

Harming Me, Harming You

A community perspective of alcohol use in Wanaka

Prepared for the Wanaka Alcohol Group
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Summary and Recommendations

With funding from the Health Promotion Agency and ACC, the Wanaka Alcohol Group commissioned a research programme to understand alcohol use in the Wanaka community, with a particular interest in the impact on youth health and wellbeing. The purpose of this work was to provide an evidence-base for the development of a strategic plan to reduce local alcohol-related harm.

The best evidence for local alcohol use comes from the locals themselves. We sought to capture the views and experiences of people in the community who were likely to offer the best insight into the local impact of alcohol. To this end, we:

- Surveyed 334 students in years 9 to 11 of the local high school, with a 98.5% response rate.
- Held 13 focus groups with 104 randomly selected students.
- Interviewed 58 key informants, including medical professionals, social service representatives, police and publicans.

The survey was designed using the methodology of Youth 12, a nationally representative health and wellbeing survey of New Zealand secondary students. The Wanaka survey used a subset of Youth 12 questions, as selected by the researchers and by Mt. Aspiring College. Of the 84 questions, 24 related to alcohol and other drugs, and of these, only those students with exposure to alcohol answered more specific questions on their own experience with it.

The result is a useful and comparable snapshot of students' demographics and opinions on a variety of health and wellbeing issues, including the impact of alcohol. All research participants were asked about who was negatively affected by alcohol, what the impacts and drivers were, and how the problem could be addressed. Their expertise informs the recommendations for items for inclusion in a strategic plan.

The students and community representatives spoke of the same three priority groups for strategic intervention, based on where they see the most alcohol-related harm occurring:

1. Youth
2. Adults
3. Transient populations & tourists

The prevalence of youth drinking was substantial, at 28% among year 9–11 students. Many of them were binge drinking, with the intent to get drunk. Respondents from all research streams identified unsafe sex, injury and delinquent behaviour as negative consequences of youth drinking. Youth participating in the focus groups also spoke of reputational damage—from doing something stupid when drunk, and conversely, from abstinence.

The key informants were well-connected and informed community experts with diverse backgrounds. They confirmed that there is a high local prevalence of adults aged 40 years and older drinking excessively. The negative consequences fell upon their relationships and their families, with abuse, domestic violence and poor parenting commonly reported. Suggested drivers of adult drinking, based on the populations affected, were boredom among the affluent, and stress among others. More work is needed with these alcohol-affected adults to identify how they could be supported to reduce their drinking.

Only the students were clear about what was needed to reduce drinking among their population. Their ideas centred on the provision of attractive alternatives to drinking. They want weekend trips and activities that they can sign up for. Rafting, kayaking, horse riding, motocross, hiking, rock climbing, biking and other outdoor pursuits; cultural and art activities; and subsidized movies, ski field busses and gym memberships were all suggested.

Recommendations for ways to reduce alcohol-related harm among adults in the community were less sharply defined—probably because the adult drinking population was not consulted. This is an important residual gap in local

knowledge. However, those in the community who deal with adult drinkers in their work believe that reducing alcohol availability, offering more addiction services, and more support for new families would reduce harmful adult drinking.

Research participants did not discuss how to reduce the impact of alcohol on the transient population and tourists with any depth. We do know, from both New Zealand¹ and international² evidence, that reducing alcohol availability reduces alcohol-related harm. Reducing availability is only achievable through legislative mechanisms. The Queenstown Lakes District Council is yet to develop a Local Alcohol Policy. There is an opportunity for the Wanaka Alcohol Group to prepare a strong submission outlining their position on alcohol availability in Wanaka.

Key informants felt that more support and addiction programmes would reduce local alcohol-related harm. Therefore, a stocktake of alcohol and general wellbeing support services available in Wanaka (including national help lines) is timely. The results of this stocktake could be usefully published in response to any media coverage of the findings of this research programme.

Perceived reasons for excessive drinking among adults were not dissimilar to those reported by youth—to alleviate boredom and stress. It seems that adults may also benefit from the provision of alternatives to drinking. More research needs to be done with the local adult population to identify suitable alternatives.

It is recommended that offering support for new families be absorbed into a larger intervention centred on support for all families. A common thread identified through the research streams was that youth drinking is linked to adult drinking via the following mechanisms:

¹Connor et al. (2011) Alcohol outlet density, levels of drinking and alcohol-related harm in New Zealand: A national study. *J Epidemiol Community Health*; 65(10):841-6.

²Babor, T et al. (2010) *Alcohol: No Ordinary Commodity*. Canada: Oxford University Press

- Adults are normalising drinking
- Adults are providing the alcohol
- Adults are drinking themselves, with parenting consequences

In light of these findings, we recommend that ‘youth drinking’ be reframed as ‘family drinking’ with an intervention based on the premise that youth drinking is an adult drinking problem. Because parental influence on youth drinking is so pervasive, many key informants believe that no youth intervention would be successful without parent buy-in. From the evidence gathered, we recommend the following two components for inclusion in a successful family intervention:

1. Alcohol education

Students reported that they get enough alcohol education. Health education activities should be directed to the parents. Survey results identified that youth with parents who used alcohol, supplied alcohol, or didn’t always want to know where they were, were more likely to be current or binge drinkers. There was almost unanimous sentiment among all research participants (adults and youth) that parents accepted youth drinking. If parents think it is okay, the young people probably do too—parents were identified as the most trusted sources of information about alcohol. Students that thought it was okay for people their age to use alcohol regularly were more likely to do so. All of these issues need to be raised with parents.

2. The provision of alternatives

The students were clear that the provision of alternatives to drinking would lower drinking prevalence among them. Some of these alternatives should include parent participation. This would provide an alternative to drinking for the adult, and an opportunity to strengthen parent-child bonds (which were found to predict youth drinking). Student and parent buy-in is likely to be high, as this research identified that boredom is a likely driver of adult drinking, and that students wanted more time with their parents.

These recommendations should be considered alongside the results from the research streams. The latter provide a more detailed representation and analysis of the information provided by community members. More research is required to understand the needs of adults. This should be included in a strategic alcohol plan for the Wanaka community. A summary of items recommended for inclusion, and who they will likely benefit, is provided below.

For alcohol-harm reduction strategies to be successful in Wanaka, the population is going to need to ‘own’ the problem. Change can only occur through open, fearless conversation within the community. It is not enough for the community to impart judgement or blame on particular groups. Every community member has a stake in reducing local alcohol harm.

Recommendation	Youth	Adults	Transient population / tourists
<ul style="list-style-type: none"> • Lobby for a Local Alcohol Policy. Develop a clear position statement about alcohol availability in Wanaka. 	✓	✓	✓
<ul style="list-style-type: none"> • Stocktake and publicise local support and addiction services. 	✓	✓	✓
<ul style="list-style-type: none"> • Develop a family-based intervention that includes education and drinking alternatives. 	✓	Parents only	
<ul style="list-style-type: none"> • Conduct further research directly with alcohol-affected adults to determine their needs. 	✓	✓	

Figure 1 Summary of items recommended for inclusion in a strategic alcohol plan for Wanaka, and the target priority groups.

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Licenced Premises in Wanaka

A 'snapshot' of current alcohol availability in Wanaka

“The higher the density of outlets the greater the likelihood of crime and anti-social behaviour” – NZ Law Commission³

Alcohol has a clear presence in Wanaka (Figure 2). When arriving from the East, visitors have the opportunity to purchase alcohol from three bottle shops or two grocery stores before they even reach the lake. Along Ardmore Street, people can be seen drinking alcohol at licenced premises at almost any time of the day, on any day of the week.

At June 2016, there were 41 current on-licences in Wanaka (including Albert Town, but not Luggate or Hawea).⁴ Seventeen of these permit alcohol sales after midnight. Eight permit sales until 2am or later. However, businesses are not necessarily trading to their licenced potential.

Those wishing to drink off-premises are well catered for in Wanaka, with nine off-licences currently issued in the town. Consumers may purchase their alcohol from bottle shops as late as 11pm on any night of the week. Off-licences exist for trading as late as midnight, but it is not clear if this is currently occurring. Finally, there are five club licences issued in Wanaka.

