

UNDERSTANDING AND ADDRESSING ALCOHOL HARM

among Pasifika secondary school students

SUMMARY

Although Pasifika secondary school students are slightly less likely to drink than non-Māori/non-Pasifika, high-risk drinking patterns are more common among Pasifika drinkers. Those who do drink experience higher levels of alcohol-harm than non-Māori/non-Pasifika.

Since 2007 youth drinking trends have generally been moving in the right direction. However, one in three adolescent Pasifika drinkers report having 10 or more drinks per session, and this has not changed over time. The biggest difference in drinking patterns between Pasifika and non-Māori/non-Pasifika adolescents is the higher quantity typically consumed by Pasifika.

These findings, together with previous research, illustrate that ethnic differences in drinking patterns and alcohol harm reflect the wider environment Pasifika students are growing up in, including socioeconomic inequity, racism, and greater exposure to alcohol marketing. However, Pasifika families and communities also demonstrate many strengths that help to protect young people from alcohol harm.

THE YOUTH2000 SURVEYS

The Youth19 Rangatahi Smart Survey (Youth19) is the fourth health and wellbeing survey in the Youth2000 series, following surveys in 2001, 2007 and 2012. Details about surveys and the research methods behind this factsheet are available in a technical report.¹ Students were counted as Pasifika for this study if at least one of their ethnicities was Pasifika.

WHY DOES ADOLESCENT DRINKING MATTER?

For a number of reasons, young people experience more harm per drink than older age groups.² Drinking alcohol in adolescence is associated with short and long term harms, such as injuries, unwanted and/or unprotected sex, depression, suicidality, impacts on relationships and school performance.^{3,4} Some alcohol-related harms, such as negative impacts on brain development, are irreversible, and can impact on learning.⁵ People who start binge drinking at a young age are also more likely to experience mental health problems in adulthood, including addiction to alcohol or other drugs.⁶ This is why preventing alcohol harm in rangatahi is important.



What do you think are the biggest problems for young people today?

“Getting tempted to smoke and drink alcohol just to look cool”

– Pasifika female, 15 years

THE CONTEXT FOR ALCOHOL USE

To prevent alcohol harm among Pasifika adolescents, it is essential to understand the historical and current factors that influence alcohol use. Pasifika ethnicities in Aotearoa have differing histories and cultural expectations relating to alcohol.⁷ The majority of Pasifika families are affiliated with at least one church and the use of alcohol is generally discouraged by church teachings.⁸ For Pasifika who drink, heavy alcohol use is sometimes a symptom of broader social issues, such as socioeconomic disadvantage, racism and/or psychological distress.⁹

The neighbourhood environment is a strong determinant of adolescent alcohol use and harm.¹⁰ Socioeconomically deprived neighbourhoods in Aotearoa have more alcohol outlets than less deprived neighbourhoods.¹¹ The high proportion of Pasifika families experiencing deprivation, coupled with ineffective laws to limit the number of alcohol outlets, results in Pasifika often living in areas with high alcohol outlet density.⁹ Research using wearable cameras found Pasifika children were exposed to alcohol marketing three times more often than NZ European children, e.g. via shop-front signage, sports sponsorship, and merchandise.¹² The wide accessibility and marketing of alcohol serves to normalise alcohol use and plays a major role in alcohol harm inequities.

School and peer contexts also influence alcohol use and alcohol harm, for example alcohol is often normalised as part of teen social life and in the culture surrounding certain sports.¹³

DRINKING PATTERNS

The Ministry of Health recommends that children and young people under 18 years do not drink any alcohol. Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important. If 15 to 17 year olds do drink alcohol, they should be supervised, drink infrequently and at levels below and never exceeding the adult daily limits (no more than 3 drinks per day for males and 2 drinks for females).¹⁴

