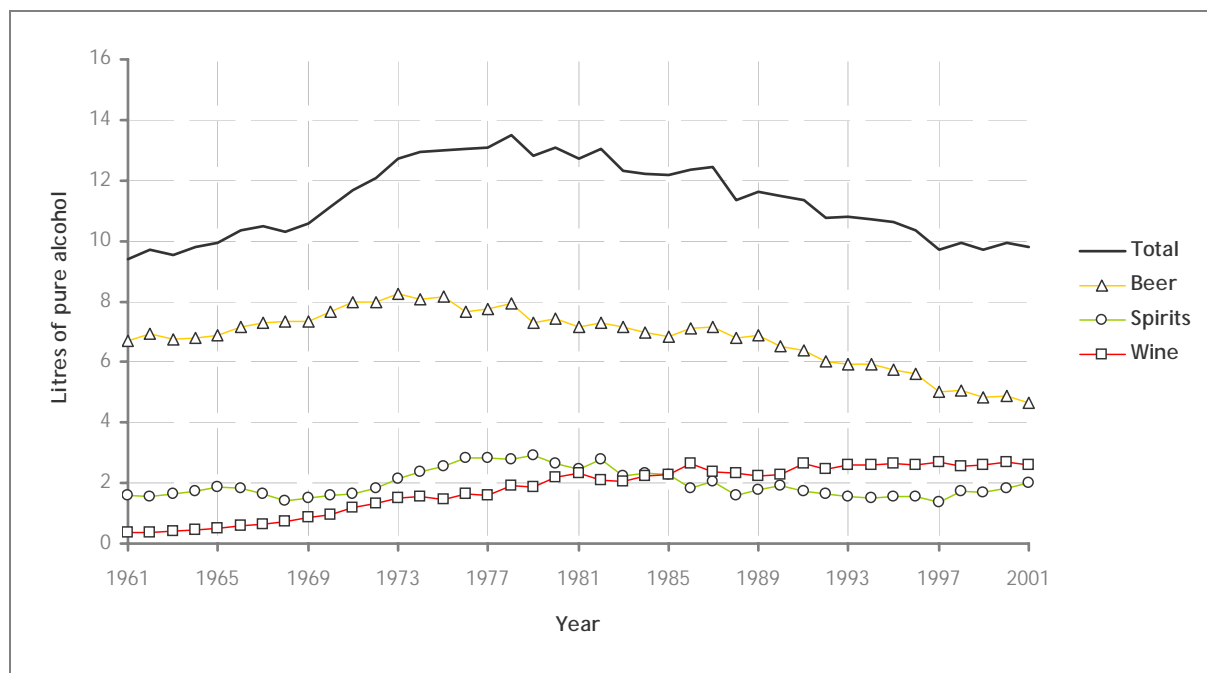


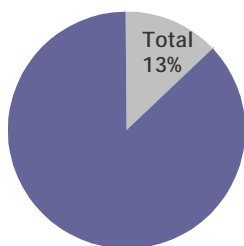
NEW ZEALAND

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Lifetime abstainers

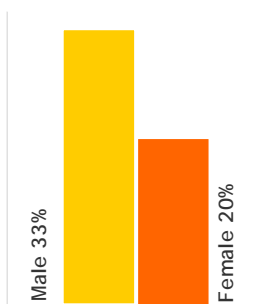


2001 national survey. Sample size $n = 5504$; age group 15 to 45 years old.¹

A national survey conducted in 2000 of 5113 people (2332 males and 2781 females) aged 14 to 65 years found that 85% of the people surveyed were drinkers. 88% of men and 83% of women were drinkers in 2000.²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 10% (males) and 14% (females). Data is for after year 1995.³

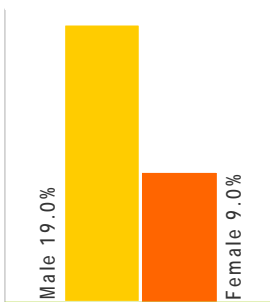
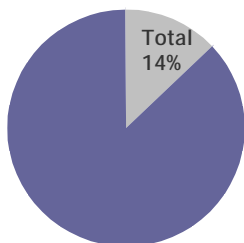
Weekly heavy drinking in 2001 (among drinkers)



