

Alcohol use

Introduction

Alcohol is the most commonly used recreational drug in New Zealand, with the majority of New Zealanders consuming alcohol at least occasionally (Ministry of Health 2007). The consumption of more than two standard drinks per day increases the risk for health problems in many organ systems, including the central nervous system, gastrointestinal system, and cardiovascular system, as well as affecting foetal development (Schuckit 2005), and increasing the risk of several cancers (World Cancer Research Fund and American Institute for Cancer Research 2007). Alcohol also contributes to death and injury due to traffic accidents, drowning, suicide, assault and domestic violence (Conner et al 2005).

What were the survey questions?

In the 2006/07 New Zealand Health Survey, adult participants were asked whether they had had an alcoholic drink in the previous 12 months. Adult participants who had an alcoholic drink in the previous 12 months were then asked 10 questions about their alcohol use, covering the volume and frequency of alcohol consumed, alcohol-related problems and abnormal drinking behaviour. These 10 questions were developed by the WHO, and are known as the Alcohol Use Disorders Identification Test (AUDIT).

There are several ways to measure potentially hazardous drinking behaviour. In this report, the international definition of hazardous drinking as an AUDIT score of 8 or more has been used, representing an established pattern of drinking that carries a high risk of future damage to physical or mental health, but may not yet have resulted in significant adverse effects (Babor et al 2001). As men and women have been assigned the same cut-off score, this may underestimate hazardous drinking in women, who generally have lower alcohol tolerance than men (Alcohol Advisory Council of New Zealand 2008).

Prevalence of hazardous drinking has been presented for the total population and for 'drinkers' (the proportion of the population who had a drink containing alcohol in the previous 12 months).

Alcohol use in the previous 12 months

Eight out of every ten adults (83.7%, 82.9–84.5) reported having had a drink containing alcohol in the previous year. Previous year alcohol use was higher in men (87.9%, 86.6–89.2) than in women (80.8%, 79.6–82.0), adjusted for age.

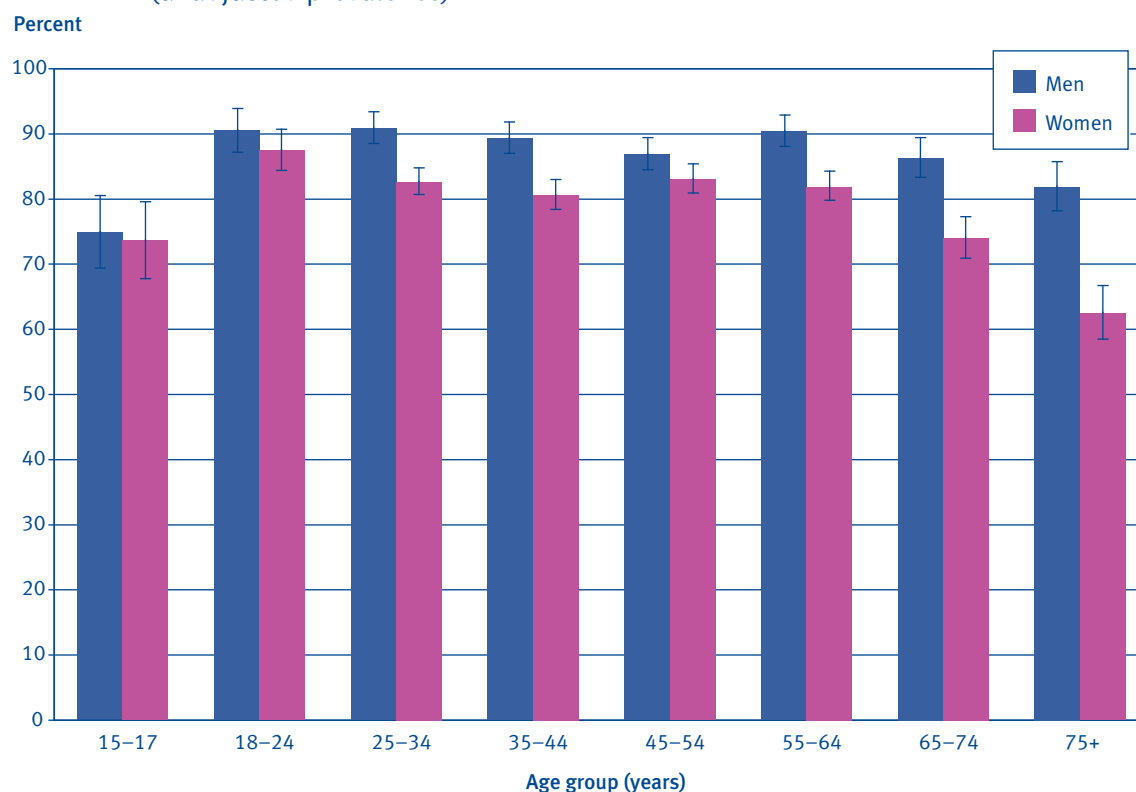
Alcohol use in the previous 12 months for adults, by age group