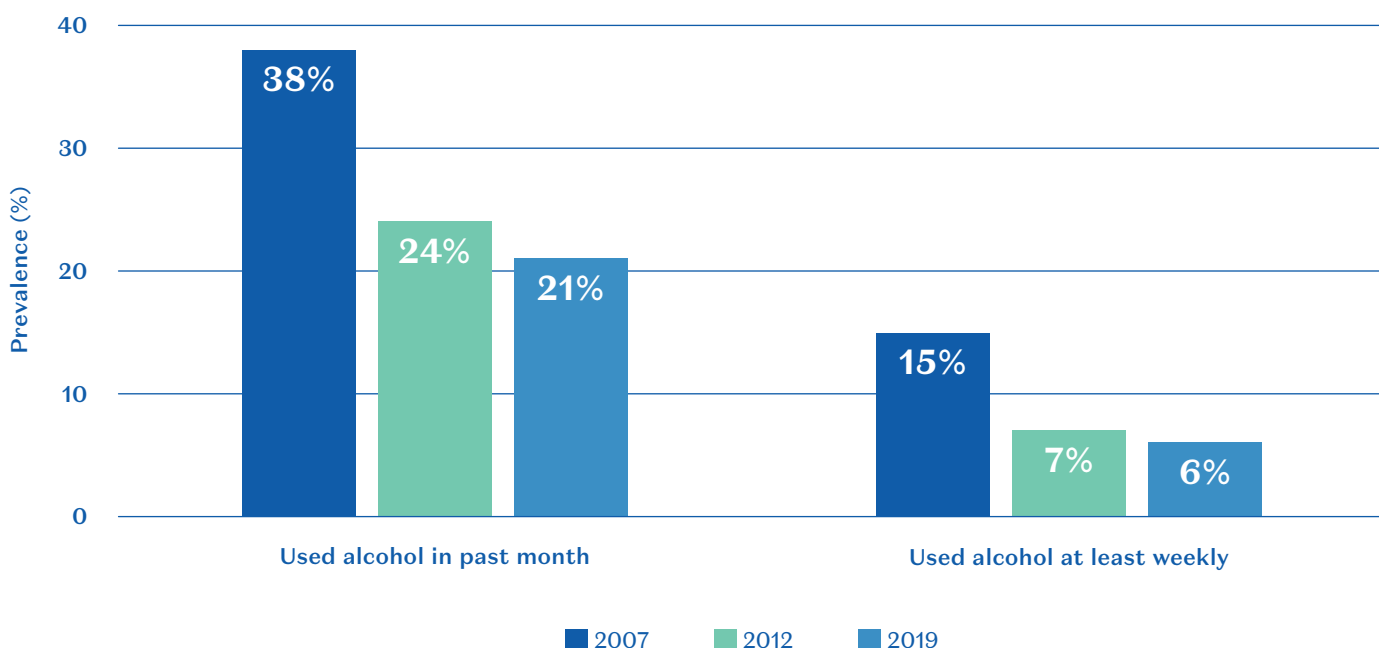
Non-drinking. In 2019, over half of Pasifika secondary school students (53%) had never drunk alcohol (more than a few sips). Non-drinking in this age group became more common over time. In 2007 a third (33%) had never drunk alcohol, and in 2012 it was 46%.

Ever drinking. Among secondary school students, 47% of Pasifika reported ever drinking alcohol compared with 53% for non-Māori/non-Pasifika.

Current drinking. The proportion of Pasifika secondary students defined as current drinkers decreased from 50% in 2007, to 36% in 2012, to 33% in 2019. Current drinking was lower in Pasifika (33%) than non-Māori/non-Pasifika (47%) in 2019.

Regular drinking. As shown in Figure 1, the proportion of Pasifika students who report drinking regularly has decreased markedly over time, with most of the decline occurring between 2007 and 2012.

