

Alcohol use by West Coast young people

A survey of young people's and adults' views



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Te Poari Hauora o Waitaha

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August 2017

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Plain language summary

The purpose of this report is to summarise the findings from the West Coast student alcohol survey and the West Coast adult alcohol survey, both completed March-May 2017. The surveys aimed to collect information on West Coast young people's drinking patterns, including understanding their attitudes, concerns, behaviours, safety, sources of supply, and any other alcohol-related issues that are important to young people, aged 18 years and under. All West Coast High Schools and area schools took part. In total, 920 year 9-13 students (aged between 12 and 18 years) participated in the student alcohol survey and 66 adults completed the adult alcohol survey. This report provides information that may assist health promoters, schools, and partner agencies with reducing alcohol-related harm in their communities (especially for more vulnerable groups).

The survey findings suggest that West Coast young people are probably not too different from young people elsewhere in New Zealand in terms of their experiences with alcohol, including why they drink and where they get alcohol from. However, the survey findings suggest some alcohol-related issues that have the potential for more serious harm. The local context of the West Coast presents some challenges, including significant economic and employment changes in the region over the last twenty years, relatively high levels of deprivation, population outflow, and geographical isolation. While these influences are not unique to the region, they are, arguably, clustered in such a way as to intensify the vulnerabilities within West Coast communities.

Young people on the West Coast reported that they mostly obtain their alcohol from their parents or other family members (with or without permission). This is called 'social supply'. Social supply means that the supply of alcohol comes from within young people's social circles, rather than directly from retail outlets. Many young people who answered the survey described the general willingness of parents to supply alcohol to underage young people, and that the supply sometimes involved 'at cost' or 'for profit' transactions by older family members (mostly parents but sometimes older siblings). Alcohol supply was generally described as fairly unrestricted. Young people indicated that over time, they tended to develop friendships and associations with other older people who can supply them with alcohol (e.g. friends and friends-of-friends aged over 18 years) and that parental supply then becomes less important.

Adults' and young people's views varied a great deal regarding the level of drinking that people think is 'OK', and some young people pointed out that this doesn't just apply to their own drinking behaviours (i.e. some adults' drinking behaviours might not be regarded as acceptable either). That said, of those young people who said they sometimes drink alcohol, more than one-in-three considered, *by their own standards*, that they sometimes drank too much. Views also differed on the reasons why West Coast young people drink alcohol. Mostly, the adults who were surveyed supposed that young people drink 'because their friends do' and 'to fit in' but the students who were surveyed indicated that young people generally drink alcohol because 'they enjoy it' and 'to get drunk'.

The survey findings highlight an opportunity to break the cycle of harmful alcohol use at young ages. Protecting young people on the West Coast from alcohol-related harm requires a *whole of population* approach. Community and student-led approaches using positively framed messages may be developed to address overall alcohol consumption, along with school alcohol policies, and other localised activities that focus on restricting social supply. Approaches to harm-reduction should consider the different views and values of West Coast young people *and* adults.

Contents

Plain language summary	iii
Introduction	7
Background and brief overview of the literature	7
Harm to self and others	7
New Zealand’s legislative environment	8
The West Coast context	8
Origins of the Teenagers, Alcohol and the Amazing Brain project	9
Purpose of this report	9
Methods	11
The presentations	11
The surveys	11
Student Survey	12
Adult survey	12
Analysis	12
Student survey	13
Participants	13
Interactions with alcohol	14
Alcohol use by age	15
Alcohol use compared to others	16
Drinking ‘too much’ alcohol	16
Intoxication	17
Access to alcohol	17
Sources of supply	18
Safety	20
Problem drinking	20
Alcohol changes behaviour	21
Physical harm	21
Personal safety around others	21
Reasons for drinking alcohol	22
General comments	24
Brief summary of the student survey findings	25

Adult survey	27
Results	27
Participants	27
Young people's access to alcohol and associated issues	28
Ease of access.....	28
Sources of supply	28
Problem drinking and negative effects	29
Contextual factors.....	30
Safety	31
Reasons for drinking alcohol.....	31
Attitudes to alcohol.....	33
General free-text comments and next steps	33
Better or worse than anywhere else?.....	33
Unrestricted supply, and a lack of oversight.....	33
Lack of engagement with meaningful activities	34
Brief summary of the adult survey	34
Discussion.....	35
Conclusions	37
References	38
Appendix A: Nathan Wallis presentation feedback	39
Appendix B: Questionnaire, student alcohol survey	41
Appendix C: Questionnaire, adult alcohol survey.....	43
Appendix D: Sale and Supply of Alcohol Act 2012, summary of relevant sections	46

Introduction

Background and brief overview of the literature

A number of studies, both in New Zealand and internationally, show that up to half of young people consume alcohol, some at levels broadly categorised as 'risky' (Health Promotion Agency, 2017a, 2017b; Hingson & Zha, 2009; Komro, Maldonado-Molina, Tobler, Bonds, & Muller, 2007; Kraus, 2009). Misuse of alcohol is associated with increased risk of adverse outcomes for young people, including motor vehicle crashes, injuries and deaths, violence, sexual risk taking, mental health problems, and crime (Fergusson & Boden, 2011). There is also emerging evidence of adverse effects of adolescent alcohol consumption on the developing brain (i.e. short and long-term effects) (Box 1). The developing adolescent brain has a greater sensitivity to alcohol than the adult brain, which may lead to enduring changes. The areas of the brain that control short-term and long-term memory may be especially vulnerable to alcohol-related damage (Carson, 2015). The medical profession now sees serious alcohol related illnesses occurring at younger ages. Alcohol also increases the risk of fatalities and injuries in young people (notably, traumatic brain injuries). In a large international study, alcohol was linked to 80% of adolescent deaths from homicides, suicides and unintentional injuries (Newbury-Birch et al., 2009).

Harm to self and others

Alcohol-related harm affects everyone, not just drinkers. Overall, alcohol has been judged the most harmful drug, legal or illicit, when harm-to-self and harm-to-others are considered together¹. Yet this finding is not reflected in present international drug classifications and local laws (Nutt, King, Phillips, & the Independent Scientific Committee on Drugs, 2010).

Box 1: Alcohol and the Developing Adolescent Brain

New technology now enables researchers to see how the brain develops and the effect of alcohol on the brain. It is now well recognised that different brain regions reach maturity at different times during the adolescent years. The areas of the brain that control short-term and long-term memory may be especially vulnerable to alcohol-related damage during this time of development (Carson, 2015). Normally, the brain regions that control desires and motivation develop first, while the frontal regions (responsible for planning, impulse inhibition and abstract thought) are still maturing well into the adolescent years. Normal brain development results in a period when adolescents are generally less able to resist urges and also less able to conceptualise the adverse consequences of behaviour, particularly future problems (compared to adults) (Christie & Viner, 2005). The adolescent brain's sensitivity to alcohol and the resulting 'impaired judgment' commonly results in marked increases in impulsive behaviour, aggression, agitation, self-destructive behaviour, and/or lack of restraint, and generally increased exposure to physical and psychological harm (Carson, 2015).

Adolescence = the period of physical, psychological and social transition between childhood and adulthood (broadly from early teens to mid-twenties).

¹ A large proportion of the burden is 'harm-to-others' and many argue that alcohol cannot be treated as an ordinary commodity due to the multitude of negative effects alcohol has on the health and wellbeing of people and communities.

New Zealand, like many countries, has a drinking problem. The wider concerns include the fostering and reinforcement of a drinking culture that commentators internationally have called ‘the new culture of Intoxication’ (Measham & Brain, 2005). Although many New Zealanders classify themselves as ‘responsible’ drinkers, drinking to intoxication and drinking large quantities (binge drinking or heavy episodic drinking) remain dominant features of New Zealand’s drinking culture (McEwan, Campbell, & Swain, 2010). Approximately one-in-five drinkers, and nearly half of drinkers under 24 years of age, typically drink enough in a single session to double their risk of injury in the six hours after drinking.² High levels of alcohol-related harm and risky alcohol consumption occur among both male and female young people across New Zealand. This can lead to a range of negative consequences for individuals, their families and their communities.

New Zealand’s legislative environment

Under New Zealand’s *Sale and Supply of Alcohol Act 2012*, young people aged under 18 years are not legally allowed to be sold alcohol. If alcohol is supplied to people under 18, parental consent is required, and any supply must be done in a responsible manner. Social supply of alcohol is the provision of alcohol by parents, caregivers, friends, family members, and others. Social supply has been shown to be a prominent source of alcohol for young New Zealanders under 18 years of age (Health Promotion Agency, 2017b). In 2012, 60% of New Zealand secondary school students aged 13 and over reported ‘parents buy, give, or let (me) take (alcohol) from home with permission’, and 44% reported ‘friends give it to me’ (The Adolescent Health Research Group, 2013).

Community and Public Health West Coast health promoters, West Coast high schools, health professionals, other partner agencies, and parents were interested in providing information to young people and communities about the effects of alcohol on the developing brain. They were also interested in finding out about social supply and about how West Coast young people drink, including understanding attitudes, concerns, behaviours, safety, sources of alcohol supply, and any other alcohol-related issues that are important to those aged 18 years and under. Findings from the research presented here will be used to inform alcohol harm reduction programmes in West Coast communities.

The West Coast context

The West Coast is one of the more remote and most sparsely populated areas of New Zealand, with an area of 23,276 km², the region is home to a population of 32,600 people in 2016³. The West Coast population is relatively socioeconomically deprived⁴ which contributes to higher levels of health need and increased vulnerability to alcohol-related harm (New Zealand Law Commission, 2010). Overall, the West Coast has a disproportionately high number of alcohol outlets per head of population relative to the rest of New Zealand with approximately 60% as many on and off licenses and approximately 50% more club licences than the New Zealand average. All three districts of the West Coast have higher rates of alcohol-related deaths than the national rate with the Buller District’s rate being the lowest for the Coast but still 40% higher than the national rate. West Coast

² Ministry of Health Unpublished data analysis of the 2004 New Zealand Health Behaviour Survey – Alcohol Use (June 2009) [Ministry of Health Data Analysis].

³ "Subnational Population Estimates: At 30 June 2016 (provisional)". Statistics New Zealand.

⁴ With many area units being NZDep 2013 Decile 6-9 (1=least deprived to 10 = most deprived).

young people aged 15-24 have almost two and half times the rate of alcohol-related hospitalisation compared to New Zealand as a whole. The West Coast overall has higher than the New Zealand average rate of alcohol-involved road traffic crashes (11.6 vs 7.8/10,000 population)⁵.

Origins of the Teenagers, Alcohol and the Amazing Brain project

Through November and December 2015, the West Coast Health Promoting School's Facilitator carried out consultations with many of the high and area schools on the West Coast to identify wellbeing priorities within their school communities. Alcohol within the community, including visibility and access to it by young people, was identified as a concern and schools were unsure about how to respond to this issue. Throughout 2016, information was gathered including assessing community responses in other areas, namely Dunedin and South Canterbury. A plan was formulated and significant consideration was given to ensure the plan incorporated West Coast schools and young people's views enabling them to take action and lead the *Teenagers, Alcohol and the Amazing Brain* project throughout the West Coast. The Nathan Wallis presentations and the student/adult alcohol surveys were two of the first steps of the project.

Purpose of this report

The purpose of this report is to summarise the findings from the *West Coast student alcohol survey* and the *West Coast adult alcohol survey*, both completed March-May 2017.

The main survey, the *student* survey, was designed with a specific focus on West Coast secondary school students' perceptions of alcohol, including its availability, and related issues. The addition of the adult survey provides a different perspective, but with the same focus. The surveys aimed to collect local information that is specific to West Coast communities, to raise awareness across the West Coast of any issues relating to alcohol use by young people, and to provide Community and Public Health West Coast health promoters, West Coast high schools, and partner agencies with information that may assist with reducing alcohol-related harm in their communities (especially for more vulnerable groups).