³New Zealand Law Commission (2009). *Alcohol in our lives: An issues paper on the reform of New Zealand's liquor laws. NZLC IP15*. Law Commission: Wellington. Available at:

<http://www.lawcom.govt.nz/sites/default/files/projectAvailableFormats/NZLC%20IP15.pdf>

⁴Licence data was obtained from the National Register of Licences and Manager Certificates. Available at:<http://www.justice.govt.nz/tribunals/alcohol-regulatory-and-licensing-authority/licences-and-manager-certificates>

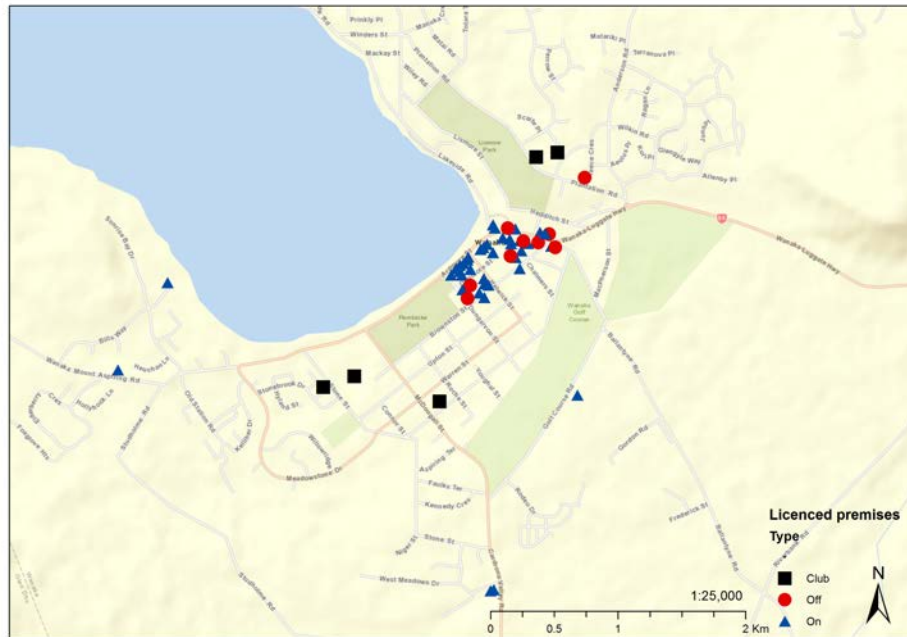


Figure 2 Map of licenced premises in Wanaka, by licence type, June 2016

Alcohol also has a strong presence in Wanaka via the provision of special licences. Special licences are needed where:

- An event is being held in a place that is not licenced
- The event will run outside the licenced premises current hours or conditions—but cannot be for an extension of licensing hours. It must be an event.

There are two types of special licence:

- On-site special licences (for consumption of alcohol on premises)
- Off-site special licences (for consumption of alcohol off premises)

Broadly speaking, special licences are used in Wanaka for four purposes: to supply alcohol at entertainment events, such as Rhythm & Alps; to supply alcohol at fundraising events, which are very common; to supply alcohol at sports events, such as gun club shoots, rodeos, and jet sprints; and to sell alcohol at markets, such as the farmers market.

Wanaka has a vibrant entertainment and fundraising ‘scene’. This is of tremendous value to the community. However, a negative consequence is that these events contribute to the normalisation of drinking in the pursuit of having a good time. Some of the entertainment events draw huge crowds, including children and young people (for example, the annual rodeo and A&P show).

The Survey

Introduction

To help understand the extent and nature of alcohol use among Wanaka youth in the context of their overall health and wellbeing, the Wanaka Alcohol Group recently commissioned a survey of students in years 9–11 at Mount Aspiring College.

The research aimed to:

1. Understand youth relationship dynamics with families and school;
2. Determine the prevalence of alcohol use;
3. Describe the nature of alcohol use;
4. Explore the influence of individual attitudes, and peer and parental drinking behaviours on alcohol use;
5. Understand how connected students feel to home, school and community, and explore how this influences alcohol use; and
6. Identify any associations between source of alcohol and binge drinking.

Methods

Ethics

This research used the methodology of Youth 12, a nationally representative self-administered anonymous health and wellbeing survey of New Zealand secondary school students.⁵ The Youth 12 survey obtained ethical approval from the University of Auckland Human Participants Ethics Committee. This Wanaka-based survey used a subset of the Youth 12 questions, and followed the guidelines in *Ethical Guidelines for Observational Studies*.⁶

⁵ Conducted by the University of Auckland <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series/youth2012-survey.html>

⁶National Ethics Advisory Committee. 2012. *Ethical Guidelines for Observational Studies: Observational research, audits and related activities. Revised edition*. Wellington: Ministry of Health.

A few weeks before the survey, information was sent to parents via Mount Aspiring College (MAC) email lists. Parents were able to have their child excluded from the survey by contacting the school office. All students in years 9–11 at MAC who were not excluded by their parents were invited to participate. The survey was completely voluntary (students did not have to participate and could skip questions or exit the survey at any time) and anonymous (no personally identifying information was collected). The survey had skip logic built into its design, so students were not asked detailed questions about things that did not apply to them. Students were reminded throughout the survey that they could skip questions if they wished to do so. The contact details of the principal investigators were made available to the students and their parents.

The questionnaire

The survey was delivered in class time during April and May of 2016, via the internet in school computer labs. Survey data was stored on secure servers, before being exported to password-protected files for use by the principal investigators. No third party had access to the survey data.

The survey was made up of 84 questions, with 74 taken directly from Youth 12. The remaining questions were open-ended, and were directly related to alcohol in Wanaka. Screening questions were used to ensure that only those who had experienced a particular issue were asked more detailed questions about it.

Analysis

Percentages were calculated to describe the distributions of the variables of interest in total and by year and sex strata, depending on the number of responses. Confidence intervals were not calculated because the results are representative of 98.5% of the year 9–11 student population. Percentages were calculated with the number of students who answered the particular question as the denominator, unless otherwise stated. Separate Poisson regression models with robust standard errors, controlling for year group, were used to test associations between current drinking and attitudes and exposure to alcohol use;

and family, school and community connectedness variables. Chi-squared tests were used to test associations between binge drinking and attitudes and exposure to alcohol use, family, school and community connectedness, and source of alcohol.⁷

How to use the survey results

This report presents information provided by MAC students who participated in the survey. As the survey was carried out at a single time point, associations between variables do not necessarily indicate cause and effect.

The students were asked the same questions as a large nationally representative sample in 2012. National-level results are published online.⁸ Where appropriate, findings from the national survey are included for reference, but they are not available by year group. Age groups are used as a proxy, with 13 years and under representing Year 9, 14 years Year 10 and 15 years Year 11. The national results are not presented in sex-by-year (age) strata. Any national results presented by sex or as totals include year 12 and 13 students. For these reasons, it is important to avoid placing too much emphasis on apparent differences between Wanaka and the rest of NZ, especially when the number of students reporting on certain issues is small. Further, the national survey results reflect a more diverse sociodemographic to that of the Wanaka youth population. Finally, three years have passed since the completion of the national survey. The national picture of the health and wellbeing of young people may have changed in this time.

This report does provide a robust snapshot of the health and wellbeing of Wanaka youth. The exceptionally high response rate makes this survey highly representative of year 9–11 students at MAC. The information presented here can be used to develop interventions to reduce alcohol-related harm in our

⁷ The prevalence of binge drinking was too low to use Poisson regression for analysis.

⁸<https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012prevalence-tables-report.pdf>

community. It can also serve as a baseline for future research testing these interventions.

Results

Demographics

In total, 334 students completed the survey, a response rate of 98.5%. Most students were aged 13–15 years (Figure 3). By year group, 129 (40%) were in Year 9, 95 (29%) were in Year 10, and 101 (31%) were in Year 11. Respondents were evenly balanced across the sexes (50.4% female, 49.6% male). The majority identified their main ethnic group as being New Zealand European (80.2%).

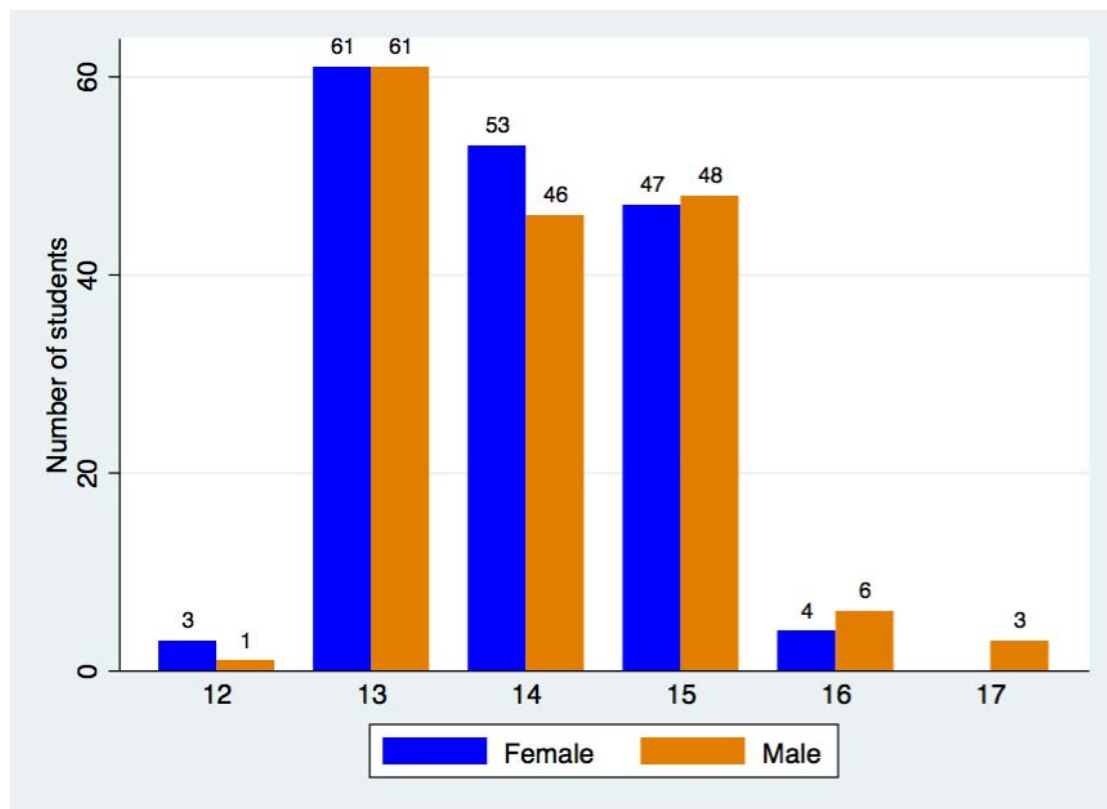


Figure 3 Age and sex distribution of survey respondents

Home and families

Seventy percent of students lived in one home, and 30% lived in two or more (NZ: 71% one home, 29% two or more homes). For most students, their mothers (94%) and/or fathers (80%) acted as their parent (NZ: 91% mother, 73% father). Seventy-eight percent of students felt safe at home all the time, 18% most of the time and 4% only sometimes or not at all.

