2010 Health and Lifestyles Survey: Alcohol Related Attitudes

Peck. R. 2011. *2010 Health and Lifestyles Survey: Alcohol Related Attitudes*.
Wellington: Health Sponsorship Council.

Published in 2011 by the
Health Sponsorship Council
PO Box 2142, Wellington, 6011, New Zealand

This document is available on the Health Sponsorship Council's website:
http://www.hsc.org.nz

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1.0 Introduction

The Health and Lifestyles Survey (HLS) is undertaken every two years by the Health Sponsorship Council (HSC) to measure the status of New Zealanders' lifestyles contributing to their physical and mental health. In the 2010 HLS, 1,740 participants were asked a series of questions about drinking status, how much they would support or oppose various changes if they were to help reduce the problems associated with alcohol use, and their exposure to alcohol advertising in the past three months. These topics included the price, availability and purchase age of alcohol, as well as its advertising, promotion and sponsorship. These questions were used to gain a greater insight into various alcohol-related attitudes, which will increase our understanding of various health-related behaviours. The intention of the HLS is to inform the HSC's programmes and understand the relationship of policy and regulations on health related-behaviours. Although these questions address attitudes and perceptions of alcohol use and policy, they are collected with the intention of how they relate to peoples' actual behaviours.

2.0 Methodology

A statistical weighting was used to ensure the characteristics of the sample match the total New Zealand population, accounting for gender, age and ethnicity biases. The population benchmarks were calculated using the latest New Zealand Census (conducted March 2006) and are representative of Statistics New Zealand's 2010 estimated usually resident population counts. All descriptive statistics used in this report are weighted values (for more detail on the weighting please refer to the full methodology report, which can be found at www.hsc.org.nz).

Descriptive statistics used in this report include 95% confidence intervals to represent the sample error for estimates. This means that there is a 95% likelihood that the true population (frequency, mean or odds) is located between the lower and upper confidence interval values. Two methods were used in order to show significant differences between estimates. First, estimates are said to be significantly different if the 95% confidence intervals do not overlap. It is also possible that the confidence intervals overlap, but there can still be a statistically significant difference. In this case the difference was tested using appropriate statistical techniques, with = .05. An odds ratio is statistically significant if the 95% confidence interval does not include 1 (for more information, please refer to the full methodology report, which can be found at www.hsc.org.nz).

Various demographics are examined for each question including age, gender, ethnicity, deprivation, equivalised income, employment status, education, location, smoking status and parent/caregiver status. Interactions between demographic variables were also analysed and significant interactions are presented in this report. Age was analysed using two separate categories- a two-level category of 15-17 year olds versus those aged 18 years and older; and a four-level category of 15 to 17-year-olds, 18 to 24-year-olds, 24 to 44-year-olds and those aged 45 years and older. Equivalised income is the total household income adjusted for the number of adults, as well as the number and age of children in the household. These were categorised into low, medium and high tertiles in this report. Prioritised ethnic grouping was used. Prioritisation involves each respondent being allocated to a single ethnic group that they identified with, in the prioritised order of Māori, Pacific, Asian and European/other. Each mesh block was given a deprivation decile value that was further grouped into low (1-3), mid (4-7)

and high (8-10) deprivation groups. Smoking status was divided into current smokers (smokes at least once a month), non-smokers (those that have never smoked) and past smokers (those that have smoked but currently do not). Further information on demographics can be found in the full methodology report, which can be found at www.hsc.org.nz.

Throughout this report, small sample numbers may be suppressed in order to reduce problems of confidentiality and reliability. If the sample is too small it may not adequately represent the population from which it has been drawn, and individuals may be identifiable from the small numbers.

3.0 Alcohol-Related Questions

3.1 Prevalence of alcohol use in the last year

Respondents were asked 'have you had a drink containing alcohol in the last year?' with possible responses of *yes, no, don't know* or *refused.* There were no responses of *don't know* or *refused*, and these response categories were, therefore, excluded from the analyses. The percentage that responded with *yes* is presented, with comparisons across various demographics.

Overall

More than eight out of 10 New Zealanders, aged 15 years and older, reported having consumed a drink containing alcohol in the last year (84.6%; 95% confidence interval = 82.5 - 86.7). This is comparable to the *2006/07 New Zealand Health Survey*, in which a total of 83.7% (82.9 - 84.5) had consumed a drink containing alcohol in the last year (2006/07 New Zealand Health Survey*).

Gender and Age

Males were significantly more likely to have consumed alcohol in the past year (89.9%; 87.1 - 92.5) compared with females (79.8%; 76.5 - 83.0). There was no significant change in the prevalence of those that had drank alcohol in the last year compared with the *2006/07 New Zealand Health Survey*; with 87.7% (86.5 - 89.0) of males having reported consuming a drink containing alcohol in the last year and 80.0% (78.8 - 81.1) of females (2006/07 New Zealand Health Survey*).

There were no significant differences between age groups (15-17, 18-24, 25-44, 45+, or between 15 to 17 and 18+ years old). There were, however, significant interactions between age and gender (see Table 1.1).

* Available at: http://www.moh.govt.nz/moh.nsf/indexmh/portrait-of-health-appendix5)

Table 1.1: Prevalence of alcohol use in the last year, percentage (95% confidence intervals (95% CI)), by gender and age group.

	Age Group			
	15-17 years	**18-24 years**	**25-44 years**	**45+ years**
Male	95.3 (89.3 – 100)	88.7 (80.1 – 97.3)	87.3 (82.6 – 92.0)	91.1 (87.1 – 95.0)
Female	78.2 (57.6 – 98.7)	86.9 (79.1 – 94.6)	85.3 (78.8 – 88.1)	75.3 (70.1 – 80.4)

Males aged 45 years and older were significantly more likely to have had a drink containing alcohol in the past year compared to females aged 45 years and older. There were no significant differences in the prevalence of alcohol use between males and females in any other age group. Males aged between 15 and 17 years have the highest prevalence of alcohol use (95.3%), followed by males aged 45 years and older (91.1%). Females show a different trend, with females aged between 15 and 17 years and those aged 45 years and older showing the lowest prevalence of alcohol use (78.2% and 75.3%, respectively) (See Figure 1.1).

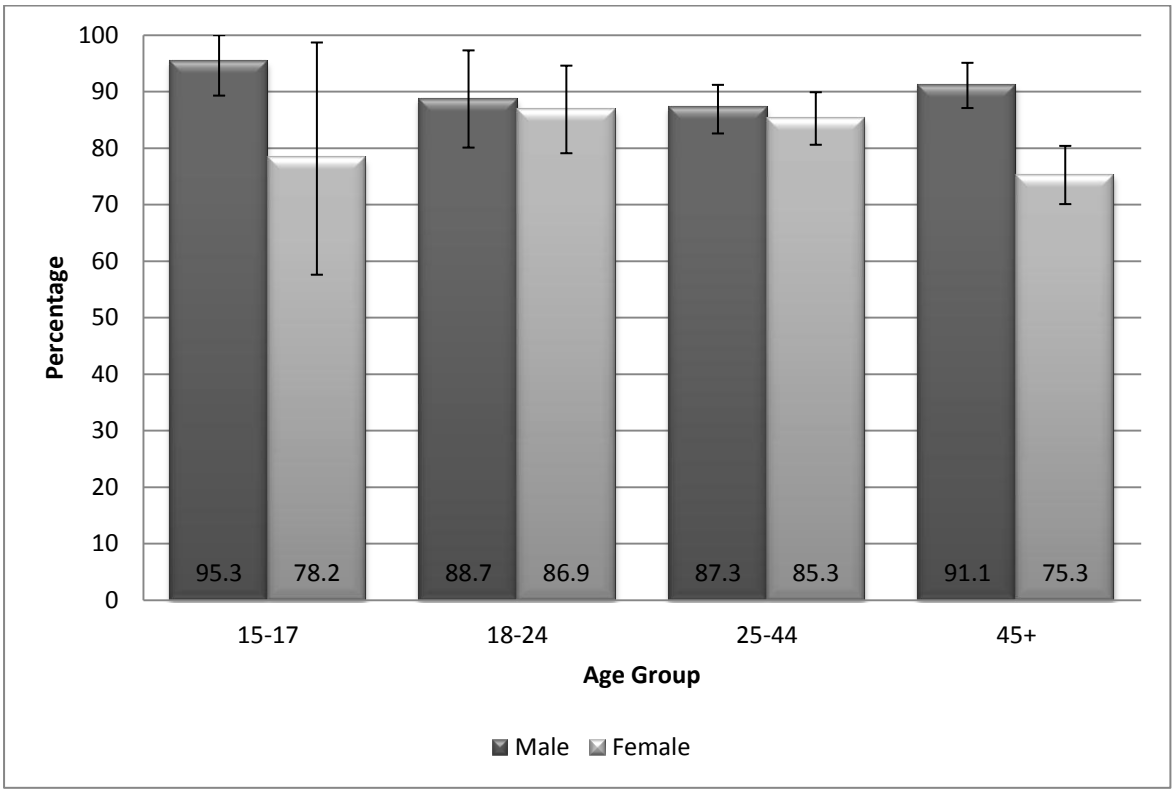

Figure 1.1: Prevalence of alcohol use in the last year, percentage (95% CI), by gender and age group.

Ethnicity

There were significant differences in prevalence of alcohol use across ethnicity. Nine out of 10 European/Other and over eight out of 10 Māori have reported consuming alcohol in the past year. Asian and Pacific ethnicities had a significantly lower prevalence with just over five out of 10 reporting having an alcoholic drink in the past year. Significantly more European/Other reported having had a drink containing alcohol than Māori, Pacific and Asian (see Table 1.2).

Table 1.2: Prevalence of alcohol use in the last year, percentage (95% CI), by ethnicity.

	Ethnic Group			
	Māori	**Pacific**	**Asian**	**European/Other**
Prevalence (95% CI)	83.3 (78.3 - 88.4)	56.4 (48.7 - 64.1)	52.1 (37.2 - 66.9)	90.2 (88.0 - 92.4)

European/Other were 1.84 (1.18 – 2.85) times more likely to have had a drink containing alcohol in the last year compared with Māori. Non–Pacific are 4.21 (2.91 – 6.09) times more likely to have had a drink containing alcohol in the last year than Pacific.

Deprivation

Significant differences in drinking prevalence were found across deprivation levels. Prevalence of having drank alcohol was significantly higher for those in the low deprivation group, compared with the mid deprivation group and high deprivation group. Nine out of 10 people in the low deprivation group reported having had a drink containing alcohol in the last year, compared with just over eight out of 10 for the mid-deprivation group and just fewer than 8 out of 10 for the high deprivation group (see Table 1.3).

Table 1.3: Prevalence of alcohol use in the last year, percentage (95% CI), by deprivation level.

	Deprivation Group		
	High Deprivation	**Mid Deprivation**	**Low Deprivation**
Prevalence (95% CI)	77.3 (72.5 - 82.1)	84.7 (80.3 - 89.1)	90.8 (87.3 - 94.3)

Those in the low deprivation group were 2.89 times more likely to have had a drink containing alcohol in the last year, than people in the high deprivation group. Those in the mid deprivation group were 1.63 times more likely to have had a drink containing alcohol in the last year, compared with people in the high deprivation group (See Table 1.4).

Table 1.4: Odds ratios of having had a drink containing alcohol in the last year (95% CI), by deprivation group.

	Deprivation Group		
	High (reference)	**Mid**	**Low**
Odds Ratio (95% CI)	1	1.63 (1.02 - 2.59)	2.89 (1.72 - 4.86)

There was also a significant interaction between ethnicity and deprivation group. Prevalence of having had an alcoholic drink remained reasonably consistent across deprivation groups for Māori and European/Other ethnicities, whereas Asian ethnicity varies. Although not statistically significant Asian ethnicity in the low deprivation group had a higher prevalence of having had a drink than those in the medium and high deprivation groups (see Table 1.5).

Table 1.5: Prevalence of alcohol use in the last year, percentage (95% CI), by ethnicity and deprivation.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
High Deprivation	81.8 (73.0 - 88.2)	*	37.3 (19.5 – 59.4)	88.8 (83.5 – 92.6)
Medium Deprivation	85.3 (75.1 – 91.7)	73.9 (53.3 – 87.6)	40.0 (9.4 – 81.2)	88.9 (84.6 – 92.1)
Low Deprivation	90.0 (68.5 - 97.4)	77.5 (56.8 - 90.0)	68.1 (25.9 - 92.9)	92.9 (88.7 - 95.6)

*Suppressed due to small sub-population size.

