Alcohol and Life Stages
Understanding the how, when and where people of different ages drink alcohol and the changing impact of alcohol at different life stages can provide useful insight for people working to prevent and reduce alcohol-related harm.

As well as being Associate Minister of Health, I am also Minister for Senior Citizens, so I have a particular interest in the health of older adults. With growing numbers of New Zealanders, especially the baby boomer generation, moving into the older age groups, it will be increasingly important to our society that people stay healthy as they grow older. Alcohol use may impact on the health of some older adults. The complexities of the effects of alcohol on older adults need to be well understood so the right mix of social and health service support and interventions can be put in place to meet needs now and into the future.

At the other end of the age spectrum, young people often use social networking sites to share stories and images of their drinking – a practice now well imbedded into youth drinking culture. Making the most of this communication opportunity, the Health Promotion Agency (HPA) has been using social media to promote alcohol moderation messages among young people. Young Pacific adults from across the country were engaged to help spread HPA’s ‘Say Yeah, Nah’ alcohol moderation message in a uniquely Pacific way. Nine ‘tribes’ each created a video. These videos were then spread through the tribes’ social media networks in a competition to get the most views. The winning video was viewed more than 11,800 times.

Information obtained through a range of research methods is invaluable in furthering our understanding about New Zealand’s drinking culture, including the different sub-cultures within it. HPA and the Ministry of Health have several nationwide surveys that provide useful information, insights and trend data on drinking patterns, behaviours and attitudes towards alcohol across age groups.

This issue of AlcoholNZ focusing on alcohol and life stages provides much-needed evidence-based information. I hope it will stimulate action and further debate.
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Welcome to the Health Promotion Agency’s (HPA) AlcoholNZ magazine. AlcoholNZ provides evidence-based articles, topical commentaries and summaries of new alcohol-related research and guidelines to update readers’ knowledge and inform debate about alcohol issues in New Zealand.

AlcoholNZ contributes to HPA’s statutory alcohol-related functions to:

• give advice on the sale, supply, consumption, misuse and harm of alcohol
• undertake, or work with others, to research alcohol use and public attitudes towards alcohol in New Zealand, and problems associated with, or consequent on, the misuse of alcohol.

This issue of AlcoholNZ provides evidence-based articles on aspects of alcohol use across various life stages. It includes articles about alcohol and older adults, young adults and alcohol-related injuries, young adults and social networking, and secondary school students’ alcohol use. Short descriptions are also provided about HPA’s nationwide surveys that collect information about New Zealanders’ attitudes and behaviours relating to alcohol, including across life stages.
Alcohol and life stages
An introduction

Alcohol is widely consumed in New Zealand, with the 2011/12 New Zealand Health Survey finding that most adults (80%) had consumed alcohol in the last year.

How much is consumed differs for different age groups. Young people aged 18 to 24 years had the highest rate (30.4%) of hazardous drinking, with men aged 18 to 34 years having a particularly high rate, at over 40%. Rates steadily dropped for subsequent age groups, to the lowest rates of hazardous drinking among those aged over 75 years (1.5%) (Ministry of Health, 2013).

Alcohol use and drinking behaviour evolve over an individual’s lifetime in response to biological, psychological, social and environmental changes. The risk for alcohol-related problems also changes over the lifespan. These risks include the potential lifelong effects on an unborn child as a consequence of drinking alcohol during pregnancy.

Adolescents and young adults, who often drink large quantities of alcohol at one time, are more likely than other age groups to experience problems such as alcohol poisoning and alcohol-related road traffic crashes, assaults and other injuries. During midlife the consequences of heavy drinking can become evident, for example, alcohol dependence issues and health conditions related to chronic alcohol use, such as alcoholic liver disease. For some people, problematic alcohol use can continue into older adulthood or it may develop later in life as a result of changing life circumstances. For other older adults, drinking even small amounts of alcohol may impact on existing health conditions and can interact with certain medications they may be taking.

Understanding how alcohol impacts on and influences people across different life stages is important, especially when designing effective approaches for preventing alcohol-related harms, providing screening and brief interventions and treating those with problematic alcohol use. There are, though, still many gaps in our understanding of the impact of alcohol across life stages and further research is needed in many areas.

Reference
Older but wiser?
What do we really know about alcohol drinking among older New Zealanders?

In little more than 10 years from now, close to a million New Zealanders will be aged 65 and over (there are about 600,000 at the moment).

This is a big segment of the population, yet at present we know very little about where alcohol fits into the lives of older adults or the beliefs and practices underlying their drinking choices. Overseas studies suggest the links between drinking and health in older age are complex, with much still to be learned about what constitutes safe alcohol use for older people (Alcohol and Ageing Working Group, 2006; Anderson & Scafato, 2010; Hallgren, Höberg, & Andréasson, 2009; Royal College of Psychiatrists, 2011).

How many older adults drink?
The 2012/13 New Zealand Health Survey shows most older adults drink at least some alcohol (Figure 1). This is around 82% of 55 to 64-year-olds, 79% of 65 to 74-year-olds and 66% of people aged 75+ (Ministry of Health, 2013).

Older New Zealand Europeans/Pākehā are more likely to be drinkers than older Māori and Pacific adults. A recent study of adults aged 64+ found 77% of New Zealand Europeans, 58% of Māori, 21% of Pacific peoples and 52% of ‘Other’ ethnic groups had consumed alcohol in the previous 12 months (McKenzie, Carter, & Filoche, 2014).