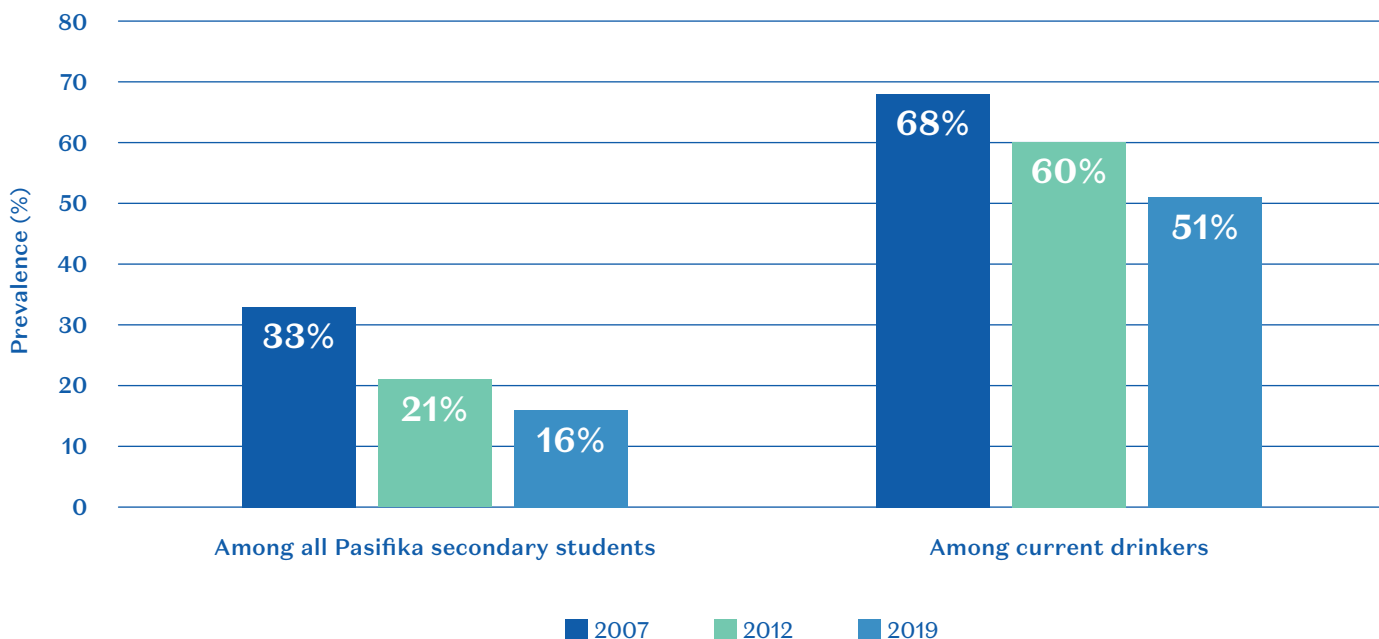
Figure 1. Prevalence of regular alcohol use, Pasifika secondary school students, 2007-2019



Pasifika students were less likely to drink alcohol regularly than non-Māori/non-Pasifika, e.g. in 2019, 21% of Pasifika had used alcohol in the past month (non-Māori/non-Pasifika, 35%); 6% drank weekly or more often (non-Māori/non-Pasifika, 9%).

Binge drinking. Having five or more alcoholic drinks in a session was defined as binge drinking. In 2019, 16% of Pasifika secondary school students overall and 51% of current drinkers reported binge drinking in the past month (Figure 2).

Figure 2. Past month binge drinking, Pasifika secondary school students, 2007-2019