Employment

There were significant differences in drinker prevalence across employment status. Full-time and part-time groups had the highest prevalence, with around nine out of 10 reported having consumed alcohol in the past year. Those in the 'Other' employment group had a lower prevalence with eight out of 10 having reported consuming alcohol in the past year. The 'Homemaker' group had the lowest prevalence with just over seven out of 10 reporting alcohol consumption in the past year (see Table 1.6).

Table 1.6: Prevalence of alcohol use in the last year, percentage (95% CI), by employment status.

	Employment Status			
	Full-Time	**Part-Time**	**Homemaker**	**Other**
Prevalence (95% CI)	87.1 (83.8 - 90.3)	91.7 (88.5 - 95.0)	73.8 (63.4 - 84.2)	79.5 (74.6 - 84.4)

Location

There were significant differences in drinking prevalence across location. Respondents living in the Auckland area had the lowest prevalence, with just over seven out of 10 respondents having reported consuming a drink containing alcohol in the previous year, compared with around nine out of 10 people in all other areas. The lower North Island had a significantly higher prevalence of alcohol consumption than the rest of the upper North Island. There were no other significant differences between groups (see Table 1.7). Upon further analyses, it was found that there was a significant location and ethnicity interaction, and an uneven distribution of ethnicities across locations, which may partly account for this. Pacific and Asian ethnicities make up around 35% of the Auckland population, compared with less than 6% for the other locations.

Table 1.7: Prevalence of alcohol use in the last year, percentage (95% CI), by location.

	Location			
	Auckland	**Rest of Upper North Island**	**Lower North Island**	**South Island**
Prevalence (95% CI)	72.6 (66.5 - 78.6)	86.3 (82.3 - 90.3)	92.7 (89.8 - 95.6)	90.1 (86.2 - 94.0)

Location and Ethnicity

There were significant interactions found between ethnicity and location. Māori showed fairly consistent drinking prevalence across locations. All South Island Pacific reported having consumed a drink containing alcohol in the past year, compared with around half in all other locations. Although there were visible differences in alcohol use for Asian across location, none were significant. European/Other also showed fairly consistent prevalence of alcohol use across locations (see Table 1.8).

Table 1.8: Prevalence of alcohol use in the last year, percentage (95% CI), by ethnicity and location.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Auckland	74.6 (63.0 - 86.2)	53.4 (45.2 - 61.6)	51.0 (33.1 - 68.8)	84.9 (77.8 - 92.1)
Rest of Upper North Island	81.3 (72.7 - 89.9)	48.0* (12.3 - 83.7)	65.3* (6.5 – 100)	90.3 (86.0 - 94.5)
Lower North Island	94.9 (90.9 - 98.9)	54.5 (34.8 - 74.3)	34.0* (0 - 73.5)	94.5 (91.6 - 97.4)
South Island	92.5 (85.8 - 99.1)	100* (100 – 100)	90.6* (59.1 – 100)	89.8 (85.5 - 94.0)

*Caution should be taken interpreting these results due to the small sizes of subsamples (< 30).

Equivalised Income

Respondents in the high equivalised income tertile (described in the introduction) had a significantly higher prevalence of alcohol consumption than those in the medium and low income tertiles. More than nine out of 10 of those in the high equivalised income tertile reported having consumed alcohol in the past year, compared with around three out of four in the low equivalised income tertile (See Table 1.9).

Table 1.9: Prevalence of alcohol consumption in the last year, percentage (95% CI), by equivalised income tertile.

	Equivalised Income Tertile		
	Low	**Medium**	**High**
Prevalence (95% CI)	76.8 (71.8 - 81.8)	83.6 (79.4 - 87.8)	93.0 (89.6 - 96.3)

Those in the high equivalised income tertile were 3.95 times more likely to have had a drink containing alcohol in the last year, than people in the low equivalised income tertile. Those in the medium equivalised income tertile were 1.63 times more likely to have had a drink containing alcohol in the last year, compared with people in the low equivalised income tertile (see Table 1.10).

Table 1.10: Odds ratios of having had a drink containing alcohol in the last year (95% CI), by equivalised income tertile.

	Equivalised Income Tertile		
	Low (reference)	**Medium**	**High**
Odds Ratio (95% CI)	1	1.53 0.98 - 2.38	3.95 2.12 - 7.35

Smoking Status

Smokers, both past (quitters) and present, were significantly more likely to have had a drink in the last year compared with those that had never smoked (non-smoker). Around three out of four people that had never smoked had consumed alcohol in the past year, compared with nine out of 10 of those who were past or current smokers (see Table 1.11). Upon further analyses, those that smoked but reported having not had a drink containing alcohol in the last year were most likely to be female, aged between 25 and 44 years and be of Māori ethnicity.

Table 1.11: Prevalence of alcohol consumption in the last year, percentage (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker	**Past Smoker**	**Current Smoker**
Prevalence (95% CI)	76.2 (71.9 - 80.5)	89.4 (86.6 - 92.2)	90.8 (86.8 - 94.8)

Current smokers were 3.07 times more likely to have had a drink containing alcohol in the last year compared with those that had never smoked. Past smokers were 2.63 times more likely to have had a drink containing alcohol in the last year compared with those that had never smoked. This suggests that those who have abstained from smoking are also more likely to have abstained from alcohol (see Table 1.12).

Table 1.12: Odds ratios of having had a drink containing alcohol in the last year (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker (reference)	**Past-Smoker**	**Current-Smoker**
Odds Ratio (95% CI)	1	2.63 (1.51 - 4.59)	3.07 (1.76 - 5.38)

3.2 Attitudes towards raising the price of cheap alcohol

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: raising the prices on cheap alcohol'; with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* There were no responses of *don't know* or *refused*, and these response categories were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall response mean for each group was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category. In the explanations of the descriptives, the term *support* refers to *strongly support* and *support* combined, and *oppose* refers to *strongly oppose* and *oppose.*

Overall

There was an overall mean response of 2.46 (2.36 - 2.56) which indicates support for raising the prices of cheap alcohol. Overall, about a quarter of respondents strongly supported raising the prices of cheap alcohol, and more than another quarter supported it (see Table 2.1).

Table 2.1: Attitudes towards raising the prices of cheap alcohol, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Percentage (95% CI)	26.7 (23.0 - 30.4)	30.1 (26.6 - 33.6)	19.4 (16.2 - 22.5)	18.1 (14.8 - 21.4)	5.8 (3.9 - 7.6)

Age

Respondents aged 18 years and older were significantly more likely to support raising the prices of cheap alcohol compared with those aged 15 to 17 years (see Table 2.2).

Table 2.2: Attitudes towards raising the prices of cheap alcohol, response mean (95% CI), by age group (lower scores denote greater support).

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	3.33 (2.88 - 3.78)	2.72 (2.34 - 3.09)	2.50 (2.33 - 2.66)	2.28 (2.16 - 2.39)

Only around a quarter of 15 to 17-year-olds supported raising the prices of cheap alcohol, compared with over half of those aged 18 years and older (see Table 2.3).

Table 2.3: Attitudes towards raising the prices of cheap alcohol, percentage per response category (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Strongly Support	7.9 (2.5 - 18.0)	23.0 (11.1 - 35.0)	24.3 (19.1 - 29.6)	31.2 (26.3 - 36.2)
Support	19.7 (7.1 - 39.1)	21.4 (9.4 - 33.4)	32.7 (27.2 - 38.3)	31.7 (27.0 - 36.4)
Neutral	22.9 (3.4 - 59.0)	25.7 (13.1 - 38.3)	17.2 (13.0 - 21.5)	18.8 (14.6 - 22.9)
Oppose	30.4 (8.7 - 61.5)	20.6 (9.7 - 31.6)	20.5 (14.5 - 26.5)	14.4 (11.4 - 17.5)
Strongly Oppose	19.1 (6.0 - 40.4)	9.2 (4.0 - 17.6)	5.3 (1.6 - 8.9)	3.8 (2.2 - 5.5)

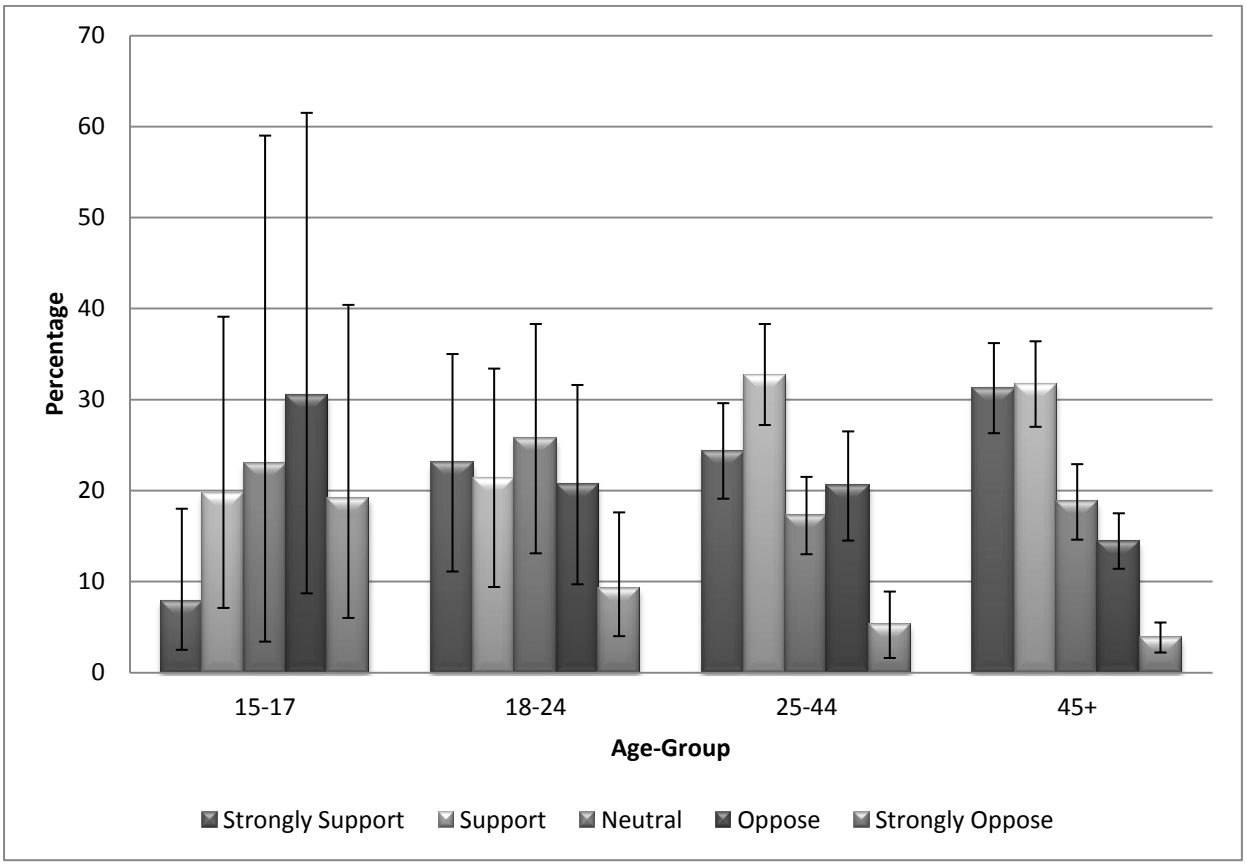

Figure 2.1: Distribution of responses for raising the prices of cheap alcohol, percentage (95% CI), by age-group.

Gender

Females showed significantly more support for raising the prices of cheap alcohol (2.27; 2.16 - 2.39) compared with males (2.66; 2.51 - 2.82). More than six out of 10 females supported raising the prices of cheap alcohol (63.5%), compared with five out of 10 males (49.6%) (see Table 2.4).