A greater proportion of females (62%) than males (47%) reported that their family always wants to know who they are with and where they are (NZ: 69% female, 52% male).⁹

Seventy-eight percent of students were happy with how they got along with their family and 86% reported that their family members got along together well or very well (NZ: 72% and 81%, respectively). Seventy percent of students had fun with their families often or a lot (NZ: 69%).

The majority of students felt that their mother (93%) and father (83%) care about them a lot.¹⁰ Seventy-two percent felt close to their mother most of the time, and 84% reported that she was mostly warm and loving towards them. More males (61%) than females (48%) reported that they mostly got enough time with their mothers (NZ: males 51%, females 47%). The main reasons given for not spending enough time with their mother included her being at work (75%), busy with housework (23%), out (12%) and busy with other children (12%).

Fifty-eight percent of students felt close to their father most of the time, and 66% reported that he was mostly warm and loving towards them. Only 33% of

⁹ This NZ prevalence includes students of all year groups. It is therefore surprising that it is not lower than that found among the younger Wanaka sample.

¹⁰ The national data combines mother and father in some of the parental connectedness variables, so comparisons cannot always be made.

students reported that they mostly got enough time with their fathers, with a slightly greater proportion of males (37%) than females (30%) feeling this way (NZ: 37% total, 42% males, 22% females). The most common reasons for not getting enough time with their father included him being at work (77%), not living with them (21%), and being out (16%).

School connectedness

The vast majority of students in all year groups either thought school was OK, liked it a bit, or liked it a lot (Wanaka: 91% Year 9, 90% Year 10, and 83% Year 11; NZ: approx. 94% Year 9, 90% Year 10 and 89% Year 11). The majority also felt like they were part of their school (Wanaka: 92% Year 9, 89% Year 10, 87% Year 11; NZ: approx. 91% Year 9, 89% Year 10, 86% Year 11).

Overall, 61% of students belonged to a school sports team (65% Year 9, 56% Year 12, 59% Year 11), which is higher than the NZ proportion of 50%. Fewer students reported belonging to clubs or teams at school that weren't sports related (Wanaka: 38% Year 9, 30% Year 10, 24% Year 11; NZ: approx. 31% Year 9, 33% Year 10, 38% Year 11). Just over a quarter (28%) of students didn't belong to any sort of school club or team. In all year groups, a little over a third of students were involved in helping others at school, for example, through peer support, tutoring or coaching (Wanaka: 35% Year 9, 36% Year 10, 35% Year 11; NZ: approx. 32% Year 9, 31% Year 10, 36% Year 11). Most Wanaka students (78%) are either in a club or team of any sort, engaged in activities that help other students, or both.

Most students felt that teachers, coaches and other adults at their school cared about them somewhat or a lot (93%) and expected them to do well (90%).

Students were asked questions related to their family's connectedness to school in the past 12 months. Eighty-three percent of students said that someone in their family had been to a parent-teacher meeting (NZ: 57%), 95% said that someone had asked them about their homework (NZ: 84%), 84% had help with

their homework (NZ: 62%) and 72% had someone come to a school event (NZ: 44%). Having someone in the family help out at school was less commonly reported (Wanaka: 43%, NZ: 20%). Only 3% of students said that their family hadn't done any of these things. In general, Wanaka families appear to be more connected with the school and their child's schoolwork than New Zealand families as a whole.

Sixty-three percent of students believed that they would go on to more education or training when they leave school, while 17% planned to start work or look for a job, and 15% did not know or had no plans (NZ: 64%, 25% and 9%, respectively).

Most students (94%) felt safe at school all or most of the time (NZ: 87%). However, 7% reported being bullied at school weekly (NZ weekly bullying prevalence is 6% for all high school year groups). Among those who had been bullied any time within the past 12 months, 42% said it was a little bad, 40% said it was not bad, 13% said it was pretty bad, and 5% said it was really bad or terrible. Reasons for being bullied¹¹ included the student's ethnic group or culture (12%), religion (10%), body size or shape (31%), being gay or people thinking they were gay (11%), and being smaller than other people (20%).

Community connectedness

Most students were involved in sports teams or clubs outside of school, but the prevalence declined with increasing year group (Wanaka: 91% Year 9, 83% Year 10, 77% Year 11; NZ: approx. 61% Year 9, 63% Year 10, 60% Year 11). The most common reasons given for not participating in sports teams or clubs outside of school were that they were not interested (60%), have other responsibilities (50%), or were not good enough at sport (49%).

Many of the students reported having some paid employment in the last 12 months, with the prevalence increasing with year group (Wanaka: 75% Year 9,

¹¹ Students could indicate more than one reason

78% Year 10, 85% Year 11; NZ: approx. 37% Year 9, 41% Year 10, 50% Year 11). This included students who had a regular part-time job (Wanaka: 41% Year 9, 44% Year 10, 66% Year 11; NZ: approx. 15% Year 9, 19% Year 10, 25% Year 11) and/or had occasional work during the school term (Wanaka: 46% Year 9, 47% Year 10, 63% Year 11; NZ: approx. 13% Year 9, 15% Year 10, 17% Year 11) and/or had a school holiday job (Wanaka: 57% Year 9, 53% Year 10, 72% Year 11; NZ: approx. 16% Year 9, 17% Year 10, 21% Year 11). The prevalence of youth employment is higher in Wanaka than in NZ for all job types and year groups.

Emotional health

Overall, the majority of students reported feeling okay, satisfied or very happy with their life (Wanaka: 94% Year 9, 97% Year 10, 91% Year 11; NZ: approx. 94% Year 9, 92% Year 10, 91% Year 11). Some students reported minor difficulties in emotions, concentration, behaviour or being able to get along with other people (38% Year 9, 45% Year 10, 49% Year 11). It wasn't uncommon for students to report feeling sad, blue or depressed for two weeks or more in a row over the past 12 months, especially among females (Wanaka: 42% females, 28% males; NZ: 38% females, 23% males).

Cigarettes, alcohol and other drugs

Striking differences in attitudes towards cigarettes, alcohol and other drugs were evident across the age groups (Figure 4). In Year 9, a very small proportion of students thought it was okay for people their age to use alcohol regularly. In Year 10, more males thought it was okay than females. By Year 11, just over half the students thought it was okay. Although not as accepted, cigarette and marijuana use showed similar trends by year group, with 28–30% of Year 11 students thinking it was okay for people their age to use marijuana regularly. Overall, use of legal highs and other legal drugs was not considered okay.

Students were asked to indicate which substances their friends use. Reported use of alcohol, cigarettes and marijuana among friends was very high in Year 11

(83–85%, 48–55% and 50–55%, respectively; Figure 5). These results do not necessarily reflect regular use by friends, they may reflect ‘ever’ used.

Alcohol is used by parents in the homes of most students in all year groups (Figure 6). Parental smoking is also common, and the student’s reports match what is known about cigarette smoking prevalence in the Queenstown Lakes District. Reported use of other substances was low.

NZ data about attitudes and exposure is not stratified by age, and includes all high school year groups (i.e., it is an older sample). It is therefore not a good comparison group. However, for interest, the prevalence of NZ students thinking that it is okay for people their age to use the substance regularly is 10% for cigarettes, 25% for alcohol, 10% for marijuana, 4% for legal highs and 2% for other drugs. The prevalence of reporting friend’s use is 37% for cigarettes, 55% for alcohol, 35% for marijuana, 10% for legal highs and 10% for other drugs. The prevalence of reporting parent’s use is 28% for cigarettes, 57% for alcohol, 6% for marijuana, 1% for party pills and 1% for other drugs.

