Executive Summary

- Alcohol is the most popular drug in New Zealand.
- The Sale of Liquor Act 1989 eased restrictions on selling alcohol.
- The Sale of Liquor Amendment Act 1999 lowered the legal minimum age for purchasing alcohol from 20 years to 18 years.
- The Sale of Liquor (Youth Alcohol Harm Reduction) Amendment Bill was introduced into Parliament in May 2005. The Bill would raise the legal minimum age for purchasing alcohol from 18 years to 20 years.
- The average age of starting to drink in New Zealand is 13.6 years.
- The proportion of teenagers who have tried alcohol decreased from 2000 to 2003.
- Māori youth are more likely than other youth to have “really started” to drink under 15 years.
- The number of drinks consumed per occasion has increased for 14 to 17 year old “heavier drinkers”.
- Most teenagers who have tried alcohol have experienced negative outcomes.
- Consuming alcohol seriously affects the health and behaviour of many teenagers.
- The most common reasons given by those aged 14 to 17 years for drinking are: the serving of alcohol at occasions attended; money to spend; the availability of alcohol; and life problems.
- Legislation and policies directly affecting teenage drinking include:
  - Price of alcohol
  - Legal purchasing age
  - Policing and enforcement
  - Drink/driving laws
  - Research
  - Coordination of government agencies and organisations
  - Bylaws
  - Advertising restrictions
Introduction

This paper outlines the consumption of alcohol in New Zealand before focusing on teenage drinking.\(^1\) Legislation, drinking patterns, the impact of drinking, and factors influencing drinking are then examined. Finally, legislation and policies directly affecting teenage drinking are evaluated.

Drinking in New Zealand

Internationally, New Zealand was ranked 13\(^{th}\) out of 29 countries in alcohol consumption per capita in 2000.\(^2\) Annual alcohol consumption per capita is higher than in Sweden, but lower than in the United Kingdom (see Graph 1).

**Graph 1. Consumption of alcohol per capita for people aged 15 and over in selected countries, 1999-2000**

<table>
<thead>
<tr>
<th>Countries</th>
<th>Litres per capita per year*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweden</td>
<td>6.2</td>
</tr>
<tr>
<td>Canada</td>
<td>7.7</td>
</tr>
<tr>
<td>U.S.</td>
<td>8.4</td>
</tr>
<tr>
<td>N.Z.</td>
<td>8.9</td>
</tr>
<tr>
<td>Australia</td>
<td>9.9</td>
</tr>
<tr>
<td>U.K.</td>
<td>10.2</td>
</tr>
<tr>
<td>France</td>
<td>10.5</td>
</tr>
</tbody>
</table>


The 2001 National Drug Survey indicated that alcohol was the most popular drug in New Zealand with 87 percent of respondents (88 percent according to the 1998 survey) drinking in the last year.\(^3\) The National Alcohol Survey (NAS) 2000 found that 85 percent of people had consumed alcohol in the previous 12 months (87 percent in the 1995 survey). Males were more likely to have consumed alcohol than females (88 percent compared to 83 percent).\(^4\)

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\(^1\) This paper is an update of *Alcohol and New Zealand Teenagers*, Background Note 2003/11, Parliamentary Library, 11 November 2003.


NAS respondents were asked whether they had experienced ‘problems’ as a result of their drinking in the past year. The most common problem experienced more than once was feeling the effects of alcohol after drinking the night before (male: 58 percent in 1995 and 55 percent in 2000; and female: 40 percent and 45 percent).5

From 1988 to 1996 there were annually between 130 and 150 deaths directly attributable to alcohol-related conditions such as heart and liver damage.6 In 2000, 1,037 deaths were attributed to alcohol (3.9 percent of all deaths). The Māori rate of death was significantly higher (8 percent of all deaths) than that for non-Māori (3.4 percent) (see Table 1).7 The blood alcohol level of approximately 21 percent of all drivers killed in 2000 was above the legal limit.8 Alcohol was involved in 19 percent of all drownings from 1980 to 1999.9

Table 1: Deaths attributable to alcohol consumption, 2000

<table>
<thead>
<tr>
<th>Gender</th>
<th>Māori</th>
<th>% of all deaths</th>
<th>Non - Māori</th>
<th>% of all deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>161</td>
<td>11.3</td>
<td>557</td>
<td>4.5</td>
</tr>
<tr>
<td>Female</td>
<td>45</td>
<td>3.9</td>
<td>273</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>206</td>
<td>8.0</td>
<td>831</td>
<td>3.4</td>
</tr>
</tbody>
</table>