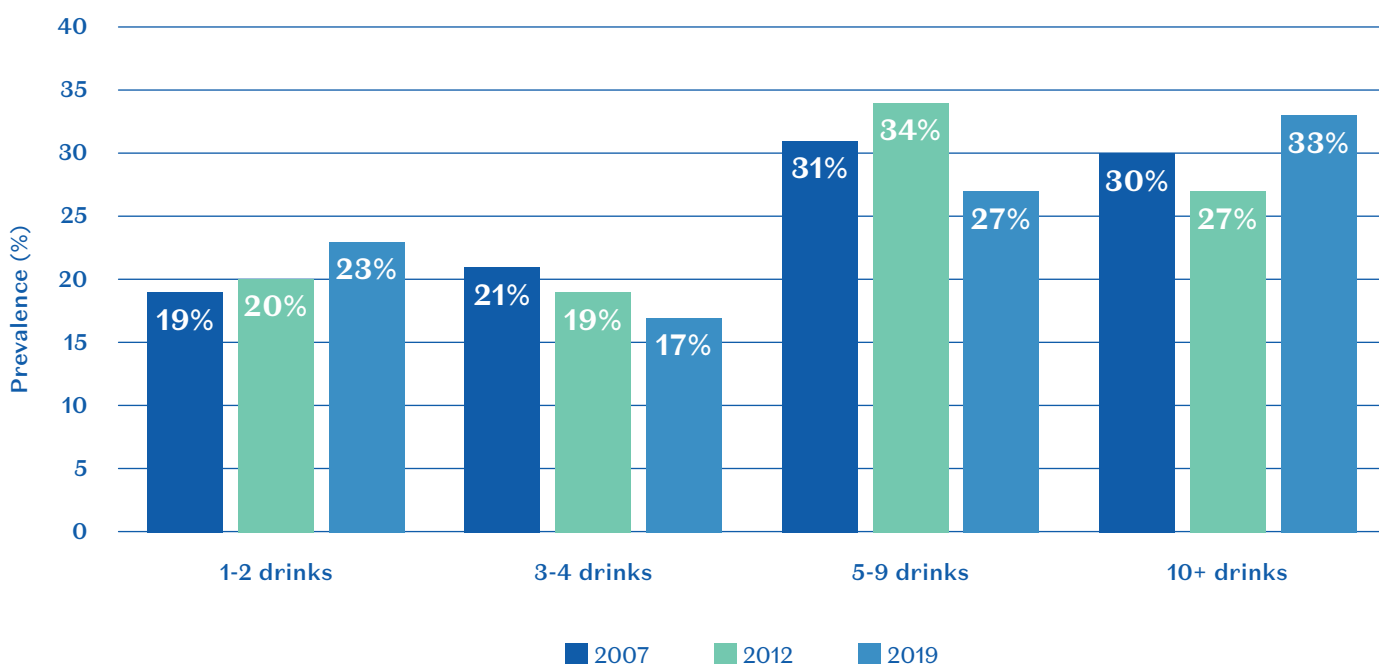


In non-Māori/non-Pasifika, past month binge drinking was slightly higher in secondary students overall (21%), but slightly lower in current drinkers (45%) in 2019. Binge drinking has declined since 2007 but remains a common style of drinking among secondary school students, including Pasifika.

Amount of alcohol typically consumed

Many Pasifika adolescents who drink are consuming alcohol at levels far above the recommended adult daily limits¹⁴ (Figure 3). The proportion of Pasifika drinkers that typically consume 10+ drinks in a session is high and has not declined over time: 30% in 2007, 27% in 2012, 33% in 2019.

Figure 3. Quantity consumed on a typical drinking occasion by current drinkers, 2019



In 2019, Pasifika students (33%) were four times as likely to drink very large amounts (10 or more drinks on a typical occasion) than non-Māori/non-Pasifika students (8%).

DIFFERENCES BETWEEN PASIFIKA ETHNICITIES

As shown in Table 1, patterns of adolescent alcohol used differed by Pasifika ethnicity. In 2019, Samoan students were less likely to drink, and less likely to drink heavily, than Cook Island Māori, Tongan or Niuean students. Sample sizes for other Pasifika ethnicities were not large enough for separate analysis.