2001 national survey. Sample size $n = 5504$; age group 15 to 45 years old. Heavy drinking was defined for men as six drinks or more in one sitting at least once a week and for women, four drinks or more in one sitting at least once a week.¹

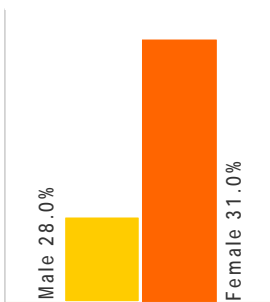
A cross-sectional prevalence survey conducted among 175 residents (115 women and 60 men) aged 65 years and over randomly selected from 30 rest homes in Christchurch found that the prevalence of last year hazardous drinking (as defined by an AUDIT cut-off score of 8) was 5.1%.⁴

Weekly heavy drinking in 2000 (among drinkers)



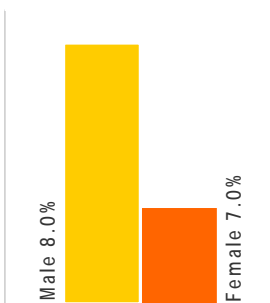
2000 national survey of 5113 people aged 14 to 65 years. Definition used: consumption of six drinks in one session for men and four drinks for women (at least weekly). One drink was equivalent to 15 ml or a can of beer, a glass of wine, or double nip of spirits.²

Youth drinking (last year abstainers)



2000 national survey (original total sample size $n = 5113$; males $n = 2332$ and females $n = 2781$). Results are for subsample age group 14 to 15 years old (sample size unknown).²

Youth drinking (heavy drinkers among drinkers only)



2000 national survey (original total sample size $n = 5113$; males $n = 2332$ and females $n = 2781$). Results are for subsample age group 14 to 15 years old (sample size unknown) and for among drinkers only. Heavy drinking was defined for males as drinking six or more drinks, and, for females as drinking four or more drinks at least once per week in the last 12 months.²

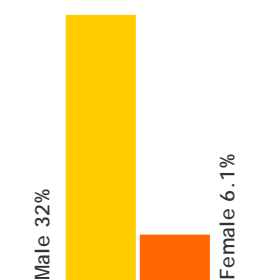
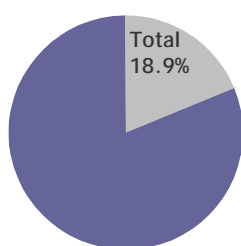
A 2000 national survey of 5113 people (2332 males and 2781 females) aged 14 to 65 years old found the rate of heavy drinkers (among drinkers) to be 26% and 21% among 16–17-year-old males and females respectively; and 36% and 29% among 18–19-year-old males and females respectively. Heavy drinking was defined for males as drinking six or more drinks, and, for females as drinking four or more drinks at least once per week in the last 12 months. The same survey also found that men and women in the 18–19-year-old age group were the most likely to engage in heavy episodic drinking (defined as at least weekly consumption of six drinks in one session for men and four drinks for women). One drink was equivalent to 15 ml or a can of beer, a glass of wine, or double nip of spirits. Just under 40% of men and 30% of women in this age group reported heavy episodic drinking at least weekly.²

In a survey of 1480 tertiary students living in halls of residence, it was found that among drinkers, mean weekly consumption was 243 g and 135 g of ethanol for males and females respectively. The majority of male (60%) and female (58.2%) drinkers typically consumed more than national safe drinking guidelines. It was concluded that hazardous drinking is widespread and persistent among students living in the halls of residence.⁵

Youth drinking (drunkenness)

A comparison of two national surveys of people aged 14 to 65 years old conducted in 1995 and 2000 found that there was an increase from 10% to 17% in the numbers of 16–17-year-olds who reported drinking enough to feel drunk at least once a week. More than one third of men and 23% of women aged 18–19 years old consumed enough alcohol to feel drunk at least once a week. There was a marked increase in the proportion of 16–17-year-olds who drank enough to feel drunk at least once a year. 84% of 16–17 year old males had done so – an increase from 71% in 1995.²