Three out of four 15–17-year-olds had a drink containing alcohol in the previous 12 months (74.2%, 70.1–78.4).

In under 25-year-olds there was no difference in the proportion of men and women who had a drink containing alcohol in the previous 12 months. However, from 25–34 years, women were less likely than men to have had an alcoholic drink in the previous 12 months (Figure 2.31).

In both men and women aged 18 years or over, the prevalence of previous year alcohol use was relatively stable until age 55–64 years, after which it declined slightly in men and more quickly in women (Figure 2.31).

Figure 2.31: Alcohol use in the previous 12 months for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

Hazardous drinking patterns in the previous 12 months

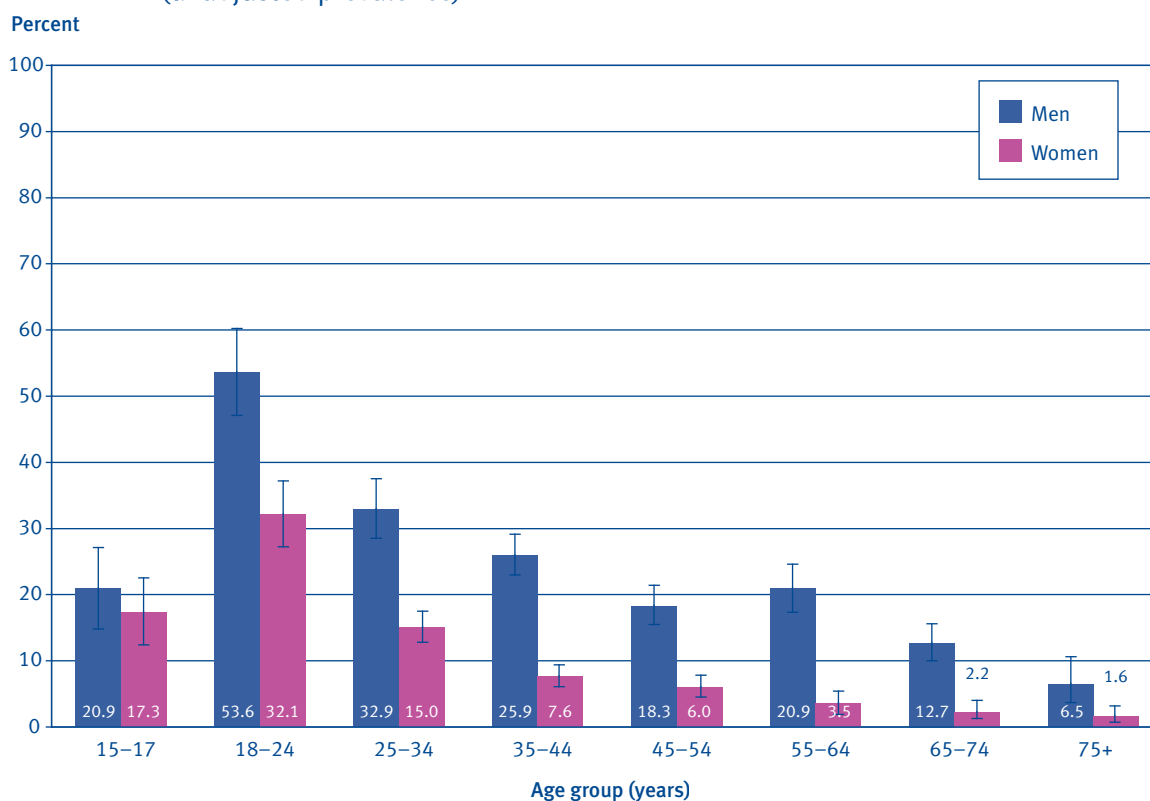
One in five adult drinkers (21.1%, 20.1–22.2) had a potentially hazardous drinking pattern, as indicated by a score of 8 or more on the AUDIT questionnaire. This is 17.7% (16.8–18.5) of the total adult population, equating to 551,300 adults who had a high risk of future damage to their physical and/or mental health due to drinking alcohol.