Table 1: Prevalence of alcohol use in specific Pasifika ethnicities, 2019

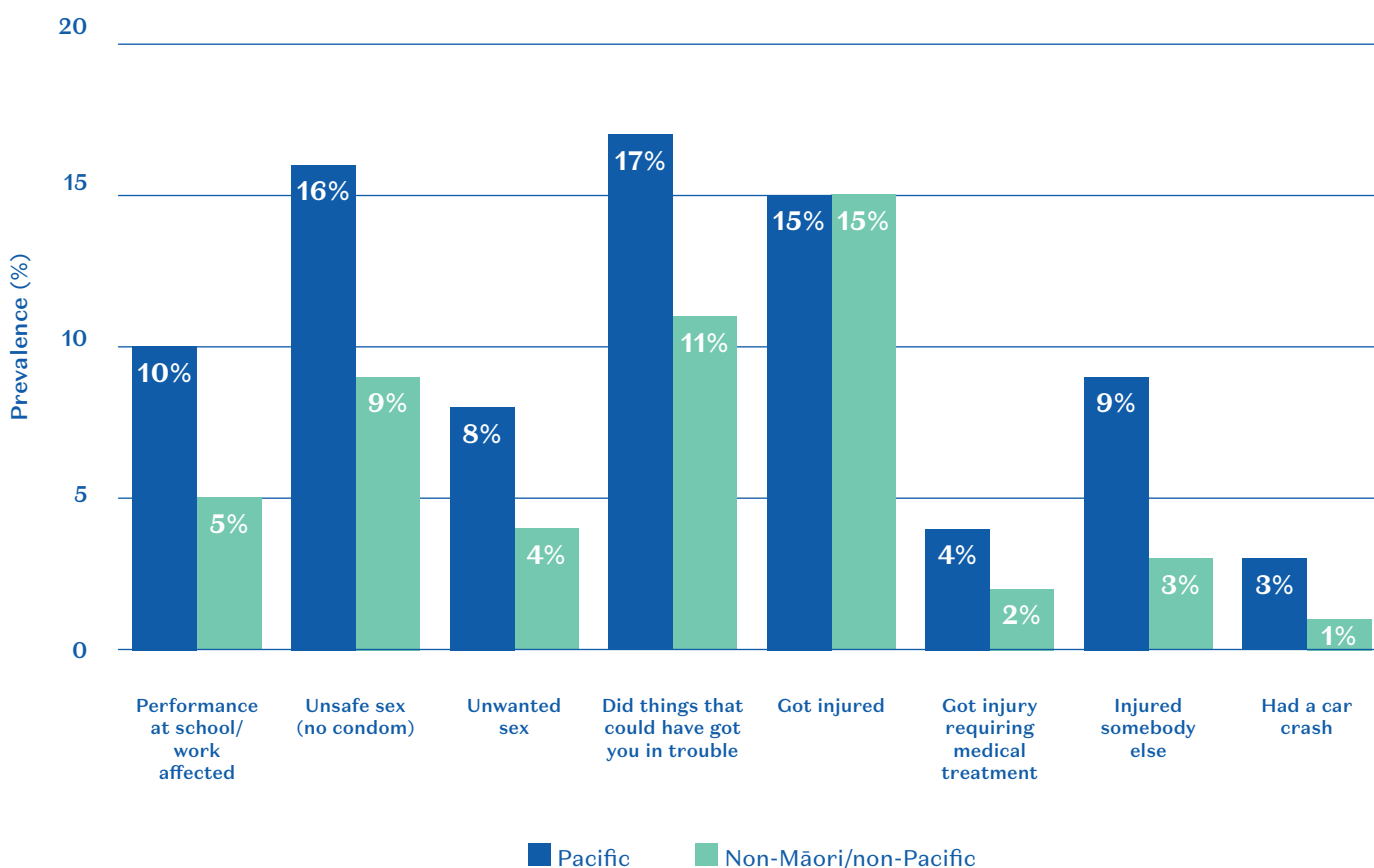
	Samoan	Cook Island	Tongan	Niuean
Ever used alcohol	42%	54%	50%	48%
Current drinker	29%	41%	33%	38%
Past month use	17%	24%	22%	21%
Weekly or more often	3%	7%	9%	5%
Past month binge drinking (population)	13%	22%	17%	20%
10+ drinks/session (population)	8%	14%	13%	16%
10+ drinks/session (current drinkers)	29%	34%	40%	41%

ALCOHOL HARM

Self-reported alcohol harm

Due to changes in the survey, young people were not asked about their experiences of alcohol harm in 2019. Figure 4 presents the findings from 2012. The harms most commonly reported were getting injured, doing things that could have got them in serious trouble and having sex without a condom, as a result of drinking alcohol.

Figure 4. Prevalence of self-reported alcohol harm indicators, past 12 months, current drinkers, 2012