Alcohol abuse/dependence in Christchurch



In 1986 the Christchurch Psychiatric Epidemiology Study obtained interviews with a probability sample of 1498 adults aged 18 to 64 years. The Diagnostic Interview Schedule (DIS) was used to enable DSM-III diagnoses to be made.⁶

A cross-sectional prevalence survey conducted among 175 residents (115 women and 60 men) aged 65 years and over randomly selected from 30 rest homes in Christchurch found that the prevalence of lifetime alcohol dependence was 20.5% and for last year alcohol dependence it was 0.5%. The prevalence of lifetime alcohol dependence was significantly higher in men (36.7%) than women (12.2%). Alcohol dependence was determined by a structured clinical interview using DSM-IV criteria.⁴

A study of 100 sequential new arrivals at a male medium/minimum security prison revealed that 81% of the prisoners had a lifetime alcohol disorder, and 39% of them had symptoms in the six months prior to incarceration. Half of the prisoners had met criteria for an alcohol-dependence syndrome. After adjustment of the lifetime prevalence estimates for the differing age population within the prison, alcohol disorder was more than twice as common among prisoners as in the general population.⁷

Unrecorded alcohol consumption

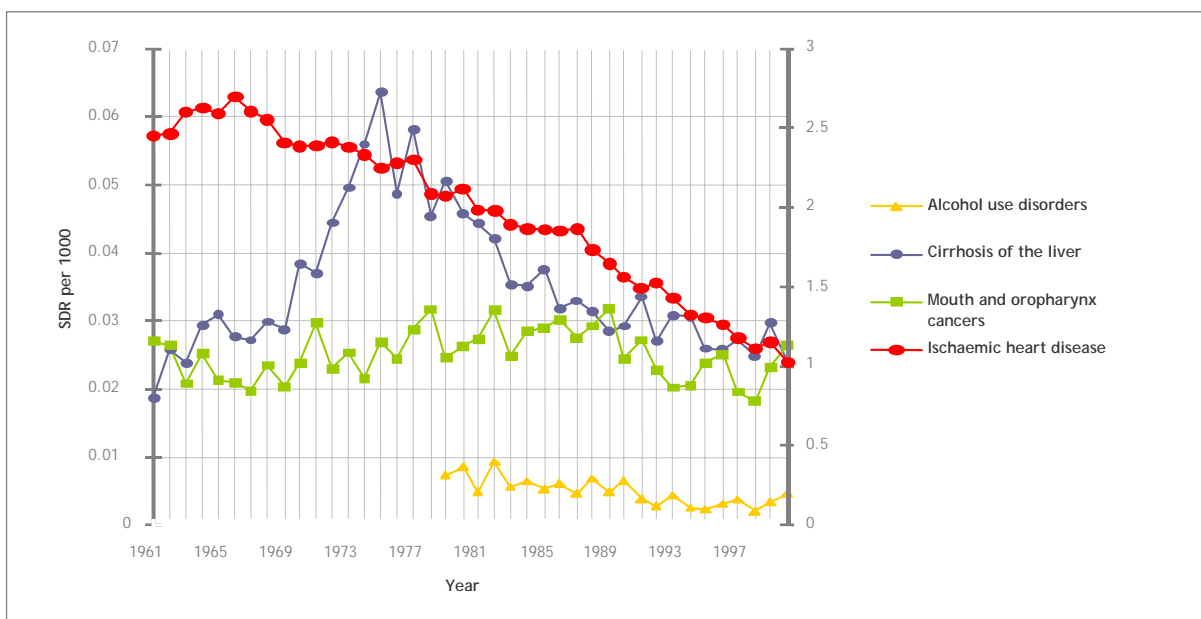
The unrecorded alcohol consumption in New Zealand is estimated to be 0.5 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).³

Home production of alcohol accounted for about 4% of the alcohol consumed in New Zealand in 2000.²

