Research into knowledge and attitudes to illegal drugs
- a study among the general public and people with experience of illegal drug use

January 2009
Executive Summary

The *New Zealand National Drug Policy 2007 – 2012*\(^1\) sets out the Government’s policy for tobacco, alcohol, illegal and other drugs. It aims to reduce the effects of harmful substance use through a balance of measures that aim to:

- Control or limit the availability of drugs (supply control)
- Limit the use of drugs by individuals, including abstinence (demand reduction)
- Reduce harm from existing drug use (problem limitation)\(^2\)

The policy recognises that harms associated with drug use are on a continuum and that no single approach can address the problems and that a range of strategies is needed. One such strategy, developed by the Ministry of Health, is a demand reduction programme comprising a social marketing and information campaign aimed at reducing demand and the harms associated with the misuse of drugs.

1. Preparing for a social marketing campaign

As part of early planning for the campaign, the Ministry of Health commissioned a review of national and international literature of best practice in social marketing.\(^3\) The review uses a definition of social marketing developed by Donovan and Henley (2003):

> The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary or involuntary behavior of target audiences in order to improve the welfare of individuals and society.\(^4\)

The review notes a number of principles of social marketing and the first of these is that consumers (or the target audiences) must be active participants in the marketing process.

> Fundamental to an understanding of ... social marketing in particular, is the central role that the consumer has in the process. This positioning means that social marketers need to not only understand their audiences, they need to be aware of and be responsive to their needs and aspirations (Ministry of Health, 2008).

As a next step in the planning process, the Ministry commissioned this formative research into knowledge of, and attitudes to, illegal drug use amongst people with and without experience of illegal drug use.

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2. **Research methodology**

This research was completed by UMR Ltd and Acquumen Ltd.

UMR led the research with the general public. Participants were primarily recruited through UMR’s respondent database and through Telecom’s White pages. During the interviews it became apparent that some had personal experience of illegal drugs or had a family member or friend with experience.

Research with people with experience of illegal drug use was led by Acquumen Ltd. Participants were recruited through drug treatment agencies and, although not a recruitment criteria, all had experience with illegal drugs.

The research was primarily qualitative and with a small quantitative component.

<table>
<thead>
<tr>
<th>Method</th>
<th>Group</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualitative</td>
<td>People with known experience of illegal drugs</td>
<td>74</td>
</tr>
<tr>
<td>Qualitative</td>
<td>General public</td>
<td>53</td>
</tr>
<tr>
<td>Quantitative</td>
<td>General public</td>
<td>750</td>
</tr>
</tbody>
</table>

This mixed methodology has enabled the range of issues to be identified and an assessment of the intensity with which views and attitudes are held, along with guidance on the language that should be used in the campaign. The quantitative component to the research allowed the research team to establish with some certainty the extent to which views and attitudes expressed in qualitative research are held amongst the general public. The margin of error for a sample size of 750 for a 50% figure at the ‘95% confidence level’ is ± 3.6%.

3. **Support for a campaign**

Overall there is wide support for a social marketing campaign, and this recognises the low levels of knowledge of the harms associated with illegal drugs, particularly amongst parents and young people experimenting with drugs. Most recognise that illegal drugs are used by all social groups irrespective of ethnicity, gender, socio-economic status or geographic location\(^5\) and that this needs to be acknowledged by having a range of strategies or components to the campaign. While the research results highlight the need for a social marketing campaign to target a range of audiences, it is noted that Māori who meet criteria for a substance use disorder are least likely to access care\(^6\). If one aim of a social marketing campaign is to increase awareness of and use of health services, this is relevant.

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\(^5\) This is not to imply that there is an equal spread of difficulties associated with illegal drug use across ethnicity, gender and age. As established by Te Rau Hinengaro the New Zealand Mental Health Survey (Oakley Brown et al, 2006), Māori, Pacific people (marginally), males and especially youth and young adults have the greatest extent of substance use disorders.

4. Knowledge of illegal drugs

All participants were asked to identify any drugs they were aware of. The most commonly noted were cannabis and methamphetamine (‘P’). There was also a high level of knowledge of BZP\(^7\) (party pills), and amongst people with experience of drugs, knowledge of opiates (particularly morphine). This is consistent with the most recent findings of the Illicit Drug Monitoring System (IDMS)\(^8\), which provides information on changes in drug use and drug related harm in New Zealand.

Views on the potential harms of different illegal drugs varied. Cannabis was very often considered to be a ‘soft’ and ‘natural’ drug widely used across most social groups. When used in combination with alcohol, cannabis use is largely considered to be acceptable behaviour. Many participants considered experimenting with cannabis was a typical part of growing up in New Zealand with little thought of the consequences, and that most will emerge from the experience with limited or no harm.

Overall participants considered cannabis to be readily available from a range of sources including friends, siblings and parents. It has the potential to benefit the user including for pain relief, stress management and relaxation, and as a sleep aid. Typically any harm caused by cannabis is seen to be to the individual user and their immediate family, and many compared this to greater harms associated with alcohol, including drink-driving. This is not to say that people thought cannabis was harmless and many noted that it has the same health risks as tobacco, and that people who are vulnerable to a mental illness should avoid the drug. Other risks were to a person’s motivation and the achievement of a range of goals including sports, education, employment and financial.

In contrast all participants considered methamphetamine to be a ‘hard’ and ‘dangerous’ drug linked with more serious harms including changes in personality, addiction, poor health, mental illness, violence, gangs and criminal activity. Yet many participants and particularly adults with experience of illegal drugs consider methamphetamine is the ‘drug of choice’ for many drug users, and that for some the ‘danger’ is part of the appeal. Some noted a trend of increasing intravenous use of methamphetamine. Some were concerned that the drug was manufactured using potentially harmful ingredients and wondered with some trepidation what drug would be developed to eventually replace it.

Participants noted a wide range of other illegal drugs including heroin, cocaine, LSD, ‘ecstasy’ and solvents; however the level of recall and experience was significantly less than the main grouping, which is also consistent with the IDMS.

Participants noted social trends and some thought boy racers use BZP; young people use solvents; people with higher incomes use cocaine; gangs are linked to methamphetamine; and cannabis use is more common among Māori. However, overall these were not consistent and a more appropriate focus for a campaign is at risk groups.

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\(^7\) Benzylpiperazine.

From an information perspective, specific illegal drugs there may be some merit in focusing on are cannabis and methamphetamine. This is supported by the findings from the quantitative research where 94% of those surveyed declared methamphetamine is causing the most harm, followed by cannabis (58%).

5. **Legal deterrents**

Legal deterrents to cannabis use are considered minimal and some participants thought the Police are unlikely to take action where small amounts of cannabis are involved. However, the Police response to those supplying or manufacturing any illegal drug was considered to be appropriately more severe.

Participants agreed that the illegal status of drugs poses some challenge to a harm reduction campaign, and that any messages that support drug use should be avoided as this would condone an illegal activity.

6. **Experimenting with illegal drugs**

All participants were asked to identify factors that may contribute to experimenting with drugs, and overall the general public identified similar key themes.

The following table compares factors identified by younger people and adults with experience of drug use. The general public themes are highlighted in bold.

<table>
<thead>
<tr>
<th>No.</th>
<th>Younger People (drug experienced)</th>
<th>Adults (drug experienced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>- To fit in/ peer influence or pressure</td>
<td>- To cope with and block out personal and emotional problems</td>
</tr>
<tr>
<td>2</td>
<td>- Fun</td>
<td>- Wanting to explore and try something new and daring</td>
</tr>
<tr>
<td></td>
<td>- Enjoying the ‘buzz’ or experience</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>- Wanting to explore and try something new and daring</td>
<td>- To have fun</td>
</tr>
<tr>
<td></td>
<td>- To relax/ stress release</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- To cope with and block out personal and emotional problems</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>- Rebelling</td>
<td>- Have grown up with drugs in family environment</td>
</tr>
<tr>
<td></td>
<td>- To overcome boredom</td>
<td>- To fit in</td>
</tr>
<tr>
<td>5</td>
<td>- Have grown up with drugs in family environment</td>
<td>- To gain confidence</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>- To manage physical pain</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- To relax</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>- Hereditary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A sense of freedom</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Loss of wairua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Part of income</td>
</tr>
</tbody>
</table>
An additional factor identified by the general public and not by those with experience of illegal drugs was ‘to enhance creativity’.

Uniformly peer pressure was seen as a significant factor in experimentation, although the impact this has varies between individuals. For some peer pressure is linked to a lack of self confidence, a fear of losing friendships and a desire to ‘fit in’ with a social group. Some participants considered people who are ‘followers’ to be more vulnerable to the influence of peers than others.

7. Attitudes towards illegal drug use and misuse amongst the general public

Through the quantitative telephone survey participants were asked whether drug problems were a community issue or a personal issue and the responses were divided.

While 50% of those surveyed believed that drug problems were community problems, just over a third believed they were personal and could only be resolved by individual action.

There was a high level of concern about the level of illegal drug use in New Zealand and the ease of access to illegal drugs. Seventy-nine percent of those surveyed were concerned about the level of illegal drug use in New Zealand, and 71% agreed that it was too easy to obtain illegal drugs.

From the qualitative research three attitudes towards people using drugs were identified:

- A strong attitude of support and care for those seeking treatment
- A minority view that people with drug use problems were ‘losers, low lives and worthless’
- Ambivalence, based on the view that drug use was an outcome of personal choice and as long as there was no harm to others there was no issue.

People who used drugs were characterised as making the wrong choices, being less connected to other people and reality, and to have cognitive and behavioural effects including mood swings and a lack of ability to focus and hold long conversations.

As participants from the general public identified many of the factors that may contribute to drug use, it is perhaps not surprising that their views of people with drug problems were generally sympathetic. This does, however, contrast with the views of participants with experience of illegal drugs. They considered that levels of knowledge and awareness and public discussion on illegal drugs were low. These factors combine to form and reinforce stigmatising attitudes towards current and previous users, which can be harmful to those considering seeking help.

8. Risks, effects and impacts of illegal drug use

All participants were asked to identify the risks and potential effects of using illegal drugs. Amongst the general public knowledge was generally limited and those identified were mainly linked to ‘hard’ drugs. In contrast participants with experience of illegal drugs had first-hand knowledge of the possible effects.

All agreed that a basic risk is impaired judgment including increased likelihood of making rash, or poor decisions including getting into unsafe situations, and loss of control.

The following table outlines the responses from the general public and younger people and adults with experience of illegal drugs.

<table>
<thead>
<tr>
<th>General public</th>
<th>Younger People (drug experienced)</th>
<th>Adults (drug experienced)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Death</td>
<td>- Physical and mental health</td>
<td>- Driving and other unsafe behaviour</td>
</tr>
<tr>
<td>- Damage to personal relationships</td>
<td>- Memory loss and lack of concentration</td>
<td>- Physical, mental and emotional harm to self</td>
</tr>
<tr>
<td>- Personality changes and mental illness</td>
<td>- Schooling e.g. lack of concentration and poor results</td>
<td>- Damage to families and other relationships</td>
</tr>
<tr>
<td>- Physical health</td>
<td>- Driving while stoned</td>
<td>- Education e.g. limited education during school years, criminal record prevents further education</td>
</tr>
<tr>
<td>- Criminal activity</td>
<td>- Being a passenger in a car when the driver has been using drugs</td>
<td>- Financial e.g. spending money on drugs, limited job opportunities</td>
</tr>
<tr>
<td>- Not reaching educational and employment potential</td>
<td>- Loss of fitness</td>
<td>- Employment e.g. unable to hold down a job, harm to career</td>
</tr>
<tr>
<td></td>
<td>- Sports e.g. poor performance, loss of motivation to participate, missing out on fun</td>
<td>- Withdrawal from healthy and active activities</td>
</tr>
<tr>
<td></td>
<td>- Losing contact with non-using friends</td>
<td>- Losing contact with non-using friends on a positive track</td>
</tr>
<tr>
<td></td>
<td>- Socially withdrawn when using methamphetamine</td>
<td>- Being caught committing crimes and being sent to prison, and</td>
</tr>
<tr>
<td></td>
<td>- Lack of money; stealing to fund drugs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Getting into out of control situations e.g. fighting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Caught committing a crime and being sent to prison</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Hurting people, particularly family</td>
<td></td>
</tr>
</tbody>
</table>
For younger people with experience of illegal drug use, the worst impacts were considered to be hurting families and getting into trouble including being kicked out of home, violence (causing fights or being a victim) and being caught committing a crime.

Proportionately more young people mentioned the risk of death through violence and drug misuse than adults. All thought there are big differences between those who do and do not use drugs, and these were framed both positively and negatively. Some thought that drug users had more fun and were more interesting than non-users. Others focussed on the advantages non-drug users have over drug users, and a key theme was more motivation.

For adults with experience of illegal drugs the worst impacts were consistently considered to be the impact on families including causing hurt and damaging relationships, and parenting. A number of participants were parents and they recounted the chaos their drug use had caused in their lives and the impact this had on their children including neglect, loss of custody and ongoing alienation from their children.

Other effects were on wellbeing, and regaining self-esteem and a sense of wellbeing was critical to recovery from addiction. Health impacts included general neglect and poor hygiene, pregnancy problems including miscarriages, and contracting HIV or Hepatitis C. Some people thought there is very limited information available on preventing the risks of blood borne diseases and what information is available is targeted at professional groups and those who had already contracted the viruses. Many people were aware of potential risks that using illegal drugs can have on mental health.

While using drugs, many people described their lives as unstable and chaotic and this led to impacts such as eviction from accommodation, losing custody of a child, failing a course or losing a job. While recovery from addiction improves stability in lives, there can be long-term impacts and consequences including reduced educational and employment options.

9. Components of a campaign

From the quantitative research the most effective campaign components were seen to be:

- “Having people in recovery from drug problems telling their stories” with 74% of those surveyed considering these the most effective (7 to 10 on a 10 point scale where 0 means not effective at all and 10 means very effective);
- “Providing anonymous, non-judgmental ways for people to seek help on drug related issues” (73% convincing on the 7 to 10 scale) and
- Targeting parents with information about the signs of illegal drug taking and where to get support” (71% convincing on the 7 to 10 scale).

Forty-eight percent of those surveyed said they did not know how they or others in their area could get help for a drug problem, while 50% said they did know and 2% were unsure. This supports the qualitative findings that a campaign needs to raise awareness of the services and supports that are available.
From the qualitative research, typically people with experience of illegal drugs took a broader view of a campaign than others.

Overall the following components of a campaign were suggested.

a) **Focus on young people including providing education and supporting positive choices**

Everyone agreed that a campaign should include components that targeted young people yet there were a range of contradictory views on how this should be designed. Key points of agreement however are to:

- Avoid telling young people what to do as this may provoke an adverse reaction
- Avoid inadvertently glamorizing and highlighting the ‘daring’ element of experimenting with drugs thereby increasing the appeal.

A very common suggestion was to educate young people on the risk factors including family background, a propensity for risk-taking behaviour, and peer pressure, and how these might increase vulnerability to a drug problem, and the impacts this may have in both the short and long term. This suggestion was clearly linked to a self-reported lack of knowledge of most participants however, when questioned further, those who had developed drug problems were unsure if this knowledge would have changed their own behaviour.

Participants identified two groups a campaign should target and for different reasons. Some thought it was important to target 8 – 12 year olds as although they were less likely to be experimenting with drugs, they would take information home to their families. If drugs including alcohol are being misused at home then the young person may not be aware of alternative options. They may also want to change the situation and may be able to challenge their parents and be a conduit of help to the family. A second reason for targeting this group is to encourage them not to experiment with drugs. The second target group were 10 or 12 year olds and upwards. Members of this group were considered more likely to have the opportunity to try drugs and be vulnerable to peer pressure.

One of the purposes of a campaign would be to encourage young people to recognise that they can make positive choices. The positive side of a coin is to have and achieve goals and a future and the negative side being the impact drugs may have on their life.

b) **Develop community support initiatives including social events for youth**

Young people who make positive choices are likely to know how to communicate and have a healthy sense of self-esteem and some sense of purpose and motivation. A campaign should foster positive qualities and include free activities like skateboarding, kapa haka and sports that use and promote their talents to develop positive self esteem, team work and as an alternative to drug use. For some an extension of this theme is to foster their leadership qualities including directing these towards positive and pro-social behaviours.
c) Focus on parents

A common suggestion across all groups was to target parents with information about the signs of illegal drug use and information of where to get support. This recognised the key role parents have in supporting children and teenagers to make safe and positive choices.

d) Address intergenerational drug and alcohol misuse

This strategy was most strongly (but not exclusively) identified by adults with experience of drug problems, many of whom (over 50%) said that from childhood they were exposed to drug and alcohol misuse and this pervaded their family’s culture. Some considered their own addiction was pre-determined by their family experience and this theme was particularly strong amongst Māori.

A common suggestion across all participants was to focus on parents and encourage and support them to be good role models. This was supported by young people with drug problems who thought that parents need to take responsibility for themselves and what they are exposing their children to.

A suggestion was to start by teaching people how to be parents and to develop a parenting programme that emphasised parents modeling behaviour consistent with what they expect of their children (not misusing any substances), and teaching skills including positive ways of resolving conflict and communicating affirming messages.

A commonly suggested method for tackling drug use within families was to work through communities and marae with the goal of raising awareness and promoting discussion on the harm being done. Suggested goals were to highlight the consequences for individual members particularly children including learning and taking on parents’ behaviours, encouraging families to access help, and raising awareness of alternative ways of living.

e) Encourage people with drug problems to get help

When asked where they would go for information if seeking help for someone with a drug abuse problem users invariably said they would refer the person to a trusted health professional or others. However amongst the general public there is low awareness of the drug treatment programmes and alcohol and drug help-lines currently operating.

Most people agreed that a campaign to encourage people who were misusing illegal drugs to seek help was required, and that this should include publicly advertising information on where to go for help and a 0800 number or similar. Information should promote the availability of free local alcohol and other drug services. It should also communicate that treatment is effective and that the service is confidential to alleviate concerns that information on illegal drug use might be shared and used against a person, to address a barrier to reaching out for help.

Information should be available in a range of venues including Youth Health Centres, Māori Health Centres, the Prostitutes Collective, and other places drugs users were likely to visit.
f) **Provide information and support to families**

The target group for the campaign is not always those directly involved with drugs, as until they reach ‘rock bottom’ they are often unmotivated to seek help. Family members often see what is going on and have concerns, and they need information, advice and some support. Any 0800 number or similar should be available to family members.

g) **Improve access to rehabilitation by providing more services and reducing length of time on waiting lists**

Many people with experience of illegal drugs thought that the number of residential and community rehabilitation services should be increased to meet demand. The goal is to avoid situations where people who are ready for help spend lengthy periods of time on waiting lists. And where there are waiting lists some support could be provided.

h) **Promote health including public health initiatives**

A common suggestion for promoting health was to raise awareness that smoking cannabis has similar risks to smoking tobacco.

Public health initiatives should be related to raising awareness of the risks associated with intravenous drug use and promoting safe behaviour. Suggestions included increasing the number of needle exchanges to ensure these were easy to access and a campaign to raise awareness of the risks of contracting HIV and hepatitis C. Any information that might be developed as part a campaign needs to be accessible to people at risk and this includes avoiding overly technical language and ensuring information is available in the types of places people at risk might congregate e.g. public bars and other venues.

i) **Raising public awareness of illegal drugs**

Most people thought that there is a need to raise awareness of the harms and potential consequences of using illegal drugs. This should be done in ways that balance the reporting of serious criminal activities in the news by focusing instead on choices and the personal, social and particularly family impacts of drug misuse.

Goals of a campaign would be to raise awareness or risks and possible consequences, and promoting positive choices. A further goal would be to reduce stigma and to promote supportive environments that make it easier to seek help and make changes. An ideal outcome would be for it to be okay to talk about drug problems and recovery.