Figure 1: Estimated number of older adults who were drinkers, 2012/13 New Zealand Health Survey, by age

Source: Chart by authors from Ministry of Health (2013 – adult data tables). Note: ‘Drinkers’ had consumed an alcoholic drink in the previous 12 months.
These days wine is the most popular alcoholic drink among older adults, followed a distant second by beer and then spirits. Port or sherry drinking is now comparatively rare (Research New Zealand, 2013). When asked, older adults say they drink to be social, to enhance social situations or special occasions, or to relax or unwind (Busby, Campbell, Borrie, & Spears, 1988; Khan, Davis, Wilkinson, Sellman, & Graham, 2002; Khan, Wilkinson & Keeling, 2006; Routledge, 1988). Most also link alcohol with food, with many drinking around meal times. Older adults mainly drink at home or when visiting friends or family (Research New Zealand, 2013).

### Changing drinking habits

As they mature into their sixties and seventies, older adults tend to drink less alcohol than before. For some, especially older men, their drinking evolves into a pattern of daily, or near daily alcohol use, but at relatively low levels of consumption per drinking occasion – as the saying goes, ‘a little but often’ (Ministry of Health, 2008). Some even stop drinking altogether.

There is little local research on the reasons for these changes but a combination of factors seems to be important, including reduced social activity (often following retirement), lower incomes and the onset of health problems (Busby et al., 1988; Khan et al., 2006; Research New Zealand, 2013).

This last factor related to the onset of health problems has been highlighted in a number of studies (Moos, Brennan, Schutte, & Moos, 2010). Alcohol aggravates various health conditions such as liver problems, high blood pressure, diabetes and depression (Finlayson, 1995; Health Promotion Agency, 2014). People with these conditions may be advised by their doctor to curb their drinking. They may also be prescribed medicines that are incompatible with alcohol and as a result stop drinking alcohol (Heuberger, 2009; Moore, Whiteman, & Ward, 2007; Pringle, Ahern, Heller, Gold, & Brown, 2005). Others may review their priorities in the face of serious illness and cut down their drinking.

<table>
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<tr>
<th>Health indicator</th>
<th>65-74</th>
<th>75+</th>
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<tr>
<td>Chronic pain</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Arthritis*</td>
<td>36%</td>
<td>43%</td>
</tr>
<tr>
<td>Depression, anxiety, bipolar disease*</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Psychological distress (high level)</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Daily smoking</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Obese</td>
<td>39%</td>
<td>26%</td>
</tr>
<tr>
<td>Medicated for high blood pressure</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Medicated for high blood cholesterol</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>Ischaemic heart disease*</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>Stroke*</td>
<td>6%</td>
<td>11%</td>
</tr>
<tr>
<td>Diabetes*</td>
<td>17%</td>
<td>18%</td>
</tr>
<tr>
<td>Physically active (follow guidelines)</td>
<td>50%</td>
<td>41%</td>
</tr>
<tr>
<td>Self-rated health status ‘excellent’ or ‘very good’</td>
<td>55%</td>
<td>47%</td>
</tr>
<tr>
<td>Self-rated health status ‘good’</td>
<td>33%</td>
<td>34%</td>
</tr>
<tr>
<td>Self-rated health status ‘fair’ or ‘poor’</td>
<td>11%</td>
<td>19%</td>
</tr>
<tr>
<td>Disabled**</td>
<td>34%</td>
<td>51%</td>
</tr>
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Notes: * ever diagnosed, ** adults living in households.
Health problems can disrupt people's usual patterns of socialising, making it harder to go out or limiting energy for keeping up with friends. Many older New Zealanders have been diagnosed with health conditions such as diabetes or heart disease, have chronic pain, take particular medications or are disabled. Table 1 below shows just how many.

Some older adults also tone down their drinking in response to physiological changes that increase their sensitivity to alcohol's effects. The changes are a natural part of ageing and include reduced blood flow to the liver and other organs, and lower levels of the enzymes which help break down alcohol in the digestive system. Because of these and other changes, older adults can reach higher blood alcohol concentrations than younger adults with any given amount of alcohol (Anderson & Scafato, 2010). Alcohol's effects can therefore come on more suddenly and strongly, and take longer to wear off. Some older adults freely admit that this greater sensitivity to alcohol is one reason they drink less now than when they were younger (Busby et al., 1988; Haarni & Hautamäki, 2010).

Of course some older adults maintain or even increase their alcohol consumption as they age. A multitude of factors may have a hand in this, including more opportunities to socialise, fewer family and work responsibilities, more disposable income and more relaxed attitudes to alcohol (Busby et al., 1988; Khan et al., 2006; Moos, Schutte, Brennan, & Moos, 2010; Wadd, Lapworth, Sullivan, Forrester, & Galvani, 2011; Ward, Barnes, & Gahagan, 2011).

Glass half full or half empty?

While many New Zealanders continue to drink into old age, some drink in ways that are potentially unsafe for themselves or others. Apart from the more obvious effects such as intoxication, alcohol dependence or alcohol abuse, a wide range of health conditions have been linked to drinking among older adults, including liver disease, pancreatitis, cancer, stroke and high blood pressure. Some of these conditions may be due to the lifetime cumulative effects of alcohol use, or particular patterns of drinking such as having large amounts of alcohol occasionally (Anderson & Scafato, 2010; Connor, Kydd, Shield, & Rehm, 2013; WHO Expert Committee on Problems Related to Alcohol, 2007).