It is difficult to accurately compare statistics internationally as surveys vary. However, it is clear that alcohol consumption has global consequences. Over 1.5 million deaths were attributed to alcohol in 2000, the ninth leading health risk in the world.10 More than 100,000 Americans annually die of alcohol-related causes, making alcohol the third leading contributor to mortality related to lifestyle (tobacco is first and diet and activity patterns are second).11 There are about 3,500 deaths each year in Australia due to alcohol-related disease. In 1998, there were 2,344 male deaths and 1,193 female deaths attributed to alcohol consumption.12 Alcohol is implicated in up to 33,000 deaths annually in England and Wales.13

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5 Alcohol and Public Health Research Unit, p.45.
Alcohol and Teenagers - New Zealand Legislation

The Sale of Liquor Act 1989 eased controls on alcohol outlets. New off-licensed premises included supermarkets and superettes/grocery stores, which were allowed to sell wine from 1990. Lifting restrictions on trading hours and allowing some licensees to operate 24 hours a day also increased the availability of alcohol. Late-night trading by nightclub-style premises increased, and premises were able to obtain a ‘supervised’ license designation allowing the sale of alcohol to 18-19 year olds. Those aged 18-19 were also able to drink with a meal in restaurants.\(^\text{14}\)

Local territorial authorities are directly responsible for the availability of alcohol through both the District Plan process and their responsibilities under the Sale of Liquor Act 1989. Premises selling alcohol must have a license and require a Certificate of Compliance from the Council. The total number of liquor licenses has increased from 11,280 in 1995 to 15,242 in 2004.\(^\text{15}\)

The Sale of Liquor Amendment Act 1999 lowered the legal minimum age for purchasing alcohol from 20 years to 18 years. Under the Act it is an offence to sell or supply alcohol to any person under the age of 18 years (Part 1, s.83), and an offence for anyone under 18 to purchase liquor (Part 1, s.90). Age identification requirements were implemented and the Police can prosecute those who violate the law. The sale of beer (but not spirits) in supermarkets and the sale of alcohol on Sundays was allowed.\(^\text{16}\)

At least 67 countries have minimum age laws for legally purchasing alcohol. The most common minimum age for legally purchasing alcohol is 18 years, although the age is 21 in at least eight countries, while 15 permit drinking at age 16. Germany and Switzerland permit the purchase of fermented beverages at age 16, but drinkers must be 18 to buy distilled spirits (see Table 2).\(^\text{17}\)

The Sale of Liquor (Youth Alcohol Harm Reduction) Amendment Bill was introduced into Parliament in May 2005. The Hon Matt Robson’s Member’s Bill amends the Sale of Liquor Act 1989 to raise the legal minimum age for purchasing alcohol from 18 years to 20 years, strengthens the provisions relating to the supply of liquor to minors, and provides a statutory restriction on broadcast liquor advertising before 10pm on any day. It also extends the current jurisdiction of the Broadcasting Standards Authority to include the broadcast liquor advertising issues that are currently dealt with by the Advertising Standards Authority, a self-regulating industry body.\(^\text{18}\)

Supporters of the Bill believe that lowering the minimum age has been associated with greater alcohol-related harm, and the self-regulation regime for advertising by the liquor industry has not worked.\(^\text{19}\) The Alcohol Advisory

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\(^{14}\) Drinking in New Zealand, p.14.


\(^{16}\) Drinking in New Zealand, p.14. Some supermarkets cannot sell liquor. For instance, supermarkets were defeated in a February 2003 referendum on allowing them to sell alcohol in West Auckland, an area controlled by the Portage and Waitakere Licensing Trusts. See ‘Supermarkets fight on’, Western Leader, 27 February 2003.


Council of New Zealand (ALAC) welcomed the Bill and said that returning the minimum age to 20 “if strictly enforced, would restrict the availability of alcohol to young people.”[^20] However, others have questioned whether raising the age would be effective when 18 is for all other purposes the legal age of adulthood. Concern has also been expressed that binge drinking among 12 to 17 year olds will not be addressed by raising the drinking age, and that the opinions of young people have not been taken into account.[^21]

**Table 2. Selected countries with laws setting minimum ages for alcohol purchase or consumption**

<table>
<thead>
<tr>
<th>Country</th>
<th>Age (years)</th>
<th>Legislation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>18</td>
<td>Bans purchase and sales</td>
</tr>
<tr>
<td>Canada</td>
<td>19</td>
<td>Exceptions: 18 in Quebec, Manitoba, and Alberta</td>
</tr>
<tr>
<td>France</td>
<td>16</td>
<td>Bans purchase</td>
</tr>
<tr>
<td>New Zealand</td>
<td>18</td>
<td>Bans purchase, sale, and supply</td>
</tr>
<tr>
<td>Samoa</td>
<td>21</td>
<td>Bans possession or consumption on licensed premises, in any other public place</td>
</tr>
<tr>
<td>Sweden</td>
<td>20</td>
<td>Bans purchase in state liquor stores; 18 for purchase in restaurants and purchase of medium strength beer sold in grocery stores</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>18</td>
<td>Bans purchase; possible to consume some alcoholic beverages in bars or restaurants at 16.</td>
</tr>
<tr>
<td>United States</td>
<td>21</td>
<td>Details vary across states but generally consumption.</td>
</tr>
</tbody>
</table>

