Original Research

Asian Drinking Cultures in New Zealand: A Scoping Review

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Jeffery Adams[1], Grace Wong[2], Ivy Y. Zhao[3], Padmapriya Saravanakumar[2], Eleanor Holroyd[2], and Stephen Neville[2]

Abstract

Alcohol use causes harm across most populations. However, comparatively little research and policy attention has been paid to drinking cultures among Asian people. A scoping review was undertaken to identify drinking patterns, alcohol-related harm, drinking culture among Asian youth, young adults, and adults living in New Zealand. A search of literature identified 39 relevant outputs. The findings indicated that Asian people enjoy a comparative health advantage when compared with non-Asian population groups through lower rates of alcohol consumption, less risky drinking, and experiencing less harm from drinking. Despite these advantages, the results identified areas where improvements with Asian people's relationships and experiences with alcohol may be warranted. It is important to develop targeted approaches to Asian drinking that can build on the current whole population-level alcohol initiatives. Further research is warranted to identify specific and additional strategies to address problematic alcohol use in this cohort.

Keywords

drinking culture, Asians, alcohol use, harmful drinking, public health

Introduction

Alcohol use is a significant health issue. The patterns of alcohol consumption and the associated drinking cultures found within communities are of concern because alcohol use contributes to a variety of health and social harms (Babor et al., 2010). These include poor physical and mental ill health, fetal alcohol syndrome and problems caused by drunkenness such as motor vehicle crashes, violence, and unplanned pregnancy (Connor et al., 2015). It is especially hazardous for children and there is no known safe level of use for pregnant women (Bonomo et al., 2015; Schölin, 2016).

Alcohol use occurs in the context of people's sociocultural experiences. Drinking cultures are established though the patterns, settings, occasions, and norms within which alcohol use and alcohol-related problems occur and are reinforced within communities, in other words "when, where, why, and how people drink" (Savic et al., 2016). Attitudes, norms, customs, beverage types, drinking practices, drinking places, how alcohol is used, drinking habits, social control, toleration, extent of drunkenness, and combinations of these are all important aspects of establishing these cultures.

Historically New Zealand's drinking culture arises from a history of temperance and prohibition. New Zealand now has a relatively liberal drinking environment (Ball et al., 2020; Sellman et al., 2017). Over the past few decades since the mid-1980s, a liberalization of government policy, largely supported by the public, has contributed to increased availability and promotion of alcohol (Maclennan et al., 2012). Availability continues to be linked to harm including crime, and the associated need for policing these crimes (Hobbs et al., 2020). Consumption of alcohol contributes to other harms including injury resulting in emergency department presentation (Kool et al., 2018), and alcohol use is attributed as a cause of cancer for many people (Connor et al., 2017).

While much of the research around drinking cultures in New Zealand to date has been explored from the perspective of the population as a whole, the limitations of such approaches has been recognized and studies on specific cultural and social groupings have increasingly been undertaken in recent years. These have included studies among Māori (Indigenous New Zealanders; Herbert et al., 2017, 2018;

[1]Massey University, Auckland, New Zealand
[2]Auckland University of Technology, New Zealand
[3]The Hong Kong Polytechnic University, Hung Hom, Hong Kong

Corresponding Author:
Stephen Neville, School of Clinical Sciences, Auckland University of Technology, Private Bag 92006, Auckland 1142, New Zealand.
Email: stephen.neville@aut.ac.nz

Muriwai et al., 2018), Pacific people (Ataera-Minster et al., 2020), young people (Campbell et al., 2019; Huckle et al., 2020), older people (Towers et al., 2019), and sexual and gender diverse people (Adams et al., 2019, 2021; Surace et al., 2019). These studies demonstrate that the experiences of alcohol and its impacts vary across population groups.

Gaining knowledge about alcohol use among Asian peoples in New Zealand is critical because as a cohort they are predicted to become the second largest ethnic grouping in New Zealand by 2023 (Statistics New Zealand, 2018b). Additionally, given that many Asian people in New Zealand (77%) were born overseas (Statistics New Zealand, 2018a), they bring their heritage, cultural norms, values, and prior experiences of drinking when they migrate.

In 2018, 15% of New Zealanders identified as Asian compared with European (70%), Māori (17%), and Pacific Island peoples (8%; Statistics New Zealand, 2018b). In the New Zealand context, Asian, as a population grouping does not have a universal, uncontested definition (Ho, 2015) and is used in a relatively novel, and at times ambiguous way to include peoples from East, South, and South East Asia, while excluding people from Central Asia and the Middle East (Rasanathan, Craig, & Perkins, 2006). These groupings are disaggregated in official statistics to include over 40 Asian subgroups (Statistics New Zealand, 2005), of which the largest ethnic groupings are Chinese (33.7%) and Indian (31.4%), followed by Filipino (10.3%) and Korean (5.1%; Statistics New Zealand, 2018b).

Internationally the nature of Asian drinking has been found to vary widely. Different cultural contexts are driven by political, cultural, and religious ideologies such as Confucianism, Taoism, and Islam and the collectivist, family centered world views and totalitarian government policies which arise from these. A range of literature identifies similarities and differences in drinking practices within, and across, Asian countries (Çakar & Kim, 2015; Colvard, 2015; Cumo, 2015; Lincoln, 2016; Moolasart & Chirawatkul, 2012; Obot & Room, 2005; Rogers, 2015; Seo et al., 2015; Tang et al., 2013; World Health Organization, 2014). Commonalities include higher levels of abstention than in Western countries like New Zealand; very low female drinking rates; very strong family and social prohibitions on youth drinking; very low levels of wine consumption and high consumption of spirits; the belief that some alcoholic beverages promote health; drinking to facilitate business relationships; drinking with others rather than drinking alone; and an emphasis on self-control and moderation when drinking. Differences in drinking cultures between Asian countries include rates of risky drinking and tolerance levels for risky drinking among men; policy around drinking such as the legal minimum age for alcohol purchase; and the effect of religious prohibitions on drinking.

