



Latest HPA research


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TE HIRINGA HAUORA

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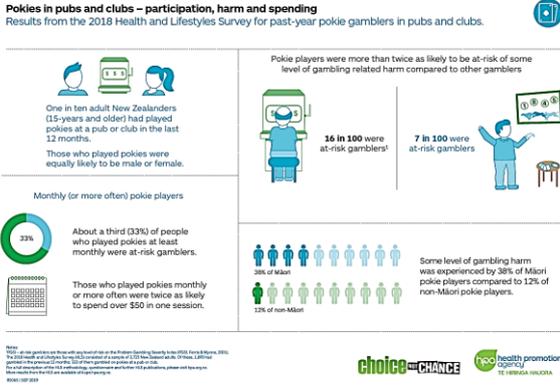
Kia ora,

Welcome to the second newsletter from the Health Promotion Agency/Te Hiringa Hauora (HPA) highlighting research published from November 2019 to February 2020.

Ngā mihi,

David Dundon-Smith
HPA Research Manager

Minimising Gambling Harm

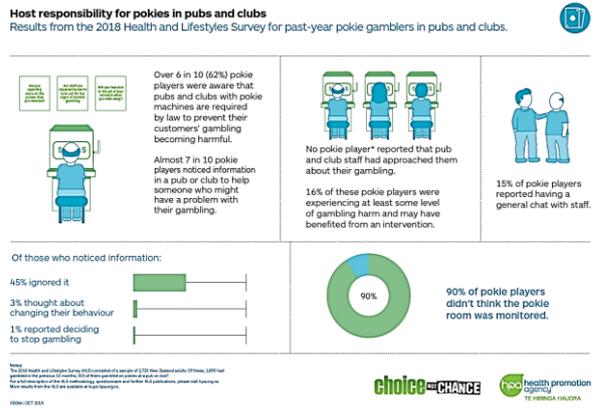


Pokies in pubs and clubs – participation, harm and spending: Results from the 2018 Health and Lifestyles Survey

This [infographic](#) looks at pokie machine gambling at pubs and clubs and levels of gambling harm experienced.

Host responsibility for pokies in pubs and clubs: Results from the 2018 Health and Lifestyles Survey

This [infographic](#) presents key findings on gamblers' knowledge of pub and club host responsibilities and player interactions with staff.



Second-hand gambling harm and concern about gambling within the community: Results from the 2018 Health and Lifestyles Survey

In 2018, around 2.1 million New Zealand adults (aged 15-years and older) reported experiencing individual gambling harm. While this is only 4% of the adult population, the impact of their gambling can be felt by those that live in the same household or their wider family and community. It is estimated that New Zealanders have lost more than \$2 billion since 2012 to gambling related activities. (Department of Internal Affairs, 2019). Gambling issues can lead to arguments about money at dinner tables, to go without things they need, which is referred to as 'second-hand' gambling harm in the report. This report presents results from the 2018 Health and Lifestyles Survey (HLS). It focuses on respondents' experiences of second-hand gambling harm for themselves or for others close to them and their concerns about the level of gambling within their communities.



* Those who experience individual gambling harm is defined by the Problem Gambling Severity Index score (PGSI; Ferris & Wynne, 2001) and includes those that have any level of risk.

Second-hand gambling harm and concern about gambling within the community: Results from the 2018 Health and Lifestyles Survey

This short [report](#) presents key findings on experiences of second-hand gambling harm and concern about the level of gambling within communities.

There is an accompanying [infographic](#).

Alcohol

Alcohol and pregnancy evidence summary

This [evidence summary](#) provides information on how alcohol affects the foetus and mother; the level of alcohol use during pregnancy in New Zealand; and whether there are safe levels and times for consuming alcohol when pregnant.



Evidence Summary

Alcohol and Pregnancy

During pregnancy, the baby is vulnerable to exposure to harmful substances including alcohol. Drinking alcohol during pregnancy increases the risk of harm to both mother and baby. These risks include pregnancy complications such as miscarriage, stillbirth, preterm birth, growth restriction (including low birth weight and small for gestational age), and developmental deficits. Fetal Alcohol Spectrum Disorder (FASD) is the term used to describe the range of effects that can occur on the brain and body of babies exposed to alcohol in the womb.

How does alcohol affect the fetus and mother?

Alcohol passes from the mother through the placenta to the fetus at the same concentration as in the mother's blood. But the fetus is unable to process alcohol as efficiently as the mother and the alcohol stays in the fetus' system for longer, having a sustained and prolonged effect¹.