[^20]: ALAC Welcomes Possible Increase in Minimum Legal Purchase Age, ALAC Press Release, 4 May 2005.  
[^24]: Ibid., p.6.
Table 3. Drinking trends for 14-17 year olds, 2001-2003

<table>
<thead>
<tr>
<th>Question</th>
<th>2001 (%)</th>
<th>2002 (%)</th>
<th>2003 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever tried alcohol (even a sip)</td>
<td>95</td>
<td>93</td>
<td>88</td>
</tr>
<tr>
<td>Ever had a full glass</td>
<td>80</td>
<td>83</td>
<td>72</td>
</tr>
<tr>
<td>Percentage claiming first really started drinking when under 15</td>
<td>42</td>
<td>34</td>
<td>42</td>
</tr>
<tr>
<td>Currently drinking alcohol</td>
<td>79</td>
<td>82</td>
<td>66</td>
</tr>
<tr>
<td>Currently have a drink at least once a week</td>
<td>31</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Five or more glasses drunk on the last drinking occasion</td>
<td>34</td>
<td>34</td>
<td>23</td>
</tr>
</tbody>
</table>


The NAS surveys indicate that the quantity of alcohol consumed on a typical occasion increased from 1995 to 2000. For 14-15 year olds consumption increased from three to five drinks, for 16-17 year olds from four to seven drinks, and for 18-19 year olds from five to seven drinks.\(^{25}\) According to the 2003 YDM survey 23 percent of teenagers drank five or more glasses on the last drinking occasion compared to 34 percent in 2001 (see Table 3), and 48 percent drank this quantity in the last two weeks (35 percent in 2002).\(^{26}\)

The 2003 YDM indicates that the proportion of 14-17 year olds who had five or more glasses when they last drank declined from 2001 to 2003 (see Table 3). However, 39 percent of “heavier drinkers” (those who drank five or more “glasses” of alcohol on their last drinking occasion) indicated that they drank more than ten drinks on their last drinking occasion compared to 23 percent in 2002.\(^{27}\)

According to 1995 and 2000 NAS figures, the annual volume of absolute alcohol consumed by males aged 14-19 years increased. The volumes consumed by those aged 14-15 increased from four to nine litres (about 11 drinks per week), and from 8 to 20 litres for the 16-17 age bracket (about 25 drinks per week) (see Graph 2).\(^{28}\)

Consumption increased among 14-19 year old females. Those aged 18-19 consumed the highest average quantity (17 litres) (see Graph 3).

However, the 2003 YDM survey indicates that the percentage of 14-17 year olds who have tried alcohol fell from 95 percent in 2001 to 88 percent in 2003 (see Table 3).

\(^{25}\) Alcohol and Public Health Research Unit, p.28.
\(^{26}\) *2003 YDM*, p.34.
\(^{27}\) Ibid. p.7.
Graph 2. Alcohol consumption among New Zealand males 1995 and 2000


The frequency of drinking increased for males and females aged 14-19 years from 1995 to 2000. ²⁹

Underage drinkers can legally be given alcohol at private functions and concern has arisen over adults purchasing alcohol for those underage. ³⁰ According to the 2003 YDM, as a proportion of all 14-17 year olds, 32 percent identified parents and 18 percent friends aged 18 and over as sources of alcohol – the most frequently identified sources. When directly asked, five percent of respondents indicated that they purchased alcohol themselves. ³¹

²⁹ Alcohol and Public Health Research Unit, pp.26-27.
³⁰ ‘Mum angry her son was given booze’, *Evening Standard*, 20 December 2002, p.2.
³¹ 2003 YDM, p.41.
A particular issue is the consumption of alcopops (also known as ‘ready to drink beverages’ or RTDs) by teenagers. Alcopops (also known as ‘ready to drink beverages’ or RTDs) are ready to drink spirit-based beverages mixed with soft drinks. Concern has been expressed over the availability of alcopops, their prices, sweet taste, and their subsequent appeal to teenagers. The 2003 YDM survey examined the types of alcohol consumed on the last drinking occasion. It found that the most popular drinks for 14-17 year olds were ordinary strength beer (37 percent), RTDs (20 percent), low alcohol spirits (19 percent), and full strength spirits (15 percent).

