

ALCOHOL HARM

among secondary school students

SUMMARY

- **Being injured, doing things that could the student into trouble, and having unsafe sex were the most common self-reported alcohol harms by secondary school students**
- **Younger students (<16 years) generally experienced more harm per drink than older students**
- **The higher the number of binge drinking occasions in a month, the more likely a student reported experiencing alcohol-related harm**
- **More than one-third of all students in 2019 were at a high risk or very high risk of alcohol-related harm**
- **A greater proportion of students living in the most deprived neighbourhoods were at a very high risk of 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 elsewhere.¹

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

Young people experience a range of short- and long-term harms from alcohol, from their own drinking and/or from that of others. The more alcohol harms they experience, the less likely they are to finish high school.⁵

Long term harms include alcohol use disorders. Young people are especially vulnerable to addiction - almost 50% of cases of alcohol abuse and dependence in Aotearoa New Zealand are developed by the age of 20 years.⁶

It is suggested that adolescents consider the immediate consequences of alcohol use as being more likely to occur than long-term consequences, and so may pay more attention to them.⁷ This has implications for preventing the serious harms that young people experience from their alcohol use. The Youth19 survey asked young people about the immediate consequences of their alcohol use.

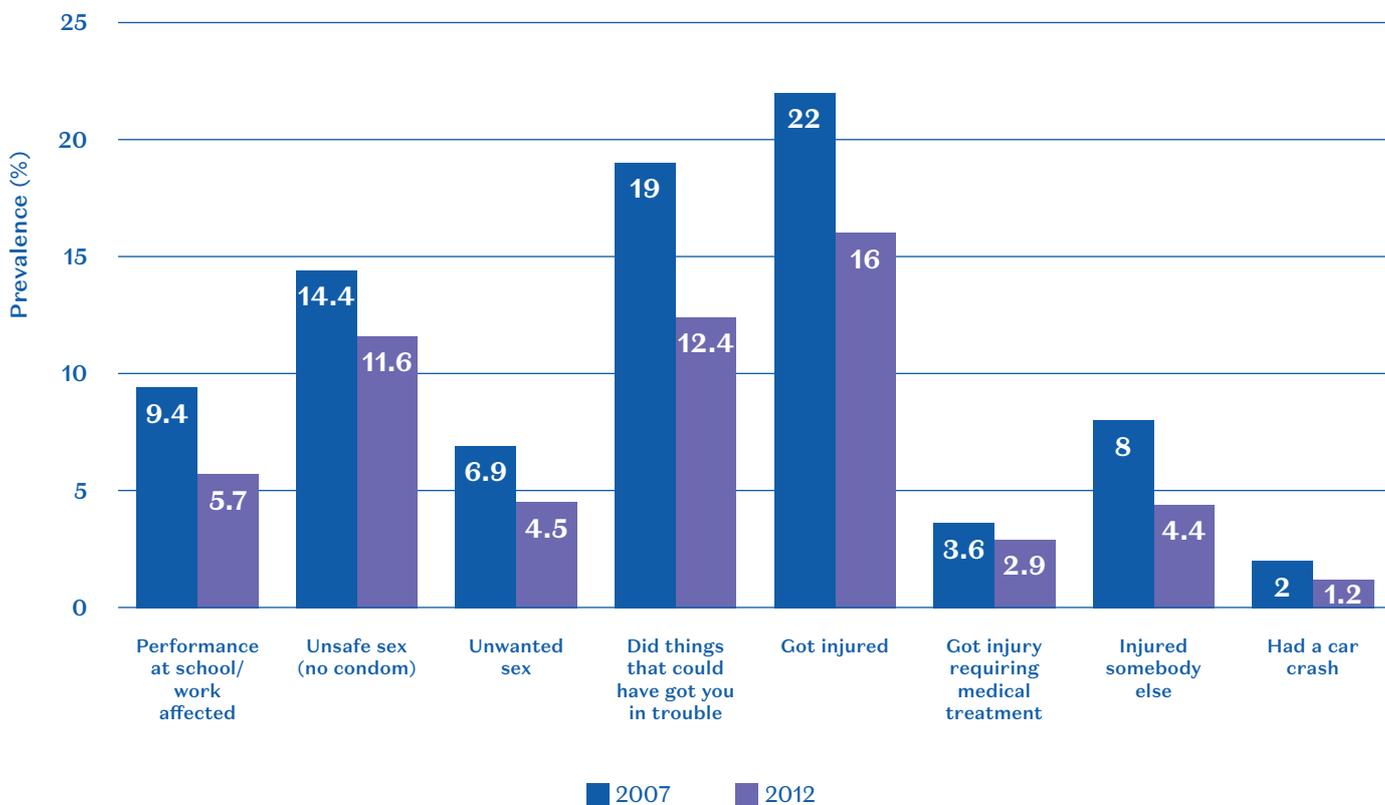
Note: Due to a change in question wording and a survey branching error in the 2019 survey, data on self-reported alcohol harm is not available. This factsheet firstly presents data on a range of self-reported alcohol harms from the 2007 and 2012 surveys. Then, through examining the drinking patterns associated with these self-reported harms, the estimated risk of alcohol harm among the 2019 survey population is calculated.

