

The Way We Drink

**The development of a social marketing and public education programme to promote
“*more moderation and less harm*”
among New Zealand drinkers**

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This paper describes the research conducted in 2003 to inform the development of a social marketing and public education programme to promote “*more moderation and less harm*” among New Zealand drinkers. The paper provides a brief summary of the historical context in which New Zealanders drink, how this influenced the design of this research programme, and proceeds to a discussion of key research findings. It concludes with a summary of preliminary considerations with respect to the development of a social marketing and public education programme.

Background and Introduction

Background

New Zealand, the Pacific's largest island nation, has a total population of four million people. Nearly 15% of the population are Māori, the indigenous people of the country. Māori were well organised at the time of European settlement in the early to mid 1800s. Reflecting this organisation, unlike other colonised countries, a contract between Māori iwi and the British government was developed and signed in 1840. The Treaty of Waitangi has been considered the country's founding document. People from Pacific nations form large ethnic minorities in New Zealand, and total nearly 6% of the total population.

Alcohol remains something of an enigma within New Zealand society. New Zealand is one of the few countries in the world where the indigenous people had not developed alcoholic beverages (Hutt, 1999). A temperance campaigner Reverend W.J. Williams said in 1930, "*The white man and the whisky bottle came to New Zealand together*". Today, the majority of the population drink alcohol – national surveys indicate 88% of men and 83% of women are drinkers, with most considering that they use alcohol safely (Habgood et al, 2001).

The production, distribution and sale of alcohol make a significant contribution to the economy – with sales estimated at 4% of GDP, and the food, beverage and hospitality industries employing over 7% of New Zealand's current workforce. However, New Zealand has evolved a culture of drinking that creates significant harm for many individuals, families and whānau, children and communities (see Appendix A for a glossary of terms, e.g. "whānau"). This culture accepts excessive drinking as being part of a "*work hard, play hard*" ethic, and supports it through its stories, its humour and its behaviour. This culture comes with both a human and a financial cost.

The total cost of alcohol-related harm in New Zealand has been estimated at between NZ\$2.15 – 2.59 billion per year (Barker, 2002; Easton, 2002). This is a combination of health and crime costs, and production and productivity losses. Based on international estimates the costs associated with acute effects (drinking to intoxication) are equal to or greater than those associated with chronic effects. Despite a dramatic lowering of the road toll over the past twenty years, and the recognised success of the drink driving campaign, alcohol remains the second leading contributor to fatal road crashes.

Total alcohol available for consumption in New Zealand fell from 1975 till the end of the 1990s. Despite this fall in total alcohol available for consumption, the amount consumed per occasion has increased – leading to heightened concern regarding binge drinking.

Introduction

In common with a number of Western countries, New Zealand government agencies had become increasingly concerned about teenage binge drinking during the 1990s. Over that time, the Alcohol Advisory Council of New Zealand (ALAC) set out, with a number of partner agencies, to use social marketing strategies to reduce youth drinking. In 1996 a campaign titled “*Where’s That Drink Taking You?*” was launched. BRC Marketing & Social Research was engaged by ALAC to monitor youth drinking and attitudes, as one element of campaign monitoring. Youth Monitors have been run annually since 1997 (excluding 1999), and showed little change in youth drinking trends and attitudes, despite some high profile marketing and integrated education and enforcement activity.

In 2001 ALAC reviewed all of its current activity and released its *2002-2007 Strategic Plan* (ALAC, 2002).

Within the strategy ALAC outlined, a framework that included a project to reduce the harm resulting from intoxication was a key consideration. In determining a first step towards this, young people were identified as the priority population. The decision to focus on young people was largely driven by widespread (and growing) public and political concern about young people’s drinking. Changes to the Sale of Liquor Act in 1999, the major piece of legislation governing the sale and supply of alcohol in New Zealand, had lowered the minimum legal purchase age for alcohol from 20 to 18 years. By 2002, concern over the impact of this legislative change had increased.

Against this background, in 2003 ALAC commissioned BRC Marketing & Social Research to conduct exploratory (qualitative) and confirmatory (quantitative) segmentation-based research among young people in New Zealand aged 12 to 17 years, to better understand their attitudes, beliefs and behaviours with regard to alcohol. This approach recognised that although we had monitored behaviours and general attitudes for some time, the psychological and other motivations that underpinned young New Zealanders’ drinking, were not well understood.

This significant research partnership, and the subject of this paper, is the culmination of over seven years’ partnership with ALAC on a range of alcohol-related research projects.

Importantly, based on evidence that emerged early in the life of the research programme, specifically that the attitudes and behaviours exhibited by young people reflected, for the most part, adult New Zealanders’ attitudes and behaviours with regard to alcohol, it was subsequently agreed that the scope of the research be expanded to include adults. This effectively brought forward ALAC’s intention to inform the whole population in terms of attitudes and behaviours toward intoxication.

See Appendix C for organisation profiles for ALAC and BRC Marketing & Social Research.

Overview of the research programme

The research programme for young people

Before expanding the scope of the research programme to include adults, the primary objective was to provide empirical evidence as input to a social marketing “blueprint” for the development of a social marketing and public education programme for young people.

The research incorporated both exploratory (qualitative) and confirmatory (quantitative) components in order to comprehensively describe and characterise young people on the basis of their attitudes and behaviours with regard to alcohol. It also drew extensively from the experiences and findings arising from five earlier Youth Drinking Monitors conducted since 1997 by BRC Marketing & Social Research (Edgar et al, 1997; Edgar et al, 1998; de Bonnaire et al, 2000; Fryer et al, 2001; Fryer et al, 2002; Kalafatelis et al, 2003a), as well as ongoing evaluations of the “*SIP – Stay-in-Play*”/*Mahia-te-Mahi* initiative since 2001 (Kalafatelis et al, 2003b). (The “*SIP – Stay-in-Play*”/*Mahia-te-Mahi* initiative is run in the form of a talk-back radio programme on both the Mai FM Auckland radio network, and the Māori-governed *Mahia-te-Mahi* radio network. BRC Marketing & Social Research have been responsible for ongoing evaluation of this programme.)