In the total population, men (27.6%, 25.9–29.4) were more than twice as likely as women (12.2%, 11.1–13.3) to have a potentially hazardous drinking pattern, when standardised for age. This pattern remained the same when looking at only those who had an alcoholic drink in the previous 12 months, with 31.5% (29.5–33.4) of male adult drinkers and 15.1% (13.8–16.4) of female adult drinkers at a high risk of future damage to their physical and/or mental health due to their drinking, when age standardised.

Hazardous drinking, by age group

In both men and women, the proportion of adults with a potentially hazardous drinking pattern was highest for those aged 18–24 years. Half of all men aged 18–24 years, and one in three women aged 18–24 years, had a hazardous drinking pattern (Figure 2.32).

Figure 2.32: Hazardous drinking (AUDIT score of 8 or more) for adults, by age group and gender (unadjusted prevalence)



Source: 2006/07 New Zealand Health Survey

For adults who had an alcoholic drink in the previous year, the pattern was the same, with hazardous drinking prevalence peaking for men aged 18–24 years (59.3%, 52.6–65.9) and for women in the same age group (36.7%, 31.1–42.3).

Hazardous drinking, by ethnic group

Table 2.14 gives an indication of the burden of hazardous drinking in New Zealand’s main ethnic population groups.

Table 2.14: Hazardous drinking for adults, by ethnic group (unadjusted)