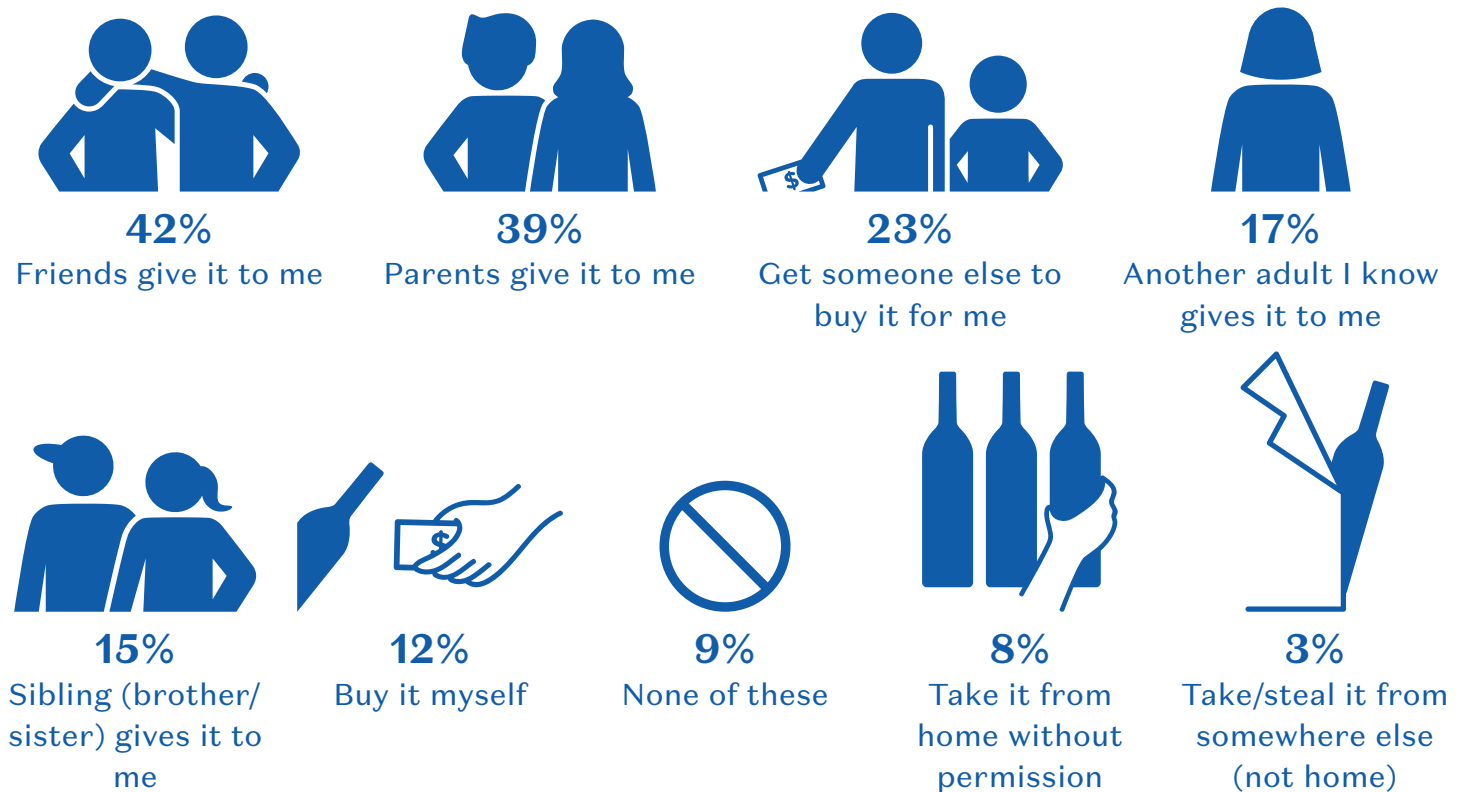
Ethnic differences in alcohol harm

An alcohol harm score (range 0-27) was created from the 2012 survey data, based on the harm indicators above.¹ A score of 1 was given if the harm indicator was experienced more than a year ago, score of 2 if the harm had been experienced once or twice in the past year, and 3 if it had been experienced 3 or more times the past year.

Among current drinkers, Pasifika students had a much higher average harm score (2.9) than non-Māori/non-Pasifika (1.6). Socio-economic deprivation partially (but not fully) explained the difference in harm scores between ethnic groups. In addition to deprivation, differences in drinking patterns also contributed to higher alcohol harm among Pasifika. After adjusting for both deprivation and drinking patterns, there was no significant difference in alcohol harm score between Pasifika and non-Māori/non-Pasifika.

