UNDERSTANDING AND ADDRESSING ALCOHOL HARM

among rangatahi Māori at secondary school

SUMMARY

- **Alcohol harm among rangatahi Māori must be understood within the wider contexts that affect rangatahi such as colonisation and racism, socio-economic disadvantage, and over-saturation of alcohol outlets and advertising in communities**
- **Alcohol use among rangatahi Māori students decreased significantly between 2007 and 2019**
- **Despite declines, rangatahi Māori students remain more likely than non-Māori students to drink heavily and to experience alcohol harm**
- **Parents are the most common source of alcohol, followed by friends**
- **Factors that protect rangatahi Māori from high-risk drinking include: close parental monitoring, caring and supportive whānau, feeling safe at home, a sense of belonging at school, and feeling that teachers care about them**
- **Factors that increase the likelihood of high-risk drinking include: experience of sexual abuse or coercion, past year experience of racial discrimination, parents often or always worrying about money to buy food, witnessing or experiencing violence in the home**

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 the associated technical report.[1]

WHY DOES ADOLESCENT DRINKING MATTER?

For a number of reasons, young people experience more harm per drink than older age groups.[2] Drinking alcohol at a young age can cause serious short and long term harms, such as injuries, depression, suicidality, unwanted sex, and having performance at school affected.[3,4] Some alcohol-related harms, such as negative impacts on brain development, are irreversible.[5] This is why preventing alcohol harm in rangatahi is important.

"Getting into drugs and alcohol at an early age"
– Māori female, 15 years, NZDep 10

THE CONTEXT FOR ALCOHOL USE

To prevent alcohol harm among rangatahi Māori, it is essential to understand the historical and current factors that influence alcohol use. Intergenerational experiences of colonisation, discrimination, and inequity provide the context for alcohol use among rangatahi Māori.[6-9] Before contact with Pākehā, Māori did not produce their own alcoholic beverages.[10] Adolescent alcohol use is often a symptom of broader social issues, which can affect young people directly or via impacts on whānau wellbeing.[6] Heavy alcohol use in adolescence can be a result of childhood trauma.[11]

The neighbourhood environment is a strong determinant of adolescent alcohol use and harm. In Aotearoa New Zealand, socioeconomically deprived neighbourhoods have more places that sell alcohol than less deprived neighbourhoods.[12] The higher proportion of Māori experiencing deprivation,[13] coupled with ineffective laws to limit the number of alcohol outlets, results in Māori often living in areas that are over-saturated with places that sell alcohol.

Also, research using wearable cameras found tamariki Māori were exposed to alcohol marketing five times more often than New Zealand European children, e.g. via sports sponsorship, shop-front signage and merchandise.[14] The wide accessibility and marketing of alcohol normalises alcohol use and plays a major role in alcohol harm inequities.