This factsheet details the overall findings in relation to alcohol harm risk among the total secondary school student population in the 2007, 2012 and 2019 surveys. Details by population group (e.g. ethnicity, Rainbow youth) are reported in other factsheets in this series.

SELF-REPORTED ALCOHOL HARMS

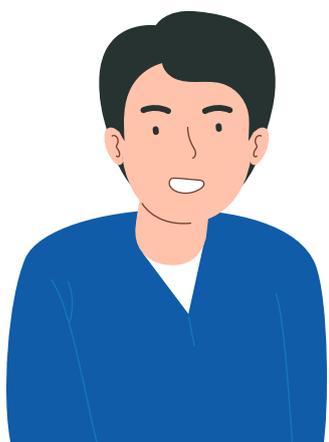
Injuries and doing something that could get a person in serious trouble (e.g. stealing) were the harms most commonly reported in 2007 and 2012, with unsafe sex also relatively common (Figure 1). The major declines in alcohol use between 2007 and 2012 were accompanied by decreases in alcohol harm in every category. When less alcohol is consumed, there is less harm.

Figure 1. Prevalence of self-reported alcohol harms among student drinkers in the 2007 and 2012 surveys.



Although girls were less likely than boys to consume alcohol at very high levels, they reported a higher prevalence of several types of alcohol harm: 'unsafe sex', 'unwanted sex' and 'injuries'. Boys were more likely than girls to report that they 'Injured somebody else'. More than one in seven (16%) drinkers in 2007 reported that friends or family had told them to cut down their drinking, reducing to 11% in 2012.

Other harms and use of alcohol at the same time as other substances: Driving after drinking alcohol, assessed separately in the 2019 survey, was reported by around 5% of those who had driven a car in the past 12 months. Of all current drinkers, 41% reported also using e-cigarettes when drinking alcohol in the past 12 months, 30% reported also using marijuana and 23% reported also using cigarettes in 2019.



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

“The negative consequences of uncontrolled alcohol consumption and drug use.”

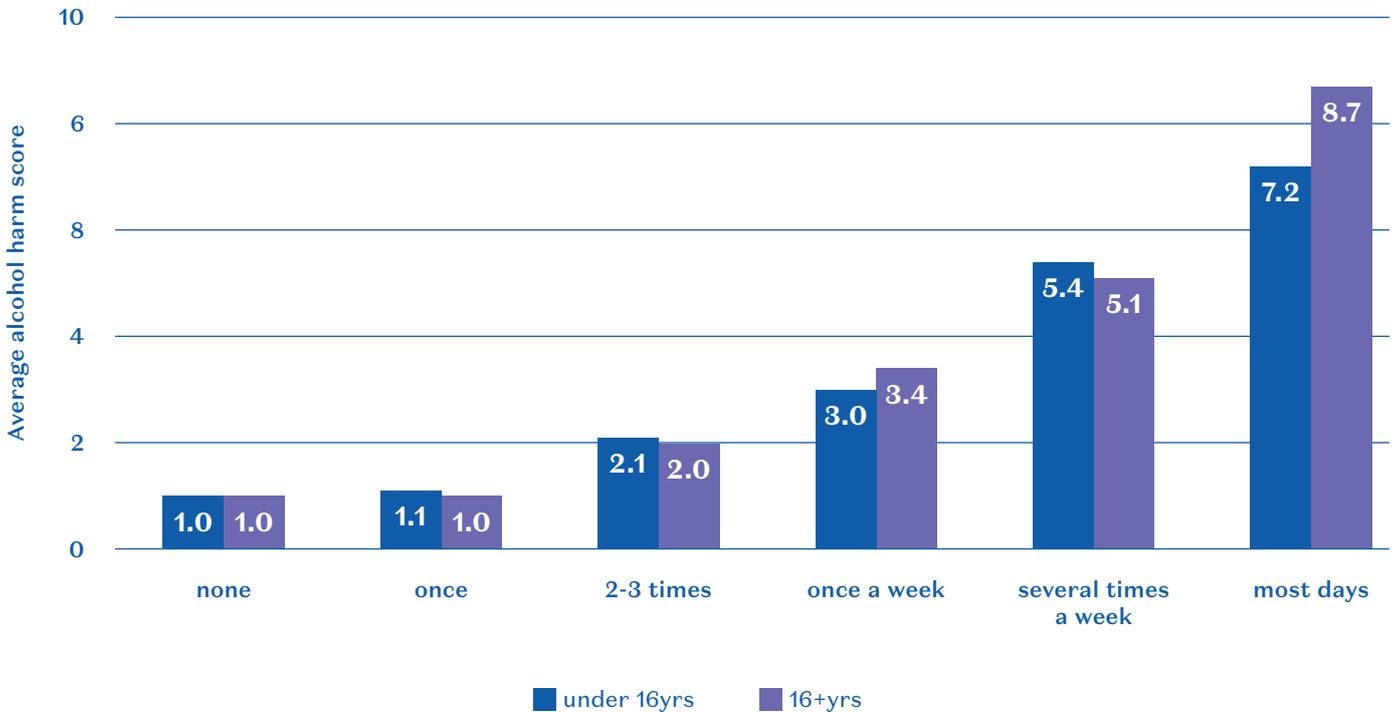
– Auckland, Asian male, 16 years, NZDep 8

