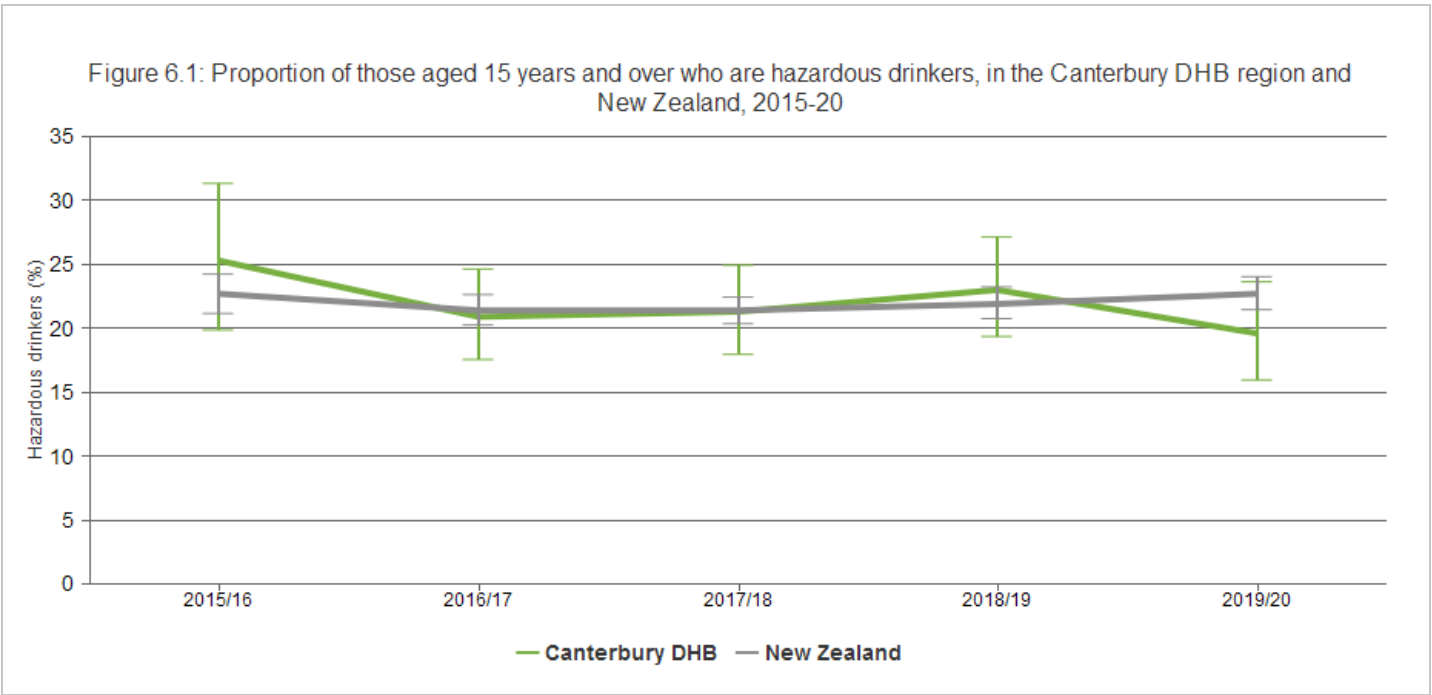


Health: Hazardous drinking

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Alcohol is the most commonly used recreational drug in New Zealand, and approximately one-in-five people over the age of 15 drink alcohol at levels that may be considered hazardous [31]. Hazardous drinking refers to an established drinking pattern that carries a risk of harming the drinker’s physical or mental health, or having harmful social effects on the drinker or others [32,33]. Alcohol is causally related to over 60 different health conditions and for almost all of these conditions, heavier alcohol use means higher risk of disease or injury (the level of consumption that minimises health loss is zero) [34-36]. It is estimated that between 600 and 1,000 people die from alcohol-related causes each year in New Zealand [37].

This indicator presents the proportion of those 15 years and over who are hazardous drinkers, using New Zealand Health Survey data, 2016/17 and 2017/18. Hazardous drinking is defined as a score of 8 or more on the 10-question Alcohol Use Disorders Test (AUDIT) [32].



The figure shows that in the Canterbury DHB region and New Zealand, approximately one-in-five respondents over the age of 15 drink alcohol at levels that may be considered hazardous.

Breakdown by ethnicity



The figure shows the proportion of Māori, Pacific, Asian, and European/Other respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous, for the period 2014–17 to 2017–20 (Māori, 32.8%; Pacific, 24.2%; Asian, 4%; European/Other, 23.1%, for 2017–20). For both the 2014–17 and 2017–20 timepoints, the proportion of Māori respondents reporting hazardous drinking was statistically significantly higher than for the Asian, and European/Other groups. Pacific respondents reported hazardous drinking at similar levels to that of Māori respondents. The proportion of Asian respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous was statistically significantly lower than for Pacific, Māori, and European/Other respondents, for both 2014-17 and 2017-20. Note: the time series for the pooled data for this indicator is currently limited to two timepoints due to sample size limitations.

Breakdown by age



The figure shows the proportion of Māori, Pacific, Asian, and European/Other respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous, for the period 2014–17 to 2017–20 (Māori, 32.8%; Pacific, 24.2%; Asian, 4%; European/Other, 23.1%, for 2017–20). For both the 2014–17 and 2017–20 timepoints, the proportion of Māori respondents reporting hazardous drinking was statistically significantly higher than for the Asian, and European/Other groups. Pacific respondents reported hazardous drinking at similar levels to that of Māori respondents. The proportion of Asian respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous was statistically significantly lower than for Pacific, Māori, and European/Other respondents, for both 2014-17 and 2017-20. Note: the time series for the pooled data for this indicator is currently limited to two timepoints due to sample size limitations.

Breakdown by gender



The figure shows that the proportion of respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous, is statistically similar for the 15 to 24 years, 25 to 44 years, and 45 to 64 years age groups, for the periods 2014–17 and 2017–20. However, the proportion of respondents aged 65+ years who indicated that they drink alcohol at levels that may be considered hazardous was statistically significantly lower than for all other age groups in both time periods.

Breakdown by deprivation



The figure shows the proportion of respondents, aged 15 years and over in the Canterbury DHB region, who indicated that they drink alcohol at levels that may be considered hazardous, by NZDep18 deprivation score. The differences in hazardous drinking between Canterbury respondents living in neighbourhoods that have the least deprived NZDep18 scores (Quintile 1) compared with the most deprived NZDep18 scores (Quintile 5) are not statistically significant.

Data Sources

Source: Ministry of Health.

Survey/data set: New Zealand Health Survey to 2020. Access publicly available data from the Ministry of Health website

https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/_w_c2718a23/#!/explore-indicators

Source data frequency: Survey conducted continuously with data reported annually. Regional results (pooled data) released every 3 years.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/our-wellbeing/index-data>

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