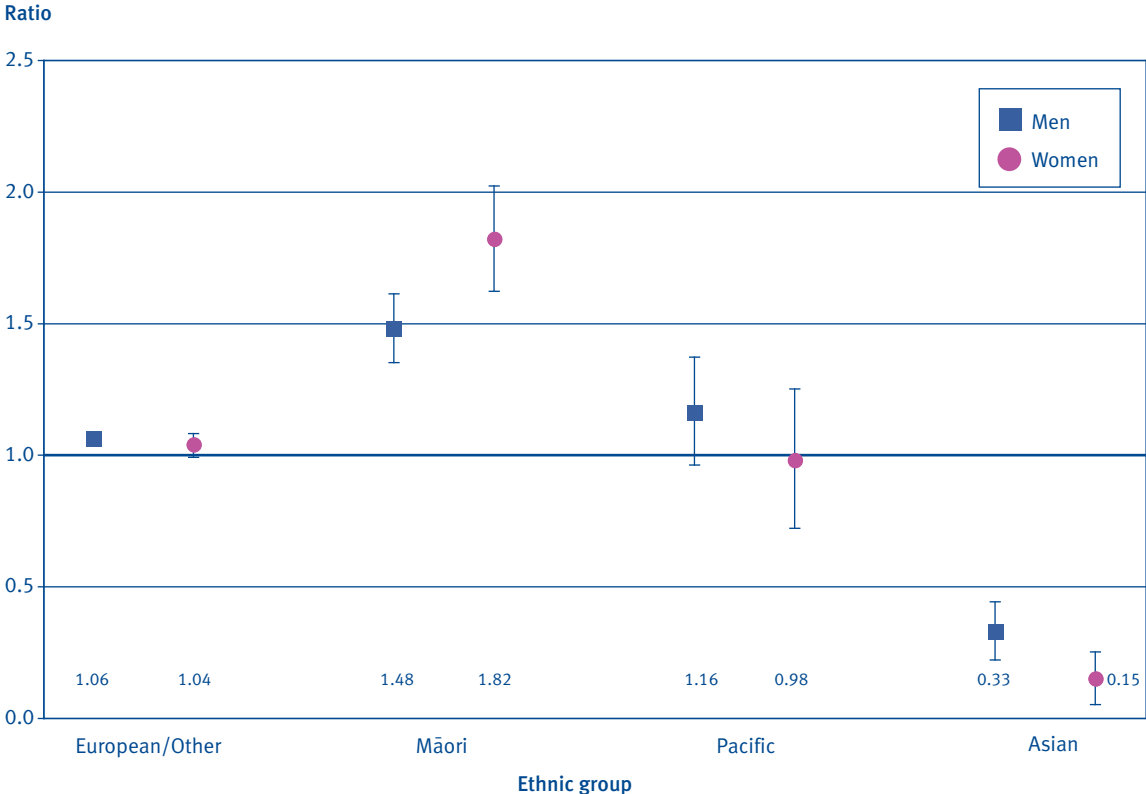
Ethnic group	Prevalence for drinkers (95% CI)	Prevalence for total adults (95% CI)	Number of adults
European/ Other	20.1 (18.9–21.3)	17.7 (16.6–18.7)	451300
Māori	39.2 (36.9–41.4)	32.9 (30.9–35.0)	117100
Pacific	39.2 (35.0–43.3)	23.0 (19.8–26.2)	37900
Asian	9.4 (6.5–12.3)	5.6 (3.8–7.4)	15600

Source: 2006/07 New Zealand Health Survey

Note: Total response standard output for ethnic groups has been used.

Adjusted for age, Māori women were nearly twice as likely, and Māori men 1.5 times as likely, to have a potentially hazardous alcohol drinking pattern, compared to women and men in the total population (Figure 2.33). Asian men and women were significantly less likely to have a hazardous drinking pattern.

Figure 2.33: Hazardous drinking for adults, by ethnic group and gender (age standardised rate ratio)

