

Attitudes towards alcohol use among 15 to 17-year-olds: 2014/15 ABAS

Background

Research on young people (aged 12 to 17-years-old) found that consumption of alcohol was associated with different attitudes towards alcohol and its use (Janssen et al., 2014). Current Health Promotion Agency's (HPA's) low-risk alcohol drinking advice to parents and caregivers of young people under age 18 is that not drinking alcohol is the safest option (Health Promotion Agency, 2014). The HPA's Attitudes and Behaviour towards Alcohol Survey (ABAS) monitors New Zealanders' behaviour and attitudes towards alcohol. This fact sheet examines the attitudes of those aged 15 to 17-years-old towards alcohol.

Methodology

The 2014/15 Attitudes and Behaviour towards Alcohol Survey (2014/15 ABAS) included questions that assessed attitudes related to drinking alcohol. There were 193 respondents aged 15 to 17-years-old. Responses were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. Responses were examined by gender, ethnicity, alcohol consumption status and risky alcohol consumption (five or more drinks on one occasion)¹. Multivariate analyses were conducted to confirm whether any differences by gender and/or ethnicity remained significant once alcohol consumption (drinker in the last four weeks, drinker in the last year and non-drinker) was taken into account. Only those group differences that were statistically significant ($p < .05$) are reported.

Acceptability of getting drunk and drunkenness

Respondents were asked for their agreement or disagreement with the statement '*It's OK to get drunk as long as it's not everyday*'. One in three (31%, 25-38%) strongly agreed or agreed, 46% (40-53%) strongly disagreed or disagreed and the remaining 23% (17-29%) neither agreed nor disagreed. Young people who had consumed in alcohol in the past four weeks (43%) were more likely to agree, compared with non-drinkers (26%).

Respondents were also asked for their agreement or disagreement with the statement 'Drunkenness is acceptable in some situations'. Almost one in four (24%, 18-31%) strongly agreed or agreed, 54% (47-61%) strongly disagreed or disagreed and the remaining 22% (17-28%) neither agreed nor disagreed.

Perception of binge drinking culture

Respondents were asked for their agreement or disagreement with the statement '*Binge drinking is part of Kiwi culture*'. One in five (21%, 16-28%) strongly agreed or agreed, 59% (52-66%) strongly disagreed or disagreed and the remaining 19% (14-26%) neither agreed nor disagreed.

Young people more likely to agree with the statement were:

- Asian people (30%)², compared with European/Other (17%)
- those who had consumed in alcohol in the past four weeks (31%), compared with non-drinkers (20%).

¹ Risky drinking was defined as being consumption of a number of drinks of alcohol above the low risk drinking advice for females. Low risk drinking advice for adults on a single occasion is no more than five standard drinks for males and no more than four standard drinks for females. For this analysis it is the number of drinks that is being assessed rather than the number of standard drinks.

² Caution should be exercised when interpreting this estimate as the relative standard error (RSE) of the estimate is 26.52%

Acceptance of decisions to not drink alcohol

Respondents were asked their agreement or disagreement with the statement 'In some situations it is hard to say "I am not drinking"'. Thirty-nine percent (32-46%) strongly agreed or agreed, 39% (32-46%) strongly disagreed or disagreed and the remaining 22% (17-29%) neither agreed nor disagreed. Young people who had consumed alcohol in the past four weeks (50%) were more likely to agree with the statement, compared with non-drinkers (34%).

Key points

- Approximately half of the respondents (aged 15 to 17-years old) disagreed with getting drunk or drunkenness being acceptable.
- Nearly three in five respondents (aged 15 to 17-years old) disagreed with binge drinking being part of New Zealand culture.
- Responses were split on whether it is hard to say 'I am not drinking', with nearly two in five saying it was (agreed) and nearly two in five saying it wasn't (disagreed).

About the Attitudes and Behaviour towards Alcohol Survey

- The ABAS is a nationwide telephone survey conducted annually. The survey focuses on behaviour related to the previous month and last drinking occasion, and a range of attitudes/opinions towards alcohol. The 2014/15 ABAS consisted of a sample of 4,005 New Zealanders aged 15-years and over. The survey was conducted between November 2014 and February 2015.
- The main sample, with a response rate of 21%, included 610 Māori, 215 Pacific people, 316 Asian people and 2,864 people of European or other ethnicities (prioritised ethnicity).
- The data have been adjusted (weighted) to ensure they are representative of the New Zealand population.
- For this analysis, proportions and 95% confidence intervals were produced. Odds ratios were used to compare responses between groups. The significance level used for statistical analyses was set to $\alpha=0.05$.
- Comparison groups for these analyses were for:
 - Gender (males, compared with females).
 - Ethnicity (comparisons between European/ Other, Māori, Pacific and Asian).
 - Alcohol consumption status (drinkers compared with non-drinkers).
 - Risky alcohol consumption (consumed five or more drinks on one occasion in the last four weeks, compared with those who had not).
- A full description of the 2014/15 ABAS survey methodology and further ABAS publications can be found online at <http://www.hpa.org.nz/research-library/research-publications>.

References

Health Promotion Agency. (2014). *Alcohol – the body and health effects: A brief overview*. Wellington: Health Promotion Agency.

Janssen, M. M., Mathijssen, J., van Bon-Martens, M., van Oers, H., & Garretsen, H. (2014). A qualitative exploration of attitudes towards alcohol, and the role of parents and peers of two alcohol-attitude-based segments of the adolescent population. *Substance Abuse Treatment Prevention and Policy*, 9(1), 20.

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About HPA

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Research and Evaluation Unit

Health Promotion Agency, PO Box 2142, Wellington 6140, New Zealand

<http://www.hpa.org.nz/research-library/research-publications>

research@hpa.org.nz

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