This research programme presents as the first of its kind conducted on this important social issue in New Zealand. Specifically, it deliberately departed from the “stock take” approach of simply describing or measuring attitudes and behaviours with respect to alcohol, but was designed to explore in-depth the attitudinal “hot buttons” or “triggers” that explain, for example (Kalafatelis et al, 2003a):

- Why two in five (42%) underage current drinkers “really started drinking” before they were 15 years of age.
- Why one in five (20%) underage current drinkers consume alcohol on at least one occasion each week.
- Why one-quarter (23%) of underage current drinkers drank at or beyond “binge” levels (i.e. five or more standard drinks) on their last drinking occasion.
- Why one-third (31%) of current underage drinkers are drinking more than they were last year.
- Why 30% of young people reported they had responded positively to the messages communicated by the “*SIP – Stay-in-Play*”/*Mahia-te-Mahi* initiative (Kalafatelis et al, 2003b).

Without answers to these “why” questions, ALAC recognised that it would be difficult to develop an effective social marketing campaign targeting young people, and one that specifically addresses and takes into account the following:

- How young people (in particular young people less than 18 years of age) view their drinking.
 - How (and on what basis) do they define “heavy” or “binge” drinking? Is it defined in terms of quantities/volumes drunk, and/or in terms of type of drink, and/or in terms of the drinking occasion or circumstances?
 - Importantly, how (and on what basis) do they define “risky” drinking? Are “risky” and “heavy”/“binge” drinking one in the same?
 - Importantly, do young people share ALAC’s view that the consumption of five or more “standard drinks” on any one drinking occasion is regarded as “binge” drinking, and potentially harmful?
- What differentiates a young person (and especially a young person under 18) who is a “non-drinker” from one who drinks in “moderation” and, in turn, from one who is a “heavy” or “binge” drinker (aside from the known differences based on demographics such as age)?
 - What differentiates them in terms of their social, environmental and inter-personal characteristics? (Perry et al, 2002).
- What are young people’s respective “hot buttons” or “trigger points”?
 - That is, what things or “drivers” do they react positively to (i.e. “triggers”) and what things do they react less positively to, particularly in the context of changing their attitudes and behaviour to alcohol?
 - What are the perceived and/or real benefits that are likely to reinforce positive changes in behaviour and particularly towards moderation (including a delay in starting to drink)?

An attitudinal, behavioural and demographic segmentation of young people

The qualitative research stage provided answers to the above (and more) questions, and identified the existence of three distinct sub-populations, or segments, as follows:

- *Delayed Starters* – young people who do not currently drink, or who for a variety of reasons have made a conscious decision to delay starting to drink alcohol.
- *Conscious Moderators* – young people who do currently drink alcohol, but in doing so are mindful of the need to balance the benefits and negative consequences of consumption.
- *Uninhibited Binge Drinkers* – young people who typically drink at levels that may have adverse short and/or long-term effects, and for whom the benefits of drinking (to excess) outweigh the negative consequences.

The second-stage of the research involved a nationally representative survey of 626 New Zealand youth aged 12 to 17 years, stratified on the basis of gender and ethnicity, to measure and describe the segments in terms of a range of attitudinal, behavioural and demographic characteristics.

Importantly, in light of Māori and Pacific Peoples being identified as priority audiences in ALAC's 2002 – 2007 *Strategic Plan*, these ethnic sub-populations were deliberately over-sampled (stratified), and resulting survey data weighted to known population parameters.

As is often the case in segmentation studies, the survey of young people simultaneously confirmed, but also extended and described, the segmentation model developed in the qualitative research stage. Specifically, it identified the existence of a fourth young people's drinking segment, that effectively sits between the *Delayed Starter* and *Conscious Moderator* segments:

- *Supervised Drinkers* – toward the younger end of the 12 to 17 year old age group, this segment can be broadly described as beginning to experiment with alcohol, but typically under close adult (e.g. parent/caregiver) supervision. They were found to exhibit similar behaviours to the *Conscious Moderator* segment, but tend toward less frequent consumption, and at lower levels.

Furthermore, on the basis of a detailed understanding of the attitudinal, behavioural and demographic characteristics that underpinned each segment, segment labels were modified as follows:

- *Delayed Starters* were relabelled *Current Non-Drinkers*.
- *Supervised Drinkers* were not relabelled.
- *Conscious Moderators* were relabelled *Social Binge Drinkers*.
- *Uninhibited Binge Drinkers* were relabelled *Uncontrolled Binge Drinkers*.

Expanding the scope of the research to include adults

As previously mentioned, early in the life of the young people's research, it was hypothesised that young New Zealander's attitudes and behaviour with regard to alcohol might reflect, for the most part, adult New Zealander's attitudes and behaviours (i.e. young people are modelling adult attitudes and behaviour).

Accordingly, the scope of the research was expanded to include adults. The research design was broadly similar to that for young people, i.e. an exploratory qualitative stage to identify adult drinking segments, followed by a representative survey of adults. However, because of the significantly wider age range of the adult population aged 18 years and older, it was agreed to stratify the sample on the basis of age, as well as gender and ethnicity. As such the adult survey involved a nationally representative survey of 1,157 New Zealand adults aged 18 years and older.

The decision to define young people as those aged under 18, and adults as those aged 18 years and older, was based on the legal age for purchasing alcohol, and having access to licensed premises without parental supervision from 18 years of age.

The adult research confirmed the hypothesis that young New Zealander's attitudes and behaviour with regard to alcohol were largely a reflection of adult New Zealander's attitudes and behaviours.

Consequently, the research identified four segments broadly similar to the segments of young people, although differentiated in the following important ways:

- In light of the age of the adult sample and the minimum legal purchasing age for alcohol, no *Supervised Drinker* segment emerged.
- Two “binge” drinking segments emerged – *Constrained Binge Drinkers* and *Uninhibited Binge Drinkers*. Although they exhibited similar (risky) drinking behaviours, these two segments were differentiated primarily in terms of their attitudes towards alcohol.

In particular, *Constrained Binge Drinkers* tend toward a more balanced view of the benefits and negative consequences of drinking alcohol, while for *Uninhibited Binge Drinkers*, the benefits of drinking (to excess) typically outweigh the negative consequences. This latter segment is similar to the *Uncontrolled Binge Drinker* young people’s counterpart, notwithstanding obvious demographic differences, and some important attitudinal and behavioural differences.

The final segmentation of adults identified the following drinking segments:

- *Non-Drinking Adults*.
- *Consciously Moderating Adults*.
- *Constrained Binge Drinkers*.
- *Uninhibited Binge Drinkers*.

Segment findings are described in the subsequent *Detailed Segment Characteristics* section.