For migrant Asian people, the impact of "acculturation"—the processes and outcomes of migration and cross-cultural contact experienced by migrants (Rudmin, 2009)—are advanced as an explanation of health behaviors and outcomes. In relation to alcohol, the consequences of the Asian population's exposure to New Zealand's mainstream Western society and drinking culture is potentially important. Acculturation to Western society and patterns of consumption is often associated with higher alcohol use. For example, longer exposure to American society, measured as length of residence, is associated with higher intakes of alcoholic beverages among South Asians in the USA (Talegawkar et al., 2016).

Further, "acculturative stress" results from psychological tension related to immigration and acculturation (Park et al., 2014). "Acculturative stress" focuses on health issues related to the experience of acculturation (Berry et al., 1987) contending that alcohol intake results from the need to relieve anxiety, depression, and tension related to immigration and acculturation (Park et al., 2014). In New Zealand, Asian immigrants may face multiple relocation challenges including language barriers, cultural differences, ethnic discrimination, family separation and loss of social networks, valued social roles, identities, and occupational position on arrival in a new country (Mehta, 2012; Scragg, 2016).

To better understand Asian drinking culture in New Zealand, a review of published scientific and gray literature studies was undertaken. Specifically, the study investigated what is known in the New Zealand literature about: (a) the drinking patterns of Asian youth and adults; (b) the harms from alcohol use experienced by Asian youth and adults; and (c) drinking culture in relation to cultural factors, acculturation, and acculturative stress for Asian youth and adults.

Methods

We conducted a scoping review of the research literature published between 2000 and 2020. We used the methodological framework for scoping reviews by Arksey and O'Malley (2005), further refined by Levac et al. (2010). For this review, peer reviewed academic research papers and grey literature (theses and dissertations, peer reviewed, or substantiated research report literature, e.g., government reports, brief reports and fact sheets, and official New Zealand statistics) were included. Reports analyzing data over several years were included, in preference to separate annual reports about the same variables. Outputs published prior to 2000, market research, quantitative studies with small sample sizes, studies with incomplete results, and anecdotal reports were excluded.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram (Moher et al., 2009) depicts a summary of the search process undertaken (Figure 1). The process began with a search of the international academic databases Scopus and Open Access Theses and Dissertations. Scopus was chosen as it is the largest search engine of scientific literature (Schotten et al., 2017)

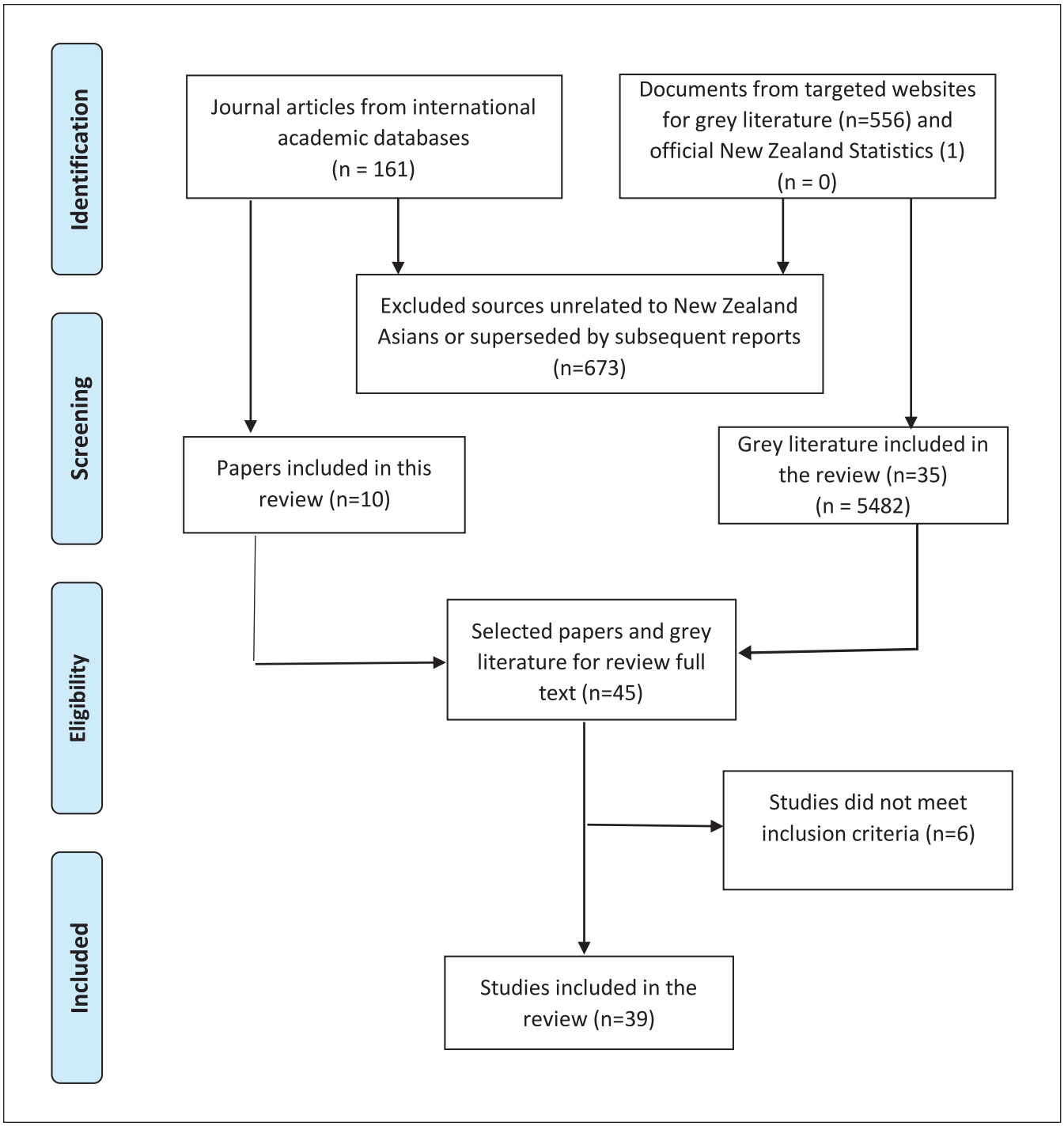

Figure 1. Flow diagram of the scoping review.

with extensive coverage of published articles on New Zealand topics. An appropriate search strategy was designed (Table 1). Secondly, targeted websites were scanned for grey literature. The targeted websites represent key international and national sources of data on public health issues and alcohol. These comprised key New Zealand government and other agencies (Ministry of Health, Statistics New Zealand, Health Promotion Agency, Social Policy Evaluation, and Research Unit), as well as Youth2000 (University of Auckland) and ECALD (organization which works to enhance culturally and linguistically diverse competence in health and related workforces). The World Health Organization website was also searched.