10. **Media campaign**

Most participants envisaged a multi-media campaign that included television, radio and print and for targeting youth the internet, social networking sites and possibly text messaging.
Most participants were aware of recent or current campaigns including:

- Depression campaign – John Kirwan
- Quitline – promoting helpline
- Education ‘20 minutes a day with your kids’ – Tana Umaga
- Family violence ‘It’s OK to ask for help’ – real life experience
- Anti-smoking campaign – impact and consequences
- ALAC campaign ‘Being a good mate’ – positive and consequence messages
- Election campaigns – including on BeBo.

Some noted that multi-media campaigns are the way social marketing is done in New Zealand and that failure to include this component could signal that illegal drug messages were less important than others. Given the number of current campaigns others noted the risk of ‘saturation’ and that people could weary of being told what to do. An illegal drug campaign would need to cut through people’s ambivalence by clearly demonstrating relevance to the lives of individuals, families and communities.

Participants were asked about the type of messages a campaign should convey and a short-list of these were tested through the quantitative research. This found the most convincing messages were seen to be:

- “Have good physical and mental health and watch your kids grow up” with 59% of Those surveyed considering these the most convincing, 27% were neutral (7 to 10 on a 10 point scale where 0 means not convincing and 10 means very convincing) and
- “If you have a drug conviction you cannot travel overseas to some countries” (59% convincing on the 7 to 10 scale, 22% neutral).

From the qualitative research messages that promote positive choices and help people to identity alternative ambitions and life goals and avoid the impacts of drug misuse were identified. Strong support for additional consequence messages included:

- Loss of family and friends
- Personal consequences including employment and education
- Embarrassing behaviour
- Out of control behaviour including violence
- Limitations to career and employment.

Some also felt strongly that the ‘horror’ stories and consequences of using drugs could be portrayed in some messages to grab attention.

There was limited support for a harm minimisation message with some feeling there may be merit in at least ensuring that those who were taking illegal drugs did know some key precautions. Others however considered this would be seen as condoning something that was currently illegal. There was no support for a ‘don’t take drugs’ message.
The following table provides a summary of a media campaign.

<table>
<thead>
<tr>
<th>No.</th>
<th>Focus</th>
<th>Delivery mechanisms</th>
<th>Highlight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Public education on cannabis</td>
<td>- Television, radio and print</td>
<td>- Similar risks as tobacco</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Youth specific messages on social networking sites</td>
<td>- Effects/ consequences of low motivation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Risk of legal consequences including international travel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Promote positive choices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Where to go for information and support</td>
</tr>
<tr>
<td>2</td>
<td>Public education on methamphetamine</td>
<td>- Television, radio and print</td>
<td>- Consequences of misuse particularly for:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Youth specific messages on social networking sites</td>
<td>1) families and relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2) physical and mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3) control of own behaviour</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4) education and careers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5) legal consequences including for international travel</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- ‘Horror’ stories e.g. links with gangs and criminal behaviours</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Promote positive choices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Where to go for information and support</td>
</tr>
<tr>
<td>3</td>
<td>Promotion of Helpline for people with drug problems and families</td>
<td>- Television and radio</td>
<td>- Where to go for information and support</td>
</tr>
<tr>
<td></td>
<td>Information widely available</td>
<td>- Posters and other print information in community venues</td>
<td>- Non-judgmental and supportive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- 0800 number or similar</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- ‘Success’ stories that show effective treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Confidentiality</td>
</tr>
</tbody>
</table>
# Contents

**Executive Summary** ............................................................................................................................................. 1

1. **Introduction**.......................................................................................................................................................... 16

2. **Methodology**.......................................................................................................................................................... 17

   2.1 General Public ...................................................................................................................................................... 17

   2.2 People with Known Experience of Illegal Drugs ................................................................................................. 19

   2.3 Reporting ................................................................................................................................................................. 21

3. **Knowledge and Awareness of Illegal Drugs amongst the General Public** ......................................................... 23

   3.1 General Overview ................................................................................................................................................... 23

   3.2 Awareness of drugs causing most harm .................................................................................................................. 24

   3.2.1 Quantitative Findings ......................................................................................................................................... 24

   3.2.2 Qualitative Findings ........................................................................................................................................... 25

   3.2.3 Awareness of drug education .............................................................................................................................. 30

   3.2.4 Awareness of legal deterrents ............................................................................................................................. 31

   3.2.5 Awareness of positive benefits of some illegal drugs .......................................................................................... 32

   3.2.6 Media role in raising awareness and informing knowledge ................................................................................... 33

4. **Factors leading to illegal drug use** .......................................................................................................................... 34

   4.1 General overview...................................................................................................................................................... 34

   4.2 Experimentation ....................................................................................................................................................... 34

   4.3 Peer pressure ............................................................................................................................................................ 35

   4.4 Part of Social Life ..................................................................................................................................................... 36

   4.5 Family Background .................................................................................................................................................. 37

   4.6 Personal Issues ........................................................................................................................................................ 38

   4.7 Pre-disposition ......................................................................................................................................................... 39

   4.8 Creativity ................................................................................................................................................................. 39

   4.9 Other illegal drugs ................................................................................................................................................ 40

5. **Impacts Associated With Illegal Drugs** ................................................................................................................. 40

   5.1 General overview ..................................................................................................................................................... 40

   5.2 Main impacts ........................................................................................................................................................... 41

   5.3 Risks associated with illegal drugs ........................................................................................................................ 44

   5.4 Alcohol and drugs ................................................................................................................................................... 45

   5.5 Cannabis ................................................................................................................................................................. 45

   5.6 Methamphetamine .................................................................................................................................................. 46

   5.7 Other illegal drugs ................................................................................................................................................ 47

   5.8 Prescription drugs .................................................................................................................................................. 47

   5.9 Natural versus manufactured drugs ......................................................................................................................... 48

   5.10 Intravenous drugs use ........................................................................................................................................... 48

6. **Attitudes to Illegal Drug Use** ............................................................................................................................... 49

   6.1 General overview ..................................................................................................................................................... 49

   6.2 Quantitative Findings .............................................................................................................................................. 50

   6.2.1 Responsibility for drug problems ......................................................................................................................... 50

   6.3 Qualitative Findings .............................................................................................................................................. 51

   6.3.1 Attitudes towards problem drug users seeking treatment ...................................................................................... 51

   6.3.2 Characteristics of drug users .................................................................................................................................. 52

   6.4 Drug use in society ................................................................................................................................................ 54

   6.4.1 Qualitative Findings ........................................................................................................................................... 54

   6.4.2 Quantitative Findings ........................................................................................................................................... 55

7. **Campaign Components** ...................................................................................................................................... 59

   7.1 General overview ................................................................................................................................................... 59

   7.2 Quantitative findings .............................................................................................................................................. 60

   7.3 People in recovery telling their story .................................................................................................................... 61
Appendix 1: Omnibus Methodology

8. Campaign Messages ................................................................. 76
   8.1 General Overview ................................................................ 76
   8.2 Quantitative findings ......................................................... 77
   8.3 Positive messages ............................................................ 78
   8.4 Consequences messages .................................................... 79
   8.5 Horror stories ................................................................... 81
   8.6 Harm minimisation .......................................................... 82
   8.7 No support for ‘don’t do it’ message ................................. 83
9. Knowledge and awareness of illegal drugs amongst those with known experience .... 85
   9.1 Knowledge of illegal drugs ................................................ 85
   9.2 Trends associated with illegal drugs ..................................... 85
   9.3 Use of drugs and alcohol .................................................. 87
   9.4 Legal deterrents ................................................................ 88
   9.5 Sources of knowledge ...................................................... 88
   9.6 Public views of drugs and the media .................................. 89
10. Understanding of drug specific risks and harms ........................................... 91
    10.1 Risks associated with cannabis ....................................... 91
    10.2 Risks associated with methamphetamine ....................... 92
    10.3 Risks associated with BZP .............................................. 93
    10.4 Risks associated with legal drugs and alcohol .................. 93
11. Factors contributing to illegal drug use .............................................. 94
    11.1 Views of young people .................................................. 94
    11.2 Views of adults ............................................................ 95
    11.3 Peer pressure ............................................................... 97
    11.5 When illegal drugs may be helpful ................................. 100
12. Harms and impacts of drug misuse .................................................. 101
    12.1 Views of young people .................................................. 101
    12.2 Views of adults ............................................................ 102
    12.3 Impact on families and relationships .............................. 103
    12.4 Impact on wellbeing ..................................................... 104
    12.5 Impact on health including mental health ...................... 104
    12.6 Long term impacts ...................................................... 105
13. Getting help and accessing services ............................................... 107
    13.1 Getting help earlier ....................................................... 107
    13.2 Accessing services ....................................................... 108
    13.3 Hearing of others with problems ................................... 109
14. Campaign from the perspective of those with experience of drugs .................. 111
    14.1 General overview ......................................................... 111
    14.2 Raising awareness of the harms and impacts .................. 111
    14.3 Focus on young people ................................................ 112
    14.4 Focus on families and issues related to intergenerational misuse .... 115
    14.5 Campaign to encourage people to get help .................... 116
    14.6 Improve access to rehabilitation ................................... 118
    14.7 Promote health including public health initiatives ............. 118
15. Communication channels ............................................................ 119

Acqumen Ltd and UMR Ltd

Formative research into knowledge of and attitudes to use of illegal drugs
1. Introduction

The New Zealand National Drug Policy 2007 – 2012\(^9\) sets out the Government’s policy for tobacco, alcohol, illegal and other drugs. It aims to reduce the effects of harmful substance use through a balance of measures that aim to:

- Control or limit the availability of drugs (supply control)
- Limit the use of drugs by individuals, including abstinence (demand reduction)
- Reduce harm from existing drug use (problem limitation)\(^10\).

The policy recognises that harms associated with drug use are on a continuum and that no single approach can address the problems so a range of strategies is needed. This includes a demand reduction programme, comprising a social marketing and information campaign aimed at reducing demand and the harms associated with the misuse of drugs.

As part of early planning for the campaign, the Ministry of Health commissioned a review of national and international literature of best practice in social marketing.\(^11\) The review uses a definition of social marketing developed by Donovan and Henley (2003):

\begin{displayquote}
The application of commercial marketing technologies to the analysis, planning, execution and evaluation of programs designed to influence the voluntary or involuntary behavior of target audiences in order to improve the welfare of individuals and society.
\end{displayquote}

The review notes a number of principles of social marketing and the first of these is that consumers (or the target audiences) must be active participants in the marketing process.

\begin{displayquote}
Fundamental to an understanding of ... social marketing in particular, is the central role that the consumer has in the process. This positioning means that social marketers need to not only understand their audiences, they need to be aware of and be responsive to their needs and aspirations (Ministry of Health, 2008).
\end{displayquote}

As a next step in the planning process, the Ministry then commissioned this formative research into knowledge of and attitudes to illegal drug use. Research participants included both people who have and have not used illegal drugs.

This research was approved by the Upper South A Regional Ethics Committee.

---


2. Methodology

It is important to understand the difference between qualitative and quantitative research. Qualitative research is essentially about understanding. It identifies the range of issues involved, allows an assessment of the intensity with which views and attitudes are held and gives a feeling for the language used. Quantitative research is about measurement and is necessary to establish with some certainty the extent to which views and attitudes expressed in qualitative research are held.

The research with the general public was led by UMR Ltd which is a market research company. Participants were primarily recruited through UMR’s respondent database and through Telecom’s White pages. Through the interviews it became apparent that some had experience of illegal drugs, although this was not part of the recruitment criteria.

Research with people with experience of illegal drug use was led by Acquumen Ltd, a consultancy group with experience in the mental health and addiction sectors. Participants were recruited through drug treatment agencies, and although experience with illegal drugs was not part of the recruitment criteria all had used drugs.

The research was conducted in September, October and early November 2008. In total 127 people participated in the qualitative research and 750 people participated in the quantitative research.

Selection criteria and questionnaires were developed in close consultation with the Ministry of Health.

2.1 General public

2.1.1 Qualitative research

The qualitative stage consisted of 3 depth interviews, 10 friendship pairs and 7 mini-groups / focus groups.

Mini groups are the preferred method when working with groups where personal issues and impact may be more difficult to share in a larger group setting. Mini groups had typically between 3–5 participants.

For this research the focus groups comprised of 6–8 participants to allow for full participation in the group discussion.

Friendship pairs were conducted with teenagers. This approach enabled friends to work together as well as respond individually, in a comfortable and non-threatening environment.
Most group discussions took place over one and a half hours. Group discussions were held in Auckland, Napier and Christchurch.

- **The recruitment process**

Participants were recruited by UMR’s recruitment team. All participants were informed at the outset of the main topic for the discussion group.

Young people under 15 years of age also required parental permission to participate. Information was provided to these participants and written parental permission was obtained prior to participation in the friendship pairs.

- **Specifications**

The interviews and groups were divided as follows:

<table>
<thead>
<tr>
<th>SPECIFICATIONS</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY INFORMANTS</td>
<td>Christchurch/ Auckland/ Napier</td>
</tr>
<tr>
<td>3 x key informant (Police Youth Aid, High School Guidance Counsellor, Mental Health Service Clinical Coordinator)</td>
<td></td>
</tr>
<tr>
<td>YOUTH 13 – 17 YEARS</td>
<td></td>
</tr>
<tr>
<td>1 x friendship pair 13 – 15 years, male</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 x friendship pair 13 – 15 years, female</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 x friendship pair 16-17 years, female</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 x friendship pair 16-17 years, male</td>
<td>Hastings</td>
</tr>
<tr>
<td>1 x friendship pair 16-17 years, male</td>
<td>Christchurch</td>
</tr>
<tr>
<td>YOUNG PEOPLE 18 – 35 YEARS</td>
<td></td>
</tr>
<tr>
<td>1 x mini group, students, 18 – 24 years</td>
<td>Christchurch</td>
</tr>
<tr>
<td>1 x focus group, 24 – 35 years</td>
<td>Christchurch</td>
</tr>
<tr>
<td>1 x mini group, students, 18 – 24 years, Māori</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 x mini group, working, 18 – 24 years, Māori</td>
<td>Napier / Hastings</td>
</tr>
<tr>
<td>1 x mini group, working/ students, 18 – 24 years, non-Māori</td>
<td>Napier / Hastings</td>
</tr>
<tr>
<td>PARENTS</td>
<td></td>
</tr>
<tr>
<td>1 x focus group, years 9-13</td>
<td>Auckland</td>
</tr>
<tr>
<td>1 x focus group, years 7-8</td>
<td>Napier / Hastings</td>
</tr>
</tbody>
</table>
2.1.2 Quantitative research

The qualitative research was followed by some small scale quantitative research. This comprised of an omnibus module in UMR’s nationwide Omnibus survey conducted in November 2008. This is a telephone survey of a nationally representative sample of 750 New Zealanders aged 18 years and over.

Fieldwork was conducted from 7th to 10th November 2008 at UMR Research’s national interview facility in Auckland.

The margin of error for a sample size of 750 for a 50% figure at the ‘95% confidence level’ is ± 3.6%.

Full details of UMR’s Omnibus methodology are outlined in Appendix 1.

2.2 People with known experience of illegal drugs

The research consisted of 35 depth interviews and 9 mini-groups / focus groups.

- **The recruitment process**

Most participants were recruited through drug treatment agencies. In practice this involved distributing an invitation to current and former service users, who then either contacted the research team directly or asked to be contacted. Service users were welcome to share the invitation with friends or others who might be interested in participating in the research, and this broadened the recruitment to include people with experience with drugs but had not used a drug treatment service. In practice this meant the harms experienced by participants ranged from low to severe, with most in the moderate to severe groupings.

Some young people were recruited through Rangataua Mauriora, a kauapapa Māori service set up to assist rangatahi and their whānau. It provides mental health and addiction services but also provides holiday programmes and support to secondary schools and Alternative Education Centres in Porirua and Wellington. The harms from drugs experienced by this group ranged from low to severe.

For the research team recruiting through a third party had mixed results. Initially four agencies were approached and amongst this group the level of support for the recruitment process varied. This was addressed by increasing the number of agencies involved. The final list of agencies that assisted with recruitment is:

- Waitemata District Health Board
- Odyssey House
- Hawkes Bay District Health Board
- Te Whatuiapiti Trust
- Rangataua Mauriora
- Canterbury District Health Board
- Care NZ.
The National Drug Policy notes that:

‘Māori suffer disproportionate harm from the use of drugs, especially tobacco, alcohol and cannabis. Strategies designed for the general population have been less successful in reducing harm among Māori.’

With this in mind, during the screening process selective sampling occurred, and in total 46% of participants in this part of the research were Māori.

A total of 74 people participated in the research and this consisted of 28 young people aged from 13 to 17 years and 46 adults.

### Specifications

The interviews and groups were divided as follows:

<table>
<thead>
<tr>
<th>Specifications</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YOUTH 13 – 17 YEARS</strong></td>
<td></td>
</tr>
<tr>
<td>3 x interviews female - 1 employed, 1 student and all Māori</td>
<td>Napier/ Hastings</td>
</tr>
<tr>
<td>3 x interviews male - 1 employed and all Māori</td>
<td></td>
</tr>
<tr>
<td>2 x interviews female – 2 students</td>
<td>Christchurch</td>
</tr>
<tr>
<td>2 x groups - all attending residential treatment programme and students, 3 females (1 Māori), and 7 males (2 Māori and 1 Pacific)</td>
<td>Auckland</td>
</tr>
<tr>
<td>2 x groups – 7 males and 1 female, 7 Māori, all students with 5 in an alternative education programme</td>
<td>Wellington</td>
</tr>
<tr>
<td>1 x interview male</td>
<td></td>
</tr>
<tr>
<td>1 x interview female</td>
<td></td>
</tr>
</tbody>
</table>

| **ADULTS 18 +**                                                             |                        |
| 4 x interviews female - 2 employed, 1 Pacific                              | Napier/ Hastings        |
| 3 x interviews male - 2 employed                                           |                        |
| 2 x groups – 6 female, 1 male, specific to Māori                            |                        |
| 6 x interviews female – 1 employed                                          | Christchurch           |
| 4 x interviews male - 2 employed, 1 Pacific                                 |                        |
| 1 x group – 2 employed and 4 Māori                                          |                        |
| 4 x interviews female - 1 employed, 1 Māori                                | Auckland               |
| 4 x interviews male (all European)                                         |                        |
| 1 x group – all attending residential treatment programme, 4 males, 3 females, 5 Māori, 1 Pacific |                        |
| 1 x group – all employed, 1 Māori and 1 Pacific, 2 males, 1 female          |                        |

The original research specification included a Pacific focus group and recruitment was to occur through Tupu Alcohol and Drug/Gambling Pacific Services, which is part of Waitemata DHB in Auckland. However the response rate was poor and this did not surprise the service manager, who reported that compared to alcohol relatively fewer service users have drug problems.

2.3 Reporting

This report is structured around the qualitative findings. Where the quantitative research is referred in the general public sections this is indicated.

Extensive use of verbatim quotes has been incorporated into the report to show the words and phrases used by participants as they articulated their views and feelings. General public quotes are attributed to the age, gender and location of the participant. Quotes from participants with known experience of illegal drugs are not attributed as the method used for recruitment could possibly lead to identification of participants, and thus compromise confidentiality.
General Public
3. Knowledge and Awareness of Illegal Drugs Amongst the General Public

In this section we explore awareness and knowledge of illegal drugs, legal deterrents and education programmes

3.1 General overview

- In the quantitative research methamphetamine (94%), cannabis (58%) and alcohol (39%) were the drugs perceived to be causing most harm in New Zealand communities.

- From the qualitative research:
  - Awareness of common illegal drugs focused on cannabis, methamphetamine, cocaine, heroin, LSD, magic mushrooms, ecstasy and BZP, while younger participants were more aware of cannabis and BZP.
  - Many participants viewed cannabis differently from other illegal drugs and saw it more like alcohol, as a recreational and social drug.
  - Illegal drugs were differentiated by level of danger; with methamphetamine seen as the most dangerous, and also by cost. Higher cost drugs were seen as the drug of choice among those with higher incomes and lower cost drugs such as cannabis more prevalent among young people and those on lower incomes.
  - It appeared that illegal drug taking was occurring at an earlier age, especially the use of cannabis.
  - Awareness of drug education was high among teenagers, students and young people as well as parents.
  - While there was some awareness that some drugs were illegal, participants made a clear distinction between personal use and supply and noted that the Police did not prosecute if drugs were for one’s own personal use. The risk of conviction was not seen as a deterrent.
  - Some of the benefits of some drugs mentioned included providing stress and pain relief.
  - Mainstream media played a role in informing people about illegal drugs through news stories of drug busts, arrests and convictions.
3.2 Awareness of drugs causing most harm

3.2.1 Quantitative findings

Looking at total mentions nearly all participants (94%) recalled methamphetamine as the drug causing most harm in our communities. It was also the first drug mentioned by three quarters of respondents (75%).