The current New Zealand drinking culture

By way of a general summary of the current New Zealand drinking culture, it is one that is characterised by the following key findings:

- **New Zealand is a society in which many people are tolerant of drunkenness**

Not quite half (46%) of all people aged 12 years and older agree with the statement, *"It's never OK to get drunk"* (conversely, 49% of all people aged 12 years and older disagree with this statement).

Over two-fifths (41%) of all people aged 12 years and older agree with the statement, *"It's OK to get drunk as long as it's not every day"*.

Almost one-in-ten (9%) current drinkers aged 12 years and older admit they, *"Drink to get drunk"*.

- **As a result, it is a society in which many current drinkers appear to exercise little self-control**

One-quarter (26%) of all current drinkers aged 12 years and older disagree with the statement, *"I try not to drink so much I forget what I was doing or what happened"*.

Almost one-quarter (24%) of all current drinkers aged 12 years and older disagree with the statement, *"I limit the amount of alcohol I drink so that I don't wake up with a hangover"*.

- **Also a society in which many adults who currently drink don't appear to be concerned about their physical or mental well-being because of their drinking**

Over one-third (38%) of all current drinkers aged 18 years and older disagree with the statement, *"I am concerned about the long-term effects of alcohol on my physical well-being"*.

Over two-fifths (42%) of all current drinkers aged 18 years and older disagree with the statement, *"I am concerned about the long-term effects of alcohol on my mental well-being"*.

- **And a society in which many parents don't know about their children's drinking with respect to alcohol**

Although two-thirds (63%) of parents reported that they set strict rules about (their) children drinking alcohol, 21% admit that they do not. However, only one-half (52%) agree they know when their children drink.

- **However, New Zealand is also a society in which the 'benefits' of alcohol as a 'social lubricant' and 'relaxant' are recognised**

Over two-fifths (42%) of all current drinkers aged 12 years and older agree with the statement, *"When I drink alcohol it is easier to meet and get to know people"*.

Two-thirds (67%) of all current drinkers aged 12 years and older agree with the statement, *"Alcohol helps me wind down and relax"*.

Comparing young people and adults

Against this background, Table 1 (over) compares the results for some key survey questions between young people and adults.

The overwhelming conclusion is that young people who currently drink are more likely than adults to agree with the statements relating to the benefits of drinking alcohol, and more likely than adults to disagree with statements relating to the factors that inhibit drinking.

Their state of mind is best summed up in the number that condone drunkenness (59% of all young people, 12 to 17 years of age, agree with the statement, *"It's OK to get drunk as long as it's not every day"*), as well as the fact that 25% of young people who currently drink admit they do so *"to get drunk"*.

Table 1: Key comparisons between young people & adults

	Young people, 12 to 17 years	Adults, 18 years or older	All people, 12 years or older
Relative size			
<i>Population estimate</i>	335,000	2,725,000	3,060,000
General attitudes			
<i>It's never OK to get drunk</i>	36% agree (61% disagree)	47% agree (48% disagree)	46% agree (49% disagree)
<i>It's OK to get drunk as long as it's not everyday</i>	59% agree (38% disagree)	39% agree (59% disagree)	41% agree (57% disagree)
<i>I drink to get drunk (current drinkers)</i>	25% agree (71% disagree)	8% agree (90% disagree)	9% agree (88% disagree)
Benefits of drinking (current drinkers)			
<i>Alcohol helps me wind down and relax</i>	59% agree (39% disagree)	68% agree (28% disagree)	67% agree (32% disagree)
<i>I enjoy the buzz I get when I drink alcohol</i>	62% agree (34% disagree)	45% agree (49% disagree)	46% agree (48% disagree)
<i>When I drink alcohol it is easier to meet and get to know people</i>	62% agree (35% disagree)	39% agree (54% disagree)	41% agree (53% disagree)
<i>Having a drink with friends & family gives me a sense of belonging</i>	44% agree (53% disagree)	31% agree (65% disagree)	32% agree (64% disagree)
<i>I feel more confident when I drink alcohol</i>	45% agree (53% disagree)	27% agree (68% disagree)	28% agree (67% disagree)
<i>Everything seems happier when I drink alcohol</i>	49% agree (48% disagree)	24% agree (69% disagree)	25% agree (68% disagree)
Inhibitors to drinking (current drinkers)			
<i>I limit the amount of alcohol I drink when I have to drive</i>	61% agree (7% disagree)	90% agree (3% disagree)	88% agree (3% disagree)
<i>I limit the amount of alcohol I drink so that it doesn't affect my work</i>	n.a.	72% agree (14% disagree)	n.a.
<i>I limit the amount of alcohol I drink because of responsibilities to my family</i>	n.a.	71% agree (20% disagree)	n.a.
<i>I limit the amount of alcohol I drink so that I don't wake up with a hangover</i>	67% agree (32% disagree)	70% agree (23% disagree)	70% agree (23% disagree)
<i>I limit the amount of alcohol I drink so that I don't do anything I would regret later</i>	80% agree (18% disagree)	68% agree (24% disagree)	69% agree (24% disagree)
<i>I try not to drink so much I forget what I was doing or what happened</i>	67% agree (30% disagree)	61% agree (26% disagree)	62% agree (27% disagree)
<i>I am concerned about the long-term effects of alcohol on my physical well-being</i>	n.a.	52% agree (38% disagree)	n.a.
<i>I limit the amount of alcohol I drink so that it doesn't affect my physical performance</i>	74% agree (24% disagree)	n.a.	n.a.
<i>I can afford as much alcohol as I want</i>	24% agree (74% disagree)	49% agree (48% disagree)	47% agree (49% disagree)
<i>I am concerned about the long-term effects of alcohol on my mental well-being</i>	n.a.	46% agree (42% disagree)	n.a.