DRINKING PATTERNS

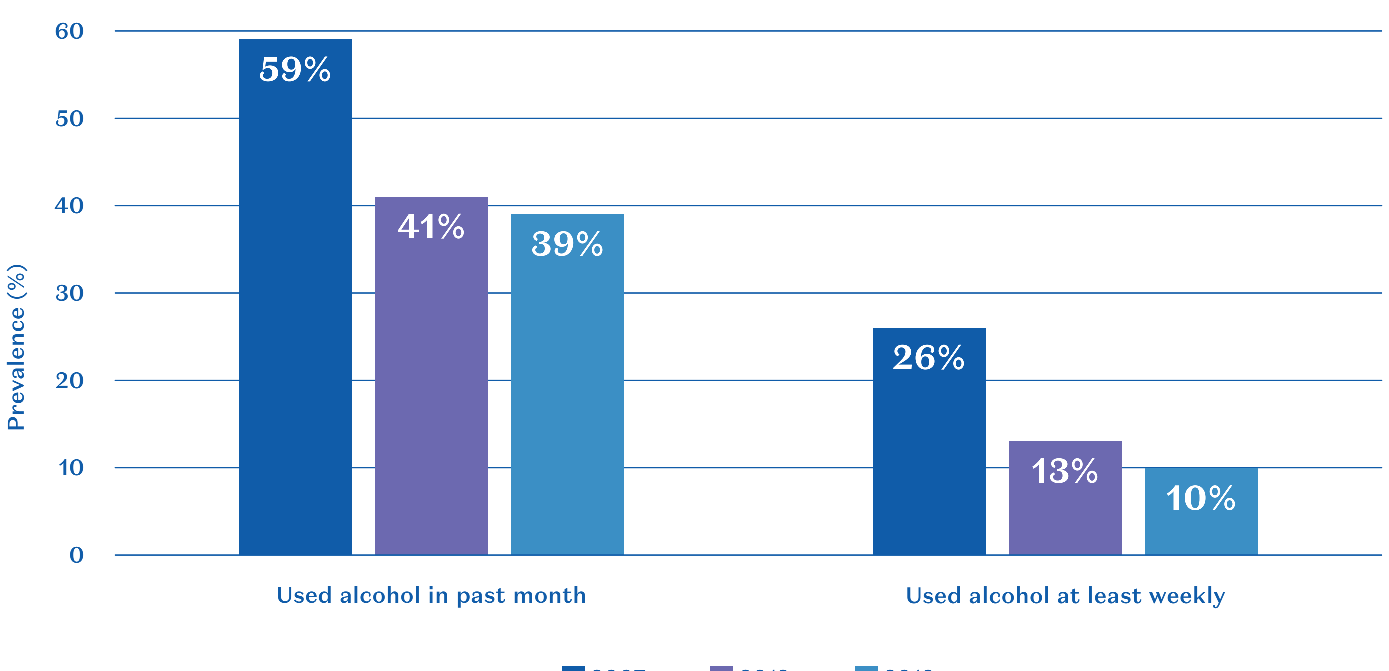
The Ministry of Health recommends that children and young people under 18 years do not drink any alcohol. Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important. If 15 to 17 year olds do drink alcohol, they should 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).[15]

Non-drinking. In 2019, about a third (34%) of Māori secondary school students had never drunk alcohol (more than a few sips). This is more than double the proportion of non-drinkers in 2007 (15%). Most of the increase in non-drinking occurred between 2007 (15%) and 2012 (27%).

Current drinking. The proportion of Māori secondary students defined as current drinkers decreased from 74% in 2007, to 59% in 2012, and 57% in 2019.