Nathan Wallis's *Teenagers, Alcohol and the Amazing Brain* presentations were a key part of the awareness-raising phase of the overall harm reduction project (i.e. providing education and exploring alcohol-related issues within the community generally). The presentations provided participating students with a common baseline knowledge and a focused opportunity for discussions. However, evaluating the presentation's effectiveness was not the survey's main purpose and such an evaluation is beyond the scope of this report. The presentations probably had a 'priming effect' that may have enhanced engagement with the survey.

⁵ This paragraph includes requested data (to 2013) from various sources including Statistics New Zealand, NZTA and (Simpson et al., 2016).

Methods

The presentations

The West Coast Student Alcohol Survey and the West Coast Adult Alcohol Survey are two related components of a wider programme of alcohol harm-reduction initiatives being undertaken on the West Coast, by health promoters, schools and other partner agencies. A substantial component of that work involved a series of presentations to Year 9-13 students from each of the seven secondary schools on the West Coast. These presentations, titled *Teenagers, Alcohol and the Amazing Brain* were delivered by Nathan Wallis of Nathan Wallis Limited, who visited the West Coast during the week of 20-24 February 2017. Both the *Student* and *Adult* surveys contained brief questions relating to these presentations, for the purpose of obtaining feedback and further information. However, it is important to note that the survey did not seek to evaluate the effectiveness of the presentations or measure any changes in alcohol related behaviours or any other outcomes as a result of them. The summary of responses to the two questions (plus free-text for Adults) relating to the *Alcohol and the Amazing Brain* presentations is provided separately to the main survey findings (p.39).

The surveys

The surveys used a cross-sectional design that aimed to explore relationships and determinants (i.e. 'what goes with what, and why), not cause-and-effect (also see Box 2). Taken together, the surveys aimed to collect information on young people's drinking patterns, including understanding attitudes, concerns, behaviours, safety issues, sources of supply, and any other alcohol-related issues that are important to those (students) aged 18 years and under. The two surveys were available to students and adults in pen-and-paper and on-line formats. The surveys were pilot-tested before general distribution.

Box 2: Will respondents answer truthfully?

One known issue with some questionnaires is the possibility that respondents won't answer all of the questions honestly. Poor quality information can result from a style of questioning that brings about a common reaction such as making the participants feel uncomfortable or suspicious about answering honestly. For example, participants may experience a fear of being considered irrational or stupid, or they may be reluctant to admit to certain types of behaviour (e.g. illegal behaviour or 'unhealthy' behaviour). In such cases, participants may tend to offer answers that are 'socially acceptable' and/or answers that are not incriminating. These types of responses do not fully reflect the respondent's true behaviour, attitudes or motivations. One approach to this problem is to use 'projective' or hypothetical 'what if' questions (Oppenheim, 1992). One version of the projective technique is to pose the question in terms of a hypothetical projective respondent (a third person). Using this approach, the questions aim for a 'reasonable estimate' by asking the respondents to consider how much "people you know" do or don't engage in a particular behaviour or hold a particular view (and variations on this theme). The general theory behind this approach is that when a sensitive question is asked in this way then the response will be more likely to be consciously-formulated (and nearer the truth) than 'socially determined' (i.e. answering in a way that casts the person in a better light) (Oppenheim, 1992).

Student Survey

The West Coast Student Alcohol Survey (the student survey) contained 16 questions, and all West Coast High Schools and area schools took part. The survey was carried out in school time, during class. The survey was anonymous and no questions were compulsory. The 16 questions were grouped into four main topics: interactions with alcohol, access to alcohol, safety, and reasons for drinking alcohol, along with basic demographics and feedback relating to Nathan Wallis' presentations (two questions). Fifteen of the questions were either multi-choice or had rating scale formats (two included an 'other' free-text option) and one final question invited respondents to make any additional free-text comments they wished (*'Is there anything else you would like to share about teenagers and alcohol?'*). Note that the survey did not attempt to quantify young people's alcohol consumption in absolute terms as this was not within the scope of the survey.

Adult survey

The *West Coast Adult Alcohol Survey* (the adult survey) contained 18 questions and asked adults to comment on their perceptions of West Coast young people and their alcohol use. The core questions of the adult and student surveys were essentially the same (i.e. the same questions but from different perspectives). However, the adult survey included two additional questions and some additional opportunities for free-text responses. In all instances, the questions asked specifically about the adults' own observations, attitudes and experiences, from their perspectives. The group of adult respondents were broadly 'professionals', that is, adults who work with young people and/or those in roles that include a responsibility for the welfare of students (including teachers, principals, board of trustees members, health workers, police and others). A convenience sample of 80 adults was recruited for the survey and 66 participated and completed the survey.

Note: the adults who participated in the survey were not engaged as *'parents-of-young people'*, rather, they were engaged as *'professionals'* and their views and attitudes may not reflect the wider parent population.

Analysis

The *Student* and *Adult* alcohol surveys were analysed separately, however in some instances, the results are presented side-by-side to highlight notable similarities and differences (although the results cannot be directly compared as the methodology differed between the two surveys). The free-text responses were collated for each question and the analyst performed a content analysis to inform the summary statements, and to obtain illustrative quotes. The multi-choice and Likert-scale data were collated and analysed and presented using tables and graphs. The information relating to Nathan Wallis' presentations has been analysed and presented separately (p.39) and has not been integrated into other information summaries elsewhere in the report.

Student survey

The student survey contained 16 questions, and the survey was anonymous and all questions were voluntary. The 16 questions were grouped into four main topics (see p.12, design):

- Interactions with alcohol (p.14)
- Access to alcohol (p.17)
- Safety (p.20)
- Reasons for drinking alcohol (p.22)

In addition, the survey included two questions that sought summary feedback relating to Nathan Wallis' presentations (presented separately, p.39). See Appendix B for a copy of the student survey.

Participants

In total, 920 year 9-13 students (aged between 12 and 18 years) took part in the survey. The 920 participants represent 65% of the 1425 eligible students attending West Coast high schools. The survey recorded responses across four age bands: 12-13 years (n=196, 22.6%), 14-15 years (n=387, 44.7%), 16-17 years (n=265, 30.6%), and 18+ years (n=17, 1.8%). As shown in Figure 1, over three-quarters of the respondents were young people aged between 14 and 17 years (n=652).

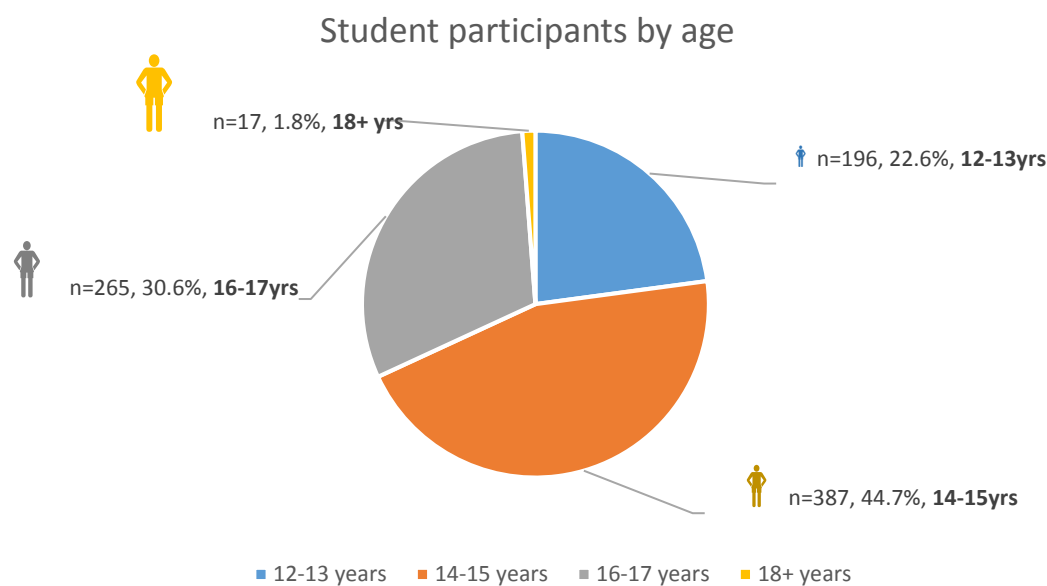


Figure 1: Participants by age group, student survey

There were comparatively few participants in the 18+ years age group (n=17). Given that the legal purchasing age for alcohol is 18 years in New Zealand, these 17 students (less than 2% of the sample) were legally entitled to purchase their alcohol themselves. Given the small absolute number of respondents 18 years or older, the overall findings have not been adjusted in any particular way to account for these 'of age' respondents. However, the results reported for this age group should

be interpreted with caution given the small sample size. Also, 6% (n=55) of students chose not to give their age category. The high response rate of 65% represents the captive audience methods used for the survey administration (i.e. students were recruited and undertook the survey at school in class time).

Interactions with alcohol

The *Interactions with alcohol* section of the survey asked questions in relation to the students' use of alcohol ('*I sometimes drink alcohol*', '*I never drink alcohol*'); whether they perceived other young people to drink more, less or the same amount of alcohol as them; whether they ever drunk '*too much*' alcohol; and whether they have had to look after a friend who has drunk too much alcohol (in the last three months). Of the 895 West Coast students who answered the alcohol consumption questions, 456 (51%) answered that they sometimes drank alcohol.

$\frac{1}{2}$ Drink alcohol*

$\approx \frac{3}{4}$ of 16-17_{years} drink alcohol

And, of the 456 respondents who reported that they sometimes drink ...

$\frac{1}{3}^+$ Drink too much^{†‡}

*Of the whole sample, 456/895 total responses, $\approx 51\%$ self-reported '*I sometimes drink alcohol*'.

† Self-reported as '*I sometimes drink too much alcohol*'.

‡ 37% of drinkers, and 1 in 5 respondents (20%) from the entire sample reported that they '*sometimes drink too much alcohol*'.

Alcohol use by age

Alcohol use ('*I sometimes drink alcohol*')⁶ was calculated by age group and Figure 2 clearly shows differences across the four age groups. Of the 196 West Coast students aged between 12 and 13 years who answered this question, 41 (21%) said that they sometimes drink alcohol. Respondents in the age band 14-15 years account for the largest single group within the sample (n=385), and for these young people, just over half (196, 51%) reported that they sometimes drink alcohol. Of the 264 respondents aged 16-17 years of age, 191 (72.4%) reported that they sometimes drink alcohol. For the 17 respondents aged over 18 years⁷, 13 reported sometimes drinking alcohol (76%) and four reported never drinking alcohol. Given that the legal purchase age for alcohol in New Zealand is 18 years, these 17 young people were able to legally purchase alcohol. Overall, over half (50.7%, n=428) of respondents who were under 18 years of age reported they sometimes drink alcohol.

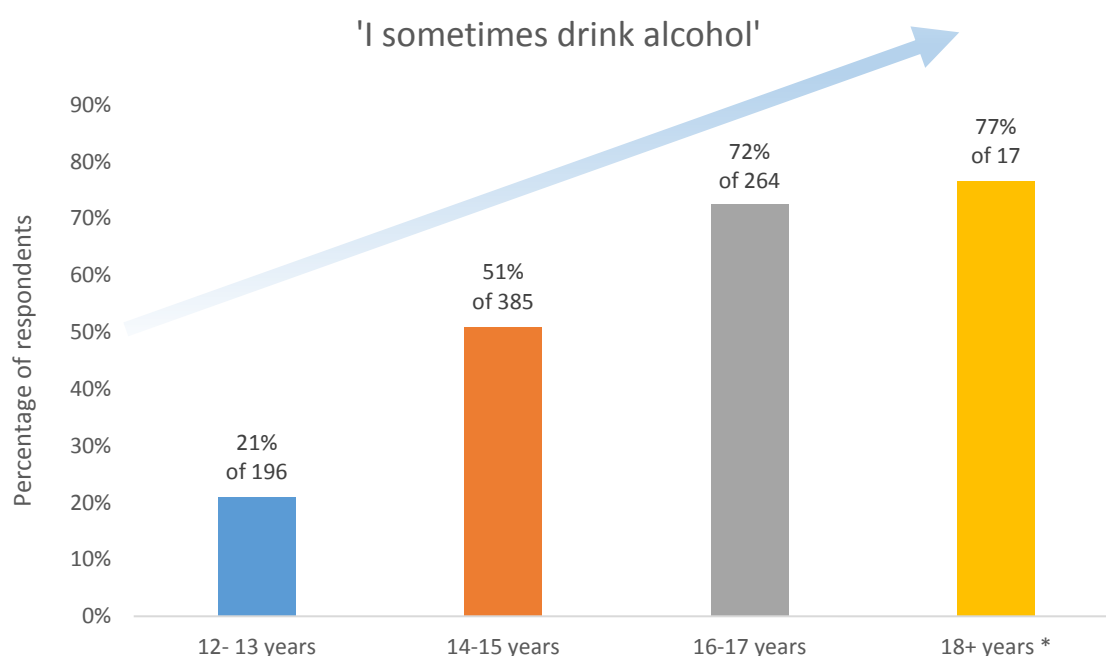


Figure 2: The proportion of students who reported "*I sometimes drink alcohol*"

*** Note:** small sample size

⁶ Note that in this case, the question directly asked the students about their own experience, not about 'Teenagers they know', therefore this question can be taken to represent individual students, behaviours/experiences rather than their observations or estimates about others.