For some older adults with existing health conditions such as diabetes and mental health conditions, drinking alcohol even at low levels may worsen their conditions (Health Promotion Agency, 2014). As well, many older adults take prescription and over-the-counter medicines or drugs that are incompatible with alcohol, such as antihistamines, sedatives and antidepressants (Pringle et al., 2005). Drinking in these circumstances may exaggerate the physical effects of prescription drugs or alcohol, increasing, for example, the risk of injury from falls or other mishaps.

On the other hand, a number of studies identify statistical associations between low alcohol use by older adults and reduced risks for a few specific health conditions, such as coronary artery disease. But there is debate about the reasons for these associations and the negative effects of alcohol may outweigh the positive effects (Health Promotion Agency, 2014).

How many older adults drink hazardous or harmfully?

Older New Zealanders' levels of hazardous and harmful drinking are examined in several recent surveys.1 The majority of older men and women report drinking at levels typically defined as safe for adults. Only a minority of older adults report drinking at hazardous or harmful levels.

The 2012/13 New Zealand Health Survey defined hazardous drinking as a score of 8 or more on the 10-item AUDIT (Alcohol Use Disorders Identification Test) alcohol screening tool (Ministry of Health, 2013). On this basis it found the following rates and estimated national numbers of older adults drinking hazardous or harmfully:

- 9% of all 55 to 64-year-olds (11% of drinkers) – estimated number 45,000
- 5% of all 65 to 74-year-olds (7% of drinkers) – 18,300
- 2% of all 75+ year-olds (3% of drinkers) – 5,200.

1 Hazardous (or ‘risky’) drinking is drinking that puts people at risk of either short- or long-term harm. Harmful drinking is drinking that has already led to some kind of harm such as the drinker becoming intoxicated, or physically dependent on alcohol, or experiencing physical, psychological, social or other problems as a result of their drinking.
Older men were more likely to drink hazardously or harmfully than older women (Figure 2).

AUDIT score 8+ means possible hazardous or harmful drinking using the full (10-item) version of AUDIT. However, this threshold may underestimate hazardous/harmful drinking for older adults.

Figure 2: Percentage of older adults who were drinkers, and who had AUDIT scores of 8 or more, 2012/13 New Zealand Health Survey, by age and gender

In the United States, a recent analysis of national health survey data measured older adults’ alcohol use in the context of their co-existing medical conditions, functional status, medication use and other health risks.2

On this basis it concluded that 53% of drinkers aged 65 and over were using alcohol hazardously or harmfully (Wilson, Knowles, Huang, & Fink, 2013).

Because of older adults’ diverse health conditions and treatments, there is also debate about the feasibility of defining age-specific guidelines for ‘safe’ alcohol use by older adults. Authorities in some countries, including Italy and the United States, have issued such age-specific guidelines. Others suggest it may be inappropriate to specify a ‘one size fits all’ definition of safe drinking for all older adults (Hailgren et al., 2009; National Health and Medical Research Council, 2009).

The Health Promotion Agency’s (HPA) low-risk alcohol drinking advice for adults is currently for adults of all ages. It does, however, acknowledge that, even when drinking within the low-risk limits, a range of factors can affect the level of risk, including drinking too quickly, body type or genetic makeup, gender, existing health problems, and age. HPA also advises people not to drink alcohol if they have a condition that could be made worse by drinking alcohol or are taking medication that interacts with alcohol (Health Promotion Agency, 2014).

Troubled older drinkers

Despite the challenges of defining precisely how many older adults are drinking hazardously or harmfully, what is clear is that across New Zealand there are a number of older adults who use alcohol problematically. A proportion of these older adults will have been drinking harmfully for much of their adult lives, and continue to do so – so-called ‘early-onset’ problem drinkers.

Others have generally used alcohol at fairly mild or moderate levels when younger, but, as they get into their sixties, seventies or even their eighties, start to drink much more heavily than before. These people are sometimes referred to as ‘late-onset’ problem drinkers (Center for Substance Abuse Treatment, 1998; Health Canada, 2002).

2 The Alcohol-Related Problems Survey (ARPS) is an example of an alcohol screening tool designed for older adults that takes into account people’s co-existing health conditions, medication use and other health risks (Fink et al., 2002).
A number of studies from Britain and North America have looked closely at the life situations of these late-onset problem drinkers (Dar, 2006; Fox & Wilson, 2011; Wadd et al., 2011). They show that often the start of their heavy drinking is connected to major life changes or challenges such as bereavement, caring for a sick partner or parent, or living with chronic pain or other distressing conditions that take people to their limits physically or emotionally.

Little systematic research has been done in New Zealand addressing the needs of older adults with problematic alcohol use. However, impressions from local experts working in the health, addiction and aged-care sectors point to the existence of a significant hidden group of isolated older adult problem drinkers in the community, many of whom are women (Kina Trust, 2011; Wylie, 2010). It is believed a significant number of these people are not getting help for their problems or even ready to admit that something is seriously awry in their life.

**Future challenges**

The number of older adult drinkers in the New Zealand population is set to rise rapidly in the years ahead. Yet there are significant gaps in our knowledge about how to define, identify, prevent and treat hazardous and harmful alcohol use in this important group.