Table 1, continued

	Young people, 12 to 17 years	Adults, 18 years or older	All people, 12 years or older
Inhibitors to drinking (current drinkers) (continued)			
<i>I limit the amount of alcohol I drink so that it doesn't affect my mental performance</i>	78% agree (20% disagree)	n.a.	n.a.
<i>I limit the amount of alcohol I drink because of other financial commitments</i>	n.a.	46% agree (45% disagree)	n.a.
<i>I am <u>not</u> concerned about the long-term effects of alcohol on my physical appearance</i>	26% agree (70% disagree)	n.a.	n.a.
<i>I am concerned about the long-term effects of alcohol on my physical appearance</i>	n.a.	39% agree (48% disagree)	n.a.
<i>I worry about getting into a sexual situation that I might later regret if I drink too much</i>	71% agree (27% disagree)	34% agree (48% disagree)	36% agree (47% disagree)
<i>I am concerned about getting caught up in arguments or fights if I drink too much</i>	61% agree (37% disagree)	33% agree (54% disagree)	35% agree (53% disagree)
<i>I limit the amount of alcohol I drink because of religious beliefs or commitments</i>	25% agree (72% disagree)	15% agree (74% disagree)	15% agree (74% disagree)
Drinking behaviour			
<i>Have ever tried alcohol, even a sip?</i>	82%	96%	94%
<i>Current drinker</i>	52%	81%	78%
<i>Drink everyday/almost everyday</i>	3%	16%	15%
<i>Drink 2-3 times a week</i>	10%	26%	25%
<i>Drink once a week</i>	15%	22%	21%
<i>Drink once every 2 weeks</i>	19%	10%	11%
<i>Less frequently</i>	53%	27%	28%
<i>"Glasses" drunk last drinking occasion (based on current drinkers)</i>			
<i>5 or more</i>	33% (38% males, 27% females)	n.a.	n.a.
<i>7 or more</i>	n.a.	18% (23% males, 13% females)	n.a.

Note 1: In terms of the confidence interval around sample-based estimates for young people and adults respectively, population estimates are mid-point estimates, based on the 2001 Census of Population and Dwellings.

Note 2: Statements marked "n.a." were not asked of either the young people or adult samples, accordingly.

Note 3: See the main body of the report for a discussion relating to the term "glasses" [of alcohol].

Note 4: 5 or more alcoholic drinks is an agreed "marker" of binge or risky drinking for young people.

Note 5: 7 or more alcoholic drinks is an agreed "marker" of binge or risky drinking for adults.

Detailed segment characteristics

A wide range of alternative segmentation solutions were produced for each of young people, aged 12 to 17 years, and adults aged 18 years and older. The final segment models (separate models for young people and adults) were selected on the basis that they most powerfully discriminated the resulting segments, in terms of attitudes, behaviours and demographic characteristics. Importantly, the final segment models were also selected in order to fulfil more practical considerations, specifically that they made intuitive sense and were also of sufficient size to effectively reach in mainstream social marketing or public education programmes. This latter aspect is especially important in New Zealand, given the very small population base.

It is therefore purely coincidence that four segments were identified for both young people and adults. Based on the unique characteristics of each segment, as summarised earlier each segment has been given a descriptive name or label to best reflect the “essence” of the segment.

See Appendix B for a full description of the research and segmentation approach.

Segments of young people

Figure 1 shows the relative size of each of the four segments comprising young people, aged 12 to 17 years. Table 2 shows how the survey-based proportions extrapolate to the wider population of young people aged 12 to 17 years:

1. *Current Non-drinkers* – 50% of young people aged 12 to 17 years are current non-drinkers. They tend to be under 13 years of age and/or attend church.
2. *Supervised Drinkers* – 14% of young people aged 12 to 17 years. They drink only a few times a year, at home, and mainly with their parents/whānau.
3. *Social Binge Drinkers* – 22% of young people aged 12 to 17 years. They drink regularly (at least once every two weeks) and binge, mainly with their friends during weekends and holidays, and especially for the social benefits (comradeship, sense of belonging, confidence, etc.).
4. *Uncontrolled Binge Drinkers* – 14% of young people aged 12 to 17 years. They are typically male, drink more regularly than *Social Binge Drinkers* (at least once every week), and binge frequently with the intention of getting drunk.

Figure 1: Relative size of youth drinking segments

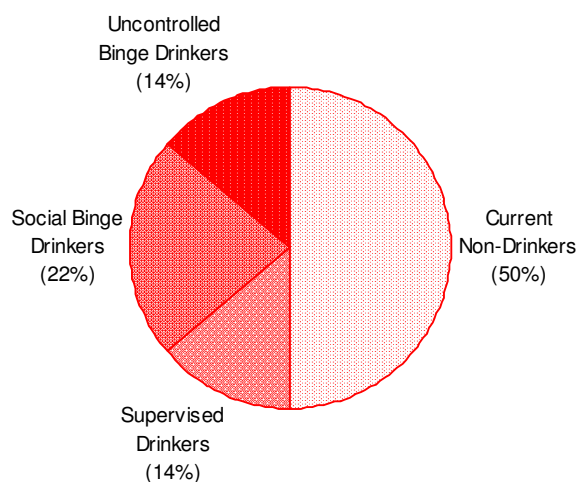


Table 2: Young people – segment size extrapolated to population size

Segment	Population estimate (aged 12 to 17 years)
Current Non-Drinkers	165,000
Supervised Drinkers	45,000
Social Binge Drinkers	75,000
Uncontrolled Binge Drinkers	50,000
Total	335,000

Note: In terms of the confidence interval around sample-based estimates for young people, population estimates are mid-point estimates, based on the 2001 Census of Population and Dwellings.

To illustrate some of the more important characteristics of the young drinking segments, Figure 2 shows the number of drinks consumed on the last drinking occasion by each segment. The key differentiating characteristics for young people are as follows:

- As noted above, young *Supervised Drinkers* drink infrequently – only a few times a year, and with their family/whānau. Most (58%) reported drinking less than two full “glasses” of alcohol on the last drinking occasion (see Appendix A for an operational definition of the term “glass”).

Evenly balanced in terms of gender, young *Supervised Drinkers* tend to be aged 14 years or older, and at school. They are concerned about the physical and mental effects of drinking too much alcohol, and especially about embarrassing themselves as a result of their drinking (including sexual situations) and having a hangover.

For example, 89% agree with the statement, “*I limit the amount of alcohol I drink so that I don’t do anything I would regret later*”.

- In contrast, young *Social Binge Drinkers* reported drinking more frequently than *Supervised Drinkers*, with almost two-thirds reporting that they drink between fortnightly and monthly. While most drank at most four glasses on the last drinking occasion, 25% consumed five or more. As their name suggests, much of their drinking is undertaken socially, with their friends at parties and social events. Some of these events are supervised; others are not. They drink because everyone else is drinking. Supply tends not to be an issue.