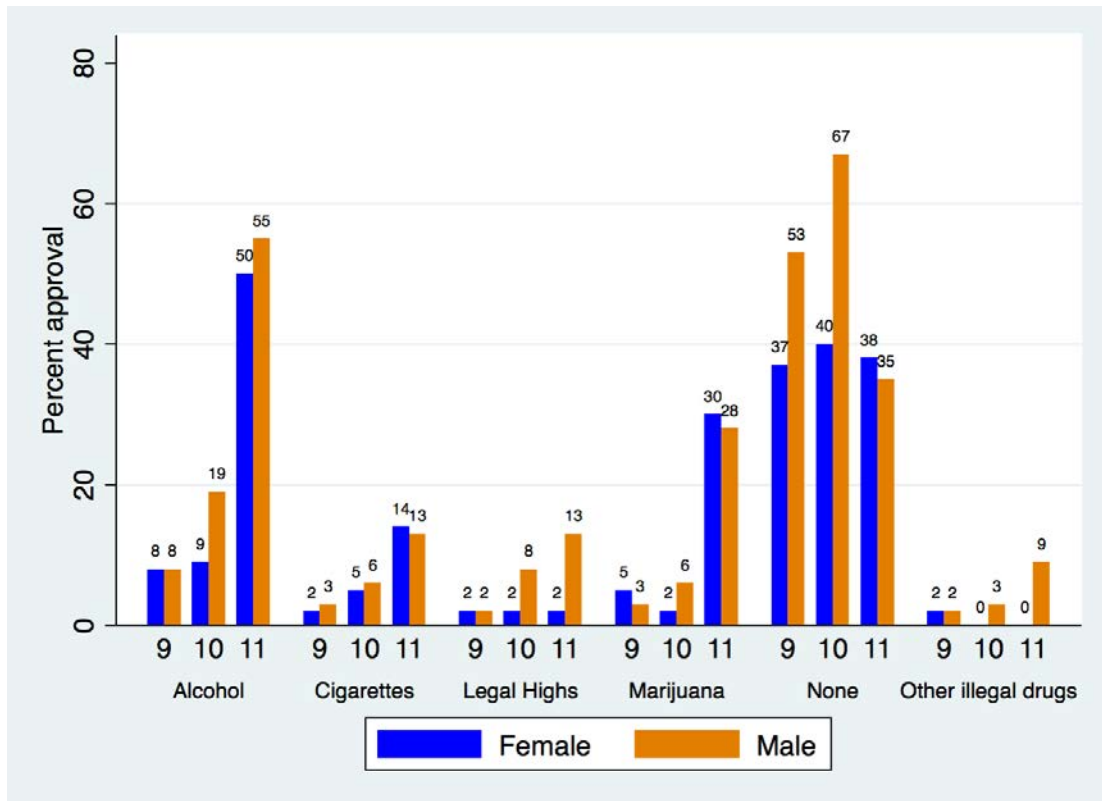


Figure 4 Percent of students reporting that it was okay for people their age to use cigarettes, alcohol and other drugs regularly, by school year group and sex (n = 315)

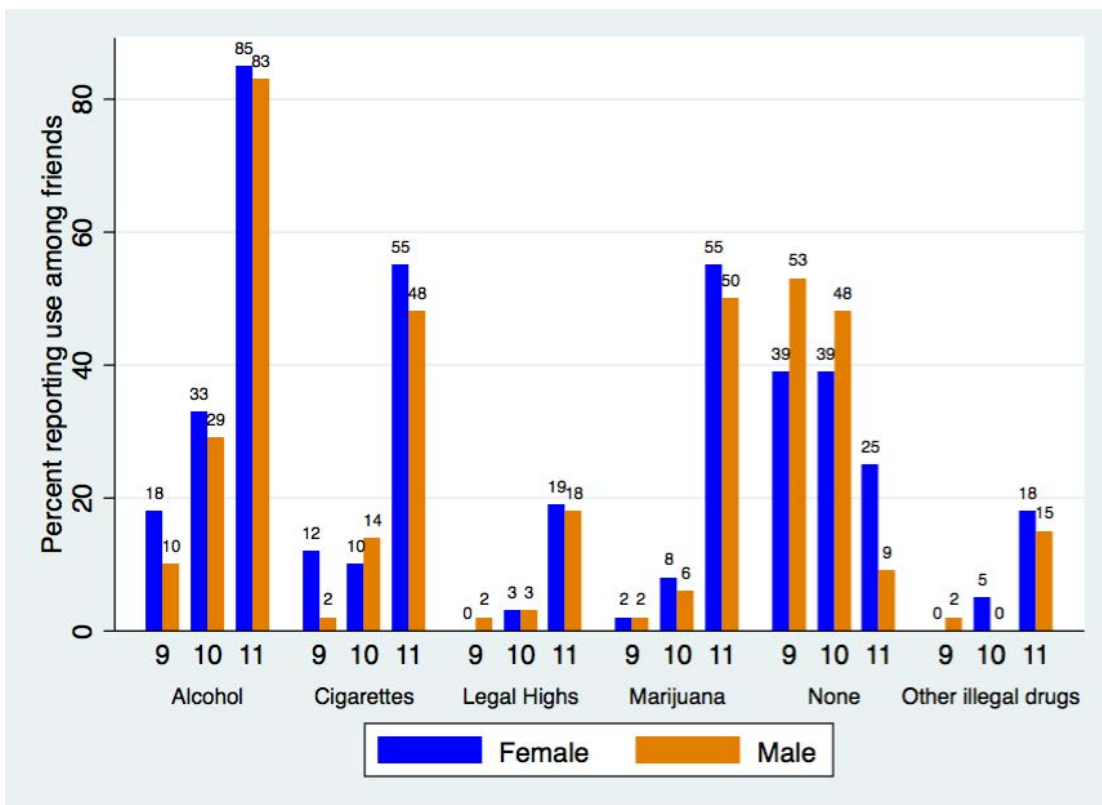


Figure 5 Proportion of students reporting that their friends use cigarettes, alcohol and other drugs, by school year group and sex (n = 315)

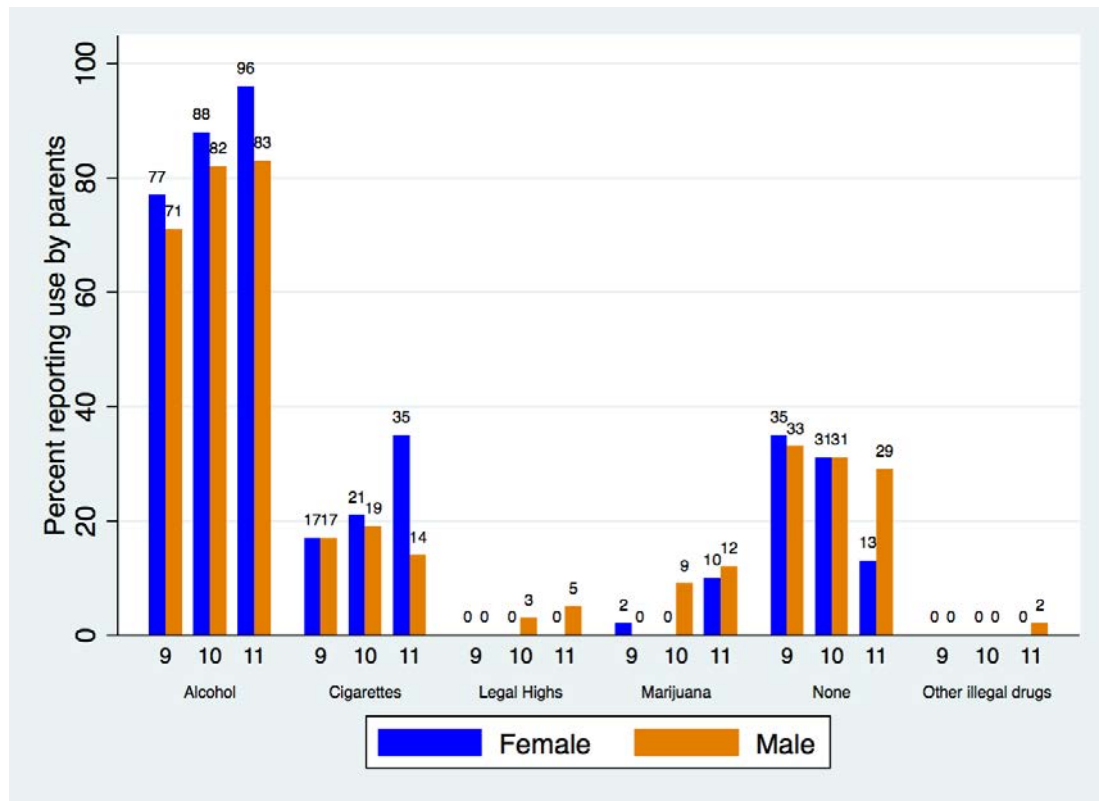


Figure 6 Proportion of students reporting substance use at home by parents or someone who acts as their parents, by school year group and sex (n = 315)

Students were asked if they had ever drunk alcohol, not counting a few sips. In total, 43% of males (n = 68) and 32% of females (n = 52) reported having drunk alcohol. The prevalence of having drunk alcohol increased with year group and was always higher among males (Figure 7; Wanaka both sexes: 20% Year 9, 33% Year 10, 65% Year 11; NZ: approx. 30% Year 9, 47% Year 10 and 61% Year 11). Most of the students who had drunk alcohol were 12 years or older when they had their first drink (Figure 8). Among current drinkers (those that have drunk alcohol and did not indicate that they no longer drank) 32% of males reported that they drank weekly and 41% of females reported that they drank two or three times in the last four weeks (Figure 9). Twenty-six students said that they no longer drank. It is difficult to make comparisons with the NZ sample, because the Wanaka sample is younger. However, in general, Wanaka females are drinking less regularly and Wanaka males more regularly than their national counterparts.