Table 2.4: Attitudes towards raising the prices of cheap alcohol, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	22.5 (17.3 - 27.6)	30.6 (26.0 - 35.2)
Support	27.1 (22.3 - 32.0)	32.9 (28.3 - 37.5)
Neutral	20.3 (15.3 - 25.3)	18.4 (14.5 - 22.4)
Oppose	21.5 (16.1 - 26.9)	14.9 (11.4 - 18.4)
Strongly Oppose	8.5 (5.1 - 12.0)	3.2 (1.7 - 4.7)

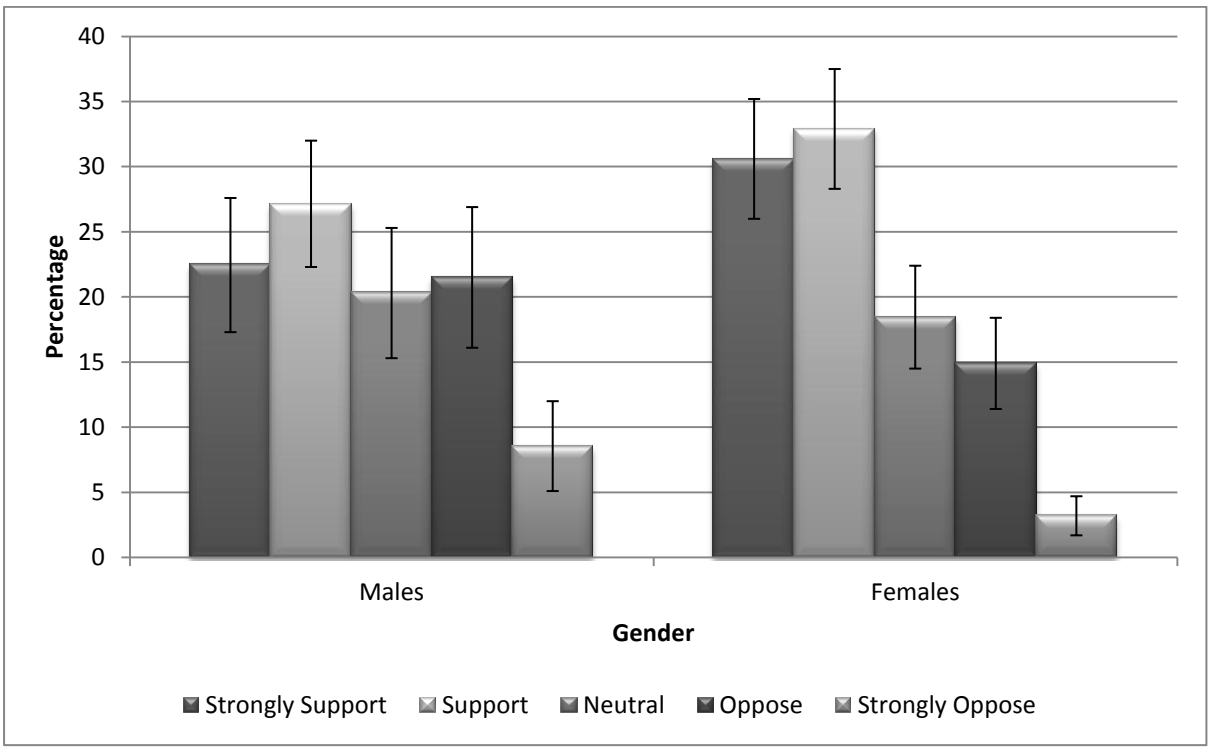

Figure 2.2: Distribution of responses for raising the prices of cheap alcohol, percentage (95% CI), by gender.

Ethnicity

There were significant differences in the support for raising the price of cheap alcohol across ethnicities. Asian were most in support of raising the prices of cheap alcohol (2.01; 1.61 - 2.42), followed by Pacific (2.42; 2.23 - 2.62) and European/Other (2.45; 2.33 - 2.57), with Māori showing the least support (2.86; 2.69 - 3.02).

More than seven out of 10 Asian supported raising the prices of cheap alcohol (71.8%), compared with around six out of 10 Pacific (60.8%) and European/Other (57.1%), with Māori showing just over two out of five in support (42.3%) (see Table 2.5).

Table 2.5: Attitudes towards raising the prices of cheap alcohol, percentage per response category (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Strongly Support	18.0 (14.1 - 22.0)	28.6 (22.8 - 34.3)	38.5 (23.7 - 53.3)	26.6 (22.2 - 30.9)
Support	24.3 (18.3 - 30.3)	32.2 (24.3 - 40.1)	33.3 (18.8 - 47.8)	30.5 (26.3 - 34.7)
Neutral	23.7 (17.9 - 29.5)	13.1 (8.2 - 18.0)	16.8 (4.9 - 37.3)	19.4 (15.7 - 23.1)
Oppose	22.1 (16.5 - 27.6)	20.4 (11.8 - 29.0)	11.2 (2.7 - 27.9)	18.1 (14.2 - 22.0)
Strongly Oppose	11.9 (7.3 - 16.6)	5.7 (2.1 - 12.1)	0.2 (0.0 - 1.2)	5.4 (3.1 - 7.8)

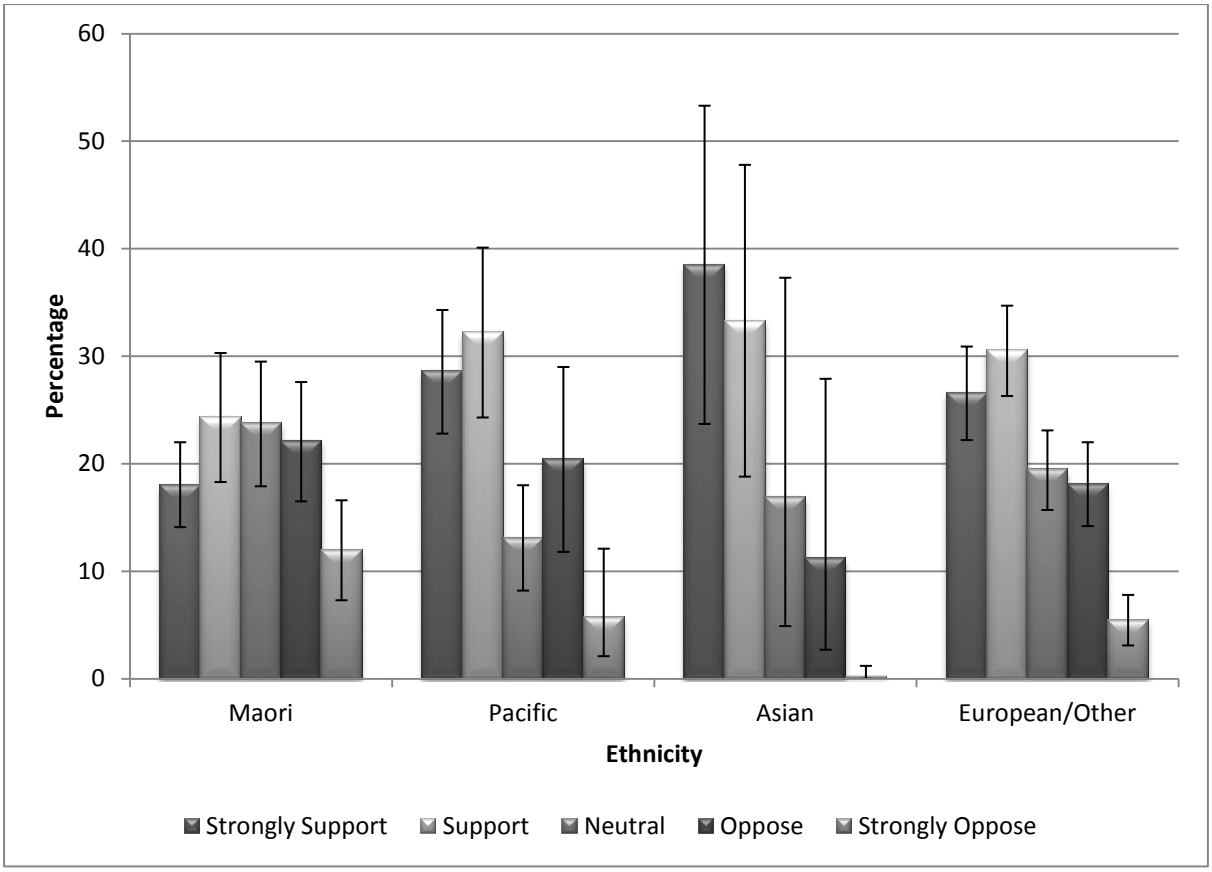

Figure 2.3: Distribution of responses for raising the prices of cheap alcohol, percentage (95% CI), by ethnicity.

Smoking Status

Current smokers were significantly less likely to support raising the prices of cheap alcohol, compared to past smokers and non-smokers (See Table 2.6).

Table 2.6: Attitudes towards raising the price of cheap alcohol, response mean (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker	**Past Smoker**	**Current Smoker**
Mean (95% CI)	2.19 (2.03 - 2.35)	2.42 (2.29 - 2.55)	2.99 (2.77 - 3.20)

Drinking Status

Those that had consumed a drink containing alcohol in the last year were significantly less likely to support raising the prices of cheap alcohol (2.58; 2.47 - 2.69), compared with those that had not had a drink (1.81; 1.65 - 1.96).

Other

There were no significant differences found in attitudes for raising the price of cheap alcohol across deprivation levels, equivalised income levels, employment status, education levels and location.

3.3 Attitudes towards reducing the hours alcohol can be sold

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: reducing the hours alcohol can be sold'; with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* There were no responses of *don't know* or *refused*, and these response categories were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall mean response rate was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category.

Overall

There was an overall mean response of 2.66 (2.31 - 3.01), which indicates support for reducing the hours alcohol can be sold. Two thirds of respondents were in support of reducing the hours alcohol can be sold (65.6%) (see Table 3.1).

Table 3.1: Attitudes towards reducing the hours alcohol can be sold, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Proportion (95% CI)	28.0 (24.9 - 31.0)	37.6 (33.7 - 41.5)	17.8 (14.9 - 20.7)	14.1 (11.2 - 17.0)	2.6 (1.4 - 3.7)

Age

Respondents aged 45 years and older showed significantly more support for *reducing the hours alcohol can be sold* compared with all other age groups (see Table 3.2).

Table 3.2: Attitudes towards reducing the hours alcohol can be sold, response mean (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	2.93 (2.35 - 3.51)	2.66 (2.31 - 3.01)	2.39 (2.27 - 2.51)	1.98 (1.89 - 2.07)

Just under half of 15 to 17 and 18 to 24-year-olds supported reducing the hours alcohol can be sold (47.0% and 49.6%, respectively), compared with six out of 10 of those aged 25 to 44-years-old (59.8%), and three out of four of those aged 45 years and older (75.8%) (see Table 3.3).

Table 3.3: Attitudes towards reducing the hours alcohol can be sold, percentage per response category (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Strongly Support	13.7 (5.1 - 27.7)	17.3 (8.5 - 29.9)	22.0 (17.4 - 26.6)	36.5 (32.2 - 40.8)
Support	33.3 (9.9 - 65.2)	32.3 (16.1 - 48.5)	37.8 (32.0 - 43.6)	39.3 (34.9 - 43.6)
Neutral	9.4 (1.8 - 26.1)	24.9 (12.2 - 37.6)	20.9 (15.9 - 25.8)	14.6 (11.5 - 17.8)
Oppose	33.2 (12.5 - 60.1)	17.9 (8.1 - 32.3)	17.3 (11.9 - 22.7)	8.8 (6.2 - 11.4)
Strongly Oppose	10.4 (1.7 - 30.0)	7.5 (2.7 - 16.1)	2.0 (1.0 - 3.4)	0.8 (0.3 - 1.9)

The 15 to 17-year old age group showed a different distribution of responses compared with the other age groups. Although the difference is not statistically significant, it suggests that those in the 15-17 years age group were split in their attitudes towards reducing the hours alcohol can be sold, with around a third in support and a third opposed (See Figure 3.1).