Table 1. Search Strategy.

(TITLE-ABS-KEY (("Drinking culture*" OR cultural* OR "drinking norms" OR "drinking values" OR "drinking behavior*" OR alcohol* OR drink* OR binge OR "substance use" OR acculturation)) AND TITLE-ABS-KEY ((asian OR race* OR ethnic* OR discrimination OR immigrant OR migrant* OR chinese OR indian OR filipino OR korean OR viet* OR thai*)) AND TITLE-ABS-KEY (("New Zealand" OR aotearoa)) AND TITLE-ABS-KEY ((youth* OR adolescent* OR "secondary school" OR child*)))

Thirdly, experts on a key stakeholder group (which included Asian health experts from the local district health boards and non-government organizations, a representative of an alcohol non-governmental organization, and a youth health representative) identified other peer-reviewed articles and grey literature for possible inclusion. Finally, the reference lists of all included sources were searched for relevant documents not otherwise identified.

The titles, abstracts, and/or executive summaries of the documents identified in the search strategies to select relevant outputs were viewed and screened to ensure they were relevant and related to the three review objectives. The included articles and grey literature were agreed on by two members of the research team. Results were firstly divided into youth and adult age groups; results for young adults and Asian ethnic sub-groups were extracted where available. Data reporting comparisons with the mainstream New Zealand European population were also included so as to provide context for considering issues related to acculturation.

Results

A total of 718 data sources studies were identified of which 39 relevant outputs that fulfilled the criteria were selected for this review. Thirty-two of the research outputs were quantitative, 4 qualitative, and 3 were mixed methods. Most of the outputs were research reports (24 items); also included were peer-reviewed journal articles (5), theses/dissertations (4), fact sheets (4), conference presentation (1), and an interactive website (1). Just one output solely focused on Asians and alcohol (Parackal et al., 2011). Others either included alcohol as a factor in reports about Asian health and addictive behaviors, or Asians as a subgroup in analyses of alcohol use among New Zealanders. When analyses by Asian subgroup were available these were limited to the two largest Asian ethnic groups in New Zealand—Chinese and Indian.

The quantitative data sources identified were mainly nationally representative, including recurring surveys conducted by academic institutions and government agencies (Table 2). These were reports on data from four key surveys: (a) Youth2000 survey series (representative surveys of New Zealand secondary school students), (b) New Zealand Health Survey (national representative surveys of 13,000 adults), (c) Health and Lifestyle Survey (a biennial monitor of the health behavior and attitudes of adults, and parents and caregivers of 5–16-year-olds), and (d) Attitudes and Behavior toward Alcohol Survey (ABAS; national survey of adults about alcohol consumption patterns, alcohol-related behavior, consequences of consuming alcohol, and attitudes). These analyses were published in further reports, peer reviewed journal articles, and university research theses. The small amount of qualitative research was derived from individual interviews and focus groups studies that are reported in theses and dissertations.

In this section, the youth results are presented first, followed by results for adults and young adults. Youth results are from studies that primarily focused on adolescent (typically up to age 18 years). Adult and young adult results are from studies that used various minimum participant ages from 15 years or older. In each section, "all Asian" data are followed by results by gender and ethnic subgroup where available. We have included definitions of regular and risky drinking because they differ from study to study.

Youth

Two nationally representative recurring surveys provide information about Asian youth drinking. Furthermore, the patterns of drinking and harm ensuing from alcohol use are reported in a number of reports from the Youth2000 series, while attitudes toward alcohol and drinking are available in reports from the ABAS series.

Patterns of alcohol consumption and purchasing. Asian secondary school students were less likely (35%) to report current alcohol consumption than non-Asian school students (66%; Parackal et al., 2011). Those who drank did so less frequently, and consumed less alcohol, than their non-Asian counterparts. Beer was the most commonly preferred beverage of both Asian (34.5% reporting as usual drink) and New Zealand European students (38.4%; Ameratunga et al., 2011).

Among secondary school students, proportionally more Chinese (71%) and Indian boys (59%) reported ever having a drink of alcohol than Chinese (65%) and Indian girls (45%; Rasanathan, Ameratunga, et al., 2006). In contrast to Indian secondary school students where the proportion drinking alcohol weekly did not change significantly between 2001 and 2012, among Chinese school students there was a significant change (62% decrease) who reported drinking weekly over this period (Adolescent Health Research Group, 2017a, 2017b).

Table 2. Summary of New Zealand Literature Sources.