Internationally, according to a 2004 survey 56.3 percent of Australian 12-19 year old males (58.5 percent of females) had consumed alcohol in the past year. A 2004 English survey found that 23 percent of males and females aged 11 to 15 years had consumed alcohol in the last week. United Kingdom survey data in 1999 showed that 37 percent of 11-15 year olds who had consumed alcohol the previous week drank an alcopop. This increased to 68 percent in 2001. A 2002 American survey found that 20 percent of eighth-graders (typically about 14 years old), and half of high school seniors (typically 15-18 years), had consumed alcohol in the past month. Nearly 30 percent of the seniors admitted to having had at least five drinks at a time within the previous two weeks. A 2001 American survey indicated that teenagers were more likely to have tried alcopops than adults.
Impact

Concern has arisen over the youth of some drinkers and the quantity of alcohol consumed. Children as young as nine have been found drunk in central Wellington.\textsuperscript{40}

The proportion of teenagers drinking enough to feel drunk at least once per week increased from 1995 to 2000. While approximately 13 percent of all males consumed enough alcohol to feel drunk at least once a week, more than one third of males aged 18-19 did so. Among all females six percent consumed enough to feel drunk at least once a week, 23 percent of females aged 18-19 did so (see Graphs 4 and 5).\textsuperscript{41}

Graph 4. Drunkenness among New Zealand males 1995 and 2000 - proportions drink enough to feel drunk at least once per week

Of 16-17 year old males, 84 percent indicated that they had consumed enough alcohol to feel drunk at least once a year (71 percent in 1995). For females the proportion was 82 percent (68 percent in 1995).\textsuperscript{42}

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\textsuperscript{40} ‘Young, boozed and restless on city streets’, \textit{Dominion Post}, 18 August 2003, p.4.
\textsuperscript{41} Alcohol and Public Health Research Unit, \textit{Drinking in New Zealand}, online edition.
\textsuperscript{42} Ibid., pp.32-33.
Graph 5. Drunkenness among New Zealand females 1995 and 2000 – proportions drinking enough to feel drunk at least once per week

Alcohol and Public Health Research Unit, *Drinking in New Zealand*, online edition.

According to a 2002 survey, most 14-17 year olds (78 percent) who had tried alcohol indicated that they experienced negative outcomes. These negative outcomes were: being unable to remember things or what they did (51 percent); throwing up or vomiting (44 percent); falling over and/or hurting themselves (41 percent); feeling guilty/embarrassed about what they did (40 percent); seeing or hearing everything in a confused way (35 percent); and getting into an argument or fight (27 percent).43

Alcohol consumption seriously affects the health and behaviour of many teenagers:

**Health:**
- For 15-17 year olds, the number of publicly-funded hospitalisations where the primary diagnosis was alcohol-related increased from 124 in 1996 to 170 in 2003. For 18-19 year olds, these hospitalisations increased from 55 in 1996 to 138 in 2003.44
- Anecdotal evidence suggests that 'spiking' drinks with 'date-rape' drugs is increasing.45 Sexual assaults linked to drink 'spiking' have increased public awareness of this issue.46
- Health concerns were highlighted when a Coroner ruled in September 2003 that a 19 year old had died in 2002 after drinking large quantities of low-strength rum.47

**Behaviour:**

*Drinking or possession of alcohol:*
- Drinking or possessing alcohol for consumption in a public place is an infringement offence for minors. There were 2,818 infringement notices

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44 Lash, p.41.
45 'Date rape: drink more common than drugs', *Dominion Post*, 1 September 2003, p.1.
for minors under 18 years issued in 2000 and 3,121 issued in 2004.

- Apprehensions of under 18 year olds for drinking or possessing alcohol for consumption in a public place decreased from 943 in 1995 to 100 in 2004.
- Apprehensions of under 18 year olds for being in restricted or supervised areas on licensed premises decreased from 468 in 1995 to 17 in 2004.  

**Disorderly behaviour:**

- In 2002, 27 percent of 14-17 year olds indicated that they had become involved in an argument or fight because of drinking.

**Traffic offending:**

- The number aged between 14 and 17 years prosecuted for driving with excess breath or blood alcohol increased from 911 in 1999 to 1,184 in 2004.
- The number of 18 or 19 year olds prosecuted for driving with excess breath or blood alcohol fluctuated between 1,990 and 2,274 from 1995 to 1999 and increased to 2,978 in 2004.
- The number of 15-19 year old drivers in crashes where alcohol was recorded as a contributing factor decreased from 399 in 1994 to 231 in 1999. This trend continued into 2000 before the number increased to 298 in 2003.
- The percentage of drivers aged under 20 exceeding their legal breath alcohol limit from random roadside breath-testing data declined from 3.3 percent in 1997 to 1.4 percent in 2004.

Internationally, in 2001, 25 percent of American males (18 percent of females) and 23 percent of Australian males aged 14-19 years (21 percent of females) reported 'binge drinking' in the past month. A 2003 survey found that 24 percent of 15-16 year old males (25 percent of females) in the United Kingdom had been drunk ten times or more during the last 12 months.