Challenges include developing reliable estimates of how many older adults are likely to be drinking unsafely, taking into account people’s existing health conditions, use of medicines, and other risk factors. Research is also needed on how many people are aware that sensitivity to alcohol increases in old age, that alcohol exacerbates certain health conditions, or that many types of medicines are incompatible with drinking. Bound up with this is the question of how practical it is from a health promotion perspective to stipulate age-specific safe drinking guidelines for older adults.

In terms of services, another challenge is how to appropriately identify and help older adults who may be drinking hazardously or harmfully. Currently there is little solid New Zealand data on what kinds of alcohol screening and brief interventions work best with older adults. This includes in general practice settings as well as other frontline health, social service and aged-care settings.

More local research is needed to clarify the most suitable kinds of specialist alcohol treatment services for older adult problem drinkers. Impressions from recent studies are that older adults may require more community outreach options such as home-based counselling or transport assistance. More attention may also need to be given to issues relating to bereavement, retirement, loss of independence, and physical and cognitive impairments (Kina Trust, 2011; Wylie, 2010). Counselling sessions may also need to be timed or paced differently compared with sessions with younger adults (Te Pou, 2010). However, there is a lack of in-depth research looking at the importance of these and other factors from the point of view of older adults and treatment staff.

Addressing these and other knowledge gaps will help to inform future primary care, addiction treatment and aged-care service needs as well as health promotion and workforce training initiatives focusing on alcohol and older New Zealanders.

This article has been prepared for HPA by Ian Hodges and Caroline Maskill, HealthSearch Ltd. It is based on the findings of a literature review on alcohol and older adults in New Zealand that has been prepared by the authors. HPA and the Accident Compensation Corporation of New Zealand (ACC) have commissioned the literature review to: gain a fuller understanding of the impact of alcohol on the growing number of older adults in New Zealand; identify knowledge gaps and future research needs; and inform future policy and practice interventions to reduce alcohol-related harm among older adults. The literature review will soon be published online as a resource for others also to use.
References


An injury waiting to happen?
Young adults and risky drinking

People don’t just get drunk in New Zealand; they get wasted, totalled, munted and even ‘falling down’ drunk. But all too often there are unintended consequences of our drinking, as highlighted by newspaper headlines such as ‘Intoxicated swimmer drowned’ (Mathewson, 2013), ‘200 trashed teens treated’ (Ensor & Boyer, 2013), ‘Surgery can’t save bottled eye’ (Penman, 2013).

There is a dose-response relationship between alcohol and injury. The risk of injury starts with just one drink, but is drastically increased with excessive consumption, commonly referred to as binge drinking. The more you drink the greater the risk, so it stands that those who drink heavily and to excess are at the greatest risk (Research New Zealand, 2012).

In this context, it is concerning that 15% of all adults drink hazardously and that this rate is higher in men and women aged 18 to 24 years and men aged 25 to 34 years (Ministry of Health, 2013). The high risk to younger drinkers is a concern because of the potential drinking career ahead of them and possible long-term harm, from serious injury, to long-term health effects and the legacy of hazardous drinking social norms passed to the next generation.

Perhaps of more concern is that binge drinking is not just about how much young adults drink (Herring, Berridge, & Thom, 2008), but also about why they drink. McEwan, Campbell and Swain (2010) talk of a new drinking behaviour: intentionally drinking to intoxication and viewing this behaviour as desirable, celebratory and socially acceptable. Tutenges and Sandberg (2013) suggest some young drinkers engage in heavy drinking because they know this could lead to situations ripe for storytelling. However, Kate Fox, a social anthropologist and Director of the UK Social Issues Research Centre, argues that beliefs about the effects of alcohol act as self-fulfilling prophecies and provide an excuse for anti-social behaviour (Fox, 2011).

The drinking

The focus on intoxication suggests consuming alcohol is now the night’s purpose (Colmar Brunton, 2013c). This supports the belief that New Zealanders have been conditioned to binge drink and that, as a society, we have a very high tolerance for drunken behaviour (Colmar Brunton, 2013a).

The intention to get drunk is decided early in the evening. A UMR Research study (2013) of pre-loading in Palmerston North identifies this as an integral part of a night out, where young drinkers socialise, play drinking games and keep occupied until it is worth going into town.
Common youth drinking themes include competition, gambling, honour and shame (Colmar Brunton, 2013b). The perceived lowering of inhibitions from drinking alcohol brings competitive natures to the fore, creating a ‘race to Monday’. This involves getting drunk, taking risks and recovering before returning to studies or work on a Monday morning.

Getting away with excessive drinking week after week encourages young drinkers to gamble with more risky behaviours, especially if they feel supported and protected by their friends. A ‘badge of honour’ is awarded for stories of fearless endeavour and minor injuries. Such drinking stories often celebrate vomiting, passing out and fights (Tutenges & Sandberg, 2013).

The injury

Hospital emergency departments see the immediate harm of heavy alcohol consumption and, not surprisingly, this is most likely over the weekend. Data from the Accident Compensation Corporation (ACC) and Emergency Departments shows that the most common alcohol-related injuries include alcohol poisoning and toxic effects, and injuries to head and brain, neck, wrist and hand.

Emergency Department presentations show how celebrated drinking stories can quickly turn into something more serious: fights become assaults, intoxication becomes accidental poisoning, messing around leads to falls and drowning, and having fun turns to self-inflicted harm. These injuries occur in public spaces, especially road and street, home and licensed outlet (World Health Organization, 2007).