Drunkenness is condoned, as a normal part of drinking, despite agreeing with many of the inhibitor statements in the survey. For example, 82% agree with the statement, “*I try not to drink so much I forget what I was doing or what happened*”.

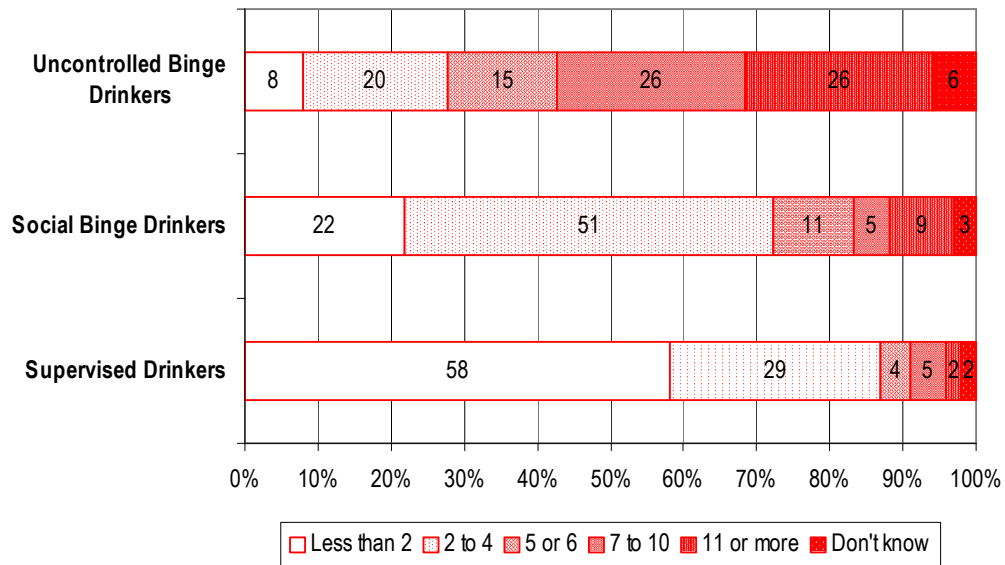
Social Binge Drinkers are evenly balanced in terms of gender, many are aged 16 years or older, and most are at school.

- Two-thirds (65%) of young *Uncontrolled Binge Drinkers* reported that they drink once every week if not more frequently. Two-thirds (67%) also reported drinking five or more glasses on the last drinking occasion (15% 5-6, 26% 7-10, and 26% 11+). Many (61%) reported that they were drinking more this year than they were in the previous year.

Most are males (64%) and aged 16 years or older, and Māori are over-represented at 28%. Compared to the other segments, one-third (33%) have either full or part-time employment. Twelve percent (12%) reported purchasing alcohol themselves, although many were supplied by their parents (86% reported being given alcohol by their parents in the last 6 months, to take to a social event independent of their parents).

At 92%, *Uncontrolled Binge Drinkers* are the most likely to agree with the statement, “*It’s OK to get drunk as long as it’s not every day*”, and compared to *Social Binge Drinkers* and *Supervised Drinkers*, they are the least likely to agree with the inhibitor statements. Drinking gives them greater confidence and by their own admission, something to do. They are the most likely to agree with the statement, “*I drink to get drunk*” (45%).

Figure 2: Number of drinks consumed by young people on the last drinking occasion



Segments of adults

As for young people, four segments were identified for adults. Figure 3 shows the relative size of each of the four segments comprising adults, aged 18 years and older. Table 3 shows how the survey-based proportions extrapolate to the wider population of adults aged 18 years and older:

1. *Non-Drinking Adults* – 19% of adults aged 18 years and older. They tend to be older (50 years or older), retired, and/or attend church. Pacific Peoples are more represented in this segment than any other group.
2. *Consciously Moderating Adults* – 29% of adults aged 18 years and older. They tend to be older (50 years or older), female, and drink only a few times a year.
3. *Constrained Binge Drinkers* – 23% of adults aged 18 years and older. They tend to be younger (less than 40 years of age), full-time wage and salary earners, and have (young) children in their households. They drink regularly (at least once every week) and binge, especially for the social benefits (comradship, sense of belonging, confidence, etc.). However, they are the most likely to agree that they inhibit their drinking because of concerns with the long-term physical and mental effects of drinking, and family and work commitments.

4. *Uninhibited Binge Drinkers* – 29% of adults aged 18 years and older. They are predominantly Pakeha European, just as likely to be female as they are male, and just as likely to be 40 years or older, as they are to be less than 40 years of age. They tend to be full-time wage and salary earners, with above average personal and household incomes. They also have children in their households, but unlike the *Constrained Binge Drinkers*, they are less concerned with the effects of their drinking. They drink regularly (often every day) and binge, mainly to unwind, and for the “buzz” and enjoyment.

Figure 3: Relative size of adult drinking segments

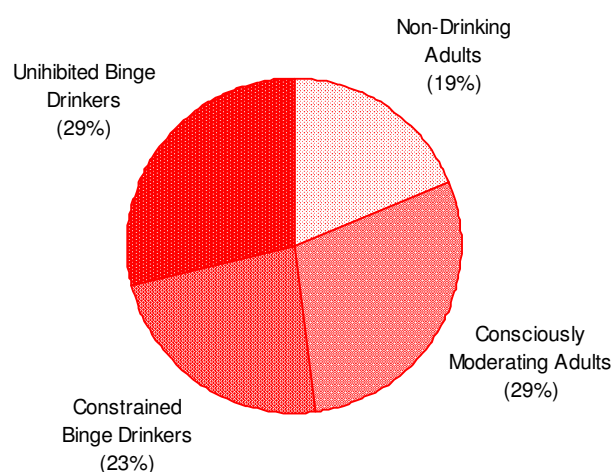


Table 3: Adults – segment size extrapolated to population size

Segment	Population estimate (aged 18 years or older)
Non-Drinking Adults	515,000
Consciously Moderating Adults	790,000
Constrained Binge Drinkers	635,000
Uninhibited Binge Drinkers	785,000
Total	2,725,000

Note: In terms of the confidence interval around sample-based estimates for adults, population estimates are mid-point estimates, based on the 2001 Census of Population and Dwellings.

To illustrate some of the more important characteristics of the adult drinking segments, Figure 4 shows the number of drinks consumed on the last drinking occasion by each segment. The key differentiating characteristics for adults are as follows:

- *Consciously Moderating Adults* reported drinking either reasonably frequently (weekly) or infrequently (once a month to a few times a year). Importantly, when they drink, most (67%) reported drinking less than two full glasses of alcohol on the last drinking occasion, with another one-third (28%) reporting that they consumed only two or three drinks.