International studies show a significant association between alcohol consumption and adverse events or injuries. These range from assault, falls, unsafe sex, and suicide attempts to injuries in the home, at work, on the street, and during sport. Males between 14 and 19 appear to be particularly prone to drinking to a level that produces a three-fold increase in the risk of injury. In 1998 the Australian mortality rate for alcohol-related disease per million people

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48 Lash, pp.21 and 24.
49 YDM 2002, p.49.
50 Lash, pp.36, 38, and 35.
51 ‘Binge drinking’ is defined as five or more drinks on one occasion. US Department of Health and Social Services, The National Household Survey on Drug Abuse Report - Comparison of Substance Use in Australia and the United States, 1 August 2003.
aged from 15 to 19 was 122 for males and 34 for females.\textsuperscript{54} Figures from Great Britain indicated in 2001 that 6.4 percent of all vehicle drivers and riders under 17 years and 5.3 percent aged 17-19 in accidents who were breath tested failed the test.\textsuperscript{55} A 2003 report estimated that drunken behavior and violent crimes resulting from adolescent drinking annually cost the U.S. $53 billion.\textsuperscript{56}

According to the NAS 2000, the most common reasons given by those aged 14 to 17 years for drinking were: the serving of alcohol at occasions attended; money to spend; the ease of purchasing alcohol; and life problems (see Table 4).

**Table 4. Reasons for drinking among 14-29 age bracket 1995 and 2000**

Reasons given:
1. Alcohol is now served at most of the social occasions I attend
2. I have more money available to spend on alcohol
3. The range of places selling takeaway alcohol makes it easier to buy
4. Because of problems and stress in my life
5. Takeaway alcohol is more readily available if supplies run out
6. I can buy wine in supermarkets
7. Because more places serving alcohol are open longer
8. It is cheaper now
9. It is safe for my health to drink a certain number of drinks
10. I feel like a drink when I see an advertisement on television

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>14-17</td>
<td>14-17</td>
<td>18-29</td>
<td>18-29</td>
<td>14-17</td>
<td>14-17</td>
<td>18-29</td>
<td>18-29</td>
<td>14-17</td>
<td>14-17</td>
</tr>
<tr>
<td>1</td>
<td>64</td>
<td>55</td>
<td>54</td>
<td>39</td>
<td>78</td>
<td>52</td>
<td>41</td>
<td>38</td>
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<td>2</td>
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<td>45</td>
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<td>9</td>
<td>3</td>
<td>6</td>
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</tbody>
</table>

**Drinking in New Zealand**, p.40.

A 2003 survey indicated that many 14-17 year olds believed that drinking made it easier to meet and get to know people, gave them a ‘buzz’, and helped them to relax (see Table 5).

Many teenagers believe it is acceptable to get drunk, at least occasionally. In 2003, 84 percent of heavier drinkers and 77 percent of lighter drinkers aged 14-17 years believed that it was ok to get drunk as long as it was not every

\textsuperscript{54} Australian Institute of Health and Welfare, p.166.
\textsuperscript{56} ‘The high cost of teen drinking’, p.67.
With regard to ethnicity, in 2000, 77 percent of Māori 14-18 year olds (26 percent of Māori parents) and 68 percent of non-Māori (22 percent of parents) believed it was ok to get drunk as long as it was not too often. The acceptability of drinking is influenced by the fairly relaxed attitudes towards drinking in New Zealand.

### Table 5. Beliefs about benefits of drinking, 14-17 year olds, 2003

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Drinker</th>
<th>Heavier</th>
<th>Lighter*</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I drink alcohol it is easier to meet and get to know people</td>
<td>85</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>I enjoy the ‘buzz’ I get when I drink alcohol</td>
<td>77</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>Alcohol helps me wind down and relax</td>
<td>75</td>
<td>59</td>
<td></td>
</tr>
<tr>
<td>Its easier to chat to people when I drink alcohol</td>
<td>73</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Everything seems happier when I drink alcohol</td>
<td>69</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>I feel more confident when I drink alcohol</td>
<td>62</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>I regularly play drinking games with my friends</td>
<td>53</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>I am more likely to engage in sexual activity when I drink alcohol</td>
<td>50</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Drinking alcohol gives me something to do</td>
<td>49</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Having a drink with friends and family gives me a sense of belonging</td>
<td>45</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>I drink to get drunk</td>
<td>42</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>I drink alcohol because everyone else I socialise with does</td>
<td>22</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>I drink alcohol to escape reality</td>
<td>18</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

* ‘Heavier drinker’: those who reported drinking five or more glasses of alcohol on their last drinking occasion; ‘Lighter drinker’: those who reported drinking less than five glasses of alcohol on their last drinking occasion. 2003 YDM, pp.54-56.

ALAC research shows that the reasons adults and young people drink are similar but that adults have different reasons for moderating consumption. These reasons include work and family commitments.