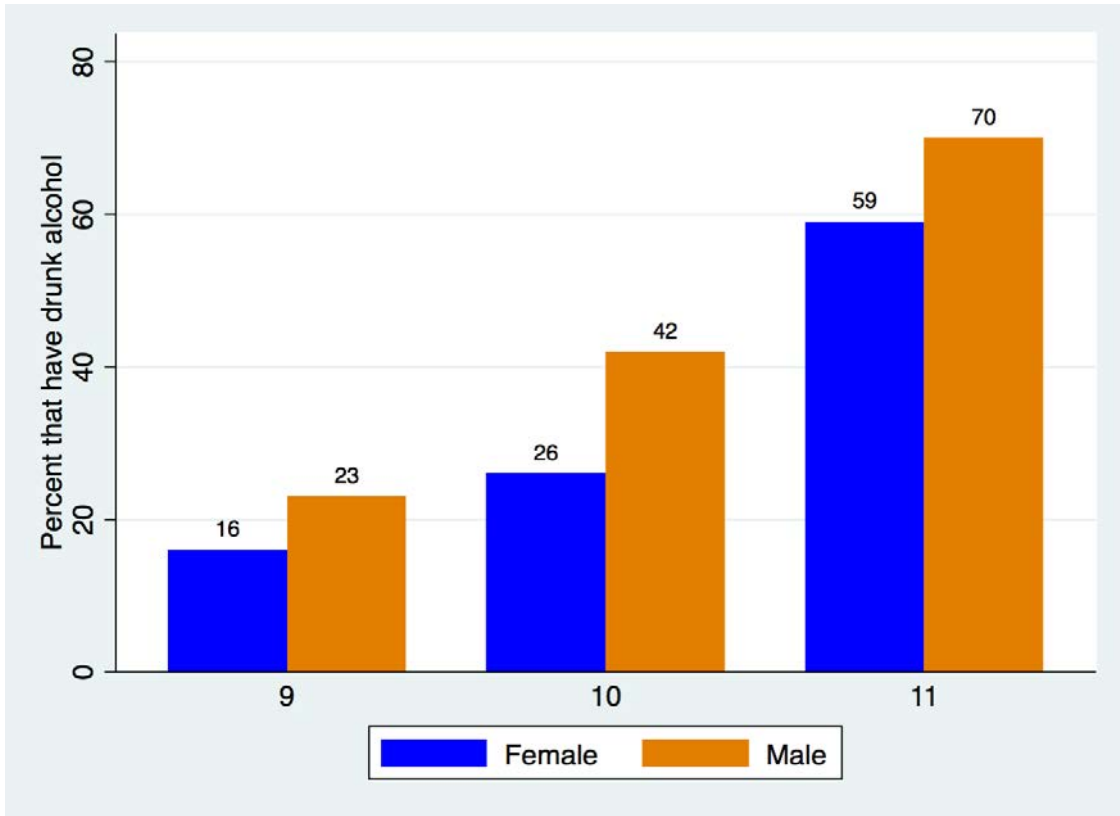


Figure 7 Proportion of students reporting that they had ever drunk alcohol, by school year group and sex (n = 318)

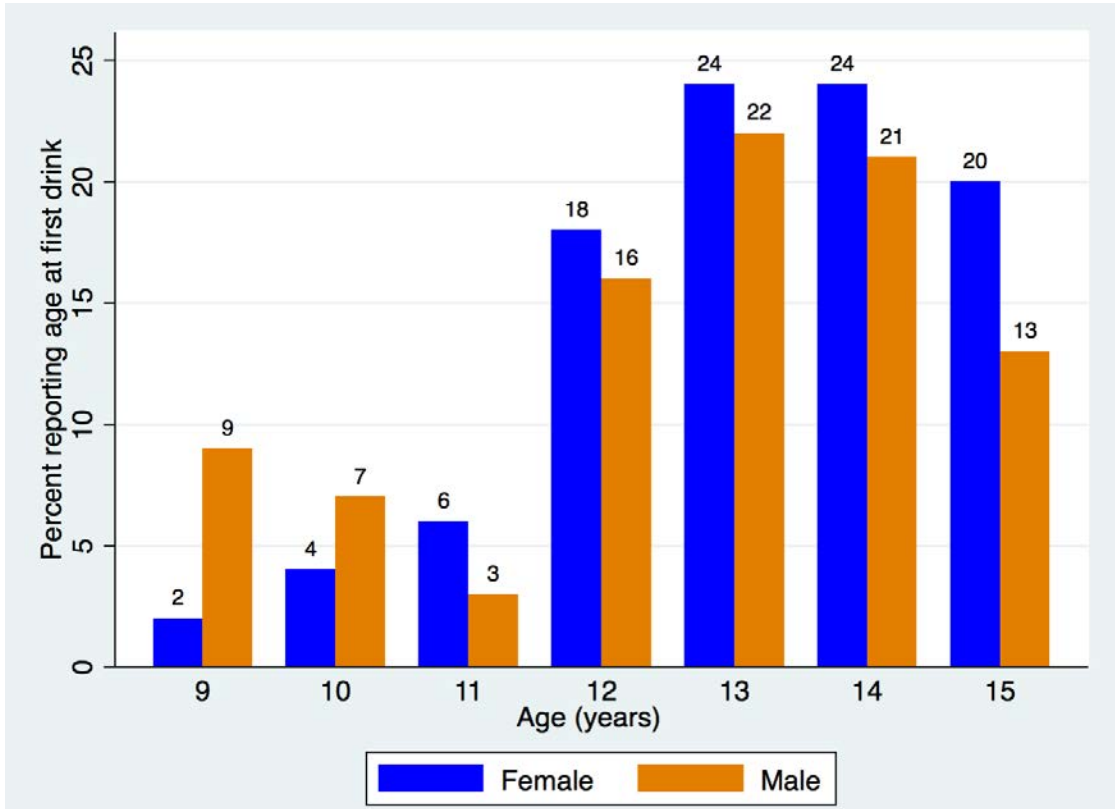


Figure 8 Proportion reporting age at first drink of alcohol, not counting a few sips, by sex (n = 119)

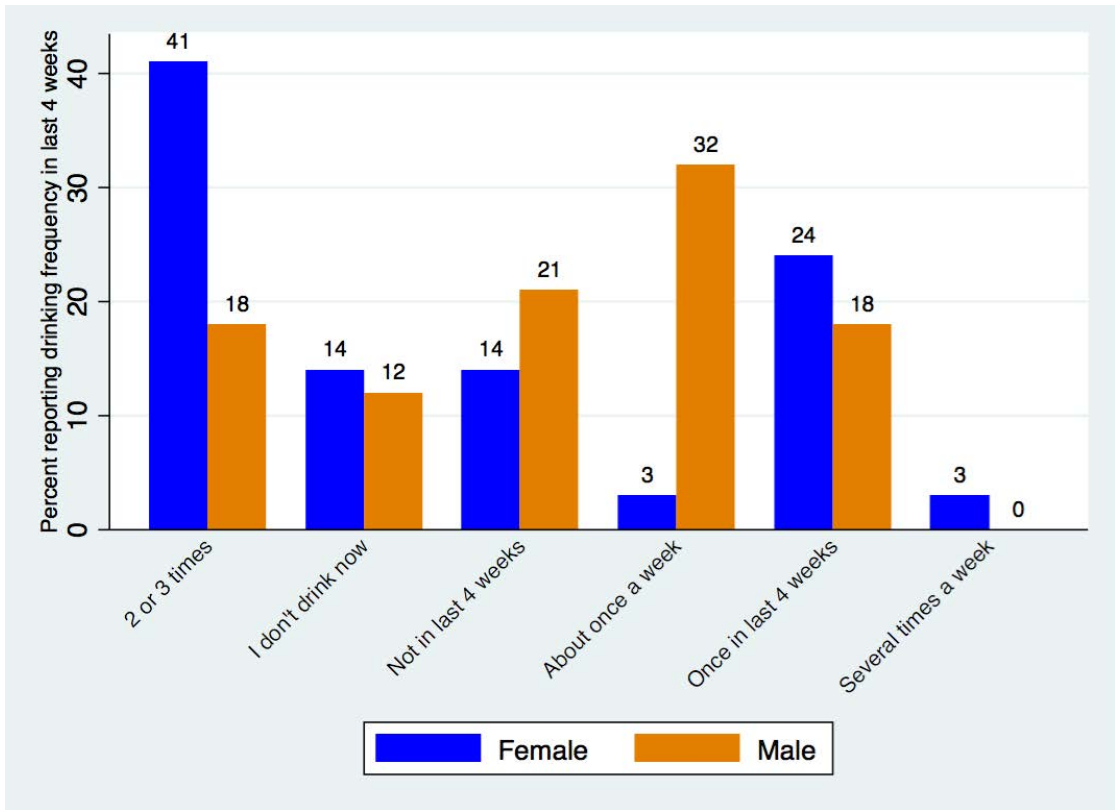


Figure 9 Proportion of students reporting drinking frequency in past four weeks, by sex (n = 120)

Students were asked how many alcoholic drinks they usually have in one session (within about four hours, counting one drink as one small glass of wine, one can or stubbie, one RTD, or one nip of spirits). About half of the current drinkers¹² usually only had one or two drinks per session, but 21% of females and 38% of males usually drank amounts recognized as 'binge drinking' (Figure 10).¹³ Thirty-one students (36% of current drinkers, 18 males & 13 females) had binge drank at least once in the past four weeks (Figure 11). With the exception of one student, all binge drinkers were in Year 11. For comparison, 30% of all (i.e., not just current drinkers) Wanaka Year 11 students and approximately 21% of all NZ Year 11 students reported binge drinking in the past four weeks.