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

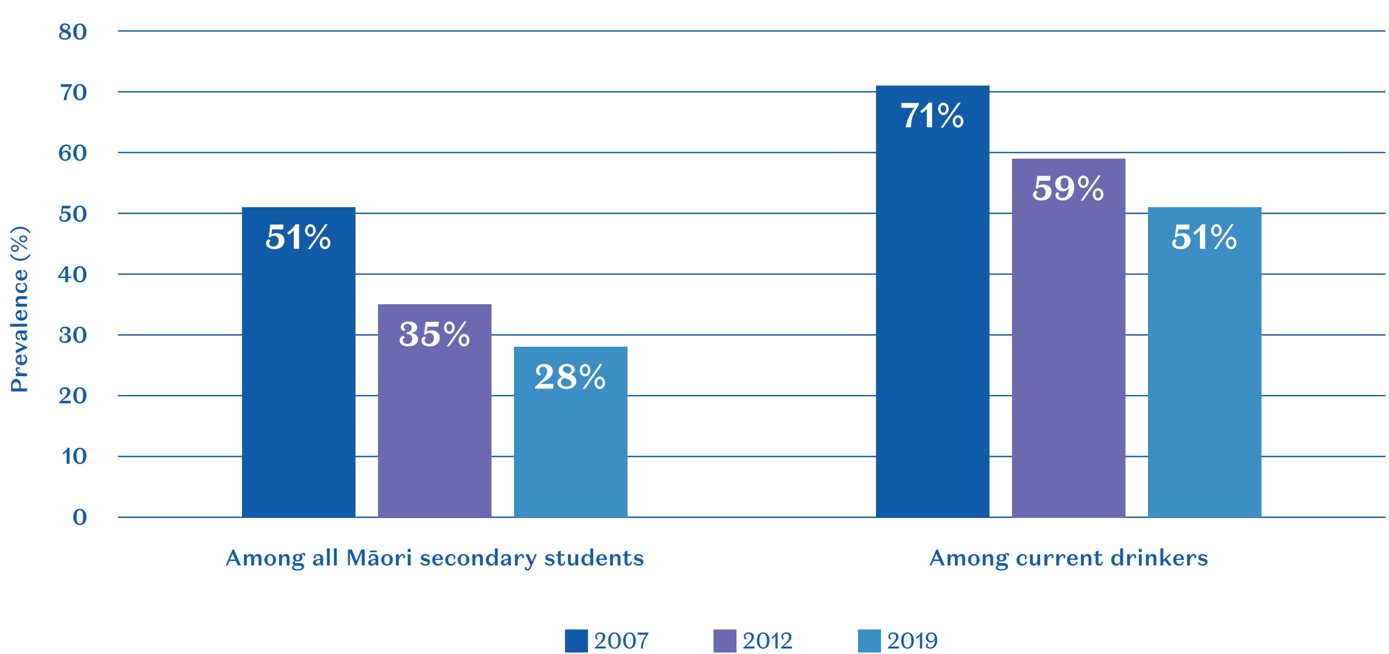
Figure 1. Prevalence of regular alcohol use, Māori secondary school students, 2007-2019



Drinking among secondary school students has declined to a similar extent in Māori and non-Māori. In 2019, rangatahi Māori remained more likely than non-Māori to have ever used alcohol (67% vs 52%) and to have used alcohol in the past month (39% vs 33%). However, the proportion who reported drinking weekly or more often was similar among Māori (10%) and non-Māori (9%).

Binge drinking. Having five or more alcoholic drinks in a session was defined as binge drinking. As shown in Figure 2, 28% of Māori secondary school students overall and half (51%) of current drinkers reported binge drinking in the past month in 2019. Among Māori secondary students, past month binge drinking was similar in boys and girls. Past month binge drinking has decreased over time – in rangatahi Māori overall, and among current drinkers.

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



Among non-Māori, binge drinking was slightly lower e.g. 20% of non-Māori secondary school students and 45% of current drinkers reported past month binge drinking in 2019. Although binge drinking has declined a lot since 2007, it remains a common style of drinking among rangatahi Māori, and among young people in Aotearoa New Zealand overall.