More than half (58%) recalled cannabis. Cannabis was the first drug recalled by 8%, and was the most common second mention (31.3%).

Two in five (39%) recalled alcohol as a harmful drug. Alcohol was also the first drug recalled by 8%.

Tobacco (18%), cocaine (18%), heroin (16%) and ‘ecstasy’ (12%) were also recalled by a significant number of respondents.

- Those aged under 30 years, females and those living in Auckland recorded higher mentions of ‘ecstasy’
- Those aged 60 plus years recorded higher mentions of cocaine and heroin
- Those aged 30 – 59 years recorded higher mentions of alcohol.

When you think about drugs that are causing harm in our communities, which are the first THREE drugs you think of

<table>
<thead>
<tr>
<th>Drug</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine/Crystal</td>
<td>94.3%</td>
</tr>
<tr>
<td>Marijuana/Weed/Cannabis/Hash/Pot/Dank</td>
<td>58.7%</td>
</tr>
<tr>
<td>Alcohol/Booze/Liquor</td>
<td>39.4%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>17.9%</td>
</tr>
<tr>
<td>Cocaine/Crack/Cola/Charlie</td>
<td>17.8%</td>
</tr>
<tr>
<td>Heroin/H Smack/Poppies</td>
<td>16.4%</td>
</tr>
<tr>
<td>Ecstasy/E</td>
<td>13.5%</td>
</tr>
<tr>
<td>Party Pills</td>
<td>9.3%</td>
</tr>
<tr>
<td>Prescription medicine</td>
<td>2.2%</td>
</tr>
<tr>
<td>LSD/acid Trips</td>
<td>1.8%</td>
</tr>
<tr>
<td>Morphine</td>
<td>1.6%</td>
</tr>
<tr>
<td>Petrol/Glue/Paint/Butane (sniffing)</td>
<td>0.6%</td>
</tr>
<tr>
<td>Amyl nitrate/Butyl nitrate/Rush</td>
<td>0.4%</td>
</tr>
<tr>
<td>Herbal alternatives/Herbal highs</td>
<td>0.4%</td>
</tr>
<tr>
<td>Caffeine</td>
<td>0.3%</td>
</tr>
<tr>
<td>PCP</td>
<td>0.2%</td>
</tr>
<tr>
<td>None</td>
<td>16.6%</td>
</tr>
<tr>
<td>Unsure</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Base: The sample size differs because respondents who answered “none” or “unsure” were excluded from giving further mentions.

NB: This was a multiple response question therefore percentages may not sum to 100.
The following table records the full results.

<table>
<thead>
<tr>
<th>UNPROMPTED RECALL OF DRUGS CAUSING HARM</th>
<th>NOV 08 %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Mention [n=750]</td>
</tr>
<tr>
<td>P/ Speed / Amphetamines/ Crystal</td>
<td>74.9</td>
</tr>
<tr>
<td>Cannabis/ Marijuana/ Weed/ /Hash/ Pot/ Dak</td>
<td>7.8</td>
</tr>
<tr>
<td>Alcohol/ Booze/ Liquor</td>
<td>7.9</td>
</tr>
<tr>
<td>Tobacco</td>
<td>2.9</td>
</tr>
<tr>
<td>Cocaine/ Crack/ Coke/ Charlie</td>
<td>1.4</td>
</tr>
<tr>
<td>Heroin/ H/ Smack/ Poppies</td>
<td>1.2</td>
</tr>
<tr>
<td>Ecstasy/ E</td>
<td>0.8</td>
</tr>
<tr>
<td>BZP and other ‘party pills’</td>
<td>0.6</td>
</tr>
<tr>
<td>Prescription medicine</td>
<td>0.4</td>
</tr>
<tr>
<td>LSD/ Acid/ Trips</td>
<td>0.2</td>
</tr>
<tr>
<td>Morphine</td>
<td>0.2</td>
</tr>
<tr>
<td>Petrol/ Glue/ Paint/ Butane (sniffing)</td>
<td>-</td>
</tr>
<tr>
<td>Amyl nitrate/ Butyl nitrate/ Rush</td>
<td>-</td>
</tr>
<tr>
<td>Herbal alternatives/ Herbal highs</td>
<td>-</td>
</tr>
<tr>
<td>Caffeine</td>
<td>-</td>
</tr>
<tr>
<td>PCP</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>0.3</td>
</tr>
<tr>
<td>Unsure</td>
<td>1.4</td>
</tr>
</tbody>
</table>

Base: The sample size differs because respondents who answered “none” or “unsure” were excluded from providing further mentions.
NB: This was a multiple response question therefore percentages may not sum to 100.

3.2.2 Qualitative findings

In the qualitative research we explored with participants their awareness of common illegal drugs and also their perceptions of illegal drugs.

- **Most common illegal drugs**

All participants had little trouble in putting together a list of common illegal drugs. Those most mentioned included cannabis, methamphetamine, ‘ecstasy’, cocaine, heroin, LSD, magic mushrooms and BZP.
[What illegal drugs are you aware of?] Cocaine, heroin, marijuana, amphetamines, speed. P. Party pills. Trips. Ecstasy. With marijuana you have oil that makes into cannabis. Hash. Coke, that’s cocaine. (Napier, parents of Year 7 and 8 children, females/male)


Party pills are illegal now. The ones with the Benzil? [BZP?] That’s it. (Auckland, Māori, student, 18-24 years, female)

Some of the lesser known illegal drugs were also mentioned in some interviews and groups. These included Ritalin (when not accessed on prescription), GHB, ketamine, datura, weight loss medication, and solvents.

That drug down in Gisborne that grows like a weed... It’s just a plant on the side of the road and you dry it and have it as tea or just eat it. (Napier, Māori, 18-24 years, working, male)

Looking at the most common illegal drugs in New Zealand participants thought that cannabis and methamphetamine were the most common along with ‘ecstasy’ and ‘BZP’.

It would have been party pills and then cannabis. [They’d be the most common. (Interjection.)] Then there’d be speed and P. Ecstasy and that is readily available in Auckland, it’s harder to get down here. (Napier, parents of Year 7 and 8 children, male)

You just about find it in more places than you can find marijuana. Especially me how I was travelling around New Zealand I have been up to Gisborne and Auckland and Barrier Island and Whangarei and all these different ports and P is way more prominent in the place than even trying to find a little bit of a smoke. (Napier, Māori, 18-24 years, working, male)

Younger participants

Among younger participants awareness was greater for cannabis and BZP. Although other illegal drugs including magic mushrooms, heroin, ketamine, LSD, ‘ecstasy’ and methamphetamine were also mentioned.

Methamphetamine, weed, heroin, ketamine – is that illegal it is a vet drug, magic mushrooms. Party pills - these days what is that? GHB? (Christchurch, 17-18 years, male)

Marijuana and mushrooms at our school if anyone ever talks about it that is what they are going to be talking about. (Napier, 16 years, male)

It was also apparent that among younger people BZP were well known, with a number having tried them, helped by their easy availability. Other drugs while mentioned by a few were not usually known through personal experience, or were observed at parties and other teen social gatherings.

I know more about people doing weed and party pills than any of the other ones. I think that’s because people are more – like it’s easier to get hold of those ones. (Auckland, 13-15 years, female)

You don’t actually hear much about any injected ones. Especially not heroin or cocaine we get educated about that. Kids our age couldn’t afford those two either. (Napier, 16 years, male)
Cannabis as distinct from other illegal drugs

Cannabis for many participants was viewed as similar to alcohol in terms of usage and function. It had high awareness, was commonly known and many had experienced it or knew people who took it on a regular basis. This was similar for all participant groups including teenagers, students, young working people and parents.

How common is cannabis amongst people that you know?

I know a lot of people, very common. You walk past groups and smell it. You walk past people smoking and you can say that's not a cigarette. You can tell. (Napier, parents of Year 7 and 8 children, female)

Students and young working people have moved away from home and the freedom this brings mean that they were more likely to know someone who smoked cannabis or they themselves had tried it. Cannabis was seen as a relaxant and part of the social scene alongside alcohol.

I would say even more so than the younger ones. We are all at uni so we all know someone who knows someone who is using weed. (Auckland, Māori, student, 18-24 years, female)

I’d say weed is almost like alcohol, it’s almost as common. (Christchurch, 18-24 years, female)

In some ways cannabis was seen as safer than alcohol and other illegal drugs and less likely to cause harm through violent behaviour or drunk driving.

Alcohol is going to make you more aggressive as well. On weed you are more happy and sociable so you don’t get aggressive [and] it relaxes you more. (Napier, 18-24 years, students, male)

You will get probably dumb as the years go on but you are not going to kill other people on the roads. (Napier, 18-24 years, students, female)

I am fairly biased when it comes to weed because I have never seen anyone that smokes weed flip out and go on an axe murdering rampage and be really horrible whereas with the rest of them I would have no idea. (Christchurch, 24-35 years, male)

Younger participants

Among the teenagers in the research some had tried it; were not that happy with the experience and were loathe trying it again. Some mentioned they disliked the feelings of loss of control.

What were your experiences with it?

My first time it didn’t really do anything to me, but like I did it recently and I don’t know, I felt like – I didn’t feel like myself. I couldn’t focus on anything. I was trying to look at something and my eyes would go cross-eyed. I’d feel like I was sinking into the couch and stuff, like if I was sitting here I’d feel like I was falling back into it and stuff. I don’t know, I don’t really like the feeling of not being able to control my body. (Auckland, 13-15 years, female)
There was, however, a general feeling that it was part of the teenage social scene and not something out of the ordinary. Some said that all their friends at one time or another would have tried cannabis.

[How wide spread would you say it is?]  I would say 80% of the people at our school have tried cannabis easily. (Napier, 16 years, male)

It’s probably common like with the party pills and like the weed, like not the real heavy drugs, like that’s still really bad, but everyone in our group has tried it like once or twice but not really anyone in our school group of friends is like addicted to it, but ones that are going out working, maybe older like 17 and 18 year old friends, like I think they’re the ones that like need it every day. (Auckland, 13-15 years, female)

[What about intermediate, when did you hear about drugs?]  You didn’t hear about it that much. Only about weed and shit. When we got to high school it kicked in, once the parties started. [So what kind of drugs have you tried?]  Probably the biggest one is weed. (Auckland, 15 years, male)

Teenagers openly acknowledged that cannabis was easily accessed at school and not too costly.

The thing with cannabis is any guy with $20 and a bit of incentive can get it. (Napier, 16 years, male)

You can always find someone who will know someone; that is not hard to do. It is not hard to get hold of drugs if you really want to. (Christchurch, 17-18 years, male)

You always know that one person you can score all the drugs from. And then when you want to go out when you are planning something you always plan let’s text them up and get something for that night. (Auckland, 15 years, male)

Most dangerous illegal drugs

Without a doubt methamphetamine was viewed as the most dangerous illegal drug by all participants. There was a strong perception that methamphetamine caused personality changes that could result in violence. Also people who did take it had super human strength and could not be reasoned with.

People on P they are just out of it. You wouldn’t be able to knock a person on P out, you would be hitting them and they would be laughing at you. They wouldn’t feel it. They keep coming back for more and we get tired way before they do. (Auckland, 15 years, male)

P I know because I have read in an article when people smoke it, it gets rid of their happy endorphins so if you smoke enough of it, it is going to turn you into a psychopath and that is really scary. (Christchurch, 24-35 years, male)

Dangerous illegal drugs were often perceived as the ones that were the most addictive and included methamphetamine, heroin and cocaine.

I think P, you only have to take it once and you’re addicted, that’s what I’ve heard. (Napier, parents of Year 7 and 8 children, female)
Some are more addictive than others I would say. Heroin and P. (Napier, parents of Year 7 and 8 children, male)

Hallucinogenic drugs such as LSD and magic mushrooms were also seen as fairly dangerous.

I also knew a guy – I was talking with my friends, I went out a couple of nights ago and we were just driving around and they were telling me that one of their friend’s friends he did acid and then he got stuck in it, in a trip or whatever and now he thinks he’s like orange juice and stuff. Me and my friend laughed and they were like “it’s really serious, he fully believes he’s orange juice”. I felt real mean for laughing. He was telling me that people when they do acid, if they do it by themselves they can get stuck in trips and stuff, and they can like freak out. You can’t help but laugh. (Auckland, 13-15 years, female)

Mushrooms are hallucinogenic so they are real bad they fuzz your brain over. Because you are never sure whether you are living in reality or not. (Napier, 18-24 years, students, female)

■ Most costly illegal drugs

As well as differentiating illegal drugs by their perceived danger and addictive qualities some drugs were also differentiated by cost. Those of lower cost were more available to younger people as well as those in lower socioeconomic groups, while higher cost drugs were more likely to be the drug of choice among those with higher incomes.

I think cannabis you find in the lower socioeconomic groups and I know of some people that do a bit of P and do a bit of heroin and do a bit of that, and they’re more your policemen, your lawyers. [The higher socio economic, the ones who can afford it. They go for the more expensive ... (Interjection.)] No different than the guy who goes and buys a $12 bottle of wine from the supermarket to a $50 bottle of wine from the supermarket. (Napier, parents of Year 7 and 8 children, male)

Drugs cost money so certain drugs can only be afforded by a certain group of people so I would say that perhaps in the lower socio economic areas you might find the cheaper ones are more prevalent but then if they are getting more expensive you need the big dollar earners to be able to afford those. (Christchurch, 24-35 years, male)

■ When does experimentation begin?

There was general acceptance that experimenting with illegal drugs and especially cannabis was beginning earlier. Drugs were more readily available from older siblings, parents, school and in the community than ever before.

It is not restricted any more to adults or teenagers because I guess the kids learn off parents and adults or brothers and sisters, family. And so then it becomes accepted to them and they think it’s fine as well. Because they are too young to see what happens because they only see what happens when their cousins or somebody is high. But they don’t know the long term affects or they don’t think about that sort of stuff. So that could cause them to be addicted as well. (Auckland, Māori, student, 18-24 years, male)

It happens at primary school definitely. Because it’s so common it’s just like cigarettes and now instead of just pretending to smoke, you’re pretending to have a joint. I swear I saw a 12-year-old kid at the bus stop smoking and he’s like “oh yeah, I’m cool”, and it’s like “oh my God, you don’t even fit into the clothes because you’re so little”. (Christchurch, 18-24 years, female)
Trends associated with drugs

During the discussions trends associated with drugs became apparent and this was reflected in media reporting. Different illegal drugs come and go; at one time it was LSD, then cannabis, followed by ‘ecstasy’ and BZP and now it was methamphetamine.

*Speed is the forerunner of methamphetamine. It was interesting because I was thinking that in the ‘60s the scourge of New Zealand was LSD, in the ‘70s the scourge of New Zealand was cannabis, in the ‘80s and early ‘90s the scourge was ecstasy, now we’ve got methamphetamine. All these drugs have been around and available for more than 50 years.* (Auckland, parents, Year 9-13 students, male)

*Everything seems to have its heyday though, like there was a big deal about NOS in the media and there was a big deal about like party pills and then it was P, it just sort of like goes in phases.* [So drugs get in and out of favour, in and out of trends you think?] *It seems to be like that in the media anyway.* (Christchurch, 18-24 years, female)

*And I think what you are hearing about now is changing too. Magic mushrooms I haven’t heard about those for years except I saw it on some Police show the other night, an Australian programme. You don’t really hear about heroin and cocaine, it is mainly P and BZP.* (Christchurch, 24-35 years, female)

3.2.3 Awareness of drug education

Awareness of drug education was fairly high amongst teenagers, students and young people as well as parents. Programmes mentioned included the Life Education Bus, DARE, and Meth Con.

*Things like the things at school are very helpful. Like the Meth Con presentation because if someone in that audience was taking P they would surely think twice. It is a company called Meth Con. It is a company specifically designed to educate schools and companies about methamphetamine. They definitely have a lot of ex police officers and drug enforcement people. He knows and he will show you clips about people who are on it. We saw this guy in Sydney he thought he had spiders under his skin and you see pictures of people who have taken hot rods to their skin and tried to burn the spiders out. It made me feel sick it was the most disgusting thing I have seen in my life this guy running around naked in Sydney.* (Napier, 16 years, male)

*We would have all done DARE at school but that’s “drugs are bad, don’t do them” and then you get to high school and they kind of become more commonplace and you’re like “oh well, you know, maybe, whatever”. But I think it needs to be more ongoing. You don’t get taught where the drugs come from.* (Christchurch, 18-24 years, female)

*Most of our knowledge probably comes from the media and stuff and also in school sometimes they have videos that show that stuff.* (Auckland, Māori, student, 18-24 years, male)

13 http://www.lifeeducation.org.nz/kids-zone
14 http://www.dare.org.nz
15 http://www.methcon.co.nz
I don’t know if you have heard of it but in primary school you get this guy Harold the giraffe, it’s about not taking drugs and crossing the street and nutrition. (Napier, 16 years, male)

Parents were positive about the drug education their children had received.

I think I can notice in my kids- they seem to take more notice of what they were taught at school and I’m not saying that I want to see a lot more stuff dumped on schools to do teaching on, but things I’ve heard ... they’ve really taken notice of because of how it’s done. (Napier, parents of Year 7 and 8 children, female)

Mine has told me different things about what’s in P and stuff. The life education bus this year must have really targeted this particular topic because she’s had a few ideas about it. (Napier, parents of Year 7 and 8 children, female)

3.2.4 Awareness of legal deterrents

It was apparent that among the general public there was a clear differentiation between taking illegal drugs for their own personal use and supply. The law regarding taking drugs for one’s own use was not seen as a deterrent. Participants cited experiences of the Police turning a blind eye or being powerless to do anything if just taking drugs socially.

[So what legal deterrents are you aware of out there?] Getting arrested. I have never ever heard of anyone I know of getting arrested for any sort of drug offences. Because it is not something that you go to the cops and say hey I have been smoking drugs how it’s going. To get arrested for it you would have to get arrested with drugs on you. (Christchurch, 17-18 years, male)

As far as I am aware if a Policeman catches you with a joint in your car he just throws it away. But if you are caught with a big bag of it or something and you intend to deal you get taken to the courthouse. (Napier, 16 years, male)

My mates were driving around in a car and they were high and a cop pulled them up, could smell it, could tell they were wasted but couldn’t do anything about it because you couldn’t see it. Just ignored it. (Napier, 18-24 years, students, male)

Some noted that the affects of a conviction were minimal or in fact nothing happened when caught and so questioned its value as a deterrent.

Different issue but the New Zealand justice system is a joke. The whole thing that it is illegal is not a deterrent because even if you do get caught the affects are minimal anyway. (Auckland, Māori, student, 18-24 years, female)

It’s only illegal if they get caught with the drug. Which they won’t because they will do that at home before they go out. And you can’t be tested for it and if you are driving under the effects of drugs there is actually currently nothing they can do. (Christchurch, 24-35 years, male)

There was, however, some awareness that the law treated the supply of illegal drugs differently.
There are different punishments, there is using it and there is having intent to distribute or dealing. P labs that is a lot more than just having P on you. (Auckland, Māori, student, 18-24 years, male)

Because if you were making P you would obviously get a harsher penalty than someone who has got it on them and smoking it. (Auckland, Māori, student, 18-24 years, female)

Parents were more aware of the ramifications a drug conviction brought than the younger participants in the research.