Author year and publication	Aim	Design	Sample	Key topic areas
Adolescent Health Research Group (2004) Report	To describe secondary school students' experiences with alcohol	National survey Youth 2001	Year 9–13 students	Prevalence, drinking experience, attitudes, patterns, setting and company, alcohol acquisition, parental attitudes and behaviors, concern about drinking, and adverse events resulting from drinking
Adolescent Health Research Group (2017a) Fact sheet	To describe changes in Chinese youth health in NZ: 2001–2012	National surveys Youth 2001 Youth 2012	Year 9–13 students	Weekly drinking Binge drinking last 4 weeks
Adolescent Health Research Group (2017b) Fact sheet	To describe changes in Indian youth health in NZ: 2001–2012	National surveys Youth 2001 Youth 2012	Year 9–13 students	Weekly drinking Binge drinking last 4 weeks
Ajmal (2012) Dissertation	To explore alcohol and psychoactive substance use in South Asian university students	Mixed methods	South Asian university students 18–24 years	*Survey*: Substance involvement scores; lifetime use of alcohol; global substance use scores *Qualitative*: Enablers and barriers to South Asian tertiary students' alcohol and substance use
Ameratunga et al. (2011) Report	To describe secondary school students' experiences with alcohol	National surveys Youth 2001 Youth 2007	Year 9–13 students	Students' attitude to drinking, friends' and parents' drinking, drinking experience, drinking patterns, alcohol acquisition, reasons by student's drink, concerns about drinking, adverse events and drinking, alcohol, and driving Asian rates of drinking; comparisons by ethnic group; comparisons between Youth 2001 and 2007 surveys
Asian Public Health Project Team (2003) Report	To describe Asian health status and underlying issues in the Auckland region	Mixed methods	Asian community members	*Quantitative* Hospital discharges by age group and ethnicity *Qualitative* Asian health, health risk factors, and services
Brebner (2008) Conference presentation	To describe Pākehā and international students' desire to seek cross-cultural connection	QualitativeFocus groupsIndividual interviews	Pākehā and Asian	Experiences of making friends across cultures
Cheung et al. (2015) Report	To explore how women drink alcohol while pregnant, how much they drink, and how their drinking behaviors change as the pregnancy progresses	Growing Up in NZ (GUINZ) longitudinal study baseline data	Women in GUINZ study from Auckland and Waikato	Drinks/week before becoming pregnant or before aware pregnant. Drinks/week first 3 months of pregnancy Drinks/week after first 3 months of pregnancy
Community Insight Group (2014) Report	To help raise awareness within our communities about the impact of alcohol	Qualitative In-depth interviews to elicit personal stories	Asian migrant men and women	Personal stories about alcohol use and harm in NZ
Connor et al. (2009) Peer reviewed journal article	To describe the 12-month prevalence of physical and sexual assault, and the association of assault with drinking by the perpetrator	National population-based survey	Ethnicity: "Non-exclusive categories"	Experiences of physical and/or sexual assault by the respondents in the past 12 months, and of alcohol involvement by the respondents and the perpetrators in these events
Fleming et al. (2014) Report	To explore the health issues and contexts of NZ secondary school students who use substances at very high levels	National survey Youth 2012	Year 9–13 students	Weekly and binge drinking patterns
Fleming et al. (2020) Report	To explore the health issues and contexts of NZ secondary school students.	National survey Youth 2019	Year 9–13 students	*Binge drinking*: Consumed five or more alcoholic drinks in one session two or more times in the past 4 weeks.
Gray and Cook (2016a) Fact sheet	To describe experiences with drinking culture	National survey ABAS 2014/2015	Adults aged 18+ years	Experiences of drinking culture
Gray and Cook (2016b) Fact sheet	To describe attitudes and perceptions about drinking culture	National survey ABAS 2014/2015	Adults aged 18+ years	Perceptions and attitudes about drinking

(continued)

Table 2. (continued)

Author year and publication	Aim	Design	Sample	Key topic areas
Health Promotion Agency (2017a) Report	To describe NZers' attitudes to drinking alcohol during pregnancy	National survey ABAS -2013/2014 -2014/2015 -2015/2016	Prioritized: Māori, Pacific, Asian, and European/Other	Attitudes toward drinking in pregnancy
Health Promotion Agency (2017b) Report	To describe people 18 years and over who are non-drinkers	National survey ABAS -2013/2014 -2014/2015 -2015/2016	Adults aged 18+ years who self-identify as non-drinkers and/or did not drink alcohol in the last year	Alcohol consumption
Health Promotion Agency (2017c) Report	To describe NZers' attitudes to, and awareness of, pregnancy warning labels on alcohol	National survey ABAS -2015/2016	People aged 15+ years Prioritized: Māori, Pacific, Asian, European/Other, and Asian	Messages and symbols about not drinking during pregnancy on alcohol products
Health Promotion Agency (2017d) Report	To describe alcohol-related behavior, attitudes and experiences of young people	National survey ABAS -2013/2014 -2014/2015 -2015/2016	People aged 15–24 years	Drinking in past 4 weeks
Health Promotion Agency (2017e) Report	To describe the supply of alcohol to young people aged under 18 years	National surveys ABAS 2013/2014 2014/2015 2015/2016	People aged 15+ years Prioritized: Māori, Pacific, Asian, and European/Other	Supply of alcohol and supervision of drinking in young people
Health Promotion Agency (2018a) Report	To describe drinking behaviors of "last occasion drinkers"	National survey ABAS -2013/2014 -2014/2015 -2015/2016	People aged 15+ years Prioritized: Māori, Pacific, Asian, and European/Other	Characteristics/kinds/duration and location of last drinking occasions
Health Promotion Agency (2018b) Report	To describe NZers' attitudes and actions relating to cutting back on their alcohol consumption	National survey ABAS 2015/2016	People aged 15+ years Prioritized: Māori, Pacific, Asian, and European/Other	Attempts to cut back, consuming water and food while drinking
Health Promotion Agency (2018c) Report	To describe the alcohol-related behaviors, attitudes and experiences of adults aged 25 years and over from 2013 to 2016	National survey ABAS -2013/2014 -2014/2015 -2015/2016	Adults aged 25+ years Prioritized: Māori, Pacific, Asian, and European/Other	Alcohol consumption, including risky drinking behavior in the last 4 weeks
Huckle et al. (2013) Report	To understand trends in alcohol consumption and alcohol-related harm among females in NZ from 1995–2011	Survey	Prioritized: Māori, Pacific, Asian, and European/Other	Alcohol-attributable hospitalization, mortality, traffic crashes, prosecutions, and helpline service use
Huckle and Romeo (2018) Report	To describe the supply of alcohol to people under the minimum purchase age	National survey: Alcohol Policy Interventions in NZ (APINZ) survey data sets -2013 -2015	Prioritized: Māori, Pasifika, Asian, NZ, and European	Prevalence and frequency of social supply