⁷ Note the small sample size for this age band.

Alcohol use compared to others

Students were asked to rate the amount they drank compared to other teenagers that they knew (the results include drinkers and non-drinkers). Overall, 67.6% (n=592) of the respondents stated that other teenagers drink more alcohol than they do, while 29.9% (n=218) stated that other teenagers they knew drink about the same amount of alcohol as them⁸, and 7.5% (n=66) or the respondents reported that other teenagers drank less alcohol. Across the four age groups, all reported, on average, that other teenagers drank more than they did.

Drinking 'too much' alcohol

When students were asked directly about their individual drinking habits⁹ 20% of the whole sample (drinkers and non-drinkers together) responded that they '*sometimes drink too much alcohol*' (or 37% of drinkers). How the respondents determined and measured 'sometimes' and 'drinks too much' alcohol was based on the respondents' own perceptions and no external guideline or amount was specified. Figure 3 shows a noticeable upward trend across the age groups. Generally, the older the respondent, the more likely they were to report that they sometimes drank too much alcohol. Only a small number of respondents aged 12-13 years of age reported that they sometimes drink too much alcohol (n=10).



Figure 3: 'I sometimes drink too much alcohol'

* Note: small sample size

⁸ Note that 'drink about the same amount of alcohol as me' could also mean drinks no alcohol.

⁹ This question can be taken to represent a reasonable estimate of individual student's behaviours/experiences rather than their observations or estimates about others.

Intoxication

As a measure of problem drinking, students were asked if they had looked after a friend '*who had drunk too much alcohol*' (the specified period was the first three months of 2017)¹⁰. The results were analysed by age group and by alcohol use status ('drinkers' vs 'non-drinkers') to capture any differences in experiences. In total, 431 non-drinkers and 455 drinkers ('*I sometimes drink alcohol*') answered this question (total n=886).

Overall, 28.3% (n=251) of the students (all ages, drinking or non-drinking) reported that they had looked after a friend who had drunk too much alcohol (within the last three months).¹¹ However, when analysed by drinking status (*I sometimes drink alcohol: yes/no*), for 'drinkers looking after other drinkers', 45% (204 of the 455 students) reported having looked after a friend who has drunk too much alcohol in the last three months (vs 10.9%, n=47 of 431 non-drinkers). Further, of those young people who reported that they themselves sometimes drank too much alcohol, 70.5%¹² (n=120) reported having to look after someone else who had drunk too much alcohol (in the last three months). In contrast, respondents (drinkers and non-drinkers combined) in the 12-13 year age group were generally less likely to report involvement in looking after their peers who had drunk too much alcohol (10%, n=19).

Access to alcohol

The *Access to alcohol* section of the student survey asked questions in relation to the ease of access and the sources young people thought were most commonly used (i.e. '*Where do teenagers you know get their alcohol from?*').¹³ Using a Likert scale, students were asked to select whether they strongly agreed, agreed, neither agreed nor disagreed, disagreed or strongly disagreed with the statement '*It is easy for teenagers I know to get alcohol*'. Of the 920 West Coast students who participated in the survey, 875 answered this question, and 58% (n=511) of respondents either strongly agreed or agreed that it was easy for teenagers they knew to get alcohol, 12% (n=102) of respondents disagreed or strongly disagreed, and 30% (n=262) neither agreed nor disagreed (Figure 4).

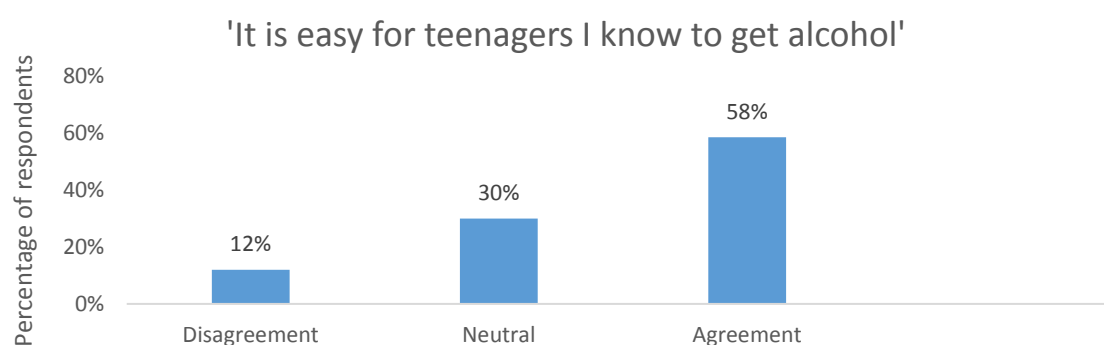


Figure 4: '*It is easy for teenagers I know to get alcohol*'

¹⁰ Note that in this case, the question asked the students about their own experience, not about teenagers they know, i.e. individual student's experiences rather than their observations or estimates about others.

¹¹ This percentage was considerably higher for young people in the 16-17 years age group, 46.8%.

¹² 75% of young people in the two older age groups.

¹³ Note this question was asked indirectly ('teenagers I know') and the question aimed for a 'reasonable estimate'.

Sources of supply

Students were then asked to identify all the different sources that teenagers they knew used to obtain alcohol (Figure 5). The survey participants were presented with a list of possible sources and asked to choose all that applied (parents or caregivers, brothers or sisters, other family members, older friends, each other, buy their own, not able to get alcohol). They were also able to identify and describe 'other' ways teenagers could obtain alcohol that were not listed. A large majority of the respondents identified that teenagers get their alcohol from parents or caregivers, with 65.6% (n=562) selecting this option. This option was followed by 'older friends'¹⁴ at 57.2% (n=490) and then 'brothers or sisters' 42.6% (n=365). The 'other family members' option was selected by 37.2% (n=319) of the respondents. When the categories of parents and caregivers, brothers or sisters and other family members are considered together, it appears that young people are predominantly sourcing their alcohol from within the family unit. A number of respondents identified 'other' sources that broadly grouped into three main categories: available at parties; buy it from the shop; sometimes with fake identification; and stealing from parents and/or home.

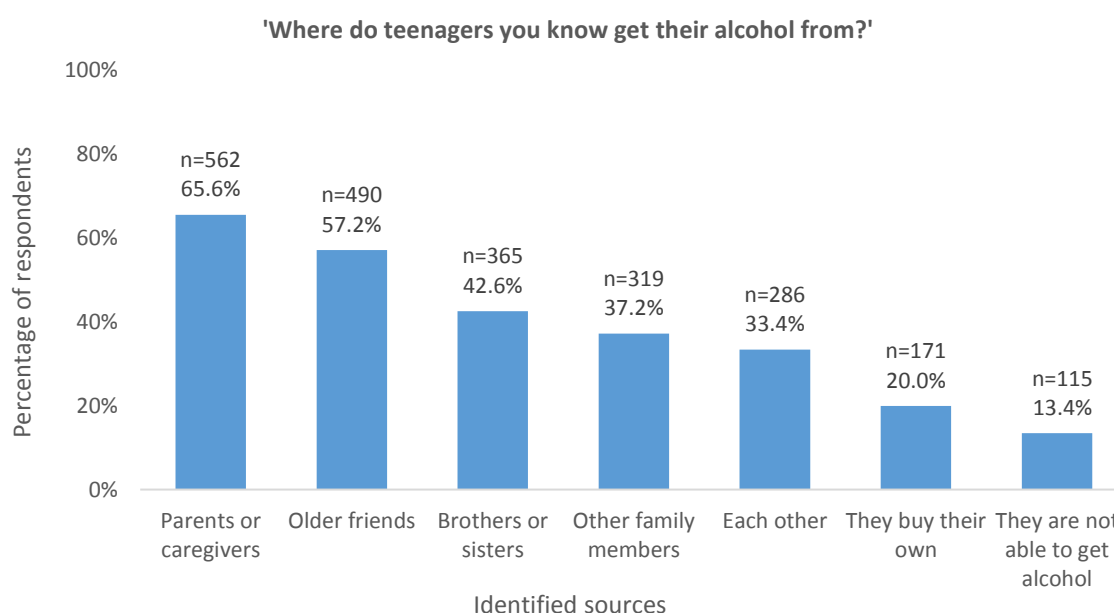


Figure 5: Where do teenagers you know get their alcohol from?

When the parental (caregiver) category results are analysed by age group (Figure 6), 80.5% (n=207) of those in the 16-17 year age group report that alcohol is supplied by parents or caregivers.¹⁵ For those aged 18 years and older, parental supply dropped slightly to 75% (n=12).¹⁶ However, 'buy own' increased to 38% for 18+ years versus 31% 16-17 years. In the younger age groups, 68% (n=253) of the 14-15 year olds reported that alcohol is supplied by parents, and 41% (n=76) of the 12-13 year olds also reported parental supply. Three-quarters (76%, n=195) of those in the 16-17 year age

¹⁴ But not necessarily those over 18 years.

¹⁵ And, 76% of respondents in the 16-17yr age group identified 'older friends' as the second most accessed source.

¹⁶ And 'older friends' 68% (n=11).

group identify 'older friends' as supplying alcohol to teenagers as compared to 55.4% (n=207) those aged 14-15 years and 36% (n=67) for those aged 12-13 years (not shown below).

Overall, when analysing parental/caregiver supply and 'buy their own' by age group, the percentage of respondents reporting parental/caregiver supply increased with age before falling in the 18+ age group (Figure 6). The proportion of respondents reporting that teenagers they knew bought their own alcohol increases steadily with age, and is highest in the 18+ age group (those legally able to purchase).

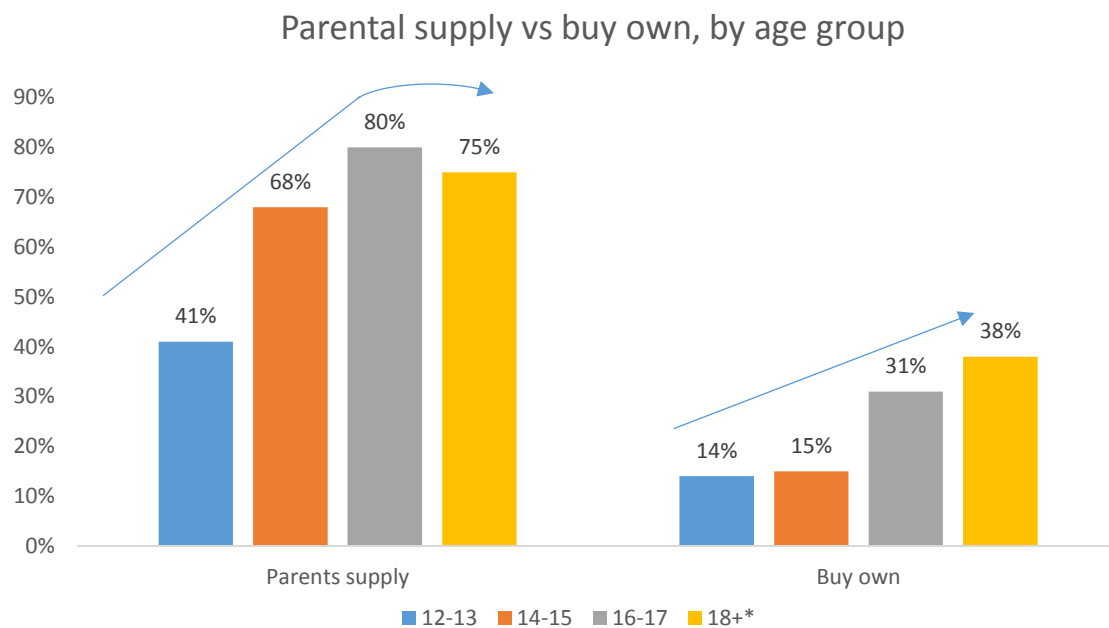


Figure 6: Parents/caregivers supply vs purchasing own alcohol, by age group

*** Note:** small sample size

Safety

The *Safety* section of the student survey asked questions in relation to problem drinking generally, and whether alcohol changed the behaviour of teenagers they knew, whether they knew any teenagers who had hurt themselves as a result of drinking, and about their personal safety when socialising with teenagers who have been drinking.