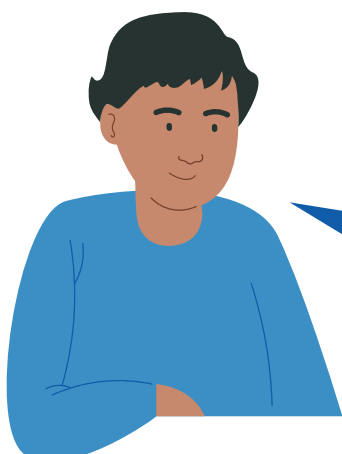
SOURCES OF ALCOHOL

Young people were asked where they usually got alcohol. This analysis was restricted to those aged under 18 years. As shown below, 42% of Pasifika reported getting alcohol from their friends. This was the most common source. Despite being under the legal age to be sold alcohol (i.e. 18 years), 12% reported buying it themselves.



* Note students could choose as many sources as were relevant, so percentages add up to over 100%

Pasifika were much less likely to report that their parents gave them alcohol (39%) than non-Māori/non-Pasifika (67%), and less likely to take alcohol from home without permission (8% vs 13%). Pasifika were more likely to report buying alcohol themselves (12% vs 7%) or having an adult (other than a parent) give them alcohol (17% vs 11%) than non-Māori/non-Pasifika.



What would help young people today?

“Everything starts at home. Parents need to spend more time with their kids so they don’t feel alienated and seek connections elsewhere”

– Pasifika Male, 17 years




PROTECTIVE FACTORS

Protective factors are things that make it more likely that young people will be non-drinkers or low risk drinkers rather than high-risk drinkers. The majority of Pasifika students had a wide range of protective factors in their lives in 2019:

- 93%** felt that their aiga/kāinga (family) usually or always wants to know where they are and who they are with. (Non-Māori/non-Pasifika – 92%)
- 73%** felt that there was someone in their aiga/kāinga who they can trust to share their feelings with. (Non-Māori/non-Pasifika – 78%)
- 74%** felt that they get enough quality time with their aiga/kāinga. (Non-Māori/non-Pasifika – 74%)
- 92%** felt safe at home all or most of the time. (Non-Māori/non-Pasifika – 94%)
- 89%** felt a sense of belonging at school. (Non-Māori/non-Pasifika – 85%)
- 60%** felt their spiritual beliefs or religious faith was important to them (Non-Māori/non-Pasifika – 19%)
- 81%** of Samoan, Cook Island, Tongan and Niuean students reported knowing about their culture (e.g. language, songs, cultural practice, ancestry)

All of the factors above were protective against high-risk drinking. The factors most strongly related to non-drinking/low-risk drinking were (in order): quality time with aiga/kāinga, spiritual beliefs/faith, cultural connectedness, and feeling safe at home (Table 2). For example, the odds of high-risk drinking were 2.88 times higher in young people who reported they did not get enough quality time with aiga/kāinga, compared to young people who did.

Table 2: Odds of high-risk drinking, comparing Pasifika students with and without protective factor present, 2019

		Odds of high-risk drinking*
AIGA/KĀINGA 	Feeling that their aiga/kāinga only sometimes or almost never wants to know where they are and who they are with (i.e. low parental monitoring)	1.94
	Not having someone in their aiga/kāinga who they can trust to share their feelings with	1.96
	Not feeling like they get enough quality time with aiga/kāinga	2.88
	Only sometimes, or not at all, feeling safe at home	2.49
SCHOOL 	Not feeling a sense of belonging at school	1.99
	Only sometimes, or not at all, feeling safe at school	2.28
CULTURE AND FAITH 	Not feeling spiritual beliefs/religious faith was important to them	2.69
	Not knowing about their culture (e.g. language, songs, cultural practice, ancestry)**	2.52

* Models are adjusted for age, sex, and socioeconomic deprivation.

** Knowing about their culture was only asked of Samoan, Cook Island, Tongan and Niuean students.

Some of the things we tested did not turn out to be significantly related to drinking patterns among Pasifika secondary school students (though they are important for other reasons): feeling that at least one parent cares about them a lot, feeling that teachers at school care, feeling safe in the neighbourhood, having an adult outside the aiga/kāinga that they trust to share their feelings with, feeling that it was important to be recognised as Samoan/Tongan/Cook Island/Niuean, feeling that Samoan/Tongan/Cook Island/Niuean values were important to them.