Alcohol interferes with fetal development through direct cell damage or by interfering with cell development². Exposure to alcohol may cause major congenital abnormalities or functional defects to organs. This includes changes in brain development³; cognitive deficits; and behavioural deficits that can have life-long effects⁴.

Fetal Alcohol Spectrum Disorder

"Fetal Alcohol Spectrum Disorder (FASD) is a diagnostic term used to describe impacts on the brain and body of newborns prenatally exposed to alcohol. FASD is a lifelong disability. Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory retention, communication, emotional regulation, and social skills to reach their full potential. Each individual with FASD is unique and has areas of both strengths and challenges"⁵.

There is no data on how common FASD is in New Zealand. However, based on international studies, the Ministry of Health estimates that there is every 100 births may be affected by alcohol - an estimated 1,800 each year⁶.

Alcohol exposure can cause low birth weight^{7,8,9}, which in turn is associated with poorer long term health outcomes. There is also an increased risk to the mother when drinking during pregnancy including miscarriage, still birth or preterm birth and their associated complications^{10,11,12}.

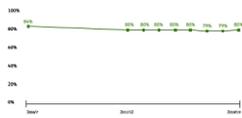
October 2018

Alcohol and Pregnancy Evidence Summary | 1

Key facts about drinking in New Zealand: Changes over time

Results from the New Zealand Health Survey

Drinking rates decreased significantly between 2006/07 and 2011/12. Since then, rates have not changed and are around 80%.



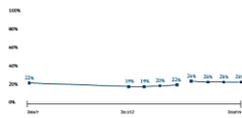
Subgroup changes

The latest data shows a significant increase in the last year for:

- adults aged 75 years and over
- Pacific women.

However, this may reflect ongoing fluctuations in the data instead of being part of an increasing trend.

Hazardous drinking rates have not improved, with 1 in 4 adults drinking hazardously.



Subgroup changes

The 2018/19 data shows hazardous drinking rates have not improved across all groups.

1. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
 2. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
 3. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
 4. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
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 10. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
 11. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>
 12. <https://www.health.govt.nz/our-work/health-promotion/physical-activity-and-nutrition/physical-activity>



Key facts about drinking in New Zealand: Changes over time

This [infographic](#) describes trends in past-year drinking and hazardous drinking rates using New Zealand Health Survey data from 2006/07 to 2018/19.

Pre-drinking behaviour of people in the night-time economy

This [report](#) looks at what people in Hamilton CBD drank before going on a night out (pre-drinking). The research investigated where and when pre-drinkers obtained their alcohol, levels of intoxication, motivations for pre-drinking, and the prevalence of side-loading (drinking alcohol during a night out at a location other than a licensed venue, eg, a carpark).



Understanding alcohol use and subsequent harms in young people

This [evidence summary](#) confirms that understanding early drinking behaviour is important, with young people's patterns of drinking continuing into adulthood. This demonstrates that targeting youth drinking can have implications not only for adolescents' development in the short-term, but also long-term health and wellbeing.

Mental Health and Wellbeing

Te Oranga Hinengaro – Māori Mental Wellbeing infographic

This [factsheet](#) summaries key findings from the Te Oranga Hinengaro: Māori Mental Wellbeing report. It covers findings related to mental health and wellbeing, in particular around whanaungatanga and belonging, cultural connectedness and reconnection, and strength of cultural identity.

Te Oranga Hinengaro – Māori Mental Wellbeing
Results from the New Zealand Mental Health Monitor & Health and Lifestyle Survey

Te Oranga Hinengaro – Māori Mental Wellbeing report provides insight into three aspects of wellbeing considered important for Māori:

- Whanaungatanga and belonging
- Cultural connectedness and reconnection
- Strength of cultural identity

Overall, Māori felt positive about their lives, but sometimes life is tough. Compared to non-Māori, after adjusting for age, Māori were:

- 1.30 times more likely to report anxiety*
- 1.26 times more likely to report symptoms of depression*
- 1.09 times more likely to report symptoms of psychological distress*

Notes:

- * 95% CI: 0.98 - 1.31 - 1.34
- ** 95% CI: 0.98 - 1.34 - 1.40
- ** 95% CI: 0.98 - 1.31 - 1.34

* Te Oranga Hinengaro reports on aspects of mental health data from 1253 Māori respondents. The data are dependent on the number of respondents who ticked a category in 2018 and 2014. Non-responders were excluded from the analysis. © Te Oranga Hinengaro 2019. Health Promotion Agency.

