New Zealanders' support for alcohol control policies

Data report prepared for the

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Methods

Sample

The data were collected as part of a larger project examining support for health-related policies across seven countries (Australia, Canada, China, India, New Zealand, the United Kingdom, and the United States). Quotas were applied to recruit a sample with an even gender split and representation across age and income categories. The present report focuses on the subset of respondents residing in New Zealand (n = 1090). The sample characteristics are reported in Table 1.

Table 1: Sample profile (n = 1,090)

Demographic characteristics	n	%
Sex		
Female	525	52
Male	565	48
Age (years)		
18-34	324	30
35-54	424	39
55+	342	31
Household income		
Low	300	28
Mid	462	42
High	328	30
Drinking status		
Drinker	864	79
Abstainer	226	21

Note: Household income categories were defined as follows: Low (less than $50,000), Mid ($50,00 - $100,000), and High (More than $100,000)

Survey Items

Participants were asked to report the following demographic characteristics: gender *"Are you?"* (male/female/other/prefer not to say), age *"How old are you?* (open response),

household income *"What is your annual household income?"* (3 point scale: 1 = Less than $50,000, 2 = $50,00 - $100,000, 3 = More than $100,000), and drinking status *"Have you had an alcoholic drink of any kind in the last 12 months?"* (yes/no). Support for 14 different alcohol policies that aim to reduce alcohol-related harms was examined by asking participants *"To what extent do you agree or disagree with each of the following?"* (5 point scale: 1 = Strongly disagree to 5 = Strongly agree).

A list of the examined policies is provided in Table 2. Most policies focused on the provision of alcohol-related information to consumers, restricting alcohol advertising and sponsorship, and implementing government harm-reduction strategies. The alcohol policies were phrased in a manner that made the agreement question relevant regardless of whether the intervention had already been implemented (e.g., 'Alcohol products should have health warning labels on the package' and 'Alcohol advertising should not be permitted at sports grounds').

Analyses

The proportion of participants agreeing with the policies (score of 4 or 5) was calculated for each policy individually and for overall support across the policies. Levels of support were also stratified by gender (male vs. female), age (18-34, 35-54, 55+), income (low, mid, high), and drinking status (drinker vs. abstainer).

Results

Table 2 summarises the survey results. The average proportion expressing active support (selecting 4 or 5 on the 5-point agreement scale) across the 14 alcohol harm-reduction policies was 58%. Support was highest for 'There should be public education campaigns about alcohol-related harms' and 'Standard drink quantity information should be more prominent on alcohol packages', with 70% of respondents agreeing with these statements. In contrast, 'Alcohol sponsorships should be removed from community sporting clubs' and 'Alcohol advertising should not be permitted on road-side billboards' were the least popular policies, a minority of 47% of respondents agreed with these. Females, older adults, those with a lower household income, and those who abstain from drinking had higher levels of support for the examined policies.

Table 2: Policy support by demographic characteristics

Policy	Total Sample	Gender		Age (years)			Income			Drinking Status	
	n = 1,090	Males n = 525	Females n = 565	18-34 n = 324	35-54 n = 424	55+ n = 342	Low n = 300	Med n = 462	High n = 328	Drinker n = 864	Abstainer n = 226
	% Agreement										
1. Alcohol products should have calories/kilojoules information provided on the package	65	61	68	66	67	61	64	65	65	64	69
2. Alcohol products should have an ingredients list on the package	66	61	70	67	68	62	66	65	67	64	73
3. Standard drink quantity information should be more prominent on alcohol packages	70	65	74	67	71	70	72	67	71	69	74
4. Alcohol products should have pregnancy warning labels on the package	67	65	70	67	63	73	72	66	65	65	77
5. Alcohol products should have health warning labels on the package	59	56	62	59	58	60	64	58	55	55	73
6. Alcoholic beverages should cost more than soft drinks	57	53	62	59	58	55	59	56	57	52	79
7. Alcohol advertising should not be allowed on government-owned properties (e.g., buses, bus stops, and government buildings)	57	54	59	52	56	62	59	57	53	53	71

Table 2: Policy support by demographic characteristics (contd)

Policy	Total Sample	Gender		Age (years)			Income			Drinking Status	
	n = 1,090	Males n = 525	Females n = 565	18-34 n = 324	35-54 n = 424	55+ n = 342	Low n = 300	Med n = 462	High n = 328	Drinker n = 864	Abstainer n = 226
8. Alcohol advertising should not be permitted at sports grounds	52	47	57	50	51	56	55	55	46	49	63
9. Alcohol advertising should not be permitted during televised sporting programs	49	46	52	45	46	57	52	51	43	45	65
10. Alcohol advertising should not be permitted on road-side billboards	47	43	51	43	47	51	51	48	42	42	67
11. There should be public education campaigns about alcohol-related harms	70	67	72	68	68	73	71	67	73	67	79
12. Alcohol sponsorships should be removed from elite/professional sport	48	45	51	44	49	51	49	49	45	45	61
13. Alcohol sponsorships should be removed from community sporting clubs (e.g. local football or basketball clubs)	47	46	49	44	48	51	53	46	44	43	63
14. There should be a special government taskforce dedicated to addressing alcohol harms	53	50	55	54	53	52	55	52	52	49	67
Average for all policies	58	54	61	56	57	60	60	57	56	54	70

Agreement = selecting 4 or 5 on a 5-point scale (1= Strongly disagree to 5 = Strongly agree). Household income categories: Low (<$50,000), Mid ($50,00 - $100,000), High ($100,000+). Respondents were classified as 'Drinker' if they had consumed alcohol in the last 12 months.