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

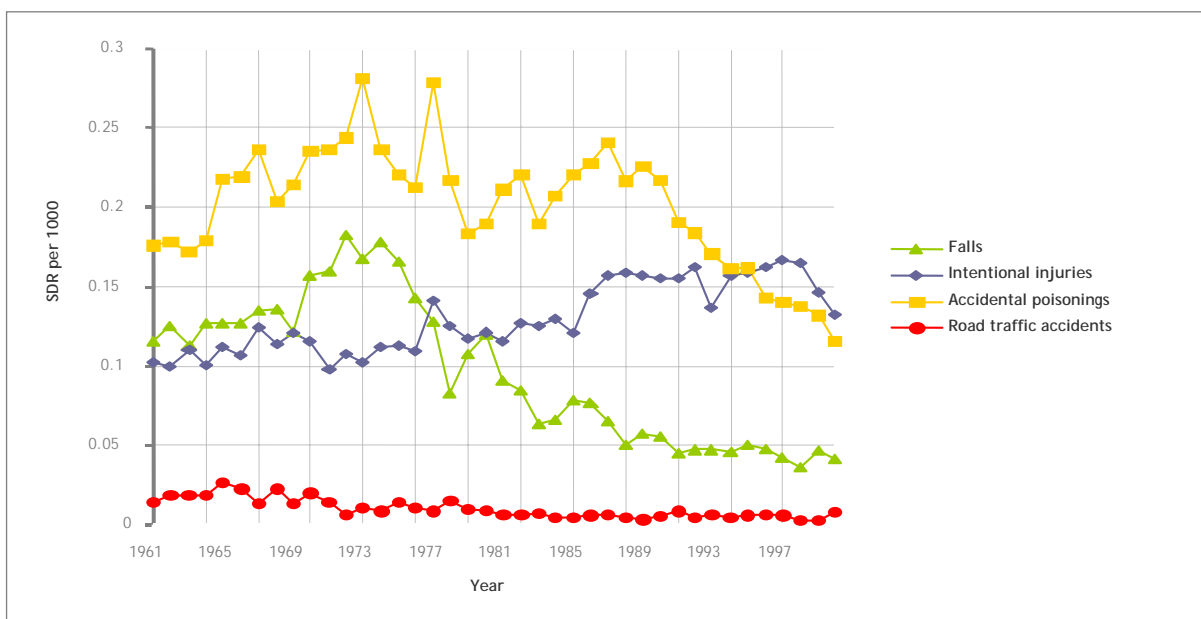
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

Of the 246 drivers/riders who were killed in road crashes in 2002, 198 (80%) were given a blood test to detect the presence of alcohol. Of those tested, 26% had a blood alcohol level above the legal limit. Overall 21% of the total number killed were above the legal limit. A number of those tested may also have had a blood alcohol level above the legal limit, so the percentage of killed drivers who were above the legal limit is likely to be higher than 21%.⁸

In a study using data for the years 1995 to 2000 it was found that the estimated risk of driver fatal injury in New Zealand increased steeply with increasing blood alcohol concentration, closely following an exponential curve at levels below about 200 mg/dl (i.e. 0.2%) and increasing less than exponentially thereon.⁹

In a study investigating the role of alcohol in injury cases among patients attending an emergency department in Auckland during December 2000 it was found that the risk of sustaining an injury was 2.8 times greater when alcohol was consumed.¹⁰

Between 1999 and 2001, there were 104 fatal crashes in New Zealand where alcohol was a factor. Drinking and driving contributed to 25% of all road deaths. Among male drivers aged between 20 and 24 years, 29% of fatal road accidents are alcohol-related. One third of the deaths of rural people in car accidents are alcohol-related.¹¹

A study on physical assault in a high risk group of New Zealanders (21 year olds) found that most serious assaults were by perpetrators who were thought to have been drinking alcohol.¹² A 1995 national survey of alcohol consumption among 14 to 65 year olds showed that 10% of the men and 5% of the women (equivalent to 115 000 men and 62 000 women nationally) reported being physically assaulted in the previous 12 months by someone who had been drinking. For 1% of both men and women this had happened five or more times.¹³