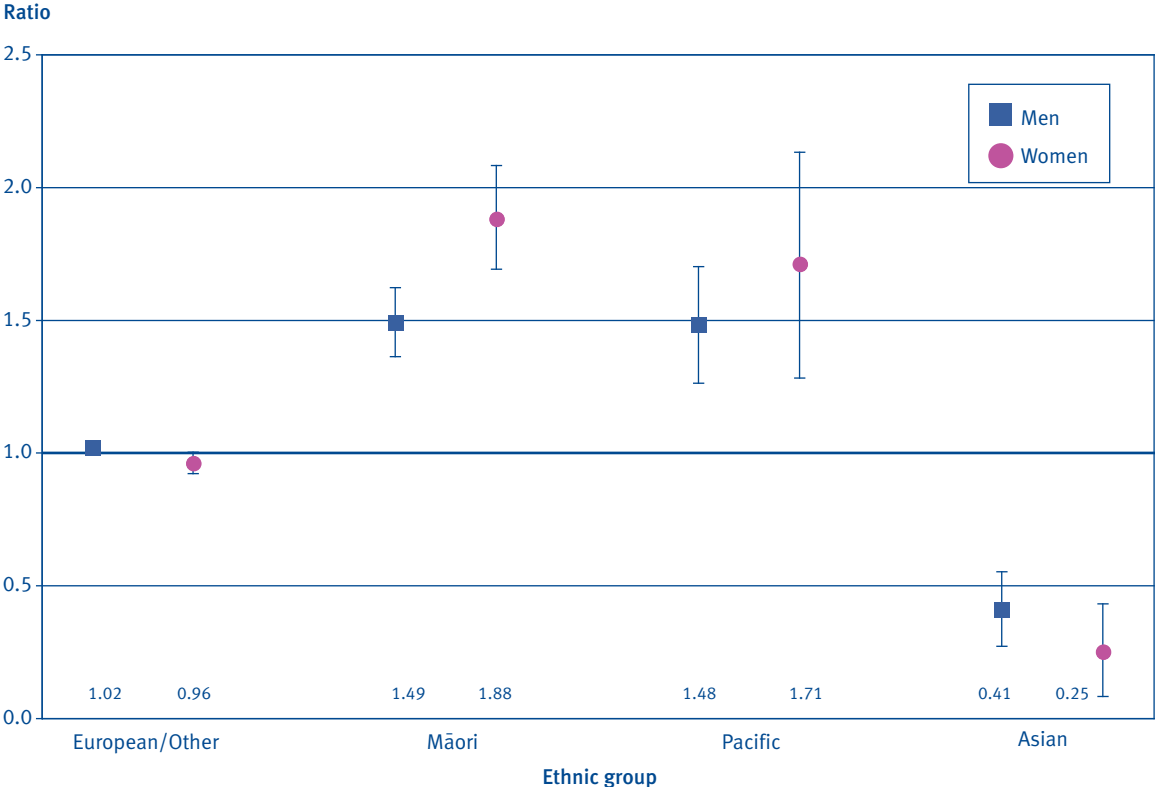


Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

When only considering adults who had an alcoholic drink in the previous 12 months, Pacific men and women also had an increased prevalence of hazardous drinking compared to all men and women who had an alcoholic drink in the previous 12 months (Figure 2.34).

Figure 2.34: Hazardous drinking for adult drinkers, by ethnic group and gender (age standardised rate ratio)



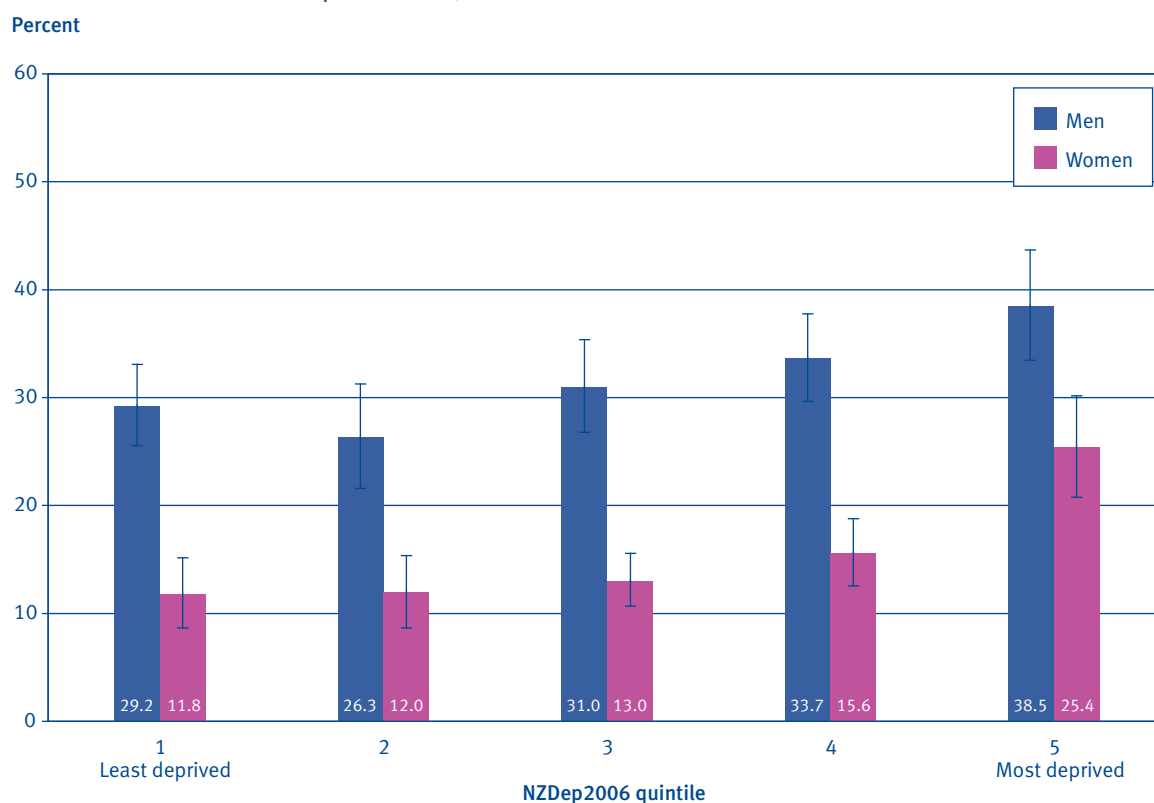
Source: 2006/07 New Zealand Health Survey