For too many 15 to 29-year-old males and females, their injuries are fatal, with more than 90% of alcohol-attributable deaths in this age group due to injury (Connor, Kydd, Shield, & Rehm, 2013). More generally, a literature review of alcohol-related injury (Research New Zealand, 2012) shows an established relationship between alcohol and injury from violence, falls and road traffic accidents.

Alcohol is a major contributor to violent crime (Ministry of Justice, 2012) and impacts on a significant proportion of New Zealand Police’s work, including violent offending and family violence (New Zealand Police, 2010). The role of alcohol in violence is complex, as consumption by the victim, perpetrator and others impacts the risk.

Heavy episodic drinking is associated with increased victimisation and aggression in interpersonal violence, and with increased severity of violent incidents (Research New Zealand, 2012).

For road traffic accidents, the increased risk of injury is evident even at low levels of consumption. However, the risk associated with alcohol is significantly higher at all blood alcohol content (BAC) levels in drivers aged less than 20 years (over five times) and drivers aged 20 to 29 years (three times). Intoxicated pedestrians are also more likely to become a casualty or fatality (Research New Zealand, 2012).

The opportunity to prevent further harm

For the young, a dramatic drinking-related event (the fights, broken bones, and pumped stomachs) can be the tipping point in addressing their drinking pattern and prompt a behaviour change (Colmar Brunton, 2013b). This is a critical moment for early intervention to support change.

However, injuries heal and the peer pressure entices young people back into the habit of high-risk drinking. So there is opportunity to connect with young people better and refer them to relevant services where they can get help for problem drinking.

Alcohol-related injury in young adults can also act as a barometer of potential longer-term harm. So it is even more vital to be able to respond to these critical moments and early warning signs and intervene early in someone’s life.

Kevin Harper
Programme Manager Alcohol
Accident Compensation Corporation (ACC)
References


Colmar Brunton. (2013c). Our vibrant cities. Commissioned by ACC.


Young adults are identified globally as excessive drinkers and this has led to widespread concerns about the implications of their drinking practices on their health (Babor et al., 2010; Rehm et al., 2009).

Yet young adults make sense of their drinking as an enjoyable sociable activity for friends to share (e.g., Martinic & Measham, 2008; Niland, Lyons, Goodwin, & Hutton, 2013; Guise & Gill, 2007). Further, they view alcohol health promotion messages that promote individual responsibility for alcohol harms as largely irrelevant to them (de Visser, Wheeler, Abraham, & Smith, 2013; Fry, 2011; Hutton, 2012). To understand young adults’ drinking practices, it is important to explore the meanings of their drinking from their own perspectives (Brown & Gregg, 2012; Jayne, Valentine, & Holloway, 2010). This article examines how young adults use social networking sites (SNS) to create, share and reflect upon their drinking occasions.

Research exploring young people’s own meanings of their drinking finds they highly value drinking as social fun times together (Lyons & Willott, 2008; Niland et al., 2013; Szmigin, Bengry-Howell, Griffin, Hackley, & Mistral, 2011). Their drinking is closely related to friendship, intimacy and bonding through humorous and adventurous nights out together (MacNeela & Bredin, 2011; Tutenges, 2012; Workman, 2001) and in experiences of caring for drunk friends and being looked after when drunk (de Visser et al., 2013; Niland et al., 2013; Vander Ven, 2011).

Young adults are also among the most active users of SNSs such as Facebook and MySpace (Duggan & Brenner, 2013) and their personal relationships are increasingly managed through these online contexts (Tapscott, 2009).

Young people use SNSs to interact with their face-to-face friends (e.g., Boyd, 2006; Niland, Lyons, Goodwin, & Hutton, in press; Reich, Subrahmanyam, & Espinoza, 2012) and they represent their identities within SNSs in relation to their friends (Larsen, 2007), as “this is who we understand ‘me’ to be” (Mallan & Giardina, 2009, para. 22).
The value placed on drinking as a social activity among young people, alongside the significance of SNSs in their everyday lives, has led researchers to consider the role of SNS use on drinking practices for this group.

Qualitative (interview and focus group) research exploring young adults’ meanings of SNS alcohol content has shown they routinely use SNSs to organise drinking events, post photos and comments while out drinking, and share the fun and humour of drinking nights through photos afterwards (Brown & Gregg, 2012; Hebden, 2012; Lyons et al., 2014; Niland, Lyons, Goodwin, & Hutton, 2014; Tonks, 2012). A study in Australia, for instance, found that young adult women use Facebook status updates (brief written text on SNS pages) to share the anticipation of drinking events and a night’s thrills and drama are routinely documented at the time through Facebook status updates, comments and photos, all shared by friends as ‘insider jokes’ the next day (Brown & Gregg, 2012).