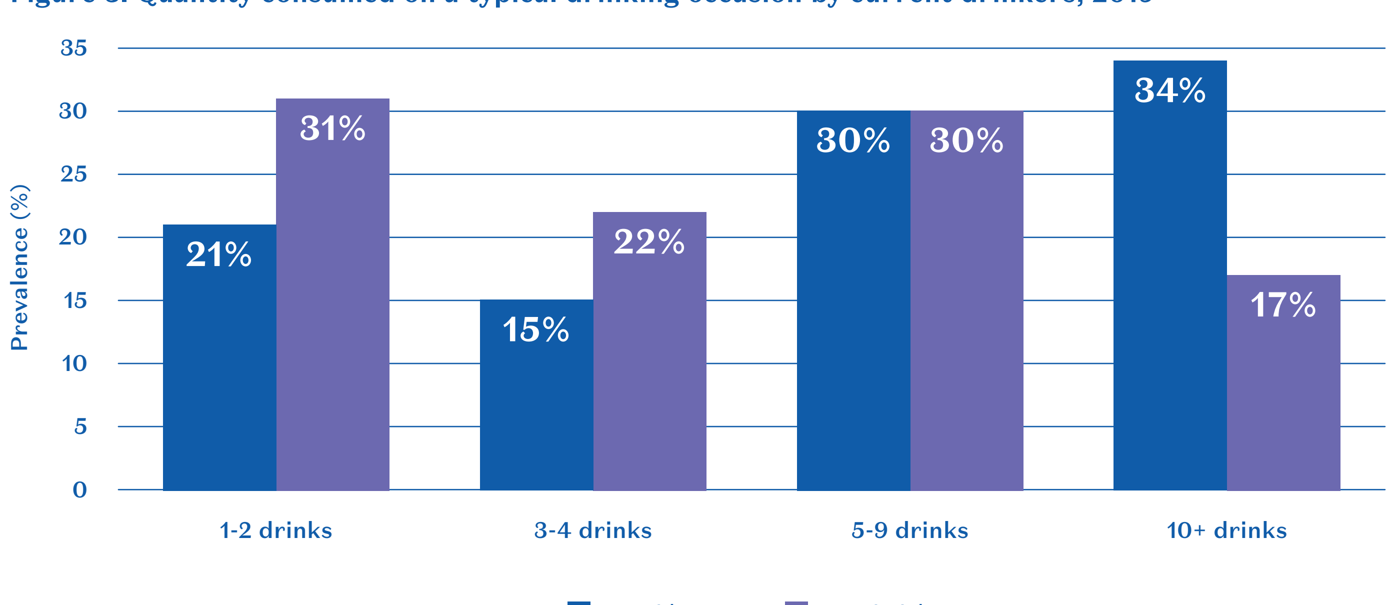
Amount of alcohol typically consumed

Many rangatahi Māori who drink are consuming alcohol at levels far above the recommended adult daily limits.[15]

In 2019, Māori students were more than twice as likely to drink very large amounts (10 or more drinks on a typical occasion) than non-Māori students. The proportion of rangatahi Māori drinkers that reported typically consuming 10+ drinks declined from 30% in 2007 (14% for non-Māori) to 25% in 2019 (10% for non-Māori).

As shown in Figure 3, over a third (34%) of Māori boys reported usually having 10+ drinks in 2019, compared to 17% for girls. Thirty percent of both boys and girls typically had 5-9 drinks.