Similar factors influence drinking trends abroad. Scottish research published in 2001 on drinking amongst 15-24 year olds found:

- Importantly, drinking alcohol generated fun which was a central aim, and reduced inhibitions and enabled enjoyment.
- It promoted confidence, not only in meeting members of the opposite sex, but also in other potentially embarrassing situations such as dancing, or entering new social environments.
- It provided relaxation, ‘switching off’ and a reward for hard work.
- It licensed childishness, providing the ultimate excuse for bad

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57 2003 YDM, p.53. Heavier drinkers are defined as those who drank five or more “glasses” of alcohol on their last drinking occasion, and lighter drinkers as those who drank less than five “glasses” of alcohol on their last drinking occasion. 2003 YDM, p.19.


59 Sandra Meredith, Ministry of Youth Affairs, personal correspondence, 31 October 2003.

60 Wendy Moore, ALAC, personal correspondence, 23 October 2003.
behaviour, a welcome break from being ‘grown-up’ all the time.\(^{61}\)

A 2002 survey of Australian 14-24 year olds found that the most common reasons for drinking were: to fit in at social activities (42 percent); the taste was likeable (17 percent); and to help relax (16 percent).\(^{62}\)

**Addressing Alcohol Issues**

In 1997 there were 158 treatment services for New Zealanders with alcohol-related dependency. They included health service counselling centres, detoxification units, psychiatric hospitals, day centres, residential treatment programmes, and individual counsellors.\(^{63}\) Debate has arisen over the effectiveness of some treatment providers.\(^{64}\)

Legislation and policies directly affecting teenage drinking include:

**Price of alcohol:** Research shows that increasing alcohol prices can reduce consumption. It is estimated that a 10 percent increase in the real price of beer (the largest component in New Zealand’s alcohol consumption) would reduce beer consumption by 10.2 percent.\(^{65}\)

In May 2003, a tax on light spirits added $4.45 to 750ml bottles and $6.65 to 1125ml bottles. The aim of this tax is to reduce the amount of very low priced high alcohol content drinks on the market, and to price them out of the teenage market. ALAC believes that this policy has been “very successful”, the production of light spirits declining by 75 percent, and that it will ultimately deter younger drinkers.\(^{66}\)

Alcohol Healthwatch has advocated a general tax rise on alcohol, and a minimum price on all alcohol sold. ALAC has indicated that it prefers a flat tax based on the alcohol content of beverages. It does not support a minimum price.\(^{67}\)

A 2003 National Academy of Sciences report on drinking in the U.S. recommended increasing excise tax rates on alcohol. This was because the price of alcohol, after adjusting for inflation, was lower than it was 30 to 40 years ago. According to the report the cost of alcohol deters underage drinkers, and higher tax rates should be tied to the Consumer Price Index to keep pace with inflation.\(^{68}\) However, the alcohol brewing industry has disputed the report’s conclusions.\(^{69}\)

**Legal purchasing age:** The impact of reducing the legal age for purchasing alcohol is unclear. Teenage alcohol consumption increased between 1995 and 2000 (see Graphs 2 and 3), and ALAC estimates that 16 people aged 18-19

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\(^{65}\) The consumption of spirits appears to be price inelastic. ALAC, *Assessment of the health impacts*, p.46.

\(^{66}\) Moore, personal correspondence, 23 October and 5 November 2003; and ‘Drink tax missing its target hospital just as busy’, *Press*, 25 September 2003, p.3.

\(^{67}\) ‘Call to lift tax on drink’.


\(^{69}\) Beer Institute, *A Statement From Jeff Becker, President of Beer Institute*, 9 September 2003. Available from [http://www.beerinstitute.org/pr/pr_090903_2.htm](http://www.beerinstitute.org/pr/pr_090903_2.htm), accessed 18 May 2005. The relevance of U.S. research has been questioned as the U.S. has a minimum drinking age and New Zealand has a minimum purchase age. Moore, personal correspondence, 23 October 2003.
years may have died in 2000 due to lowering the age.\(^{70}\)

According to the Ministry of Justice in 2005, statistics “show a mixed and partial picture of the possible impact, with no clear picture of whether the change (the lowered age) has had a detrimental effect on young people’s drinking behaviour”.\(^{71}\) According to the 2003 YDM fewer teenagers aged 14 to 17 are trying alcohol, and fewer teenagers currently drink compared to the 2002 survey. The proportion who drank five or more drinks on their last drinking occasion (‘binge drinking’) has also dropped (see Table 3).\(^{72}\)

International findings are mixed. An American survey from 1976-1987 found that states with a Minimum Legal Drinking Age (MLDA) of 18 years had higher rates of consumption among high school seniors than states with a MLDA of 21. College students who attended high school in a state with a MLDA of 18 drank more as college students than those who had gone to high school in a state with a MLDA of 21. Across all states that increased their MLDA from 18 (to 19, 20, or 21), alcohol consumption declined 13 percent immediately after the change and decreased slightly more in the next two years.\(^{73}\) However, research on the drinking patterns of 16-19 year olds in Massachusetts from 1980-1982, during which time the MLDA increased from 18 to 20, concluded that the average daily consumption of alcohol in the 16 to 19 year age group did not decline.\(^{74}\)