Also if they get caught with dope or something and they end up with a drug conviction, they’re shot for travelling overseas and stuff. They might be experimenting or just be in the wrong place at the wrong time. Especially with the young teenage boys, they can just end up in a fight or end up in the wrong place and something criminal’s happening and they end up branded with it. That’s the real trap. (Auckland, parents, Year 9-13 students, male)

3.2.5 Awareness of positive benefits of some illegal drugs

In the groups and interviews participants were asked if there were any positive benefits of some of the illegal drugs being discussed.

Drugs were often seen as a stress reliever for people.

In stress situations something is wrong at home, something is wrong in a relationship or something like that. [So stress relief, inspiration, anything else?] Stress relief would come along with people who are depressed or something. I suppose that could come along with it I need something to lift me up. People who are just in a bad place I guess would take them mostly. (Napier, 16 years, male)

I have got a mate who is a vet and on Sunday’s he is on the weed all the time, that is how he relaxes but Monday comes and he is at work just fine. It is weird but it works for him. (Auckland, Māori, student, 18-24 years, male)

A number of participants considered that cannabis was helpful for pain relief.

Another use for cannabis is pain relief, using it as a medication type of thing. (Napier, Māori, 18-24 years, working, male)

I also have friends who are my age, going towards their 50s, who use it for medicinal purposes. When you get older, arthritis, all those other things, it really does help. (Auckland, parents, Year 9-13 students, female)

Other less well known benefits of some drugs mentioned were that ‘speed’ was an antidote for cyanide poisoning, cocaine for altitude sickness and opium for medicinal purposes.
3.2.6 Media role in raising awareness and informing knowledge

The role mainstream media played in informing people about drugs was also noted.

Throughout the discussions participants would often refer to news stories they had read, seen or heard regarding drug busts, arrests and convictions. Celebrity drug stories, violent crimes due to illegal drugs and also drug busts involving clandestine methamphetamine labs were all mentioned. Even movies have played a role in raising awareness of how illegal drugs were perceived.

Since that Millie Holmes thing happened, I reckon rich people now are more – it’s more publicised. (Christchurch, 18-24 years, female)

I’ve never experienced addicts before but I read about them in the paper and that. (Auckland, parents, Year 9-13 students, female)

I think it’s Piha and Force and there’s been various other ones that involve the Police and she’s learnt a hang of a lot like the drugs. Border Security, the people that can’t get into the country like you said because they’ve done this, and she’s going “oh”. I think we learn a hell of a lot from the media, from the movies that we watch and the TV programmes. (Napier, parents of Year 7 and 8 children, female)
4. Factors leading to illegal drug use

In this section we explore some of the factors and possible reasons why people might start taking illegal drugs.

4.1 General overview

From the qualitative research:

- The main factors leading to illegal drugs use were seen to be:
  - A ‘youth’ desire to experiment.
  - Peer pressure.
  - Being part of one’s social scene / relaxation.
  - One’s own family background.
  - Personal issues.
  - Having a pre-disposition to drug taking and addiction.
  - A perception that it enhanced creativity.

4.2 Experimentation

For many teenagers and young people experimenting with illegal drugs (usually cannabis) was seen as a common behaviour and part of growing, with little thought for the consequence.

I guess you get types of people who would experiment and you get types that will experiment more than others, but to a degree everyone will and I don’t think anything you guys say will stop that. (Auckland, 16 – 17 years, female)

It is when you start to find independence is when you start to go out and experiment with whatever someone hands you. (Napier, 18-24 years, students, female)

People I have spoken to say I tried it because of this or I tried it because I wanted to try it. I tried it because I thought I would like the experience or I tried it because everyone was trying it so I thought I might as well. (Napier, 16 years, male)

Young people and students were able to look back at their teenage years and see how experimentation was also part of bucking authority.

And you don’t really learn from staying away because everybody is doing it so you try it so you try it like peer pressure sort of things as well. And you want to experiment, when you are young that is what you do, you experiment and find out what it’s like. So everybody has got to try it once in a while or one time in their life anyway. (Auckland, Māori, student, 18-24 years, female)
See at school we got the blanket message drugs and alcohol don’t touch them. So of course we all went ooh, ooh what are they talking about let’s go and try them. We had no information so we just did whatever we could get our hands on, stupid. And we only did it because let’s try it they are obviously bad so they must be great. (Christchurch, 24-35 years, female)

Parents

While parents acknowledged that teenagers would experiment, many valued an open relationship where their teenagers were able to talk about and experiment in a safe environment. By doing this, parents at least felt they would be better prepared if they knew their children were experimenting than being left in the dark.

You say to kids “don’t do that, don’t touch that”, well they’re going to try that and touch it. It’s experimentation at first, then I suppose people grow to like it or whatever. (Napier, parents of Year 7 and 8 children, male)

If my children want to try something then try it where I am so I can actually – you can see what the affects are. It’s controlled. (Auckland, parents, Year 9-13 students, male)

4.3 Peer pressure

For many teenagers peer pressure played a part in experimenting with illegal drugs.

Peer pressure is like everywhere. And if your friends are pressuring you to take drugs and stuff, well then you probably would. And then you would pressure your friend. And it goes on and on. (Auckland, 16 – 17 year, female)

In New Zealand there is a huge amount of pressure, you have got to drink to be cool, you have got to have your driver’s license. You have got to be a skier, you have got to be a surfer you have got to do so many different things to be cool. It is just like what the hell, why man. There is a huge amount of peer pressure to do anything. (Christchurch, 17-18 years, male)

[So is it more personal choice or is peer pressure stronger?] Ultimately it comes down to a choice but peer pressure is strong. I think they think they might as well or peer pressure is a big one, it’s huge. Everyone else is doing it I will see what the fuss is about. (Napier, 16 years, male)

The influence of friends and peers in taking that first step was very significant.

[And you were saying before peer pressure is a strong factor?] Yeah because when you are around your friends and shit when somebody goes have a try, come on boy, I admit I do it, just nothing else better to do you just want to have a laugh. (Auckland, 15 years, male)

That is the only form of advertising really because it is not advertised on TV or anything where you can get it or you should be taking it. It is your friends who are exposing you to it really. (Christchurch, 24-35 years, male)
However it was also noted that by the time they had left home for work or university the influence of peer pressure was less strong. While important to be part of the ‘in crowd’ and to look ‘cool’ this was less important as teenagers became more their ‘own’ person.

*Definitely when you’re younger, it’s peer pressure to the maximum.* (Christchurch, 18-24 years, female)

*In some circles it’s seen as cool, like at a certain level in high school like everyone’s smoking weed because it’s the thing to do.* [How strong an influence do you think that is, in particular amongst your age group?] *I think it’s more before 18. Once you turn 18 you sort of become your own person and you’re leaving high school so there’s not that peer pressure factor any more.* (Christchurch, 18-24 years, female)

*In high school you are trying to be cool with your friends and fit in. Most people have learnt they don’t have to be cool to fit in. They don’t have to drink alcohol every weekend to be with their mates.* (Auckland, Māori, student, 18-24 years, female)

*You like to think between the age of 18 and 24 you can make your own decisions, peer pressure wouldn’t be there, you are mature enough.* (Auckland, Māori, student, 18-24 years, male)

**Parents**

Parents also supported the view that peer pressure was a key factor for teenagers.

*I’d say that would be huge with younger people. The two teenage boys I’ve got at high school, yes the 16-year-old is a pretty impressionable sort of a guy. He follows his mates everywhere.* (Auckland, parents, Year 9-13 students, male)

*My 16-year-old runs with the crowd.* (Auckland, parents, Year 9-13 students, male)

4.4 **Part of social life**

For many taking illegal drugs was seen as part of a social scene and what they might do with friends for fun and relaxation.

*You ask the question of why do people start? Why does somebody grab a wine or a beer? It’s the same reasons. To feel happy or to relax or to be in that social environment that everybody’s drinking or everybody’s smoking or whatever you’re doing. It’s no different than alcohol.* (Napier, parents of Year 7 and 8 children, male)

*I’ve got a guy I work with, a chippie, and he was a heroin addict for years. It was only the group he got in with – he’s in his 50s now but he was into punk or whatever it is and their drug was heroin.* (Auckland, parents, Year 9-13 students, male)

*Common interest as well, that is how it gets that way with everybody, you have just got a common interest and you get talking, especially with drugs as well. Fewer people take drugs so when you find someone else especially at a school everybody is just trying to fit in so who has got a common interest, you do drugs, so do I, let’s hang out.* (Napier, 18-24 years, students, female)
It was also apparent that for some taking illegal drugs for relaxation and when socialising with friends was okay, especially if there was no harm to others.

*Most people around just usually have drugs to celebrate with someone, like special occasions. There are a few people out there who just abuse it but most of the people I know just have it to socialise. It is not an everyday occurrence or every week occurrence. It might be once every four months or something.* (Napier, Māori, 18-24 years, working, male)

*I think we are concentrating a lot on the people who are taking it all the time and can’t stop but there are a lot of people who take a lot of these things socially instead of drinking because a) it’s cheaper or b) it’s easier or they don’t wake up in the morning with a hangover. But they can still have an awesome night out and there is a big difference between the people who will take it on Friday and Saturday night to have a good night and there are people who will take it every single day. So granted there is going to be long term effects on your body for taking these drugs but then we drink Coke and that has got God knows how many things in it and all those other things. So I think in a perspective measure some of them are not seen so bad as others.* (Christchurch, 24-35 years, female)

Recreational drug use, especially cannabis, was the drug of choice rather than alcohol for some. As mentioned previously it was at times seen as safer than alcohol.

*No hangovers, you can drive, no mess, you don’t have bottles, you don’t have people lying all over the floor, spillage everywhere.* (Napier, Māori, 18-24 years, working, male)

There was also some acceptance that taking illegal drugs was a personal choice and not for others to judge.

*But I suppose when you’re like in the moment it’s kind of hard to say anything. [What do you mean by that?] If you’re out with your friends having a good time and you’ve been drinking and they’ve been drinking but they do other stuff, you kind of don’t feel like you have the right to say anything, you know like “well I’m having a good time drinking and they’re having a good time doing whatever they’re doing” so like whatever they do to get themselves happy kind of thing. You don’t feel like you have the right to say anything, like they can do whatever they want to do, like it’s their life kind of thing.* (Auckland, 13-15 years, female)

*I can’t say I have been offered drugs. I think the guys who do drugs they don’t pressure anyone about taking drugs. That is their choice. If you went and asked them they would say sure you can get it from this place but they don’t pressure you to take drugs. They get you out drinking with them and stuff but the drug side of things they don’t really pressure you.* (Napier, 18-24 years, students, male)

### 4.5 Family background

Some participants shared their experiences of how drugs were a part of their growing up.

*I got brought up as a Jehovah’s Witness by my mum who would take any drug under the sun and she would go two weeks without coming home and my older brothers would be taking us to college. And then all of a sudden snap! She wanted to change so she found God and so then when I was 6 my life changed and next thing you were going to church, but then she was a solo mum and I would go to my old man’s on the weekend. And that*
was a party house, alcohol and drugs and everything, then back to God again. (Napier, Māori, 18-24 years, working, male)

For a number of participants drugs were introduced to them by family members.

[Why do you think people even start using illegal drugs?] My parents gave it to me when I was 16. It was the first time they’d tried it and they gave it to me as well. (Napier, parents of Year 7 and 8 children, female)

I think one dude will do it because parents probably do it so they start and then he will ask a mate or something and it will spread through the group. Brothers or something do it. Parents probably do it as well and then kids get on to it. (Napier, 18-24 years, students, male)

I got my drug education from my brother who was big on weed, huge, he was a plumber and a surfer and so that kind of just put him in this group I guess at the time. And mum and dad knew that he was doing it. He had a sleep out and it had a laundry and he was doing it in the laundry. Mum was using the laundry every day she couldn’t have not known. (Christchurch, 24-35 years, female)

Some participants thought being introduced to drugs by family members was preferable to being introduced to drugs by strangers. There was also recognition that taking drugs for some families was part of their way of life.

[Why do you think people take drugs for the first time?] Probably because they are around people who use it too. That was my first time, sometimes not even peer pressure, it might just be there. When I first started smoking my uncle was the first one to give it to me because he knew that if I didn’t sit down with him and smoke it I was just going to fuck off up the road and smoke it with some of my cousins or my mates or something. So he would rather confine me in a space with him so he could watch over me. (Napier, Māori, 18-24 years, working, male)

Yeah I had the same thing with my family, it was mainly alcohol, alcohol was available any time of the day, any time of the night and the old man done the same thing, you want a drink, yeah, you drink here next to me. You want a smoke yeah, you smoke here. (Napier, Māori, 18-24 years, working, male)

4.6 Personal issues

Taking drugs to help cope with life and to provide some sort of happiness were also mentioned.

I know my mother uses cannabis to escape. Things get too hard. She’s got some medical issues. She uses it in the same way some people just treat themselves to – paralysis – it’s basically to completely zone out and get away from everything. (Auckland, parents, Year 9-13 students, male)

Mostly they are sad or they have something that has happened to them and they just want to forget it ever happened. That is mainly what it is and then the other times it is just to feel happy. (Auckland, Māori, student, 18-24 years, female)
Young people

For young people sometimes drugs would help them be bolder and give them more confidence when socialising.

Most parties you don’t really listen to the music you are just out there, once you are on the drugs. Some people take it because that chick is pretty hot and you can’t do that when you are straight so you get more confidence and have a toke. Everyone is way more sociable when they are on drugs and alcohol. And they can put up with way more people. (Auckland, 15 years, male)

And some people when they are straight they are quiet and shit but when they are drunk they are more out there when they have a little bit of drugs in them. (Auckland, 15 years, male)

[Why do you think young people use drugs in the first place?] For the feeling. [And then sometimes to be like accepted. (Interjection.)] To fit in. To escape like home life and other situations that they’re in. (Auckland, 13-15 years, female)

4.7 Pre-disposition

There was acknowledgement among participants that some people might have a predisposition to drug taking and were more likely to become addicted when taking drugs socially.

I think maybe some people are more genetically predisposed to addiction so you could give someone one drug and someone ... the exact same drug in the same situation but one of them might get addicted and one of them might not. It’s just different people. (Christchurch, 18-24 years, female)

I imagine some people are more at risk of it, have a greater tendency to addiction than others. 99% of us will have a drink but not all of us will become an alcoholic, some of us will have a flutter at the pokies, not all of us will become a gambling addict. Similarly I don’t think a couple of joints is going to turn me into a weed addict. (Christchurch, 24-35 years, male)

4.8 Creativity

Enhancing creativity was also credited to drugs with some students and young people aware of people who took drugs to help in their artistic expression.

I have friends who are like arty students and they tend to all do it. (Christchurch, 18-24 years, female)

I am doing an art degree so I have a few interesting people in my class. It is kind of the difference between Picasso and some perfect landscape painter. Weird like what the hell is that painting when they are high and when they are normal and sober it actually looks like a painting. So it makes a huge difference. (Napier, 18-24 years, students, female)
5. Impacts Associated With Illegal Drugs

In this section we explore participants’ awareness and knowledge of some of the impacts associated with taking illegal drugs.

5.1 General overview

From the qualitative research:

- The main impacts of illegal drug taking were seen to be:
  - Death
  - Personal relationships being compromised
  - Personality changes / mental health issues
  - Deteriorating physical health
  - Participating in criminal behaviour
  - Not reaching employment / education potential.

- The main risks identified were:
  - Experiencing hallucinations
  - Violence leading to criminal behaviour
  - Risky behaviour / dare devils
  - Injecting

- Mixing alcohol and illegal drugs did occur with alcohol contributing to decisions to participate in illegal drug use more easily.

- Knowledge of specific effects of some drugs was patchy. Participants were divided over the addictiveness of cannabis, while a small number were aware of its effects on mental health. Generally however cannabis was not viewed as dangerous. Conversely methamphetamine was universally seen as dangerous with significant physical and psychological effects on people.

- Misuse of prescription drugs was not top of mind when discussing illegal drugs.

- Participants also commented on the relative safety of ‘natural’ illegal drugs such as cannabis in comparison to the higher risk ‘manufactured’ illegal drugs such as methamphetamine.

- Drugs that were injected were also seen as higher risk than pills or smoking.
5.2 Main impacts

■ Death

When asked to think about the impact of problem illegal use there was a sense of inevitability that some harm would occur either to the person or to their family. Some talked about the destructive nature of the drugs and that problem users would not have long lives.

*They are not going to make it. OD or something bad is going to happen because not many of our mates are that rich and the problem is going to lead to something else.* (Auckland, 15 years, male)

*Not going to live for that long. Because what most people do these days is steal it. It is the easiest way you can get it and they flick it off cheap.* (Auckland, 15 years, male)

*And one extreme is suicide. There is not a clear link between the two but I think there is a predisposition towards it of people who are highly addicted.* (Christchurch, 24-35 years, male)

■ Compromised personal relationships

Many participants spoke of the harm that illegal drug taking had on relationships with family members and friends.

One participant’s daughter lost her children due to her alcohol and drug misuse.

*My eldest daughter did that, she mixed both alcohol and drugs. She used to do cannabis, she was a bit more relaxed, and she mixed it with alcohol and had heaps of problems, more so with the care of her children. She was unable to care for her children. [So that was the impact of taking –] Yeah. [So how did you work through that as a family?] It was CYFS really. She either had to buckle down or lose her children. That’s what it came to. So that’s quite bad.* (Napier, parents of Year 7 and 8 children, male)

There was a sense of betrayal and that people could not be trusted with the need for drugs and funds to pay for the drugs becoming all consuming. Stealing from friends and family and lying to them were mentioned which resulted in relationship breakdowns.

*I know from experience from a family member that he will tell you lies and take things from you, raid your wallet, he will do all sorts of things and that has an effect on the surrounding people to that person. I don’t know how many times I have woken up and found something is missing and want to just strangle him.* (Christchurch, 24-35 years, male)

*And we were talking about family and stuff you lose all trust everywhere so you have got nowhere to turn to and no one that is really real with you. Because they are not sure whether or not to trust you or whether or not you are actually meaning what you are saying.* (Napier, 18-24 years, students, female)
The loss of friends was also significant.

He lost all his mates, got too fucked up. [What happened to him?] Too much of it, couldn’t handle the stuff got too depressed over a girl and started going hard on it. On everything and just nobody wanted to hang out with him anymore. (Auckland, 15 years, male)

You don’t really want to be best mates with someone that’s addicted to P because they could ... out on you and attack you maybe and you’d just be scared. (Auckland, 13-15 years, female)

Friendships, trust. Can’t trust people on drugs. (Auckland, Māori, student, 18-24 years, male)

■ Personality changes and mental health

Participants also noted that drugs had an effect on personality with people acting strangely and out of character. Some experiences were quite scary and had people clearly worried about the strange behaviour and altered mood states.

Like we know someone that took a party pill and then everything they saw they had to spell it out. Like “there’s a table, oh T-A-B-L-E”. There was another person that started talking in numbers. [I think that was because she had a mixture of party pills and then weed and then alcohol as well. (Interjection.)] She was pretty funny, she’d go “9 42 7 9 11” for like three hours. It was funny but it was still kind of creepy at the same time, like you didn’t know how to take it. (Auckland, 13-15 years, female)

Aggression, violence and depression were also impacts of drug taking.

In the short term altered mood states, we have talked about the long term personality change but altered mood states. P, mainly in the media I haven’t had a lot of experience with friends or family doing P but aggression, violence, depression those kinds of things are all common. And other drugs especially on the come down as well. (Christchurch, 24-35 years, male)

Side affects some people have with it. Some people just lose the plot. They all of a sudden snap and change into a different person. (Napier, Māori, 18-24 years, working, male)

■ Deteriorating physical health

Effects on physical health were noted. A number of participants were aware of the effects of methamphetamine and ‘ecstasy’ on physical health citing killing off brain cells, effects on the immune system, loss of control of your body and ageing.