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

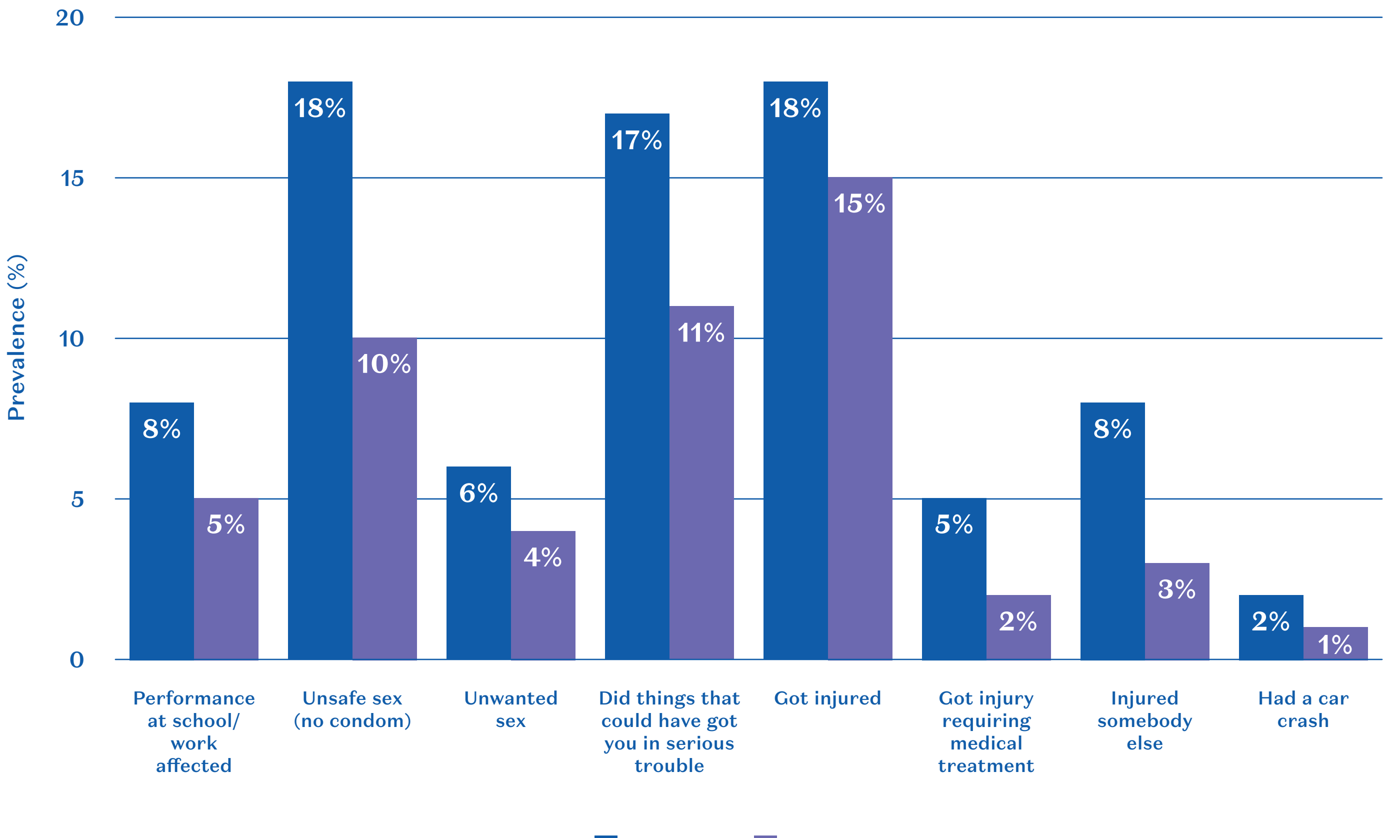


ALCOHOL HARM

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 as a result of drinking alcohol were getting injured, doing things that could have got them in serious trouble and having sex without a condom.

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



Ethnic and socioeconomic differences in alcohol harm

For current drinkers in 2012, an alcohol harm score (range 0-27) was created based on nine harm indicators. A score of 1 was given if the harm indicator was experienced more than a year ago, a 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 Māori, students living in more deprived neighbourhoods had a higher average harm score (3.0) than those living in low-deprivation (wealthier) neighbourhoods (2.0).