RISK FACTORS

Risk factors are things that make it more likely that young people will be high-risk drinkers rather than non-drinkers/low risk drinkers. A substantial minority of Pasifika experienced risk factors:

- 39%** were treated unfairly because of ethnicity by teachers, health professionals or police in the past year (Non-Māori/non-Pasifika – 21%)
- 25%** had experience of sexual abuse or coercion (Non-Māori/Non-Pasifika – 16%)
- 10%** had past or present involvement with Oranga Tamariki or CYFS i.e. someone was worried about their safety or protection. (Non-Māori/Non-Pasifika – 6%)
- 10%** had witnessed adults in the home hit or physically hurt each other in the past year (Non-Māori/Non-Pasifika – 4%)
- 19%** had been hit or physically hurt by adults in the home (Non-Māori/Non-Pasifika – 8%)

As shown in Table 3, all of these factors were associated with high-risk drinking patterns. The strongest associations were (in order): ethnic discrimination/racism, past or present Oranga Tamariki/CYFS involvement, experience of sexual abuse, and witnessing violence among adults at home.

Table 3: Odds of high-risk drinking, comparing Pasifika students with and without risk factor present, 2019

	Odds of high-risk drinking
Treated unfairly because of ethnicity in the past year	2.73
Experienced sexual abuse or coercion	2.04
Witnessed adults at home hit or physically hurt each other	1.76
Been hit or physically hurt by an adult at home	1.48
Past or present Oranga Tamariki/CYFS involvement	2.27

* Models are adjusted for age, sex, and socioeconomic deprivation.

SUMMARY OF KEY POINTS

- Alcohol use among Pasifika students decreased significantly between 2007 and 2019, but drinking is still a major cause of harm
- Pasifika students are less likely to drink alcohol than non-Pasifika/non-Pasifika students, but those who do drink are more likely to drink heavily and to experience alcohol harm
- Drinking patterns differ between Pasifika ethnicities, with prevalence of high-risk drinking lower in Samoan and higher in Cook Island, Tongan and Niuean students. (Samples sizes for other Pasifika ethnicities were not large enough for separate analysis)
- Friends are the most common source of alcohol, followed by parents. Pasifika students are much less likely to report parental supply of alcohol than non-Māori/non-Pasifika
- Factors that protect Pasifika students from high-risk drinking include: having enough quality time with aiga/kāinga, viewing their own spiritual beliefs or religious faith as important, knowing about their Pasifika culture (e.g. language, songs, practices, ancestry) and feeling safe at home and at school
- Factors that increase the likelihood of high-risk drinking among Pasifika students include: experiences of ethnic discrimination/racism, past or present Oranga Tamariki/CYFS involvement, experiences of sexual abuse or coercion, and witnessing or being a victim of violence in the home

What would help young people today?

“It’s really society that needs to change, so that we can create a pathway for us to achieve what we want to achieve”

– Pasifika female, 14 years



WHAT DO THE FINDINGS MEAN FOR ACTION?

Pasifika are best placed to identify solutions to prevent alcohol harm. However, strategic planning and an appropriate policy framework is needed to support Pasifika-led action. It is vital that Pasifika have a voice in alcohol matters nationally and in their local area.¹⁵

Evidence-based polices¹⁶ to reduce the availability and accessibility of alcohol include:

- reducing the number and density of alcohol retailers, particularly off-licences, in locations identified in partnership with affected communities
- reducing trading hours of alcohol outlets
- restricting alcohol marketing
- increasing the price of alcohol products, particularly the cheapest alcohol.

Support for increased harm prevention efforts in school settings¹⁷⁻²⁰ and in Pasifika communities is also needed, particularly in communities where risky drinking among adolescents is higher (e.g. Tongan, Cook Island Māori and Niuean communities). For example, initiatives aimed at delaying the age Pasifika start to drink, and reducing the typical quantity consumed are likely to reduce alcohol harm and ethnic inequities. Such action should be supported by ongoing research into what is working and what is not.

More broadly, these findings indicate that caring and supportive home, school and community environments are important for reducing alcohol harm in Pasifika, along with action to eliminate racism, sexual abuse and other risk factors. Addressing these 'upstream' factors and removing the structural barriers that disadvantage Pasifika in Aotearoa will not only reduce alcohol harm but will support other wellbeing aspirations of Pacific peoples.

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