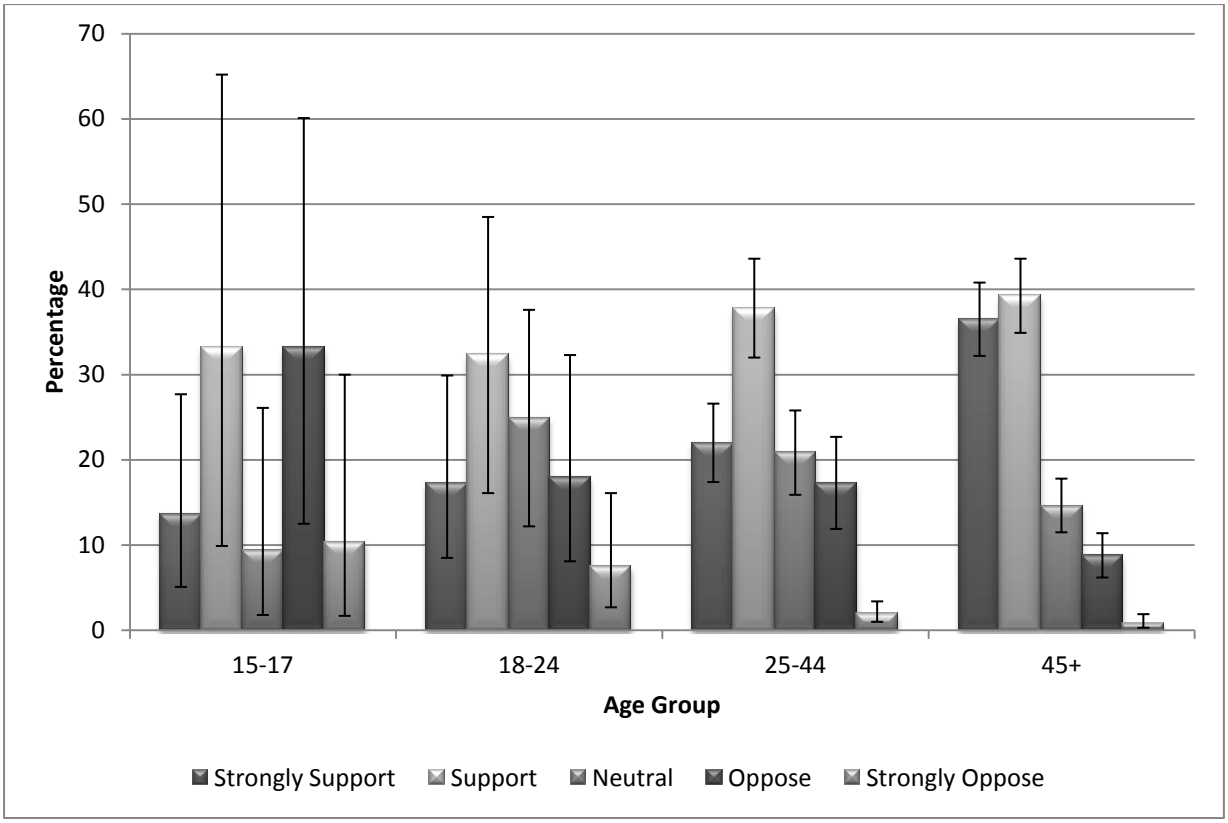

Figure 3.1: Distribution of responses for reducing the hours alcohol can be sold, percentage (95% CI), by age-group.

Gender

Females showed significantly more support for reducing the amount of hours alcohol can be sold (2.07; 1.98 - 2.15), compared with males (2.46; 2.32 - 2.60). More than seven out of 10 females supported reducing the amount of hours alcohol can be sold (71.4%), compared with six out of 10 males (59.3%) (see Table 3.4).

Table 3.4: Attitudes towards reducing the hours alcohol can be sold, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	21.3 (17.0 - 25.7)	34.2 (29.9 - 38.5)
Support	38.0 (31.4 - 44.5)	37.2 (32.4 - 42.1)
Neutral	18.1 (13.6 - 22.5)	17.6 (14.0 - 21.2)
Oppose	18.7 (13.4 - 24.0)	9.8 (7.1 - 12.4)
Strongly Oppose	3.9 (2.1 - 6.7)	1.3 (0.6 - 2.5)

Smoking status

Current smokers were significantly less likely to support reducing the hours alcohol can be sold compared to past smokers and non-smokers (see Table 3.5).

Table 3.5: Attitudes towards reducing the hours alcohol can be sold, response mean (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker	**Past-Smoker**	**Current-Smoker**
Mean (95% CI)	2.03 (1.90 - 2.16)	2.28 (2.18 - 2.38)	2.64 (2.41 - 2.86)

Drinking Status

Those that had consumed a drink containing alcohol in the last year were significantly less likely to support reducing the hours alcohol can be sold (2.35; 2.26 - 2.44) compared with those that had not had a drink (1.75; 1.62 - 1.89).

Other

There were no significant differences in attitudes towards reducing the hours alcohol can be sold across ethnicities, deprivation levels, equivalised income levels, employment status, education level and location.

3.4 Attitudes towards raising the minimum age for buying alcohol to 20 years

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: raising the minimum age for buying alcohol to 20 years', with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* There were no responses of *don't know* or *refused* and these were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall mean response rate was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category.

Overall

There was an overall mean response of 1.89 (1.80 - 1.98) which indicates support for raising the minimum age for buying alcohol to 20. More than three out of four respondents supported raising the minimum age for buying alcohol to 20 (78.0%), and around half of all respondents stated strong support (49.3%) (see Table 4.1).

Table 4.1: Attitudes towards raising the minimum age for buying alcohol to 20, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Proportion (95% CI)	49.3 (45.5 - 53.1)	28.7 (25.2 - 32.2)	8.6 (6.6 - 10.6)	10.6 (7.9 - 13.3)	2.8 (1.4 - 4.2)

Age:

There were significant differences in attitudes towards raising the minimum age for buying alcohol to 20 across age groups. Respondents aged between 15 and 17-years showed significantly less support for raising the age compared with all other age groups (Table 4.2). Those aged between 18 and 24 also showed significantly less support for raising the minimum age compared with those aged 25 years and older (see Table 4.2)

Table 4.2: Attitudes towards raising the minimum age for buying alcohol to 20, response mean (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	3.75 (3.33 - 4.17)	2.22 (1.87 - 2.58)	1.75 (1.61 - 1.88)	1.71 (1.62 - 1.80)

Only one out of five 15 to 17-year-olds supported raising the minimum age for buying alcohol to 20 (19.9%), compared with two out of three 18 to 24-year-olds (68.4%), and over eight out of 10 respondents aged 25 to 44 years (82.2%) and 45 years and older (83.6%). Over half of those aged 25 years and older strongly supported raising the minimum age for buying alcohol to 20 compared with a third of those aged 18 to 24, and only one in 15 in the 15 to 17 age range. More than seven out of 10 of those aged 15 to 17 years were opposed to raising the minimum age for buying alcohol to 20, compared with one out of five of those aged 18 to 24 years, and less than one out of 10 of those aged 25 years and older (see Table 4.3).

Table 4.3: Attitudes towards raising the minimum age for buying alcohol to 20, percentage per response category (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Strongly Support	6.4 (1.7 - 15.7)	35.6 (22.4 - 48.7)	52.4 (46.2 - 58.7)	55.2 (50.3 - 60.2)
Support	13.5 (4.0 - 30.4)	32.8 (20.3 - 45.3)	29.8 (23.6 - 36.0)	28.4 (23.9 - 32.9)
Neutral	9.8 (2.8 - 23.1)	11.2 (4.7 - 21.5)	8.5 (5.1 - 12.0)	7.8 (5.5 - 10.2)
Oppose	39.1 (15.8 - 66.9)	14.3 (5.4 - 28.8)	9.1 (4.5 - 13.7)	7.7 (5.4 - 10.0)
Strongly Oppose	31.1 (10.4 - 59.6)	6.0 (1.7 - 14.4)	0.2 (0.0 - 0.6)	0.9 (0.4 - 1.8)

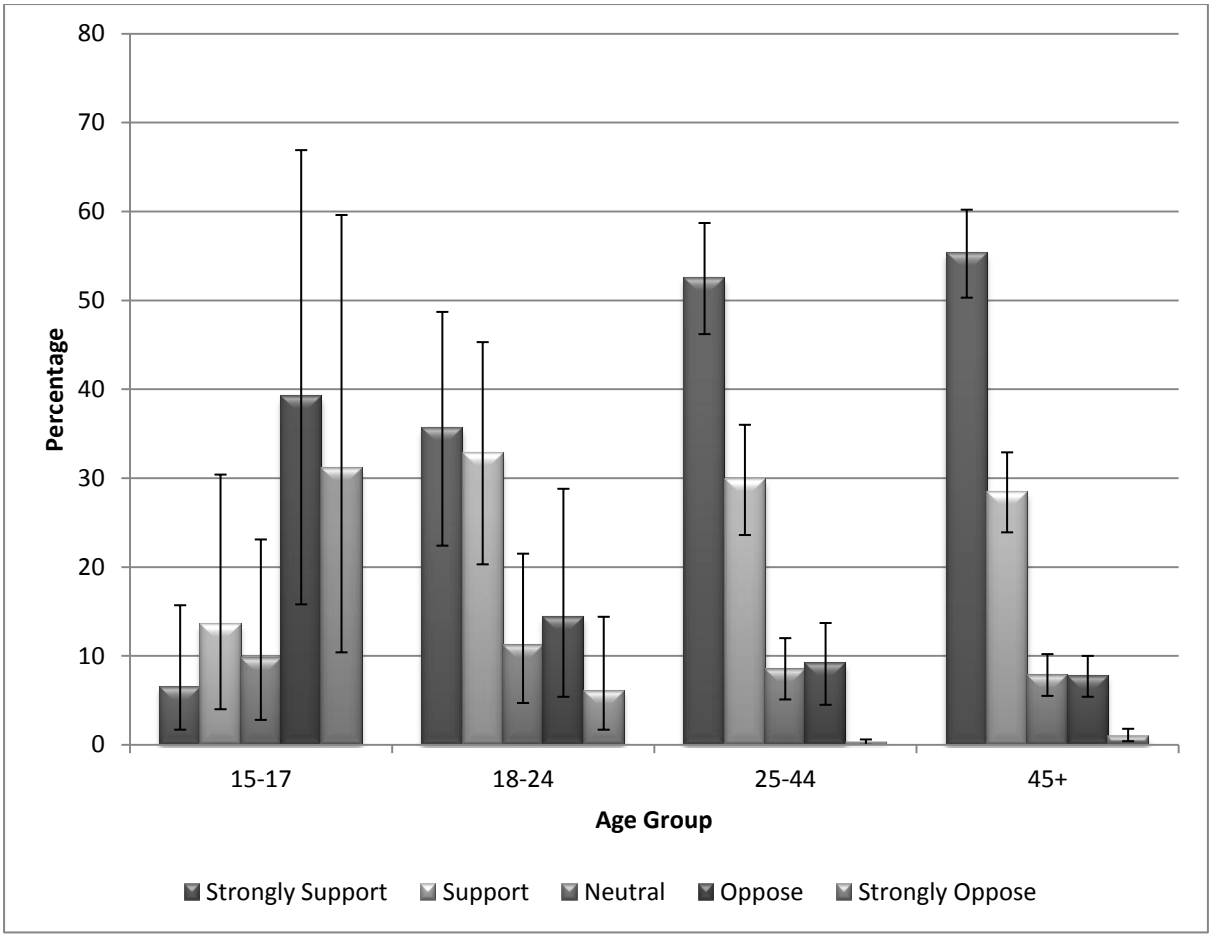

Figure 4.1: Distribution of responses for raising the minimum age for buying alcohol to 20, percentage per response category (95% CI), by age-group.

Age and Ethnicity

There were significant interactions found between age group and ethnicity (see Table 4.4).

Table 4.4: Attitudes towards raising the minimum age for buying alcohol to 20, response means (95% CI), by age group and ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
15-17	3.26 (2.60 – 3.92)	1.70 (1.14 – 2.27)	2.96 (0.72 – 5.20)	4.09 (3.56 – 4.63)
18+	1.84 (1.68 – 2.00)	1.82 (1.59 – 2.05)	1.49 (1.19 – 1.80)	1.82 (1.72 – 1.92)

Māori and European/Other showed greater opposition to raising the minimum age for buying alcohol to 20 in the 15 to 17 year age group than those aged 18 years and older. There were no differences found between the attitudes of Asian and Pacific across these age groups. Within the 15 to 17 year age group, Māori and European/Other were significantly less supportive of raising the minimum age for buying alcohol to 20 years, compared with Pacific. These differences were not seen in the 18+ age groups (See Figure 4.2).