**Policing and Enforcement:** The 2003 YDM indicates that 41 percent of 14-17 year old current drinkers who personally purchase alcohol are hardly ever or never asked for identification (compared to 53 percent in 2002).\(^{75}\) ALAC believes that legislation should be enforced both for under age purchase and for serving intoxicated persons.\(^{76}\) Moves to enforce legislation include the closure of an Auckland restaurant in October 2003 for eleven days after serving alcohol to minors.\(^{77}\)

Adults who provide alcohol to underage drinkers have been targeted by the ‘Think Before You Supply Under 18s’ education campaign. For instance, in late 2004 the campaign received publicity in Taranaki as part of a strategy reminding people to think of the consequences of supplying alcohol to minors.\(^{78}\)

The Enhanced Alcohol Intelligence Project aims to assist the Police collect and utilise data about alcohol consumption from offenders and victims of crime. Under the project it is mandatory for all offenders under the influence of alcohol to be questioned on how much and where they drank. Using the data gathered to direct Police operations around the monitoring of licensed premises has been shown to reduce alcohol-related crime and harm in the

\(^{70}\) ALAC, Assessment of the health impacts, p.10.

\(^{71}\) Lash, p.3.

\(^{72}\) ‘Some Positives In Teen Drinking’.


\(^{74}\) ALAC, Assessment of the health impacts, pp.36-37.

\(^{75}\) The number of surveyed current drinkers who personally purchase alcohol is relatively low (35) and hence results should be treated with caution. 2003 YDM, p.42.

\(^{76}\) Moore, personal correspondence, 23 October 2003.

\(^{77}\) ‘Restaurant Suspended For Alcohol Breach’, Newsroom Agency Story, 12 October 2003. It should be noted that the legality of Police ‘sting’ operations using under-age drinkers has been questioned. See ‘Loophole curbs police liquor stings’, Dominion Post, 24 October 2003, p.3.

community. It has been reported that the first results should be produced in 2005.\textsuperscript{79}

International research indicates that the enforcement of regulations governing the sale of alcohol can reduce its supply to underage drinkers. A Michigan State Police compliance check programme found that whereas about 75 percent of licensed sellers sold to underage customers at the start of the programme only 20 percent sold to these customers by the programme's end. Similarly, the Denver Police Department's compliance check programme reported a decrease in sales to underage buyers from 59 percent of attempts at the programme's start to 26 percent after two compliance checks.\textsuperscript{80}

\textit{Drink/driving laws:} New Zealand has a lower legal maximum Blood Alcohol Content (BAC) limit for drivers under the age of 20 years (0.03 percent compared with 0.08 percent for older drivers). According to ALAC, the BAC limit and the graduated licensing system are effective measures in reducing alcohol-related harm to young New Zealanders. Seventeen U.S. states have lowered the legal BAC limit from 0.10 to 0.08 percent. States that have adopted a 0.08 percent limit have experienced significant decreases in alcohol-related fatal crashes.\textsuperscript{81}

\textit{Research:} ALAC has identified areas where more research is needed. These areas include:

- A standard alcohol indicator on national morbidity and mortality data.
- Benchmarking and trend data for young people, especially in the areas of fetal alcohol syndrome, alcohol-related mental health disorders, and sexual harassment.
- Improved collection of ethnicity data.\textsuperscript{82}

The need for research into the effectiveness of strategies to combat underage drinking is internationally recognised.\textsuperscript{83}

\textit{Coordination of government agencies and organisations:} The advantages of a multi-agency and multi-level approach have been identified. For instance, Dare to Drive to Survive (DARE) programmes involve close cooperation between the Police, secondary schools, and tertiary institutions, and have been designed in association with the Road Safety Trust and the private sector. The programmes aim to help young people make informed decisions about alternatives to driving after drinking, and to help safeguard students at social occasions where alcohol is served.\textsuperscript{84}

The Action Plan on Alcohol and Illicit Drugs brings together key government agencies such as ALAC, the Ministry of Education, and the Ministry of Health to work together on projects aimed at minimising harm caused by alcohol and illicit drug use. Projects completed include the review of literature on the

\textsuperscript{79} 'Survey shows an arresting story', \textit{Dominion Post}, 13 September 2004, p.5; Sandra Kirby, ALAC, personal correspondence, 29 October 2003; and ALAC, 'Link between crime and alcohol', Media release, 26 August 2004.


\textsuperscript{81} ALAC, \textit{Assessment of the health impacts}, p.47.