Problem drinking

Respondents were asked to rate their level of agreement with the statement '*Alcohol is a problem for teenagers I know*' using a five-point Likert scale. The term 'problem' was not specified, and individual respondents were left to make their own assessments on what might be problematic in regard to teenagers' involvement with alcohol. Thirty-eight percent (n=331) of (n=877) respondents agreed or strongly agreed that alcohol was a problem for the teenagers that they knew. An equal proportion (38%, n=332) reported that they neither agreed nor disagreed with the statement (neutral) and just under one-quarter (24.4%, n=214) responded that they disagreed or strongly disagreed that alcohol was a problem for the teenagers that they knew (Figure 7).

Overall, the results indicate that diverse views are held within the student population on whether alcohol is perceived to be a problem for young people on the West Coast. In the 16-17 year age group, nearly half (46.2%, n=122) of respondents reported that they think alcohol is a problem for teenagers that they know, with just 15% (n=40) disagreeing.

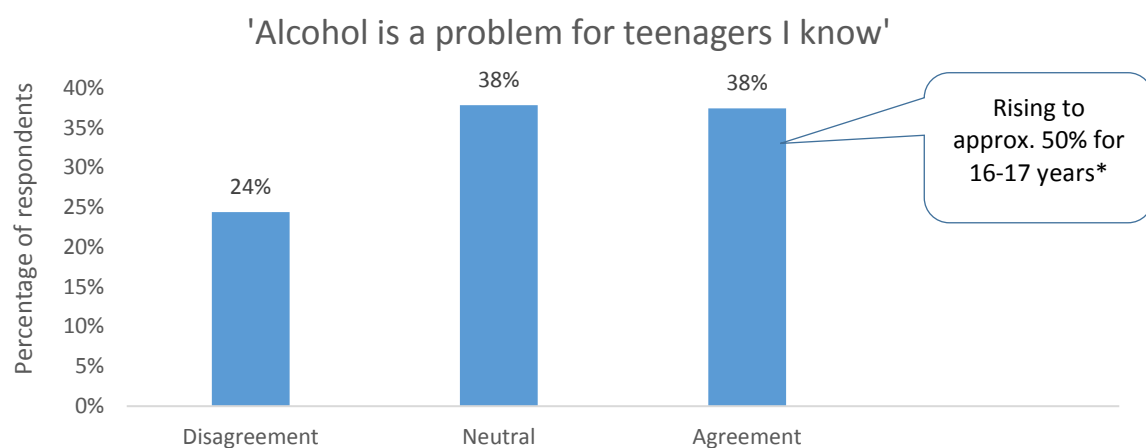


Figure 7: Alcohol is a problem for teenagers I know

* 58% for those respondents who reported that they do not drink alcohol, 42% for those who do.

When analysed by drinking status (*I sometimes drink alcohol: yes/no*), generally, respondents who drank alcohol assessed other teenagers' alcohol consumption to be less problematic than non-drinkers' assessments. For example, for those respondents in the 16-17 years age group, 58% (n=42) of non-drinkers reported that they thought alcohol was a problem for teenagers they knew, versus 42% (n=80) of drinkers.

Alcohol changes behaviour

Almost two thirds of students in the survey acknowledged that alcohol changes the behaviour of teenagers they know (60.2%, n=527). Just over a quarter (26%, n=230) reported that they neither agreed nor disagreed that alcohol changed the behaviour of teenagers they knew while 13.5% of respondents (n=118) reported that they either disagreed or strongly disagreed that alcohol changes the behaviour of teenagers that they knew.

Physical harm

The students were asked the question *'Have any teenagers you know hurt themselves or others when they have been drinking alcohol?'* Nearly 40% (n=330) of respondents reported that they knew of teenagers who had hurt themselves or others when they had been drinking alcohol.¹⁷ For older respondents (aged 16+ years) 55.7% (n=156) reported that they knew teenagers who had hurt themselves or others due to alcohol consumption.

Personal safety around others

Students were asked to rate whether they felt safe when around teenagers who had been drinking alcohol. The survey respondents were asked to complete the statement *'When teenagers around me have been drinking alcohol ...' (I always feel unsafe, I sometimes feel unsafe, or I never feel unsafe)*. Safety was not defined in the survey, rather each respondent answered based on their perception of what it is to feel safe or unsafe.

Most respondents reported feeling safe around other teenagers who have been drinking alcohol (53.8%, n=447). However, nearly 40% (n=328) reported that they sometimes felt unsafe and 6.7% (n=56) reported that they always felt unsafe. When analysed by age group, younger respondents appeared more likely to report feeling unsafe. In the 12-13 year age group, the majority (56%, n=102) of respondents felt unsafe (sometimes or always) when they were around teenagers who had been drinking alcohol.

¹⁷ Within the context of small 'tight knit' communities, it is possible that a number of respondents may have reported observations related to the same and/or a relatively small number of incidents, i.e. some of the same injured teenagers may be known to one or more individuals.

Reasons for drinking alcohol

The *Reasons for drinking alcohol* section of the student survey asked students to identify why they think teenagers drink¹⁸. The survey participants were presented with a list of reasons why teenagers drink, and asked to choose all that applied from the following options: because they enjoy it, because their friends do, to get drunk, because they are bored, to relax, to fit in, to avoid being responsible for their actions, to overcome shyness, because of problems and stress. There was also the opportunity to identify 'other' reasons teenagers drink alcohol (free-text response option).

Figure 8 shows the overall results for all age groups combined and Figure 9 shows the top-four reasons by age group. Overall, respondents overwhelmingly identified that teenagers drink alcohol 'because they enjoy it', with nearly three quarters (74.1% n=624) of the 832 respondents selecting this option. Ranked second overall (54.6% n=460), the respondents identified that teenagers drink alcohol 'because their friends do'. Ranked third overall (51.7% n=435), the respondents identified that teenagers drink alcohol 'to get drunk' and fourthly, respondents across all age groups reported that teenagers drink 'to fit in' with their peers (42% n=353). The category options were not defined and respondents applied their own understanding to the response options. It is therefore likely that some of the options may be tapping into a similar or perhaps the same understanding or reasoning, but clearly, enjoyment and (broadly) positive social interactions with friends were the key reasons identified. The cluster of reasons relating to stress, boredom, and social anxieties appeared to be less important drivers of alcohol-related behaviours for West Coast young people.

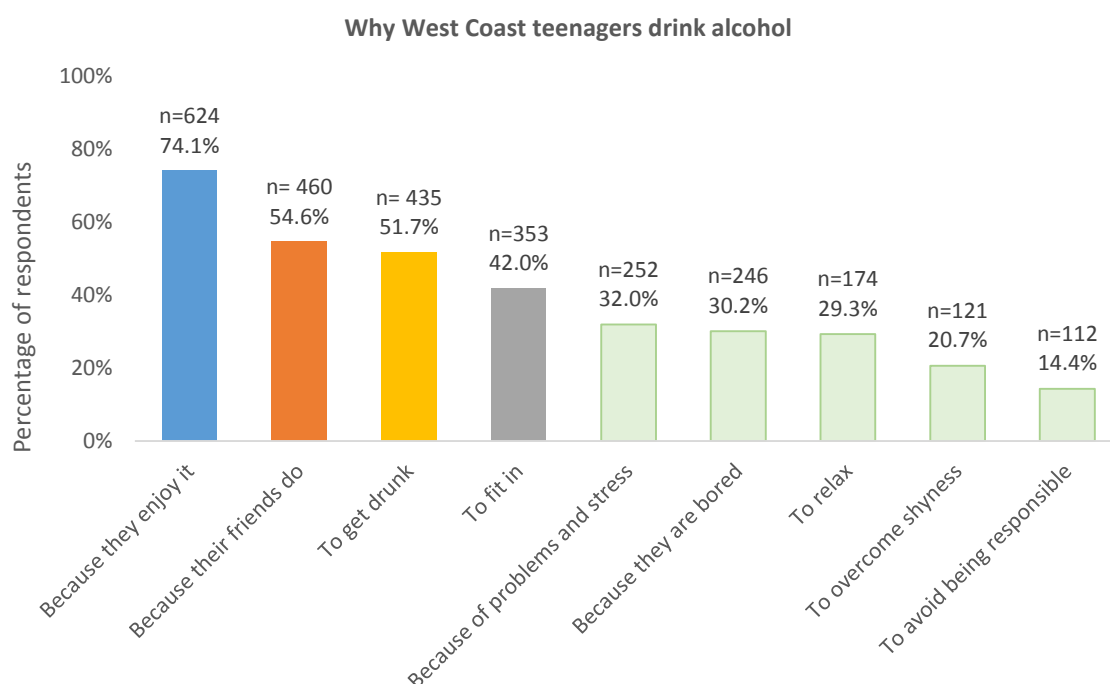


Figure 8: Teenagers I know drink alcohol...

¹⁸ Note that this question was phrased 'teenagers I know drink alcohol ... (not as a direct question about individuals themselves).

When the results were analysed by age group (Figure 9), one clear theme became evident: the proportion of young people selecting 'to get drunk' increases noticeably across the older age groups. For respondents in youngest age group, 'drinking to get drunk' ranked fourth (26%), whereas in the 16-17 and 18+ years age groups, approximately three quarters of respondents (72% & 75% respectively) reported getting drunk as a main reason why teenagers they know drink alcohol. The figure clearly shows that drinking to get drunk moves up the ranking in the older age groups, to second position, almost equal with 'because they enjoy it' for those aged 18+ years. Figure 9 indicates an increasing emphasis on 'intoxication' as an end goal of drinking by older West Coast teenagers.

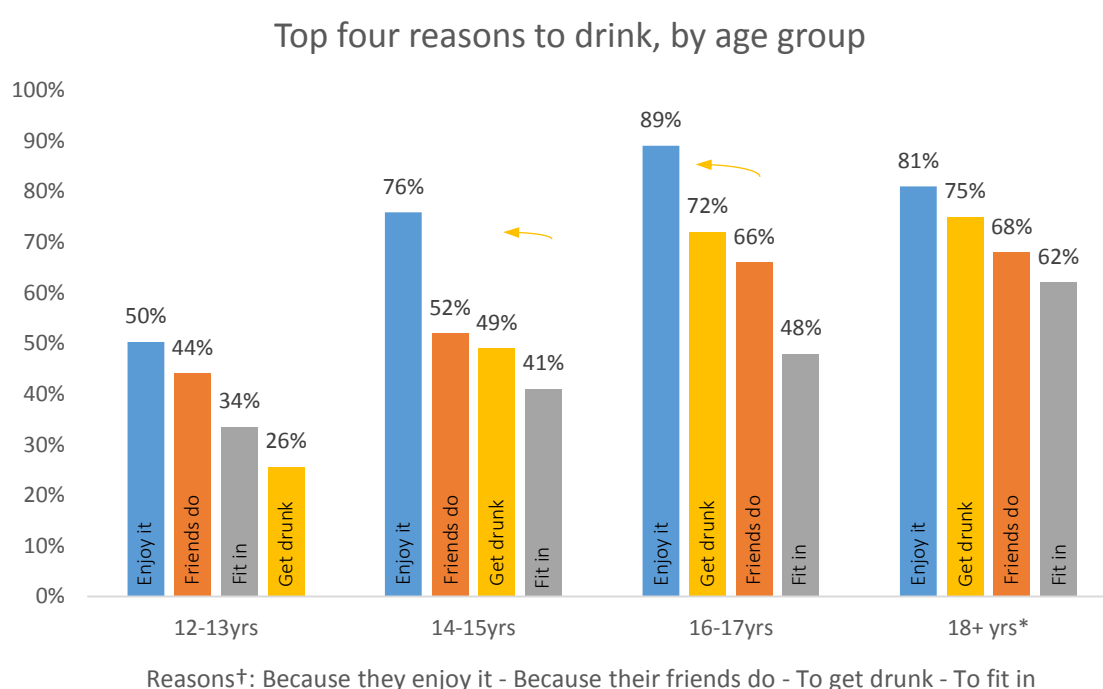


Figure 9: Top four reasons to drink, by age group

* **Note:** small sample size

† 'Teenagers I know drink alcohol ...'