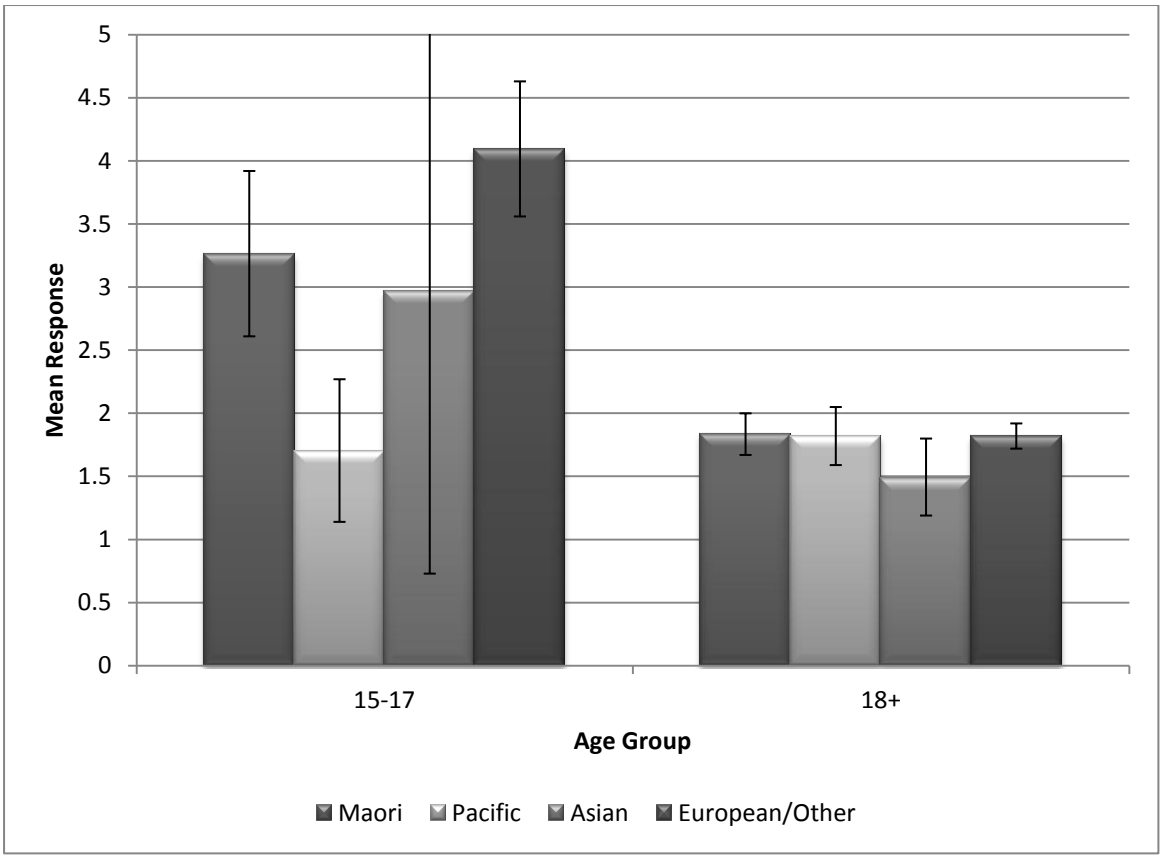

Figure 4.2: Attitude towards raising the minimum age for buying alcohol to 20, response mean (95% CI), by age group and ethnicity.

Gender

Females showed significantly more support for raising the minimum age for buying alcohol to 20 (1.78; 1.67 - 1.88), compared with males (2.01; 1.86 - 2.15). Just over eight out of 10 women were in support of raising the minimum age for buying alcohol to 20 (81.3%), compared with around three out of four men (74.5%) (see Table 4.5).

Table 4.5: Attitudes towards raising the minimum age for buying alcohol to 2*0*, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	44.6 (38.6 - 50.6)	53.7 (48.9 - 58.5)
Support	29.9 (24.1 - 35.8)	27.6 (23.4 - 31.7)
Neutral	9.0 (6.0 - 11.9)	8.3 (5.6 - 10.9)
Oppose	13.2 (8.4 - 18.0)	8.2 (5.4 - 10.9)
Strongly Oppose	3.3 (1.3 - 6.9)	2.3 (1.1 - 4.3)

Parent/Caregiver

Parent/caregivers of children aged between 5 and 16 years were significantly more supportive of raising the minimum age for buying alcohol to 20 (1.70; 1.59 - 1.82), compared with non-parent/caregivers of children aged 5-16 years (1.94; 1.83 - 2.05).

Employment

Those in the homemaker employment group were significantly more supportive of raising the minimum age for buying alcohol to 20, compared with all other groups (See Table 4.6).

There were significant interactions found between employment status and age group, as well as between employment status and parent/caregiver status, which may help to explain this finding. The average age of those in the homemaker employment group was lower than the other groups and may, therefore, represent the attitudes of a younger population. The homemaker employment group consisted of significantly more parent/caregivers than other groups (except the part-time group, which was approaching significance), which may also explain why attitudes were more supportive in the homemaker employment group.

Table 4.6: Attitudes towards raising the minimum age for buying alcohol to 20, percentage per response category (95% CI), by employment status.

	Employment Status			
	Full-Time	**Part-Time**	**Homemaker**	**Other**
Mean (95% CI)	1.84 (1.71 - 1.96)	1.83 (1.65 - 2.02)	1.56 (1.41 - 1.71)	2.07 (1.90 - 2.25)

Drinking Status

Those that had consumed an alcoholic drink in the last year were significantly less likely to support raising the minimum age for buying alcohol to 20 (1.96; 1.86 - 2.06) compared with those that had not had a drink (1.51; 1.39 - 1.63).

Other

There were no significant differences in attitudes towards raising the minimum age for buying alcohol to 20 across ethnicities, deprivation levels, equivalised income levels, education levels, location and smoking status.

3.5 Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people', with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* Only one person used the response category of '*don't know',* and there were no responses of *refused.* These response categories were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall mean response rate was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category.

Overall

There was an overall response mean of 1.76 (1.69 - 1.82), which indicates general support for increasing restrictions on alcohol advertising or promotion that is seen and heard by children and young people. More than eight out of 10 respondents supported increasing this restriction on alcohol advertising (81.9%), and around half of all respondents stated strong support (47.4%) (see Table 5.1).

Table 5.1: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Proportion (95% CI)	47.4 (43.6 - 51.2)	34.5 (31.1 - 37.8)	13.8 (11.0 - 16.6)	3.7 (2.6 - 4.9)	0.5 (0.2 - 1.3)

Age

There were significant differences in attitudes towards increasing restrictions on alcohol advertising visible to younger people across age groups. Respondents aged between 15 and 17 years showed significantly less support for increasing restrictions, compared with those aged 18 years and older. There were no significant differences between other age groups (see Table 5.2).

Table 5.2: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, response mean (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	2.52 (2.19 - 2.85)	1.75 (1.56 - 1.94)	1.67 (1.58 - 1.76)	1.74 (1.65 - 1.82)

Two out of five 15 to 17-year-olds supported increasing the restriction on alcohol advertising visible to younger people (39.9%), compared with eight out of 10 of the respondents aged 18 years and older (84%) (see Table 5.3).

Table 5.3: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, percentage per response category (95% CI), by age group.

	Age Group	
	15-17	**18+**
Strongly Support	16.2 (5.7 - 33.3)	49.0 (45.3 - 52.8)
Support	23.7 (8.9 - 45.4)	35.0 (31.6 - 38.4)
Neutral	55.9 (32.4 - 77.5)	11.6 (9.0 - 14.3)
Oppose	0.6 (0.0 - 3.4)	3.9 (2.7 - 5.1)
Strongly Oppose	3.7 (0.1 - 17.6)	0.4 (0.1 - 0.8)

The prevalence of those opposed to these advertising restrictions were not significantly different across age groups, with the majority of 15 to 17-year-olds showing neither support nor opposition (55.9%) (See Figure 5.1).

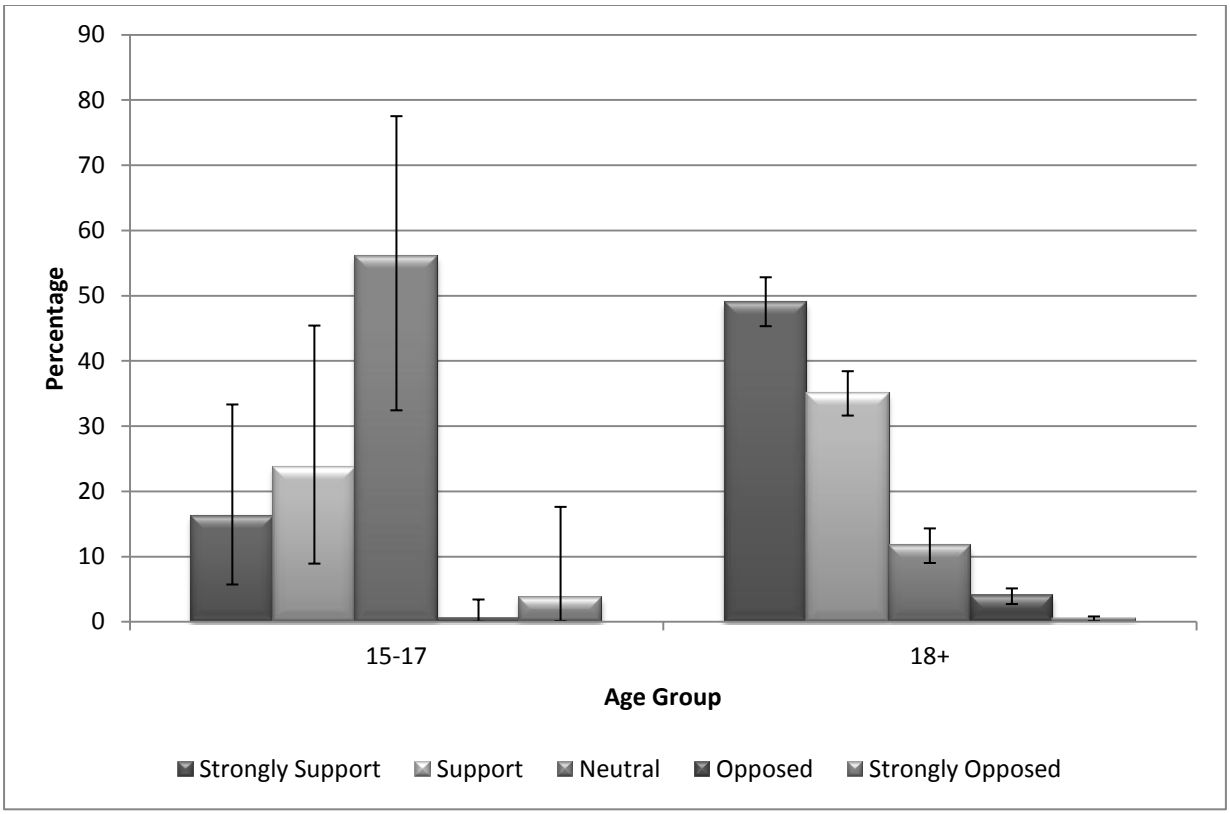

Figure 5.1: Distribution of responses for increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, percentage per response category (95% CI), by age-group.

Gender

Females showed significantly more support for increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people (1.63; 1.55 - 1.71), compared with males (1.89; 1.79 - 1.99). Just under nine out of 10 females supported increasing the restrictions on alcohol advertising to younger people (86.7%), compared with slightly below eight out of 10 males (76.8%). No significant differences were found between other ethnicities (see Table 5.4).

Table 5.4: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	40.5 (34.9 - 46.1)	53.9 (49.0 - 58.9)
Support	36.3 (31.0 - 41.6)	32.8 (28.4 - 37.1)
Neutral	18.1 (13.0 - 23.1)	9.8 (7.0 - 12.7)
Oppose	4.4 (2.6 - 6.2)	3.1 (1.6 - 4.7)
Strongly Oppose	0.8 (0.2 - 2.2)	0.3 (0.1 - 0.8)

Ethnicity

Asians were significantly more in support for increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people compared with all other ethnic groups (see Table 5.5).