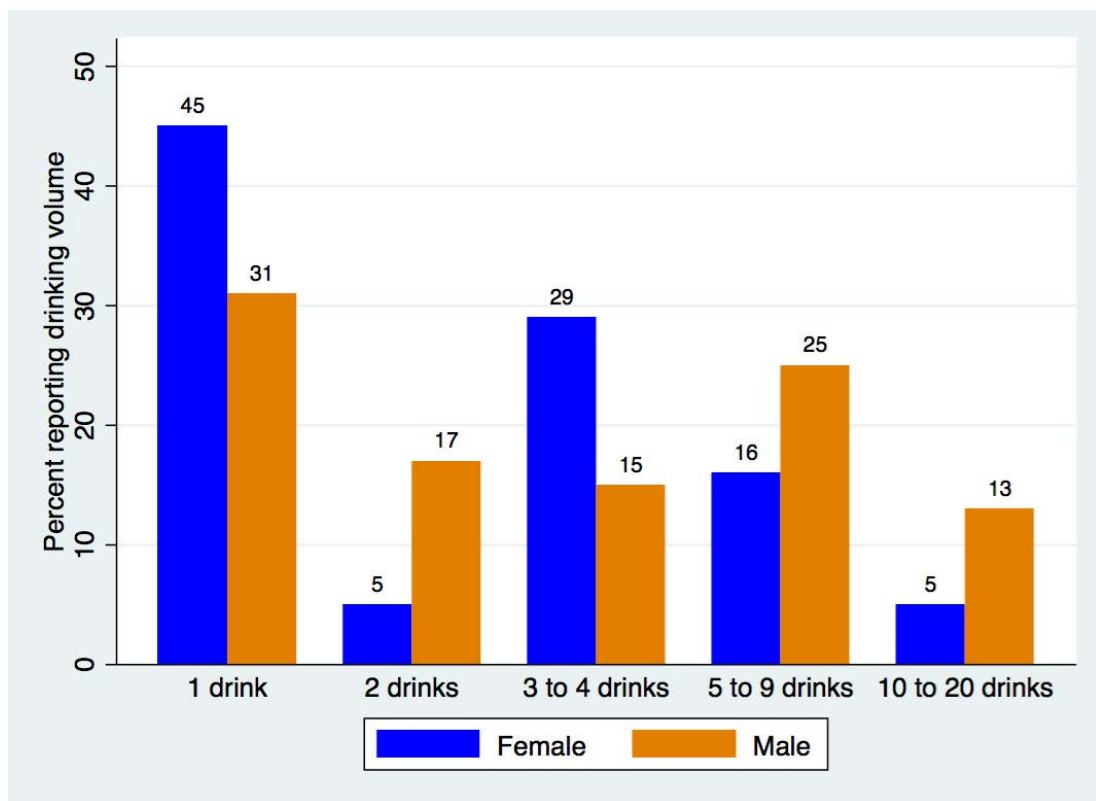


Figure 10 Proportion reporting drinking volume in a usual session, by sex (n = 87)

¹² Current drinkers are those who said that they had drunk alcohol, and did not indicate that they no longer drank.

¹³ Binge drinking was defined as consuming five or more alcoholic drinks within one four-hour drinking session (as defined by the Health Promotion Agency of New Zealand).

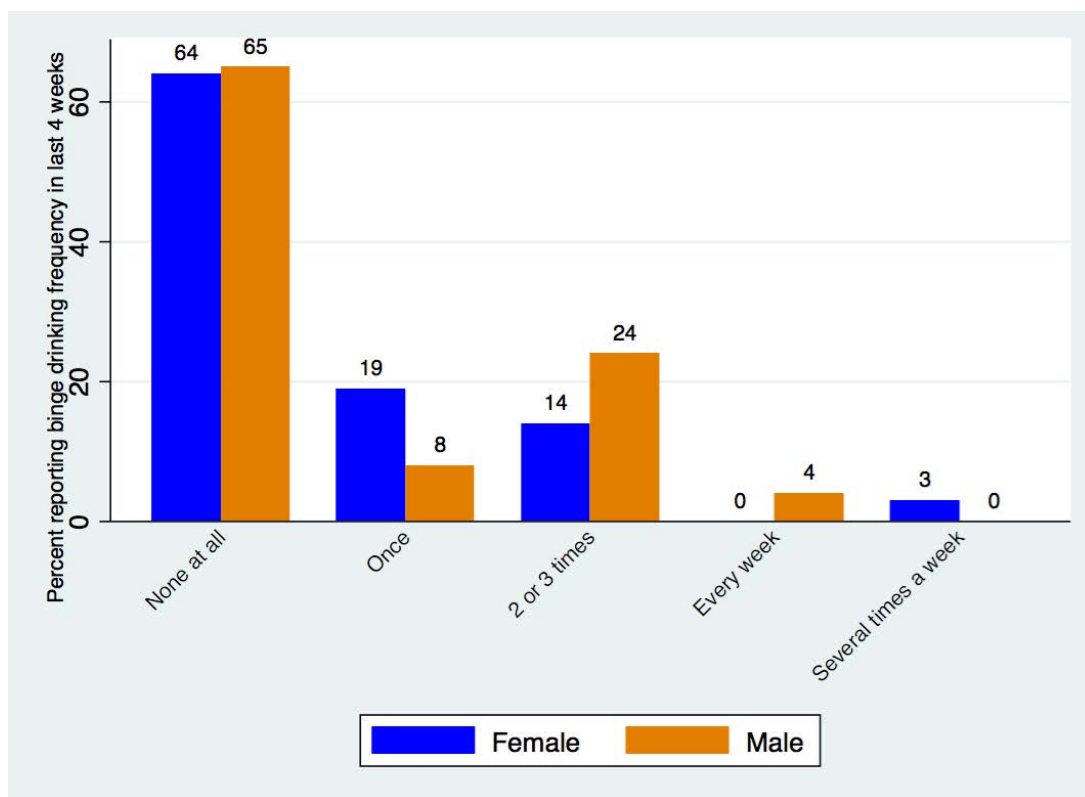


Figure 11 Proportion of current drinkers reporting binge drinking frequency in past four weeks, by sex (n = 87)

Beer was the most popular drink among males (Wanaka: 85%; NZ: 52%), and RTD's among females (Wanaka: 51%, NZ: 71%).

Parents are the primary source of alcohol for Wanaka youth. Sixty-two percent (n = 58) of current drinkers reported that their parents gave them alcohol, 32% (n = 30) reported that their parents bought them alcohol, and 41% (n = 40) reported taking alcohol from home with their parent's permission. Parental supply is common in NZ; with 60% of NZ students who drink reporting that parents buy, give or let students take it from home with permission. Friends are the other major suppliers (Wanaka: 35%; NZ: 44%). Students most commonly drank with family (68%) and friends (60%). Although all identified binge drinkers said they drank with their friends, more than half (61%) of them also said that they drank with their family.

The most common reasons given for choosing to drink alcohol were to have fun (61%) and enjoy parties (48%). Other reasons included to relax (26%), to get drunk (25%), to forget about things (23%), to feel more confident (23%), because their friends do (22%), and because they are bored (18%).¹⁴

When asked about alcohol-related harm in the past 12 months, 12% of drinkers reported having unsafe sex at least once, 10% reported having done things that could get them into serious trouble at least once, and 18% reported that they had been injured at least once while they had been drinking. The small number of drinkers (n = 120 'ever drinkers' and 96 'current drinkers') must be taken into account when considering the prevalence of specific harms. However, for interest, 6% of NZ students report having their performance at school or work affected, 12% having unsafe sex, 5% having unwanted sex, 13% doing something that could get them into serious trouble and 15% being injured.

There appears to be a lack of parental or peer concern about youth drinking in Wanaka. Only 18% of drinkers reported that they have had friends or family tell them to cut down on their drinking (NZ: 11%), and only 12% reported that they are worried about their own drinking (NZ: 8%).

Twelve percent of drinkers said that they had tried to cut down or give up drinking alcohol (NZ: 13%). When asked who they would go to for help if they had problems or concerns due to their alcohol use, the most popular choices were friends (65%) and parents (63%). Other family members (39%) and school guidance counsellors (34%) were also common choices. Less common choices were a drug and alcohol service (22%), school nurse (13%) teachers (10%) and pharmacists (9%). Twenty-three percent of students said they wouldn't look for help.

¹⁴ No national data are available for comparison.

Wanaka-specific issues

Students were asked open-ended questions about Wanaka and their school.