FREQUENCY OF DRINKING AND ALCOHOL HARM

A harm score (range 0–27) was created from the 2012 survey data, based on nine categories of harm. A score of 1 was given if the harm 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.

As shown in Figure 2, drinking more than once a month was associated with an increased risk of harm, with greater frequency associated with greater average harm scores. Differences between younger (<16 years) and older (16+ years) adolescents did not reach statistical significance.

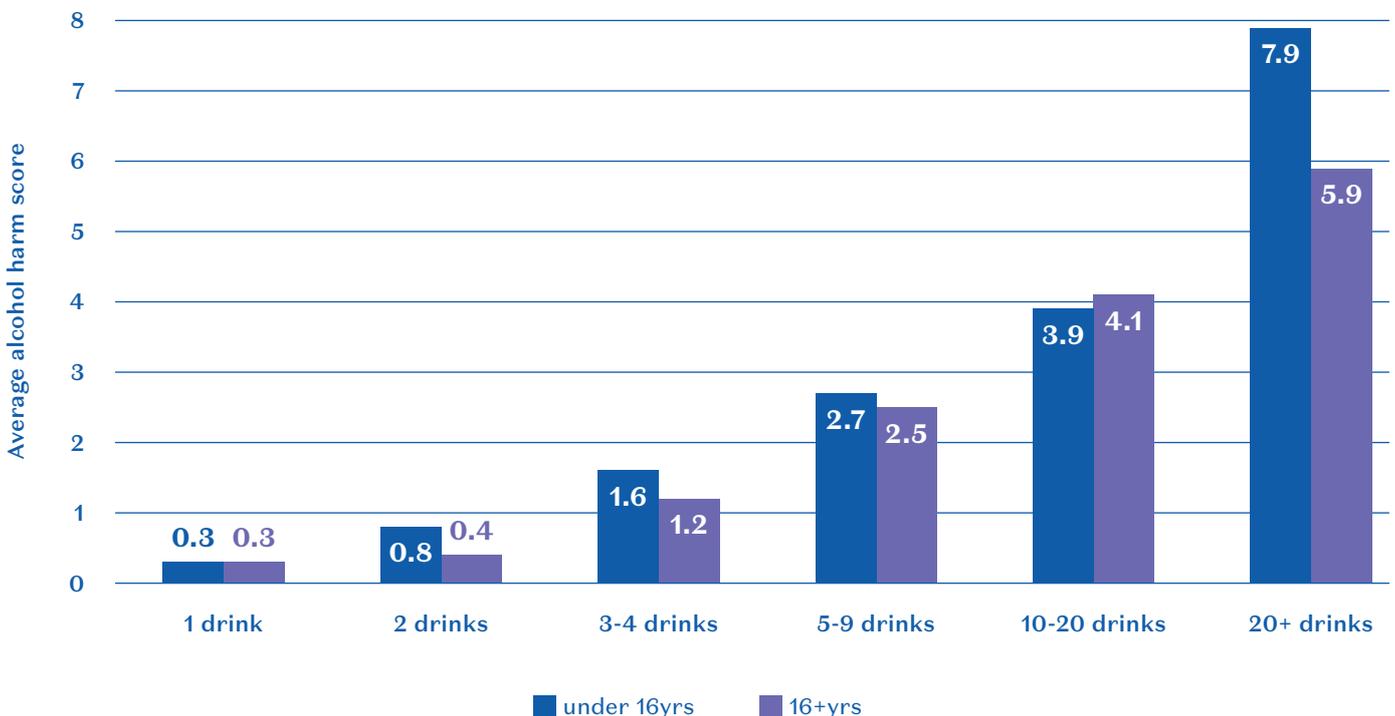
Figure 2. Average alcohol harm scores in 2012, by frequency of drinking.