Most *Consciously Moderating Adults* are female (63%) and over 50 years of age (60%). Many are retired. Because of this demographic profile, they are the least likely segment to have children in the household. Personal incomes tend to be below the national average.

They are the least likely to condone drunkenness, with 73% agreeing with the statement, *"It's never OK to get drunk"*. They consciously limit the amount of alcohol they consume, even in the company of friends and family. They are the least likely to identify benefits associated with drinking.

- Most *Constrained Binge Drinkers* reported drinking at least weekly (64%), with about one-third having consumed seven or more glasses on the last drinking occasion (16% 7-10, 13% 11+).

While almost one-half (48%) are aged 40 years or older, this segment has the greatest proportion of 18 to 24 year olds (22%), and people who identify their occupation as students (12%). It also has the greatest proportion who identify as Māori (18%). This segment also has one of the greatest proportion of drinkers who live in households with children, especially children under 5 years of age.

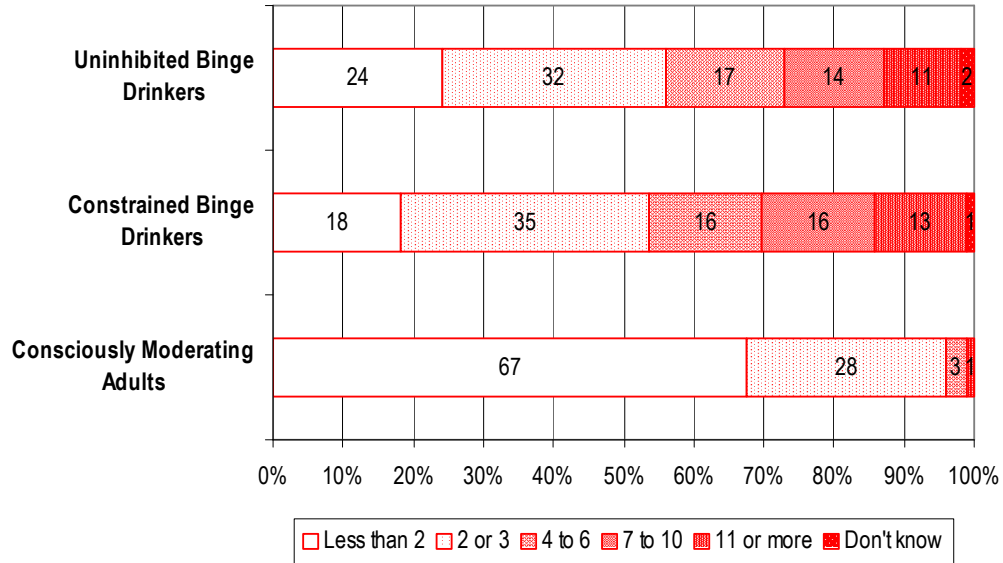
As noted, compared to other segments, *Constrained Binge Drinkers* drink because of the social aspects associated with drinking, although they limit their drinking because of concerns with the long-term effects of their drinking on their physical appearance, health and mental well-being. Work and family commitments also impact on their drinking behaviour. For example, they are most likely to agree with the statement, *"I limit the amount of alcohol I drink because of responsibilities to my family"* (85%), and they are the least likely to agree with the statement, *"I can afford as much alcohol as I want"* (37%).

- Over one-half (53%) of *Uninhibited Binge Drinkers* reported that they drink at least two to three times a week, with many reporting that they drink daily. A similar proportion of *Uninhibited Binge Drinkers* (25%) as *Constrained Binge Drinkers* reported drinking seven or more glasses on the last drinking occasion (14% 7-10, 11% 11+).

This segment is evenly balanced in terms of gender, and has as many people under 40 as it has over 40. This, in turn, is reflected in the fact that many live in households with children (44%), while others live alone or as an older couple with no children (38%). Most *Uninhibited Binge Drinkers* are Pakeha European. Largely urban-based, *Uninhibited Binge Drinkers* have the highest personal and household incomes (49% have a household income of NZ\$70,000 or more – significantly higher than the 23% of New Zealand households with a household income of NZ\$70,000 or more (Statistics New Zealand, 2001)).

In many respects, *Uninhibited Binge Drinkers* are similar to *Constrained Binge Drinkers* in terms of the benefits they associate with drinking, placing particular emphasis on how alcohol helps them to “wind down and relax” and also the “buzz” they get when drinking. However, they appear to be less constrained, rating many of the inhibitor statements the lowest of all segments in terms of agreement. Their major concern is in terms of how their drinking may affect their work commitments.

Figure 4: Number of drinks consumed by adults on the last drinking occasion



The development of a social marketing and public education programme

The research was designed to provide ALAC with the information necessary to segment the population in order to better target a social marketing programme. The development of the programme has occurred alongside the research, and has fed into and derived information from the research process along the way.

Social marketing theory and practice indicates that tackling a social norm is essential if behaviours are to change. It also shows that people are more susceptible to changing what they do in an environment where there is widespread agreement that positive behaviour change is desirable.

Using social marketing theory, ALAC developed a programme that encompassed education, marketing and enforcement activities. Given ALAC's relatively small budget and resources, the involvement of other agencies was identified as essential for the programme to be developed. The government inter-agency committees linked to its National Drug Policy were approached with the aim of working alongside, and in partnership with, agencies such as Police and Health, where shared work would result in greater efficiencies. As well as government agencies with similar goals, the programme aims to identify communication associates who can effectively influence social thinking that supports social change.

The programme development has been informed by a literature review, expert advice on social marketing implementation, and market research. It focuses on tackling the move from a culture of intoxication, to a culture without intoxication, through the various stages of social change. ALAC accepts that such change will take time. Similar programmes (drink drive or smoking) have taken ten to fifteen years to raise awareness of issues enough to be able to address behaviour. ALAC has set a five-year goal of reducing by five percentage points the number of people who disagree "*it's never OK to get drunk*" (from 49% to 44%). While the programme plans to use mass media communication to reach a wide range of audiences, it includes a community social marketing approach to underpin mass media activity, and to reach specific target audiences.

The programme will have several components that support each other.