Other reasons

When students were asked to identify other reasons why teenagers they knew drink alcohol the responses included; because it is fun, because of a party, celebrating an occasion such as a birthday, because parents drink alcohol and peer pressure.

General comments

Students were asked if there was anything further they would like to share about West Coast teenagers and alcohol. Of those respondents who identified as ‘drinkers’¹⁹, 125 submitted a free-text comment about teenagers and alcohol, however, only 41 comments were able to be analysed further (the balance being ‘no’ or variations of no, or other nonsense or off-topic comments). Of those respondents who identified as ‘non-drinkers’²⁰, 150 submitted a free-text comment about teenagers and alcohol, and 38 comments were able to be analysed further (the balance being ‘no’ or ‘I don’t drink’, or similar).

Drinkers: approximately two-thirds of the comments submitted by ‘drinkers’ were essentially simple pro-alcohol statements (without adding any other

‘I do not EVER get so drunk that I’m not able to stand’

information). Comments such as ‘it’s great’, ‘yeah you got a box?’, ‘it’s fun’, and ‘I like alcohol’ are examples of the pro-alcohol sentiment expressed by some respondents. Other respondents were more reflective about young people’s use of alcohol, and mostly these respondents held the view that some young people were more responsible than others and that alcohol could be used sensibly and safely by some young people. However, levels of intoxication are subjective, and arguably, young people may underestimate (clinically/socially) safe levels.

*‘I think myself that alcohol and teenagers is fine so long as they don't overdo it (get too drunk)’,
‘Binge drinking is a problem but if people aren't binge drinking then it's fine’.*

Other drinkers requested that the legal purchase age be reduced further (e.g. to 16 years) and others suggested that alcohol is ‘not as bad as it is made out to be’, and that it is ‘not a very big problem, and people are just wasting money [trying to address the issue on the West Coast]’. On the other hand, some respondents indicated that teenage alcohol consumption is a problem on the West Coast, however, one respondent pointed out that the problem is not just limited to young people.

‘In saying that, the adults in my life tend to drink a lot more and more often than the teenagers [sometimes with serious consequences including] being angry and uncontrolled when [the adult] drinks and [is] often violent’.

In contrast to the pro-drinking comments, approximately one-third of the comments submitted by drinkers were essentially anti-drinking. A number of these comments conveyed the view that ‘the way alcohol is consumed is the problem’ and ‘teens drinking too much is definitely a serious issue on the West Coast’.

¹⁹ Question 3, ‘I sometimes drink alcohol’

²⁰ Question 3, ‘I never drink alcohol’

Non-drinkers: most of the comments submitted by ‘non-drinkers’ were essentially anti-alcohol, and a number elaborated in some detail and expressed complex viewpoints. A number of the respondents reflected on the culture surrounding drinking alcohol (‘about just getting drunk’), and the wider influences exerted by some parents and peers.

*‘It’s a problem at my school & I’m 17.
It needs to be addressed strongly’*

‘My parents always make sure I stay away from that sort of stuff, and never drink in front of me and set a good example, but some parents may not and may set a bad example’.

‘People laugh at me when I say I feel uncomfortable around drunk people and tell me "why, it's funny as hell!" Or "you say that now but later on you'll enjoy it." Some people don't respect that I don't like [the] drinking culture, I guess’.

Brief summary of the student survey findings

Nearly one thousand school-aged students (years 9-13) took part in the survey and just over half answered that they sometimes drink alcohol. Self-reported alcohol involvement generally increased with age and approximately three-quarters of those over 16 years reported sometimes drinking alcohol. Of those respondents who did drink, one-in-three self-reported that they sometimes ‘*drink too much*’. Generally, young people reported few barriers to accessing alcohol. It appears that young people are predominantly sourcing their alcohol from within the family unit, the majority from parents. In the older age groups, parental supply appears to become less important as other supply channels are available (e.g. older friends, and partners who buy their own).

Generally, West Coast young people reported that they drink alcohol because they enjoy it, and to get drunk. Other reasons were identified such as ‘because their friends do’ and to ‘fit in’ but these reasons appear to become less important to young people in the older age groups (they do appear important in the younger age groups). Young people appear to recognise that alcohol use is not without risk and issues of potential harm-to-self and harm-to-others were identified. However, the degree to which possible negative consequences were considered ‘problematic’ varied considerably between age groups and between drinkers versus non-drinkers.

Finally, a number of respondents commented that alcohol is not a problem per se, but that the way that alcohol is consumed — ‘about just getting drunk’ — is a problem for many West Coast young people. Opinions varied, however, and young people’s alcohol involvement was seen as a serious issue by some respondents but less so by others. The culture surrounding drinking and the wider influences exerted by some parents and peers were of concern. While drinkers and non-drinkers alike generally shared these concerns, most drinkers conveyed little appetite for change.

Adult survey

The West Coast Adult Alcohol Survey (the adult survey) contained 18 questions that asked participants to comment on their perceptions of West Coast teenagers' use of alcohol (and related issues). A convenience sample of 80 adults was recruited for the survey and 66 participated and completed the survey. The target group of adults were broadly 'professionals' (adults who work with young people), including teachers, principals, board of trustees members, health workers, police and others (not adults recruited as the parents-of-students). The core questions of the *adult* and *student* surveys were similar but the perspective differed. Compared with the student survey, the adult survey included some additional opportunities for free-text responses and two extra questions. In all instances, the questions asked specifically about the adults' own observations, attitudes and experiences, from their 'professional' perspectives (this may have overlapped with their 'parent' perspective in some cases). The 18 questions were grouped into the following four main topics:

- [Access to alcohol and associated issues \(p.28\)](#)
- [Safety \(p.31\)](#)
- [Reasons for drinking alcohol \(p.31\)](#)
- [Attitudes towards alcohol \(p.33\)](#)

Results

Participants

The 66 participants in the adult survey identified as: Teacher (n=40), Health Worker (n=6), Youth Worker (n=5), Police (n=5), Principal (n=2), board of trustees member (n=2), Public Health Nurse/Rural Nurse Specialist (n=2), school administrator (n=2), Gateway coordinator (n=1) and school counsellor (n=1). One participant identified as being a school staff member and also a parent. The majority of respondents for the adult survey were teachers or school staff.

Note: the participants in the adult survey are not necessarily representative of adults in the general West Coast population. The sample of adults were not recruited as parents-of-students, rather, the adults comprise an 'interested professional group' who work with young people (mainly within a school and/or health context). It is important to avoid generalising these adults' views to all 'parents and caregivers' as that is not the perspective that is presented in this report (although some of the adults may also be parents of student participants).

Young people's access to alcohol and associated issues

This section of the adult survey asked the participants questions about young people's ease of access to alcohol and likely sources of alcohol. It also asked the participants about their perceptions and observations of any 'problems' arising from the use of alcohol by West Coast young people, whether alcohol changes the behaviour of West Coast young people, and additional questions relating to any negative effects on West Coast young people's recreational activities, educational outcomes, their employment opportunities, and their general health and wellbeing.

Ease of access

Using a Likert scale, adults were asked to select whether they strongly agreed, agreed, neither agreed nor disagreed, disagreed or strongly disagreed with the statement '*It is easy for teenagers I know to get alcohol*'. Of the 65 West Coast adults who answered this question, 84.6% (n=55) either strongly agreed or agreed that it was easy for teenagers they knew to get alcohol (compared with 58.4%, n=439 of students who agreed that it was easy for teenagers they know to get alcohol). Only 1.5% (n=1) of adults disagreed or strongly disagreed that it was difficult for teenagers to get alcohol (13.9%, n=9, either didn't know, or were neutral).

Sources of supply

The adult survey participants were presented with the same list of possible sources as the student survey, and they were asked to choose all that applied from the following list: parents or caregivers, brothers or sisters, other family members, older friends, each other, buy their own, and not able to get alcohol. They were also able to identify and describe 'other' ways teenagers get alcohol that were not already identified.

The results shown in Figure 10 mirror the order seen in the results from the student survey, but the adult responses suggest the perception of a more accessible supply overall. A large majority of the respondents identified that teenagers get their alcohol from parents or caregivers, with nearly 80% (79%, n=52) selecting this option. This was followed by adults identifying older friends at 77% (n=51) and then brothers or sisters 66% (n=44). Other family members was selected by 55% (n=36) of the respondents. When the categories of parents and caregivers, brothers or sisters and other family members are considered together, it appears that the adult participants generally think (or observe) that teenagers are predominantly sourcing their alcohol from within the family unit.

A number of adults identified 'other' sources that broadly grouped into four main categories, namely: homebrew, adults who buy it from bottle stores for them but charge them a fee, stealing from parents and/or home, and parents of their friends or associates. With regard to the reports of purchase and supply, one respondent specifically mentioned that 'opportunistic adults' (not necessarily parents) supply alcohol to underage teenagers, and charge a fee. This general assertion was also made by a number of the students who suggested that 'at cost' or 'for profit' transactions occur between underage teenagers and 'parents', 'random people' and/or 'anyone over 18'. Together with the student reports, these comments tend to confirm that this practice occurs, although its extent cannot be determined.

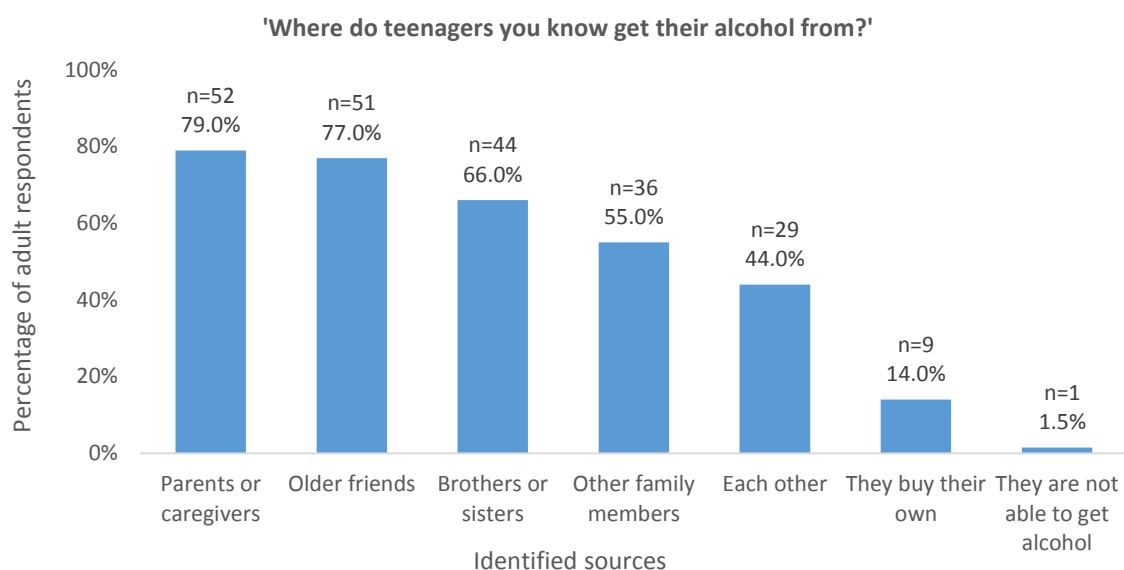


Figure 10: Where do teenagers you know get their alcohol from?