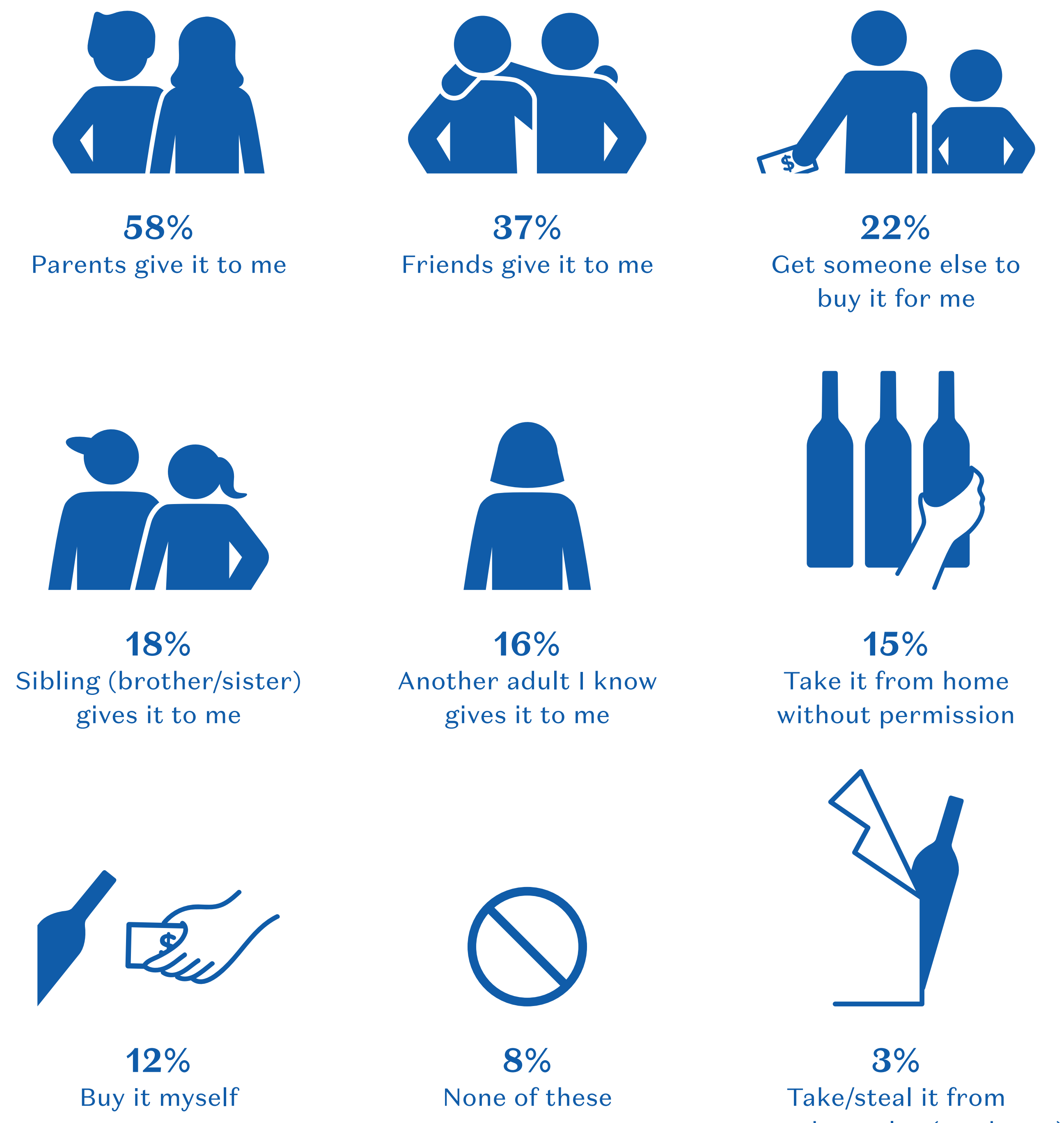
Māori students had a higher average harm score (2.6) than non-Māori (1.7). This ethnic difference was largely explained by differences in drinking patterns between Māori and non-Māori. Differences in neighbourhood deprivation between Māori and non-Māori partially explained differences in alcohol harm. Deprivation independently contributed to ethnic differences over and above differences in drinking patterns.

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, over half (58%) of rangatahi Māori current drinkers reported getting alcohol from their parents, and 37% said friends gave them alcohol. These were the most common sources.

Despite being under the legal age to be sold alcohol (i.e. 18 years), 12% of current drinkers reported buying it themselves.



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

Sources of alcohol were very similar between Māori and non-Māori. The only notable difference was that rangatahi Māori were more likely to report getting alcohol from a sibling (18% versus 12% for non-Māori).