- **Community programme**

There is a large range of community groups that have expressed an interest in reducing risky per occasion consumption, and intoxication. Communities have expressed a need for direction to reduce alcohol-related harm. This part of the programme will seek to have various communities participate in achieving a drinking culture, without intoxication, for their communities.

This component of the programme is largely dependent on the support of health providers and their funders at the local level, and is unlikely to be directly funded by ALAC. A community action project called "Youth Access to Alcohol" works with intersectoral groups at a local level to address youth drinking issues by focusing on the roles of parents and other adults.

- **Champions programme**

This programme would target a broad range of organisations that have the ability to influence culture through their day-to-day work. Possible champions include government and allied agencies. Identified examples have been the Office of the Chief Censor – to view intoxicated behaviour in the same way as smoking has been viewed in film. Television and radio have some degree of state control, and issues relating to intoxication could be incorporated into the relatively recent charter for broadcast media.

- **Associates programme**

These are organisations (other than those partners) that are willing to invest resources to promote a change in drinking culture in New Zealand.

The group is likely to include broadcasters, mass media entertainment, producers and distributors, the advertising industry and the liquor industry. It could also include organisations that influence New Zealand culture from within New Zealand, and overseas, such as sports bodies and the tertiary education sector. It should be noted that the liquor industry is already involved in promoting Host Responsibility and Standard Drinks. Both of these programmes form part of the educational component of the culture change programme.

- **Media and public relations programme**

A news media based programme of activity and advocacy to deliver expert information about harms associated with intoxication has already commenced.

This is an agenda-setting tactic that will provide sustained, high profile, targeting, in as widespread a base of media outlets as possible – television, radio, press, talkback, iwi network, Access programmes, specialist health media. The public release of the research conducted in 2003 by BRC Marketing & Social Research, is an example of this strategy in action.

- **Marketing programme**

This part of the programme includes:

- Market segmentation.
- Development of a media campaign including how to articulate messages to selected audiences, the creative approach to be taken, the type of media and message. The media campaign is dependent on budget. The first stage will be aimed at the general population with the aim of engaging people with the issue. This is most likely to use a combination of television, radio and press advertising set to reach 400 tarps per month. Once monitoring indicates that there are a significant number of respondents who are aware of the issue, the first targeted behaviour change messages would be developed and run through appropriate media.
- The continuation of the radio programme “*SIP – Stay-in-Play*”/*Mahia-te-Mahi*. This unbranded programme run through a Māori iwi radio station in Auckland – New Zealand’s largest city, has consistently shown high awareness, relevance and reported behaviour change for its target market (Kalafatelis et al, 2003b). The target market is young Māori and Pacific people (aged under 18), considered to be a hard to reach group.

Three of these four strategies – the PR and media, the community, and the champion's programmes, can be implemented within current budgets. It is recognised that the marketing component would provide significant leverage for all parts of the programme.

Progress

The findings from this research programme were first reported to the National Drug Policy government agencies in December 2003. A decision was made to publicly release the findings in March 2004, as part of the strategy to raise public awareness of the issues around the culture of intoxication that exists in New Zealand.

The release of this research was possibly one of ALAC's biggest proactive outings with the media in recent years and overall, ALAC was very pleased with the results. It achieved maximum impact, making both television news channels, both major radio networks, and significant articles in all three major metropolitan papers. Good coverage was also achieved in the provincial papers. Most of the coverage reflected ALAC's key messages. Detailed media analysis results from the reporting period are not yet available.

Returning to the original motivation for conducting this research, specifically public and political concern about young people's drinking, the launch can be considered an overwhelming success for the very fact that it powerfully communicated research-based evidence that "binge" or "risky" drinking is not the sole domain of young New Zealanders, and is considerably more widespread than previously thought. Indeed, to a large extent young New Zealanders are simply role modelling the attitudes and behaviours of adult New Zealanders.

Implementing the full programme of marketing activity to support the work of ALAC and other government and non-government agencies will require additional funding. Until such time as these funds are secured, ALAC will continue to implement the PR and media strategy as part of the "national conversation" to raise public awareness of the links between intoxication and acute harms.

Monitoring Progress

Finally, BRC Marketing & Social Research has recently undertaken, or is in the process of undertaking, the following research projects on behalf of ALAC, to further inform the social marketing and public education programme in-development:

- Regular monitoring of the relative positioning of alcohol per se, among issues that are of concern to New Zealanders, and concurrent monitoring of public awareness and knowledge of the official definition of a "standard" drink (McMillen et al, 2004).
- Research in-progress to explore how, or if, young people and adults with a "riskier" drinking profile, measure or monitor their drinking (Fryer et al, 2004). An important purpose of this project is to relate self-defined measures of "glasses" or "drinks", to the official definition of a "standard" drink, in order to calibrate historical estimates of "glasses" or "drinks" consumed.
- A follow up evaluation of the "SIP – Stay-in-Play"/Mahia-te-Mahi programme.

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Appendix A: Glossary of terms

Particular terms used in this report have the following meaning:

- *Whānau* – family.
- *Pakeha* – non-Māori, mainly European New Zealanders.
- *Iwi* – tribe.
- “*Glass*” or “*drink*” (of alcohol) – a self-defined measure of a typical “drink” consumed.

Recent Omnibus research (McMillen et al, 2004), designed to explore New Zealanders’ awareness and knowledge of the official definition of a “standard” drink (10 grams of pure alcohol by volume), has provided compelling evidence that such self-defined measures tend to underestimate consumption, relative to the official definition. For example, for one-third (34%) of Omnibus survey respondents (aged 15 years or older), a self-defined “glass” is of similar size to a “standard” drink (typically males); for half (50%), a self-defined “glass” is on balance smaller than a “standard” drink (typically females); however, for only one-sixth (16%), a self-defined “glass” is on balance bigger than a “standard” drink (typically young people).

- *Binge or risky drinking* (with regard to young people aged between 12 and 17) – where a young person reports they have consumed the equivalent of five or more glasses of alcohol during a single drinking occasion.
- *Binge or risky drinking* (with regard to adults aged 18 years and older) – where an adult reports they have consumed the equivalent of seven or more glasses of alcohol during a single drinking occasion.