\textsuperscript{82} Ibid., pp.49-51.

\textsuperscript{83} See National Academies, \textit{Nationwide Strategy}.


\textit{Bylaws:} As already noted, local territorial authorities are directly responsible for the availability of alcohol through the District Plan process. Local territorial authorities control the number of licensed premises in any one area.

Under the Local Government Act 2002 (s.147 (2)):

A territorial authority may make bylaws for its district for the purpose of prohibiting or otherwise regulating or controlling, either generally or for 1 or more specified periods,—

(a) the consumption of liquor in a public place:
(b) the bringing of liquor into a public place:
(c) the possession of liquor in a public place:
(d) in conjunction with a prohibition relating to liquor under paragraphs (a) to (c), the presence or use of a vehicle in a public place.


Bylaws overseas have reduced crime. A bylaw in Manchester, England, allowing the Police to seize alcohol from people drinking in public places led to a reduction in assaults over Christmas 2000 and the New Year, and contributed to a 10 percent drop in crime in the city centre.\footnote{‘Bylaw banning public drinking to go national’, \textit{Guardian Unlimited}, 3 January 2001. Available from \url{http://society.guardian.co.uk/drugsandalcohol/story/0,8150,417433,00.html}, accessed 19 May 2005.}

\textit{Advertising restrictions:} In 1987 the major breweries started to produce television commercials advertising the corporate body. In 1990 the Broadcasting Standards Authority released a discussion document on alcohol advertising, and in 1991 conducted a review. This led to alcohol brand advertising being allowed in 1992.\footnote{Bylaw banning public drinking to go national”, \textit{Guardian Unlimited}, 3 January 2001. Available from \url{http://society.guardian.co.uk/drugsandalcohol/story/0,8150,417433,00.html}, accessed 19 May 2005.} Since 1 September 2003 television liquor advertising has been allowed from 8.30pm. The change followed the adoption by the Advertising Standards Authority in August 2003 of the report of a panel that reviewed broadcast liquor advertising. The panel recommended allowing liquor adverts to screen from 8.30pm each night rather than 9pm. This was on the basis that the earlier time was the ‘watershed’ for ‘adults only’ programmes and there was no need for two close ‘watersheds’. However, the panel urged a significant tightening of existing sanctions against advertising aimed at young people, saying ‘ready-to-drink’ spirit-based products had contents and
packaging that "clearly appealed to children and young teenagers". 91

New Zealand research published in 1994 estimated that the average 5-14 year old saw almost 300 alcohol advertisements on television per year, and the average 10-17 year old saw almost 400. 92 Another 1994 study, found that males who could recall more alcohol advertising at age 13 reported drinking larger quantities of alcohol at 18 years of age. 93 The NAS 2000 found that 10 percent of 14-17 year old males and nine percent of females in this age group felt like a drink after watching a television advert (see Table 4).

International behavioural and consumer studies/research indicate that advertising affects youth behaviour – particularly their beliefs and expectations of life; creates an impression that drinking alcohol is a norm in all societies; and contributes to an environment that is hostile to public health measures and messages.94

Conclusion

Alcohol is the most popular drug in New Zealand and the Sale of Liquor Act 1989 and Sale of Liquor Amendment Act 1999 have increased its availability. Alcohol is widely consumed by teenagers with the average age of those starting to drink falling and consumption increasing from 1995 to 2000. The number of drinks consumed per occasion has increased for heavier drinking 14 to 17 year olds. However, the percentage of 14-17 year olds who have ever tried alcohol fell from 2001 to 2003. Most teenagers indicate that they have consumed enough to feel drunk at least once a year.

Data on the effect of reducing the legal minimum age for purchasing alcohol from 20 years to 18 years in 1999 is mixed. The Sale of Liquor (Youth Alcohol Harm Reduction) Amendment Bill was introduced into Parliament in May 2005.

The impact of drinking is wide-ranging. Many teenagers have been hospitalised where the primary diagnosis is alcohol-related, and behavioural problems include disorderly conduct and traffic offending.

The most common reasons given by those aged 14 to 17 years for drinking are: the serving of alcohol at occasions attended; money to spend; the availability of alcohol; and life problems. Many teenagers believe that it is acceptable to get drunk, at least occasionally.

Legislation and policies directly affecting teenage drinking include: the price of alcohol; the age at which alcohol can be legally purchased; the policing and enforcement of relevant laws; the presence of drink/driving laws; research into alcohol consumption and its consequences; the introduction of bylaws restricting the consumption of alcohol; and restrictions on the advertising of alcohol.

91 ‘TV liquor ads can screen earlier’, Dominion Post, 2 August 2003, p.4.
Suggestions for further reading / links

ALAC, *Assessment of the health impacts of lowering the minimum legal age for purchasing alcohol in New Zealand*, April 2002. Available from


http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.1.pdf


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