Notes: Age standardised to the WHO world population. Reference group, with a rate ratio of 1.0 (indicated by the bold line), is the total male or female population aged 15 years and over. Total response standard output for ethnic groups has been used.

Hazardous drinking, by neighbourhood deprivation

In both men and women the proportion of adult drinkers with a potentially hazardous drinking pattern was higher in NZDep2006 quintile 5 (most deprived) than in quintile 1 (least deprived). This pattern is particularly strong for women, where the age standardised prevalence more than doubles from quintile 1 to quintile 5 (Figure 2.35).

Figure 2.35: Hazardous drinking for drinkers, by NZDep2006 quintile and gender (age standardised prevalence)



Source: 2006/07 New Zealand Health Survey

This pattern is similar when considering the total adult population (rather than just ‘drinkers’), with statistically significant differences between NZDep2006 quintile 1 and 5 for women.

Hazardous drinking, by DHB area

Adults living in Northland / Tairāwhiti / Hawke’s Bay / Lakes / Whanganui DHB areas were significantly more likely to have a hazardous drinking pattern than the national rate, with one in four ‘drinkers’ in these DHBs having an AUDIT score of 8 or more (Table 2.15). Adults living in Counties Manukau DHB area were significantly less likely to have a hazardous drinking pattern. However, this is due to a smaller proportion of adults having had an alcoholic drink in the previous 12 months compared to the national rate, and this difference disappears when considering only those adults who are ‘drinkers’ (Table 2.15).

Table 2.15: Hazardous drinking for adults, by DHB area (unadjusted)

DHB area	Prevalence for drinkers (95% CI)	Prevalence for total adults (95% CI)	Number of adults
Northland / Tairāwhiti / Hawke's Bay / Lakes / Whanganui	23.8 (21.1–26.5) +	20.4 (18.1–22.7) +	76600
Waitemata	19.4 (15.8–22.9)	16.2 (13.2–19.2)	61400
Auckland	22.0 (18.1–26.0)	17.4 (14.2–20.6)	56000
Counties Manukau	18.5 (15.6–21.4)	13.3 (11.3–15.4) –	43000
Waikato	24.1 (20.8–27.5)	20.1 (17.3–22.9)	52300
Bay of Plenty / Taranaki / MidCentral	19.7 (16.8–22.7)	17.1 (14.5–19.6)	60000
Wairarapa / Hutt Valley / Capital and Coast	20.2 (16.7–23.7)	17.3 (14.3–20.3)	60000
Canterbury	21.0 (17.7–24.2)	18.4 (15.4–21.4)	68300
Nelson Marlborough / West Coast / South Canterbury / Otago / Southland	21.6 (17.8–25.4)	18.8 (15.5–22.2)	74100
New Zealand total	21.1 (20.1–22.2)	17.7 (16.8–18.5)	551300

