Information topic	Details
Indicator name	Prevalence of self-reported hazardous drinking
Domain and topic	Alcohol-related harm – Harmful alcohol use
Indicator definition and units	Percentage of self-reported hazardous drinking in adults aged 15 years or over. Hazardous drinking is measured using the 10-question Alcohol Use Disorders Identification Test (AUDIT). Hazardous drinkers are those who obtain an AUDIT score of 8 or more, representing an established pattern of drinking that carries a high risk of future
Data source	damage to physical or mental health. New Zealand Health Survey, conducted by the Ministry of Health. 2006/07, 2011-14, and 2016/17 New Zealand Health Survey (NZHS) regional results published by the Ministry of Health. <u>http://www.health.govt.nz/publication/regional-results-2011-</u> 2014-new-zealand-health-survey <u>https://www.health.govt.nz/publication/regional-results-2014-</u> 2017-new-zealand-health-survey
Survey question	The 10-question AUDIT tool was developed by the WHO (Babor et al 2001). The questions cover alcohol consumption, alcohol-related problems, and abnormal drinking behaviour. Each question is scored from zero to four. Asked of adults who report having had a drink containing alcohol in the last year.
Numerator	Adults aged 15 years and over with an AUDIT score of 8 or more.
Denominator	All adults aged 15 years and over (total population).
Methodology	Published data from the New Zealand Health Survey has been presented. The following points can be noted about the Ministry of Health methodology: Weighted prevalence estimates are based on survey participant's probability of selection and Census population benchmarks. Question non-response (where respondents did not answer the question or answered "don't know") was adjusted for in applysic
	question, or answered "don't know") was adjusted for in analysis, so that the results still represent the whole population. Age-standardisation has been performed using the direct method and the WHO World Standard Population.

	For more details, see the NZHS Methodology report (Ministry of Health 2017a).
Time period and time scale	<ul> <li>Since 2011, the NZHS has been a continuous survey with annual updates of results. DHB-level pooled data is presented for the three-year period 2011-14. The second set of DHB-level results are from the 2016/17 survey only, due to the break in the time series for the measurement of hazardous drinking.</li> <li>Data collection: <ul> <li>2011/12 data onwards: Survey data was collected for the 12-month period from 1 July to 30 June the following year.</li> <li>2006/07: Survey data was collected from October 2006 to November 2007.</li> </ul> </li> </ul>
Population coverage	Since 2011, the New Zealand Health Survey results refer to the usually resident population of all ages, who are living in permanent dwellings, aged-care facilities and student accommodation. The following people were not included in the survey: people living in institutions, such as for long-term hospital care, hospital- and dementia-level care in aged-care facilities, and in prisons; the homeless; short-term visitors; and tourists.
Spatial Coverage	District Health Board
Measures of frequency	Results are presented by total population and sex using crude and age-standardised results. Age group and ethnic group (eg Māori vs non-Māori rate ratios) results are presented where possible.
Confidence interval methodology	95% confidence intervals were calculated by the Ministry of Health using jack-knife weights (Ministry of Health 2017a). Confidence intervals are presented as error bars on graphs.
Limitations of indicator	The earlier administration of the AUDIT in the NZHS differed from the methodology specified by the WHO, as the quantity of alcohol consumed reported in Q2 of the AUDIT, and frequency of 6 or more drinks in Q3, were not defined and measured in standard (10 gm) drinks. From 2016/17, the NZHS used the standard drinks show- card version of AUDIT, aligning to the WHO method but creating a break in the time series (Ministry of Health 2017b).
	Someone can reach a score of 8 from the alcohol consumption items alone in the AUDIT questionnaire. For example, someone who drank six or more drinks on one occasion, twice a week.
	There is some uncertainty in the estimates due to taking a sample, reflected in the 95% confidence intervals. For smaller DHBs, even with pooled data from multiple years, the results may not be available or have wide confidence intervals.

Limitations of data source	The survey results may under- or over-estimate indicators due to the nature of self-reported information. In the case of alcohol use, there may be recall errors in alcohol consumption and under- reporting due to a reluctance to disclose drinking behaviours.
Created by	Ministry of Health, New Zealand
Related indicators	Alcohol outlet licence density Alcohol-related motor vehicle crashes Injury outcomes of alcohol-related motor vehicle crashes Hospitalisations wholly attributable to alcohol
For more information	For more information on the New Zealand Health Survey, visit the New Zealand Health Survey website: <u>https://www.health.govt.nz/nz-health-statistics/national-</u> <u>collections-and-surveys/surveys/new-zealand-health-survey</u>
References	<ul> <li>Babor T, Higgins-Biddle J, Saunders J, et al. 2001. AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. Second edition. Geneva: World Health Organization.</li> <li>Ministry of Health. 2017a. Methodology Report 2016/17: New Zealand Health Survey. Wellington: Ministry of Health.</li> <li>Ministry of Health. 2017b. Content Guide 2016/17: New Zealand</li> </ul>
	Ministry of Health. 2017b. Content Guide 2016/17: New Zealand Health Survey. Wellington: Ministry of Health