Table 5.5: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, response mean (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Mean (95% CI)	1.85 (1.74 - 1.97)	1.86 (1.68 - 2.03)	1.54 (1.34 - 1.75)	1.76 (1.68 - 1.84)

Nine out of 10 Asian supported increasing the restrictions on alcohol seen by younger people (90.2%), compared with around eight out of 10 Māori (80.3%), Pacific (81.6%) and European/Other (81.2%) (see Table 5.6).

Table 5.6: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, percentage per response category (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Strongly Support	40.9 (34.9 - 47.0)	44.5 (36.5 - 52.4)	56.3 (42.0 - 70.7)	47.6 (43.1 - 52.1)
Support	39.4 (32.1 - 46.6)	37.1 (28.5 - 45.8)	33.9 (22.0 - 45.9)	33.6 (29.6 - 37.6)
Neutral	13.9 (8.4 - 19.4)	9.4 (3.0 - 21.2)	8.8 (2.9 - 19.4)	14.6 (11.1 - 18.2)
Oppose	5.1 (2.7 - 8.5)	6.2 (2.9 - 11.5)	0.9 (0.0 - 5.6)	3.7 (2.2 - 5.2)
Strongly Oppose	0.8 (0.2 - 2.3)	2.7 (0.6 - 7.6)	0.0 (0.0 - 0.0)	0.4 (0.1 - 1.5)

Smoking status

Current smokers were significantly less likely to support increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people compared with past smokers and non-smokers (see Table 5.7).

Table 5.7: Attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people, response mean (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker	**Past Smoker**	**Current Smoker**
Mean (95% CI)	1.68 (1.57 - 1.79)	1.71 (1.62 - 1.81)	1.98 (1.84 - 2.12)

Drinking Status

Those that had consumed a drink containing alcohol in the last year were significantly less likely to support increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people (1.79; 1.72 - 1.86), compared with those that had not had a drink (1.55; 1.40 - 1.69).

Other

There were no significant differences in attitudes towards increasing the restrictions on alcohol advertising or promotion that is seen and heard by children and young people across deprivation levels, equivalised income levels, employment status, education levels and location.

3.6 Attitudes towards banning alcohol advertising or promotion

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: banning alcohol advertising or promotion'; with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* Only one person used the response category of '*don't know',* and there were no responses of *refused*. These response categories were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall mean response rate was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category.

Overall

There was an overall mean response of 2.54 (2.46 - 2.62), which again indicates general support for banning alcohol advertising or promotion. Half the respondents supported banning alcohol advertising or promotion (49.5%), with around a quarter opposed to the ban (22.6%), and the remaining quarter were neutral (27.4%) (see Table 6.1).

Table 6.1: Attitudes towards banning alcohol advertising or promotion, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Proportion (95% CI)	22.0 (19.3 - 24.7)	27.5 (24.2 - 30.8)	27.4 (23.9 - 30.9)	20.5 (17.1 - 23.9)	2.6 (1.4 - 3.8)

Age

There were significant differences in attitudes towards banning alcohol advertising or promotion across age groups. Respondents aged between 15 and 17 years showed significantly less support for banning alcohol advertising or promotion, compared with those aged 18 years and older. There were no significant differences between other age groups (see Table 6.2).

Table 6.2: Attitudes towards banning alcohol advertising or promotion, response mean (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	3.11 (2.70 - 3.52)	2.77 (2.47 - 3.06)	2.49 (2.34 - 2.63)	2.46 (2.36 - 2.57)

Only a quarter of 15 to 17 year olds supported banning alcohol advertising or promotion, compared with half of respondents aged 18 years and older (see Table 6.3).

Table 6.3: Attitudes towards banning alcohol advertising or promotion, percentage per response category (95% CI), by age group.

	Age Group	
	15-17	**18+**
Strongly Support	6.9 (1.1 - 20.6)	22.8 (20.0 - 25.5)
Support	18.8 (5.7 - 40.5)	28.0 (24.5 - 31.4)
Neutral	34.7 (11.1 - 65.7)	27.0 (23.6 - 30.5)
Oppose	35.9 (12.8 - 65.2)	19.7 (16.5 - 22.9)
Strongly Oppose	3.7 (0.1 - 17.6)	2.5 (1.3 - 3.7)

Gender

Females showed significantly more support for banning alcohol advertising or promotion (2.36; 2.26 - 2.47), compared with males (2.73; 2.61 - 2.86). More than half of females supported banning alcohol advertising or promotion (55.6%), compared with just over two out of five males (43.1%). Three out of 10 males were opposed to the banning of alcohol advertising or promotion (29%), compared with less than one out of five females (17.6%) (see Table 6.4).

Table 6.4: Attitudes towards banning alcohol advertising or promotion, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	16.8 (13.3 - 20.2)	26.9 (22.8 - 31.0)
Support	26.3 (20.7 - 31.8)	28.7 (24.3 - 33.1)
Neutral	28.0 (22.1 - 33.9)	26.9 (22.8 - 31.0)
Oppose	24.9 (19.6 - 30.1)	16.4 (12.4 - 20.3)
Strongly Oppose	4.1 (2.2 - 6.9)	1.2 (0.3 - 2.8)

Ethnicity

Asian and Pacific showed significantly more support for banning alcohol advertising and promotion compared with Māori and European/Other groups (see Table 6.5).

Table 6.5: Attitudes towards banning alcohol advertising and promotion, response mean (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Mean (95% CI)	2.60 (2.46 - 2.74)	2.26 (2.09 - 2.44)	1.94 (1.62 - 2.27)	2.62 (2.52 - 2.71)

Three quarters of Asians supported banning alcohol advertising or promotion (74.8%), compared with around two out of three Pacific (64.1%), and fewer than half of Māori and European/Other (44.7% and 46.6%, respectively) (see Table 6.6).

Table 6.6: Attitudes towards banning alcohol advertising or promotion, percentage per response category (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Strongly Support	20.8 (16.2 - 25.4)	31.1 (24.3 - 38.0)	37.7 (24.2 - 51.1)	19.9 (16.7 - 23.0)
Support	23.9 (18.2 - 29.6)	33.0 (25.1 - 40.9)	37.1 (22.7 - 51.5)	26.7 (22.6 - 30.8)
Neutral	34.4 (27.6 - 41.2)	16.7 (9.8 - 23.6)	18.3 (5.2 - 40.7)	28.0 (23.9 - 32.1)
Oppose	16.1 (11.8 - 20.4)	16.9 (7.8 - 26.0)	6.9 (1.5 - 18.6)	22.9 (18.8 - 27.1)
Strongly Oppose	4.9 (1.5 - 11.2)	2.3 (0.4 - 6.7)	0.0 (0.0 - 0.0)	2.5 (1.3 - 4.5)

Equivalised Income

There were significant differences in attitudes towards banning alcohol advertising and promotion across equivalised income tertiles. Those in the low income tertile were significantly more supportive of the ban than those in the high income tertile (see Table 6.7).

Table 6.7: Attitudes towards banning alcohol advertising or promotion, response mean (95% CI), by equivalised income tertile.

	Equivalised Income Tertile		
	Low	**Medium**	**High**
Mean (95% CI)	2.40 (2.28 - 2.52)	2.56 (2.40 - 2.71)	2.64 (2.49 - 2.78)

Employment

Respondents in the part-time work category were significantly more likely to support banning alcohol advertising and promotion than other employment groups (see Table 6.8).

Table 6.8: Attitudes towards banning alcohol advertising or promotion, response mean (95% CI), by employment group.

	Employment Group			
	Full-Time	**Part-Time**	**Homemaker**	**Other**
Mean (95% CI)	2.68 (2.55 - 2.81)	2.28 (2.12 - 2.43)	2.32 (2.06 - 2.59)	2.53 (2.39 - 2.66)

Drinking Status

Those that had consumed a drink containing alcohol in the last year were significantly less likely to support banning alcohol advertising or promotion (2.66; 2.57 - 2.75), compared with those that had not consumed an alcoholic drink (1.89; 1.71 - 2.07).

Other

There were no significant differences in attitudes towards banning alcohol advertising or promotion across deprivation levels, education levels, location and smoking status.

3.7 Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to

Respondents were asked 'how much would you support or oppose the following changes, if they were to help reduce the problems associated with alcohol use: banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to'; with possible responses of *strongly support, support, neither support nor oppose, oppose, strongly oppose, don't know* or *refused.* Only one person used the response category of '*don't know'*, and there were no responses of *refused*. These response categories were, therefore, excluded from the analyses. The response of *neither support nor oppose* may be interchangeably used with the term *neutral.*

Where the responses were distributed normally, an overall mean response rate was used from the coding of 1 for *strongly support*, through to 5 for *strongly oppose*. Thus, a lower mean score indicates greater support (means less than 3 indicate support, and means greater than 3 indicate opposition). Where responses were not distributed normally, or for areas of greater interest, overall rates (percentage) are given for each response category.

Overall

There was an overall mean response of 2.38 (2.29 - 2.46), which indicates overall support for banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to. Just under three out of five respondents supported banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (58.7%), with around one out of five opposed to the ban (20.7%), and the remaining one out of five were neutral (20.7%) (see Table 7.1).

Table 7.1: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, percentage per response category (95% CI), total.

	Response				
	Strongly Support	**Support**	**Neutral**	**Oppose**	**Strongly Oppose**
Proportion (95% CI)	27.6 (24.4 - 30.7)	31.1 (27.6 - 34.5)	20.7 (17.3 - 24.1)	17.6 (14.6 - 20.5)	3.1 (1.8 - 4.4)

Age

Respondents aged between 15 and 17 years showed significantly less support for banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, compared with those aged 18 years and older. There were no significant differences between other age groups (see Table 7.2).

Table 7.2: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, response mean (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Mean (95% CI)	3.06 (2.73 - 3.38)	2.49 (2.18 - 2.81)	2.24 (2.11 - 2.37)	2.37 (2.26 - 2.49)

Fewer than three out of 10 15 to 17-year-olds supported banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (27.4%), compared with six out of 10 respondents aged 18 years and older (60.3%) (see Table 7.3).

Table 7.3: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, percentage per response category (95% CI), by age group.

	Age Group	
	15-17	**18+**
Strongly Support	7.7 (2.3 - 18.0)	28.6 (25.3 - 31.8)
Support	19.7 (6.1 - 41.9)	31.7 (28.1 - 35.2)
Neutral	35.7 (11.1 - 67.6)	19.9 (16.7 - 23.1)
Oppose	32.9 (14.7 - 55.9)	16.8 (13.8 - 19.7)
Strongly Oppose	3.9 (0.2 - 17.4)	3.1 (1.8 - 4.4)

Gender

Females showed significantly more support for banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (2.20; 2.10 - 2.31), compared with males (2.56; 2.43 - 2.69). More than six out of 10 females support banning alcohol advertising or promotion (64.9%), compared with just over half of males (52.0%) (see Table 7.4).

Table 7.4: Support for banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, percentage per response category (95% CI), by gender.

	Gender	
	Male	**Female**
Strongly Support	21.1 (16.6 - 25.7)	33.6 (29.4 - 37.7)
Support	30.9 (25.5 - 36.2)	31.3 (27.1 - 35.5)
Neutral	23.4 (17.9 - 28.8)	18.2 (14.6 - 21.7)
Oppose	20.1 (15.1 - 25.1)	15.2 (11.8 - 18.6)
Strongly Oppose	4.5 (2.6 - 7.4)	1.8 (0.6 - 3.9)

Ethnicity:

Asian and Pacific peoples were significantly more in support of banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, compared with Māori and European/Other groups (see Table 7.5).

Table 7.5: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, response means (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Mean (95% CI)	2.51 (2.33 - 2.68)	2.15 (1.99 - 2.30)	1.89 (1.54 - 2.25)	2.42 (2.32 - 2.53)

More than three out of four Asians supported banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (76.7%), compared with around two out of three Pacific (68.3%), less than three out of five European/Other (57%), and around half of Māori (52.4%) (see Table 7.6).

Table 7.6: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, percentage per response category (95% CI), by ethnicity.