It has been reported that over a third of women who were raped were intoxicated with alcohol. It seems likely that drinking is an important factor in sexual assault.¹⁴

Between 20 to 50% of young people are intoxicated at the time of their death by suicide. 25% of young people presenting to general hospitals following a suicide attempt have involved some level of harmful or dependent use of alcohol.¹¹

A 1995 national survey of alcohol consumption among 14- to 65-year-olds showed that men aged 18–24 were most likely to report problems from their drinking, such as getting into a fight or having a serious argument after drinking. It was also found that 6% of the male respondents and 2% of the females (equivalent to 63 000 men and 18 000 women nationally) reported getting into a physical fight after drinking in the previous 12 months.¹³

Some data on alcohol and the workplace: 20 to 25% of occupational injuries involves intoxicated workers. Reduced productivity in the workplace due to alcohol misuse represents a significant cost to industry.¹¹

A study of drownings in the Auckland region found that between 1988 and 1997 among those aged 15 to 64 years, 40.5% had a positive blood alcohol concentration (BAC). 34.5% had a BAC over 50 mg/100 ml and 29.8% were intoxicated (BAC \geq 100 mg/100 ml). Among boating fatalities involving those 15 to 64 years of age, 43.2% had a positive BAC. The study also found that falls from dinghies and recreational motor boats are of particular concern as 67% of victims were intoxicated (BAC over 100 mg/dl).¹⁵

In a study that interviewed 217 randomly selected alcohol and drug treatment workers in New Zealand (yielding a randomly selected sample of 291 clients), it was found that the largest group of clients were seen for alcohol-related issues (45%).¹⁶

A study examining linkages between patterns of alcohol abuse and crime in a New Zealand birth cohort studied to the age of 21 revealed findings that suggest the presence of a possible causal association between alcohol abuse and juvenile offending.¹⁷

A longitudinal study that followed a birth cohort of 1265 children born in 1977 found that males who misused alcohol (met criteria for hazardous alcohol consumption) were 5.7 times more likely to commit violent offences and 5.9 times more likely to commit property offences compared to those with no alcohol misuse. Females who misused alcohol were 5.7 times more likely to commit violent offences and 12.7 times more likely to commit property offences compared to those with no alcohol misuse.¹⁸

Economic and social costs

Alcohol-related crashes cost an estimated \$1.2 billion in New Zealand in 1996. They equate to an estimated \$0.75 per drink consumed, \$17.80 per km driven above the legal limit of 0.08 and \$1100 per heavy drinker. People other than the drinkers, who caused the crashes, paid half the costs.¹⁹

Using a range of assumptions regarding the proportion of each event attributable to alcohol, the sum of social costs of alcohol abuse in 1991 ranged from \$1045 million to \$4005 million. The total indirect costs (lost production resulting from premature death and sickness, reduced working efficiency and excess unemployment) are estimated to be between \$704 million and \$1135 million. The direct costs (hospital costs, accident compensation payments, police and justice system costs) ranged from \$341 million to \$589 million.²⁰

A study estimated the net tangible costs of alcohol abuse in 1990 to be \$2.9 billion (4% of GDP). Net tangible costs are based upon a range of drug-related harms including premature death, lost productivity, reduced working efficiency, excess unemployment, increased hospital and other health costs, increased law enforcement costs, etc.¹⁰ The net intangible costs were estimated to be \$13.2 billion (2% of total human capital). Together, the total alcohol-related costs are estimated to be \$16.1 billion.²¹

A conservative estimate of alcohol-related lost productivity among the working population of New Zealand was found to be \$57 million per year.²²

A survey indicated that the cost of lost production due to alcohol abuse was between \$582 million and \$770 million for the 1981 financial year. This was equivalent to between 2% and 2.3% of GNP for this year.²³

Country background information

Total population 2003	3 875 000	Life expectancy at birth (2002)	Male	76.6
Adult (15+)	3 022 500		Female	81.2
% under 15	22	Probability of dying under age 5 per 1000 (2002)	Male	7
Population distribution 2001 (%)			Female	6
Urban	86	Gross National Income per capita 2002	US\$	13 710
Rural	14			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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