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TE ORANGA HINENGARO

1509 | SEP 2019

Te Kaveinga
Mental health and wellbeing of Pacific peoples
All Pacific People

81% felt strongly connected to their culture

82% felt it's important to maintain strong connection to culture

82% reported satisfied with their lives

84% felt what they do is worthwhile

86% agreed or strongly agreed that they were able to cope with everyday stresses

30% told in last 12 months were the most difficult in their life

75% easy to find someone to help in times of need

60% never felt isolated from others in last 4 weeks

94% could always rely on a friend, family or whānau member for support

88% felt their family was doing well

70% report no or low levels of psychological distress

76% know where to go for help with anxiety

85% know where to go for help with depression

48% would first seek help by talking to a friend, family or whānau member for anxiety

52% would first seek help by talking to a friend, family or whānau member for depression

2018-2019 Māori mental health and life satisfaction survey
Health Promotion Agency
Te Oranga Hinengaro
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1509 | SEP 2019

Te Kaveinga – Mental health and wellbeing of Pacific peoples infographic

This [infographic](#) takes key findings from the Te Kaveinga – Mental health and wellbeing of Pacific peoples report. It summarises key findings particularly around social connectedness, cultural connectedness, and examines diversity in the Pacific population through examining wellbeing for multi-ethnic Pacific people and Pacific sub-groups.

Skin cancer prevention

SunSmart behaviours of outdoor socialisers

This insights [report](#) presents key findings from qualitative research on the SunSmart behaviours of young adult (18 to 24-year-olds) outdoor socialisers.



hpc health promotion
| Te Hahi Rau

SunSmart Behaviours – Outdoor Socialisers

Background

The Health Promotion Agency Te Hahi Rau (HPA) has undertaken qualitative research to provide insight into attitudes, awareness, and concern toward skin cancer prevention and SunSmart behaviours. Young adult outdoor socialisers, 18 to 24-year-olds participating in outdoor activities such as attending concerts, sports events, and going to the beach, were the focus of this research. This group is at particularly high risk of sun exposure.*

Exploring outdoor socialisers SunSmart attitudes/behaviours

- HPA contracted Research First to carry out qualitative research using observed interviews across New Zealand.
- A total of 133 participants at varied locations and settings aged under 25 years were interviewed during the summer months at the beach, and at large outdoor events across New Zealand.
- 77% of the participants were 18 to 24-year-olds, 27% were 25 to 29-year-olds and 27% were 30 to 34-year-olds.
- Young couples and single 18 to 24-year-olds were interviewed at outdoor events in Christchurch.
- Participants were targeted at cricket matches in Christchurch and Wellington, and at beaches in Teanaki and Blenheim.
- All interviews took place at events between December 2018 and February 2019.

Summary of typical attitudes and behaviours

SunSmart behaviours

Almost all of the interviewed participants (97%) routinely engaged in at least one form of SunSmart behaviour on the day they were interviewed.

As participants engaged in their SunSmart behaviour on the day, they were asked which SunSmart behaviours they would consistently engage in. Consistently reported behaviours were sun lotion (92%), sunglasses (77%), hats (57%), shade (55%), and long sleeves (33%). Consistently reported SunSmart behaviours were sunnies to control SunSmart behaviours for all participants except sitting in the shade (only 25% for sunnier behaviours).

When asked the main reason participants used SunSmart behaviours, the most common answers were to avoid sunburn and to protect from skin cancer. Families were more likely to use SunSmart behaviours than males.

People who were engaged in SunSmart behaviours on sunny days compared with cloudy days.

Advertising messages such as Stop, Stop, Stop and Wipe were well known to participants.

*New Zealand Cancer 2012. Key 6: Skin cancer messages across a range of young adults. Screened by

Kupe data explorer

Visit [Kupe](#) the Health Promotion Agency/Te Hiringa Hauora's (HPA) data explorer website.

Kupe lets you explore Health and Lifestyles Survey data about New Zealanders' views and experiences across several topics including gambling, mental health and wellbeing, Māori cultural identity and tobacco, from 2006 to 2018.

Upcoming Research Publications

- Substance use behaviour among 14 and 15-year-olds.
- Smoking and vaping behaviours among 14 and 15-year-olds (results from the 2018 Youth Insights Survey).
- Awareness of places to get help for anxiety and depression – infographic.
- Research into the impact of alcohol use on Māori whānau wellbeing.
- Research into the impact of alcohol use on Pasifika family wellbeing.
- Taea Malama: Alcohol use in Pacific peoples (results from the NZ Health Survey and the Attitudes and Behaviour towards Alcohol Survey).
- Changes and influences on adolescent drinking in New Zealand.
- Mental health discrimination in New Zealand.



For more information on HPA's research, contact

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or visit

hpa.org.nz/our-work/research/publications