Findings from a New Zealand study

In New Zealand, a recent research project, funded through the Marsden Fund, explored the ways in which young adults (18 to 25 years) use social technologies in their drinking practices (Lyons et al., 2014). This study included 141 participants within 34 friendship focus group discussions (12 Pākehā, 12 Māori and 10 Pasifika groups) and 23 young adults went online to show and talk about their Facebook activities in individual interviews that were screen and video recorded. This research demonstrated that SNSs are crucial to young adults’ drinking cultures and the ways they represent their identities in their social worlds. Most of the young adults routinely consumed alcohol together to become intoxicated and SNSs were fully integrated into their drinking practices. They shared humorous and adventurous stories created through Facebook photos, tagging (adding a friend’s profile name to a photo or status update), commenting, and ‘liking’ (clicking a ‘like’ button next to a photo or post to indicate positive feedback), all of which perpetuate shared drinking fun (Lyons et al., 2014; Niland et al., 2014).
This engagement with drinking and SNSs was, however, nuanced across ethnicity, gender and social class. The study reports, for instance, that Pākehā participants shared their drinking practices online with less self-surveillance or reflection than Pasifika and Māori participants, who were more likely to voice concerns about their families and communities viewing their online drinking displays. Females spoke of society’s expectations for them to display ‘feminine’ (moderate and controlled) drinking behaviour and to represent this in SNS drinking photos. Although males tended to distance themselves from SNS photo activity, viewing it as ‘feminine’ behaviour, to be tagged in these photos was an important social recognition for them. Participants from lower socio-economic groups voiced concerns about others judging their online drinking content, while middle socio-economic groups had concerns for their occupational reputations, and upper socio-economic groups expressed less concern about online drinking displays.

The research project also found that to be visible in SNS pages was crucial for many young adults, and they invested significant amounts of time and effort to update and maintain their Facebook pages. Their photo displays of drinking events were particularly attended to.

The research found that firstly photos were used to identify, connect to, and reinforce friendship group relationships.

Secondly, drinking photos involved effort to fit into drunk (‘ugly’ and ‘crazy’) friendship group drinking displays while maintaining an overall attractive (more good looking photos) online self-identity. This involved ongoing photo work to judge appearances, tag acceptable good photos and un-tag unattractive or ‘too drunk’ photos.

Thirdly, talk about happy drinking photos also prompted recounting of drinking episodes (unseen in photos) involving personal upsets and injuries. These photos were meaningful to friends as ‘insider stories’, reinforcing friendship group belonging and excluding wider audiences. This friendship bonding through shared adversity in drinking may set up powerful resistances to messages that focus on individual negative emotional and physical consequences.

This research and its findings have recently been published in a research report which can be directly accessed via the research project website – visit http://drinkingcultures.info/index.html.

Implications

Insights gained from research on young adults’ drinking and social networking demonstrate that SNSs are embedded in young adults’ everyday drinking cultures. To align their initiatives to be more realistic and relevant to young adults’ social worlds, it is now timely for health promoters to engage with young adults’ use of SNSs within their drinking practices.

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References


Use of alcohol in adolescence is associated with a wide range of harmful outcomes, including physical injury, motor vehicle injuries and deaths, crime, and risky sexual behaviour, as well as mental health problems and suicidal behaviours (Fergusson & Boden, 2011).

Earlier onset of alcohol consumption is also a risk factor for subsequent alcohol abuse or addiction (Petit, Kornreich, Verbanck, Cimochowska, & Campanella, 2013).

In New Zealand, a third of people who have ever tried alcohol report having had their first drink when they were 14 years old or younger (Ministry of Health, 2009). Children and adolescents under the age of 15 years who drink alcohol are much more likely than older drinkers to experience risky or antisocial behaviour connected with their drinking. Young people aged 15 to 17 years are also more likely to experience these behaviours, but to a lesser extent than the younger age group (National Health and Medical Research Council, 2009).

The Health Promotion Agency’s (HPA) low-risk alcohol drinking advice is that for children and young people under 18 years old, not drinking alcohol is the safest option. For young people aged 15 to 17 years, the safest option is to delay drinking for as long as possible. Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking alcohol in this age group is especially important (Health Promotion Agency, 2014).

**Alcohol use findings from HPA’s Youth Insights Survey**

HPA’s Youth Insights Survey (YIS) captures some useful information about New Zealand Year 10 secondary students’ alcohol use. Year 10 students are predominantly aged 14 to 15 years. YIS is a nationwide paper-based survey conducted in schools every two years. It monitors Year 10 students’ behaviours, attitudes and knowledge on a range of health-related topics, including their use of alcohol. It also collects data on students’ interests, lifestyles, activities, and use of social media.

The 2012 YIS was conducted with a sample of 3,143 Year 10 students. The sample included 1,589 New Zealand Europeans/Pākehā, 704 Māori, 295 Pacific, 340 Asian, and 199 people of ‘Other’ ethnicity. The school-level response rate was 77%, the student-level response rate was 82%, and the overall response rate was 65%.
Key findings about alcohol use behaviours from the 2012 Youth Insights Survey included the following:

- Four in ten Year 10 students had consumed alcohol at least once in the past month, while nearly one in ten (8%) had consumed alcohol at least once a week in the past month.
- Three in ten had engaged in risky drinking (commonly referred to as binge drinking, that is, consumed five or more drinks in one session) at least once in their lives, while just under two in ten (17%) had done so in the past month.
- Of those students who had ever consumed alcohol, six in ten (59%) had done so on some or all occasions without their parents or caregivers knowing about it.
- On average, students estimated that out of 100 people their age around four in ten (μ = 42) get drunk regularly.
- Māori were more likely than non-Māori to have consumed alcohol in the past month and to have engaged in risky drinking (five or more drinks in one session) (see Figure 1 below).

Looking at the relationships between different alcohol use behaviours reveals that those who had ever engaged in risky drinking (five or more drinks in one session) were likely to drink alcohol more frequently and without parental knowledge, compared with those who had consumed alcohol but never at this risky level. Further, students with higher estimates of how many of their peers get drunk regularly had also consumed alcohol more frequently themselves in the past month, engaged in risky drinking, and consumed alcohol without their parents or caregivers knowing.