(continued)

Table 2. (continued)

Author year and publication	Aim	Design	Sample	Key topic areas
Kypri et al. (2005) Peer reviewed journal article	Demonstrate the use of an internet-based retrospective diary to measure intoxication and to describe the epidemiology of intoxication in a university community	National web-based survey	University students aged 16–29 years	A 7-day retrospective diary. Estimated blood alcohol concentration (EBAC) was calculated for each drinking episode
McEwan (2009) Thesis	To investigate student culture and binge drinking behavior in tertiary halls of residence	Mixed methods	University students in tertiary halls of residence	Survey Alcohol consumption in the previous 12 months, alcohol effects, attitudes, student culture, and drinking behavior
Ministry of Health (2015) Report	To describe patterns of alcohol consumption as well as alcohol use by pregnant women	NZ Health Survey 2012/2013	Adults aged 15+ years	Patterns of alcohol consumption, alcohol use by pregnant women
Ministry of Health (2019) Interactive website	The Annual Data Explorer is an interactive tool for exploring NZ Health Survey data.	NZ Health Survey 2018–2019 Trends over time from 2006/2007	Adults aged 15+ years	Past year drinking habits
Ngai et al. (2001) Report	To identify the healthcare needs of Asian people in Auckland North and West	Survey	Asian	Asian health and health risk factors
Parackal et al. (2009) Peer reviewed journal article	To describe the opinions of non-pregnant NZ women about the safety of alcohol consumption during pregnancy	National telephone cross-sectional survey in 2005	Non-pregnant women aged 16–40 years	Opinions on safety of alcohol consumption in pregnancy
Parackal et al. (2010) Peer reviewed journal article	To describe the preference rating of NZ women for warning labels on alcohol containers as a source of information on alcohol consumption in pregnancy	National telephone cross-sectional survey in 2005	Non-pregnant women aged 16–40 years	Rating on warning labels on alcohol containers about alcohol consumption in pregnancy
Parackal et al. (2011) Report	To describe changes in the health and well-being of Asian secondary school students between 2001 and 2007	National surveys Youth 2001 Youth 2007	Year 9–13 students	Cultural, individual, family, peer, school, and community influences on health and wellbeing
Peck (2011) Report	To describe attitudes and perceptions of alcohol use and policy	National NZ Health and Lifestyles 2010 survey	NZ'ers aged 15+ years	Levels of support for alcohol policy
Rasanathan, Ameratunga, et al. (2006) Report	To describe the health of Asian secondary school students	National survey Youth 2001	Year 9–13 Asian students	Cultural, individual, family, peer, school, and community influences on health and wellbeing
Scragg (2016) Report	To examine time trends in the health status of the Asian population	NZ Health Surveys: 2002–2003, 2006–2007, and 2011–2013 (2011–2012 and 2012–2013 combined)	Adults ≥15 years	Frequency of alcohol intake and number of alcohol drinks in the last year by Asian participants
Simpson et al. (2016) Report	To describe alcohol-related hospital admissions in young people 2000–2013	National Minimum Dataset—Hospital Admissions	People aged 15–24 years	Admissions with any mention of alcohol in first 15 diagnostic codes or first 10 external cause codes
Storr (2012) Thesis	To identify modifiable factors which affect learning experiences and outcomes for international medical students	Qualitative	International medical students	Factors that inhibited and enhanced learning, student experiences of accessing university support services and suggestions for improvement
Towers et al. (2011) Peer reviewed journal article	To describe hazardous and binge drinking prevalence in community dwelling older adults	National postal survey	Adults 55–70 years	Hazardous and binge drinking
Zhang (2015) Thesis	To explore factors that shape and influence alcohol consumption among Chinese migrants	Qualitative	Chinese community alcohol treatment service users	Factors that shape alcohol consumption patterns and beliefs including migration, acculturation, and social adjustment.

Regardless of the definition of risky drinking utilized, several studies have reported that Asian youth were less likely than New Zealand Europeans to be risky drinkers (Ameratunga et al., 2011; Fleming et al., 2014; Health Promotion Agency, 2017d). Rates of risky drinking (five or more standard alcoholic drinks in one session within 4 hours) have not changed significantly between 2001 and 2012 for both Chinese and Indian students (Adolescent Health Research Group, 2017a, 2017b).

School students who had been in New Zealand for five or less years (17.8%) were much less likely to have drunk alcohol in the past 4 weeks than New Zealand-born students (43.5%). Similarly, Asian students who had lived in New Zealand for less than 5 years (12%) were less likely to be risky drinkers than those who had lived in New Zealand for more than 5 years (34%), or New Zealand-born Asian students (35%; Rasanathan, Ameratunga, et al., 2006).

Asian students who had been in New Zealand five or less years were more likely to buy alcohol for themselves, and less likely to report stealing alcohol, than New Zealand-born students (Rasanathan, Ameratunga, et al., 2006). In addition, Asian students were more likely to report drinking by themselves (13%) than New Zealand European students (5%; Adolescent Health Research Group, 2004).

Half the Asian youth respondents (50%) who bought their own alcohol reported being asked for age identification at the time of purchase. Less than half (48%) of Chinese respondents who purchased alcohol reported being asked for age identification "sometimes" or "most of the time." One-third of Indian respondents (32%) were asked "sometimes" or "most of the time" (Rasanathan, Ameratunga, et al., 2006). These results suggest that legislation and practices to limit the purchase to people aged 18 or over was ineffective for many of the students surveyed (who were mostly aged 13 to 17 years and should not have been able to purchase alcohol if proper age verification was conducted).

Alcohol-related harm. Alcohol was identified as causing a range of harms to a substantial number of Asian school students. This includes harm from personal drinking and harm from others' drinking, in relation to driving, injury, sexual experiences, and school or work performance (Ameratunga et al., 2011). Among those who were current drinkers: 8% reported unsafe sex, 6% reported unwanted sex, and 12% reported being injured after drinking (Parackal et al., 2011). One in 10 (13%) of current drinkers had also been told to reduce their drinking by friends or family (Parackal et al., 2011). This result is slightly lower than was reported for all school students (16.1%; Ameratunga et al., 2011).

Chinese and Indian youth have similar rates of driving at least once after consuming more than two glasses of alcohol in the 2 hours before driving (12% and 13%, respectively); and being driven in a car in the last 4 weeks by someone who had been drinking (16% and 18%, respectively, Parackal et al., 2011). The statistical significance of these differences was not reported. Fewer Asian youth (55%) predicted that they would drink alcohol when they are older, compared with NZ European youth (82%; Adolescent Health Research Group, 2004).

Influences on alcohol consumption

Family influence on drinking. Among Asian secondary school students, alcohol has been reported as less likely to be accessed at home than for New Zealand European students. About one half (48%) of Asian secondary school students reported that they had easy access to alcohol at home compared with two thirds of NZ European youth (67%; Adolescent Health Research Group, 2004). Among those Asian secondary school students who were drinkers, 53% of Chinese and 35% of Indian students reported they usually got alcohol from their parents (Parackal et al., 2011). The report does not state whether this access is with their parents' knowledge or not. Nearly half of Asian secondary school students reported having parents who drank at home (45%) compared with 70% of New Zealand European students. Under half of the Asian secondary school students (44%) usually drank with their families compared with slightly over a half (52%) of New Zealand Europeans (Ameratunga et al., 2011).

Asian secondary school students non-drinkers (60%) were more likely to report that they did not drink because their parents disapproval of drinking than did New Zealand European students (49%; Adolescent Health Research Group, 2004). Over half of Chinese secondary school students non-drinkers (58%) and Indian youth non-drinkers (64%) abstained because their parents did not approve (Rasanathan, Ameratunga, et al., 2006). Some two-thirds of Asian secondary school students (63%) reported their parents would be angry if they knew their child drank compared with 40% of New Zealand European students with similar perceptions (Adolescent Health Research Group, 2004).

Significantly fewer Asian parents (10%) reported letting their child (10–16 years old) drink on their own or another parent's supervision than European/Other parents (40%; Health Promotion Agency, 2017e). It was also less socially acceptable to these underage youth to consume alcohol at a party when they knew that alcohol would be present, than for European/Other parents. In contrast, fewer Asian (62%) than European/Other respondents (77%) agreed that a parent's permission to supply alcohol to an underage person is not absolutely necessary (Health Promotion Agency, 2017e).

Peer influence on drinking. Friends and peers have an influence on Asian youth drinking. Most Asian secondary school drinkers (60%) acquired alcohol from friends. This holds for both Chinese and Indian respondents (Parackal et al., 2011). Asian secondary school drinkers were less likely to drink with friends (80%) than New Zealand European students (87%); and less likely to be drinking at parties than New Zealand European students (63% vs. 77%; Adolescent Health Research Group, 2004).

About a quarter (27%) of Asian youth reported that they drank because their friends did. About one third of Asian youth reported that they did not drink because their friends did not drink (Rasanathan, Ameratunga, et al., 2006). Chinese youth non-drinkers (22%) and Indian youth non-drinkers (41%) said they did not drink because it was against their beliefs (Parackal et al., 2011). These results suggest that peer influence can encourage drinking but can also encourage abstinence or moderation in drinking.

Adults and Young Adults

Two nationally representative recurring surveys provide information about Asian adults and young adults drinking. The patterns and harms from alcohol are reported from the New Zealand Health Survey and the ABAS series of surveys, while attitudes toward alcohol and drinking are available in reports from the ABAS series.

Patterns of alcohol consumption and purchasing

Non-drinkers and drinkers. A considerable number of Asian adults do not drink. Over half (53%) of Asian adults said they were non-drinkers, compared with 22% of European/Other respondents (Health Promotion Agency, 2017b). A sub-group analysis of New Zealand Health Survey data revealed that proportionally more South Asians (50%) were past-year non-drinkers than were Other Asians (43%) or Chinese adults (39%; Scragg, 2016). Reasons for abstinence among Asian adult non-drinkers were "not interested or not part of my life" (22%), religious reasons (20%), health-related (17%); and "don't like the taste or the way it makes me feel" (15%; Health Promotion Agency, 2017b).

Asian adults and young adults are less likely to consume alcohol than European/Other. About one-third of Asian adults and Asian young adults reported drinking in the previous month compared with about two-thirds of European/Other adults (36% vs. 70%) and young adults (37% vs. 71%; Health Promotion Agency, 2017d, 2018c).

With regard to gender, proportionally more Asian males than females (67% vs. 44%) reported having had an alcoholic drink in the past year. There were no significant changes in these proportions between the years 2006/2007 and 2011/2012, or from 2011/2012 to 2015/2016 (Ministry of Health, 2019). Most Asian adults who drank in the past year had one or two drinks on a typical occasion (Chinese, 79%; South Asian, 64%; Other Asian, 62%). Between 2006/2007 and 2011/2013, the amount of alcohol consumed on such occasions increased significantly for Other Asian women. This was not the case for Chinese and Indian men and women, or for Other Asian men. The frequency of drinking declined from 2006/2007 to 2011/2013 among Other Asian adults whereas it remained the same for Chinese adults and South Asian adults (Scragg, 2016).

Length of time living in New Zealand has been identified as having an impact on drinking. Asian adults who were born in or had lived in New Zealand for more than 10 years were more likely to consume alcohol than those who lived here for less than 5 years (60% and 51%, respectively, Scragg, 2016).

Age of drinking initiation. Asian adults were less likely to begin drinking alcohol before they were 15 years old when compared to European/Other adults (12% vs. 29%). They were also more likely to report beginning drinking later (between the ages of 20 and 24 years) than their European/Other counterparts (26% vs. 8%; Ministry of Health, 2015).