Certainly serious health issues with P. Not sure of the medical terms and everything for it but it does something to the immune system I think. People go downhill pretty fast I’ve heard. (Auckland, parents, Year 9-13 students, male)

And loss of control of your body like when you take Ecstasy and party pills they make you thirsty and you lose control of how much water you drink and that is how most people die from them. And then P you have got the rampages. You have got to confiscate the water, because they will drown themselves. (Auckland, Māori, student, 18-24 years, female)
You look old when you are like 30, you look like crap. (Napier, 18-24 years, students, female)

### Participating in criminal activity

A number of participants had experienced first-hand family members of friends who had turned to criminal behaviour as a result of their illegal drug use.

This participant had a friend who lost family and friends and who is now in prison through addiction to methamphetamine.

> ...I had a friend on that P and he went from being a really nice guy to a total mess, wrecked his whole family, now he’s sitting behind bars. His whole family went down the drain. That was that stabbing here a few years ago. He just totally changed from a really, really nice guy to a real mongrel. [What was the impact on his family?] He ends up with no-one, has got nothing, has got absolutely nothing because his family – he stabbed his wife in front of his kids and everything. Just totally changed. (Napier, parents of Year 7 and 8 children, female)

Illegal drug taking to excess was associated with criminal behaviour and also generally becoming more financially stressed with the need to fund the drug habit.

> That’s when they start burglarizing and bashing people just to get what they want. (Napier, parents of Year 7 and 8 children, female)

> And breaking into everybody’s cars and getting their stereos and what not and selling them off on the market. (Napier, parents of Year 7 and 8 children, female)

> Socially it can destroy you because you have to fork out all your money to get more of this. Eventually you have to go and slump and steal. (Christchurch, 17-18 years, male)

> I guess it ends up in committing more crimes to pay off stuff for P and those things. (Auckland, Māori, student, 18-24 years, male)

### Not reaching employment or education potential

For young people there was recognition that drug taking may impact on their learning. Some teenagers commented that the kids taking drugs would not still be there when they themselves left school.

> I guess it starts off I guess with the lower academics if you like and they don’t care much for school and it is just sort of another thing in life and they are more worried about getting wasted and having fun and don’t care about school and stuff. (Napier, 18-24 years, students, male)

For adults, drugs may have an impact on their employment with mood changes meaning they may not want to work or find it difficult to maintain working relationships.

> That personality change can lead to them not wanting to work so then you have a flow on effect of onset of poverty. (Christchurch, 24-35 years, female)

> I know a panel beater in [City] at the moment whose panel beating business has fallen over. He’s lost two or three guys because he’s smoking P regularly, but he doesn’t get into a punch up. He’s not aggressive. He’s actually run a very good business for a long time.
Fulfillment of a person’s potential was also compromised by the effects of drugs.

I think the worst thing though is it can affect their potential as a person. I smoked a lot of cannabis when I was younger and had mates that did, and the ones that kept smoking cannabis often they’ve just never really met their potential. I’m not saying in a job sense or anything but it just almost seems like they’ve slowed down and lost their spark. (Auckland, parents, Year 9-13 students, male)

5.3 Risks associated with illegal drugs

Participants also readily acknowledged that often drugs encouraged people to make rash decisions and engage in risk taking behaviour.

This participant took illegal drugs regularly and acknowledged the level of violence that is involved.

Violence is all around us, you spend a weekend with us and there is violence everywhere. Fighting that is the big problem. Once people have got drugs or alcohol in them they are just waiting for a fight. (Auckland, 15 years, male)

A number of risky behaviours were identified. Participants knew of people who had hallucinated and then thought people were trying to kill them, others talked about driving unsafely and making poor decisions when driving and then there were the drugs which encouraged adventurous behaviour resulting in harm to themselves and others.

Like if they go on like a real down buzz they could do something to hurt themselves as well because they may think like there’s so much bad stuff in their life like they’re not worth it so they can do like real bad stuff. (Auckland, 13-15 years, female)

I was up in Auckland and I got high with my younger brother and I left the park and went down the road and he told me to turn left and I turned right and parked at the library and he said what are you stopping for. I can’t drive no more, I couldn’t feel my hands or my feet. (Napier, Māori, 18-24 years, working, male)

Methamphetamine was associated with very violent behaviour resulting in extreme acts of violence.

There’s the things you read in the paper every day, like we were saying before a cop got shot because he was trying to bust a P lab or whatever. He was a victim of that sort of thing. You read in the paper week after week. There’s always a story in there about somebody who’s been on a hard drug like P. It’s usually P. They do something stupid. There was the pizza guy who got killed because that young kid was on P. It’s just amazing. Every day you read it. Yeah, of course, it’s dangerous. (Auckland, parents, Year 9-13 students, male)
5.4 Alcohol and drugs

With the mixing of alcohol and drugs commonplace at teen parties, it was acknowledged that often poor decisions were made regarding drug taking.

The first time I did it I was drunk so it was just like “this seems like a good idea”. So yeah, I think because alcohol and drugs go hand in hand and you’re already inebriated you’re not really going to be making a decision as such about it... You’re already underage drinking so why not mix drugs with that. (Auckland, 16 – 17 years, female)

A couple of months ago one of my friends from ages ago he got this girl pregnant at about 15. She was apparently at a party and had been doing some rather heavy liquor as well as smoking weed I believe and she had been brought up by the mother of my friend who had pretty much been taking care of her. Girl is completely out to it because she is drunk and high. (Christchurch, 17-18 years, male)

Alcohol also helped people to relax and then they were more willing and likely to accept some drugs when they were offered.

You’re more likely to try something else in a social situation with drinking because your inhibitions are lowered so what you were saying before about them being combined with alcohol, that’s more than likely the first time people will try things is because they’ve had a few drinks and been offered it or what have you. [That’s actually true. That’s how I started. (Interjection.)] (Napier, parents of Year 7 and 8 children, male)

Especially if it’s free like if you are boozed at a party and somebody hands you something, what is this, ha, ha, okay, you just don’t even think about it because you are in the moment and you don’t care what is going on around you. I mean people go off and sleep with people and wake up whoa who is that. (Napier, 18-24 years, students, female)

Others noted that alcohol mixed with drugs made behaviour worse.

Alcohol is worse. If it was just the drugs they wouldn’t be doing certain things but when they get alcohol in them it stimulates them and gives them an adrenalin rush. [What type of certain things are they more likely to do with alcohol?] They just get real angry or else they will just get all quiet all of a sudden. Or they might break down and start bawling their eyes out for nothing. (Napier, Māori, 18-24 years, working, male)

And they argue about stupid little points. They continuously argue and they are looking for a fight. (Napier, Māori, 18-24 years, working, male)

5.5 Cannabis

For many participants cannabis was not seen as a high risk drug and in fact alcohol was seen as more harmful.

If you put it into perspective the drug that does by far and away the most harm in society is alcohol. And yet we allow it to be marketed and sold at the supermarket, it is readily available, it is made glamorous, it is the same as smoking was in the 50’s I guess. Yet there is not the big fuss about that. Maybe in perspective we should probably be focusing on alcohol. If we are talking about general harm to society we should be focusing as much if not more so, on alcohol. (Christchurch, 24-35 years, male)
Participants could cite examples of people they knew who used cannabis with few negative effects. Cannabis was seen to not have addictive properties, unlike methamphetamine and heroin.

As far as I have seen the side effects of marijuana can be relatively harmless. They get very, very hungry afterwards and the only negative side effect of that I suppose is they lighten their wallet on crispy chicken or something. (Napier, 16 years, male)

Don’t know if you can study on cocaine or heroin but I have got mates who can study on marijuana. (Auckland, Māori, student, 18-24 years, male)

However there were some who did raise questions about the addictiveness of cannabis and who wondered if there was more risks than first appeared.

Marijuana from experience with working with people and not myself personally but family experience marijuana is very addictive. (Christchurch, 24-35 years, female)

It is addictive but it takes a long time to get addicted to it. Speaking from experience. (Christchurch, 24-35 years, male)

Others were aware of the effects of cannabis on mental health.

For me in my job I have a bit of knowledge of weed because it’s youth and we are learning more and more about that every day. And weed does cause depression in some people and so there is a side effect of depression which can then make them break down. And it is continuous large amounts of that particular drug. (Christchurch, 24-35 years, female)

I stopped smoking weed I got a bit paranoid so it gave me a different side affect than everyone else. That made me stop. (Napier, Māori, 18-24 years, working, male)

... and what’s most concerning is the more younger that the kids are getting into it and it’s available to them it is proven that cannabis can set off if you’re susceptible to mental illness. (Napier, parents of Year 7 and 8 children, male)

5.6 Methamphetamine

Methamphetamine on the other hand was viewed as a very dangerous drug with significant physical and psychological effects on people.

My Mum told me that like every time you do it you lose heaps of brain cells and you can never get them back, and the reason you get addicted to P is because your first time that you do it, it’s so good that every other time you keep on wanting to do it to try and get that same effect but you never can. (Auckland, 13-15 years, female)

P makes you kill people, that’s obvious. You read that in the paper all the time. There was a cop killed in Mangere just recently. He was caught trying to bust a P lab and then he was shot because of it. I’ve been in places where people have been under the influence of P and they’re very very strong. I know, I’ve had to handle them literally, tie them down. I’ve seen the effects P has on people. The medical effects, I don’t know the big words but I know that long before it causes respiratory problems and things like that, it will bugger your brain first. Your brain will be the first thing to go. I’ve seen it up close in person and I don’t like it all. (Auckland, parents, Year 9-13 students, male)
Participants talked about the risks of working alongside people who were taking methamphetamine and clearly looked to avoid being near them.

[So the affects it has on them physically when they are doing the drug?] They might be sweet as when they are on it but then when they come down it is like they change into a whole different person and just lose it just like that just for no reason at all. Like you might have done something wrong like reversed the truck too far back and what the fuck are you doing. Doesn’t take much to get them wound up. When they are coming off the drug it is worse because they haven’t had sleep for two days and once their body comes off from it their body is trying to tell them to go to sleep and they get shitty. (Napier, Māori, 18-24 years, working, male)

I encountered a guy a couple of years ago on a building site when I worked one summer, met him there and that. Wow, great guy, your best mate. Came in next day and hated everybody. I didn’t know the signs but the guy I worked with who had been a heroin addict knew all that and said he was definitely on P and then the next day after that we had to kick him off the site. Obviously they were taking P so they could work long hours and achieve a lot of work apparently. (Auckland, parents, Year 9-13 students, male)

5.7 Other illegal drugs

There was mainly anecdotal awareness and knowledge of impacts of some of the other illegal drugs mentioned. They included:

- Mushrooms – hallucinations
- LSD – hallucinations
- Heroin – expensive, danger from drug dealers, indebtedness, addictive, at risk from other illnesses from injecting
- Cocaine – expensive, danger from drug dealers, indebtedness, addictive
- BZP – cattle drench, little awareness of possible effects
- ‘Ecstasy’ – body overheats, risk from drinking too much water.

5.8 Prescription drugs

Misuse of prescription drugs was not top of mind for participants when discussing the impact of illegal drugs. Once prompted however participants acknowledged that there was risks associated with the misuse of prescription drugs.

[How prevalent do you think that is, that people are misusing prescription drugs in the community at the moment?] It’s something you tend not to think about, something that you don’t tend to realise if they are or not. It’s something that’s probably quite easy to hide. I would say it would be just as prevalent as anything else. (Napier, parents of Year 7 and 8 children, male)

Ritalin was the main prescription drug participants were aware of with some aware that those legally prescribed Ritalin could be approached to sell to others.

I know someone who takes Ritalin just before a flat inspection so they can clean their place up in a hurry. It was on Desperate Housewives. (Christchurch, 24-35 years, female)
[Up here you talked about Ritalin how common is it?]  
It is because you can get it over the counter.  [How do you get that stuff?]  
You need to know an ADD person.  It is prescribed to them and then they sell it.  They sell it for $40 a pill or whatever they make it.  (Napier, Māori, 18-24 years, working, male)

5.9 Natural versus manufactured drugs

The debate around the harms associated with cannabis also focused on how it was made with some thinking that as it was a ‘natural’ product it was safer than the illegal manufactured drugs such as methamphetamine.

I do think people though think that marijuana is – like it hasn’t got any man-made additives in it so it’s natural.  You can just grow it.  You don’t mix this or that.  [I used to think it was a tomato plant.  (Interjection.)]  I think that’s why people have a different feeling about marijuana.  People think it’s safer.  (Napier, parents of Year 7 and 8 children, female)

The thing that pisses me off is the police are going around looking for all these cannabis houses but really they shouldn’t be worried about the cannabis because that is not the problem it is all these other drugs, these later drugs that have come up.  It is not the thing that grew from the ground it is the thing they are cooking up in the burners.  (Napier, Māori, 18-24 years, working, male)

5.10 Intravenous drugs use

The connotations surrounding intravenous drug use in comparison to pills or smoking also affected participants’ perceptions of the risks associated with drugs.  Intravenous use was clearly seen as having high risk.

Anything that you have to inject seems really scary.  That’s like “I’m not doing that” but if you just have a take a pill or something that doesn’t seem as bad.  Like a lolly.  (Christchurch, 18-24 years, female)

It’s not something that you see, like if you go and see a play like Trainspotting or whatever and you see them tying up their arm and getting their veins going and doing it then, then you’d have some idea but you don’t, you don’t see it in everyday sort of – you see people smoking different things all the time, you see people taking things.  People pop pills for everything, headaches.  (Christchurch, 18-24 years, female)
6. Attitudes to Illegal Drug Use

In this section we explore participants’ attitudes towards illegal drug use. Findings are from both the quantitative telephone survey and also the qualitative interviews and groups.

6.1 General overview

From the quantitative research:

- While 50% of those surveyed believed that drug problems were community problems, just over a third believed they were personal and could only be resolved by individual action.
- There was a high level of concern about the level of illegal drug use in New Zealand and the ease of access to illegal drugs.
- 79% of those surveyed agreed (4+5 on a 5 point scale where 1 means strongly disagree and 5 means strongly agree) they were concerned about the level of illegal drug use in New Zealand and 71% agreed that it was too easy to obtain illegal drugs.

From the qualitative research:

- Three attitudes towards the drug user seeking treatment were identified:
  1. There was a strong attitude of support and care
  2. A minority view however did persist that described the drug user as a ‘loser, low life and worthless’.
  3. There was also a group of people who were ambivalent as being a drug user was seen as personal choice and as long as there was no harm to others there was no issue.

- Characteristics of drug users were seen to be:
  1. Making the wrong choices.
  2. A lack of commitment to others.
  3. Less connected to reality.
  4. Big mood swings.
  5. Unable to hold conversations for long.

- There was acceptance that drug use was happening in New Zealand society with cannabis especially a generally accepted recreational drug.
- Participants were keen to point out that illegal drug use was not confined to particular groups in society and that judgments could not be made on social class or ethnicity.
6.2 Quantitative findings

6.2.1 Responsibility for drug problems

Participants were relatively divided on whether drug problems were a community issue or a personal issue.

Half (50%) of all participants considered that drug problems were community problems which could only be resolved through the active support of the entire community. While one in three (35%) considered that drug problems were personal and could only be prevented or resolved by individual action. A further one in eight (12%) considered that drug problems were both a community and a personal problem.

Those with dependent children (57%) were more likely to consider that drug problems are community problems.

Younger people (those aged under 30) were more likely to consider that drug problems were personal (44%).
6.3 Qualitative findings

6.3.1 Attitudes towards problem drug users seeking treatment

In the qualitative groups and depth interviews we asked participants to think about their response and first thoughts when they heard that someone had been admitted to a drug treatment programme.

- **Supportive and caring**

  The majority of participants showed an attitude of care and support towards people with drug problems and phrases used included:

  - needs help
  - good that the person is seeking help
  - being human
  - needs understanding
  - need to be treated right
  - don’t judge them.

  A sample of quotes:

  *I sort of went along the lines that if they are taking drugs it is good to have gone into that sort of place because they can help you and that is what they need to get off the drugs. It is a hard thing to do, drugs are so frowned upon and it is a hard thing when you are on the drugs to admit you are doing them and try and do something about it.* (Napier, 18-24 years, students, male)

  *Maybe they have got some personal issues and maybe they need help and support or someone to talk to. Try and get back on track.* (Christchurch, 24-35 years, female)

  *I put human because when things are too painful you turn to someone else to try and get away from reality so that is what I put through experience.* (Christchurch, 24-35 years, male)

  *If he gets admitted to rehab, or her, I would actually go there and support them. That would be the first thing and make sure they are treated right.* (Napier, Māori, 18-24 years, working, male)

- **Loser/ low life/ weak**

  In contrast a number of participants had more negative descriptors such as:

  - loser
  - not worth much
  - weak willed
  - drug screwed
  - dumb and stupid.
Some participants were of the belief that taking illegal drugs was a matter of personal choice and so were less sympathetic.

[What comes into your mind when you hear that people have drug and alcohol problems what comes to front of mind?] Weak willed. It is not something that is physically impossible to stop yourself from doing, it is not like if somebody offers you drugs you have to do this, you can say no leave me the fuck alone. (Christchurch, 17-18 years, male)

I immediately wrote down loser and then I was like that’s probably not fair but how did it start. That was my main concern. (Christchurch, 18-24 years, female)

Kind of the scum of society but I know that is not what it is like, I am meaning people who are on the streets given their life over to the drugs, I know that is really bad but I couldn’t think of another way to put it. (Napier, 18-24 years, students, female)

These were in the minority and during the discussions some participants were quick to point out that on reflection if a person was seeking help that was a good thing and they needed to be supported.

When I think of them I assume they have been addicted for awhile and stuff because you don’t get addicted over night. I guess in some cases you can. Initially I think how dumb and stupid that was that they got addicted but that is just an initial thought. Then you think deeper into it and why. Sometimes I think they just need to kick back and not do that stuff. Just stop it sort of thing. (Auckland, Māori, student, 18-24 years, male)

No harm done if not affecting others

A third attitude also supported the ‘personal choice’ point of view where as long as no harm to others was happening then it was not an issue.

I think most people who take drugs don’t actually have that much of a problem with it. I don’t think it is actually as big a problem as people make it out to be. The amount of people I know who take drugs who are badly addicted and have problems with it are stuff all really. (Christchurch, 17-18 years, male)

I just think that if whatever you’re taking or whatever you’re doing doesn’t impact too largely onto your lifestyle or onto how you bring up your kids or whatever you’re doing, most people can do whatever you like. (Napier, parents of Year 7 and 8 children, male)

6.3.2 Characteristics of drug users

People who use drugs were characterised by a number of key factors that included:

- making the wrong choices due to:
  - some significant event
  - own background
- a lack of commitment to others
- being less connected to reality
- having big mood swings
- unable to sit still long enough to hold conversations.
Those who were using illegal drugs were viewed as making their own personal choices which for the majority were seen as the ‘wrong’ choices. Some of these choices included breaking the law to support their addiction.

*There is the other side where you think why would you make that choice in the first place. We all say how there must have been an event or something but probably quite often there is not. Often probably it is a choice. There might be certain factors in their life that lead them to that stage where they have been thinking about the choice and something happens so they say I am going to do it now but it is still a choice in the end. And that is the main thing I think that society sees is that they have gone and made that wrong choice. Even if they have held off it for ages they still eventually caved in to the pressure of doing it and made a choice.* (Napier, 18-24 years, students, male)

It was recognised that making wrong choices might be influenced by significant events, background and personality.

*People who are reclusive, people who are sad if they have suffered a bit of a blow in their life, parent died or something sad - depression. People who are risk takers, not talking about people who do big jumps at the bowl or anything but people who will actively say things like I am going to do this and my parents say I am grounded but stuff it. They are people who are a lot more likely to take drugs because they are people who don’t like authority I guess. Anti authoritarian people a host of reasons.* (Napier, 16 years, male)

Also noted was less commitment to others including work and education.

*Sometimes you find they can’t really commit to things. Like my mate he is the worst. He does it all the time like he will do something and then he will drop out of that course and do something else. Then drop out and do something else. Or just do nothing and do something but drop out. He can’t really commit to things and he is all over the place.* (Auckland, Māori, student, 18-24 years, male)

The other main characteristic of illegal drug users was that they were seen as less connected to reality and more likely to act out of character or inappropriately, talk off topic and not sit still long enough to hold conversations.