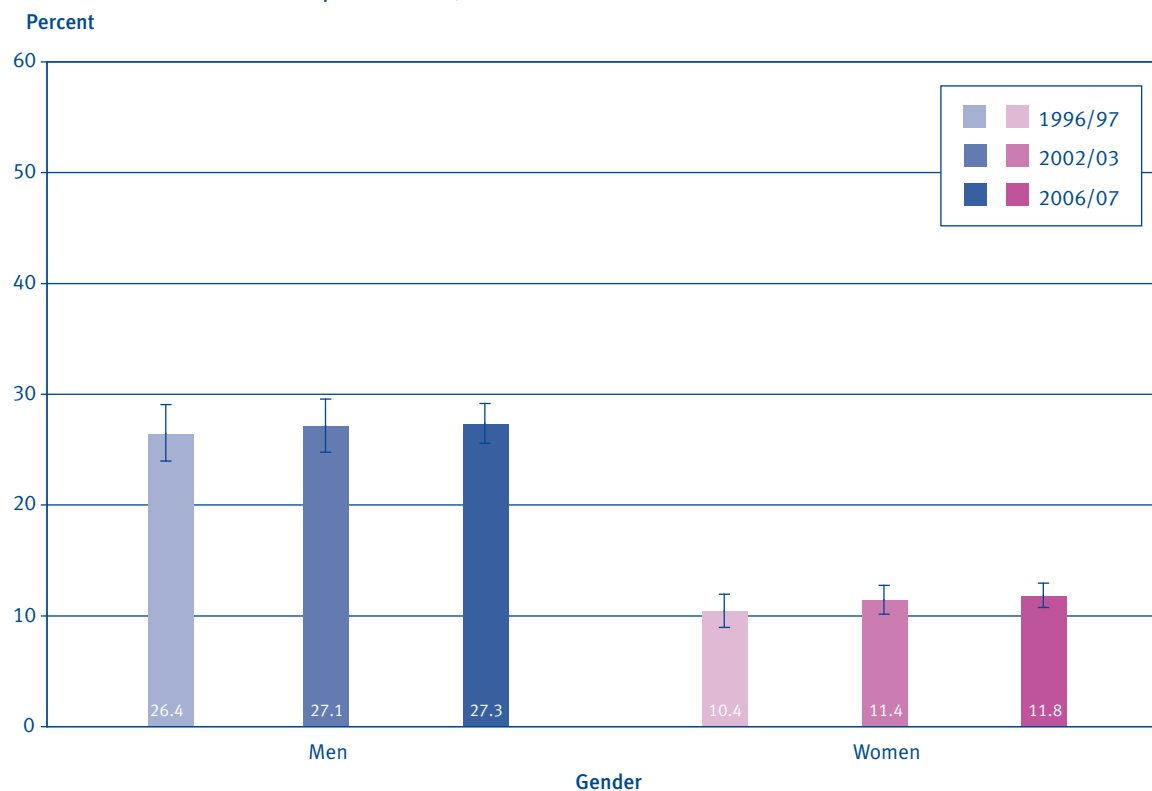
Source: 2006/07 New Zealand Health Survey

Notes: Estimates indicated with a + are significantly higher than the national rate, and estimates indicated with a – are significantly lower than the national rate. Data are based on direct survey estimates and could be confounded by different population characteristics in each DHB. Due to small sample size, some DHB areas have been combined. Survey population is the estimated resident population living in permanent private dwellings at 31 June 2007.

Time trends in hazardous drinking

From 1996/97 to 2006/07 there was no change in the prevalence of hazardous drinking for adults, adjusted for age (Figure 2.36).