	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
Strongly Support	23.6 (18.2 - 29.1)	33.1 (26.2 - 40.1)	42.2 (23.7 - 60.6)	26.2 (22.5 - 29.8)
Support	28.8 (22.4 - 35.3)	35.2 (27.2 - 43.2)	34.5 (20.7 - 48.3)	30.8 (26.5 - 35.1)
Neutral	25.5 (18.8 - 32.2)	18.9 (11.0 - 26.9)	15.0 (4.2 - 34.2)	20.7 (16.6 - 24.8)
Oppose	17.3 (11.7 - 22.9)	9.4 (4.8 - 13.9)	8.3 (1.7 - 22.6)	19.1 (15.4 - 22.9)
Strongly Oppose	4.7 (1.4 - 11.5)	3.3 (1.0 - 7.9)	0.0 (0.0 - 0.0)	3.2 (1.8 - 5.3)

Education

Those with a trade certificate/professional/undergraduate qualification and those with a degree/postgraduate qualification were significantly more supportive of banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, compared with those that held secondary school or no formal qualifications (see Table 7.7).

Table 7.7: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, response mean (95% CI), by education level.

	Education Level			
	No Formal Qualification	**Secondary School**	**Trade Cert/ Professional/ Undergrad**	**Degree/ Post-Graduate**
Mean (95% CI)	2.49 (2.31 - 2.68)	2.52 (2.36 - 2.67)	2.31 (2.14 - 2.47)	2.11 (1.92 - 2.30)

Drinking Status

Respondents living in rural locations were significantly less likely to support banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (2.54; 2.38 - 2.69), compared with those living in urban locations (2.33; 2.24 - 2.43).

Smoking status

Current smokers were significantly less likely to support banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, compared with past-smokers and non-smokers (see Table 7.8).

Table 7.8: Attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to, response mean (95% CI), by smoking status.

	Smoking Status		
	Non-Smoker	**Past-Smoker**	**Current-Smoker**
Mean (95% CI)	2.26 (2.13 - 2.39)	2.39 (2.26 - 2.52)	2.63 (2.44 - 2.82)

Drinking Status

Those that had consumed a drink containing alcohol in the last year were significantly less likely to support banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to (2.47; 2.38 - 2.57), compared with those that had not consumed an alcoholic drink (1.84; 1.65 - 2.04).

Other

There were no significant differences in attitudes towards banning alcohol sponsorship of sporting, music and cultural events that children and young people are likely to go to across deprivation levels, equivalised income levels and employment status.

3.8 Attitudes about the appropriateness of the number of places where alcohol can be bought overall in New Zealand

Respondents were asked 'whether they think the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right'; with possible responses of *too few, too many, about right, don't know* or *refused.* Only two people used the response category of '*don't know'*, and there were no responses of *refused*. These response categories were, therefore, excluded from the analyses. Overall rates (percentage) are given for each response category.

Overall

When asked 'do you think the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right?', around two out of three people responded with *too many*, and one out of three responded with *about right* (See Table 8.1).

Table 8.1: Whether the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right, percentage per response category (95% CI), total.

	Whether the number of places where alcohol can be bought is		
	Too Few	**Too Many**	**About Right**
Proportion (95% CI)	2.2 (0.7 - 3.7)	64.6 (60.7 - 68.4)	33.2 (29.3 - 37.1)

Age

Around three out of four respondents aged 45 years and older reported the number of places where alcohol can be bought overall in New Zealand is too many, which is significantly more than all other age groups . There were no significant differences between other age groups (see Table 8.2).

Table 8.2: Whether the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right, percentage per response category (95% CI), by age group.

	Age Group			
	15-17	**18-24**	**25-44**	**45+**
Too Few	4.9 (0.3 - 19.4)	4.8 (0.2 - 21.6)	1.3 (0.6 - 2.5)	1.9 (0.7 - 4.2)
Too Many	45.7 (19.3 - 74.0)	47.1 (34.1 - 60.0)	61.5 (55.4 - 67.7)	73.4 (69.2 - 77.6)
About Right	49.5 (23.0 - 76.2)	48.1 (34.4 - 61.8)	37.2 (31.0 - 43.4)	24.7 (20.7 - 28.8)

Smoking Status

Seven out of 10 respondents that had never smoked reported the number of places where alcohol can be bought overall in New Zealand is too many, which is significantly more than just over five out of 10 for current smokers (see Table 8.3).

Table 8.3: Whether the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right, percentage per response category (95% CI), by smoking status.

	Smoking Status		
	Current Smoker	**Past Smoker**	**Non-Smoker**
Too Few	2.5 (0.5 - 7.0)	1.5 (0.6 - 3.2)	2.9 (0.7 - 7.5)
Too Many	54.4 (45.0 - 63.8)	64.9 (59.7 - 70.1)	70.8 (65.0 - 76.5)
About Right	43.1 (33.8 - 52.4)	33.6 (28.4 - 38.8)	26.3 (20.8 - 31.8)

Drinking Status

Those that had not consumed an alcohol drink in the last year were significantly more likely to respond with too many when asked whether the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right, compared with those that had drank alcohol. Those who had drank alcohol in the last year were significantly more likely to respond with about right when asked the number of places where alcohol can be bought overall in New Zealand, compared with those that had not drank (see Table 8.4).

Table 8.4: Whether the number of places where alcohol can be bought overall in New Zealand is too few, too many or about right, percentage per response category (95% CI), by drinking status.

	Drank Alcohol in Last Year	
	Yes	**No**
Too Few	2.2 (0.5 - 3.8)	2.5 (0.6 - 6.6)
Too Many	60.8 (56.4 - 65.1)	85.5 (79.7 - 91.2)
About Right	37.1 (32.7 - 41.5)	12.0 (6.6 - 17.3)

While examining smoking and drinking status on the attitudes of the number of places where alcohol can be bought, a counter-intuitive finding emerged. Those that did not smoke or drink were more likely to report too few when asked about the number of places alcohol can be bought, compared with those that drank or smoked. This finding should, therefore, be interpreted with caution. Upon further analysis, these non-smokers and non-drinkers who thought there was too few places to buy alcohol tended to be female, aged 45 years and older, be of European/Other ethnicity and live in an urban location.

Other

There were no significant differences in attitudes towards the number of places where alcohol can be bought overall in New Zealand across gender, ethnicity, deprivation levels, equivalised income levels, employment status, education levels or location.

3.9 Places where respondents have seen/heard any advertising/promotion for alcohol in the past three months

Respondents were asked whether, in the past three months, they have seen or heard any advertising or promotion for alcohol across the following locations; with possible responses of *yes, no, don't know* or *refused.* There were no responses of *don't know* or *refused* and these were, therefore, excluded from the analyses. The percentage that responded with *yes* are presented below, with comparisons across various demographics. It must also be noted that this section represents the proportion of people that *reported* seeing advertising in each of the locations, rather than the proportion that were *exposed*.

Overall

More than two thirds of respondents reported seeing or hearing alcohol advertising or promotion (in the past three months) on TV, in magazines/newspapers and in supermarkets. More than half of respondents had reported seeing or hearing alcohol advertising or promotion (in the past three months) on outdoor billboards, in letter box 'junk mail' and at cafes/restaurants/bars/pubs/clubs. More than a quarter of respondents had reported seeing or hearing alcohol advertising or promotion (in the past three months) on the radio, at sporting/music/cultural events and at shopping malls/shops (See Table 9.1).

Table 9.1: Percentage of respondents that had seen or heard any advertising or promotion for alcohol in the past three months, percentage per advertising location (95% CI), total.

Location	**Percentage (95% Confidence Interval)**
TV	69.9 (66.3 - 73.5)
Radio	29.6 (26.1 - 33.0)
Outdoor billboards	63.2 (59.7 - 66.7)
On buses or trains	12.7 (9.8 - 15.6)
At bus stops and train stations	10.5 (7.8 - 13.3)
Via mobile phone or personal digital assistant PDA device	2.9 (1.3 - 4.6)
On the internet	19.6 (16.1 - 23.1)
Electronic 'junk mail' or SPAM via email	10.0 (7.7 - 12.2)
Magazines or newspapers	71.2 (67.8 - 74.6)
Letter box 'junk mail'(leaflets/brochures)	52.3 (48.1 - 56.4)
Sporting, music or cultural events	31.3 (27.1 - 35.4)
Cafes, restaurants, bars, pubs, clubs	56.6 (52.8 - 60.4)
Supermarket	76.3 (73.0 - 79.6)
Shopping mall/shops	32.2 (28.8 - 35.6)
Somewhere else	0.3 (0.1 - 0.8)
Haven't seen any advertising or promotion for alcohol	4.3 (3.0 - 5.5)

Advertising location by age group

There were no significant differences between any of the 18+ age groups so these are presented together. Significantly more respondents in the 15 to 17 years age group reported having seen alcohol advertising on TV in the past three months (89.5%; 79.1 - 100.0), compared with those 18 years and older (68.9%; 65.1 - 72.7). Significantly more respondents in the 15 to 17 years age group reported having seen alcohol advertising on buses or trains in the past three months (39.0%; 16.7 - 65.3), compared with those 18 years and older (11.3%; 8.6 - 14.1). Also significantly more respondents in the 15 to 17 years age group reported having seen alcohol advertising on the internet in the past three months (51.8%; 26.7 - 76.2), compared with those 18 years and older (10.2%; 7.9 - 12.6) (See Figure 9.2).

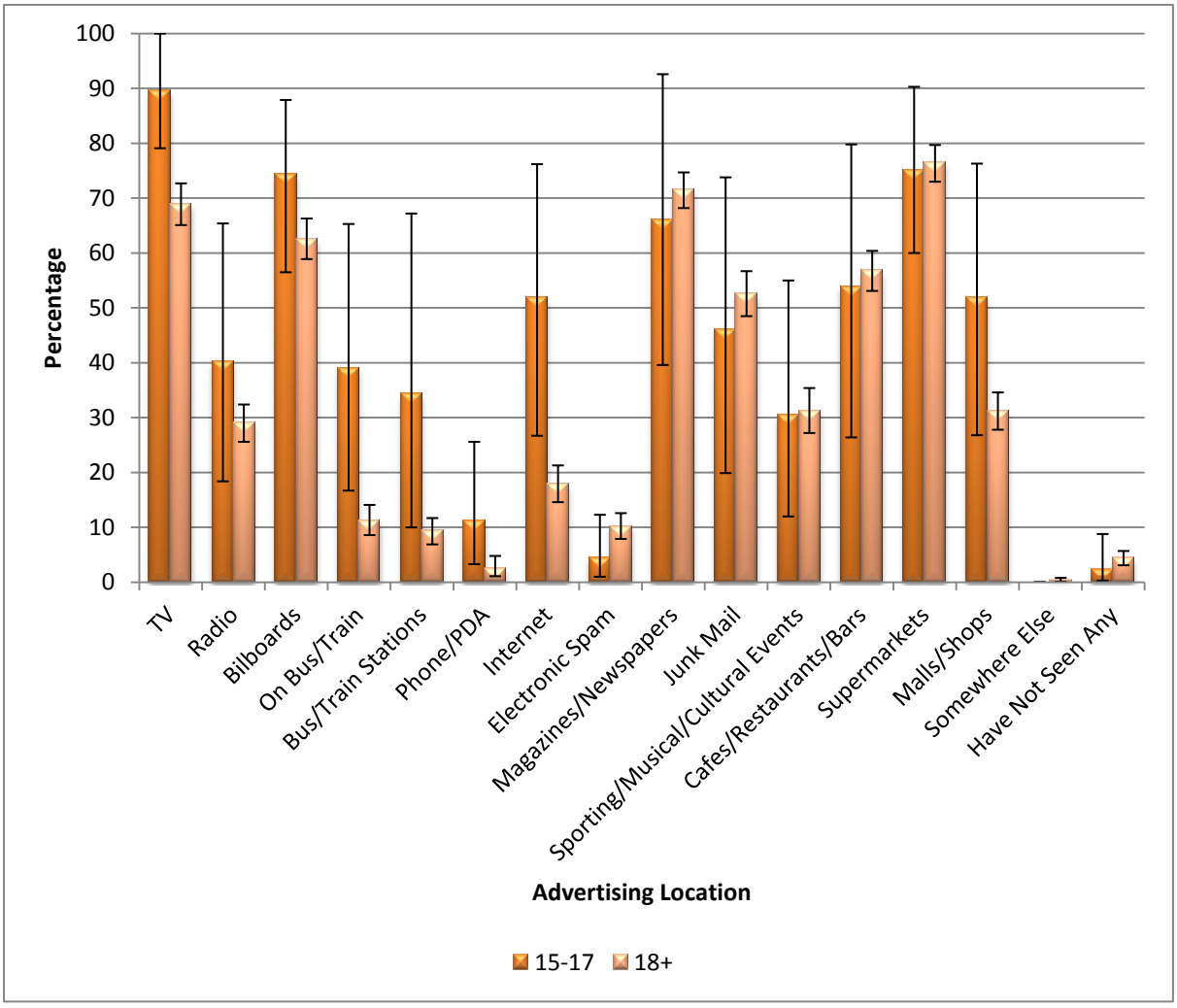

Figure 9.2: percentage of respondents that had seen or heard any advertising or promotion for alcohol in the past 3 months, percentage per advertising location (95% CI), by age group.