RISK AND PROTECTIVE FACTORS

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 rangatahi Māori had a wide range of protective factors in their lives in 2019:

- 89% felt that their whānau usually or always wants to know where they are and who they are with (non-Māori – 92%)
- 74% felt that there was someone in their whānau who they can trust to share their feelings with (non-Māori – 78%)
- 88% felt that they get enough quality time with their whānau (non-Māori – 91%)
- 89% felt safe at home all or most of the time (non-Māori – 94%)
- 74% felt the teachers at school cared about them (non-Māori – 81%)
- 83% felt a sense of belonging at school (non-Māori – 86%)

We also explored the relationship between drinking patterns and measures of whanaungatanga (using 'whanaungatanga with whānau' and 'whanaungatanga with other adults' sub-scales) and cultural connectedness developed by Māori researchers.[16]

The factors most strongly related to non-drinking/low-risk drinking were (in order) parental monitoring, feeling safe at home, getting enough quality time with whānau, feeling teachers care about them, feeling a sense of belonging at school, and high levels of whanaungatanga with whānau. As shown in Table 1, young people who lacked these protective factors were more likely to report high-risk or very-high-risk drinking.

Table 1: Odds of high-risk or very-high-risk drinking, comparing rangatahi with and without protective factor present

		Odds of high risk or very high-risk drinking*
WHĀNAU	Feeling that their whānau only sometimes or almost never wants to know where they are and who they are with (i.e. low parental monitoring)	3.30
	Not having someone in their whānau who they can trust to share their feelings with	1.63
	Not feeling like they get enough quality time to spend with whānau	2.16
	Only sometimes, or not at all, feeling safe at home	2.66
	Low level of whanaungatanga with whānau	1.53
SCHOOL	Not feeling that teachers at school care about them	2.07
	Not feeling a sense of belonging at school	1.87

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

Some of the things we tested did not turn out to be protective against high-risk drinking for rangatahi Māori. For example, the analysis showed volunteering in the community, feeling safe in the neighbourhood, feeling safe at school, being able to speak te reo Māori, having high cultural connectedness, thinking about or making plans for the future and getting opportunities to show skills/talents were not significantly associated with non-drinking/low-risk drinking (though these things obviously have other benefits). Whilst these factors did not relate to non-drinking/low-risk drinking in the overall rangatahi population, it does not mean they are not important factors for particular groups of rangatahi (e.g. by sex, age group, etc).

What would help young people today?

"Be supportive and encouraging"
– Māori female, 15 years, NZDep 6

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 rangatahi Māori experienced risk factors:

- 37% felt they were treated unfairly because of ethnicity by teachers, health professionals or police in the past year (non-Māori – 22%)
- 21% had experience of sexual abuse or coercion (non-Māori – 17%)
- 17% said their parents often or always worried about money for food (non-Māori – 10%)
- 11-14% said they had witnessed or experienced violence in the home (non-Māori 5-9%)
- 17% had past or present OT/CYFS involvement (non-Māori 6%)

All of these factors were associated with high-risk drinking patterns. Compared to students who did not have these risk factors, the odds of having a high/very high-risk drinking pattern (after adjusting for age, sex, and socioeconomic status) were:

- Experienced sexual abuse or coercion (2.44 times higher odds of high-risk/very-high-risk drinking)
- Treated unfairly because of ethnicity in the past year (2.17 times higher odds)
- Parents always/often worried about money for food (1.66 times higher odds)
- Witnessed an adult hit or physically hurt another child at home (1.82 times higher odds)
- Been hit or physically hurt by an adult at home (1.68 times higher odds)
- Witnessed adults at home hit or physically hurt each other (1.66 times higher odds)
- Past or present Oranga Tamariki/CYFS involvement (1.39 times higher odds)

CONCLUSIONS

Youth drinking trends have been moving in the right direction, but ethnic inequities persist and rangatahi Māori continue to experience higher levels of alcohol-harm than non-Māori.

The biggest difference in drinking patterns between Māori and non-Māori adolescents is the quantity of alcohol typically consumed (i.e. higher quantities among rangatahi Māori).