These findings have previously been published in HPA’s In Fact: Research Facts from the HPA factsheet titled ‘Use of alcohol among Year 10 students’ (White, 2013).

Data collection for the 2014 YIS is currently underway. From the results of the 2014 survey, we will be able to see if there are any changes for the better in New Zealand Year 10 students’ alcohol use behaviours.

**Figure 1: Frequency of Year 10 students’ risky drinking, by ethnicity**


HPA’s surveys that collect information about alcohol attitudes and behaviours

HPA undertakes a number of nationwide surveys that collect information about New Zealanders’ attitudes and behaviours towards alcohol, including across life stages. The data from these surveys can be used to identify and examine trends of alcohol use among different age groups in New Zealand.

Alcohol is the main focus for one of these surveys but for the others it is a component of a broader survey capturing information on a range of health-related behaviours. In another instance, alcohol data is captured as a component of a survey about tobacco smoking.

Summaries about HPA’s surveys that collect information about alcohol are provided below, including information about the latest surveys – two of which are currently in the field. Further information about these surveys, survey reports and alcohol-related fact sheets produced from survey data can be found on HPA’s alcohol website – alcohol.org.nz/research-resources and on HPA’s main website – hpa.org.nz/research-library.

Attitudes and Behaviour towards Alcohol Survey

HPA’s Attitudes and Behaviour towards Alcohol Survey (ABAS) collects information on drinking behaviour over the last month and on the most recent drinking occasion, and attitudes towards alcohol use. This annual survey, previously run by the Alcohol Advisory Council of New Zealand, has been undertaken since 2005, although it has undergone a number of changes over time.

The survey methodology between 2009 and 2012 has consistently been a nationwide Computer Assisted Telephone Interviewing (CATI) survey of approximately 3,000 people aged 12 years old or over, conducted annually been November and January. Reports covering results from the 2010-2012 ABAS surveys will soon be published online.

The most recent ABAS was a nationwide CATI survey of approximately 4,000 people aged 15 years or more and was conducted between November 2013 and February 2014. Data from the 2013 ABAS is currently being analysed. Results will begin to be available online later in 2014.
Health and Lifestyles Survey

The Health and Lifestyles Survey (HLS) is a biennial monitor of the health behaviour and attitudes of New Zealanders aged 15 years and over. It is conducted nationwide through face-to-face interviews and was first carried out in 2008. The HLS collects information relating to HPA’s programme areas, including on alcohol, tobacco control, minimising gambling harm, sun safety, nutrition, physical activity, immunisation, and mental health.

The 2012 HLS consisted of a sample of 2,672 New Zealanders. A data set is adjusted (weighted) to ensure it is representative of the New Zealand population. Data collection for the 2014 HLS is currently underway (between May and July) and results will be available online on an ongoing basis from November 2014.

Youth Insights Survey

The Youth Insights Survey (YIS) forms part of the New Zealand Youth Tobacco Monitor (NZYTM) and is a collaborative project between HPA and Action on Smoking and Health (ASH). The YIS is a nationwide, paper-based survey conducted in schools every two years. It was first carried out in its current format in 2006. Data is collected on Year 10 students’ (mostly 14 to 15-year-olds) behaviours, attitudes and knowledge on a range of health-related topics, including their use of alcohol.

The 2012 YIS was conducted with a sample of 3,143 Year 10 students in 144 schools. A data set is adjusted (weighted) to ensure it is representative of the population of New Zealand Year 10 students. Data collection for the 2014 YIS is currently underway (between May and July) and results will be available online on an ongoing basis from November 2014.

New Zealand Smoking Monitor

The New Zealand Smoking Monitor (NZSM) is a nationwide survey of current smokers and recent quitters. It is undertaken every two weeks and measures current and changing knowledge, attitudes and behaviours relating to smoking and quitting. Questions about smoking tobacco while drinking alcohol have recently been included in the NZSM to capture data about the relationship between tobacco and alcohol use.

The NZSM is a CATI survey and has been in the field since July 2011. This survey uses a self-refresh panel methodology, where respondents are maintained on a panel and can be repeatedly interviewed for up to six times. Data collection for the NZSM is ongoing. In the 2013/14 survey year, over 4,500 interviews were completed. Results have previously been published in peer-reviewed journals. NZSM data will be available online on an ongoing basis from July 2014.
Alcohol-related deaths among the elderly reach highest ever level

A charity has called for action to tackle the “growing and serious” problem of excessive drinking in older age after official figures revealed the number of alcohol-related deaths among people aged 75 and over has increased to their highest level since records began in 1991.

The rise in alcohol-related deaths in the UK among the elderly in 2012, up 18% for men and 12% for women, came despite an overall drop in the number of such deaths across all age groups to 8,367, down 361 on the previous year, Office for National Statistics data shows.

The death rates per 100,000 also reached their highest level since records began, at 28.5 for men and 13.5 for women – illustrating that the rise is not just a result of an aging population.

Caroline Abrahams, charity director at Age UK, said excessive drinking was often linked with issues such as bereavement, loneliness and isolation.

“While the spotlight on excessive drinking generally falls on younger people, the most significant increases in alcohol-related harm are actually in older age groups, with people aged 65 and over also reporting the highest rates of drinking on five or more days a week,” she said. “The numbers of alcohol-related hospital admissions, illnesses and mental health disorders among older people are also sadly on the rise.