One question asked if there was an expectation for teenagers to drink in the Wanaka community. The majority of students did not believe there was. The general feeling among these students was that while drinking wasn't necessarily expected, it was accepted. A minority held the opposite opinion, and reported that peer pressure influenced drinking among some groups.

Students were also asked if they thought it was easy for teenagers to access alcohol in Wanaka. The overwhelming majority said yes, and many implicated parental and older sibling supply.

Almost all of the respondents felt that they got enough information or support at school or at home to help them make informed choices about alcohol consumption. However, a few offered suggestions for what they thought MAC could do to better inform young people about alcohol. These included bringing in people who have had bad experiences with it, continuing the weekly health programme through all the school year groups, and initiating a student-led programme. Four students commented that student drinking needs to be addressed outside of the school, in the sense that the school wasn't responsible for the drinking.

Associations with alcohol consumption

The following factors were tested for their association with youth alcohol consumption:

- Year group
- Sex
- Thinking it was ok for people your age to drink alcohol regularly
- Friends using alcohol
- Parents using alcohol in the home
- Having fun with family

- Family relationships
- Parents wanting to know who they are with and where they are
- Feeling close to mother
- Feeling close to father
- Spending enough time with mother
- Spending enough time with father
- Belonging to a school sports team
- Belonging to a school team or club that isn't sports related
- Belonging to a club or team outside of school
- Doing something at school to help others
- Having a regular part-time job during the school term
- Having parents supply alcohol (for binge drinking only)
- Having friends supply alcohol (for binge drinking only)

Current drinkers

Current drinkers were defined as students who stated that they had consumed alcohol and did not indicate that they no longer drank (n = 94, 28% of all students surveyed). Poisson regression was used to identify the predictors of current drinking, while controlling for year group differences.

Students that think it is okay for people their age to drink alcohol regularly were four times as likely to be current drinkers compared with those who didn't hold that belief (RR 4.4, 95%CI 2.9–6.6, p < 0.001). Exposure to alcohol had a large influence on youth drinking. Those with friends that use alcohol were six times as likely, and those with parents who use alcohol four times as likely, to be current drinkers (friends RR 6.33, 95%CI 3.88–10.33, p<0.001; parents RR 3.74, 95%CI 1.80–7.74, p<0.001), compared with those with no friend or parent drinking exposure, respectively.

Belonging to a school sports team increased the risk of being a current drinker by 55%, compared with those not in a school sports team (RR 1.55, 95%CI 1.09–2.19, p = 0.014). Similarly, belonging to a team or club outside of school

increased the risk by 79% (RR 1.79, 95%CI 1.07–2.95, $p = 0.026$). Note that there is likely to be some crossover between participation in school teams and in teams outside of school.

Some factors decreased the risk of being a current drinker. Feeling close to their father most of the time decreased the risk of being a current drinker by 39%, compared with students who do not feel close to him most of the time (RR 0.61, 95%CI 0.44–0.85, $p = 0.004$). Having parents who always wanted to know who they are with and where they are decreased the risk of being a current drinker by 31%, compared with students with less parental monitoring (RR 0.69, 95%CI 0.50–0.96, $p = 0.025$).

Binge drinkers

Binge drinking was defined as having consumed five or more alcoholic drinks within one four-hour drinking session (as defined by the Health Promotion Agency of New Zealand) at least once in the last four weeks. Almost all binge drinkers were in Year 11 (30/31 binge drinkers).

Binge drinking was significantly associated with:

- Thinking that it is okay for people your age to drink alcohol regularly
- Having friends that use alcohol
- Having parents that use alcohol in the home
- Not feeling close to their father most of the time
- Not having parents that always wanted to know who they are with or where they are
- Having parents supply their alcohol
- Having friends supply their alcohol

Discussion

Twenty-eight percent of year 9–11 MAC students are actively engaged in some form of alcohol use. Among these current drinkers, 25% stated that they are doing it to get drunk. For some, drinking has led to unsafe sex, injury, and/or doing things that could get them into serious trouble.

The proportion of MAC students having ever drunk alcohol was not discordant with youth experience elsewhere in the country. However, more binge drinking appears to be occurring among MAC Year 11 students, compared with Year 11 students elsewhere. Although the comparison is imperfect, they also had more permissive attitudes towards alcohol use than NZ secondary school students in all years (Y9–13). Among Wanaka youth, having a permissive attitude toward regular alcohol use was associated with both current and binge drinking.

More MAC students reported alcohol use by parents in the home than their national peers (82% versus 59%). Fewer MAC students reported use by friends (42% versus 54%). Both current and binge drinking was strongly associated with exposure to drinking by parents and friends. It is not clear from cross-sectional surveys whether young people start drinking after being influenced by currently-drinking peers, or intentionally seek out people to drink with once they have started drinking.

The finding that being in a sports team, inside or outside of school, is associated with both current and binge drinking is intriguing but could not be characterized further in this study. Perhaps the prevalent association of alcohol with sport in NZ has an influence. It is unlikely that local initiatives alone would change this association. However, making the new Wanaka Recreation Centre alcohol-free is worthy of debate, especially in light of these research findings. Students should not be discouraged from playing sport or participating in clubs.

The majority of students felt like their parents cared about them a lot, and lived in families that get on well. However, a large proportion of students felt that they did not get to spend enough time with their parents. Only 58% of students felt close to their father most of the time. Those that did were less likely to be current or binge drinkers. It seems that there is scope to improve parent-child relationships in Wanaka, and that doing so may reduce youth drinking.

With such a low prevalence of students reporting that their parents always wanted to know who they are with and where they are, and this being associated with current and binge drinking, it is clear that work should be done in this area. If the level of parental monitoring can be improved, reductions in youth drinking may occur.

Like most NZ youth who drink, Wanaka youth are getting their alcohol from their parents. From student comments, it is clear that parental supply to minors is normalised in this community. Despite widely held beliefs, it does not appear to be teaching responsible drinking. In this study, parental supply was associated with binge drinking. Half of the binge drinkers said that they drank with their family, but it is unclear whether they were binge drinking on these occasions. They may be having one or two drinks at home, but five or more with their friends. It is also possible that some of them are preloading at home with their parents.

It appears from student comments that youth drinking is not expected in Wanaka, but it is accepted by parents and peers alike. Youth almost unequivocally report that it is easy for them to get alcohol. There is a lack of concern among youth and their parents about youth drinking. Given the binge drinking behaviour and alcohol-related harm identified in this research, this lack of concern is unwarranted.

This research has identified possible mechanisms for reducing the prevalence of drinking and binge drinking among Wanaka youth. These include:

- Changing parent and youth attitudes about the acceptability of youth drinking,
- Encouraging parents to limit alcohol use in the home,
- Improving parent–child bonds,
- Encouraging parents to *always* ask their child who they are with and where they are going,
- Encouraging parents to refrain from supplying alcohol to their child.

Friends and parents were identified as the most likely sources of help, should a young person require support for alcohol problems. Therefore, they should be offered the training and resources required to respond appropriately.

The majority of students surveyed are happy with their lives, like school; get on well with their families and feel like their parents and adults at their school care about them a lot. This is a great foundation from which to support students to make healthy choices about alcohol and reduce alcohol-related harm in the community.

The key informant and focus group interviews

Key informant interviews are qualitative in-depth interviews with people who have first-hand knowledge about their community. These experts were asked to share their insight on the nature of local alcohol problems and give recommendations for solutions. The inclusion criteria for key informants were that they dealt with the impact of alcohol in their work.

During May to June 2016, 12 structured key informant interviews were undertaken with the junior and senior deans from Mount Aspiring College (n = 14), nurses (n = 6), doctors (n = 11), ambulance officers (n = 9), midwives (n = 2), youth workers (n = 2), a youth aid officer (n = 1), police (n = 3), a community warden (n = 1), publicans (n = 3) and the Wanaka Community Professionals Network (counsellors, social workers, mental health professionals, n = 6); a total of 58 interviewees. During the same period, 13 focus group interviews were conducted with a random sample of eight students from each year 9, 10 and 11 class at Mt Aspiring College (104 students in total).

The qualitative key informant and focus group data were thematically analysed to identify patterns. Thematic analysis is one of the most common approaches to qualitative data analysis and involves the following stages:

1. Data familiarisation
2. Coding
3. Searching for themes
4. Reviewing the themes
5. Finalising the themes
6. Writing up the results

Summary of results from key informant interviews

Among key informants, there was clear concern over the impact of alcohol on the Wanaka community. There were three key groups identified by informants, for whom the context, potential drivers and associated impact of alcohol consumption differ: Youth, adults (including parents) and transient populations/tourists (Figure 12).

The most common theme identified was excessive consumption impacting relationships, and leading to abuse, violence and sexual offending. Specifically regarding youth, there were concerns about the impact of drinking on judgment, underage sex and the ability to focus at school. A lack of parental responsibility coupled with a ready availability of alcohol at home was identified, although it was noted that family values vary significantly.

Informants consider that community-wide there is normalisation and encouragement of a drinking culture through promotion/sponsorship of major events, such as the A&P show. Noted trends include increased exposure of young people to alcohol, binge drinking, drinking to get drunk and drinking stronger alcohol; with this leading to use of drugs, violence and sex/sexual harm.