Problem drinking and negative effects

Firstly, the adults were asked to rate their level of agreement with the statement '*Alcohol is a problem for teenagers I know*' using a five-point Likert scale. The term 'problem' was not specified, and individual respondents were left to make their own assessments of what might be problematic in regard to teenagers' involvement with alcohol. Of the 66 adults who responded to this question, over three-quarters (51, 77.3%) identified that alcohol is 'a problem' for West Coast teenagers (agreed or strongly agreed) with 14 (21.2%) respondents neither agreeing nor disagreeing that alcohol is a problem. Only one respondent did not think that alcohol was a problem for West Coast teenagers.

The adult participants were then asked to state their agreement with a further five statements covering a range of possible alcohol-related negative effects on West Coast teenagers': behaviour, recreational activities, education outcomes, employment opportunities, and health and wellbeing. Nearly all (92.4% n=61) of the adult respondents recognised that alcohol changes the behaviour of teenagers. The majority of respondents agreed (agree or strongly agree) that alcohol had a negative effect on West Coast teenagers' recreational activities (75.4%, n=49), educational outcomes (77.3%, n=51), employment opportunities (59.1%, n=39) and their health and wellbeing (87.9%, n=58). The survey did not attempt to quantify the size of these negative effects, however, in each case the consensus was strong, and in each case only about 1-5 of the respondents disagreed with the statements and typically only 2-4 respondents answered that they didn't know.

The perception that alcohol has a negative effect on West Coast teenagers' wellbeing and achievements was communicated strongly by the respondents. Many of the adults (n=30) provided additional free-text comments in response to the question "*Are there other ways you think alcohol has a negative effect on West Coast teenagers?*"

Arguably, there was ‘nothing new’ reported here in the sense that the responses catalogued the range of negative effects typically seen in groups where drinking to the level of intoxication occurs. It is worth repeating here that the adult respondents to the survey are not necessarily representative of the general adult population of the West Coast and their observations are likely to represent their professional viewpoints. These viewpoints may be somewhat removed from typical parents’ or caregivers’ experiences. The reported negative effects included teenagers:

‘They continually focus on where the parties are going to be each week, will ditch their non-drinking friends, and create friendships/relationships with those who can supply’

- displaying belligerent and abusive behaviours
- engaging in anti-social behaviours
- displaying exaggerated attitudes of aggression and/or confidence
- being arrested for alcohol-related incidents
- being involved in alcohol-related traffic accidents
- being admitted to hospital for alcohol-related injuries and illnesses
- being in circumstances in which they become vulnerable to assault and/or sexual violence
- making poor decisions on personal safety (e.g. unprotected sex)
- being exposed to excessive peer pressure when they are especially vulnerable
- ‘continually focussing’ on securing a supply of alcohol, for example creating friendships/relationships with those who can supply and ‘ditching’ their non-drinking friends, leading some to social anxiety, and
- being exposed to factors that can lead to depression, mental illnesses, and suicides.

Contextual factors

A number of the respondents also outlined some contextual factors that they considered relevant to the situation on the West Coast. Importantly, that the West Coast as a whole is made up of a number of small tight knit communities, and any activities undertaken by young people (that perhaps cast them in a poor light) are quickly communicated within these communities, resulting in potentially long lasting negative influences on the future of a young person. This ‘small community effect’ was seen as particularly relevant because of limitations within the employment and/or social environment (i.e. young people may have limited employment and social opportunities within their small communities and they may not be able to ‘escape’ the stigma of past alcohol-related indiscretions). Another respondent expressed the view that the culture of binge drinking is also associated with potentially unfulfilled ambitions and a ‘dumbing down’ of aspirations and goals, and that this was of concern given the often limited employment opportunities. Finally, a number of respondents made similar comments about the ‘binge drinking culture’ on the West Coast, and how this has altered perceptions around alcohol use and intoxication, as well as softening perceptions around the acceptability of higher levels of (other) drug use for recreational purposes.

Safety

The *Safety* section of the adult survey asked if the respondent knew of any West Coast teenagers who have hurt themselves or others as a result of drinking alcohol. Of the 65 adults who answered this question, just over three-quarters (76.9% n=50) reported that they know of teenagers on the West Coast who have hurt themselves or others as a result of alcohol.

Reasons for drinking alcohol

The survey participants were presented with a list of reasons why teenagers drink and the adults were asked to choose all that applied. The response options were the same as those presented to the students, namely: because they enjoy it, because their friends do, to get drunk, because they are bored, to relax, to fit in, to avoid being responsible for their actions, to overcome shyness, and because of problems and stress. While the response items were the same as the student survey, the question wording differed slightly in that it asked the adults to directly state what they thought (i.e. '*I think*' [adult version] vs '*Teenagers I know*' [student version]).

Figure 11 illustrates that almost all of the adult respondents thought that teenagers drink alcohol because their friends do, with over 92.3% (n=60) of respondents selecting this option. Additionally, most (88%, n=57) of the adult respondents thought that teenagers drink 'to fit in' (75% selected the option 'to get drunk'). In contrast to the student survey results, relatively few adults thought that teenagers drink 'because they enjoy it' (the sixth most common choice of adults versus *the* most common reason given for teenagers). Other options such as 'because they are bored' and because of problems such as 'stress' and 'shyness' were also more commonly selected by adults than by young people (overall, less than 30% of teenagers selected these options). Figure 11 shows the full results for the adult respondents, and for comparison, the insert Figure 12 shows the top-four reasons given by older teenagers from the student survey.

Other reasons

When the adults were asked to identify other reasons why teenagers drink alcohol, the responses included: a perception that youth culture expects it as a 'rite of passage' into adulthood and a coming of age, because they see their parents and other adults doing it, because it is accepted by their family and wider community, and peer pressure especially in smaller communities where there are less options for friends and acquaintances.

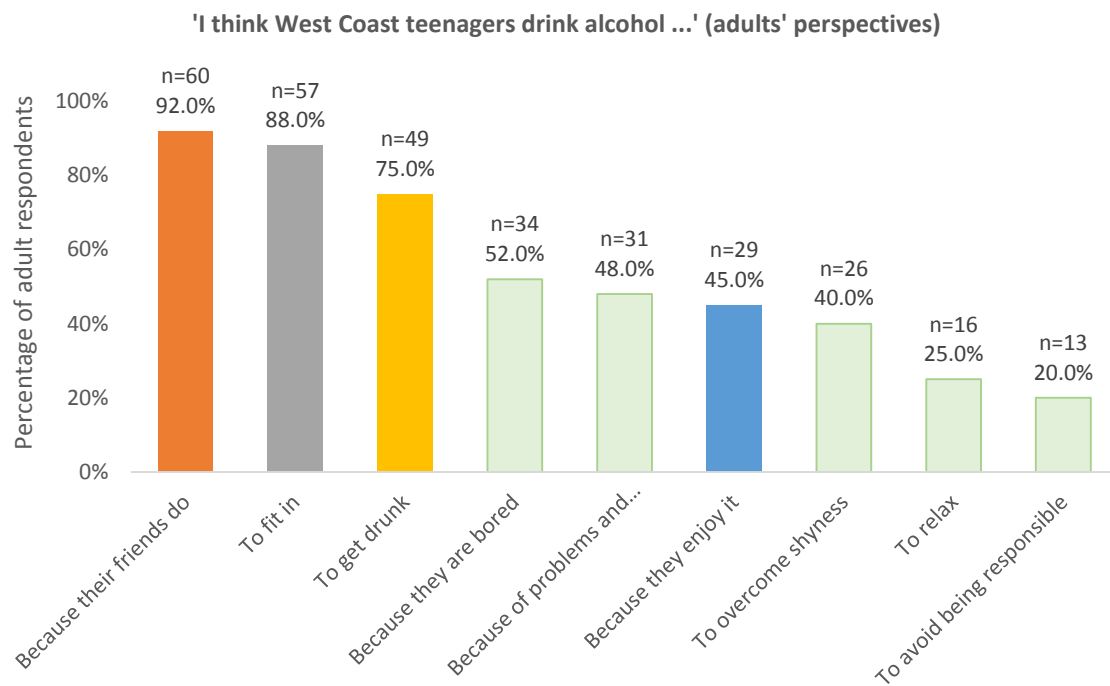


Figure 11: 'I think West Coast teenagers drink alcohol...' (adults' perspectives)

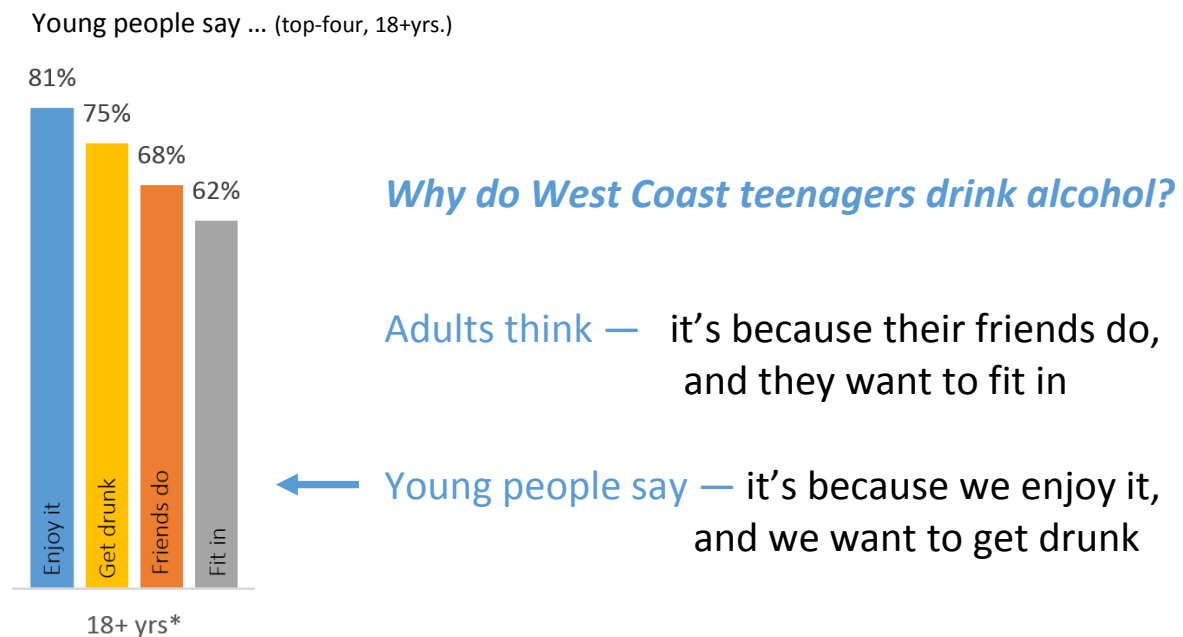


Figure 12: Older age group, top four reasons for drinking alcohol

*Small sample size (n=17) but 16-17 yr. age group (n=265) also ranked these in the same order.
See p.22 for the full student survey results.

Attitudes to alcohol

The *Attitudes to alcohol* section asked adults to identify those who have a role in helping West Coast young people develop a responsible attitude to alcohol. The survey participants were presented with a list of individuals, groups and organisations and the adults were asked to choose all that applied from: schools; parents, whānau and caregivers; communities; teenagers themselves; and peers. There was also the opportunity for the adults to identify others who also play a role in helping West Coast teenagers develop a responsible attitude to alcohol.

Nearly 100% of respondents identified that parents, whānau and caregivers have a role in helping teenagers develop a responsible attitude to alcohol (98.4% n=63) while 92.2% (n=59) of respondents identified that communities have a role to play. This was followed by schools at 85.9% (n=55) and then teenagers themselves and peers both at 76.6% (n=49). These results show that respondents identified that many within the West Coast community have a role to play in helping teenagers develop a responsible attitude to alcohol (a whole-of-population approach).