USUAL AMOUNT OF ALCOHOL CONSUMED AND ALCOHOL HARM

As the amount of alcohol usually consumed increased, average alcohol harm scores increased substantially (Figure 3). At most levels of consumption, younger students (<16 years) generally experienced more harm than older (16+ years) students.

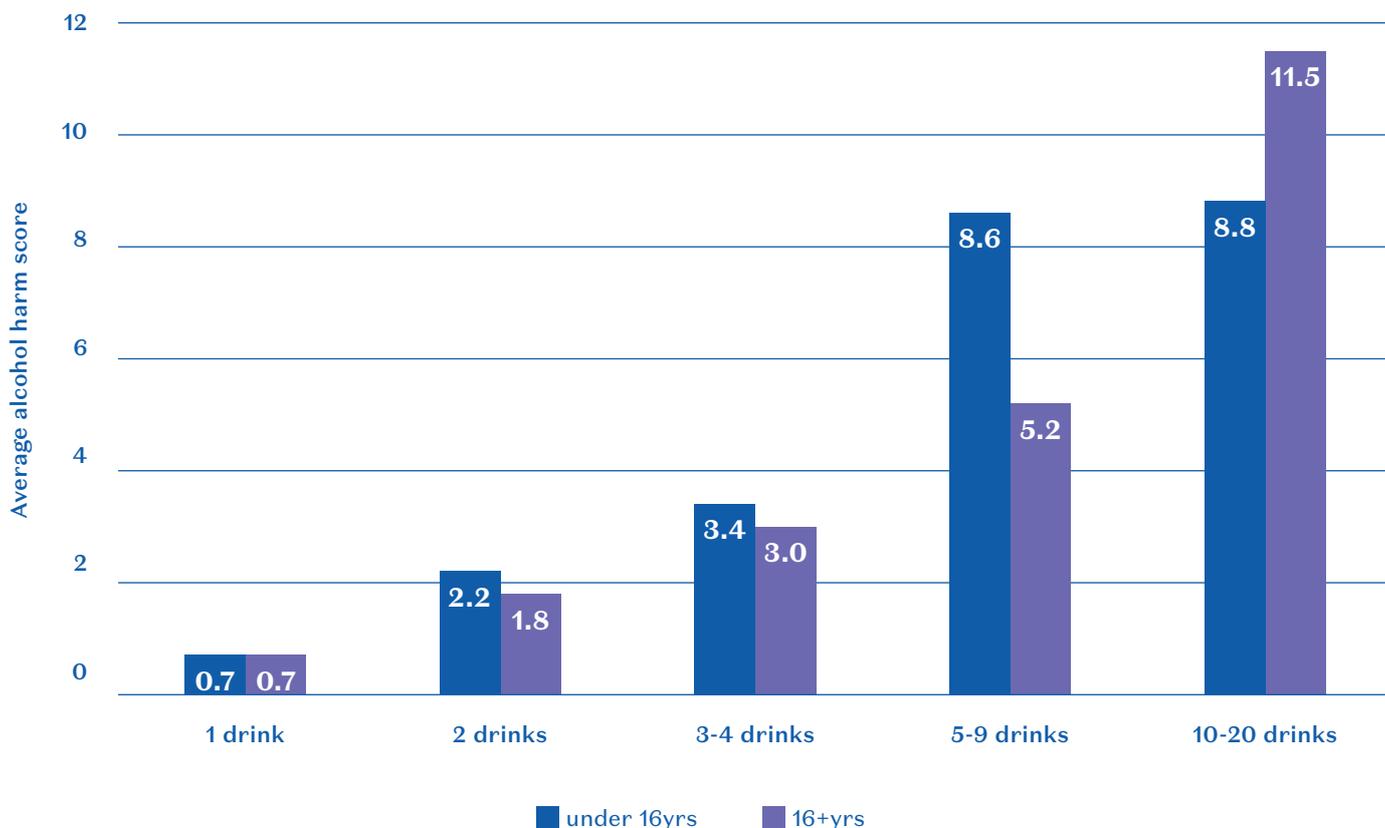
Figure 3. Average alcohol harm scores in 2012, by usual amount of alcohol consumed in a drinking occasion.