Among adults, an increased prevalence of drinking at home, excessive drinking, self-medicating for stress, and related increases in domestic violence were all trends of note. Further trends of concern included increasing numbers of new families without support, and the impact and perhaps changing alcohol consumption behaviours of holidaymakers.

The burden of harm was commonly identified as falling on families.

There are significant flow on effects for the community, such as doctors and schools having to deal with the impact of excess alcohol consumption, and for those experiencing alcohol-related abuse/violence and damage to properties.

Many key informants strongly believe that the cause of the observed issues and trends in youth is a lack of parental role modelling or supervision.

This may play out negatively in various scenarios, e.g. both parents working, under financial stress and consequently wanting time out from their children to relax. Or parents trying to be friends with their children and failing to set appropriate boundaries. Both scenarios result in inactive parenting and may be associated with parental alcohol supply (with or without consent). Other identified drivers of youth drinking included youth having enough money to purchase alcohol and wide age group mixing in Wanaka/Hawea.

The observed patterns of over consumption in adults were considered by the key informants to be proximally driven by stress for some, and conversely, by affluence, early retirement and boredom for others. Two distal causes were identified, influencing both youth and adult drinking (including tourists): The trend for alcohol consumption to be seen as the norm at major events, and the ready accessibility of alcohol for purchase (supermarkets, high density of alcohol outlets and bar closing times were all highlighted).

Key informants felt most strongly that initiatives to reduce alcohol-related harm and excessive consumption among youth need to have buy-in from their parents, with education for both youth and parents. Alternative activities to drinking should also be offered. Overall, the strongest sentiment was that youth need better role models, though how this could be achieved was not clear. Suggested ways to reduce local alcohol problems included limiting the density of alcohol outlets, reducing the hours that alcohol can be sold, and reducing the hours that pubs and bars are open. For all adults, including parents, an improvement in community support, especially for new families, may be beneficial.

Key areas of interest for joint harm reduction initiatives with other local stakeholders were addressed, but not discussed with any depth. However, some suggested settings for harm reduction included Blue Moon evenings, the after ball party and the new sports facility. Some informants suggested working

together to address the normalisation of youth alcohol use amongst the parent population, police working with licenced premises to reduce levels of intoxication, and promoting the need for alcohol-free nights.

The Queenstown Lakes District Council was considered to have a role to play in reducing local alcohol-related harm. Reducing availability was argued to have the biggest impact on effecting change in the community.

Summary of results from youth focus group interviews

Few of the youth in focus groups identified themselves with any clarity as being drinkers, but most gave the impression that they were very familiar with alcohol and had peers who consumed frequently, heavily, or both. They felt that youth newly arriving in the area were more likely to drink, and stated that youth from as early as Year 9 were drinking. Most knew that 18 years is the legal age for purchase, but felt it was legally acceptable to be drinking at younger ages at home.

When youth were asked why they (and/or other youth) consume alcohol there were three main themes: To be 'cool' (and related to this, peer pressure); to have fun or relax; and to suit their family environment (parental role models/siblings). Their impression from TV, movies etc., was that drinking is fun and cool, and even if there are negative consequences, these can be downplayed and considered comical. The effect of parental role modelling was re-affirmed through the youth focus groups, with many indicating that it was acceptable to drink at younger ages with parents.

Youth confirmed what was said by key informants—that it was very common to source alcohol from home, with or without parental knowledge. Most said that they consume alcohol with their friends. Consequently, the most frequent places youth were drinking were at local hangouts and parties. Almost all youth identified their source of alcohol as being from within their families (parents, siblings, or both), but some also mentioned older friends and a few mentioned

using fake IDs. It was common for youth who drink to consume alcohol on a weekly basis. It appeared to be tacitly acceptable to get drunk as long as this was not done more than weekly.

One of the biggest concerns youth had regarding alcohol consumption was the impact on their reputation, especially with respect to non-parental authority figures. However, they did not appear to accept much responsibility for this. The overall tone was that they would be unfairly labelled as a difficult youth. They thought this would affect their ability to gain local employment. There was mild concern over negative consequences regarding their ability to function at school and over actual bodily harm resulting directly from alcohol consumption. Most youth did not consider harm from violence, with some even stating that this was not a problem in the Wanaka area. Many youth felt that not drinking would be considered abnormal and might negatively impact their social status and friendships.

Clearly, reputation is an issue, with students juggling the pressure to maintain a reputation for being cool with their anxiety over ruining their reputation with the community.

Many youth felt that they needed more unbiased education on alcohol. Every focus group stated that they need a year-long health programme in years 9 and 10. The health classes were said to be an invaluable forum for sharing, engaging in open discussion, and navigating a path through adolescence.

Like the key informants, youth believed that having other activities in the area would provide a viable alternative to drinking. The majority suggested sports, in particular outdoor adventure sports, as being of particular interest. This further suggests, for students who have sports ambitions, that not only parental role modelling, but good role modelling from local sports personalities may be of some benefit. The reality is that role modelling by a wide range of significant adults in young people's lives has the potential to impact significantly on their

drinking behaviour. The way forward for the Wanaka community is to take responsibility, collectively, for the wellbeing of our young people.

Overall interpretation, conclusion and recommendations

It is apparent from both key informants and youth that there is a considerable proportion of adults, including parents, over-indulging in alcohol. This has an impact on the community in general, but in particular, an impact on families. There is poor role modelling, a lack of parenting, and a tacit acceptability of youth drinking. Youth themselves clearly identify family norms as being important in determining the acceptability of drinking, in whether or not they drink, and in providing resolutions to youth drinking issues.

The key informants, while well connected and informed, are not necessarily representative of the whole community. Indeed, parents themselves were not given an opportunity to voice their opinions. The Queenstown Lakes District Council was also not consulted, because they did not meet the inclusion criteria of having front line experience of dealing with alcohol-related harm. A wider group of stakeholders, including those with a more distal role, could be consulted in future research.

While there were some clear recommendations for tackling the local alcohol issues, such as health education and providing alternative activities, it is important to have parental buy-in. Therefore, it is important to involve parents in further research. It was also apparent that among youth and some of the key informants, some targeting/blaming of particular groups is occurring. It is unlikely that there can be open communication and co-operation, which is necessary to successfully implement a strategy to reduce alcohol-related harm, if some groups feel unfairly labelled or blamed—this, in fact, may increase the harm experienced in these groups.

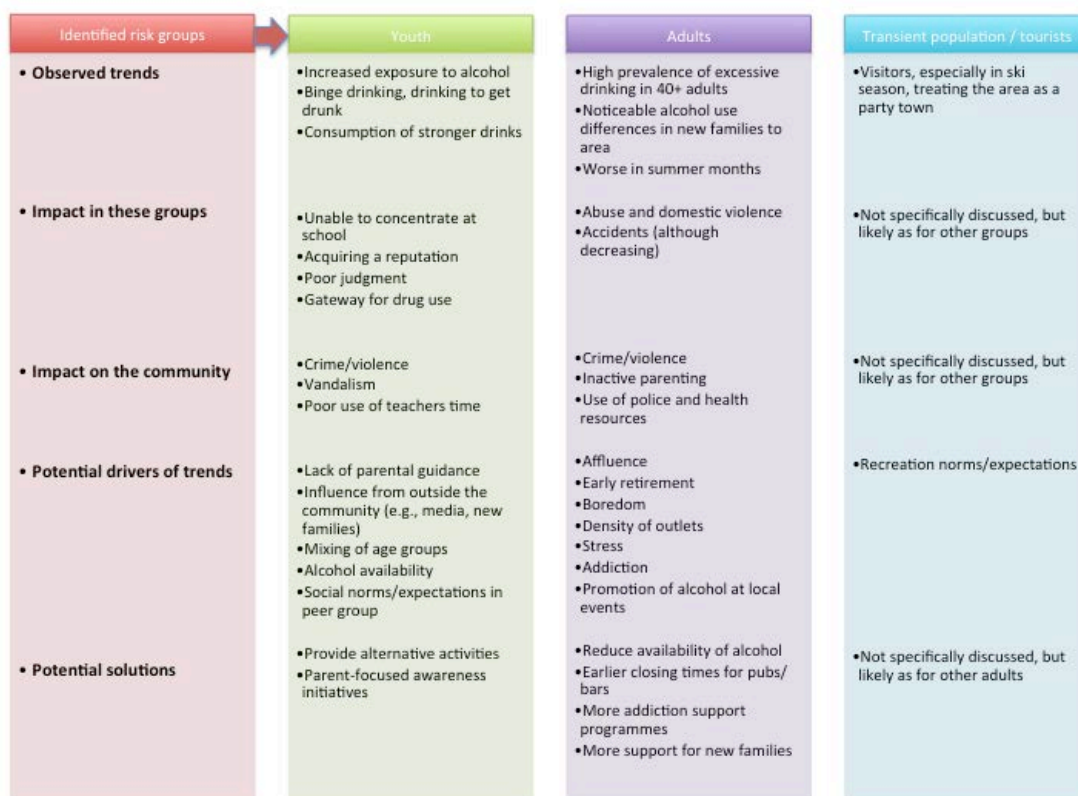


Figure 12 Summary of results from key informant and focus group interviews

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