When adults were asked to identify others who have a role to play in helping teenagers develop a responsible attitude to alcohol, the responses included; mayors and local government, the district health board and health professionals, government agencies such as the youth justice system and Oranga Tamariki, Police, those who work with teenagers, and [use of] celebrities and the media to share information.

General free-text comments and next steps

Adults were asked if there was anything further they would like to share about West Coast teenagers and alcohol. About one-third of the adults (n=20) shared their own opinions on teenagers' interactions with alcohol, and more broadly, the alcohol culture on the West Coast. Three main themes were apparent in the adults' responses and these covered issues of severity (of the problem), social supply, and contextual factors including an apparent lack of engagement with young people and the lack of other meaningful activities and opportunities.

'It is abundantly clear that the biggest issue with alcohol use is it is a condoned activity from adults'.

Better or worse than anywhere else?

The adults generally reported concern at the prevalence of intoxication within the West Coast teenager population, and its effects on young people's futures. The question of whether the West Coast's situation was any better or worse than anywhere else in New Zealand was discussed by some respondents. Most stated that contextual factors (such as isolation/exclusion, rural settings, lack of access to opportunities, culture, and role modelling) were of greater concern than absolute or relative rates of alcohol consumption. In summary, respondents generally held the view that it doesn't matter so much if the West Coast's situation with regard to alcohol and young people is better or worse than anywhere else — it's still bad.

Unrestricted supply, and a lack of oversight

A number of the respondents commented (some at length) on the issues relating to (frustratingly unrestricted) social supply, in particular, parental (guardian) supply. The respondents generally

considered that parents (guardians, caregivers) are principally responsible for the social supply of alcohol to their young people and considerable frustration was expressed regarding the apparent lack of accountability. Respondents generally commented on a culture of plentiful supply (via some but not all parents) that is largely unrestricted, unsupervised, and unmonitored, combined with pro-alcohol role modelling by significant others.

'We recently had an ex-student die from alcohol poisoning and yet we still have parents buying alcohol for their students' parties'.

'It is worrying how many young kids (some 16 or younger) are out at parties till 2, 3, 4 in the morning. Why do parents not know where their kids are?'

'Sports culture has a big thing to do with it, for example, from a young age they see their parents playing rugby and then spend hours and hours drinking and think this is a normal attitude and behaviour'.

'The culture needs to change'.

Lack of engagement with meaningful activities

A number of respondents made comments relating to the lack of opportunities available to West Coast young people, including recreational and occupational opportunities. The basic premise was that 'teenagers are bored and they need something to do'. Respondents elaborated and described poor youth engagement generally, the need for more inclusion (of youth in community development), and the need for 'positive activities' including recreational activities, projects, hobbies, sport, and the need for youth specific venues. In particular, respondents commented on the need to engage those most isolated and rural young people, and the need to provide more vocational and other support.

Brief summary of the adult survey

The sixty-six participants in the adult survey can be broadly described as an 'interested professional group' comprising teachers, school administrators/management, health workers, and other professionals. Generally, the perception that alcohol has a negative effect on West Coast young people's wellbeing and future prospects was communicated strongly by the adults, not surprisingly, more so than by young people themselves. Perceptions of the motives driving teenagers' alcohol involvement also differed. Mostly, the adults supposed that young people drink 'because their friends do' and 'to fit in' but this contrasts with the views of young people who reported drinking alcohol because 'they enjoy it' and 'to get drunk'. A number of the adults commented on the need to break the cycle of inappropriate alcohol use at young ages. Many blamed adult drinking patterns and parental supply practices and considered these to be critical unfavourable influences on young people's alcohol involvement. A number of adults highlighted the importance of educating parents on restricting alcohol supply to their children and children's friends. Adults generally expressed frustration with the alcohol-related issues that they were witnessing and they identified that the social supply of alcohol to young people is a significant problem that needs to be addressed.

Discussion

Drinking alcohol has been shown to have significant effects on social behaviours, such as increasing aggression, self-disclosure, sexual disinhibition, impulsivity, and poor risk assessment. Research has shown that alcohol impairs the information processing needed to inhibit response-impulses and the ability to foresee negative consequences (Steele & Southwick, 1985). Generally, alcohol impairment will make social responses more extreme by allowing ‘instigating pressures’ more influence over the response, increasing its extremeness. These significant effects on social behaviours have been well-documented and are generally predictable in individuals/groups who drink to higher levels of impairment/intoxication (Steele & Southwick, 1985). These effects were reported by most of the adult respondents to the survey, and many of the young respondents to this West Coast alcohol survey. Community respondents in a number of other areas in New Zealand (e.g. Queenstown and Wellington) have expressed similar concerns about the availability and accessibility of alcohol in young peoples’ lives. Concerns typically include the ‘normalisation’ of alcohol (just another commodity) and binge drinking (Allen + Clarke and Axist Consulting, 2016). Clearly then, these are not uniquely West Coast problems. Nevertheless, prevention of early onset of alcohol use is a critical component of ensuring the short and long-term health and safety of young people in the West Coast districts.

A *normatively high* level of alcohol involvement was reported in the student survey.²¹ Of the West Coast students surveyed, over half reported that they sometimes drank alcohol. Of those in the older age groups, over three-quarters sometimes drink alcohol, and of the ‘drinkers’, one-in-three sometimes drink too much (see also Box 3). These consumption patterns are consistent with other research (e.g., New Zealand Law Commission, 2010; SALSUS, 2010; The Adolescent Health Research Group, 2013).

Box 3: How big is the problem?

Measurements of health behaviours are highly susceptible to social desirability (and other) biases. Well-documented examples include assessments of physical activity, the consumption of fruit and vegetables, and smoking behaviours. Therefore, based on what is known about self-reports generally, these survey data likely (arguably) represent an underestimation of the true nature of teenage alcohol behaviours on the West Coast.

Further, the West Coast region has relatively unfavourable scores on some alcohol-related indicators (such as a disproportionately high density of supply outlets, high rates of alcohol-related hospitalisations and alcohol-related deaths, and high rates of alcohol-involved road traffic crashes, compared to New Zealand as a whole). If one accepts that these outcomes are plausible proxies for adult alcohol involvement (i.e. ‘alcohol culture’), and, that teenage drinking largely reflects (or trends towards) adult drinking, then the survey data suggests that teenage drinking on the West Coast may be more problematic (severity and context) than across the country as a whole (although this cannot be determined conclusively from the data gathered in this survey).

²¹ In other words, the alcohol involvement of West Coast young people appears high in absolute terms (compared to *no* or *low* involvement) but the alcohol involvement may be fairly ‘normal’ in relative terms (i.e. compared to other parts of New Zealand).

The survey findings also clearly highlight the presence of a robust and layered social supply network. The findings illustrate a notable degree of 'willingness to supply'. A willingness to supply alcohol to young people can (and some argue certainly does) imply or communicate an approval of underage alcohol use (McKay, 2015). This is a significant issue as parents/caregivers are primary agents of socialisation and therefore play a role in shaping children's alcohol use. Whether the agents of social supply in West Coast communities are *more* or *less* willing than those in other communities across New Zealand cannot be determined from these data.

While those West Coast young people over the age of 18 years may not be purchasing alcohol illegally, legal purchases by adults or illegal purchases by minors may filter down to underage young people (particularly in areas with high alcohol outlet density). As Wagenaar et al. (1996, p.332) argue, social sources of alcohol to youth flow from easy community access. Notably, reported sources of alcohol changed over time for all alcohol users. Specifically, parents and guardians surpassed all other sources of alcohol initially (consistent with other studies, e.g., McKay, 2015; Steele & Southwick, 1985; Wagenaar et al., 1996), but markedly decreased beyond the 16-17 years age group, and this shift is also consistent with previous studies (e.g., Hearst, Fulkerson, Maldonado-Molina, Perry, & Komro, 2007).

Some respondents (adults and students) commented on the role that parents play (or might play) in modelling responsible drinking behaviours. Some comments were highly critical of parents' alcohol involvement and their lack of oversight, while others indicated that some parents were responsibly supervising young people's drinking. The idea that parental supply and supervision might be protective against heavier drinking occasions is not new (so called *European drinking model*). Some early studies of parental social supply did indicate a protective effect, however, current evidence does not support this view (Abar, Abar, & Turrisi, 2009; Carson, 2015; Fergusson & Boden, 2011; Hingson & Zha, 2009). More recently, protective (strict) parental attitudes have been found to generally deter alcohol use among young people. Despite the current body of evidence refuting the *European drinking model*, the topic remains widely debated and the idea is often a popular rationale for parental supply and parental permissiveness generally.

When the West Coast adult alcohol survey and the student survey findings are considered together, two potentially instructive themes emerge. Firstly, adults' and young people's views vary a great deal regarding the level of drinking that people think is 'OK', and some young people pointed out that this doesn't just apply to their own drinking behaviours (i.e. some adults' drinking behaviours, norms, thresholds and values may exceed young people's ideas of acceptability). That said, of those young people who said they sometimes drink alcohol, more than one-in-three considered, *by their own standards*, that they sometimes drank too much. The perceived 'legitimacy' of professional plans or policies to address teenage alcohol use might, therefore, depend on the different agents' (adults, young people, professionals) views and boundary judgments as to what norms and values are relevant and appropriate. In other words, various approaches to harm-reduction will be likely to be more acceptable to some parties than others. Secondly, views differed on the reasons why West Coast young people drink alcohol. Mostly, the adults who were surveyed supposed that young people drink 'because their friends do' and 'to fit in' but the students who were surveyed indicated that young people generally drink alcohol because 'they enjoy it' and 'to get drunk'. Again, approaches to harm reduction should consider these different views and values.

Conclusions

The survey findings suggest that West Coast young people are probably not too different from young people elsewhere in New Zealand in terms of their experiences with alcohol, including why they drink and where they source alcohol from. However, when the local context is considered, the survey findings suggest some alcohol-related issues (for West Coast young people) that have the potential for more serious harm. This assessment is not based on absolute amounts of alcohol consumed nor, necessarily, on how it is consumed but considers a range of background factors ('determinants of health') that may increase West Coast young people's vulnerability (predisposition) to alcohol-related harm. More specifically, these background factors include significant economic changes in the region over the last twenty years, a rapid unprecedented disappearance of employment opportunities in the main traditional industries, markedly more severe levels of deprivation compared to the country's population as a whole, population outflow, and geographical isolation. While these influences are not unique to the region, they are, arguably, clustered in such a way as to exacerbate the vulnerabilities within West Coast communities.

Social supply has been found to be associated with higher alcohol involvement by younger people, both in terms of increased amounts consumed per typical occasion and increased frequency of consumption. Importantly, the survey findings clearly highlight the presence of a robust and layered social supply network. Most agree that restricting the availability and affordability of alcohol are key elements of effective alcohol policy. In New Zealand, interventions have targeted young people's access to alcohol from licensed premises (although many argue not aggressively enough) but less attention has been focused on access from social sources (New Zealand Law Commission, 2010). To this end, community education might be aimed at adults who provide alcohol to minors, noting both the alcohol health risks to young people as well as criminal and civil liability of the adult provider. However, changing the behaviour of older adults is likely to be difficult, and may require broader changes in community norms regarding underage drinking.

Different strategies will be needed to mobilise community members and it is important that these approaches are appropriate for all members of the community. Protecting young people from alcohol-related harm is likely to require a whole-of-population approach that seeks to *reduce overall* alcohol consumption. Limiting social supply and easy access to alcohol by underage young people should continue to be emphasised within the community as a prominent front-line approach.

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Appendix A: Nathan Wallis presentation feedback

Both the student and adult surveys included questions relating to the *Amazing Brain* presentations (adult and student groups were invited to attend). In the case of the student survey, participants were asked “*Did you attend Nathan Wallis’ talk about alcohol and the teenage brain?*” and students were also asked to rate the statement, “*I learnt new information about what alcohol does to the brain ...*” (scored on a three-point Likert — I didn’t learn any new information, I learnt some new information, I learnt a lot of new information). The adult participants were asked the same two questions as above, in addition, the adults were asked to summarise any comments or “*feedback that you heard from the students*”. This question was based on the prior knowledge that many of the teachers and other professionals had engaged in or facilitated post-presentation discussions in (predominantly) school time. Of the 51 adults who attended one of the presentations, 35 provided written comments (summarised below).

