

Experiences with drinking culture in New Zealand: 2014/15 ABAS

Background

Individual behaviour can be affected by environmental and peer influences including offers of alcohol, modeling of heavy drinking behaviour and perceived social norms (Borsari & Carey, 2001). People's perceptions of the acceptability and prevalence of risky drinking patterns may influence their own drinking intentions and behaviour (Rimal & Real, 2005). Peer influences and the perception of peer support can help people to moderate or cut back on their drinking.

The Health Promotion Agency (HPA) develops information, advice, research and resources to help prevent and reduce alcohol-related harm and inspire New Zealanders to make better decisions about drinking alcohol.¹ This fact sheet reports on New Zealand adults' experiences and expectations relating to behaviour and pressures in drinking environments.

Methodology

The 2014/15 Attitudes and Behaviour towards Alcohol Survey (2014/15 ABAS) asked three questions that assessed people's experiences with the drinking culture in New Zealand. Responses to each of the three perception questions asked were collected on a five-point scale ranging from 'strongly agree' to 'strongly disagree'.

The responses of adults aged 18-years-and-over (n=3,812) were analysed. Responses were first compared by gender, ethnicity and age group (while controlling for the other demographic factors). Statistically significant differences ($p < .05$) between

subgroups are reported in cases where the differences remained significant after accounting for other factors. Secondly, responses were compared by all demographic factors and by risky drinking (defined as having consumed seven or more drinks on an occasion in the past month). If differences were no longer significant after risky drinking was included, this is noted in the text.

Acceptance of decisions to not drink alcohol

All respondents were asked for their agreement or disagreement with the statement: *In some situations it is hard to say 'I am not drinking'*.

One in three (33%, 31-34%) adult respondents agreed with this statement, including 16% (15-18%) who strongly agreed. Close to half of the adult respondents disagreed, including 33% (32-35%) who strongly disagreed and 14% (13-16%) who disagreed. Nearly one in five (18%, 17-19%) neither agreed nor disagreed.

Those more likely to agree or strongly agree included:

- males (35%) compared with females (31%)
- 18 to 24-year-olds (43%) compared with all older age groups (33% of 25 to 44-year-olds, 31% of 45 to 64-year-olds and 30% of those aged 65 years and over)
- past-month risky drinkers (40%) compared with non-drinkers (29%) and non-risky drinkers (32%).

The difference between males and females was no longer significant when risky drinking behaviour was taken into account.

¹ <http://www.alcohol.org.nz>

Avoidance of places due to drinking behaviour

All respondents were asked for their agreement or disagreement with the statement: *There are places I no longer go to because of others' behaviour when drinking.*

Nearly half (46%, 44-47%) of the adult respondents agreed with this statement, including 31% (29-32%) who strongly agreed. One in four (25%, 23-26%) strongly disagreed, one in eight (12%, 11-13%) disagreed, and a further one in eight (13%, 12-14%) neither agreed nor disagreed with the statement.

Those more likely to agree or strongly agree included:

- Māori (55%) compared with European/Other (44%) and Asian people (43%)
- non-drinkers (52%) compared with risky drinkers (42%) and non-risky drinkers (44%).

Acceptance of advice about drinking

All respondents were asked for their agreement or disagreement with the statement: *My friends and family would listen to me if I suggested they cut back on their drinking.*

Over one in three (36%, 35-38%) adult respondents agreed with the statement, including 18% (17-19%) who strongly agreed. Almost one in three (28%, 26-29%) neither agreed nor disagreed, and almost one in three disagreed (31%) including 18% (17-19%) who strongly disagreed.

Those more likely to agree or strongly agree included:

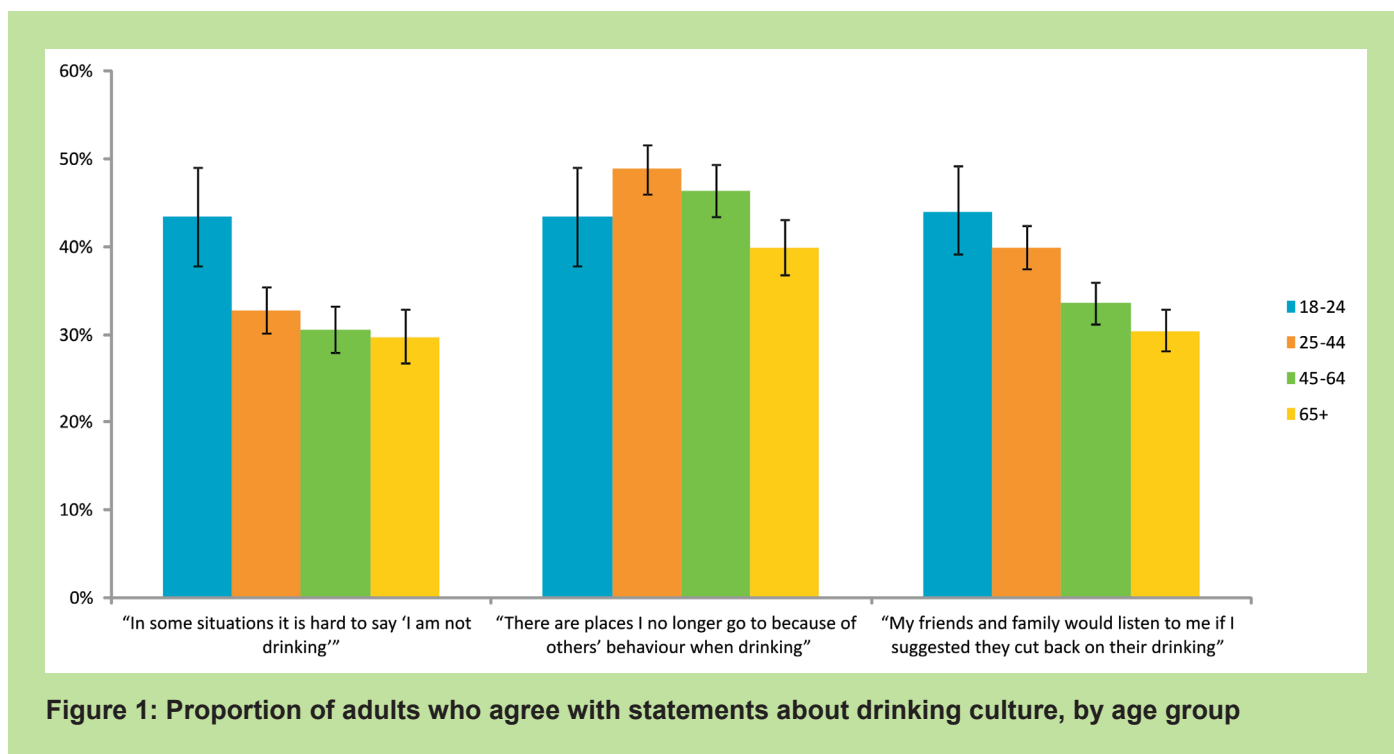
- 18 to 24-year-olds (44%) compared with 45 to 64-year-olds (34%) and those aged 65 years and over (30%)
- Asian people (46%) compared with European/Other (35%).

Ethnic differences were no longer significant when risky drinking behaviour was taken into account.

Figure 1 shows the overall agreement (“agree” and “strongly agree” combined) with all three statements, by age group. Younger adults were more likely to agree with the statement about finding it difficult to say no to drinking and the statement about believing that people would listen to them if they suggested cutting back on drinking.

Key points

- One in three adults agreed that in some situations it was hard to say they were not drinking.
- Just over one in three adults felt that the people they knew would listen if they made suggestions about cutting back on drinking alcohol.
- Nearly half of all adults agreed that they no longer went to certain places due to others' drinking behaviour.
- By subgroup, responses varied most by age. Younger adults were more likely to agree that there were some situations in which they found it hard to say they were not drinking. On the other hand, they also agreed more that their friends and family might listen to them if they suggested cutting back on drinking.



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 as follows:
 - Gender (male compared with female).
 - Ethnicity (comparisons between European/ Other, Māori, Pacific and Asian).
 - Age (comparisons between 18 to 24, 25 to 44, 45 to 64, 65+ years).
 - Risky drinking (non-drinkers compared with those who had drunk to a risky level in past month and those drinkers who had not drunk to a risky level)
- 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

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About the HPA

HPA is a Crown entity that leads and delivers innovative, high quality and cost-effective programmes and activities that promote health, wellbeing and healthy lifestyles, prevent disease, illness and injury. HPA enables environments that support health and wellbeing and healthy lifestyles, and reduce personal, social and economic harm. HPA also undertakes functions specific to providing advice and research on alcohol issues.

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