*[What stands out about the people who are taking illegal drugs?] When they do something, they will be in class and they do something and you think that is a bit drug fucked sort of thing. They might say something that is off the topic.* (Napier, 18-24 years, students, male)

*[What things distinguish people you know who are using drugs from others?] You can tell they don’t really stand still and how they talk and what they say sort of thing. And their stance, do they look like they want to knock everybody out or something. Or how they interact with people I guess you can tell. How they treat people close to them as well.* (Auckland, Māori, student, 18-24 years, male)
6.4 Drug use in society

6.4.1 Qualitative findings

There was general acceptance that drug use was happening throughout New Zealand society and that cannabis especially was more prevalent and generally accepted as a recreational drug.

This participant notes that it is very difficult to tell who might or might not be using illegal drugs.

*If you brought in 20 people ahead of us you would probably sit there and judge every single one off the way they looked of who does drugs and who doesn’t. But the realistic thing is you can’t do that because you don’t know them and they have probably all done it.* (Napier, 18-24 years, students, female)

Among teenagers and young people most had been exposed to illegal drugs at some stage either at a party or from family and friends. Those who had not tried them were still aware of them and where to access them if they wanted to.

*I know so many people like from different backgrounds, different areas, different group of friends, different everything and pretty much most of them have tried drugs. It’s not a certain type of person that does it or a certain group of people that do it. It’s like anyone does it and anyone can get addicted.* (Auckland, 13-15 years, female)

*I’ve worked for a long time in the corporate area and you’d be surprised at the number of older people who are really ... I think you’d be surprised at the number of people you’d perceive to be conservative who are regular, ongoing drug users.* (Auckland, parents, Year 9-13 students, male)

*People look at you when you say you are a marijuana smoker, people look at you like you have gone and done the worst thing ever. They want to label you but instead of worrying about that they should be worrying about bigger things like P and E and trips.* (Napier, Māori, 18-24 years, working, male)

Participants were keen to point out that while society might have a view that particular groups were more prone to drug use it was very difficult to make judgments based on social class or ethnicity.

*Again just thinking of my engineering class, I couldn’t think of many people in that class that wouldn’t have tried at least weed and I think a large majority of them would do it, not quite on a regular basis maybe, but definitely would have no problem with doing it, and definitely wouldn’t see it as a bad thing. I don’t think it’s “oh that person does drugs, you can tell, look at the way they’re dressed, look at the way, look at anything about them.* (Christchurch, 18-24 years, female)

*I think people don’t realize there are people you would never think are on drugs. It is so widely taken and it is so well hidden in some people that society as a whole it is probably spread out through the whole thing and it is even. But society sees it as not like that. And there are particular groups of people like say a Mongrel Mob person would take it more than your average party going 20 year old. Both the same age but they are in different*
However, gangs were clearly associated with illegal drugs. Many were seen as the manufacturers and suppliers of illegal drugs.

> Gangs are mostly the ones that would supply. They’re the manufacturers. They’re the ones that can set up and do things like that. They can make it and distribute it easily ... and of course then you’ve got to drag in the guys up the top that are bringing in the stuff from China that makes the drugs. Those guys are all part and parcel of it as well. (Auckland, parents, Year 9-13 students, male)

Methamphetamine was often associated with Asian suppliers.

> A lot of P that is sold particularly out in East Auckland with the predominantly Asian market, very well off. A lot of dollars, a lot of money, talking big big amounts ... reasonably well off, reasonably affluent. (Auckland, parents, Year 9-13 students, male)

It was apparent that participants were not keen to single out more specifically any other groups in society who were more likely to take drugs. When prompted some participants thought that possibly younger males, lower socioeconomic groups for cannabis, higher socioeconomic groups for methamphetamine, heroin and cocaine and those who were part of the gay scene may be more likely to be taking illegal drugs.

### 6.4.2 Quantitative findings

There was a high level of concern about the level of illegal drug use in New Zealand and the ease of access to illegal drugs.

Participants were asked to indicate their level of agreement with six statements regarding drug issues on a five point scale where 1 means strongly disagree and 5 means strongly agree.

Across the six statements tested the highest levels of agreement (on the combined 4+5 rating) were for:

- ‘I am concerned about the level of illegal drug use in New Zealand’ (79% agree, 60% strongly)
  - Those aged 60 plus (89%) were more likely to agree
  - Males (73%) were less likely to agree
- ‘It is too easy to obtain illegal drugs’ (71% agree, 51% strongly)
- Provincial (78%) respondents were more likely to agree

A small majority also agreed that:

- ‘There is a lack of community focus on dealing with illegal drug use’ (53% agree, 31% strongly)
  - Those with dependent children (47%) were less likely to agree
  - A quarter (26%) of all respondents were neutral about this statement
Slightly fewer than half agreed with the remaining three statements, with at least a quarter agreeing strongly with each.

- ‘There is inadequate law enforcement of illegal drug use’ (49% agree, 32% strongly)
  o Those aged 60 plus (63%) and provincial respondents (55%) were more likely to agree
  o Those aged under 30 (39%) were less likely to agree
  o A quarter (23%) of all respondents were neutral about this statement

- ‘There is a lack of knowledge about the problem of illegal drug use’ (47% agree, 28% strongly)
  o Those who declared they do not know where to get help for drug addiction (54%) were more likely to agree
  o A quarter (24%) of all respondents were neutral about this statement

- ‘There is a lack of education programmes to prevent illegal drug use in our community’ (47% agree, 25% strongly)
  o Those who declared they do know where to get help for drug addiction (41%) were less likely to agree
  o A quarter (24%) of all respondents were neutral about this statement

This was supported by the qualitative findings with participants in the groups and interviews expressing their concern that illegal drug use was happening and also the relative accessibility of illegal drugs to whoever wanted them. Participants also voiced concerns about their own personal safety in this environment.
Younger participants

Teenagers in particular were well aware of the ease of access to illegal drugs.

[How concerned are you about the level of drug taking you witness?]  It is more the fact it is readily available on that level.  (Napier, 16 years, male)

*I think that would be a problem that would be extraordinarily hard to solve.  It is harder to cut off the source than to stop the people taking it from the source.*  (Napier, 16 years, male)

*And your parents and like your grandparents are always saying “when I was young you could go out when it was dark at night and you wouldn’t be scared”, like you wouldn’t be as scared that you’re going to get like raped or murdered or stolen or something like that whereas these days it’s more common and because they’re also – it’s more common for them to be on drugs and do something like that.*  (Auckland, 13-15 years, female)

While not something that young people generally focused on, when they took the time to think about it they also expressed concern about the impact of increasing drug use among people they know especially drugs like methamphetamine.

*A lot when I really think about it.  It is not something that has been prominent in my mind just because I am not really in a culture of it but when I really think about it and the amount of people and the amount it is wrecking people’s lives it is gay and it really concerns me.*  (Napier, 18-24 years, students, female)

*[Just thinking about everything we have talked about this evening, how concerned are you about illegal drug use in New Zealand at the moment?]  A bit scared because it seems to becoming more and more prevalent.  And it is no longer in homes or just within parties.  You hear of all the bashings and stuff which are happening.*  (Auckland, Māori, student, 18-24 years, female)

Parents

Parents were also concerned for their children knowing that drugs were more readily available. There was also a strong perception that it was getting worse.

*[How concerned are you with the amount of illegal drug use in New Zealand at the moment?]  I suppose because I’ve sort of realised that it is across the board, lots of people are doing it, for some people it’s okay, for other people it’s not, it is – yeah, especially too because my children are getting older, it is really worrying how much is around and how easy it is to get and how younger they seem to be getting and things like that.*  (Napier, parents of Year 7 and 8 children, female)

*I think it’s really destructive for New Zealand society.  I think it’s getting worse.  …  It’s much more common, the harder stuff like P and all that sort of thing, and I think there’s possibly a generation of people coming through in our society who have become more violent and dangerous and all that sort of stuff, and as you say, because of the drug pushers.*  (Auckland, parents, Year 9-13 students, male)

*In England where I came from we’ve often thought over the years to go back and one of the reasons we probably wouldn’t go back is just the deal that we have on violence and drugs.  There it seems so much more apparent than here because the cities are bigger, but I think as I’m getting older I’m a little bit more concerned at this sort of thing, and it’s
heading that way here a little bit, so it is a massive concern to me. (Auckland, parents, Year 9-13 students, male)

Those who had seen the impact of cannabis on their families were very concerned about its relative acceptability in the community. Participants talked of smelling it in the night air, seeing it growing in people’s gardens and hearing young children blithely talking about ‘weed’ in conversations.

I am very concerned and to how particularly marijuana and how easily it’s accessible. It’s acceptable. It’s become acceptable and it needs to become unacceptable. (Napier, parents of Year 7 and 8 children, male)

I’m the same, it does worry me knowing that my girls are out there and getting older. It’s just so close to home. It’s everywhere. They just drop a couple of seeds here, there and everywhere and you’ve got it growing on your back door step basically. You walk outside at night and you can smell it blowing along the street and you’re thinking “oh my God, it’s not going to be long and our kids are going to be thinking that’s okay, we can go and pick that, let’s dry it and we’ll be right”. (Napier, parents of Year 7 and 8 children, female)

It really does worry me, especially now that my children are getting older ... we were watching a movie a few weeks ago and it was rated for kids and it had Adam Sandler on it and he was the smoker and he kept looking for places to hide his weed, and my seven-year-old was going “oh he keeps going on about weeds all the time, weeds, weeds” and my partner got the giggles and at the end of it the 11-year-old said “do you know what he’s looking for?” and he goes “yeah, he’s looking for his marijuana” and I was shocked because I thought how does he know about it. (Napier, parents of Year 7 and 8 children, female)

Those who were not so concerned felt there were more severe risks associated with other drugs such as alcohol.

It’s not something that I think about, so it obviously can’t be too concerning. I’d want to protect my kids from any harmful effects and we’d like them to pick and choose their mates but it’s not a huge concern. (Auckland, parents, Year 9-13 students, male)

Coming from an industry where I spent 20 years in insurance, I actually consider it to be quite low priority. I actually think we have more of a problem with alcohol in New Zealand than we do with illegal drug use. The information that we’re getting is tainted towards making the problem bigger and bigger. (Auckland, parents, Year 9-13 students, male)
7. Campaign Components

In this section we explore participant’s thoughts on the components of a campaign.

7.1 General overview

From the quantitative research:

- The most effective campaign components were seen to be:
  - “Having people in recovery from drug problems telling their stories” with 74% of those surveyed considering these the most effective (7 to 10 on a 10 point scale where 0 means not effective at all and 10 means very effective);
  - “Providing anonymous, non-judgmental ways for people to seek help on drug related issues” (73% convincing on the 7 to 10 scale) and
  - Targeting parents with information about the signs of illegal drug taking and where to get support (71% convincing on the 7 to 10 scale)
- Forty-eight percent of those surveyed declared they did not know how they or others in their area could get help for a drug addiction problem while 50% declared they did know and 2% were unsure. This supports the qualitative findings that a campaign needed to raise awareness of what support is available to all New Zealanders and especially parents.

From the qualitative research:

- There was huge support for a drug campaign that included people in recovery from drug problems telling their stories. Younger people in particular wanted real life people with real life experiences and at similar ages to themselves.
- Campaign messages needed to be non-judgmental and supportive.
- It was important to include family and friends and to ensure they were well supported with information and access to support. Information they were interested in included:
  - Legal status of different drugs and the legal consequences.
  - What the effects of different drugs were and what to do if someone was seriously affected by drugs, and
  - Where to go and what was involved.
- Education programmes in schools were seen as an important part of any campaign with participants well aware of their general lack of knowledge on the specifics of drug impacts.
- Community support initiatives were also important as drugs were recognised as part of social events. Young people suggested alternative places to socialise and ‘hang out’.
- There was also recognition that there were many social marketing campaigns currently operating and any campaign would need to cut through people’s ambivalence and its relevance to them.
- Most participants envisaged a multi-media campaign that included television, radio and print. Also important for youth would be the use of the Internet, social networking sites and text messaging. Although care would be needed when developing appropriate messages for new electronic media.
7.2 Quantitative findings

Participants were asked to indicate the perceived effectiveness of eight measures to prevent illegal drug use using a scale of 0 to 10 where 0 means not effective at all and 10 means very effective.

The most effective campaign measures were seen to be:

- ‘Having ex-addicts (people in recovery from drug problems) telling their stories’ (74% effective 7 to 10 on the 10 point scale, 28% very point 10)
  - Those aged under 30 (83%) were more likely to consider this effective

- ‘Providing anonymous, non-judgmental ways for people to seek help on drug related issues’ (73% effective, 29% very)
  - Those that considered drugs to be a personal problem (66%) were less likely to consider this effective

- ‘Targeting parents with information about the signs of illegal drug taking and where to get support’ (71% effective, 28% very)
  - Females (76%) were more likely to consider this effective
  - Males (65%) were less likely to consider this effective

These were followed by:

- ‘Education programmes in schools’ (69% effective, 31% very)
  - Rural respondents (75%) were more likely to consider this effective

- ‘More safe places available for teenagers to gather and socialise’ (69% effective, 27% very)
  - Females (76%) were more likely to consider this effective
  - Males (61%) and those who consider drugs to be a personal problem (61%) were less likely to consider this effective

- ‘Having local youth promoting the programmes’ (64% effective, 22% very)
  - Females (69%) and those that consider drugs to be a community problem (70%) were more likely to consider this effective
  - Males (59%) were less likely to consider this effective

Less effective campaign measures were:

- ‘Having New Zealand celebrities promoting the programmes’ (57% effective, 21% very)
  - Those aged under 30 (48%) were less likely to consider this effective

- ‘Promoting illegal drug information to family and friends’ (56% effective, 20% very)

It should be noted that between a fifth and a third of all respondents were neutral about each statement.
Using a scale of 0 to 10 where 0 means not effective at all and 10 means very effective, how effective do you think the following ways are to help prevent illegal drug use in New Zealand?

<table>
<thead>
<tr>
<th>Preventative Measures</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3-4</th>
<th>5-7</th>
<th>8-10</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having ex-drug addicts telling their stories</td>
<td>28</td>
<td>46</td>
<td>18</td>
<td>71</td>
<td></td>
<td></td>
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<tr>
<td>Providing anonymous, non-judgemental ways for people to seek help</td>
<td>29</td>
<td>44</td>
<td>18</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Targeting parents with information about the signs of illegal drug</td>
<td>28</td>
<td>43</td>
<td>22</td>
<td>63</td>
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<td>taking and where to get support</td>
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<td></td>
</tr>
<tr>
<td>Education programmes in schools</td>
<td>31</td>
<td>38</td>
<td>23</td>
<td>62</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More safe places available for teenagers to gather and socialise</td>
<td>27</td>
<td>42</td>
<td>22</td>
<td>81</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having local youth promoting the programmes</td>
<td>22</td>
<td>42</td>
<td>26</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having New Zealand celebrities promoting the programmes</td>
<td>21</td>
<td>36</td>
<td>25</td>
<td>15</td>
<td>16</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Promoting illegal drug information to family and friends</td>
<td>20</td>
<td>36</td>
<td>31</td>
<td>12</td>
<td>11</td>
<td>2</td>
<td></td>
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</tbody>
</table>

The quantitative findings were supported by the qualitative research with participants reporting similar levels of support for the various campaign messages.

7.3 People in recovery telling their story

There was huge support for a campaign that included people with experience of drug problems telling their stories.

This participant recalled the drug education at school and the impact of the real stories had stayed with him.

*Because I saw one of those and it was better than any commercial I had seen, they showed us a video at school of a guy who took P. It was from a person who has actually done it. Because when you see it on TV they just show all these actors and stuff and you don’t really connect because you think it’s just extreme. But when you see someone and how they are and stuff.*

(Auckland, Māori, student, 18-24 years, male)

People with experience of drug problems telling their stories were seen as more powerful and would provide authenticity to the campaign. It was also thought that they would have more impact on teenagers and young people than a message from professionals, parents, family or friends.
I agree that you need someone to come in that they relate to. Because I remember at school we had the drug talk from the cops and they come in uniform and they talk to you and you sit there and listen and smile and answer the questions like good little students. You are not actually going to attach yourself to it. Because it must have been 5th or 6th form we had a cop come and talk to us and my friends that were doing party pills and Ecstasy and stuff sat there like good little students and listened and then that weekend went out and got high. But if someone had come in and said I was addicted to Ecstasy and this is what it did to me they will think twice before they go out and do it again. (Auckland, Māori, student, 18-24 years, female)

Participants commented that real experiences cut to the heart of the matter much more quickly than a story coming through second-hand.

[What do you think people need to hear that will make them think twice about using illegal drugs, what kind of messages do they need to hear?] I think real people who have been there and done that. Having a thing on their lives and how it has destroyed them. That would help people get into it. Because if you hear the message sometimes it can affect you but if you hear the message from someone who has really been there and done that and they know what they are talking about and how it has destroyed their lives. Then it can affect you more, especially if you can relate to that person. If that person is in your age group. You know where they are from. (Auckland, Māori, student, 18-24 years, female)

I reckon a good one would be to introduce them to someone who has been through it before. You can't get any better information than someone who has been through it. (Napier, Māori, 18-24 years, working, male)

It was also important that the real–life stories came from those the target group could relate to, for example, young people talking to young people.

[So is there anything else, any other comments you want to make?] But I as a youth don’t really feel connected to politicians and the adult community. We are different to you guys, technology you give an old person a phone and they kill themselves with it, you give us a phone and we will be able to hack into games in 5 seconds and send 5 text messages to someone in less than that. So we feel disconnected so you have to have people out there we respect like sports people, rap people that do popular music. (Christchurch, 17-18 years, male)

One parent recalled a 60 Minutes television programme that had made an impact which reinforced the need to have people telling the message that portrayed real life experiences.

There was an excellent programme on a couple of weeks ago about a police officer in West Auckland. It was fantastic, and he’s actually written a book as well about getting involved with the young kids in his particular patch. He’s even written a rap song. The guy must be in his 40s or late 30s. [Was that a documentary?] I think it was 60 Minutes. He’d been arrested and he was going to go to jail for something and Graham Henry put him charge of the school basketball team or softball team so he didn’t go to jail, and then he ended up going to LA and all that sort of stuff for basketball, came back and became a police officer. He reckons what he was doing was just relating better to the young guys and the street kids and stuff like that. (Auckland, parents, Year 9-13 students, male)

Younger participants

Younger participants especially called for message carriers who were real people with real life experiences and of a similar age to themselves.
I’m real sick of like seeing ads with celebrities on it, like those smoking ads and stuff because it’s like they’re just people – it’s not like they’re just going to – just because they’re a celebrity they’re going to change my mind about drugs and stuff. (Auckland, 13-15 years, female)

I think it has to be peer led and you look at effective school programmes like Students Against Drunk Driving that is passionate young people talking to other young people so it’s peer to peer. And so I think it has to come from people I guess at their own age and stage in some ways. That can be most effective because I mean if we are talking about the young people they are less inclined to listen to the voice of authority than they would be their peers because the pressure to do drugs is coming from peers potentially. (Christchurch, 24-35 years, male)

Well known celebrities might be helpful as message carriers with younger children however in the main having one’s own peers giving the message would have more impact.

But say you had primary school kids and you had Daniel Carter in and Daniel Carter says don’t do drugs they are going to listen. As opposed to someone they don’t know. If a cop comes in they are not going to listen. But if someone they know and they look up to, even if it is a celebrity, they will listen. [So which one do you think is more likely to work the celebrity coming in and talking or the person who has had the personal experience?] It depends on the age group, if it’s the older kids I think the ones with the personal experience. (Auckland, Māori, student, 18-24 years, female)

7.4 Non-judgmental

There was acknowledgement that problems with drugs could happen to a whole range of people depending on their own personal circumstances, and campaign messages needed to be non-judgmental and supportive.

It can happen to anyone. Like there is help, there are other people going through it. And like there is a way out, you just need to focus on it. (Auckland, 13-15 years, female)

I think you also have to make people – people in those kind of vulnerable situations not feel like the whole world’s against me. You need to really make it like sometimes crappy things happen, sometimes you get addicted to drugs, it’s okay. (Christchurch, 18-24 years, female)

7.5 Targeting family and friends with information

Many participants also identified a key target group for any campaign is the family and friends of people misusing illegal drugs. Family and friends needed to know what support was available and also to be better informed about the impact of illegal drugs so that they were better prepared to help.

They have that gambling one on at the moment about the gambling ad and they are trying to get the family members to help that gambler. (Napier, Māori, 18-24 years, working, male)
[So what would be a way to get through to people?] Educating parents when the kids are more intermediate so they can get the information before it’s an issue. Or before it is something their kids are looking into. So when they ask the questions they have already got the answers, they already know the information. I think that would probably be a huge help. (Christchurch, 24-35 years, male)

**Parents**

Parents recognised they had a key role in supporting their children and teenagers to make safe choices regarding illegal drugs. While they noted that teenagers would experiment their hope was that their children would turn to them for advice.

... educating us and telling us where to find things. Putting ads on the TV telling us where to find it, that sort of thing. We do tend to watch the news and current events programmes and things like that. Put it in there every day in the same section. (Auckland, parents, Year 9-13 students, male)

[Do you think parents know some of the answers?] No, that’s the thing. Don’t be naïve and ignorant to think “oh no, my kids won’t”. If you pre-educate them hopefully it won’t happen that way but not necessarily. Hopefully you have a very open relationship so that you know there’s something happening in their lives. (Napier, parents of Year 7 and 8 children, male)

Some parents talked of the need for parenting courses so that the parents of tomorrow were better prepared to educate and inform their children of the risks of illegal drugs.

Personally myself, if we want to fix up a lot of problems, I think we need to look at not this generation now but maybe the generations that are coming through the schools now. Instead of teaching them about drugs, about what not to do, just make them better people, better parents. Have parenting courses at school. That will encompass this. You bring them up more stronger, better people. A lot of families don’t get it taught from their Mums and Dads. They’re coming from shocking backgrounds anyway. (Napier, parents of Year 7 and 8 children, male)

I’m an early childhood teacher but all the stuff I’ve been reading recently, it all comes down to education, especially how the children are nurtured right from the beginning. It’s parenting that makes a child. It’s the children that make society, the coming society. (Napier, parents of Year 7 and 8 children, female)

**7.6 Raising awareness of treatment programmes and support**

In the quantitative research we found that only half (50%) of all participants declared that they or other people in their area knew how to get help for a problem with drugs. A further 48% did not know where to seek help and 2% were unsure.

Males (45%) were slightly less likely to declare that they knew how to get help, while females (55%) were slightly more likely. Those aged 60 plus (39%) were less likely to declare knowing how to get help.
Those who considered there was a lack of knowledge about the problem (42%), inadequate law enforcement (43%) and a lack of education to prevent illegal drug use (44%) were also less likely to declare knowing how to get help.

<table>
<thead>
<tr>
<th>KNOW HOW TO GET HELP FOR A DRUG ADDICTION PROBLEM</th>
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<tbody>
<tr>
<td>Do you know how you or other people in your area could get help for a drug addiction problem?</td>
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<td></td>
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<tr>
<td><strong>NOV 08</strong></td>
</tr>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
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<tr>
<td>Unsure</td>
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<tr>
<td><strong>TOTAL</strong></td>
</tr>
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<td>Base: All, n=750</td>
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</tbody>
</table>

During the interviews and groups participants were asked who they would turn to for advice and information if someone they knew had a drug problem and they wanted to help them.

This participant had no idea where to go for help when his grown-up daughter got involved in illegal drugs. He was also concerned about the repercussions on his daughter if he sought help as he did not want to be responsible for her going to prison.

> With my daughter I didn’t know where to go but because it was just so a part of the family, like marijuana was just so a part of the family and because they were doing it – because the rest of the family were doing it and they were fine, they never saw that there was a problem and that made it hard. I didn’t know who to go to. If I go to a GP or anything like that my girl might go to prison. I don’t know. I didn’t know any of that stuff. So you keep it close to you for a long time. (Napier, parents of Year 7 and 8 children, male)

There was support for raising awareness of the treatment programmes and support available to drug users and their family and friends amongst the wider population.

> I think they’ve got to know where they can turn for help. Like you say if the peer pressure comes on and they feel totally alone and they’ve never ever seen or heard that there’s somewhere – I think back to my teenage years and something that happened to me that I never dealt with until I was well into my 20s because I didn’t know who I could turn to and who I could trust. There was nothing. (Napier, parents of Year 7 and 8 children, female)

> There’s a lot of publicity about that 0800 quitline for smokers but there’s no real ads like that for drug addicts because it’s illegal. (Christchurch, 18-24 years, female)

> Advertising the 0800 numbers more maybe like on C4 that all the kids watch. (Napier, parents of Year 7 and 8 children, female)
When asked who they might turn to for information and support parents, students and young working people had more suggestions of where they would go for advice and support than teenagers. Those most mentioned included; local community health groups, general practitioners, Citizens Advice, mental health services, Youthline, FADE and the Internet.

I know of a gambling addictions place here. It’s a Māori organisation but there’s mostly women but there are men there also. They’re very very good. [Would you go there if you knew somebody?] Yes I would and I have done, I’ve done that for someone else. Taken them there, or rung there and got help for them. (Napier, parents of Year 7 and 8 children, female)

Maybe like a GP, if they went to their local GP they might know someone. (Christchurch, 18-24 years, female)

[What would you do?] There’s FADE which is the Foundation for Alcohol and Drug Education. Again I’d go to the internet. [So you’d Google something to look for it] Yeah, because I know that there are organisations like that. (Auckland, parents, Year 9-13 students, male)

It was apparent that many participants lacked awareness of specific drug treatment programmes and groups.

Actually wouldn’t have a clue who to go to. [The hospital. (Interjection.)] My friend is just really really screwed up right now, what do I do? Like what do you do? (Christchurch, 18-24 years, female)

Alcohol and smoking you can find the hotlines real easy but drugs especially not like the illegal drugs. (Napier, 18-24 years, students, male)

My friends have actually called ADANZ Helpline. I don’t know if it is this one or alcoholics anonymous to get help. I know a few people who have used it but I had never heard of it until they said it as well. (Auckland, Māori, student, 18-24 years, male)

It was also noted that in seeking help and support it was important that confidentiality was maintained as some were clearly concerned about the legal repercussions on the person they were supporting.

Younger participants

For teenagers the first port of call when seeking support for a friend who might have drug problems was often a teacher; the form dean or the guidance counsellor. This again reinforced the importance of education and school as a key information source for teenagers regarding illegal drugs. Throughout the interviews young people mentioned key teachers that they looked up to and respected.

The counsellor at our school is brilliant if you have any problems you can go and talk to him. So just talking to people however stupid it may sound makes it so much better. (Christchurch, 17-18 years, male)

[Who are the kinds of people you trust?] School teachers, your PE teacher or your health teacher or even your English teacher you could say look I know this is a bit off topic. People you trust, it is all trust. (Napier, 16 years, male)
We have a real close personal relationship like with our dean and stuff so like we talk to her and stuff about this kind of stuff because she knew all about it and stuff as well. Like their support, like if you tell them stuff about the sort of stuff with drugs, they won’t judge you, they’ll just help you out. (Auckland, 13-15 years, female)

It should be noted, however, that teachers and guidance counsellors were not for everyone and for many young people they would also turn to their friends or family for support

Counsellors are the last person I would want to talk to. [A standing joke really. (Interjection.)] Is that school counsellors? [Yeah school counsellors. Well, any counsellor, I wouldn’t talk to any counsellor if I had a problem, I’d talk to my friends. (Interjection.]

(Auckland, 16-17 years, female)

My Nana. [So what is it about your Nana that you’d go to her for help?] She’s one of those real open people and she understands. Like sometimes she’d say “I’m really disappointed in you but I understand and I’ll help you”. (Auckland, 13-15 years, female)

Māori participants

For Māori the importance of a family connection is raised. It is important that they can respect the person and often it may be someone from the extended family but not immediate family who can make that connection and help support them to seek treatment and help.

But then when they hear it from someone who might be related they might look up at you but they might be way older than you but they might look up at you because of the things you have done for yourself, no one has helped you out and that kind of stuff. They might look up to you because every time you have said something to them it might have changed their life a little bit. They might have taken your opinion on board and gone and done that. And it has changed their life for the better. (Napier, Māori, 18-24 years, working, male)

Information needs

Participants were asked what they were interested in finding out. Their main information needs regarding illegal drugs were:

- The legal status of different drugs and the legal consequences

“I’ve only just got this” but that’s a five-year prison term. People aren’t aware of the classifications and the maximums and minimums and that would make people think. (Napier, parents of Year 7 and 8 children, male)

Sometimes as a friend you probably weigh up the risk of - they are going to get into this much trouble for it but it is going to be good for their life. So you need to know those sorts of things like the consequences, legal consequences you might get them into the trouble as long as it is going to help them. And if there are any ways you can help them without them getting into trouble. (Napier, 18-24 years, students, male)
- What were the effects and what to do if someone was seriously affected by drug use and may have a problem

I’d also want to know the worst case scenario, your kid comes home and he’s on P and you find out, what do you do? Do you take him to the police, or do you lock him in his room and hold the door shut or tie him up or what? You’ve got to stop him ... what’s your choices, what do you do? (Auckland, parents, Year 9-13 students, male)

What some of the effects are, what some of the dangers are? Like P makes your teeth fall out. [Seems to make their eyes bigger. (Interjection.)] (Auckland, parents, Year 9-13 students, male)

- Where to go and what was involved

And what resources are available to help them because I mean you could do that sort of thing so if my mate is on drugs and I tell a policeman because I want to help them but all it is going to do is to send them to jail and then six months later they are going to get out and going to restart it again. I don’t want to just call up some helpline and say my mate is on drugs what do I do. You need to call this person and do this and do that, it needs to be easy. So you need to know where to go to get instant help. (Napier, 18-24 years, students, female)

Parents

Parents saw themselves as key informants and clearly wanted to know critical information that they could pass onto their children and also what signs to look for if someone was taking illegal drugs. They would also like information that was relevant to New Zealand that was impartial and factual.

[Is it important for parents like you to know that as well?] Definitely because we have to pass it on to our kids. We can pass it to them and say “look at this, if you’re touching that crap —” you are behind bars. (Napier, parents of Year 7 and 8 children, female)

I did some looking on the internet in the last few days, just out of interest on this particular subject, and there’s actually very little, it appears very little in New Zealand, on the wider issue. You actually have to look offshore, look at websites offshore and do research offshore that will tell you about some of those things there and we’re being fed by the media a lot of stuff that I don’t necessarily believe is true, and that’s not just on drugs, it’s on everything. (Auckland, parents, Year 9-13 students, male)

7.7 Education programmes in schools

A critical part of any campaign was seen to be an educational and informing role. Participants were aware of their general lack of knowledge on specifics of drug impacts.

[Are there any ideas you have got for helping people reduce the harm that might be happening from taking drugs?] Needs to be way more education out there because drugs are dangerous, they are not something to be messed with socially or otherwise. I am saying that through experience they can alter someone’s mood set. I am usually a calm polite person but when I am on alcohol and have had too much I just go really nasty. And there should be more education out there for people. (Christchurch, 24-35 years, male)
I think it is also having an opportunity while people are at school to receive a common message around something. [Name] talked about drug and alcohol information at school and I never had anything like that at school. It has been awhile since I was in school but I think potentially there is a gap there around educating people on what they are dealing with and the consequences of choosing to use them. (Christchurch, 24-35 years, male)

The importance of keeping drug information up to date and relevant to teenagers was also noted.

When I was doing health in Year 9 the videos that they were showing us were from like the 80s or like the mid 90s. [Things have changed obviously. (Interjection.)] Pretty much the only one that they really talked about was weed and it wasn’t as relevant as what it should have been. (Auckland, 13-15 years, female)

13 to 15 is probably the age when you start to get to high school. It is not that much of a problem at primary school. I can only speak for my primary school but there wasn’t that much of a problem. It was only when you got to secondary school at a much larger environment, there are people from all different types of places that you start to see problems. So although education at primary schools would be good, education at secondary school is a lot more important. (Christchurch, 17-18 years, male)

Information on the health risks and impact on those around them was called for.

Tell them how it’s not just affecting them but it’s affecting the people around them. And how it’s affecting friends and family and children. So maybe if there was a slogan it could be “Do it for yourself and do it for your whanau”. (Auckland, 16 – 17 years, female)

7.8 Community support

Alongside any campaign there was a need to provide alternative social and community activities to replace the need for drugs.

Maybe offer an alternative for young people to go to, it is drug and alcohol free, you can buy coffee but you can watch a band. So you have a dance and have a good time. So for younger people to me it has got an alternative if you don’t offer them something else. Hey you could stand in the streets and drink alcohol and take BZP’s or whatever or you could come and do this. (Christchurch, 24-35 years, female)

That global café, that new thing that’s starting up, I think that would be good. [What’s that?] [It’s like a place you can go, the people are young and they hold like concerts in there. (Interjection.)] And they have parties every now and then, like just gatherings. [Drug free, alcohol free, free like everything. (Interjection.)] And they also have them like once a – every now and then like once a month or something up at Westgate, I think those are good. They’re like just big parties. (Auckland, 13-15 years, female)

Young people mentioned that there were no places for them to meet and go and so tended to hang out with each other and so began the recreational drug use.

Absolutely, like I absolutely think that’s what it is. I grew up in Christchurch and I know that when you’re kind of 14, starting to look at kind of a broader social life, there’s nothing to do. There’s nothing to do. You can’t even go to like a place to play pool because it’s R18. Why? They don’t even sell alcohol. It’s ridiculous, but it’s boredom. Maybe not so
much as a pre-emptive thing I think more, provide more entertainment.  (Christchurch, 18-24 years, female)

I think the problem is there is nothing for our age group to do. They took out the Bowl in [City] and they didn’t replace it so there are no other alternatives.  (Napier, 18-24 years, students, female)

Parents also could see the need to provide some viable social alternatives for teenagers, although for them it was an age-old feeling among teenagers that there was nothing for them to do and they were too young to go to the pub and nightclubs so would hang out with each other.

[So is it true that there is less for young people to do?] Every generation’s got the same gripe. It is always going to be there but you don’t want to go those nerdy places and yet you’re too young to go to the pubs and that, but there should be more to it than looking forward to going to a pub. More of these youth groups and that sort of carry on. I know I pooh-poohed them when I was a kid but they do do some neat stuff.  (Napier, parents of Year 7 and 8 children, male)

Sport was seen as playing an important role in providing an alternative to drugs.

Heaps of my friends stopped smoking because when they were playing rugby they noticed the affect that it has on them. They don’t feel as fit and as good so they start cutting down on that stuff. So sports makes you feel the effect and makes you realize what it is actually doing to you I guess. Others just stay smoking.  (Auckland, Māori, student, 18-24 years, male)

Sporting teams are good because you have all their influence if they are a good bunch of team mates they always look out for each other so they always make sure you are alright and getting along. They won’t let you go down, if they see you getting wasted they are not going to let you get wasted and die or something, they will step in.  (Auckland, Māori, student, 18-24 years, male)

7.9 Media saturation

Concern was raised about the amount of social marketing campaigns around and that people were tired of being told what to do. Any campaign message would need to cut through people’s ambivalence towards a drug campaign and its relevance to them.

I think with ... people there is a risk of just becoming desensitised to it and people just change the channel like with all the ads of World Vision and everything, just change the channel because you feel so guilty about it.  (Christchurch, 18-24 years, female)

I am in two minds because it feels like at the moment on TV and the media we are constantly getting told what to do. Eat this food, spend time with your kids, walk 30 minutes, don’t drink and drive. And all the stuff that good people with common sense just do and there are constant messages how we should behave and act. At some point it must just get to overload and people just shut all those messages out.  (Christchurch, 24-35 years, male)
Other campaigns

During the discussions and interviews participants also mentioned other campaigns that had touched them and thought there were things to learn for a drugs initiative. These are summarised in the table below.

It is also noted that both the Quit Group stop smoking and Land Transport New Zealand drink driving campaigns are referred to in the recent Ministry of Health literature review on models and efficacy of illegal drug social marketing campaigns. The Quit Group campaign highlights an impact and consequences message followed by a way to take action. The current Drink driving campaigns also highlight the impact and consequence messages as well as the positive rewards of social acceptance by being a good mate.

<table>
<thead>
<tr>
<th>FOCUS</th>
<th>CAMPAIGN</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Positive messages</td>
<td>Tana Umaga - The education campaign</td>
<td>The positive side too. Take the Tana Umaga one about education at the moment. I've known that all my life but just for me seeing that I'm going “yeah you’re right, just spend 20 minutes a day playing and talking”. (Napier, parents of Year 7 and 8 children, female)</td>
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<tr>
<td>Celebrities</td>
<td></td>
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<tr>
<td>Depression</td>
<td></td>
<td>Another one that has been hugely effective is the John Kirwan depression ads. I know of people, good solid blokes who would never have admitted to having a problem with depression before John Kirwan came out and said well I played on the wing for the All Blacks and have a panic attack during a test. Those kind of things, real people that makes a big difference. (Christchurch, 24-35 years, male)</td>
</tr>
<tr>
<td>BeBo</td>
<td>Election campaign</td>
<td>I guess it works, electioneers use Bebo, there is a whole Bebo page dedicated to that orange man. (Auckland, Māori, student, 18-24 years, female)</td>
</tr>
<tr>
<td>Real life experiences</td>
<td>It’s OK to ask for help</td>
<td>I thought the It’s Okay to Ask for Help was a good slogan. That was definitely good. Just getting people who have actually had life experiences and been through stuff, hearing stuff like that is real good. (Napier, Māori, 18-24 years, working, male)</td>
</tr>
<tr>
<td>Positive message</td>
<td>Being a good mate</td>
<td>Being a good mate I personally think that is a pretty good message. We are so used to being bombarded with these bad messages of these bad affects but being a good mate to someone and I think if you can get through to the people who are mates with the drug takers to be good mates. And getting through to the people who aren’t on drugs to not go on drugs then like he said it is a filtering process it is not an immediate stop. (Napier, 18-24 years, students, female)</td>
</tr>
<tr>
<td>Impact and consequences</td>
<td>Smoking ad</td>
<td>Other quit smoking ads they just have them talking but this one they show his lifestyle, what it was before with the photos so it has more of an emotional affect. (Auckland, Māori, student, 18-24 years, female)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Has anyone seen that C4 ad for not smoking where they have different people saying it’s not okay or whatever it is? Maybe that would work, a similar sort of thing (Auckland, parents, Year 9-13 students, male)</td>
</tr>
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</table>
7.10 Communication channels

Most participants envisaged a campaign that was multi-media and that employed a range of different approaches. Some discussed the alcohol campaigns and how they dominated a range of media to ensure they had impact in a crowded marketplace.

Society’s view of alcohol has changed because of the media, TV, not because we have sat around having discussion groups and talked about what’s the effect of alcohol on you, it’s because it’s told you in the TV, magazines, on the radio. People talk about it on the radio. It’s got to be bombarded through the media. (Napier, parents of Year 7 and 8 children, male)

Possible communication channels suggested by participants included the following:

- **Television**

There was strong support for a television campaign. Participants were well aware of other campaigns currently occurring and saw television as one way of reaching a mass audience quickly. For teenagers and young people it was important that the campaign was targeted to programmes they watched such as those on C4, Shortland Street and sports programmes.

I think TV. [What would you imagine to be on TV?] *No different to what they do for tobacco and alcohol. Just tell them what the effects are, that if you try it this could happen to you.* (Napier, parents of Year 7 and 8 children, male)

Having a drug story line on Shortland Street might also be effective.