Appendix B: Survey method

The telephone surveys were completed between 4 June and 6 September 2003, among two specific population groups:

1. A nationally representative sample of n=626 young people, aged between 12 and 17. Results based on this total sample of young people are subject to a maximum margin of error of $\pm 5.1\%$ (at the 95% confidence level).
2. A nationally representative sample of n=1,157 adults aged 18 years and older. Results based on the total sample of adults are subject to a maximum margin of error of $\pm 4.5\%$ (at the 95% confidence level).

Young people were defined as being between the ages of 12 and 17. This was chosen on the basis that the minimum legal age for purchasing alcohol or being on licensed premises without parental supervision is 18 years. Twelve (12) was selected as the lower end of the range on the basis that earlier work had suggested that the very young were, in some cases, also regularly consuming alcohol. (The Alcohol Advisory Council has undertaken annual monitors of young people's drinking behaviour since 1997, and as part of these monitors has measured the age at which young people "really started drinking". Additionally, the Code of Practice of the Market Research Society of New Zealand Inc. requires parental permission to be obtained to interview children under 15 years of age. BRC felt that 12 was the youngest age at which parents would readily agree to their children being interviewed on the subject topic of the survey.)

Respondents were evenly distributed across three key ethnic groups – Māori, Pacific and all "other" ethnic groups (mostly Pakeha European). This deliberate over-sampling of Māori and Pacific Peoples was undertaken in order to ensure a sufficient number of Māori and Pacific Peoples were interviewed to allow for their results to be examined with a reasonable degree of confidence. Results have been weighted back by ethnicity, as well as age and gender, to 2001 Census benchmarks (Statistics New Zealand, 2001).

The development of the survey questionnaire was informed as a result of a literature search and an in-depth qualitative research stage of research (de Bonnaire, 2003a, 2003b). The questionnaire and associated methodological approach were also subjected to a thorough piloting or pre-testing phase.

All interviewing was completed by telephone, from BRC's Computer-Assisted Telephone Interviewing (CATI) call centre. Telephone interviewing was selected as the most cost-effective approach, based on our experience with ALAC's Youth Drinking Monitors that have been successfully conducted since 1997. Once randomly selected, up to eight attempts were made to contact and interview a given respondent, before they were substituted with another respondent.

The final response rate for young people was 46%, and for adults 30%. Our calculation method is an internationally recognised standard, approved by the American Association of Public Opinion Researchers.

Most of the non-response can be accounted for in terms of respondents who did not qualify for an interview on the basis of not meeting selection criteria (i.e. age, gender and ethnicity sub-groups we were required to represent), as opposed to outright refusal.

Finally, we have examined the results for both young people and adults with similar surveys conducted in New Zealand, and are confident that both the survey is a consistent and accurate reflection of New Zealand's current attitudes and behaviours with respect to alcohol.

Segmentation Modelling

The quantitative segmentation of youth and adults followed an iterative approach, whereby a series of models was run in SPSS, independently for both youth and adults. The models incorporated a combination of factor and cluster analysis, and were built around a range of attitudinal, behavioural and demographic variables.

All candidate variables were first binary-coded to ensure a common measurement scale for input to the model. Binary coding is a process that enables variables of mixed type (nominal and ordinal data) to be simultaneously input to the model, and avoids invalidating analysis output because of inconsistent treatment of variables of mixed type.

Next, for youth and adults separately, each successive model was critically examined in terms of fulfilling both the statistical requirements of the modelling approaches employed, as well as pragmatic considerations (i.e. the segments were sufficiently different from one another, and were of sufficient size to be effectively targeted for social marketing purposes).

Model limitations

The decision to select four-segment models for both youth and adults was based on both theoretical and practical considerations. In particular, that segments be sufficiently large for social marketing purposes, which in this instance resulted in the decision to adopt four-segment models. Such relatively small numbers of segments can result in the sub-optimal outcome of individual respondents being placed into the same segment, who might, however, exhibit measurably different attitudinal, behavioural and demographic characteristics to one another (although not as different as members of other segments).

Because of New Zealand's very small population base, of necessity most segmentation models result in relatively few segments, which may not be as internally homogeneous as desired. By way of contrast, larger consumer markets can make practical use of segmentation models with many more distinct segments because the absolute size of a given segment remains relatively large. Further, because of the large number of segments overall, individual members of a given segment are considerably more likely to exhibit similar characteristics, i.e. segments are more internally homogeneous.

In the context of our four-segment models for youth and adults (in contrast to practically infeasible models with many more distinct segments), not all members of a particular segment will exhibit attitudes, behaviours and demographic characteristics consistent with the broader segment "norms". However, sub-sample sizes of segment members who exhibit atypical characteristics are sufficiently small as to have no appreciable impact on the general segment characteristics.

Appendix C: About the Alcohol Advisory Council and BRC Marketing & Social Research

The Alcohol Advisory Council

The Alcohol Advisory Council of New Zealand – *Te Kaunihera Whakatupato Waipiro o Aotearoa* (ALAC), was established in 1976 in response to a Royal Commission of Inquiry into the Sale of Liquor, and has a statutory role to provide government with contestable advice around alcohol related matters. ALAC is a Crown-owned entity, ensuring a measure of independence from central government. The legislation sets ALAC's aims: to encourage the responsible consumption of alcohol, and to minimise alcohol-related harm. It is funded by a levy on all liquor imported into or manufactured in New Zealand, has a Council of eight members, and employs around 30 staff.

BRC Marketing & Social Research

BRC Marketing & Social Research is a limited liability company established in 1990 and based in Wellington, New Zealand's national capital. The company employs over 30 full-time staff, approximately 100 part-time telephone interviewers, and six part-time data entry operators. BRC provides a complete range of marketing, social and evaluation research services to its clients, with a deliberate emphasis on customised research.

The company's organisational structure is kept purposefully as flat and horizontal as possible, to ensure "hands on" involvement of those with the most research experience. This structure also fosters effective communication and cross-sharing of expertise and information.

The research teams assigned to projects consist of a director or research director and one or more researchers as dictated by the scope of the work. The group structure is not inviolate in the sense that researchers may be co-opted from one group to another, sometimes as team members, sometimes as specialist consultants. This structure ensures that every project benefits from the experience of the most senior and experienced members of the company, who maintain a hands-on involvement at all times in the projects handled by their groups.

Reflecting the considerable amount of work BRC does for public sector clients, we have deliberately established Social and Government Research, Programme Evaluation, and Māori and Pacific Research Units. Across these teams, our key personnel have extensive experience conducting research on sensitive topics, and among priority audiences such as Māori and Pacific Peoples, and young people.