BINGE DRINKING AND ALCOHOL HARM

Strong relationships were found between the frequency of binge drinking and alcohol harm scores (Figure 4). Among students who engaged in binge drinking every week, harm was significantly greater in younger compared to older adolescents.

Figure 4. Average alcohol harm scores in 2012, by frequency of binge drinking.



SELF-REPORTED ALCOHOL HARM AMONG DEMOGRAPHIC GROUPS

Average harm scores did not differ greatly between boys and girls, but increased linearly with age. Students living in high deprivation neighbourhoods had a significantly higher average alcohol harm score (2.6) than those in medium (1.7) and low deprivation (1.6) neighbourhoods.

RISK OF ALCOHOL HARM IN THE 2019 PARTICIPANTS

Students that took part in the 2019 survey were allocated a risk of alcohol harm category, based on the links between drinking patterns and average harm scores found in the 2012 survey. This process is documented elsewhere.¹ Non-drinkers were defined as those who had never consumed alcohol (more than a few sips) or who reported that they did not drink any more.

Of all students in the Youth19 survey:

- 53% were non-drinkers (68% of younger students; 33% of older students);
- 10% were at a small risk of harm (9% of younger students; 11% of older students);
- 25% were at a high risk of harm (12% of younger students; 42% of older students); and
- 12% were at a very high risk of harm (11% of younger students; 14% of older students).

As shown below:

- the risk of alcohol harm clearly increases with age;
- non-drinking was similar between boys and girls, but boys were more likely to drink at a very high risk of harm; and
- students living in the least deprived neighbourhoods were more likely to drink and to drink at a high risk of harm (but less likely to drink at a very high risk of harm), compared to students living in high deprivation neighbourhoods.

Table 1. Characteristics of alcohol harm risk categories in the 2019 survey respondents.

		Non-drinker	Small risk of harm	High risk of harm	Very high risk of harm
Total		53%	10%	25%	12%
Sex	Boys	53.5%	8.9%	21.7%	15.8%
	Girls	52.0%	10.7%	28.2%	9.1%
Age	13 or under	84.7%	5.6%	5.4%	4.3%
	14	70.9%	11.0%	10.0%	8.1%
	15	50.5%	9.6%	19.3%	20.7%
	16	38.1%	12.7%	38.7%	10.5%
	17 or over	29.2%	9.6%	44.9%	16.3%
Deprivation	1-3 (Low)	51.1%	9.9%	27.8%	11.3%
	4-7	53.4%	11.4%	24.5%	10.7%
	8-10 (High)	55.4%	8.3%	20.8%	15.4%

IMPLICATIONS

A developmental approach needs to be taken to prevent alcohol harm, with different approaches needed at different ages. Young people experience alcohol and alcohol harm in different ways as they grow. Younger students who drink alcohol generally experience more harm from that drinking, particularly those who usually drink large amounts. There are inequities in alcohol harm, with those in deprived communities at greater risk of harm. Girls appear to experience similar overall levels of harm, despite drinking at lower levels than boys.

Effective approaches to reduce alcohol use among adolescents include evidence-based policies that address the low price of alcohol, its high availability and pervasive advertising.⁸ At the community level, it is important that young people's perspectives are listened to, and that communities are empowered to find and implement their own solutions.

ACKNOWLEDGEMENTS

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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. Silins E, Fergusson DM, Patton GC, et al. Adolescent substance use and educational attainment: An integrative data analysis comparing cannabis and alcohol from three Australasian cohorts. *Drug Alcohol Depend* 2015; 156: 90–6.
6. Rapsey CM, Wells JE, Bharat MC, Glantz M, Kessler RC, Scott KM. Transitions through stages of alcohol use, use disorder and remission: Findings from Te Rau Hinengaro, The New Zealand Mental Health Survey. *Alcohol and Alcoholism* 2018; 54: 87–96.
7. Harvey SA, McKay MT. Perspectives on adolescent alcohol use and consideration of future consequences: results from a qualitative study. *Child Care in Practice* 2017; 23: 104–20.
8. The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO