Community Action Youth and Drugs (CAYAD) West Auckland Youth Alcohol and Other Drug Experiences Survey

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Community Action Youth and Drugs (CAYAD) West Auckland Youth Alcohol and Other Drug Experiences Survey

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Executive summary

This report outlines the findings from the Community Action Youth and Drugs (CAYAD) West Auckland Youth Alcohol and Other Drug (AoD) Experiences Survey conducted from May – June 2015. The survey was the quantitative part of a larger research project conducted by CAYAD West Auckland as part of a youth AoD community needs assessment.

The purpose of this project was to identify the current situation and gather deeper insights into at-risk young people's experiences and associated harm with AoD in West Auckland. Through this, the project aimed to further the understanding of the experiences of west Auckland young people with alcohol and drug use within agencies working with young people and alcohol and drug service providers.

The survey focused on 'at risk' young people, as they have a higher probability of experiencing harm from AoD. At the time of the survey the young people were engaged with AoD support services, key government agencies or alternative education providers. The survey investigated the following:

- Nature of respondents' home life
- Drinking behaviour
- Alcohol-related harm
- Family drinking
- Alcohol and drug education
- Other drug consumption
- Access to alcohol and other drugs

CAYAD would like to acknowledge input from the following organisations, which supported this research project:

- Auckland Council's Research and Evaluation Unit (RIMU)
- West Auckland Alternative Education Consortium
- Odyssey
- ABACUS Counselling, training and Supervision
- HealthWest
- Waitemata Community Law Centre
- Te Ha Oranga
- Blue Light - Ranui Social Sector Trials
- Youth Service West
- Ohana Young Parents Charitable Trust
- Te Ha Oranga
- He Wero O Nga Wahine Teen Parent Unit
- Massey Breakfr3 Youth Group
- Vison West Youth Guarantee
- Education Action Youth Guarantee

The findings are summarised below.

Survey respondent characteristics and home life

Survey respondents were predominantly Māori (52%), European (34%) and Pasifika (27%). Most young people surveyed were aged under 18, with the majority aged 15-17. Respondents lived throughout west Auckland, mostly clustered around Henderson, Sunnyvale, Te Atatu, Te Atatu Peninsula, and Massey.

Around a third of respondents grew up with both parents / caregivers present, with the remainder growing up with only one parent / caregiver, or some other arrangement. Most grew up in large families with many siblings, and had dinner with their family at least semi-regularly.

Drinking behaviour

The majority of respondents started drinking at a young age, and continue to drink frequently and heavily. Most drinking is done at home or at friends' places, with a moderate amount of drinking in public spaces (beaches, parks, in cars etc.).

Primarily, motivations for drinking are centred around having fun, celebrating and unwinding, although a third of respondents reported drinking to escape feelings they don't like.

Respondents plan to stop drinking at a range of intoxication levels. Although only 6 per cent of young people who drink planned to stop drinking at a high level of intoxication ("falling over / vomiting / passing out"), 22 per cent regularly drank to this level of intoxication.

Premixes are popular and alcohol products are chosen primarily because they taste nice and are easy to drink.

Alcohol-related harm

Around half of respondents reported experiencing occasional or frequent injury or harm as a result of their drinking. Alcohol-related blackouts were typically first experienced before the age of 15, and continue to be frequent.

Despite the young average age of the survey respondents, almost half had driven drunk, and two thirds had been a passenger in a vehicle driven by a drunk driver.

Unsafe sex was common (42%), as were unwanted sexual experiences, such as being touched, kissed, or forced into sex or other sexual acts (21%). Forcing others into doing something sexual that they wouldn't have done otherwise was less commonly reported, although 7 per cent did admit to having done so at some point in the past.

Family and alcohol

Respondents came from families with a range of drinking patterns – some drinking frequently, others infrequently or not at all. One in four young people reported that their mental or physical health had been sometimes or always affected by their parents drinking.

Alcohol and other drug education and help

Although some young people had found none of the drug and alcohol education they had received helpful, information on health and body effects, harms / safety, and what not to do had been of help to a reasonable proportion of those surveyed.

While a third of respondents didn't know what would encourage them to seek AoD help if they needed it, friendly and supportive friends and service providers, as well as confidentiality and stigma reduction (a lack of judgement / punishment, knowing that others have sought help, not having a fuss made) were rated by the remainder of respondents as important for encouraging AoD help-seeking.

Seeing serious harm or consequences, or other commitments such as sport, were seen as most likely to encourage less drinking. However, one in five respondents didn't know what would encourage them to decrease their drinking, and one in seven stated that nothing would get them to drink less.

Other drug consumption

Cannabis and synthetics use was relatively common, with 62 and 42 per cent of those surveyed having used these drugs. Other drugs, such as ecstasy, hallucinogens, amphetamines, inhalants and prescription drugs, had been used by a smaller number of respondents (10-15%).

Access to alcohol and other drugs

Family (parents, siblings, older relatives) and older friends, as well as asking strangers to buy it for them, were reported as important ways for young people to access alcohol. Buying it themselves with a fake ID (or from shops that do not check for ID) was relatively less common.

Respondents were also asked where young people in their community get cannabis, synthetics and meth/P from. Dealers/drug houses, as well as personal connections (friends, neighbours and relatives), were important sources of supply for all three drug types, but particularly for cannabis.

Comparisons between different subgroups

The analysis also investigated differences between the following subgroups:

- Gender
- Alternative education students vs other at-risk under 17 year olds.
- The level of intoxication at which respondents plan to stop drinking
- Māori vs non-Māori
- Age

Gender

These findings show that, within this particular sample, young women are at particular risk of AoD harm. Although male respondents were more likely to have started drinking at a younger age, female respondents reported currently drinking more frequently, heavily and to a higher level of intoxication. When asked about their motivations for drinking, females were more likely than males to report drinking in order to get drunk, as well as to escape negative feelings.

Female respondents were more likely to have been injured or harmed because of their drinking, to have experienced alcohol-related blackouts, to have been a passenger in a vehicle driven by a drunk driver, and to have had unsafe sex or an unwanted sexual experience while intoxicated. Female respondents were also more likely than the males surveyed to have forced someone else into doing something sexual that they otherwise would not have done.

Alternative education students vs other at-risk under 17 year olds

Comparing at risk young people aged 17 and under in west Auckland alternative education (WAE) with other at risk under-17s who were not enrolled in alternative education (who are in a range of circumstances, including in mainstream education, NEET, working, or in other training) reveals some, but not dramatic, differences between the two groups.

WAE students – who were more likely to be younger, male and Māori – were more likely to have started drinking at a young age, to drink frequently and be motivated to drink to get drunk. There were, however, no major differences between the two groups of students with regard to the average number of drinks consumed, frequency of binge drinking and the level of intoxication before stopping drinking. WAE students were more likely to have driven drunk and to have had their first alcohol-related blackout younger than age 14, but were similar on other measures of harm (personal injury, frequency of blackouts, unsafe or unwanted sexual experiences).

The level of intoxication at which respondents plan to stop drinking

Respondents who typically plan to stop drinking once they reach a low level of intoxication (“relaxed, social, loud, or clumsy”) were compared with those who typically plan to stop at a high intoxication level ("swaying, memory loss, falling, or vomiting") or who had no plan on when to stop. ‘High intoxication’ individuals were more likely than ‘low intoxication’ respondents to be Māori, under 18, and female or transgender.

Unsurprisingly, ‘high intoxication’ respondents were more likely to have started drinking at a young age (11 or younger), currently drink more frequently and heavily, and, in line with their plans, were more likely to drink to higher levels of intoxication. They were more motivated to drink specifically to get drunk and they choose alcohol products that would get them drunk fast.

‘High intoxication’ respondents were more likely to have experienced a range of alcohol-related harms.

Māori vs non-Māori

Māori survey respondents were compared to all non-Māori respondents. Responses show that in addition to starting drinking at a younger age, Māori young people reported currently drinking more frequently. Although the average number of drinks consumed was similar, Māori youth surveyed reported binge drinking (5+ drinks) more frequently. There were no major differences in the typical level of intoxication at which Māori and non-Māori stopped drinking.

Alcohol-related harm was slightly higher amongst Māori respondents, with higher rates of injury, harm, memory loss and risky driving behaviour (driving drunk or being a passenger of a drunk driver). There were no differences in the rates of alcohol-related sexual harm between Māori and non-Māori. There were some minor differences in other drug use and perceptions of AoD education that are further discussed in the report.

Age

Survey respondents aged under 18 were, in general, engaging in more risky behaviour than 18+ respondents. Under 18s were more likely to have started drinking at a young age, and report currently drinking, on average, to higher levels of intoxication. There were however few differences in the overall frequency of drinking and number of drinks typically consumed.

Alcohol-related harm was similar between the two groups. Under 18s were less likely than 18+ respondents to know what would encourage them to seek help if needed, but did report finding certain types of AoD education relatively more helpful (health and body effects, and cannabis myths/facts) than others (being told what not to do).

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1.0 Background

The West Auckland Youth Alcohol and Other Drug (AoD) Experiences Survey outlined in this document is a part of a broader West Auckland Youth AoD Insights research project being undertaken by Community Action Youth Alcohol and Drugs (CAYAD) Auckland. The following sections first outline the broader project, and then the survey itself.

1.1 West Auckland Youth AoD Insights research project

The survey presented in this document is one of two pieces of research that forms the West Youth AoD Insights research project. This research project in turn contributes to a broader CAYAD West Auckland Youth AoD Community Needs Assessment.

The purpose of the research project is to understand the experiences of young people aged 14-24 with alcohol and drug use. In particular, the research focuses on vulnerable young people, as they have a higher probability of experiencing harm from AoD in west Auckland.

The survey represents the first stage of the research and involved surveying young people on their alcohol and drug use experiences. The second stage of the research – which was ongoing at the time of preparing this report – consists of narrative insight interviews with vulnerable young people. The ultimate goal of the project is to influence practices and interventions to support young people in the reduction of harm from AoD.

1.1.1 Recruitment of participants

The selection criterion for young people's participation in both the survey and the insight interviews was based on the presence of risk factors. Table 1 outlines the criteria for selection and the likely risk factors associated with these criteria.

Table 1. Participant recruitment criteria and likely alcohol and drug abuse risk factors

Participant recruitment criteria *(Young people had to have at least one of the criteria below to be eligible for participation)*	**The risk factors that are likely to be present**
Are currently engaged in support services for alcohol and drugs or mental health issues, such as CADs, Health West and Odyssey	Experiencing emotional distress/early initiation of use/favourable attitudes to use/peers who engage in using/availability of substances
Are engaged with key government agencies, such as Police, CYF, or MoJ	Delinquent behaviour/persistent antisocial behaviour/gang involvement/significant family stressors (cited as lack of family support and connection and a lack of open communication with parents; Fergus and Zimmerman, 2005)
Have low connection to education, such as those not enrolled in education, are regularly truant, or are involved with Alternative Education in West Auckland, Youth Service (for NEET – Not in Education, Training for Employment)	Low education connectedness/low academic motivation risk factor (Fergus and Zimmerman, 2005)

West Auckland young people are defined as having lived within the geographical boundary of the west Auckland local board areas for 6 months or longer.

Participants were recruited in person, through local organisations including:

- Alternative Education and Youth Guarantee courses
- Education training providers
- Alcohol and drug service providers
- Mental health treatment centres
- Youth development organisations and programmes
- At risk youth programmes and groups

1.2 West Auckland Youth AoD Experiences Survey

The survey was developed by CAYAD, in conjunction with Auckland Council's Research and Evaluation Unit, and with feedback from local youth groups, service providers and CAYAD's West AoD reference group.

The focus of the survey was to gather data from at risk young people about their experiences and the circumstances surrounding their AoD use.

Surveying was carried out using either Pen and Paper Interview (PAPI) questionnaires or online surveys using Tablet Assisted Self Interviewing (TASI) in pre-arranged groups.

Each young person who completed the survey was offered the opportunity to go into the draw to win one of three $50 Westfield vouchers. The prize draw entry details were used to randomly allocate the prizes and were subsequently deleted.

All paper based survey answers were entered online by an administrator who was not connected to the project and who had no knowledge of the participant groups.

A total of 166 ‘at risk’ young people completed the survey.

2.0 Format of this document

This document first presents an overall summary of every question in the survey. Subsequent sections then outline key differences between the following subgroups:

- Gender
- Alternative education students vs other at risk under 17 year olds
- The level of intoxication at which respondents plan to stop drinking
- Māori vs non-Māori
- Age

Because of the relatively low sample sizes in many of these subgroup comparisons, statistical significance testing was not performed. Rather, broad differences have been highlighted, and should be treated as indicative rather than precise.

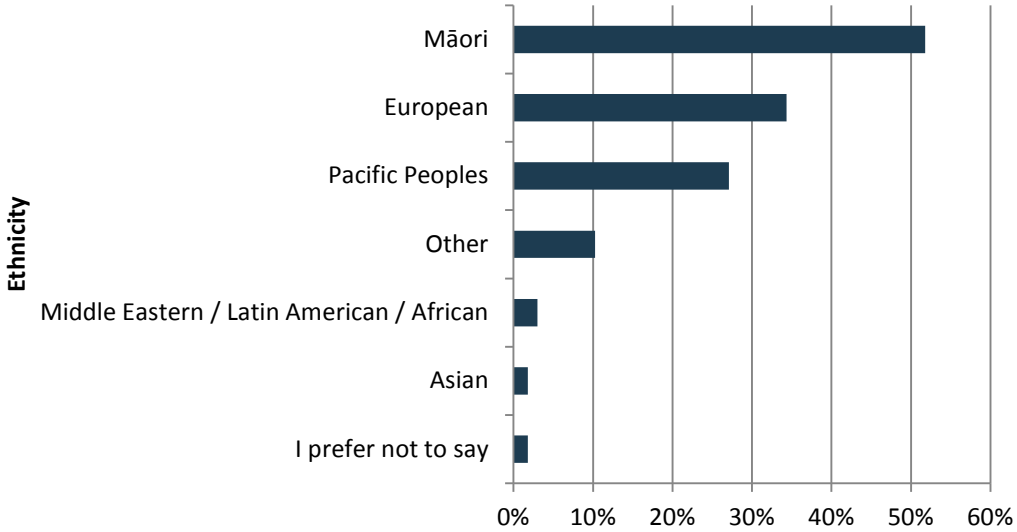
3.0 Overall findings

3.1 Characteristics of the young people surveyed

A total of 166 young people completed the survey.

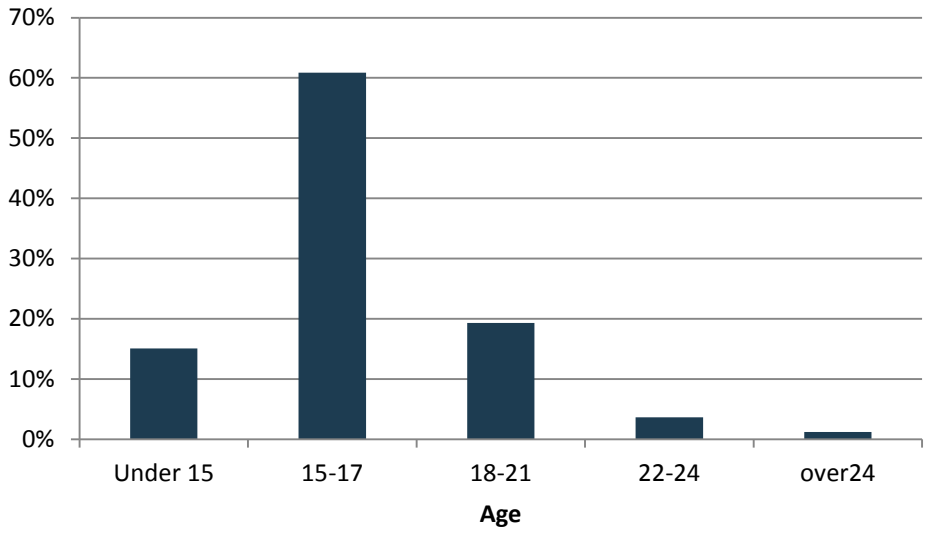
The majority of respondents were Māori (52%), with most of the remainder identifying as European (34%) or Pasifika (27%).

Figure 1. Respondent ethnicity.



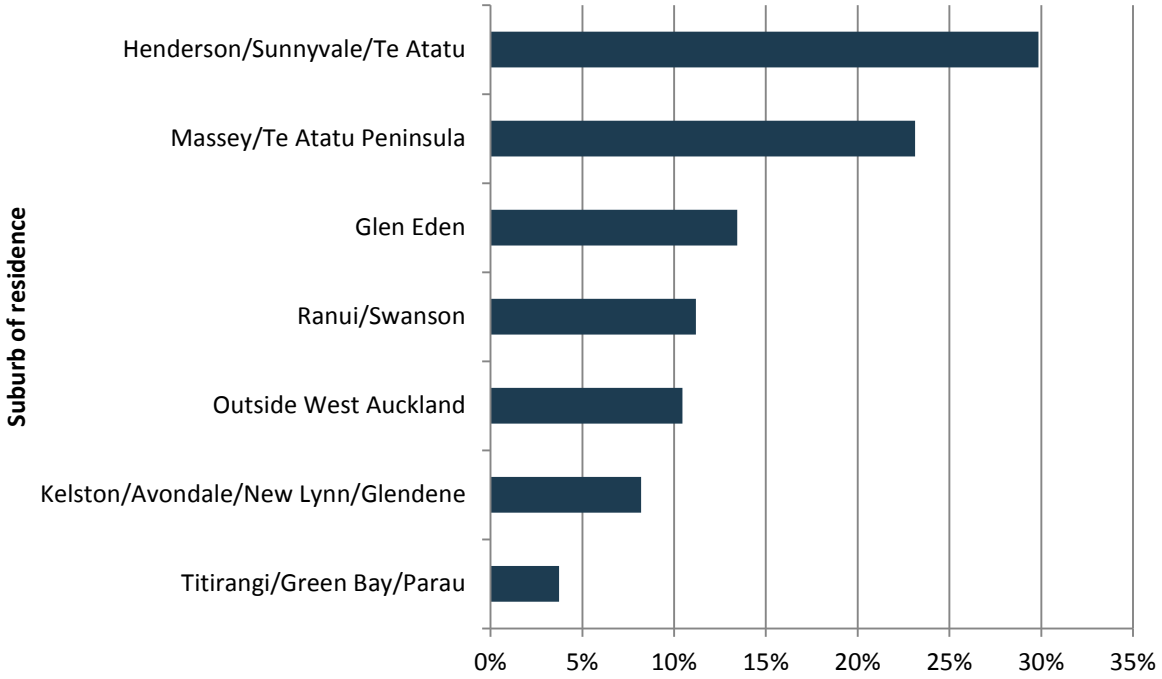
Most respondents were under 18, with the largest group aged 15-17 (61%). Survey respondents were roughly evenly split between male (51%) and female (43%), with a small percentage identifying as transgender or other (4%).

Figure 2. Respondent age.



The suburbs where survey respondents lived can be seen in Figure 3.

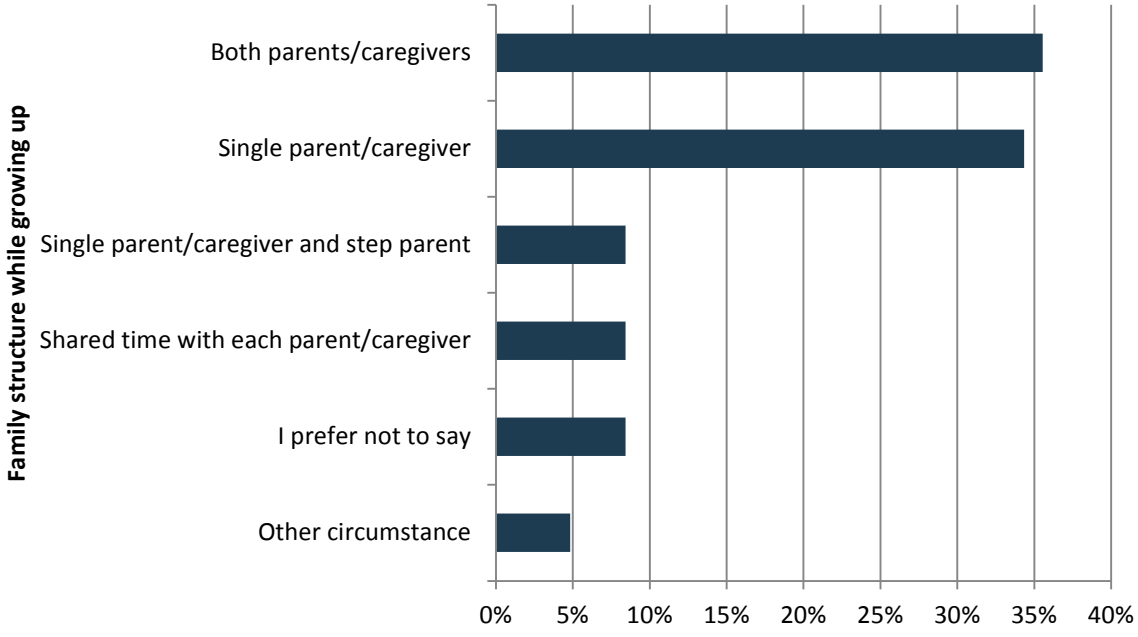
Figure 3. Where respondents live.



3.2 Home life

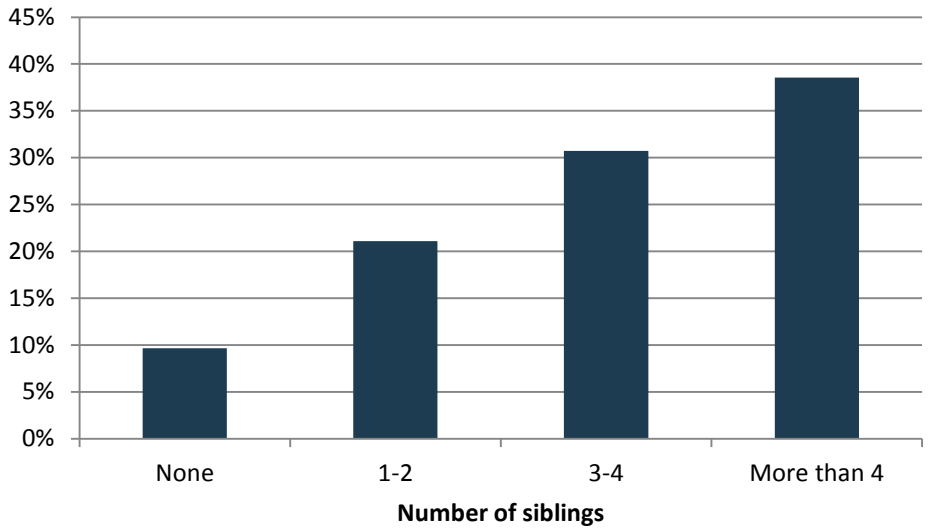
Approximately one third of respondents grew up with both parents/caregivers, one third with a single parent/caregiver, and the final third with some other family makeup.

Figure 4. Family composition.



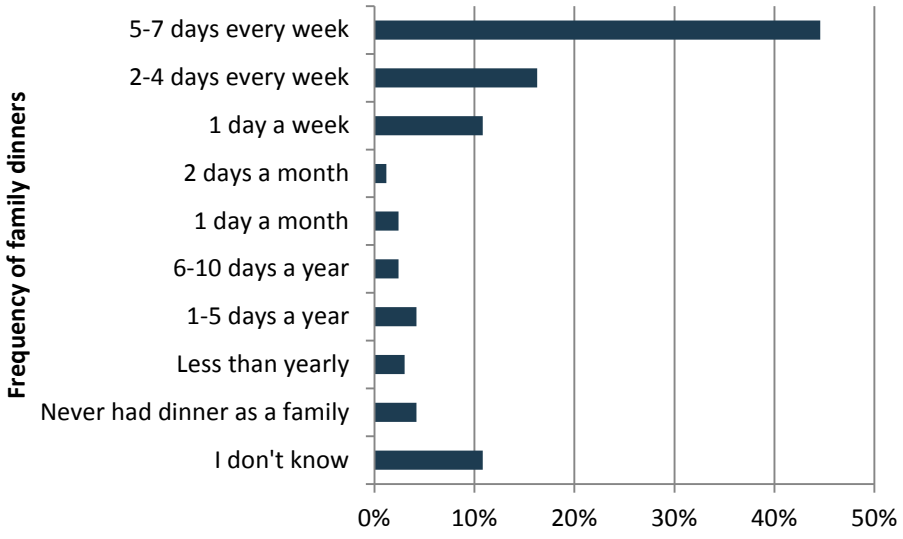
Most respondents had a large number of siblings, with 70 per cent having three or more brothers or sisters.

Figure 5. Number of siblings when growing up.



Most young people surveyed had dinner with their family regularly or semi-regularly, with 61 per cent reporting that over the last 5-10 years, they had dinner with their family two or more days a week.

Figure 6. Average frequency of family dinners over the last 5-10 years.

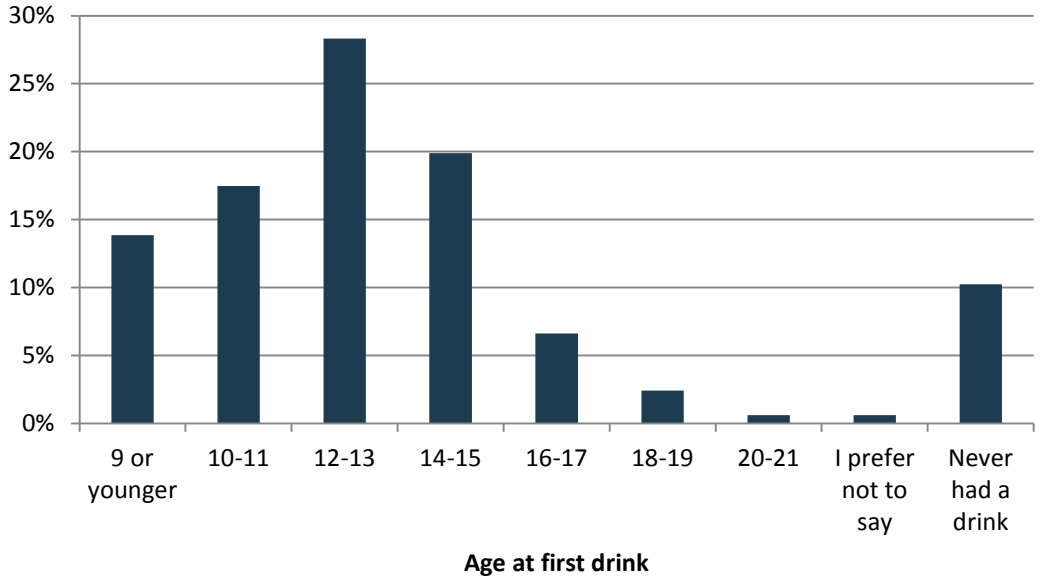


3.3 Drinking behaviour

3.3.1 Age at first drink

Most respondents first drank alcohol at a young age, with 60 per cent having their first drink at 13 or younger. Of the minority who had never had a drink, reasons for not drinking included an awareness of the harms associated with alcohol, parental influence and age.

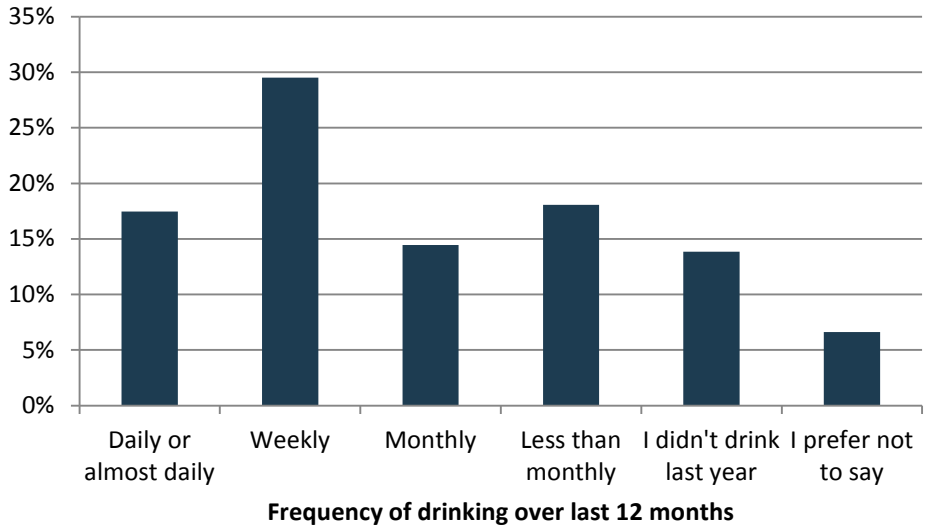
Figure 7. Age at first drink.



3.3.2 Frequency and volume of drinking

Of those who reported having drank alcohol before, around half (47%) drank weekly or more frequently over the last 12 months. Most of those who had drunk before but didn't drink in the last year stopped because of pregnancy or other health reasons. A small number reported stopping because of money issues or a concern with the impact of alcohol on their future.

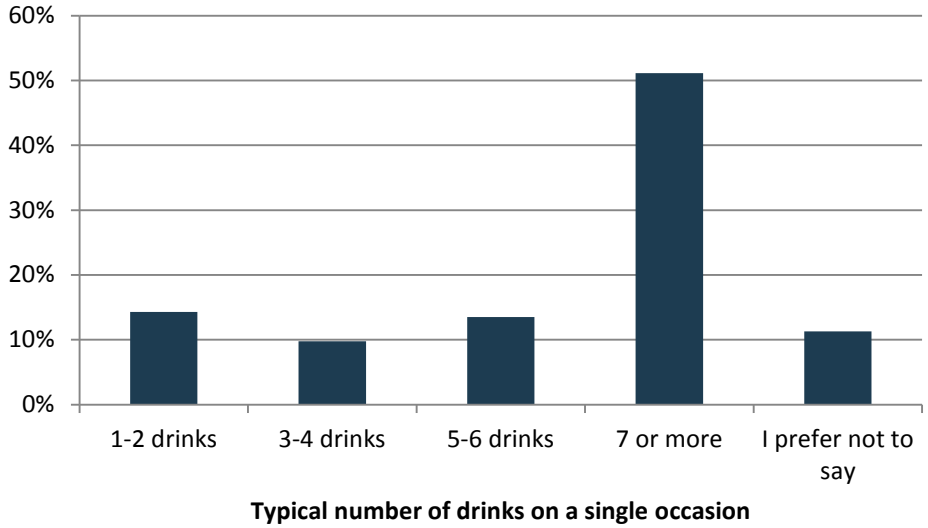
Figure 8. Drinking frequency over last 12 months.



Note. Excludes those who do not drink.

High volume drinking was relatively common amongst those who had drunk alcohol in the last 12 months, with 65 per cent of these individuals drinking five or more drinks on a typical occasion, and most of those drinking seven or more.

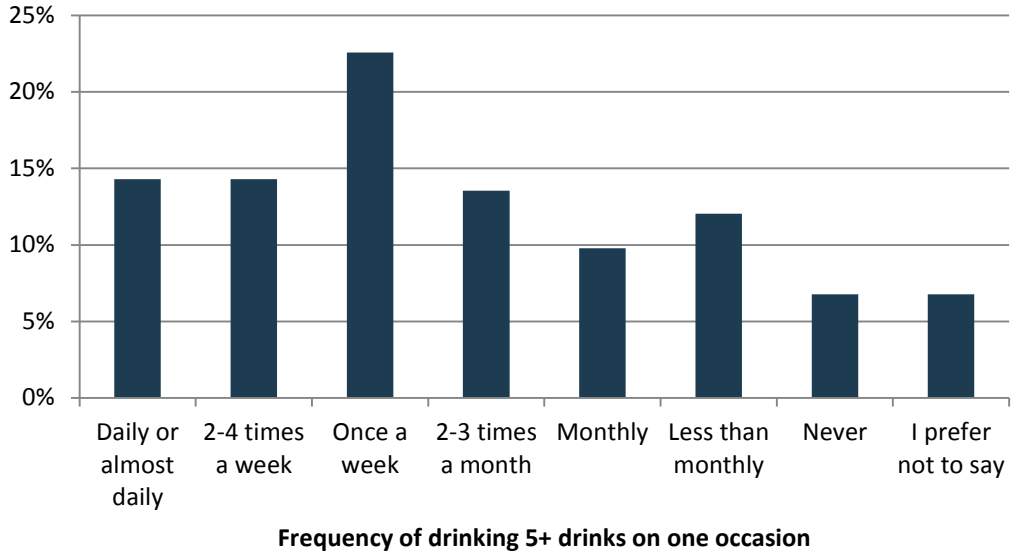
Figure 9. Amount drunk in a typical sitting.



Note. Excludes those who do not drink.

Heavy drinking is both common and frequent, with approximately half of young people surveyed drinking 5 or more drinks in one sitting weekly or more frequently.

Figure 10. Frequency of binge drinking.

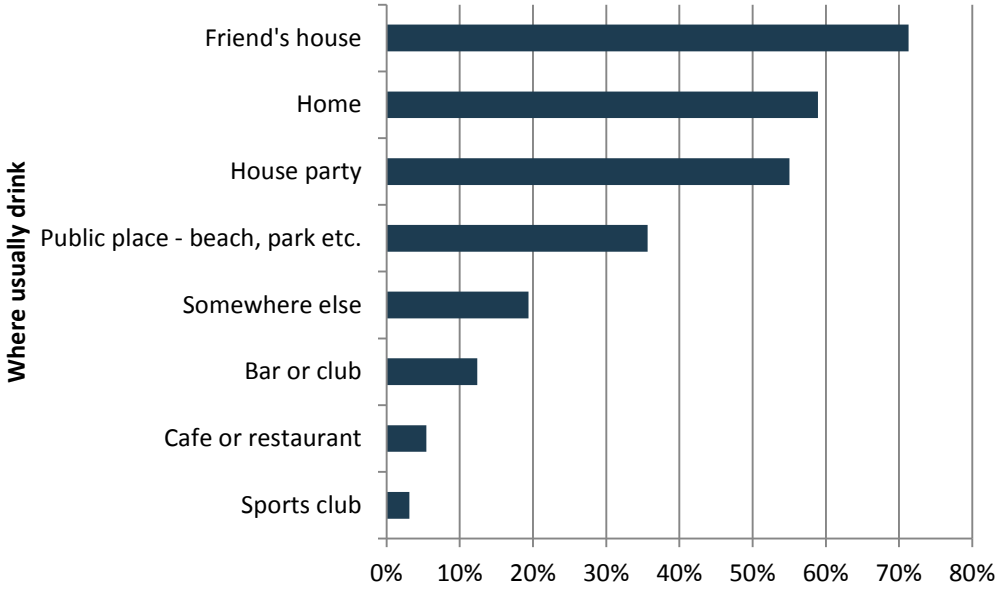


Note. Excludes those who do not drink.

3.3.3 Drinking location

Young people report drinking in a range of locations, primarily in private houses, but also in public spaces (e.g., beach, park, streets).

Figure 11. Drinking locations.

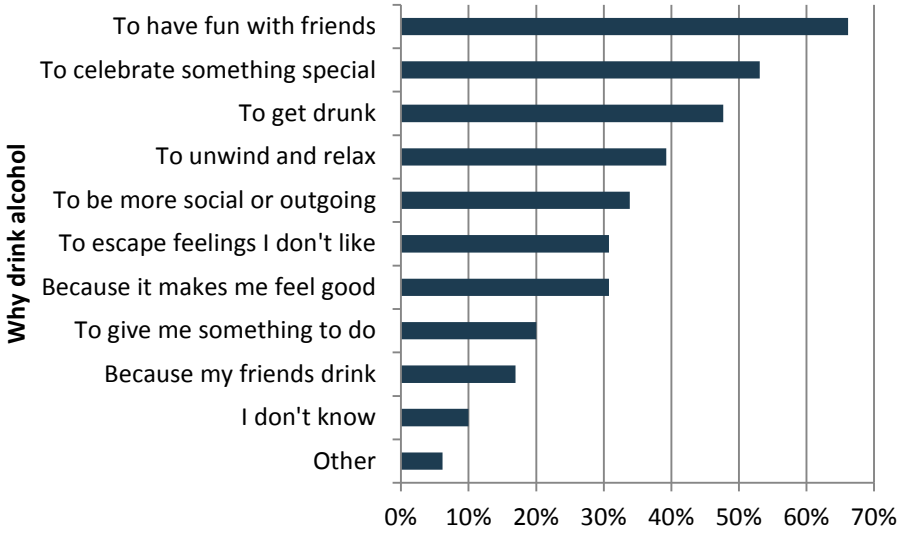


Note. Excludes those who do not drink.

3.3.4 Reasons for drinking

Most reasons for drinking relate to enjoyment and socialisation, although approximately one third of young people surveyed report drinking, at least occasionally, to escape feelings they don't like.

Figure 12. Reasons for drinking.

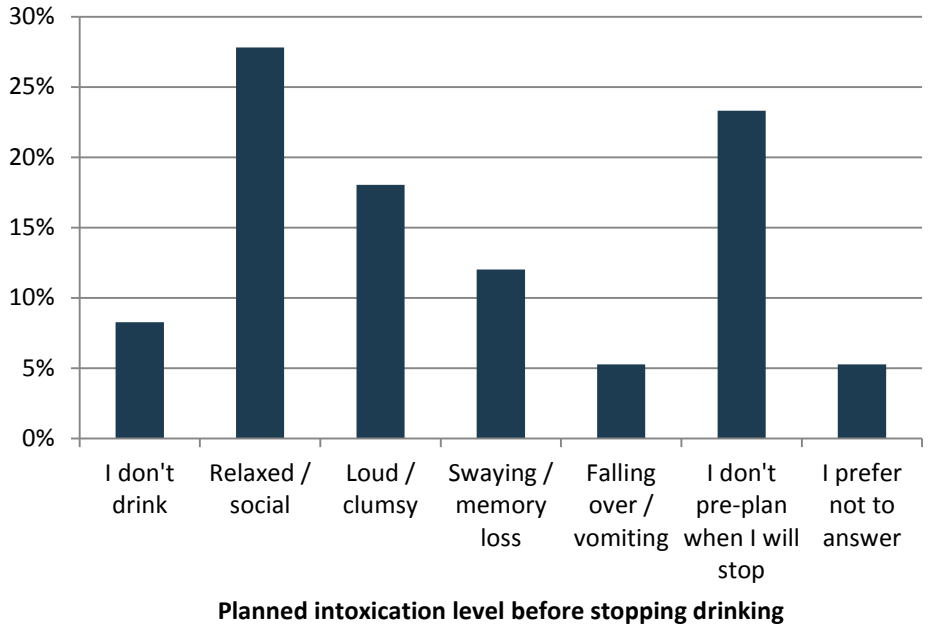


Note. Excludes those who do not drink.

3.3.5 Drinking intentions vs reality

Young people surveyed report planning to stop drinking at a range of different intoxication levels. The largest group report planning to stop drinking when relaxed or social (28%), with smaller numbers planning to stop when loud or clumsy (18%), swaying or memory loss (12%), or falling over or vomiting (5%). Approximately a quarter of respondents (23%) don't pre-plan when to stop drinking.

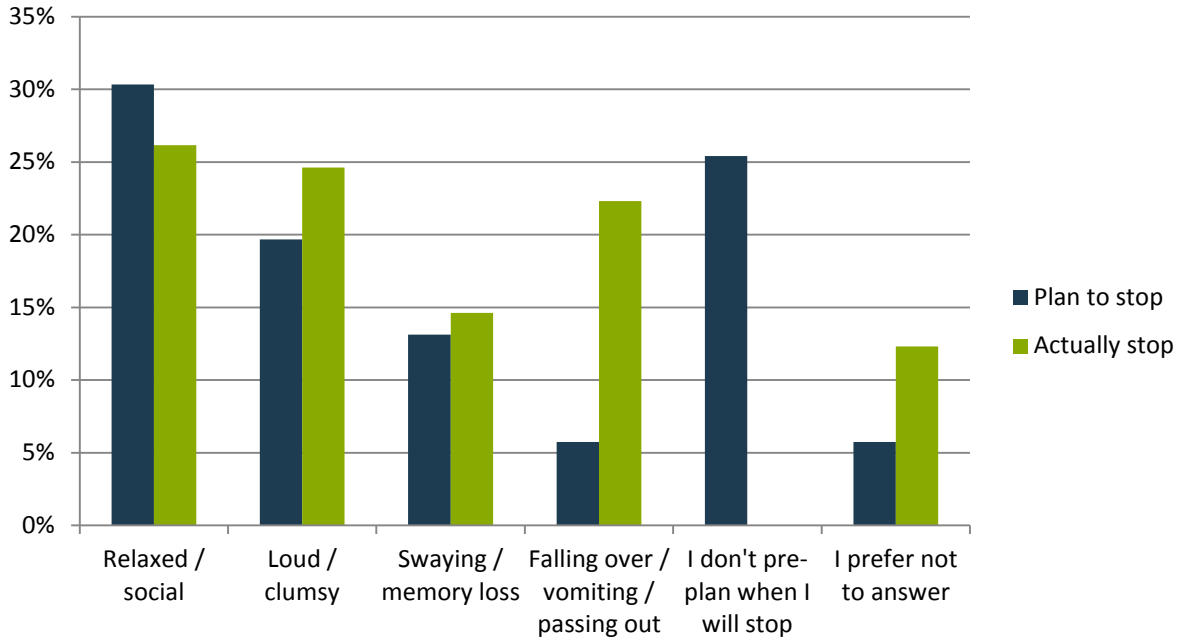
Figure 13. Planned intoxication level.



Note. Excludes those who do not drink.

When we exclude those who stated they don't drink, we can compare the stage at which young people planned to stop drinking and when they actually stopped drinking. The comparison shows that the level of intoxication at which young people actually stop drinking tends to be at the planned level or higher. Table 2 shows that almost no one surveyed stopped drinking at a lower level of intoxication than planned.

Figure 14. Plan to stop drinking vs actually stop drinking.



Note. Excludes those who do not drink.

Table 2. Plan to stop drinking vs actually stop drinking.

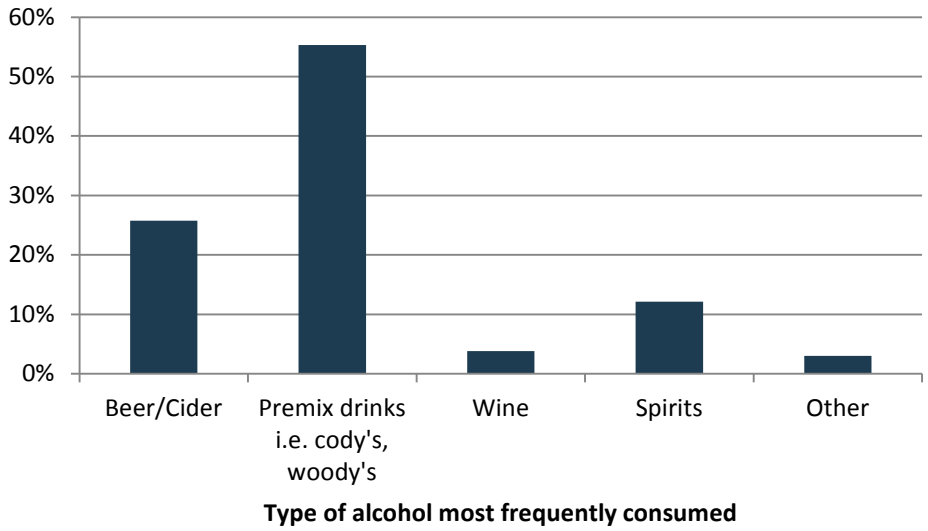
		Plan to stop drinking					
		Relaxed / social	Loud / clumsy	Swaying / memory loss	Falling over / vomiting	I don't pre-plan when I will stop	I prefer not to answer
Actually stop drinking	Relaxed / social	71.1%	0.0%	0.0%	0.0%	19.4%	11.1%
	Loud / clumsy	13.2%	68.0%	15.8%	0.0%	22.6%	0.0%
	Swaying / memory loss	5.3%	20.0%	42.1%	12.5%	6.5%	11.1%
	Falling over / vomiting / passing out	5.3%	12.0%	36.8%	75.0%	32.3%	11.1%
	I prefer not to answer	5.3%	0.0%	5.3%	12.5%	19.4%	66.7%

Note. Percentages are calculated column-wise, indicating for each group who planned to stop at a certain point, the percentage that actually stopped at different intoxication levels. Excludes those who do not drink.

3.3.6 Type of alcohol products consumed

Premixes such as Codys and Woody's (55%) and beer/cider (26%) are the most commonly drunk products. A minority of respondents reported drinking mostly spirits (12%), wine (4%) or something else (3%).

Figure 15. Type of alcoholic drinking consumed.

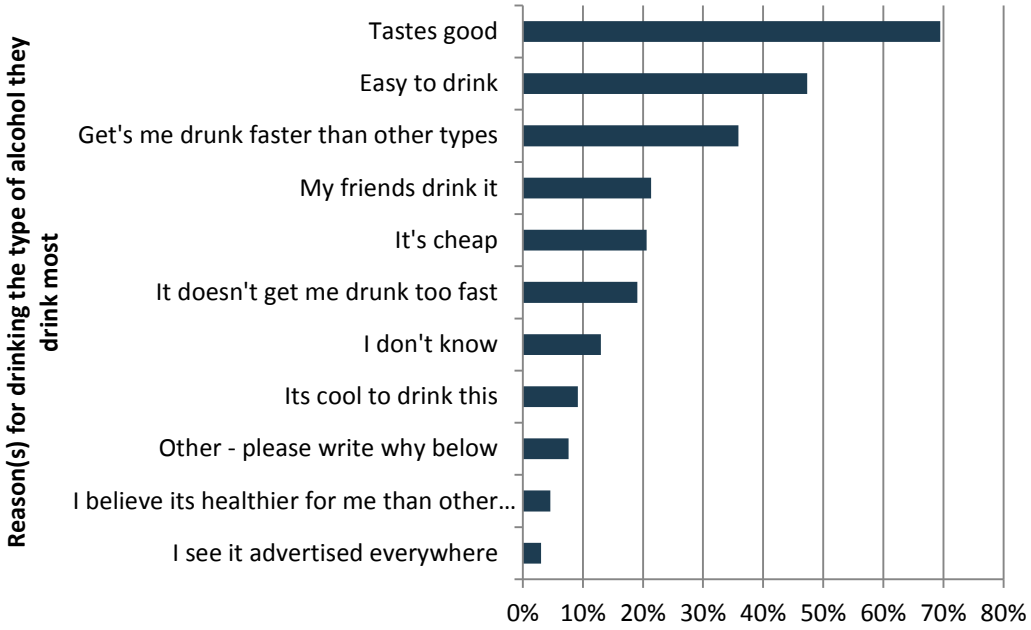


Note. Excludes those who do not drink.

Participants were asked why they drink the type of alcohol they selected above. Most drink the alcohol that they do because it tastes good (70%), is easy to drink (47%) or gets them drunk faster than other drinks (36%).

Table 3 shows the stated reasons for drinking for each type of alcoholic drink.

Figure 16. Reasons for drinking the type of alcohol most frequently consumed.



Note. Excludes those who do not drink.

Table 3. Reasons for drinking for each type of alcoholic drink.

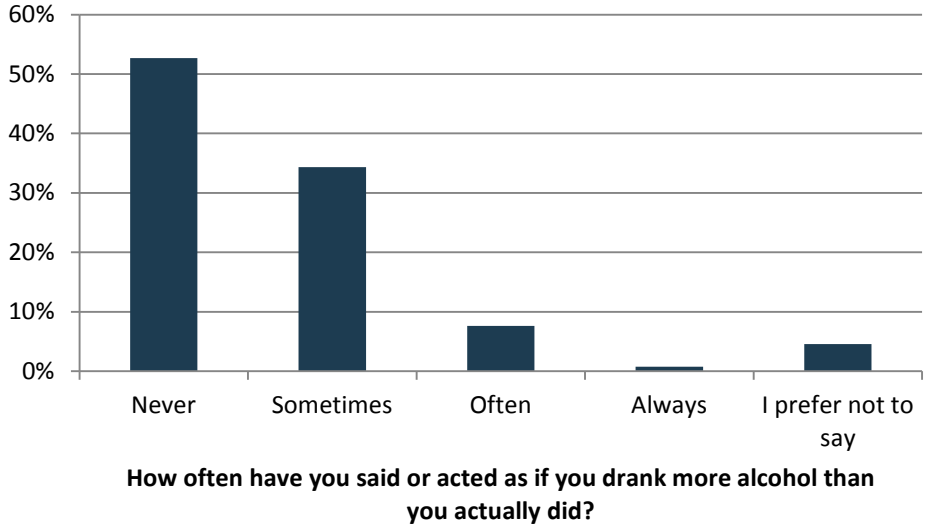
		What type of alcohol do you drink most?				
		Beer/Cider	Premix drinks, e.g. Codys, Woody's	Wine	Spirits	Other
Reason(s) for drinking this type of alcohol	Tastes good	73%	71%	40%	69%	50%
	Easy to drink	45%	49%	20%	50%	50%
	It's cheap	27%	21%	0%	13%	25%
	It doesn't get me drunk too fast	24%	18%	0%	25%	0%
	Get's me drunk faster than other types	18%	36%	40%	63%	75%
	Other - please write why below	18%	3%	20%	0%	25%
	Its cool to drink this	9%	8%	0%	19%	0%
	I don't know	9%	16%	20%	6%	0%
	My friends drink it	6%	25%	0%	38%	50%
	I believe its healthier for me than other drinks	3%	4%	0%	13%	0%
	I see it advertised everywhere	3%	3%	0%	6%	0%

Note. Excludes those who do not drink.

3.3.7 Social pressure to drink heavily

A reasonable percentage of young people surveyed (43%) reported stating or acting as though they had drank more alcohol than they actually did, indicating a degree of social pressure to drink.

Figure 17. Frequency of overstating alcohol consumption.



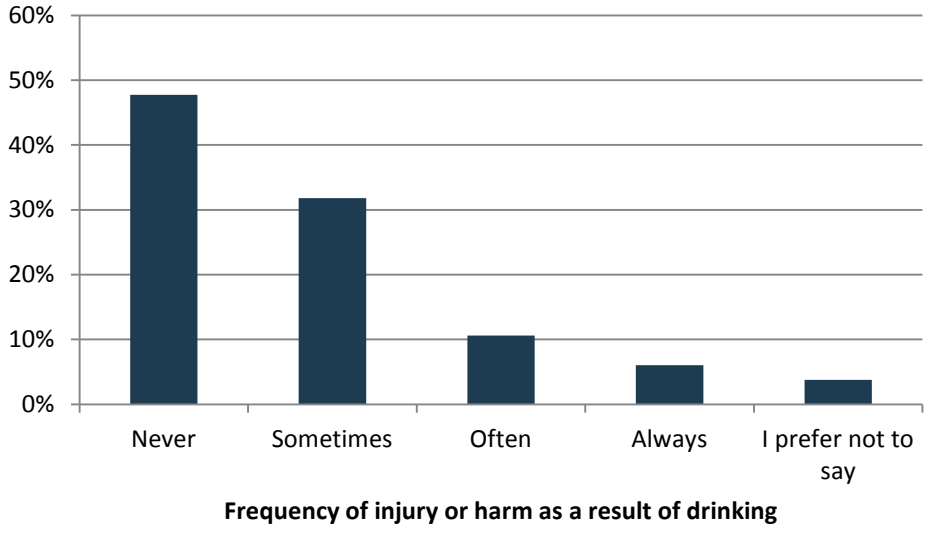
Note. Excludes those who do not drink.

3.4 Alcohol-related harm

3.4.1 Injury or harm

Around half of survey respondents who reported drinking have experienced occasional (32%) or frequent (17%) injury or harm as a result of their drinking. Forty eight per cent reported having never experienced injury or harm as a result of drinking.

Figure 18. Frequency of alcohol-related harm.



Note. Excludes those who do not drink.

3.4.2 Alcohol-related memory loss

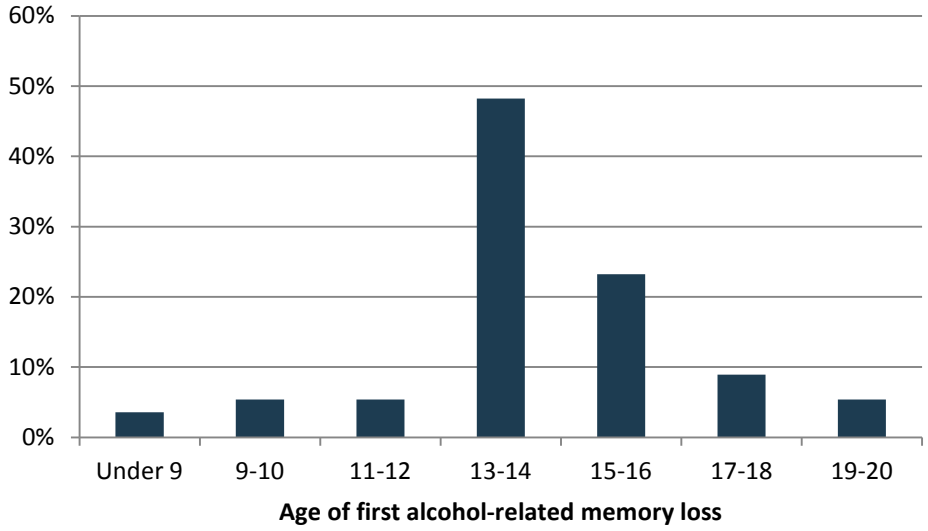
Relatedly, alcohol-related blackouts are common amongst those who drink, with 36 per cent of respondents experiencing them sometimes, 17 per cent often, and 12 per cent always. Just under a third (31%) said they never experience memory loss from drinking.

Figure 19. Frequency of alcohol-related blackouts.

Note. Excludes those who do not drink.

Most survey respondents had their first blackout either aged 13-14 (48%) or 15-16 (23%). A minority, but nevertheless substantial number of young people (14%) first experienced alcohol-related memory loss at 12 years or younger.

Figure 20. Age of first alcohol-related blackout.

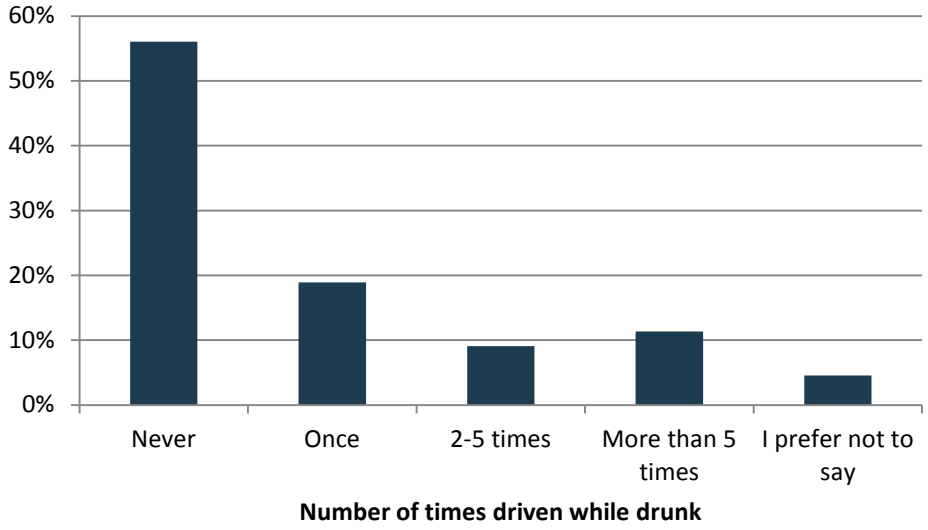


Note. Excludes those who do not drink.

3.4.3 Drink driving

Just over half of respondents (56%) report never having driven drunk. Nineteen per cent had driven drunk once, 9 per cent 2-5 times and 11 per cent five or more times.

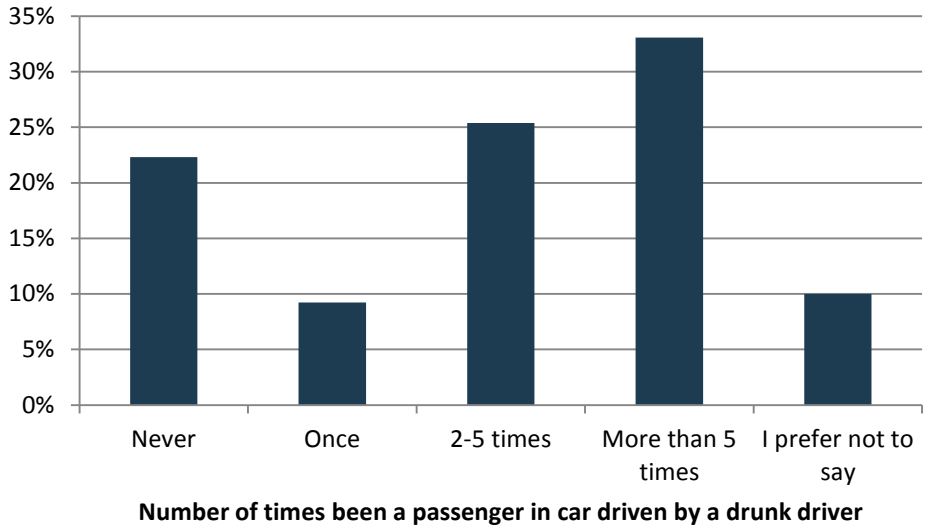
Figure 21. Number of times driven drunk.



Note. Excludes those who do not drink.

A greater percentage of respondents had been a passenger in a car with a drunk driver, with only 22 per cent saying 'never'. A third of young people (33%) had been a passenger with a drunk driver six or more times, 25 per cent 2-5 times, and 9 per cent once.

Figure 22. Number of times been a passenger with a drunk driver.

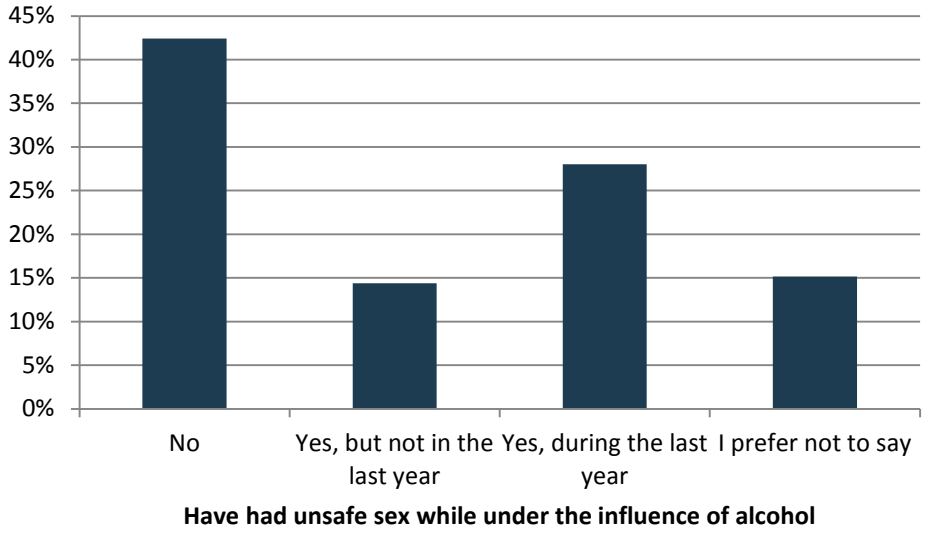


Note. Excludes those who do not drink.

3.4.4 Unsafe or unwanted sex

Just under half of respondents who drank (42%) had had unsafe sex while under the influence of alcohol, with 28 of the 42 per cent in the last year. An equal number (42%) had not had unsafe sex while drunk, and the remainder (15%) preferred not to answer.

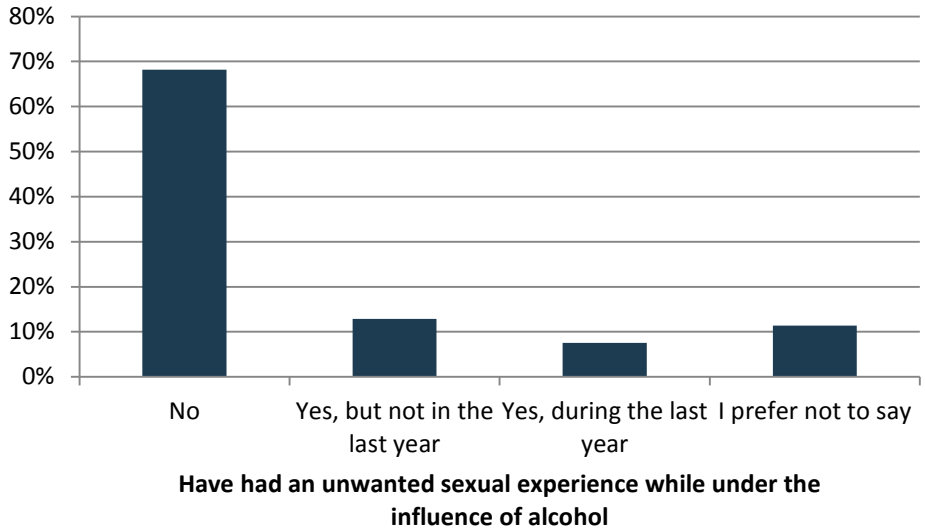
Figure 23. Unsafe sex.



Note. Excludes those who do not drink.

One in five young people surveyed (21%) had had an unwanted sexual experience, such as being touched, kissed, or forced into sex or any other sexual act, while under the influence of alcohol.

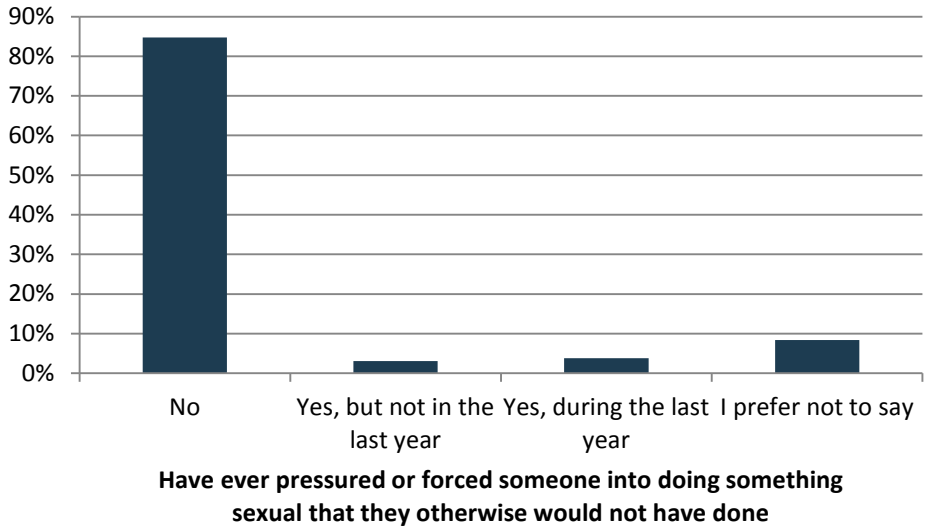
Figure 24. Unwanted sexual experience.



Note. Excludes those who do not drink.

Most (85%) report that they haven't pressured or forced someone else into doing something sexual that they otherwise would not have done, although 7 per cent did report having done so in the past.

Figure 25. Forced sex.

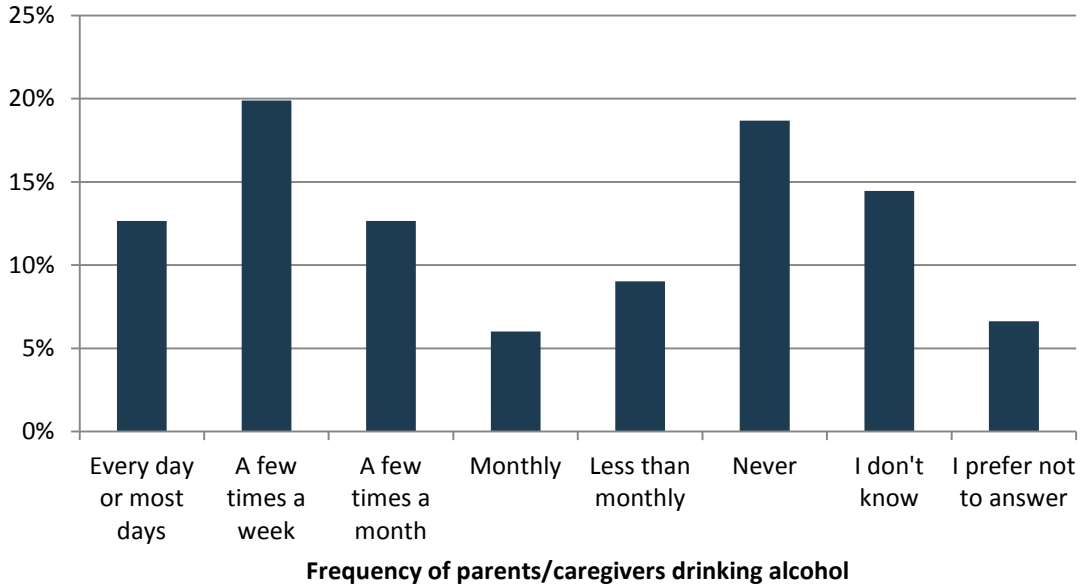


Note. Excludes those who do not drink.

3.5 Family and alcohol

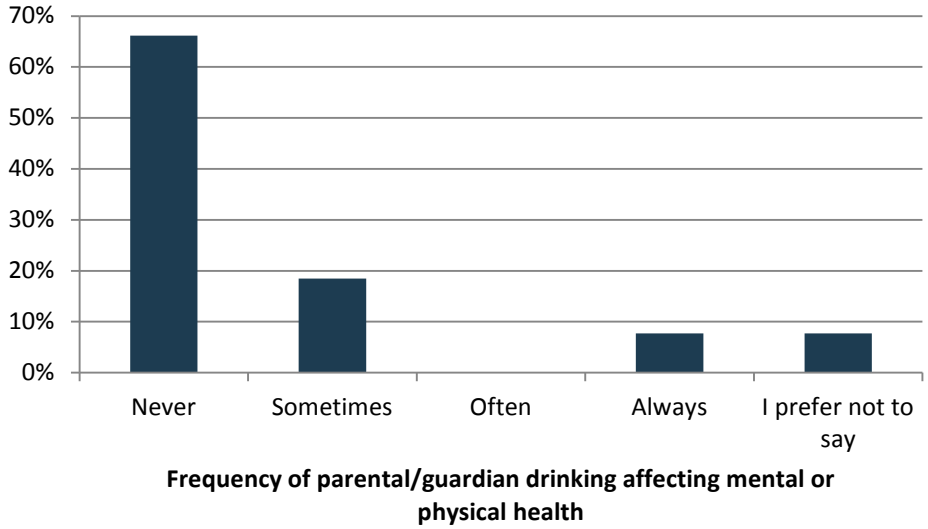
A total of 33 per cent of respondents' parents/guardians drank multiple times a week on average over the previous 5-10 years, 28 per cent drank less frequently, and 19 per cent of respondents had parents / caregivers who never drank. A significant percentage (21%) didn't know or preferred not to answer.

Figure 26. How often parents/guardians drank alcohol over the last 5-10 years.



Most young people's mental or physical health has never been affected by their parents drinking, although one in four (26%) do report being sometimes or always affected by their parent/guardians' drinking.

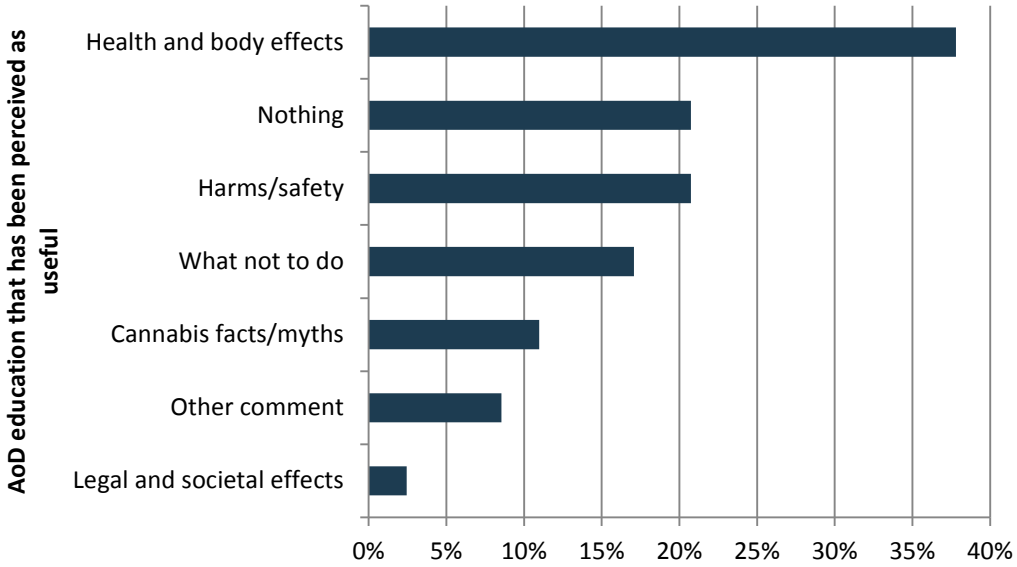
Figure 27. Frequency of parental/guardian drinking affecting mental or physical health.



3.6 Alcohol and other drug education and help

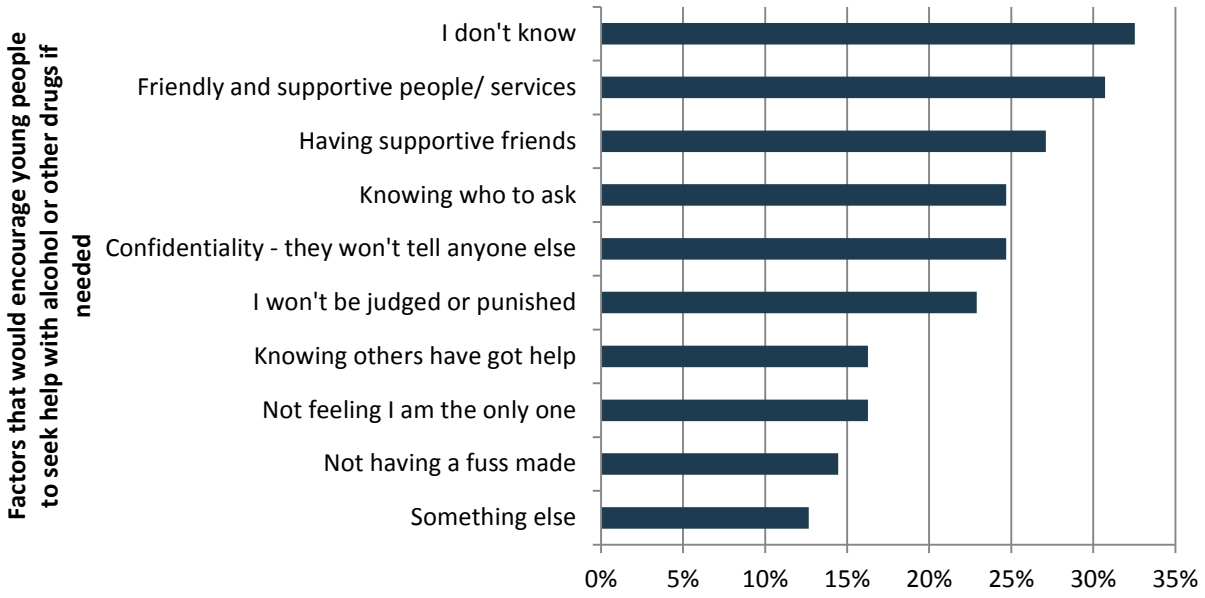
When thinking about alcohol and drug education, young people found information about health and body effects (38%), harms / safety (21%) and what not to do (17%) most helpful. Twenty one per cent said they found nothing helpful, and legal and societal effects were found useful by almost none of the respondents (2%).

Figure 28. Helpful AoD education topics.



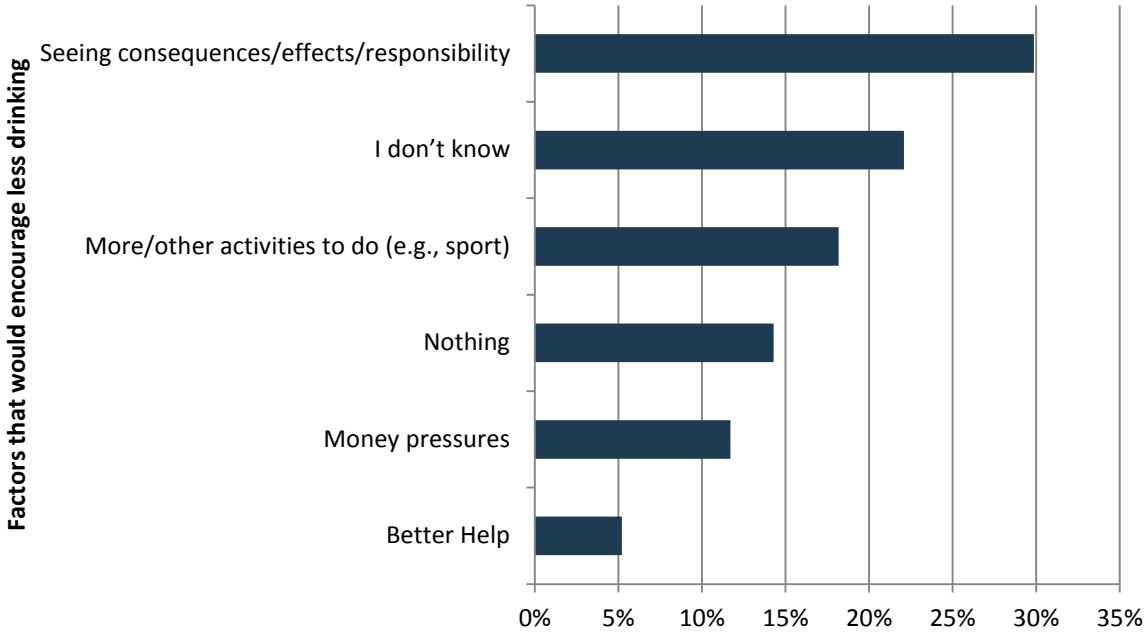
While many (33%) didn’t know what would encourage them to seek help for alcohol and other drug use if required, friendly and non-judgemental service providers (31%), supportive friends (27%), knowing who to ask (25%), confidentiality (25%), and a lack judgement or punishment (23%) were seen as important.

Figure 29. Factors that would encourage AoD help-seeking.



When asked what would encourage their friends and them to drink less, the most common answers included seeing or experiencing significant harm or consequences (30%), or other commitments, such as sport (18%). A significant portion didn’t know (22%), or thought nothing (14%) would encourage them to drink less. The answer of significant harm or consequences is interesting in light of the fact that 75 per cent of respondents who gave this answer had reported having experienced actual injury or harm as a result of their drinking.

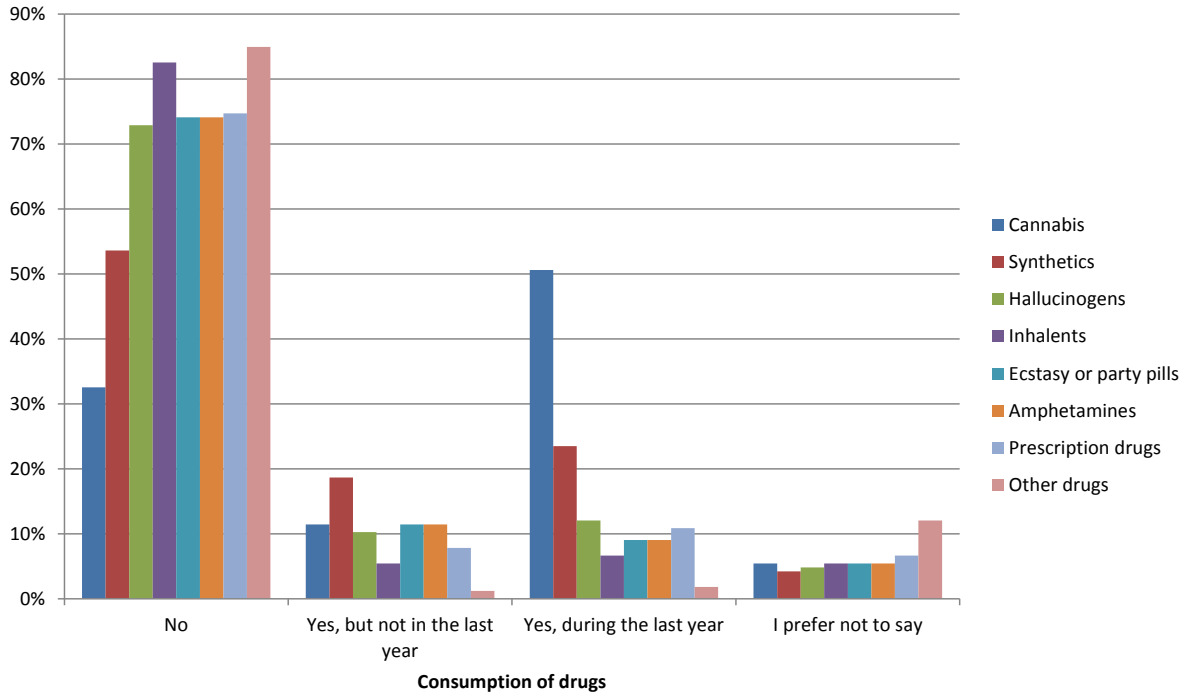
Figure 30. Factors encouraging less drinking.



3.7 Other drug consumption

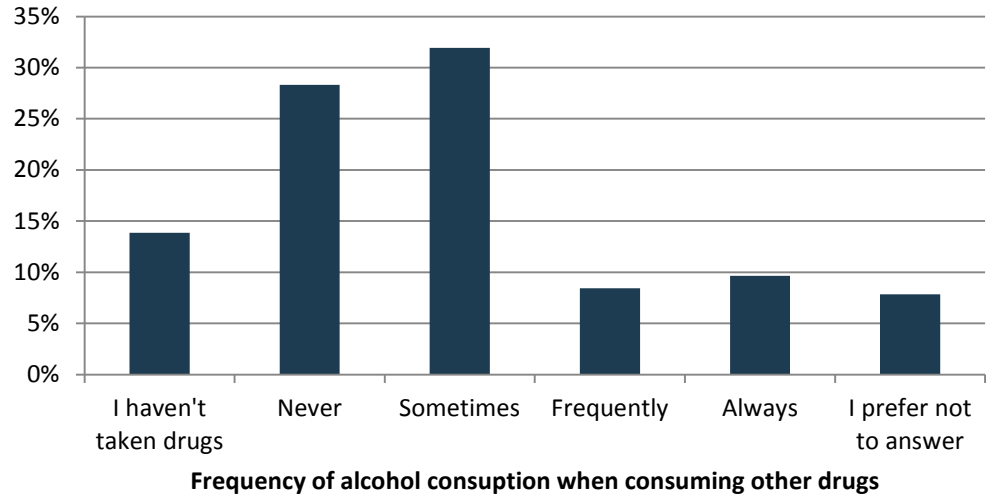
Cannabis and synthetic cannabis were the two most used drugs after alcohol, with a total of 62 per cent and 42 per cent reporting consuming these two drugs at some point in the past, respectively. The finding that 23 per cent of respondents reported using synthetics in the last year is interesting in light of the removal of interim retail licences, and therefore full ban on psychoactive substances that came into effect in May 2014. Most other drugs had been used at some time by roughly one in seven of the respondents (10-20%), although only half of these had used those drugs in the last year.

Figure 31. Consumption of other drugs.



For those who take or have taken other drugs, alcohol is often mixed with these drugs.

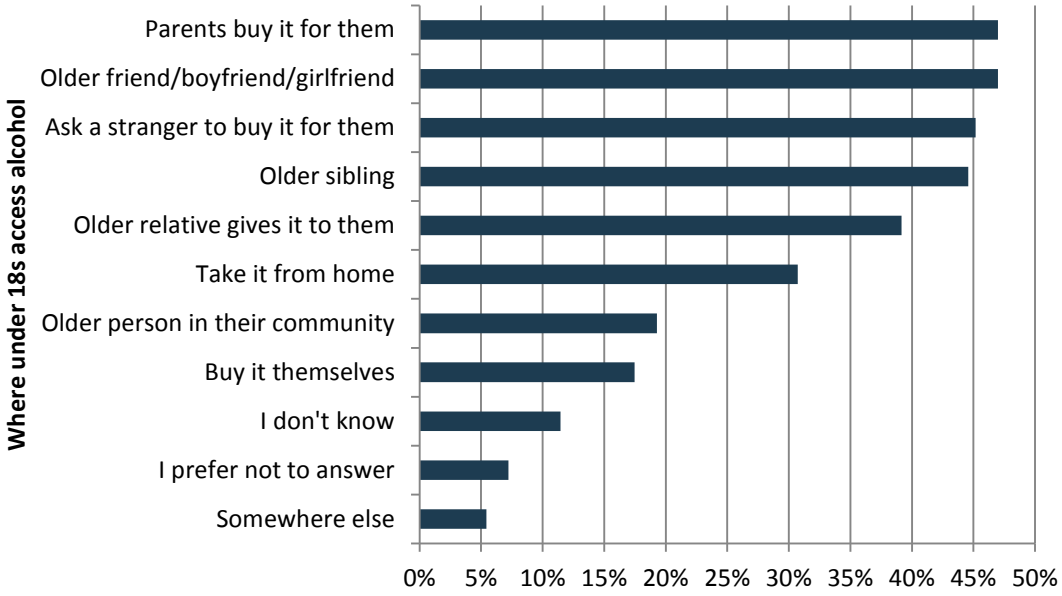
Figure 32. How often alcohol is mixed with other drugs.



3.8 Access to alcohol and other drugs

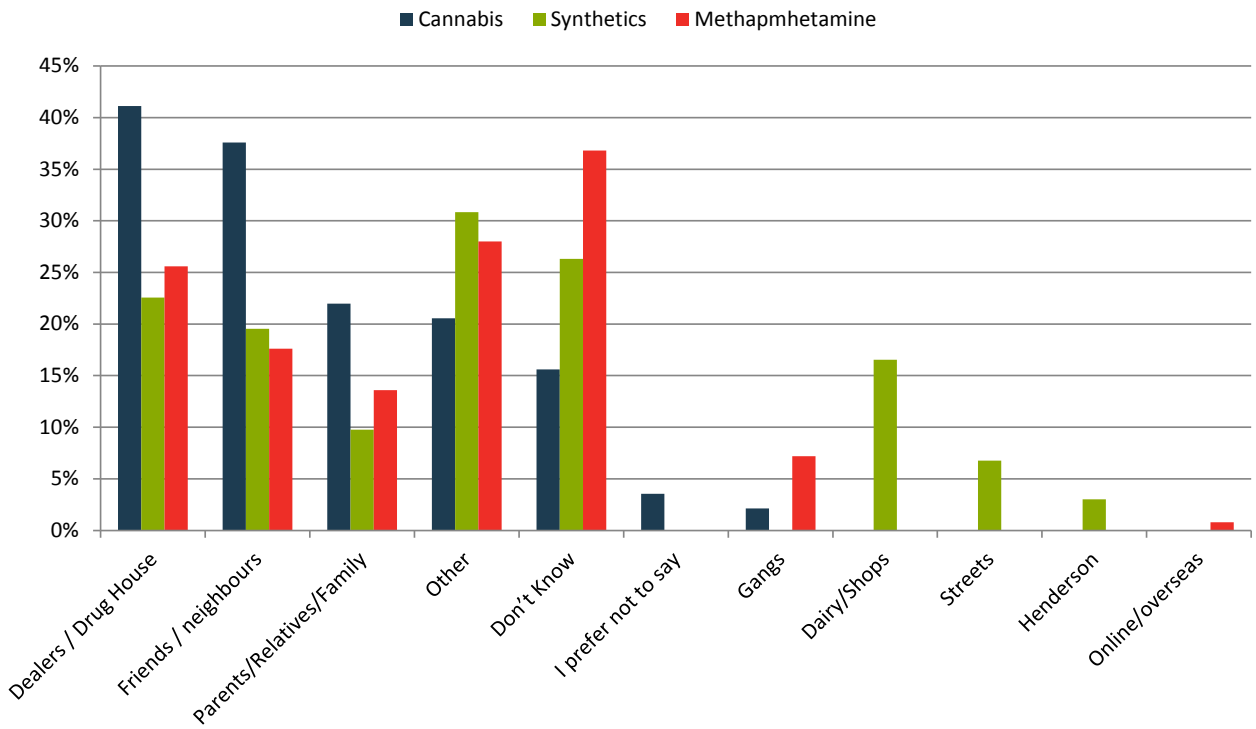
Survey respondents were asked where people under 18 get alcohol from. Family (parents, siblings, older relatives) and older friends were reported as important ways for young people to access alcohol. Buying it themselves with a fake ID (or from shops that do not check for ID) was relatively less common, with only 18 per cent of young people reporting this method.

Figure 33. Where under 18s access alcohol from.



Respondents were also asked where young people in their community get cannabis, synthetics and meth/P from. Dealers/drug houses, as well as personal connections (friends, neighbours and relatives) were important sources of supply for all three drug types, but particularly for cannabis. A range of other sources were reported for synthetics in particular, including dairies/shops (it is unclear whether this response is from when products were previously sold legally, or whether some shops are still selling psychoactives illegally). A greater percentage of young people didn't know where to buy meth/P (37%) and synthetics (26%) than cannabis (16%).

Figure 34. Where under 18s access other drugs from.



3.9 Alternative education

A total of 39 per cent of all survey respondents were enrolled in West Auckland Alternative Education.

4.0 Comparisons between different subgroups

This section looks at the differences in survey responses between a number of subgroups. Separate sections outline key differences between the following groups:

- Gender
- Alternative education students vs other at-risk under 17 year olds
- The level of intoxication at which respondents plan to stop drinking
- Māori vs non-Māori
- Age

As noted earlier in the document, because of the relatively low sample sizes in many of these subgroup comparisons, statistical significance testing has not been performed. Rather, broad differences are highlighted, and should be treated as indicative rather than precise.

4.1 Gender

The following analysis compares male (*n* = 111) and female (*n* = 89) survey respondents. Due to the small numbers, those who selected 'transgender', 'other', or 'I prefer not to say' were excluded from this analysis.

4.1.1 Characteristics of the young people surveyed

Differences were observed between the two groups with regard to the following:

- Males were less likely to be European (28% vs 42% of females) and more likely to identify as an 'other' ethnicity (17% vs 4% of females). The two groups were similar with regard to identification with other ethnic groups.
- Males were slightly more likely to be aged under 18 (80% vs 70% of females).
- Female survey respondents were more likely to live in Kelston/Avondale/New Lynn/Glendene (17% vs 2% of males). The percentage living in other suburbs was broadly similar between the two groups.

4.1.2 Home life

Differences were observed between the two groups with regard to the following:

- Males were slightly more likely to have grown up in smaller families, either as a sole child or in smaller families with two or fewer siblings (37% vs 24% of females).
- Females were slightly less likely to have eaten dinner with their family on at least one day of the week (65% vs 79% of males).

No notable differences were observed between the two groups with regard to the following:

- The number of parents/caregivers at home when growing up.

4.1.3 Drinking behaviour

Differences were observed between the two groups with regard to the following:

- Males were more likely to have had their first drink at age 11 or younger (39% vs 21% of females).
- Females were more likely to drink weekly or more frequently (54% vs 41% of males).
- Females were more likely to drink seven or more drinks on a single occasion (56% vs 46% of males).
- Females were more likely to plan to stop drinking at higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (22% vs 11% of males).
- Females were also more likely to actually drink to higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (49% vs 24% of males).
- Females were more likely to report drinking in house parties (64% vs 46% of males) and bars or clubs (20% vs 7% of males). The other drinking locations were similar for the two groups.
- Females were more likely to drink in order to get drunk (62% vs 29% of males) and to escape negative feelings (38% vs 23% of males). Other motivations for drinking were similar.
- Females were more likely to drink premix drinks (66% vs 47% of males) and less likely to drink beer or cider (12% vs 38% of males).
- Females were more likely to report drinking the type of alcohol they do because it is easy to drink (57% vs 38% of males). Other drinking motivations were similar.

No notable differences were observed between the two groups with regard to the following:

- Frequency of binge drinking.
- Whether they have said or acted as if they drank more alcohol than they actually did.

4.1.4 Alcohol-related harm

Differences were observed between the two groups with regard to the following:

- Females were more likely to have been injured or harmed because of their drinking (59% vs 39% of males).
- Females were more likely to have experienced an alcohol-related blackout (79% vs 56% of males).
- Males were more likely to have experienced their first alcohol-related blackout at a very young age, of aged 10 or younger (29% vs 0% of females).
- Females were more likely to have been a passenger in a vehicle driven by a drunk driver (77% vs 59% of males).
- Females were more likely to report having had unsafe sex while drunk (54% vs 33% of males).
- Females were more likely to have had an unwanted sexual experience while under the influence of alcohol (30% vs 14% of males).

- Females were slightly more likely to have forced or pressured someone else into doing something sexual that they otherwise wouldn't have done (10% vs 5% of males).

No notable differences were observed between the two groups with regard to the following:

- Frequency of driving drunk.

4.1.5 Family and alcohol

No notable differences were observed between the two groups with regard to the following:

- How frequently their mental or physical health has been impacted by their parents'/caregivers' drinking.
- How frequently their parents drank in the last 5-10 years.

4.1.6 Alcohol and other drug education and help

Differences were observed between the two groups with regard to the following:

- Females were more likely than males to find AoD education useful, such as what not to do (22% vs 11% of males), harms and safety (27% vs 17% of males) and cannabis facts / myths (15% vs 3% of males). Males in general were more likely to have found none of the previous alcohol or drug education helpful (28% vs 15% of females).
- Females were more likely to rate friendly / supportive services (37% vs 26% of males), a lack of judgement or punishment (32% vs 15% of males), supportive friends (35% vs 21%), not having a fuss made (20% vs 11% of males), and being made to feel like they are not the only one that needs help (21% vs 12% of males) as being an important encouragement for seeking help. The other factors were rated similarly.
- Males were more likely to state that having other activities or sport to do would encourage them and their friends to drink less (28% vs 11% of females), whereas females stated that seeing the consequences of drinking and having other responsibilities would encourage them to drink less (42% vs 19% of males).

4.1.7 Other drug consumption

Differences were observed between the two groups with regard to the following:

- Females were more likely to have consumed cannabis (73% vs 53% of males), synthetics (56% vs 32%), inhalants (16% vs 9% of males), ecstasy or party pills (31% vs 13% of males), and non-prescribed prescription drugs (25% vs 15% of males).
- Females were more likely to mix alcohol when taking other drugs (61% vs 42%).

No notable differences were observed between the two groups with regard to the following:

- Both groups were roughly equally likely to report using hallucinogens, amphetamines and 'other drugs'.

4.1.8 Access to alcohol and other drugs

Differences were observed between the two groups with regard to the following:

- Females were more likely to rate parents buying alcohol as an important source for under-18 drinkers (58% vs 39%). Other sources are rated similarly by both groups.
- Females rated dealers / tinnie houses as more important sources of cannabis (55% vs 30% of males). Males were more likely to say they didn't know where young people would get cannabis (20% vs 9% of females).
- Females rated dealers (28% vs 15% of males) and dairy / shops (25% vs 10% of males) as important sources of synthetics. Males were less likely to say they didn't know where young people got synthetics (37% vs 13% of females).
- Females rated dealers / P houses (34% vs 18% of males) and friends / neighbours (24% vs 14% of males) as important sources of meth in the community. Males were more likely to say they didn't know (46% vs 25% of females).

4.1.9 Alternative education

Males were more likely to be enrolled in alternative education (45% vs 31% of females).

4.2 Alternative education students vs non-alternative education

The following section compares at risk young people aged 17 and under who were enrolled with West Auckland alternative education (WAE; *n* = 85) providers with other under-17s who were not enrolled in alternative education (non-AE; *n* = 83). It is important to note that the non-AE group are at risk young people in a range of circumstances, including enrolled in mainstream education and outside the school system (NEET, working, or enrolled in other training).

4.2.1 Characteristics of the young people surveyed

Differences were observed between the two groups with regard to the following:

- WAE students were more likely to be Māori (67% of WAE students vs 44% of non-AE) and less likely to be European (16% vs. 44% of non-AE). The two groups were similar with regard to identification with other ethnic groups.
- WAE students were slightly more likely to be aged under 15 (24% vs. 16% of non-AE).
- WAE students were more likely to be male (60% vs. 48%) and transgender (6% vs 3% of non-AE).
- WAE students were more likely to live in Kelston/Avondale/New Lynn/Glendene (21% vs 0% of non-AE), Titirangi/Green Bay/Parau (9% vs 0% of non-AE), Massey/Te Atatu Peninsula (27% vs 21% of non-AE), and less likely to live in all other areas.

4.2.2 Home life

Differences were observed between the two groups with regard to the following:

- WAE students were slightly more likely to have grown up with a single parent/caregiver (40% vs 32% of non-AE), and less likely to have grown up with both parents/caregivers (27% vs 38% of non-AE).
- WAE students were more likely to have grown up with either large families with five or more siblings (52% vs 27% of non-AE) or small families with no other siblings (16% vs 8% of non-AE).

No notable differences were observed between the two groups with regard to the following:

- The frequency of family dinners together over the last 5-10 years.

4.2.3 Drinking behaviour

Differences were observed between the two groups with regard to the following:

- WAE students were slightly more likely to have had their first drink at age 11 or younger (43% vs 30% of non-AE).
- WAE students were more likely to drink daily or almost daily (20% vs 9% of non-AE).
- WAE students were more likely to plan to drink until swaying / memory loss (22% vs 7% of non-AE) and less likely to plan to drink until relaxed / social (20% vs 26% of non-AE) or loud / clumsy (15% vs 21% of non-AE).
- WAE students were more likely to report drinking in public places (51% vs 28% of non-AE).
- WAE students were slightly more likely to be motivated to drink to get drunk (56% vs 42% of non-AE), and less likely to be motivated to drink to celebrate (42% vs 58% of non-AE), unwind (32% vs 47% of non-AE) and escape negative feelings (24% vs 36% of non-AE).
- WAE students were slightly more likely to drink premixes (63% vs 52% of non-AE).
- WAE students were more likely to report drinking the type of alcohol they do because it gets them drunk faster (53% vs 29% of non-AE). Other drinking motivations were similar.

No notable differences were observed between the two groups with regard to the following:

- Typical number of drinks on a single occasion.
- Frequency of binge drinking.
- Intoxication level before stopping drinking.
- The likelihood of overstating how much they have drunk or acting more drunk than they were.

4.2.4 Alcohol-related harm

Differences were observed between the two groups with regard to the following:

- WAE students were more likely to have had their first alcohol-related blackout aged 14 or younger (86% vs 57% of non-AE).
- WAE students were more likely to have driven drunk (51% vs 26% of non-AE).

No notable differences were observed between the two groups with regard to the following:

- The frequency of personal injury or harm.

- Frequency of alcohol-related blackout.
- Whether the individual had had unsafe sex while drunk.
- Whether the individual had had an unwanted sexual experience while drunk.
- Whether the individual had had pressured someone else into doing something sexual that they wouldn't have otherwise done.
- Whether they had been a passenger in a vehicle driven by a drunk driver.

4.2.5 Family and alcohol

Differences were observed between the two groups with regard to the following:

- WAE students' parents were less likely to drink weekly or more frequently (16% vs 49% of non-AE)
- The non-AE group were more likely to report that their mental or physical health have sometimes or always been negatively impacted by their parents'/caregivers' drinking (33% vs 18% of WAE).

4.2.6 Alcohol and other drug education and help

Differences were observed between the two groups with regard to the following:

- With regard to AoD education, WAE students were less likely to have found alcohol harms/safety (8% vs 32% of non-AE) and health and body (27% vs 55% of non-AE) information useful, and more likely to have found no information useful (35% vs 13% of non-AE).
- WAE students were less likely to know what would encourage them to seek help if they needed it (14% vs 29% of non-AE) and less likely to select all other options (support, confidentiality, information etc.).
- WAE students were more likely to state that nothing would encourage them and their friends to drink less (27% vs 10% of non-AE) and less likely to be responsive to decreasing drinking in response to serious consequences or harms (12% vs 41% of non-AE). Money does appear to be a higher motivator for WAE students (15% vs 7% of non-AE).

4.2.7 Other drug consumption

Differences were observed between the two groups with regard to the following:

- WAE students were more likely to have consumed synthetics (51% vs 33% of non-AE), hallucinogens (30% vs 18% of non-AE), inhalants (21% vs 8% of non-AE), non-prescribed prescription drugs (29% vs 10% of non-AE), and other drugs (6% vs 0% of non-AE).

No notable differences were observed between the two groups with regard to the following:

- Both groups of students were roughly equally likely to report having used cannabis, ecstasy or party pills, and amphetamines, although in all cases a larger percentage of WAE students reported preferring not to say.
- Whether alcohol was mixed when taking other drugs.

4.2.8 Access to alcohol and other drugs

Differences were observed between the two groups with regard to the following:

- WAE students were more likely to rate asking strangers to buy alcohol for them as important (48% vs 37% of non-AE) and less likely to rate family and friends as an important source.

No notable differences were observed between the two groups with regard to the following:

- Predictions of where people get drugs other than alcohol from in the community.

4.3 The level of intoxication at which respondents plan to stop drinking

The following section compares survey respondents who usually plan to stop drinking at a low intoxication (LO) level (*n* = 82) versus those who usually plan to stop at a high intoxication (HI) level (*n* = 83). The LO group was made up of those individuals who stated they planned to stop drinking when “relaxed, social, loud, or clumsy”; the HI groups was made up of those who either had "no plan" when to stop drinking, or actively planned to stop at "swaying, memory loss, falling, or vomiting".

4.3.1 Characteristics of the young people surveyed

Differences were observed between the two groups with regard to the following:

- The HI group were more likely to be Māori (76% vs 37% of the LO group) and less likely to be European (33% vs 43% of the LO group). The two groups were similar with regard to identification with other ethnic groups.
- The HI group were more likely to be aged under 18 (78% vs 66% of the LO group).
- The HI group were more likely to be female (52% vs. 45% of the LO group) and transgender (5% vs 2% of the LO group).

No notable differences were observed between the two groups with regard to the following:

- Where members of the two groups lived.

4.3.2 Home life

Differences were observed between the two groups with regard to the following:

- Members of the HI group were more likely to have grown up in families with 3 or more siblings (81% vs 65% of the LO group).
- The HI group were slightly less likely to have grown up with both parents/caregivers (29% vs 39% of the LO group).
- The HI group were less likely to have eaten dinner with their family on two or more days of the week (50% vs 72% of the LO group).

4.3.3 Drinking behaviour

Differences were observed between the two groups with regard to the following:

- The HI group were more likely to have had their first drink at age 11 or younger (47% vs 22% of the LO group).
- The HI group were more likely to drink daily or almost daily (26% vs 6% of the LO group).
- The HI group were more likely to drink seven or more drinks on a single occasion (67% vs 46% of the LO group).
- The HI group were more likely to binge drink two or more times a week (44% vs 13% of the LO group).
- The HI group were more likely to stop drinking at higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (59% vs 19% of the LO group).
- The HI group were more likely report drinking in public places (47% vs 30% of the LO group) and house parties (67% vs 46% of the LO group), and less likely to drink at friends' houses (69% vs 78% of the LO group) or bars, clubs and restaurants (12% vs 25% of the LO group).
- The HI group were more likely to report being motivated to drink to get drunk (64% vs 37% of the LO group), and less likely to be motivated to drink to celebrate (50% vs 60% of the LO group).
- The HI group were more likely to report drinking the type of alcohol they do because it gets them drunk faster (43% vs 30% of the LO group), or to report they didn't know why they drink the products that they drink (22% vs 5% of the LO group). Other drinking motivations were similar.
- The HI group were less likely to report having said or acted as if they drank more alcohol than they actually did (35% vs 49% of the LO group).

No notable differences were observed between the two groups with regard to the following:

- Type of alcohol drunk most often.

4.3.4 Alcohol-related harm

Differences were observed between the two groups with regard to the following:

- The HI group were more likely to have been injured or harmed because of their drinking (60% vs 40% of the LO group).
- The HI group were more likely to have experienced an alcohol-related blackout (72% vs 60% of the LO group).
- The HI group were more likely to have had their first alcohol-related blackout aged 14 or younger (74% vs 46% of the LO group).
- The HI group were more likely to have driven drunk (45% vs 34% of the LO group).
- The HI group were more likely to have had an unwanted sexual experience while drunk (31% vs 11% of the LO group).

No notable differences were observed between the two groups with regard to the following:

- Whether the individual had had unsafe sex while drunk.
- Whether the individual had pressured someone else into doing something sexual that they didn't want while drunk.
- Whether they had been a passenger in a vehicle driven by a drunk driver.

4.3.5 Family and alcohol

No notable differences were observed between the two groups with regard to the following:

- Whether their mental or physical health had ever been impacted by their parents'/caregivers' drinking.
- How frequently their parents drank in the last 5-10 years.

4.3.6 Alcohol and other drug education and help

Differences were observed between the two groups with regard to the following:

- The HI group were less likely to rate friendly / supportive services (26% vs 43% of the LO group) and supportive friends (24% vs 39% of the LO group) as being an important encouragement for seeking help. They were also less likely to know what would encourage them to seek help if they needed it (35% vs 23% of the LO group). The other factors (knowledge, confidentiality, information etc.) were rated similarly.

No notable differences were observed between the two groups with regard to the following:

- The types of alcohol and drug education that they have found helpful.
- What would encourage them and their friends to drink less.

4.3.7 Other drug consumption

Differences were observed between the two groups with regard to the following:

- The HI group were more likely to have consumed cannabis (78% vs 69% of the LO group), synthetics (62% vs 39% of the LO group), hallucinogens (36% vs 17% of the LO group), inhalants (17% vs 11% of the LO group), ecstasy or party pills (33% vs 19% of the LO group), non-prescribed prescription drugs (29% vs 15% of the LO group), and other drugs (7% vs 2% of the LO group).
- The HI group were more likely to mix alcohol when taking other drugs (67% vs 54% of the LO group).

No notable differences were observed between the two groups with regard to the following:

- Both groups were roughly equally likely to report using amphetamines.

4.3.8 Access to alcohol and other drugs

Differences were observed between the two groups with regard to the following:

- The HI group were slightly more likely to rate taking alcohol from home as being an important way for young people to access alcohol (38% vs 25% of the LO group). Other sources were rated similarly by both groups.
- The HI group rated family (2% vs 15%) and friends (6% vs 34% of the LO group) as being less important sources of synthetics than members of the LO group.

No notable differences were observed between the two groups with regard to the following:

- Predictions of where people get cannabis and methamphetamine in the community.

4.3.9 Alternative education

Differences were observed between the two groups with regard to the following:

- The HI group were more likely to be enrolled in a west Auckland alternative education provider (47% vs 31% of the LO group).

4.4 Māori vs non-Māori

The following analysis compares Māori (*n* = 111) and non-Māori (*n* = 89) survey respondents. Responses were compared between Māori and non-Māori ethnic groups for two reasons. Firstly, because of the small sample sizes for each group, comparing all ethnic groups to one another would result in less reliable statistics. Given that the Māori ethnic group was the largest surveyed, it makes sense to compare this group against all non-Māori individuals combined. Secondly, because the Māori ethnic group was identified as having the greatest variation in the comparisons above (alternative education vs others, gender, intoxication intentions), the project group wished to investigate whether there were any direct patterns associated with Māori ethnicity on survey responses.

4.4.1 Characteristics of the young people surveyed

Differences were observed between the two groups with regard to the following:

- Māori respondents were more likely to be aged under 15 (20% vs 10% of non-Māori).
- Māori were more likely to be transgender or 'other' (7% vs 1% of non-Māori). The ratio of male to female was similar in each group.
- Māori survey respondents were slightly more likely to live in Ranui/Swanson (15% vs 8% of non-Māori) and less likely to live in Henderson/Sunnyvale/Te Atatu (22% vs 37% of non-Māori). The percentage living in other suburbs was broadly similar between the two groups.

4.4.2 Home life

Differences were observed between the two groups with regard to the following:

- Māori were less likely to have grown up with both parents/caregivers (29% vs 43% of non-Māori).

- Māori were more likely to have grown up in larger families with five or more siblings (48% vs 29% of non-Māori).

No notable differences were observed between the two groups with regard to the following:

- Frequency of eating dinner as a family.

4.4.3 Drinking behaviour

Differences were observed between the two groups with regard to the following:

- Māori were more likely to have had their first drink at age 11 or younger (43% vs 19% of non-Māori).
- Māori were more likely to drink daily or almost daily (18% vs 9% of non-Māori).
- Māori were slightly more likely to binge drink (5 or more drinks) two or more times per week (34% vs 22% of non-Māori).
- Māori were more likely to plan to stop drinking at higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (27% vs 5% of non-Māori).
- Māori were slightly more likely to report drinking in house parties (61% vs 47% of non-Māori) and public places (40% vs 30% of non-Māori). The other drinking locations were similar for the two groups.
- Māori were more likely to drink in order to get drunk (56% vs 37% of non-Māori), to celebrate something special (58% vs 48% of non-Māori), and to unwind and relax (44% vs 34% of non-Māori), and less likely to drink specifically because their friends drink (11% vs 24% of non-Māori).
- Māori were more likely to drink premix drinks (60% vs 49% of non-Māori).
- Māori were more likely to report drinking the type of alcohol they do because they think it is cool to drink it (14% vs 3% of non-Māori). Other drinking motivations were similar.

No notable differences were observed between the two groups with regard to the following:

- Typical number of drinks consumed on a single occasion.
- Level of intoxication at which respondents actually stop drinking.
- Whether they have said or acted as if they drank more alcohol than they actually did.

4.4.4 Alcohol-related harm

Differences were observed between the two groups with regard to the following:

- Māori were more likely to have been injured or harmed because of their drinking (60% vs 34% of non-Māori).
- Māori were more likely to have experienced an alcohol-related blackout (71% vs 59% of non-Māori).
- Māori were more likely to have experienced their first alcohol-related blackout at a very young age, aged 12 or younger (21% vs 3% of non-Māori).
- Māori were more likely to have driven drunk (47% vs 31% of non-Māori).

- Māori were more likely to have been a passenger in a vehicle driven by a drunk driver (74% vs 60% of males).

No notable differences were observed between the two groups with regard to the following:

- Whether respondents had had unsafe sex while under the influence of alcohol.
- Whether respondents had had an unwanted sexual experience while under the influence of alcohol.
- Whether respondents had forced or pressured someone else into doing something sexual that they otherwise wouldn't have done.

4.4.5 Family and alcohol

Differences were observed between the two groups with regard to the following:

- Non-Māori were more likely to have grown up with parents/caregivers who never drank (33% vs 6% of Māori). Māori respondents were slightly more likely to have had parents that drank a few times a week or more frequently (37% vs 28% of non-Māori).

No notable differences were observed between the two groups with regard to the following:

- How frequently their mental or physical health has been impacted by their parents'/caregivers' drinking.

4.4.6 Alcohol and other drug education and help

Differences were observed between the two groups with regard to the following:

- Māori were more likely than non-Māori to find AoD education on cannabis facts/myths helpful (18% vs 5% of non-Māori), and less likely to find information on what not to do helpful (11% vs 23% of non-Māori). Māori were also more likely to rate no AoD education as helpful (26% vs 16% of non-Māori).
- Non-Māori were more likely to rate having supportive friends (35% vs 20% of Māori), not being judged or punished (30% vs 16% of Māori), and not having a fuss made (20% vs 9% of Māori) as being an important encouragement for seeking help. The other factors were rated similarly.
- Māori were more likely to state that having money issues would encourage them and their friends to drink less (21% vs 3% of non-Māori), and less likely to state that seeing serious consequences of their drinking would encourage them to drink less (21% vs 40% of non-Māori).

4.4.7 Other drug consumption

Differences were observed between the two groups with regard to the following:

- Māori were more likely to have consumed cannabis (74% vs 49% of non-Māori) and synthetics (57% vs 26% of non-Māori).
- Māori were more likely to mix alcohol when taking other drugs (61% vs 39% of non-Māori).

No notable differences were observed between the two groups with regard to the following:

- Both groups were roughly equally likely to report using hallucinogens, inhalants, ecstasy or party pills, amphetamines, non-prescribed prescription drugs, and 'other drugs'.

4.4.8 Access to alcohol and other drugs

Differences were observed between the two groups with regard to the following:

- Māori were more likely to rate older people in the community (27% vs 11% of non-Māori) and asking strangers to buy alcohol (52% vs 38% of non-Māori) as important sources of alcohol for under-18 drinkers, and slightly less likely to rate an older boyfriend/girlfriend as important (42% vs 53% of non-Māori). Other sources were rated similarly by both groups.
- Māori were more likely to rate the streets (12% vs 0% of non-Māori) as an important source of synthetics, and less likely to rate family (4% vs 17% of non-Māori) as a source of synthetics.
- Māori were less likely to rate family (9% vs 19% of non-Māori) and more likely to rate dealers / P house (30% vs 20% of non-Māori) as important sources of meth in the community.

No notable differences were observed between the two groups with regard to the following:

- Sources of cannabis for young people in the community.

4.4.9 Alternative education

Māori were more likely to be enrolled in alternative education (50% vs 26% of non-Māori).

4.5 Age

The following section compares under 18 year old survey respondents (*n* = 168) with those aged 18+ (*n* = 48).

4.5.1 Characteristics of the young people surveyed

Differences were observed between the two groups with regard to the following:

- Under 18s were more likely to be Māori (56% vs 40% of 18+) and less likely to be European (30% vs 48% of 18+). The two groups were similar with regard to identification with other ethnic groups.
- Under 18s were more likely to be male (54% vs. 43% of 18+) and transgender (5% vs 0% of 18+), and less likely to be female (40% vs 53% of 18+).
- Under 18s were more likely to live in Ranui/Swanson (14% vs 3% on 18+) and less likely to live in Glen Eden (9% vs 27% of 18+). Other suburbs were similar.

4.5.2 Home life

Differences were observed between the two groups with regard to the following:

- Under 18s were less likely to have grown up with both parents/caregivers (33% vs 45% of 18+).

No notable differences were observed between the two groups with regard to the following:

- The number of siblings when growing up.
- How often the family ate dinner together.

4.5.3 Drinking behaviour

Differences were observed between the two groups with regard to the following:

- Under 18s were more likely to have had their first drink at age 11 or younger (37% vs 15% of 18+).
- Under 18s were more likely to binge drink two or more times a week (33% vs 17% of 18+).
- Under 18s were more likely to plan to stop drinking at higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (20% vs 9% of 18+).
- Under 18s were also more likely to actually stop drinking at higher levels of intoxication such as swaying, memory loss, falling over, vomiting and passing out (43% vs 20% of 18+).
- Under 18s were more likely report drinking in public places (40% vs 23% of 18+) and house parties (61% vs 40% of 18+), and less likely to drink at home (55% vs 69% of 18+) or bars, clubs and restaurants (11% vs 37% of 18+).
- Under 18s were more likely to report being motivated to drink to give them something to do (24% vs 8% of 18+), and less likely to be motivated to drink to celebrate (50% vs 63% of 18+) or be more social or outgoing (31% vs 43% of 18+).
- Under 18s were more likely to report drinking the type of alcohol they do because it gets them drunk faster than other types (42% vs 20% of 18+). Other drinking motivations were similar.

No notable differences were observed between the two groups with regard to the following:

- Drinking frequency.
- Number of drinks typically consumed.
- Type of alcohol drunk most often.
- Frequency of having said or acted as if they drank more alcohol than they actually did

4.5.4 Alcohol-related harm

Differences were observed between the two groups with regard to the following:

- Under 18s were more likely to have had their first alcohol-related blackout aged 14 or younger (72% vs 31% of 18+).
- Under 18s were less likely to have had unsafe sex while under the influence of alcohol (38% vs 54% of 18+).
- Under 18s were more likely to have had an unwanted sexual experience while drunk (24% vs 11% of 18+).

No notable differences were observed between the two groups with regard to the following:

- Likelihood of being injured or harmed because of their drinking.
- Whether the individual had experienced an alcohol-related blackout.
- Whether the individual had driven drunk.
- Whether they had been a passenger in a vehicle driven by a drunk driver.
- Whether the individual had pressured someone else into doing something sexual that they didn't want while drunk.

4.5.5 Family and alcohol

No notable differences were observed between the two groups with regard to the following:

- Whether their mental or physical health had ever been impacted by their parents'/caregivers' drinking.
- How frequently their parents drank in the last 5-10 years.

4.5.6 Alcohol and other drug education and help

Differences were observed between the two groups with regard to the following:

- Under 18s were more likely to report finding helpful AoD education that focused on health and body effects (42% vs 28% of 18+) and cannabis myths/facts (14% vs 4% of 18+). Under 18s were less likely to report finding helpful AoD education that focused on what not to do (14% vs 24% of 18+).
- Under 18s were more likely to not know what would encourage them to ask for AoD help if they needed it (40% vs 10% of 18+). The 18+ group, on the other hand, were more likely to rate knowing who to ask (35% vs 21% of under 18s), friendly and supportive services (45% vs 26% of under 18s), confidentiality (38% vs 21% of under 18s), lack of judgement or punishment (35% vs 19% of under 18s), supportive friends (48% vs 21% of under 18s), knowing others have got help (30% vs 12% of under 18s), and not feeling like the only one (25% vs 14% of under 18s) as all being factors that would encourage them to seek help.
- Although under 18s were more likely to state that nothing would encourage them and their friends to drink less (18% vs 5% of 18+), they were also more likely to state that having more activities and/or sport commitments would encourage them to decrease their drinking (22% vs 9% of 18+).

4.5.7 Other drug consumption

Differences were observed between the two groups with regard to the following:

- Under 18s were less likely to have consumed ecstasy or party pills (17% vs 33% of 18+).

No notable differences were observed between the two groups with regard to the following:

- Both groups were roughly equally likely to report having used cannabis, synthetics, hallucinogens, inhalants, amphetamines, non-prescribed prescription drugs, and other drugs.
- Likelihood of mixing alcohol with other drugs

4.5.8 Access to alcohol and other drugs

Differences were observed between the two groups with regard to the following:

- The 18+ group were more likely than the under 18s to rate most sources listed in the survey as being important for young people to access alcohol. 18+ rated parents (60% vs 43% of under 18s), older relatives (58% vs 33% of under 18s), older siblings (65% vs 38% of under 18s), older boyfriend/girlfriend (63% vs 42% of under 18s), strangers (55% vs 42% of under 18s), and buying it themselves (25% vs 15% of under 18s) all as more important than under 18s.
- The 18+ group rated family (33% vs 18% of under 18s) and friends (58% vs 27% of under 18s) as being more important sources of cannabis than under 18s.
- The 18+ group rated dairy/shops (30% vs 12% of under 18s), family (18% vs 7% of under 18s) and friends (33% vs 15% of under 18s) as being more important sources of synthetics than under 18s. Under 18s were more likely to not know (30% vs 15% of 18+) where young people got synthetics from.
- The 18+ group rated dealers / P house (50% vs 17% of under 18s), family (22% vs 11% of under 18s), and friends (31% vs 13% of under 18s) as being more important sources of meth / P than under 18s. Under 18s were more likely to not know (42% vs 22% of 18+) where young people got meth / P from.

4.5.9 Alternative education

Differences were observed between the two groups with regard to the following:

- Under 18s were much more likely to be enrolled in a west Auckland alternative education provider (50% vs 3% of 18+).

5.0 References

Fergus, S and Zimmerman, M A (2005). Adolescent resilience: a framework for understanding healthy development in the face of risk. *Annual Review Public Health*, 26:399-419.

Appendix: Survey questions

West Youth Alcohol and other Drug Experiences

We are doing research to find out about young people's experiences and thoughts on alcohol and other drugs in West Auckland.

Your opinions and experiences are really important so that we can understand your needs better and develop more support for young people.

It's anonymous and you can go into a draw to win one of 3, $50 Westfield vouchers.

Your contact details (if you provide them to enter the draw to win) will be confidential and the survey anonymous – Just tear off the last section and hand it in with your survey.

Your details will NOT be linked to the answers you give in the survey and will NOT be given to any other agencies or the Police.

If you have any questions about the survey, please email kate.duder@aucklandcouncil.govt.nz or phone 021672623

Thank you so much!

A Little About You

1. What ethnic group do you belong to? (Please tick as many as apply) *

- [ ] European
- [ ] Maori
- [ ] Pacific Peoples
- [ ] Asian
- [ ] Middle Eastern/Latin American/African
- [ ] Other
- [ ] I prefer not to answer

2. What age group are you in? (Please tick only one) *

- [ ] under 15
- [ ] 15–17
- [ ] 18–21
- [ ] 22–24
- [ ] over 24

3. What gender are you? *

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Other – please write below
- [ ] I prefer not to answer

4. What suburb do you live in? *

5. Have you grown up mostly living with a single parent/guardian or both parents/guardians? (Please tick only one) *

- (•) Single parent/caregiver
- ( ) Both parents/caregivers
- ( ) Single parent/caregiver and step parent
- ( ) Shared time with each parent/caregiver
- ( ) Other circumstance
- ( ) I prefer not to say

6. How many siblings do you have? (Please tick only one) *

- (•) none
- ( ) 1–2
- ( ) 3–4
- ( ) more than 4

Your Experiences with Alcohol

Thanks for telling us a little about you. We now would really like to know your thoughts on alcohol – remember this is anonymous and your answers are really helpful :–)

7. How old were you when you first had an alcoholic drink? (Please tick only one) *

- (•) 9 or younger
- ( ) 10–11
- ( ) 12–13
- ( ) 14–15
- ( ) 16–17
- ( ) 18–19
- ( ) 20–21
- ( ) 22 or older
- ( ) I prefer not to say
- ( ) Never had a drink – please tell us why you do not drink alcohol, then skip to question 22

8. Thinking about the last year, roughly how often did you have a drink of alcohol? (Please tick only one)

- (•) Daily or almost daily
- ( ) Weekly
- ( ) Monthly
- ( ) Less than monthly
- ( ) I didn't drink last year
- ( ) I prefer not to say

9. If you have not drunk alcohol in the past year, but use to drink before then, can you please tell us why you stopped drinking? then skip to question 12

10. Thinking about the last year, roughly how many alcoholic drinks did you have on a single occasion? (Please tick only one)

- (•) 1-2 drinks
- ( ) 3-4 drinks
- ( ) 5-6 drinks
- ( ) 7 or more
- ( ) I prefer not to answer

11. Thinking about the last year, roughly how often would you have 5 or more drinks on one occasion? (Please tick only one)

- (•) Daily or almost daily
- ( ) 2-4 times a week
- ( ) Once a week
- ( ) 2-3 times a month
- ( ) Monthly
- ( ) Less than monthly
- ( ) Never
- ( ) I prefer not to say

12. When you drink alcohol, what stage would you plan to stop at? (Please tick only one)

- (•) I don't drink - skip to question 22
- ( ) Relaxed / social
- ( ) Loud / a bit uncoordinated
- ( ) Swaying / memory loss

- ○ Falling over / vomiting
- ○ I don't pre-plan when I will stop
- ○ I prefer not to answer

13. When you drink alcohol, what stage do you actually stop at? (Please tick only one)

- ○ Relaxed / social
- ○ Loud / clumsy
- ○ Swaying / memory loss
- ○ Falling over / vomiting / passing out
- ○ I prefer not to answer

14. Where do you usually have drinks? (Please tick as many as apply)

- ☐ Home
- ☐ Friends house
- ☐ Public place - beach, park etc
- ☐ Sports club
- ☐ Bar or club
- ☐ Cafe or restaurant
- ☐ House party
- ☐ Somewhere else - please write below

15. Why do you drink alcohol? (Please tick as many as apply)

- ☐ to have fun with friends
- ☐ to be more social or outgoing
- ☐ to get drunk
- ☐ because my friends drink
- ☐ to celebrate something special
- ☐ because it makes me feel good
- ☐ to unwind and relax
- ☐ to escape feelings I don't like
- ☐ to give me something to do
- ☐ I don't know
- ☐ other - please write why below

16. What type of alcohol do you drink most? (Please tick only one)

- (●) Beer/Cider
- ( ) Premix drinks i.e. cody's, woody's, smirnoff ice
- ( ) Wine
- ( ) Spirits
- ( ) Other

17. Why do you drink this type of alcohol? (Please tick as many as apply)

- [ ] It's cheap
- [ ] Tastes good
- [ ] Easy to drink
- [ ] Get's me drunk faster than other types
- [ ] It doesn't get me drunk too fast
- [ ] My friends drink it
- [ ] I believe its healthier for me than other drinks
- [ ] I see it advertised everywhere
- [ ] Its cool to drink this
- [ ] I don't know
- [ ] Other – please write why below

18. Thinking about alcohol and how people behave with or around alcohol, please tick the one box that best describes your answer to each question below

	Never	Sometimes	Often	Always	I prefer not to answer
How often have you said or acted as if you drank more alcohol than you actually did?	( )	( )	( )	( )	( )
Have you or someone else been injured or harmed because of your drinking?	( )	( )	( )	( )	( )
Has your parents/guardians drinking habits or behaviour ever affected your mental or physical health?	( )	( )	( )	( )	( )
How often have you been unable to remember what happened the night before after drinking?	( )	( )	( )	( )	( )

19. If you have been unable to remember what happened the night before after drinking alcohol, what age were you when this first happened?

20. Thinking about alcohol and driving, please tick the one box that best describes your answer to each question below

	Never	Once	2-5 times	More than 5 times	I prefer not to answer
How often have you driven under the influence of alcohol?	○	○	○	○	○
How often have you been a passenger in a car driven by someone under the influence of alcohol?	○	○	○	○	○

21. Thinking about alcohol and sexual behaviour, please tick the box that best describes your answer to each question below

	No	Yes, but not in the last year	Yes, duirng the last year	I prefer not to answer
Have you had unsafe sex when under the influence of alcohol?	○	○	○	○
Have you ever had an unwanted sexual experience (being touched, kissed, or forced into sex or any other sexual act) while under the influence of alcohol?	○	○	○	○
While under the influence of alcohol, have you ever forced or pressured someone into doing something sexual that they otherwise would not have done?	○	○	○	○

22. During the past 5-10 years, about how often did your parents/guardians drink alcohol? (Please tick only one) *

- ◉ Every day or most days
- ○ A few times a week
- ○ A few times a month
- ○ Monthly
- ○ Less than monthly
- ○ Never
- ○ I don't know
- ○ I prefer not to answer

23. During the past 5-10 years, about how often did you have dinner together with your family? (Please tick only one) *

- (●) 5-7 days every week
- ( ) 2-4 days every week
- ( ) 1 day a week
- ( ) 2 days a month
- ( ) 1 day a month
- ( ) 6-10 days a year
- ( ) 1-5 days a year
- ( ) Less than yearly
- ( ) Never had dinner as a family
- ( ) I don't know

24. If young people under 18 years drink alcohol, where do you think they mostly get it from? (Please tick as many as apply) *

- [ ] Buy it themselves
- [ ] Parents buy it for them
- [ ] Ask a stranger to buy it for them
- [ ] Older relative gives it to them
- [ ] Older sibling
- [ ] Take it from home
- [ ] Older person in their community
- [ ] Older friend/boyfriend/girlfriend
- [ ] Somewhere else - please write below
- [ ] I don't know
- [ ] I prefer not to answer

25. Thinking about any education you have had on alcohol and drugs, what information did you find most useful?

26. If you felt you need help with an issue around alcohol and drugs which of the following would most encourage or enable you to ask for help? (Please tick as many as apply) *

- [ ] Knowing who to ask

- [ ] Friendly and supportive people/ services
- [ ] Confidentiality – they won't tell anyone else
- [ ] I won't be judged or punished
- [ ] Having supportive friends
- [ ] Knowing others have got help
- [ ] Not feeling I am the only one
- [ ] Not having a fuss made
- [ ] I don't know
- [ ] Something else – please write below

27. What would encourage you or your friends to drink less?

Your Experiences and Thoughts on Drugs

Now that we have learned a little about your thoughts on alcohol, we are also interested in your thoughts on drugs, please help us with your answers to the below questions.

Remember it's anonymous – thank you!

28. Have you ever consumed any of the following drugs? Please tick the box that best describes your answer to each question below *

	No	Yes, but not in the last year	Yes, duirng the last year	I prefer not to answer
Cannabis	○	○	○	○
Synthetics	○	○	○	○
Hallucinogens (LSD, acid, mushrooms)	○	○	○	○
Inhalents (solvents, glue)	○	○	○	○
Ecstacy or other party pills	○	○	○	○
Amphetamines (meth, speed, P, ice)	○	○	○	○
Non prescribed prescription drugs	○	○	○	○

Other - please name the drug(s) below	○	○	○	○

29. If you have consumed any drugs mentioned above, have you ever drunk alcohol at the same time? (Please tick only one) *

- ○ I haven't taken drugs
- ◉ Never
- ○ Sometimes
- ○ Frequently
- ○ Always
- ○ I prefer not to answer

30. If young people in your community want to get cannabis, where do you think they get it from? *

31. If young people in your community want to get synthetics, where do you think they get them from? *

32. If young people in your community want to get meth/P, where do you think they get it from? *

33. Is there anything else you would like to share?

Final Section and Prize Draw

Thank you so much for your time in helping us to learn more about young people's thoughts and experiences with alcohol and drugs in West Auckland.

Turn over the last page for one more question and to ENTER THE PRIZE DRAW and be in to win one of three $50 WESTFIELD VOUCHERS

REMEMBER TO TEAR OFF THIS LAST SECTION AND HAND IT IN WITH YOUR SURVEY SO THAT YOUR DETAILS ARE ANONYMOUS

34. To follow on from this survey we would like to interview some young people about their experiences with alcohol and drugs, so we can learn more about what young people need and how we can support them better.

The interview will be confidential and your identity will remain anonymous.

Would you be interested in helping us with a face to face interview? *

- (•) Yes - please provide your phone or email below
- ( ) Maybe - please provide your contact details so that we can offer you more information
- ( ) No thanks

Contact details:

35. Do you want to go into the draw to win one of 3, $50 Westfield vouchers?

If YES, please provide your mobile or email - you do not need to give your name. After completing the survey there will be a unique code allocated to your contact details, which will be used for the prize draw and the winner will be contacted by the text or email.
*

- (•) Yes - please provide your contact details below
- ( ) No thanks

Mobile or Email

You're awesome thanks!

If you are concerned about your own or someone else's drinking or other drug use or wish to talk to someone about sexual assault, please contact one of the below services for free, confidential, friendly support:

Youthline helpline 0800 376633

Alcohol and Drug Helpline 0800 787 797

HELP sexual assault 24/7 HELPline 09 6231700

Find out more: phone 09 301 0101
email rimu@aucklandcouncil.govt.nz or
visit www.aucklandcouncil.govt.nz

Auckland Council
Te Kaunihera o Tāmaki Makaurau