As noted in the introduction, and demonstrated in these findings, ethnic differences in drinking patterns and alcohol harm reflect the wider environment rangatahi are growing up in, including racism and socioeconomic inequity.

WHAT DO THE FINDINGS MEAN FOR ACTION?

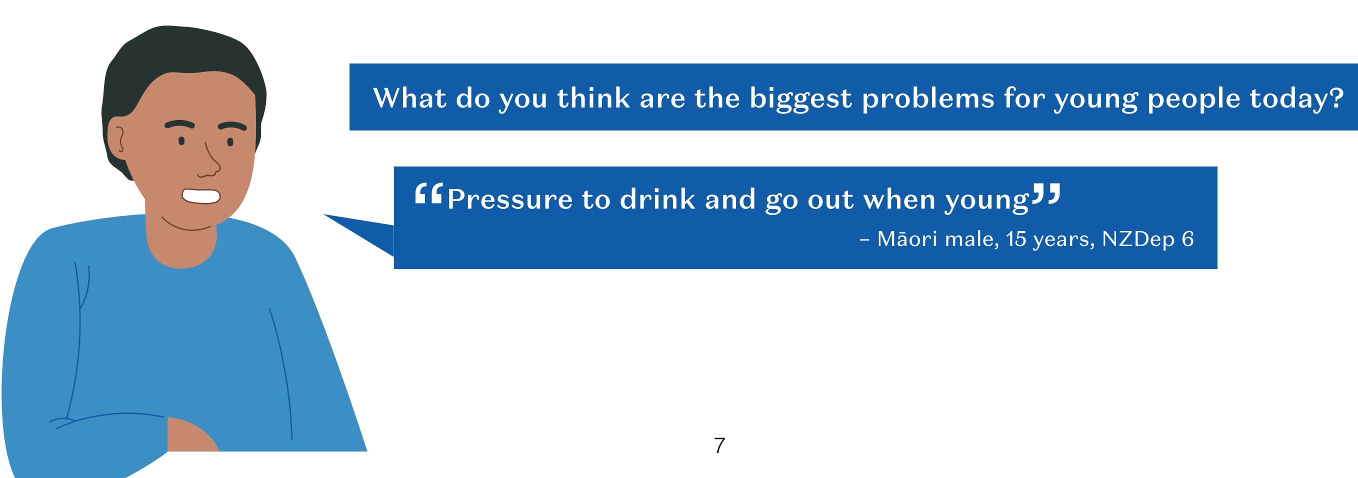
These findings suggest having caring and supportive home, school and community environments are important for reducing alcohol harm in rangatahi Māori, along with action to eliminate racism, sexual abuse and other risk factors. Initiatives aimed at delaying the age rangatahi start to drink, and reducing the typical quantity consumed, are also likely to reduce alcohol harm and ethnic inequities.

Māori have a right to self-determination, and a right to monitor Crown action and inaction.[7] For example there is currently a claim lodged with the Waitangi Tribunal about the failure of the Crown to honour Te Tiriti and protect Māori from alcohol harm.[17]

Māori are best placed to identify solutions to prevent alcohol harm. However, an appropriate policy framework is needed to support Māori-led action and to ensure local Māori have a voice in alcohol matters in their rohe.[18]

Alcohol policies that have been identified by Māori experts[18] as being effective and equity-promoting include:

- restricting alcohol marketing;
- reducing the number of off-licence alcohol retailers in locations identified in partnership with mana whenua; and
- increasing the price of alcohol products, particularly the cheapest alcohol.



ACKNOWLEDGEMENTS

Thank you to the rangatahi who took part in the survey and the schools and families who supported them – without all of you there would be no survey. We enormously appreciate your time, openness and energy. Thank you to the Youth19 investigators and researchers who ran the survey and contributed to this analysis and to the Adolescent Health Research Group who have carried out the Youth2000 Survey Series with thousands of students over 20 years. The data analysis and development of this factsheet have been supported by a nib foundation Health Smart Grant.

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