Types of alcohol consumed. Asian adult drinkers were more likely to drink either beer or cider (58%) than wine or sherry (49%), spirits (28%), or RTDs (pre-prepared "ready to drink" alcoholic beverages, 7%; Ministry of Health, 2015). In qualitative research, first generation migrant Chinese businessmen and young adults described mixing traditional drinks like green or honey tea, with Western spirits like rum or vodka. The businessmen preferred Chinese alcoholic drinks such as Mao-tai but said they drank more beer and wine now they lived in New Zealand. Chinese young adults deliberately ordered and shared the same alcoholic beverages when socializing with their Chinese friends (Zhang, 2015).

Risky drinking. Asian young adults and adults were less likely to be classified as risky drinkers than non-Asians regardless of how risky drinking was measured (Health Promotion Agency, 2017d, 2018c; McEwan, 2009) The rate of risky drinking (five or more drinks in any one occasion in the last 4 weeks) among current Asian young adult drinkers (32%) was over twice that of Asian adult drinkers (Health Promotion Agency, 2017d, 2018c).

A study of students at the University of Otago found that Asian students were significantly less likely to drink to intoxication than Europeans (Kypri et al., 2005). Asian tertiary students living in halls of residence (28%) were less likely than New Zealand Europeans (43%) to report weekly drunkenness. Asian female (50%) and male (50%) residents reported lower rates of heavy episodic drinking (seven or more drinks for a male ($\geq$70 g ethanol) and five or more drinks for a female ($\geq$50 g ethanol)) than their New Zealand European counterparts (f = 86%; m = 81%; McEwan, 2009).

Asian adults, aged 25 years and over, reported less risky drinking behavior (seven or more drinks on any one occasion) than European/Other adults (14% vs. 20%; Health Promotion Agency, 2018c). The rate of Asian adults consuming two or more drinks on any one occasion was also lower (26% vs. 59%; Health Promotion Agency, 2018c). In contrast, the rate of consumption of five to seven drinks was the same (19%; Health Promotion Agency, 2018c). Among older adults (55–70 years) Asians have been found to have lower mean AUDIT (Alcohol Use Disorders Identification Test) scores than New Zealand Europeans (1.61 vs. 3.35; Towers et al., 2011).

Alcohol-related harm. The rate of alcohol-related hospital admissions for young adult Asians aged 15 to 24 years from 2009 to 2013 was significantly lower than that for European/Other (25.4/100,000 vs. 199.5/100,000; Simpson et al., 2016). In qualitative research Chinese young adults said that they relied on their friends to care for them when they were drinking. One Chinese young woman described driving while drunk. She did not want to call a taxi as she "did not like talking English on the phone" (Zhang, 2015, p. 89).

There was mixed evidence about the experiences of alcohol-related harm among Asian adults. In one study, Asian adults were more likely to report at least one harmful experience than European/Other respondents (21% vs. 15%; Health Promotion Agency, 2018c). This was despite being less likely to consume two or more drinks on their last drinking occasion. In another study, Asian respondents (7%) reported a similar rate of harm to their physical health as a result of their drinking, compared with European/Other (7% vs. 8%; Ministry of Health, 2015). In a third study, being Asian was associated with a significantly lower risk of experiencing physical assault perpetrated by someone who had consumed alcohol, compared with being European (Connor et al., 2009).

Asian adult drinkers (15%) were significantly less likely to report driving while feeling under the influence of alcohol than non-Asians (adjusted rate Asian 0.7). Almost 1 in 5 (17%) Asian adults reported drinking having a harmful effect on their finances. Less than 5% had undertaken risky behavior such as working while under the influence of alcohol or using an illicit drug while drinking. The rates associated with these risky behaviors were not significantly different from the non-Asian results (apart from driving under the influence of alcohol, as already reported; Ministry of Health, 2015).

Pregnancy. Two reports detail low drinking rates among Asian pregnant women. In one, 4% of women reported consuming alcohol during pregnancy (Ministry of Health, 2015). In the other report, 35% consumed alcohol before pregnancy or before being aware of their pregnancy; 7% drank in the first trimester; and 3% in subsequent trimesters s (Cheung et al., 2015). Over half (53%) of pregnant Asian women received medical advice not to drink during pregnancy (Ministry of Health, 2015).

Hospitalization. In a report on alcohol-related harm among females in New Zealand, Asian adult women had low rates of alcohol-attributable hospitalization (1.1/100,000) and alcohol-involved crashes where the driver had been drinking (3.7/100,000) in New Zealand. There was no change in the rates from 1995 to 2011 (Huckle et al., 2013). Asian adults were also significantly less likely than non-Asians to experience any violent harm as a result of others' drinking (adjusted rate ratio 0.6; Ministry of Health, 2015).

Influences on alcohol consumption. A quarter (23%) of Chinese, Korean, and other Asian community-based survey respondents identified alcohol consumption as a health concern for Asians (Ngai et al., 2001). Other concerns identified were smoking (33%), drug dependency (21%), and gambling (20%) Most Asian adults (74%) reported moderating their alcohol consumption by limiting their number of drinks (Ministry of Health, 2015). In addition, they were more likely to report deciding to drink more water or eat more food when drinking alcohol than did European/Other (45% vs. 24%; Health Promotion Agency, 2018b).

Asian adults were less likely to report that they had thought about reducing their drinking in the last 12 months than European/Other (6% vs. 27%). They were also less likely to report that they had seriously tried to cut back on how much they drink (5% vs. 18%). In contrast, they were more likely to say that they had decided to drink less after their last drinking occasion (22% vs. 10%; Health Promotion Agency, 2018b). Almost half of Asian adults (46%) agreed that they would listen to their friends and family if they suggested they cut back on their drinking (compared to 35% of European/Other; Gray & Cook, 2016a). Some (9%) reported that they had been given advice, information or help on reduce their drinking by family, friends, or health and social service providers (Health Promotion Agency, 2018b).