Knowledge

Of the 920 students who completed the survey, 792 (86%) attended one of the series of presentations. Of the attendees, almost all (97%) reported that they had learnt ‘a lot’ or at least ‘some’ new information (48%, n= 376 and 49%, n= 383 respectively), Figure 13. Only 3% (n=28) reported that they didn’t learn any new information about “*what alcohol does to the brain*”. Of the 51 adult attendees, almost all (98%) reported that they had learnt ‘a lot’ (45%, n= 23) or at least ‘some’ (53%, n= 27) new information. Only one (2%) of the adult attendees reported that they didn’t learn any new information.

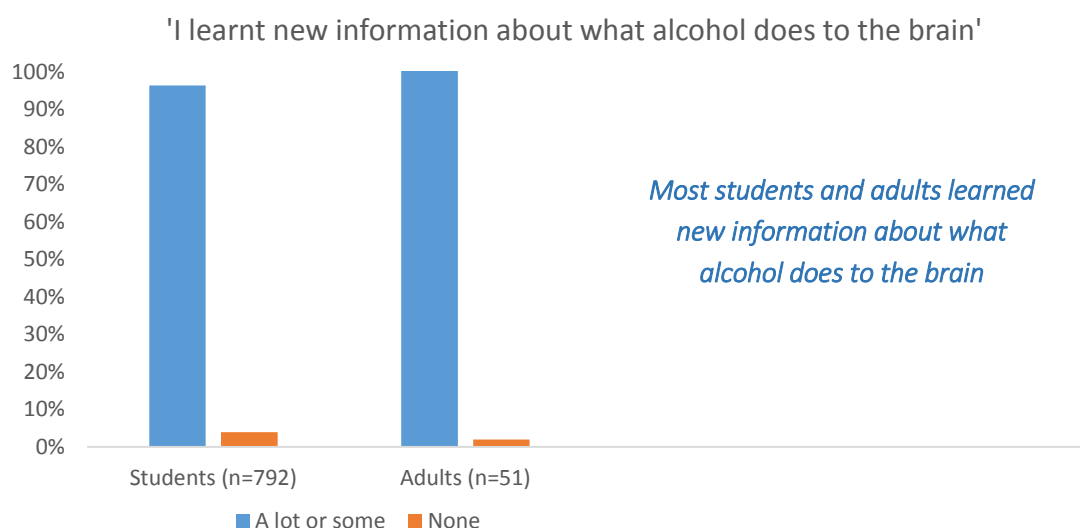


Figure 13: *I learnt new information, about what alcohol does to the brain', student and adult responses*

In the adult survey, participants were asked to provide an overview of the feedback that students had provided following Nathan Wallis’ presentations (summarised below). Of the 35 adults who provided feedback, 24 were teachers or other/related school staff (68% in total), four were youth workers, five were health workers and two were other professionals. Respondents reported that the

feedback generally came from in-class discussions and from 'overhearing' peer-group discussions (both immediately following the presentations and later in school time).

Brief summary of feedback

Well received: A common theme within the feedback was that students found the presenter positive, engaging and entertaining, and that this enhanced their learning and retention of the information. A number of students commented that they weren't 'bored like other seminars' and that the presenter conveyed the information using a balanced and reasoned approach (used scientific evidence in a non-condescending way). Respondents (the adults) noted that the presentations did appear to provide a useful platform for further discussion.

Good information: The relationship between the age of onset of drinking and the brain's sensitivity to damage (and the long-term effects) was reportedly a 'stand out' concept that was discussed by a number of students/groups. Respondents reported that many of the students were 'surprised' and 'shocked' to learn that their brains can be damaged by relatively small amounts of alcohol when consumed at a young age. Some students commented that it might be useful to have such information/education at a younger age. Delaying drinking was seen as a logical harm reduction strategy (even if many students did not see it as a realistic one for them personally). The feedback suggested that the information presented was generally accepted as fact, but that it would not necessarily be applied.

'They didn't know that alcohol consumed while the brain was still developing would affect how their brain developed. They liked that he wasn't just labelling alcohol as "bad", but provided reasons for why they weren't suitable for developing brains'.

Too late for some: Some students reported that while they enjoyed Nathan as a presenter, it probably wouldn't stop them drinking, although it gave them a chance to 'think about what it can do to them long-term'. Other students reported that they were still intending to experiment with alcohol (a sense of inevitability) and others reported that they were 'already in a poor pattern of drinking so it was interesting but wouldn't change their behaviour much'.

Appendix B: Questionnaire, student alcohol survey

Introduction

In February Nathan Wallis came to your school to talk about alcohol and the teenage brain. This is a survey about what you think about alcohol and teenagers. All West Coast High Schools are taking part. There are 16 short questions. The survey will take about 5-10 minutes to complete. Your answers will not be linked to you in any way. Thanks!

Nathan Wallis came to talk to your school about alcohol and the teenage brain

1. Did you attend Nathan Wallis' talk about alcohol and the teenage brain?

- ☐ Yes
- ☐ No

Nathan Wallis' presentation

2. I learnt new information about what alcohol does to the brain from Nathan Wallis' talk.

Please choose the one that best applies to you.

- ☐ I didn't learn any new information
- ☐ I learnt some new information
- ☐ I learnt a lot of new information

Interactions with alcohol

3. Please select the one that applies to you.

- ☐ I sometimes drink alcohol
- ☐ I never drink alcohol

4. Other teenagers I know...

Please choose the one that best applies

- ☐ drink more alcohol than me
- ☐ drink about the same amount of alcohol as me
- ☐ drink less alcohol than me

5. I sometimes drink too much alcohol.

- ☐ Yes
- ☐ No

6. Since the start of 2017 I have had to look after a friend who has drunk too much alcohol at least once.

- ☐ Yes
- ☐ No

Access to alcohol

7. It is easy for teenagers I know to get alcohol.

Please choose the one that best applies

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

8. Where do teenagers you know get their alcohol from?

Choose as many as you need.

- ☐ Parents or caregivers
- ☐ Brothers or sisters
- ☐ Other family members
- ☐ Older friends
- ☐ Each other
- ☐ They buy their own
- ☐ They are not able to get alcohol
- ☐ Other ways (please specify)

Safety

9. Alcohol is a problem for teenagers I know.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

10. Alcohol changes the behaviour of teenagers I know.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

11. Have any teenagers you know hurt themselves or others when they have been drinking alcohol?

Please choose the one that best applies.

- ☐ Yes
- ☐ No

12. When teenagers around me have been drinking alcohol...

Please choose the one that best applies.

- ☐ I always feel unsafe
- ☐ I sometimes feel unsafe
- ☐ I never feel unsafe

Reasons for drinking

13. Teenagers I know drink alcohol...

Choose as many as you need.

- ☐ because they enjoy it
- ☐ because their friends do
- ☐ to get drunk
- ☐ because they are bored
- ☐ to relax
- ☐ to fit in
- ☐ to avoid being responsible for their actions
- ☐ to overcome shyness
- ☐ because of problems and stress
- ☐ Other reasons (please specify)

14. Is there anything else you would like to share about teenagers and alcohol?

15. How old are you?

- ☐ 12-13
- ☐ 14-15
- ☐ 16-17
- ☐ 18+

16. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Gender diverse

Thank you so much for sharing your views with us!

Appendix C: Questionnaire, adult alcohol survey

Introduction

In February Nathan Wallis talked at schools and community meetings across the West Coast about alcohol and the teenage brain. All students attending West Coast high schools were given the opportunity to take part in a short survey about their perceptions of West Coast teenagers and their alcohol use. This survey invites you to comment on your perceptions about West Coast teenagers and their alcohol use. There are up to 18 short questions. The survey will take about 5-10 minutes to complete.

Nathan Wallis came to talk to schools and the community about alcohol and the teenage brain

1. Did you attend Nathan Wallis' talk about alcohol and the teenage brain?

- ☐ Yes
- ☐ No

Nathan Wallis' presentation

2. I learnt new information about what alcohol does to the brain from Nathan Wallis' talk.

Please choose the one that best applies to you.

- ☐ I didn't learn any new information
- ☐ I learnt some new information
- ☐ I learnt a lot of new information

3. After Nathan Wallis' talk did teenagers provide any feedback to you about Nathan's presentation?

- ☐ Yes
- ☐ No

Nathan Wallis' presentation

4. Please give an overview of the feedback you heard from the students.

— Free-text responses —

Teenage access to alcohol and associated issues

5. It is easy for teenagers on the West Coast to get alcohol.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

6. Where do West Coast teenagers you know get their alcohol from?

Please choose as many as you need.

- ☐ Parents or caregivers
- ☐ Brothers or sisters
- ☐ Other family members
- ☐ Older friends
- ☐ Each other
- ☐ They buy their own
- ☐ They are not able to get alcohol
- ☐ Don't know
- ☐ Other ways (please specify)

7. Alcohol is a problem for West Coast teenagers.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

8. Alcohol changes the behaviour of West Coast teenagers.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree

9. Alcohol has a negative effect on West Coast teenagers' recreational activities.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

10. Alcohol has a negative effect on West Coast teenagers' educational outcomes.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

11. Alcohol has a negative effect on West Coast teenagers' employment opportunities.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

12. Alcohol has a negative effect on West Coast teenagers' health and wellbeing.

Please choose the one that best applies.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree or disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't know

13. Are there other ways you think alcohol has a negative effect on West Coast teenagers?

Please list below.

— Free-text responses —

Safety and reasons for drinking alcohol

14. Do you know of any West Coast teenagers who have hurt themselves or others when they have been drinking alcohol?

- ☐ Yes
- ☐ No

15. I think West Coast teenagers drink alcohol...

Choose as many as you need.

- ☐ because they enjoy it
- ☐ because their friends do
- ☐ to get drunk
- ☐ because they are bored
- ☐ to relax
- ☐ to fit in
- ☐ to avoid being responsible for their actions
- ☐ to overcome shyness

- because of problems and stress
- Other reasons (please specify)

Attitudes to alcohol

16. Which of the following do you think have a role in helping West Coast teenagers develop a responsible attitude to alcohol?

Please choose as many as you need.

- Schools
- Parents, whānau and caregivers
- Communities
- Teenagers themselves
- Peers
- Other (please specify)

Next steps and roles

17. Is there anything else you would like to share in relation to the issue of West Coast teenagers and their alcohol use?

— Free-text responses —

18. Please select your role.

Please choose all that apply.

- Teacher
- Principal
- School Administration
- Teacher Aide
- School Counsellor or Social Worker
- Public Health Nurse or Rural Nurse Specialist
- Board of Trustees Member
- Youth Worker
- Health Worker
- Other (please specify)

Thank you so much for sharing your views with us.

Appendix D: Sale and Supply of Alcohol Act 2012, summary of relevant sections

Overview

- In New Zealand, It is illegal to sell alcohol to anyone under 18 years of age.

Someone under the age of 18 cannot be supplied with alcohol unless:

- the person supplying the alcohol is their parent or legal guardian AND the alcohol is supplied in a responsible manner, OR
- the person supplying alcohol has the express consent of the young person's parent or legal guardian AND the alcohol is supplied in a responsible manner.

What does express consent mean?

If you're supplying alcohol to an under-18-year-old who is not your child, you need to ensure you have express consent from their parent or legal guardian before giving them alcohol.

Express consent may include a personal conversation, an email or text message that you have good reason to believe is genuine.

What does responsible manner mean?

To supply alcohol to young people under 18-years-old responsibly you should:

- supervise the drinking of alcohol
- provide food
- provide a choice of low-alcohol and non-alcoholic drinks
- ensure safe transport options are in place.

Also consider:

- the nature of the occasion
- the time period over which the alcohol is supplied
- the strength and amount of alcohol supplied
- the age of the young person.

Summary

Sale and Supply of Alcohol Act 2012 • Supply of alcohol to minors: – Only parents/legal guardians can supply and must do so in a responsible manner – Other can supply only with “express consent”.

