RISK AND PROTECTIVE FACTORS FOR ALCOHOL USE

among secondary school students

SUMMARY I

- Factors found to protect students from high-risk drinking included high levels of parental monitoring, good family relationships, and having enough quality time with family
- In the school setting, students who felt their teachers cared about them and/or felt safe at school were less likely to report high-risk or very high-risk drinking
- Involvement with Oranga Tamariki (OT) / Child, Youth and Family Services (CYFS) and witnessing or experiencing family violence were associated with very high-risk drinking patterns
- Of all risk and protective factors analysed, experience of sexual abuse or coercion was most strongly associated with high-risk and very high-risk drinking patterns

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 elsewhere.

BACKGROUND

The harms from drinking alcohol for young people can be both short and long-term and irreversible (e.g. negative impacts on brain development²). For a number of reasons, young people are at a higher risk of harm from alcohol use than older age groups.³

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.⁴

There are many factors in a young person's life that can directly influence, and/or combine with other factors to influence, their use of alcohol and pattern of drinking. Some factors increase risk, whilst others protect a young person from taking up drinking and drinking heavily. These factors are found within a young person and the contexts in which they live, e.g. an individual's personality characteristics, their peer groups, families, schools, communities and wider society.

Each risk and protective factor will vary in its importance, and/or operate differently, across the adolescent period. Identifying where there is risk and what measures may protect a young person from alcohol harm, can greatly assist to reduce the harm to this vulnerable age group and enable young people to reach their full potential.

This factsheet presents research on a selection of risk and protective factors for different drinking patterns. Alcohol use by students was categorised into four groups: 1) non-drinkers, 2) small-risk, 3) high-risk, and 4) very high-risk according to frequency of use and quantity consumed. These categories are explained in further detail in another factsheet in this series. How the risk and protective factors were measured is further detailed elsewhere.¹

Findings in this factsheet are for the overall secondary school student population. Details by population group (e.g. ethnicity, Rainbow youth) are reported in other factsheets in this series.





PROTECTIVE FACTORS

Overall, the majority of students reported having a range of protective factors in their lives:

- 91% felt that their family usually or always wants to know where they are and who they are with
- 77% felt that there was someone in their family/whānau who can be trusted to share their feelings with
- 90% felt that they get enough quality time with their family/whānau
- 93% felt safe at home all or most of the time
- 79% felt the teachers at school cared about them
- 87% felt safe in their school all or most of the time
- 59% felt safe in their neighbourhood all of the time.

Students with an absence of protective factors were much more likely to engage in higher risk drinking. The odds of belonging to the higher-risk drinking categories is shown below (only statistically significant results shown).

		Odds of high risk drinking	Odds of very high risk drinking
Family / whānau	Feeling that their family only sometimes or almost never wants to know where they are and who they are with (i.e. low parental monitoring)	1.9	2.9
	Not having someone in their family/whānau who they can trust to share their feelings with	1.6	1.9
	Not feeling like they get enough quality time to spend with family	2.2	2.4
	Only sometimes, or not at all, feeling safe at home	1.9	2.6
School	Not feeling that their teachers cared about them	1.9	2.7
	Only sometimes, or not at all, feeling safe at school	-	1.8
Neighbourhood	Not feeling safe, or only sometimes, feeling safe in the neighbourhood	-	1.3

What would help young people today?



Parents need to spend more time with their kids so that they don't feel alienated and seek connections elsewhere.

- Pacific male, 17 years, NZDep 6

Be supportive and encouraging

- Māori female, 15 years, NZDep 6



RISK FACTORS

In general, each risk factor examined was reported by fewer than one in five students. The prevalence of risk factors among all students is shown below:

- 10% experienced an adult hitting or physically hurting them at home in the past year
- 8% witnessed violence to another child at home in the past year
- 6% witnessed violence between adults at home in the past year
- 9% had past or present involvement with Oranga Tamariki or CYFS
- 18% had ever experienced sexual abuse or coercion
- 12% perceived that their parents worried about money or food often or all the time.

The risk factors examined had particularly strong relationships with very high risk drinking patterns. Compared to students who did not have these risk factors, students were more likely to have a very high risk drinking pattern if they experienced any of the following):

- An adult hitting or physically hurting them at home (1.75 times higher odds of very high risk drinking)
- Witnessing violence to another child at home (1.9 times higher odds)
- Witnessing violence between adults at home (2.2 times higher odds)
- · Having past or present involvement with Oranga Tamariki or CYFS (2.4 times higher odds)
- Experience of sexual abuse or coercion (3.2 times higher odds)
- Perceiving that their parents worried about money or food (1.3 times higher odds).

Sexual abuse/coercion was the factor most strongly associated with heavy drinking. Students with this risk factor had higher odds of both high-risk drinking (2.8 times higher) and very high risk drinking (3.2 times higher).

IMPLICATIONS

Policies and interventions that support safe and connected family and school environments are essential to preventing alcohol harm in adolescents. Among secondary school students, a range of family-level and school-level factors were found to protect students from riskier drinking patterns. In contrast, risk factors such as experience of sexual abuse and family violence, were associated with very high-risk drinking patterns. For some young people, heavier drinking is a symptom of trauma, and trauma-informed responses are needed.

Implementation of evidence-based alcohol policies, such as increasing alcohol prices, restricting availability and advertising, as well as raising the legal purchase age for alcohol, can further assist to reduce harm and provide supportive environments in which all young people can thrive.⁶

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REFERENCES |

- 1 Ball, J, Zhang J, Kim A, Crengle S, Farrant B, Jackson N. (2022). Addressing Alcohol Harm in Adolescents. Technical Report 1: Methods and overview of findings. Wellington: University of Otago. Available at www.youth19.ac.nz/publications
- 2 de Goede J, van der Mark-Reeuwijk KG, Braun KP, et al. Alcohol and brain development in adolescents and young adults: A systematic review of the literature and advisory report of the health council of the Netherlands. Advances in Nutrition 2021; 12: 1379–410.
- 3 National Health and Medical Research Council. Australian guidelines to reduce health risks from drinking alcohol. Canberra: Australia: Author.
- 4 Ministry of Health. Alcohol alcohol intake guidelines. Wellington, New Zealand, 2022.
- 5 Aber, J. L., Gephart, M., Brooks-Gunn, J., Connell, J., & Spencer, M. B. (1997). Neighborhood, family, and individual processes as they influence child and adolescent outcomes. In J. Brooks-Gunn, G. J. Duncan & J. L. Aber (Eds.), Neighborhood poverty: Vol. 1. Context and consequences for children (pp. 44-61). New York: Russell Sage Foundation.
- 6 World Health Organization Western Pacific Region. Young people and alcohol: A resource book. Geneva, Switzerland: Author, 2015.