Discussion

Alcohol drinking cultures in New Zealand have received increased attention from researchers and policy makers in recent times. However, comparatively little research and policy attention has been paid to drinking cultures among Asian people. This scoping review addressed this gap through the identification and mapping of available evidence from a variety of data sources on drinking among people in New Zealand.

The findings demonstrate that Asian people enjoy a comparative health advantage compared with other population groups across a number of alcohol consumption and experience domains. In general, Asian youth, young adults and adults have lower rates of alcohol consumption and risky drinking than their New Zealand European counterparts. Asian people also experience considerably less harm from drinking than New Zealand Europeans. This finding of lower consumption rates for Asian people reflects international reports on levels of consumption which generally show that while drinking patterns and behaviors vary across Asian countries (Jiang et al., 2018), alcohol consumption is lower within Asian host counties than New Zealand. For example alcohol consumption per capita for people 15 years and older is much higher in New Zealand (10.69l of pure alcohol), than in China (6.04l) and India (5.61l; World Health Organization, 2022). Although notably, among people who drink consumption is much more even—New Zealand (14.1l of pure alcohol), China (13.1l), and India (14.6l). Harm from drinking is a significant theme in the international literature. High levels of harm including alcohol-related aggression and violence

among Asian people have been reported. In one study 50% to 73% of respondents from five Asian countries reported being harmed at least once in the past year (Waleewong et al., 2018). Harm to Asian drinkers was also identified in this review of New Zealand studies. However, consistent with results from a United Kingdom study (Beynon et al., 2019), harm was comparatively less for Asian populations than for the dominant white/European populations.

The international literature has identified the importance of external influences on drinking. For many young people the earliest experiences of alcohol occur in family contexts (Colder et al., 2018). Our study identified that Asian parents had more restrictive views than European parents about alcohol use and were less likely to supply alcohol to their children. This result is broadly in line with other research including a study from Taiwan that demonstrated that parental involvement in childhood contributed to lowered drinking among adolescents (Lo et al., 2019). The strong family connections identified in this review may also potentially contribute to "healthier" views toward and alcohol use as engagement with ethnic heritage and culture has been shown to influence whether young people drink (Lui et al., 2020). Despite comparative health advantages in relation to alcohol use, from a public health perspective many of the results identified suggest areas where improvements with Asian people's relationships and experiences with alcohol may be warranted. Initiating such action is contentious internationally and in New Zealand (Casswell & Rehm, 2020) and subject to political, social, and economic conditions. In New Zealand policy responses and other action must be undertaken within the context of an open economy that is characterized by minimal regulation and where individual choice and limited government involvement are favored (Lyons & Kersey, 2020). These conditions have contributed to New Zealand's liberal drinking environment (Randerson et al., 2018). Despite this policy advocacy to address alcohol use and counter alcohol-related harm is underway in New Zealand (Health Coalition Aotearoa, 2020a, 2020b). This advocacy is for prevention policies that target whole populations and adopting "best buys" (including increasing alcohol tax, regulating marketing, banning sponsorship, and strengthening drink driving measures; Global Alcohol Policy Alliance, 2020; Health Coalition Aotearoa, 2020b). Whole population approaches like this would benefit all people including Asian people.

While any policy development is likely to take a whole population-based approach it will also be imperative to ensure that public health initiatives and clinical services ensure they meet the needs of Asian people. A strengthened and more comprehensive research base is necessary to inform the development of initiatives focusing on Asian populations (Wong, 2021). Services and other initiatives must be targeted and staffed and delivered by a culturally appropriate workforce to ensure increased service accessibility and engagement.

The review has highlighted limitations in the available data. Firstly, the research outputs identified a trend to report on Asian has a composite group. A similar critique has been made about data collected among Asian people living in the United States where undifferentiated conceptions of Asian identity are often used (Ahmmad & Adkins, 2021) Some of the studies did report the vast range of diversity between these groups, but by, and large the heterogeneity among these groups remains underexplored in local studies. In the few instances where Asian subgroup analysis was attempted this was largely restricted to Chinese and Indian populations. The results from these did indicate different patterns of drinking between these populations, suggesting different drinking cultures exist and that tailored interventions may be warranted. Some gaps in the data exist as Asian ethnic subgroup analyses are rare. For example, no studies were identified focusing on drinking among Filipino people who constitute the third largest, and fasted growing, Asian migrant population group in New Zealand. Other significant Asian population groups have also not been studied.

A second limitation among the data is there is there has been very little exploration of drinking that distinguishes among Asian people by birthplace or length of residence in New Zealand. Given that three quarters (77%) of Asian people living in New Zealand are born elsewhere (Statistics New Zealand, 2018a), current research that examines the impacts of birthplace and length of residence would be essential to develop an understanding of the acculturation on drinking cultures. This is especially important given that new migrants will have experiences around drinking that are potentially quite different than those born in New Zealand and those that are longer-term migrants. Research from the United States has shown that importance of understanding the impact of acculturation given it is associated with alcohol consumption and risky drinking by Asian Americans. In the New Zealand context one area of potential study would be exploring the use of alcohol to relieve acculturative and migration stress. Acculturation and acculturative stress on Asian youth drinking has also not been studied specifically. Longitudinal studies would be useful to demonstrate the impacts of acculturation (Ahmmad & Adkins, 2021). Areas such as how experiences of racism may contribute to alcohol use are also understudied (Le & Iwamoto, 2019).

Conclusion

Limited information is available on drinking among the range of Asian populations in New Zealand. The information available does however support a comparative health advantage in relation to alcohol use for Asian people in New Zealand. However, to fully understand the drinking cultures among various Asian sub populations further research is required. This information would be available to inform the development of effective, targeted health, and social care interventions.

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ORCID iDs

Jeffery Adams https://orcid.org/0000-0003-3052-5249

Ivy Y. Zhao https://orcid.org/0000-0003-4597-8929

Padmapriya Saravanakumar https://orcid.org/0000-0001-6923-0355

Stephen Neville https://orcid.org/0000-0002-1699-6143

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Adams, J

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