*When examining the confidence intervals, please note the small sample size for the 15 to 17 age group.

Advertising location by ethnicity

European/Other were exposed to significantly more alcohol advertising than other ethnicities for outdoor billboards and in magazines and newspapers. Those in the Pacific ethnic group reported seeing significantly more alcohol advertising on TV and significantly less alcohol advertising in the supermarket compared with European/Other. People of Pacific ethnicity also reported having seen significantly less alcohol advertising at cafes, restaurants, bars, pubs and clubs, as well as in letter box 'junk mail', compared with Māori and European/Other (See Table 9.1).

Table 9.1: percentage of respondents that had seen or heard any advertising or promotion for alcohol in the past three months, percentage per advertising location (95% CI), by ethnicity.

Location	Ethnicity			
	Māori	**Pacific**	**Asian**	**European/Other**
TV	75.7 (70.8 - 80.6)	80.0 (74.2 - 85.8)	65.8 (46.8 - 84.8)	68.9 (64.7 - 73.0)
Radio	41.1 (34.4 - 47.7)	27.0 (19.4 - 34.6)	20.0 (9.0 - 35.7)	29.0 (24.9 - 33.1)
Outdoor billboards	59.7 (52.9 - 66.6)	49.8 (41.7 - 57.9)	38.2 (19.5 - 57.0)	67.3 (63.4 - 71.3)
On buses or trains	15.6 (10.5 - 20.8)	17.1 (10.9 - 23.3)	16.6 (3.9 - 40.0)	11.6 (8.3 - 14.8)
At bus stops and train stations	9.1 (5.7 - 12.5)	15.2 (9.8 - 20.6)	17.2 (8.8 - 28.9)	9.7 (6.3 - 13.1)
Via mobile phone or personal digital assistant PDA device	5.0 (2.6 - 8.7)	3.2 (1.0 - 7.2)	4.1 (0.3 - 16.3)	2.5 (0.9 - 5.5)
On the internet	21.1 (15.3 - 26.9)	15.6 (9.5 - 21.7)	20.6 (6.7 - 42.6)	19.5 (15.5 - 23.6)
Electronic 'junk mail' or SPAM via email	11.9 (8.1 - 15.7)	8.0 (4.3 - 13.3)	9.5 (2.3 - 23.9)	9.8 (7.1 - 12.6)
Magazines or newspapers	64.4 (58.2 - 70.5)	53.5 (45.4 - 61.7)	51.8 (33.0 - 70.6)	75.5 (71.8 - 79.2)
Letter box 'junk mail'(leaflets/brochures)	56.1 (48.9 - 63.4)	36.8 (28.6 - 45.0)	38.8 (19.0 - 58.6)	54.1 (49.3 - 58.9)
Sporting, music or cultural events	35.0 (28.5 - 41.6)	22.9 (14.5 - 31.2)	22.2 (6.7 - 46.7)	32.2 (27.4 - 37.0)
Cafes, restaurants, bars, pubs, clubs	53.2 (45.7 - 60.8)	37.2 (29.7 - 44.6)	41.9 (24.5 - 59.3)	59.9 (55.5 - 64.3)
Supermarket	73.2 (67.2 - 79.1)	60.8 (53.0 - 68.7)	72.5 (57.4 - 87.6)	78.1 (74.4 - 81.9)
Shopping mall/shops	39.8 (32.5 - 47.1)	34.7 (26.6 - 42.9)	46.9 (31.8 - 62.1)	29.3 (25.2 - 33.3)
Somewhere else	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.0 (0.0 - 0.0)	0.4 (0.1 - 1.0)
Haven't seen any advertising or promotion for alcohol	4.4 (2.4 - 7.4)	5.3 (2.5 - 9.6)	8.1 (3.1 - 16.3)	3.8 (2.3 - 5.2)

Advertising location by gender

Significantly more males reported having seen alcohol advertising on outdoor billboards in the past three months (71.0%; 66.1 - 75.9), compared with females (55.9%; 51.1 - 60.7). Significantly more males have reported hearing alcohol advertising on the radio over the past three months (35.4%; 29.6 - 41.1), compared with females (24.1%; 20.2 - 28.1) (See Figure 9.3).

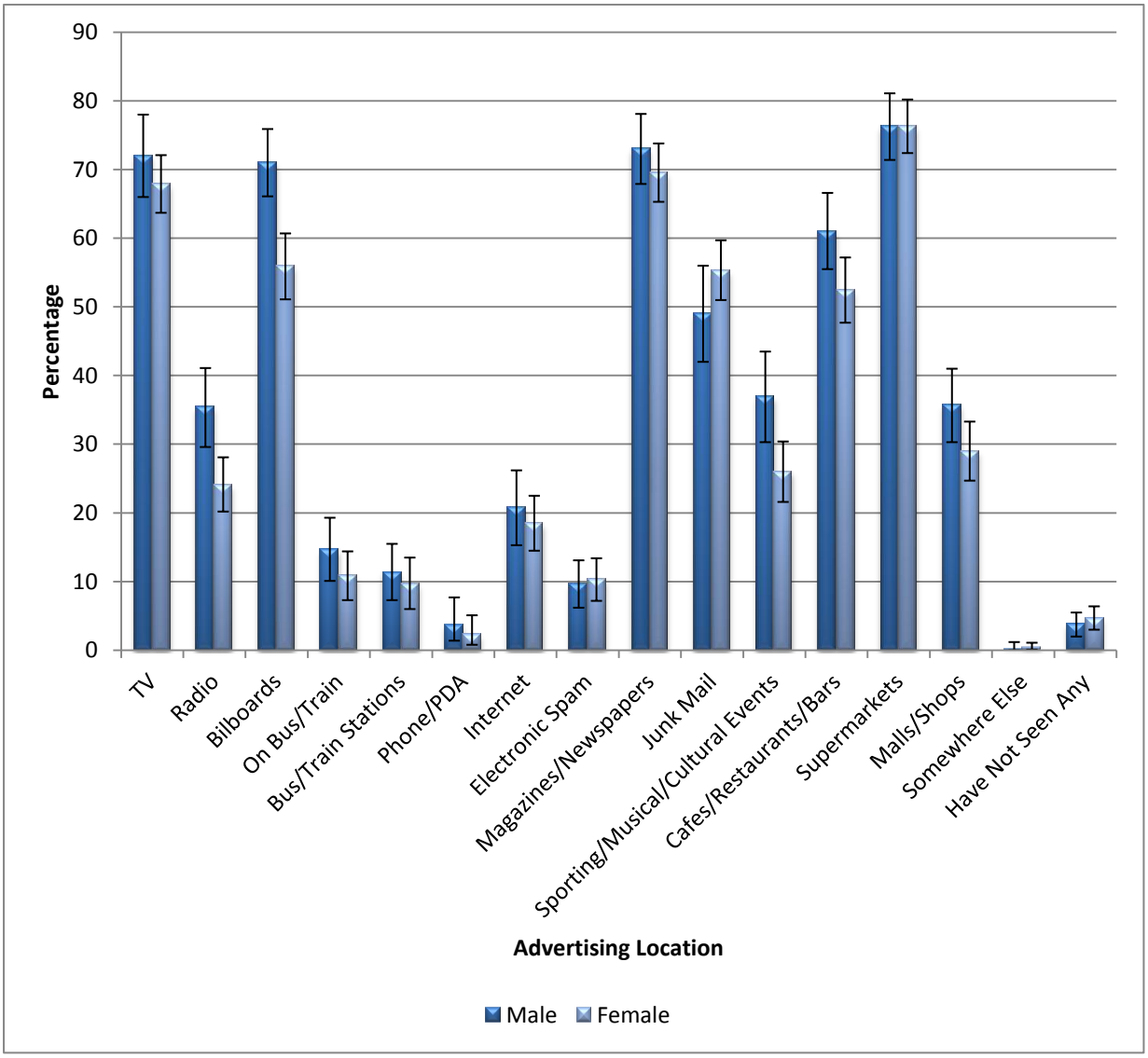

Figure 9.3: percentage of respondents that had seen or heard any advertising or promotion for alcohol in the past 3 months, percentage (95% CI), by gender.

4.0 Comparison of key findings to other monitors

The results from this survey will not be directly comparable to those found in other surveys due to the different questions, definitions and methodologies used. However, it may still be pertinent to compare general findings and trends. The Ministry of Health's *2006/07 New Zealand Health Survey*[1] and the Ministry of Health's *2007/08 New Zealand Alcohol and Drug Use Survey*[2] used similar questions addressing drinking status (whether the respondent had had an alcohol drink in the previous 12 months). Both of these surveys showed similar findings to this survey, with males more likely to have consumed alcohol in the last year compared with females overall. The *2007/08 NZ Alcohol and Drug Use Survey* showed similar findings across ethnicities with European/Other and Māori being significantly more likely to have had a drink in the past year compared to Pacific and Asian, with European/Other showing the highest prevalence. It also showed those in low deprivation areas had a greater prevalence of having had alcohol in the last year compared with those in the high deprivation areas. It is difficult to go into a more detailed comparison of findings as the methodological differences would need to be addressed and is not the aim of this report.

Both the *2006/07 New Zealand Health Survey* and the *2007/08 NZ Alcohol and Drug Use Survey* also addressed various other alcohol-related behaviours. This survey was not designed to further replicate the findings of these, but rather to explore the attitudes towards alcohol. There has not been sufficient research on alcohol attitudes and this survey was created in an attempt to address this gap.

For a much more comprehensive review and analysis of alcohol-related behaviours please refer to the following sources:

- [1]The New Zealand Health Survey (Ministry of Health, 2006/07; available online at: http://www.moh.govt.nz/moh.nsf/indexmh/dataandstatistics-survey-nzhealth).
- [2]The New Zealand Alcohol and Drug Use Survey (Ministry of Health, 2007/08; available online at: http://www.moh.govt.nz/moh.nsf/indexmh/alcohol-use-in-nz-oct09).
- The Alcohol Advisory Council of New Zealand (ALAC) resources website (available online at: http://www.alac.org.nz/Resources.aspx).

5.0 Limitations

The HLS Methodology Report (which can be found at: www.hsc.org.nz) details the procedures and protocols followed to ensure the HLS produces high-quality and robust data. There are, however, some limitations that need to be highlighted. First, the questions were worded in a way that may yield bias in the respondents. By stating 'how much they would support or oppose this change if it were made to help reduce the problems associated with alcohol use' before the statement, it may mask the respondents' actual opinion. They may agree to the statement if it actually would help reduce the problems but the respondent may not believe that it could help reduce the harm. This may present itself by way of skewed response distribution, whereby it would be thought that more people would agree to the statement if it has been implied that it would help reduce problems associated with alcohol. Therefore, it may be beneficial in future surveys to ask respondents if they thought that the statement actually would reduce the harm associated with alcohol.

The second area that needs emphasising is the broad classification of 'drinker' status definition used in this survey. The definition of 'drinker' in this survey consisted of whether an individual had consumed a drink containing alcohol in the last year. While this separates those that have drank and complete abstainers, it does not allow us to further subcategorise drinking behaviours. It would be beneficial for future surveys to include measures of frequency and quantity of alcohol intake in order to create more valid representations of drinking status of the respondents. This greater understanding of drinking behaviour will allow us to further explore the relationships between the behaviour and attitudes towards alcohol.