and Discrimination in Aotearoa New Zealand: Results from 2015-2018 Mental Health Monitor and 2018 Health and Lifestyles Survey

This [report](#) highlights key findings related to mental distress-related discrimination using a pooled dataset comprising the 2015, 2016, and 2018 NZMHM and a separate analysis of the 2018 New Zealand Health and Lifestyles Survey (HLS).



Other



Taeao Malama - Alcohol use among Pacific peoples

This [report](#) provides an overview of alcohol use in Pacific peoples and looks at drinking patterns and attitudes in Pacific subpopulations. Pooled data from two national surveys were analysed; the New Zealand Health Survey and the Attitudes and Behaviour towards Alcohol Survey.

An [infographic](#) highlights key findings from the report.

Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand.

The [research](#) updates and strengthens the existing evidence base by showing that close proximity to all types of alcohol outlets is associated with increased incidence of common assault, non-aggravated sexual assault, aggravated sexual assault, and tobacco and liquor offences. Proximity to alcohol outlets is also associated with hazardous drinking, but this was significant only for on-licence outlets.

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Close proximity to alcohol outlets is associated with increased crime and hazardous drinking: Pooled nationally representative data from New Zealand

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ABSTRACT

This systematic study investigated the relationship between proximity to alcohol outlets (off-licence, on-licence, and other licensed) and two adverse outcomes: hazardous drinking and crime (common assault, non-aggravated sexual assault, aggravated sexual assault, and tobacco and liquor offences). After adjustment for important individual- and area-level factors, close proximity to alcohol outlets was associated with increased risk of hazardous drinking, with strong associations for on-licence outlets. Proximity to alcohol outlets was also strongly associated with all crime outcomes, often with a dose-response relationship. Nationally representative New Zealand data showed that close proximity to alcohol outlets was associated with increased crime and hazardous drinking.

1. Introduction

Globally, alcohol is a leading preventable cause of premature mortality, disability and social harm (Connor et al., 2015; Fergusson et al., 2018). In New Zealand, 5.4% of all premature deaths are attributable to alcohol (Connor et al., 2015, 2018). Alcohol use disorders (AUD) are classified as mental disorders, with alcohol dependence (AD) being the most severe form (Dobson et al., 2017). Individuals affected by AUD have diminished control over their alcohol consumption which often leads to increased alcohol-related morbidity and mortality (Connor et al., 2018). This can also have wider reaching social consequences, such as a breakdown in interpersonal relationships and an increase in risk taking behaviours and crime (Dobson, 2002; Brown and Murphy, 2010). In New Zealand one third of police apprehensions involved alcohol, and in 2017 alcohol accounted for 19% of fatal road traffic collisions (Ministry of Transport, 2018). Particular ethnic groups, such as Māori, are disproportionately affected, with a mortality rate 0.5 times that of non-Māori (Connor et al., 2015; Ministry of Health, 2018). In particular, Māori have a much greater alcohol related mortality rate of 54 deaths per 100,000 whilst non-Māori mortality rate is 14 deaths per 100,000 (Connor et al., 2018). There is little ground for the recommendation of alcohol for health reasons and the negative health and social consequences far outweigh any benefit (Connor et al., 2018).

The body of literature on how alcohol outlets may relate to the adverse outcomes of social- or alcohol-related harm, such as hazardous drinking or crime, is expanding both internationally and within New Zealand (Day et al., 2012; Popova et al., 2009; Gertman et al., 2018). While research investigating the association between alcohol outlet location and criminal offending in New Zealand is less forthcoming, Day et al. (2012) used a cross-sectional ecological design to examine the association between serious violent crime in 2005–2007 and alcohol outlet density in New Zealand (Day et al., 2012). This study showed that territorial authorities (large geographical areas) with the shortest travel distance to alcohol outlets were associated with the highest incidence of serious violent crime. Moreover, another New Zealand focused study showed that higher densities of certain types of on-licence outlets such as clubs and bars were also associated with a number of criminal offences and motor vehicle accidents (Cameron et al., 2012, 2016) in Auckland City. There is a plethora of evidence positively associating higher alcohol outlet density with alcohol consumption (Schoeller et al., 2000) and binge drinking (Connor et al., 2018). Indeed, a longitudinal study (Christman et al., 2013) from Finland found that the closer one lived to a bar, the more likely they would be to report risky alcohol behaviour. While evidence seems to suggest that alcohol outlet availability is associated with alcohol-related harm and levels of crime, there are

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Māori whānau and Pasifika family experiences of sleep health messages



August 2020



Māori whānau and Pasifika family experiences of sleep health messages

Te Hīringa Hauora commissioned Malatest International to conduct qualitative sleep [research](#) with Māori whānau and Pasifika families. Whānau and families discussed their awareness of, experiences with, and barriers to, following commonly promoted infant sleep messages.

Results will help design more effective resources and healthy sleep messages for Māori whānau and Pasifika families.

An accompanying [two-page poster](#) summarises the report.

Kupe Data Explorer

Visit our data explorer [Kupe](#).

Kupe lets you explore Health and Lifestyles Survey data about New Zealanders' views and experiences across several topics including gambling, mental health and wellbeing, Māori cultural identity and tobacco, from 2006 to 2018.

Upcoming Research Publications

- Susceptibility to smoking among 14 and 15-year-olds: Results from the 2018 Youth Insights Survey
- Alcohol Use in New Zealand (AUiNZ) Survey 2019/20 – High-level results from the new alcohol use survey
- Alcohol, mental health and wellbeing evidence brief
- Mental health in Aotearoa – Research insight using information from the Mental Health Monitor and New Zealand Health Survey



For more information on research from Te Hiringa Hauora, contact

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or visit

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