Figure 2.36: Hazardous drinking for adults, by gender, 1996/97, 2002/03 and 2006/07 (age standardised prevalence)

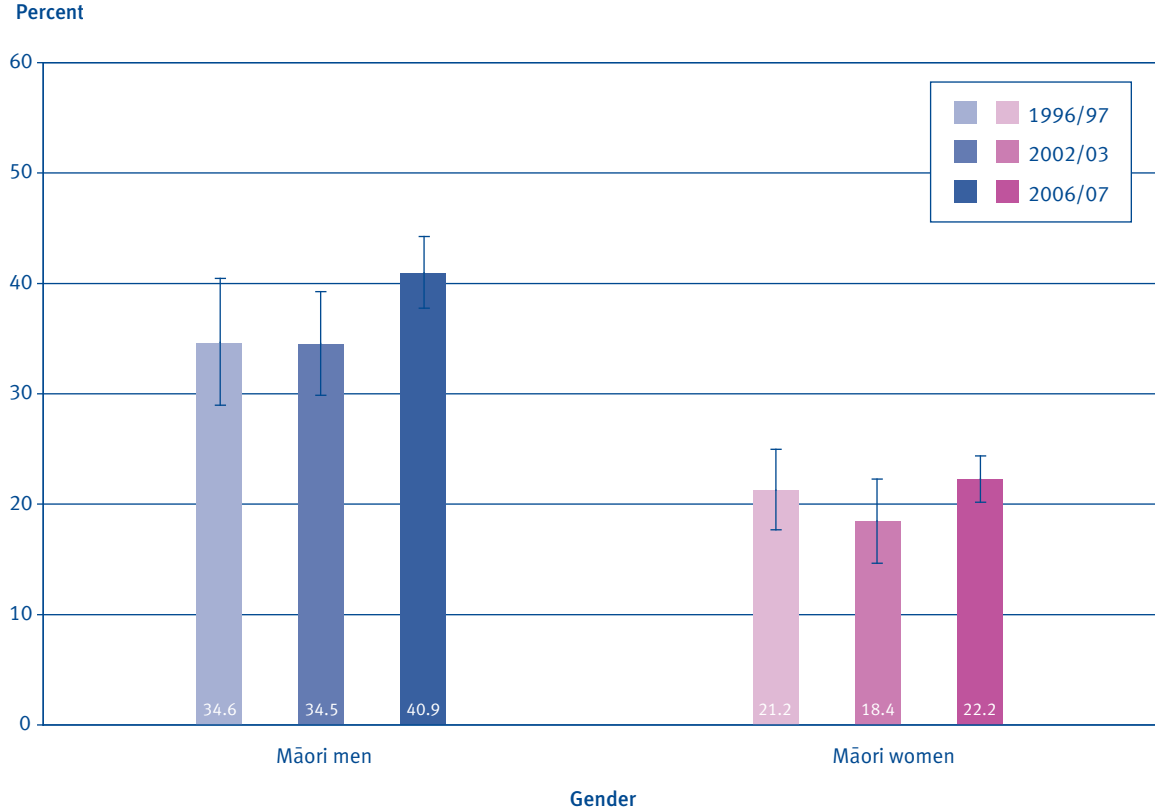


Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

Although there was no difference from 1996/97 to 2002/03, there has been an increase in the prevalence of hazardous drinking between 2002/03 and 2006/07 for Māori men (p-value < 0.05), adjusted for age (Figure 2.37).

Figure 2.37: Hazardous drinking for Māori adults, 1996/97, 2002/03 and 2006/07, by gender (age standardised prevalence)



Source: 1996/97, 2002/03 and 2006/07 New Zealand Health Surveys

Note: Data from previous years have been reanalysed to allow for comparability.

The trend from 1996/97 to 2006/07 in the prevalence of hazardous drinking among drinkers was the same as that for hazardous drinking for all adults, adjusted for age (graphs not shown).