“It’s time that excessive drinking in older age is recognised as a growing and serious problem and that appropriate and effective preventive and treatment services are made available.”

There were 580 alcohol-related deaths among men aged 75 and over in 2012 and 385 among women aged 75 and over. When the data series began in 1991, there were 18.1 deaths per 100,000 men aged 75 and over (equivalent to 257 in absolute terms) and 10.5 deaths per 100,000 women aged 75 and over (equivalent to 271 deaths).

http://www.theguardian.com/society/2014/feb/19/alcohol-deaths-elderly-rise-ons

Parents should drink less in front of their children if they want to prevent their offspring becoming binge drinkers, a new report suggests

The authors of research by the think-tank Demos said it was “not enough” for parents to wait until their children were in bed before opening the bottle, because their interviews suggested “children are more aware than they are often given credit for”.

They added: “Nor does this mean that parents can never drink in the presence of their children. But it does mean that parents should bear in mind how frequently they are drinking – particularly in front of their children.”

The two-year study, Feeling the Effects, studied the lives of 17,000 in birth cohort study and in-depth interviews with 50 families where there was at least one problem drinker.

Parents with high alcohol consumption were less likely to practise the ‘tough love’ type of parenting that best stops children developing traits associated with excessive drinking, the authors said.

They found that teenagers who perceived their mother to drink ‘always’ were almost twice as likely to drink hazardously themselves as adults than those who reported that their mother drank ‘sometimes’. Parents who ‘always’ drank were less likely to be ‘tough love’ parents – characterised as ‘high love, high discipline’ – than moderate drinkers.

The authors warned: “Many parents think their drinking has little or no impact on their families, convincing themselves that if they feed and clean their children and make sure they attend school, they have fulfilled their most important parenting duties.”

The report concluded that the Government’s attempts to curb the UK’s hazardous drinking culture “would be more effective if they focused on encouraging better parenting, particularly among parents misusing alcohol”.

AUSTRALIA

Let’s end stigma over pregnancy drinking

A recent study into the treatment needs of women who are pregnant and alcohol dependent found they are poorly served by health services, and fail to receive support. Such is the shame and stigma, the women most in need of support and assistance aren’t able to talk about their experiences.

The study, conducted by the National Drug and Alcohol Research Centre (NDARC) at the University of NSW and commissioned by the Foundation for Alcohol Research and Education (FARE), argued that “it’s time to have the conversation” about the needs of women who are pregnant and alcohol dependent.

For women who are alcohol dependent, not consuming alcohol during pregnancy is not simply a matter of choice. Alcohol dependence is a condition that requires significant supports, and for women who are pregnant and alcohol dependent, these supports are simply not available.

The study was undertaken to determine the best way to support alcohol-dependent women who are pregnant to be healthy and to have the healthiest baby possible.

This research found that pregnant women who are alcohol dependent aren’t talking about their experiences, nor are they being directed towards suitable treatment services. Alcohol consumption is regarded with disapproval and shame during pregnancy, and that stigma is largely responsible for a lack of disclosure of drinking during pregnancy.

There was a need to reshape that conversation, and remove the shame and blame and acknowledge the significant barriers for alcohol-dependent women in accessing treatment. These barriers include the fear of losing custody of children, the fears that their partner will leave them, fear of withdrawal, and a belief that they should be able to stop drinking on their own. There are also practical barriers such as the availability of services access, transport and childcare.

In fact, the study found that there has been little progress in the treatment of alcohol-dependent women over the past decade. A gold standard approach for the treatment of alcohol-dependent women starts with encouraging health professionals to ask all women who are pregnant about their alcohol consumption. By doing this, over time, conversations about alcohol and pregnancy will not be associated with stigma and the practice will become routine.


UNITED STATES

Teen binge drinking linked to identifying alcohol brands in pop music

Every day in the US, the average adolescent is exposed to 2.5 hours of popular music and eight references to alcohol brands. And now researchers have found a link between binge drinking in teens and liking, owning or correctly recognising the brand names of alcohol mentioned in songs.

The researchers – from the University of Pittsburgh in Pennsylvania and the Norris Cotton Cancer Center in New Hampshire – have published their results in the journal Alcoholism: Clinical & Experimental Research. Lead author Dr Brian A. Primack, Associate Professor of Medicine and Pediatrics and Director of the Program for Research on Media and Health at the University of Pittsburgh’s School of Medicine says:

“Every year, the average adolescent is exposed to about 3,000 references to alcohol brands while listening to music. It is important that we understand the impact of these references in an age group that can be negatively affected by alcohol consumption.”

To investigate how pop music references to alcohol might impact adolescents, Dr Primack and his colleagues used a random-digit-dial survey of over 2,500 young people in the US between the ages of 15 and 23 years. Of these participants, 59% reported having a “complete alcoholic drink” and of these respondents, 18% reported binge drinking at least monthly. Meanwhile, 37% reported problems due to alcohol, such as injuries.

Survey participants were also given titles of pop songs that mention alcohol. They were then asked whether they liked or owned the song, and they were asked if they could remember what brand of alcohol appeared in the lyrics.

Results showed that those who could accurately remember the alcohol brands were twice as likely to have had a complete alcoholic drink, compared with those who could not identify the brand, and they were also more likely to have ever binged on alcohol.

http://www.medicalnewstoday.com/articles/275448.php
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To order resources visit alcohol.org.nz
and go to Order Resources