I don’t watch it all the time but Shortland Street you look in the papers and in the news and that and all of a sudden it is drugs and boy racers and then they have it on Shortland Street with young people acting it out and all that sort of thing. And there are a lot of young people that watch it. So you actually don’t just see an ad you see a programme type of thing. But it is their programme and they watch it. But most of the time they are telling you the bad things about it. (Napier, Māori, 18-24 years, working, male)
You would want to find out the primary group of people and then aim it there. So if it is males under 25 they are going to sit in front of TV and sports and stuff or car racing and stuff. So you would want to find out where it primarily is and then stream it through other places as well. So MTV is quite commonly watched, TV aimed specifically at people our age. (Napier, 18-24 years, students, female)

### Internet

For young people the Internet was also raised as a campaign channel. One suggestion was to have a website that parents, teenagers and young people could go to for information and support. This website would need to be well publicised to be effective. It was also important that those who contacted it were assured of confidentiality.

[Having an internet site means you can inform yourself without having to involve someone else in the picture?] That is the thing all they have got is your IP address that is it, nothing, it is good, that is thoroughly the best. (Napier, 16 years, male)

[Do you think it is important there is some anonymous way you can go about doing this?] Hugely important, because you don’t want your friend to find out you have told their parents about it. You don’t want your friend to find out you have told the Police about them dealing. It has to be anonymous. (Napier, 16 years, male)

The internet was seen as a safe and easy way for people to access information and support.

Yeah, with lots of information on it because the web is so easy to use. People don’t really read pamphlets I don’t reckon. (Christchurch, 18-24 years, female)

### Print media

Also suggested were campaign messages in youth magazines.

And in music magazines and things like that. (Christchurch, 18-24 years, female)

And it depends on the magazine you put it in as well. Because you could put it in something like Cosmopolitan or Playboy or Ralph or whatever and it would get out to a certain age. But if you put it in something like Girlfriend it would aim at a whole different age group. (Napier, 18-24 years, students, female)

One thing could be that sort of information about drugs in the Tearaway magazine, those magazines for teenagers. Have facts on drugs in that sort of — [Seems to be quite a good magazine for young people] I quite like looking through it. (Napier, parents of Year 7 and 8 children, female)

### Social networking sites

Social networking sites were also suggested as possibilities for advertisements on drug helplines along the side of the page.

Your sign in thing that would probably be the best place to put it. And the Bebo site you know how they make skins put the home page of the skin as one. (Auckland, 15 years, male)
Like on Bebo as well, like that’s something huge and if there was maybe ads and stuff on there. (Auckland, 13-15 years, female)

Because for the younger people a site like Bebo or My Space if it is a catch phrase that has been commonly seen everywhere you can get ‘Take one for the Team’ everyone knows that. Tui Yeah Right. If you can get something like that – quick – if it is quick it will work. Because people our age I don’t want to sit there and read a whole ad about how bad something is. If it is there and in my face. (Napier, 18-24 years, students, female)

However, it was noted that pop-ups were not that effective as people would just click them away and often the advertisement on these sites are ignored.

I ignore all the adverts on the social networking sites. (Auckland, Māori, student, 18-24 years, female)

They don’t go on Bebo to look at don’t smoke ads. (Auckland, Māori, student, 18-24 years, male)

**Radio**

Radio, like television could be effective but would need to be targeted to stations that teenagers and young people listened to.

It depends who you’re targeting. Certain radio stations for certain people. (Christchurch, 18-24 years, female)

Even just something like this, just say a 15 second ad, alcohol and drug helpline. Just knowing that it’s there. None of us knew it was. (Christchurch, 18-24 years, female)

If you want to hit young people Flavour is the main one or the Rock. (Napier, Māori, 18-24 years, working, male)

**Music / song**

Music was recognised as the gateway to teenagers and young people.

If you got a good bomber to do it up they would read it there. Have a rap video clip going and half way through show a commercial. (Auckland, 15 years, male)

If it is not a song you just don’t even listen. [So is music quite important?] Music is but the talking in between is not. (Napier, 18-24 years, students, female)

All teenagers are into music. You can be the nerdiest guy and yet they like their music. (Napier, parents of Year 7 and 8 children, male)

**Text messages**

There was some debate over the merits of sending drug campaign messages via text messaging. It was recognised that while some did not have access to the Internet most would have a mobile phone. The main possibility would be in promoting a helpline number or website.
[How would you react to getting a text, like, if you ever need help or advice about drugs, feel free to phone this number?] I probably would take notice of that. I think I'd probably end up saving the number in my phone, like just in case if I ever needed it. (Auckland, 13-15 years, female)

_Not everyone has got internet but every young person has got a phone. Most of our cell phones are with Telecom or Vodafone so that could come up with a text message over peoples phones._ (Napier, Māori, 18-24 years, working, male)

[How would you phrase a message like that that someone would pay attention to. Like if you knew you had a friend?] _If you could text something to a bigger thing that sent a message that was on TV. A friend feels you need help at the moment here is a couple of avenues, fill up your whole 180 letters you are allowed in the whole thing. Here is a phone line check this out on the internet, there are people who want to help you, there is a way out, there is a better way, there is a light at the end of the tunnel._ (Napier, Māori, 18-24 years, working, male)

However, others felt that a text was easy to ignore and might seem a bit random.

_Texting is not a way to go._ [Why is texting not a good idea?] _So easy to ignore a text. If you did by chance send a text to a cocaine addict he would go what?!_ (Napier, 16 years, male)

- **Other media suggestions**

Also suggested were targeting churches and community events as part of a drug campaign.

_I would probably do events and these real people come up and speak to crowds. If there is a free sausage sizzle or something free people come. If it’s free people are there. So I would probably use that as a draw and just have speakers and events about the issue._ (Auckland, Māori, student, 18-24 years, female)
8. Campaign Messages

In this section we explore participants’ thoughts on a social marketing campaign, including where to get support and help.

8.1 General overview

From the quantitative research the most convincing campaign messages were seen to be:

- “Have good physical and mental health and watch your kids grow up” with 59% of those surveyed considering these the most convincing (7 to 10 on a 10 point scale where 0 means not convincing and 10 means very convincing) and
- “If you have a drug conviction you cannot travel overseas to some countries” (59% convincing on the 7 to 10 scale)

From the qualitative research:

- Both positive messages that helped people to identity alternative ambitions and life goals and also consequence were identified.

- There was strong support for consequence messages. Some of the consequence messages mentioned included:
  - Legal outcomes including limits to overseas travel.
  - Personal consequences including impact on physical and mental health, employment and education.
  - Loss of family and friends.
  - Limitations to career and employment.

- Some also felt strongly that the ‘horror’ consequences of using drugs could be portrayed in some messages. Consequences included embarrassing or violent behaviour.

- There was limited support for a harm minimisation message with some feeling there may be merit in at least ensuring that those who were taking illegal drugs did know some key precautions. Others however considered this would be seen as condoning something that was currently illegal.

- There was no support for a ‘don’t take drugs’ message.
8.2 Quantitative findings

Participants were asked to indicate how convincing they considered six statements were in persuading a person to seek help to stop using illegal drugs using a scale of 0 to 10 where 0 means not convincing at all and 10 means very convincing.

The most convincing messages were seen to be:

- ‘Have good physical and mental health and watch your kids grow up’ (59% convincing, 7 to 10 on the 10 point scale, 31% very, point 10) and
- ‘If you have a drug conviction you cannot travel overseas to some countries’ (59% convincing, 31% very)
  - Those aged 60 plus (67%) were more likely to consider this effective

Lower down but still with majority support (on the 7 to 10 scale) were:

- ‘Saying no and giving up illegal drugs is something to be proud of’ (56% convincing, 36% very)
  - Those aged 60 plus (67%) were more likely to agree
- ‘There is help available if you want to stop taking drugs and you are not alone’ (56% convincing, 24% very)
- ‘A future life without drugs will give you more energy, a better career and more focus’ (55% convincing, 31% very)
  - Those aged 60 plus (64%) were more likely to agree
  - Those aged 30-44 (46%) were less likely to agree

Only one statement tested did not receive majority support:

- ‘You may be affected by depression and have psychotic episodes when you take marijuana or cannabis’ (40% convincing, 18% very)
  - Those aged 60 plus (49%) were more likely to agree
  - Those aged 30-44 (31%) were less likely to agree

It should be noted that between a fifth and a quarter of all respondents were neutral about each statement.
8.3 Positive messages

Younger people in particular suggested positive messages that indicated it was possible to stop using drugs. Messages needed to convey to people a need to develop ambitions and goals and above all find happiness in ways other than through drugs.

[What do you think are some things you can say?] You need to tell them or convince them there is another way. You don’t have to take acid to be happy mate or don’t feel so down. (Napier, 16 years, male)

Get back to your roots and find out who you are. Being ambitious, what do you want out of life. (Napier, Māori, 18-24 years, working, male)

Talk about life in general, give him some goals, some ambitions, give him an ambition for the future. There is something better than this. (Napier, Māori, 18-24 years, working, male)

You have to show them that there’s good stuff in the world that’s not drugs, that they can get back and try and get help, like you don’t need drugs to be happy. (Christchurch, 18-24 years, female)
8.4 Consequences messages

There was support for messages that conveyed the consequences of illegal drug use on themselves and others around them. These included:

- Legal consequences including limits to overseas travel.
- Personal consequences.
- Family and friend consequences.
- Career choice consequences.

Legal consequences

While there was ambivalence regarding the legal consequences of illegal drug use due to differences of consequences for people caught ‘using’ as opposed to ‘supply’; it became apparent when talking to young people that there was low awareness of the consequences of a drug conviction in limiting overseas travel.

Like in America I’m pretty sure that if you’ve had drug charges they don’t let you go there. Like you’ll be stuck in the country, like there’s no way out. (Auckland, 13-15 years, female)

Some could clearly see that being limited in overseas travel or confined to New Zealand was not something that many had considered.

If you just had a simple case example of someone who was a 20-year-old student, wanted to start her OE and then oh, she had this drug conviction so that was the end of that. Sort of things like that, would probably like shock a lot of people who were into the same situation. “Oh my God, if that happened to her that could easily happen to me”, as opposed to just sort of seeing it as happening to someone else. (Christchurch, 18-24 years, female)

You could definitely show those two different things on an ad or something. It’s all fun and games until you’re stuck in New Zealand for the rest of your life, and then we’ve gotcha. (Christchurch, 18-24 years, female)

Parents possibly were a little more aware of the consequences.

Well they do have these great dreams, you all do as a teenager but not fully aware of those prospects. We all knew about the travel one, didn’t we? You can’t go to America if you get caught smoking dope but most people don’t consider it. They don’t consider those things at the time, but if it was put in their subconscious they might then consider things a bit more. (Napier, parents of Year 7 and 8 children, male)

Personal consequences

Some participants felt any message needed to show the personal consequences such as violent behaviour and impact on physical health (including ageing).

That is the only thing I can say show them what happens to people who take it. If you get them when they are really young and actually show them, I would say younger than 10 they would think this is disgusting and why would we ever take it. And don’t tell them
about the immediate benefits of it like with P and all that it evidently makes you feel amazing. (Napier, 16 years, male)

For example, P, I didn’t think it took very long at all before your health went downhill. I don’t know about the other – [So what you’re talking about is actually making people aware of some of the side effects that could happen, letting people know what the consequences are of the actual drug on their bodies] Which is what we’re saying about the smoking campaign. Smoking is the parallel to what you’re saying. We take smoking – I know it’s not illegal in the truest sense of the word but if you take that message and drum it into people long enough, then it’s going to – and with the aggressiveness that the anti-smoking people have and taking the same approach, then I guess that you might start having an impact. (Auckland, parents, Year 9-13 students, male)

I guess the consequence is the main thing. If you are seeing the consequences before you have tried it then you are going to look at them and say no I don’t like that. The same as the smoking packages people look at them and go yuk. If you put those sorts of things on TV or wherever you are going to advertise you have got to show the affects that this is what will happen to your body if you do drugs. So you don’t even think about trying because you don’t want that to happen. (Napier, 18-24 years, students, male)

Family and friends consequences

Suggestions of portraying family relationship breakdowns in a campaign were made.

There was support for showing graphically how drug induced violent behaviour affected family and friends.

Imagine having someone on TV walking around naturally and someone in the corner having a bit of P and then he goes nuts for no reason what so ever. It’s a normal perfect day with family or whatever and just out of the blue someone loses the plot. That is what happens so why can’t you show the truth. (Napier, Māori, 18-24 years, working, male)

Participants saw a need to convey to people the impact of illegal drug use on friends and family and how it affected relationships and family life.

It wrecks families like children always blame themselves. When that happened to me someone freaked out, my Mum immediately turned to me and I had to get all the kids ready, call all Mum’s friends and family to come and try and sort out this person. Like they freaked out so much that they ended up spending time in a mental health clinic because the drugs had just wrecked them so bad. (Auckland, 13-15 years, female)

I know a 24 year old who is actually really bad with drugs and stuff and it is disgusting. He is 24 and he looks about 34 and he has got no money, he gets paid a lot of money and he has got no money, no girlfriend. And just bored, doesn’t do anything, doesn’t travel or anything like that. Then you see 24 year olds that are really successful. So that really puts you off. (Napier, 18-24 years, students, female)

With the harder drugs it gets to like you actually shouldn’t take that because it affects other people. If you’re going to light up a cone at home and you’re just going to sit there and eat like a whole lot of stuff, then that’s not hurting anyone, but if you do some of those harder drugs and you do them regularly and you go out and you do crazy stuff and you hurt other people, it’s not okay- “you’re harming other people that you care about” sort of thing. (Christchurch, 18-24 years, female)
However, there was acknowledgement that a future focused message was difficult for young people to associate with as many were not thinking that far ahead.

> And people our age don’t think 30 years in the future about families and all the rest of it so if you are just taking drugs now you are like yah this is great and then 30 years down the line you just go I wish I hadn’t done that because it has mucked me up. And people our age just don’t think about that. (Napier, 18-24 years, students, female)

## Career choice consequences

Some participants were also aware of the impact of illegal drugs in limiting employment and career choice options for young people.

> Like maybe I know heaps of people that want to like apply to like travel college and stuff like that, maybe if they ever went for a job and they had to get a drug test, like they wouldn’t get the job that they want. They’d end up getting stuck working at McDonalds. (Auckland, 13-15 years, female)

> You could highlight different things like at a university, you know, like if it affected grades or like, you know, whether you’re likely to graduate, all that sort of thing. (Christchurch, 18-24 years, female)

> I knew a girl recently who got a law internship and then they looked at her BeBo page and they were like “ah, we don’t really want you”. I mean what if you’ve got pictures or even subtle hints that you’re, you know, into drugs? They don’t want that. (Christchurch, 18-24 years, female)

Parents would also reinforce the risks of illegal drug use on career options to their teenagers.

> I’ve got a daughter who knows now what she wants to do with her life in terms of a career and for her to try drugs or become somebody who’s a habitual user of drugs would screw that up. She would not get the job that she wants, it’s a simple as that. (Auckland, parents, Year 9-13 students, male)

> [What do you think would get through to your young people and make them think twice?] Career options. My daughter wants to be an underwater photographer. I can’t imagine going underwater with a lung problem. It was not the fact that that was a serious possibility, it was a fact of “did you even consider something like that?” It’s teaching them to think about consequences which obviously they have to grow into. There’s consequences of everything they do. (Auckland, parents, Year 9-13 students, male)

### 8.5 Horror stories

Alongside conveying the consequences of illegal drug taking there was some support for including some of the ‘horror’ stories associated with illegal drug use to grab people’s attention.

This participant was profoundly impacted by the impact of methamphetamine on his brother and now had nothing to do with his brother.
Formative research into knowledge of and attitudes to use of illegal drugs
Acquumen Ltd and UMR Ltd

P is the worst drug without a doubt. I have lost my brother over it, I was in a real big low and he just pulled his fucking shit on me so I told him fuck you, you are dead to me and that is it. He has gone. Gave him a chance and he put me in a real bad position, I was in a bad way and nah I don’t need that around me. So I chose not to help him to help myself. But road rage he got caught up in that, someone overtook him, cut in on him and he rammed them off the road, jumped out of his car, smashed the window. Show that on TV and then you will see people’s eyes go oh what just happened then. (Napier, Māori, 18-24 years, working, male)

These included what a bad trip really was like, violent criminal behaviour and embarrassing behaviour.

I think more horror stories, like especially that guy that chopped up people with the samurai swords and like Millie Holmes and stuff, how they’ve gone off the rails. Like P, that’s scared a lot of people. (Christchurch, 18-24 years, female)

Maybe they could show what a really bad trip would be, like you’d just feel so freaked out. That’s not fun, why would you want to do that. (Christchurch, 18-24 years, female)

Like embarrassing things that people do on drugs. That you can be taken advantage of and all that sort of thing. (Christchurch, 18-24 years, female)

I think if you are going to do ads you need to be real about it. Not have wussy photos on there. They should be hard shocking photos that people actually take notice of. (Napier, 18-24 years, students, female)

8.6 Harm minimisation

Participants were also asked to consider a ‘harm minimisation’ message where one took the perspective that if someone was going to take drugs to at least get them to take them safely. Some could see merit in a harm minimisation message.

[So what do you think about a message that includes the people who are going to take it anyway?] If you can do both, if it is possible to do both that would work. It would be like don’t do this but if you are doing it then be careful. (Napier, 16 years, male)

I think the safe environment is a very good point. The utensils you use for it is a very good one so sanitised needles or make sure it’s a fresh roll of tin foil. Or the people you do it with know them otherwise you never know how people will take advantage of you. And I think access to information is big. (Napier, 16 years, male)

If you are going to do it do it with people you know well in case something does go wrong. (Napier, 18-24 years, students, male)

But some were unsure and did not want to be seen condoning something that was illegal and that caused harm to some people.

I’m not sure if minimisation – that’s saying it’s okay to do it. It’s sort of promoting it. (Christchurch, 18-24 years, female)
You can’t minimise what the drugs are doing to you so there is no point, you are sending a message saying have a guy who is not doing the drugs to make sure that you only do a little amount or something. That is like saying it is okay to do drugs if someone is only doing a little bit when it’s not. Taking a little bit more often and taking one large bit more spread out is still just as bad. (Napier, 18-24 years, students, male)

One participant referred to sex education in schools where safe sex was promoted and raised concerns that doing something similar for drug taking would normalise drug taking and not meet the needs of a drug campaign in the long term.

If you look at something like sex education in schools where there is a lot of talk about when you are 12 and 13 you want to think hard about whether you are going to start having sex. But if you do here is how you do it safely. So they have been doing this for years and years and years. But the other part of it is sexual infection rates continue to rise year on year. So not only is the harm minimisation stuff not working it actually could be argued to be counterproductive. I can just see as soon as you start saying within schools we don’t think you should do this kids but if you do make sure you use clean needles or buy from a supplier that you trust. The more it is talked about the more normal it has become and I think that can happen in schools like what has happened with sex education. (Christchurch, 24-35 years, male)

8.7 No support for ‘don’t do it’ message

There was no support for a ‘don’t do it’ message. Building on the previous sections where participants clearly saw that often illegal drug taking was a personal choice participants could see no way of including a ‘do not take drugs’ message in any campaign.

If you say to a teenager or a kid don’t do this they are going to try it anyway because they want to see what it’s all about. (Christchurch, 24-35 years, male)

I think the don’t do it full stop one is pointless. Because kids are going to try it, they will see it, they will go to a rave and they will see the Ecstasy and the party pills. The first time they might say no but the second time they might try it. (Auckland, Māori, student, 18-24 years, female)

People don’t like being directly affronted. You are a bad person. They don’t like being told what to do either. (Napier, 16 years, male)
People with Known Experience of Illegal Drug Use
9. Knowledge and awareness of illegal drugs amongst those with known experience

9.1 Knowledge of illegal drugs

Participants were asked to nominate the illegal drugs present in New Zealand and overall the level of knowledge amongst people with experience of drugs was high. In most interviews and groups, participants mentioned the following illegal drugs:

- Cannabis
- Methamphetamine
- Opiates
- BZP.

Overwhelmingly the most commonly mentioned drugs were cannabis in its various forms (including hashish, oil and use in baking) and methamphetamine. In other groups, opiates and more specifically morphine (usually by adults) and BZP (by young people and adults) were also commonly mentioned. Other drugs noted were:

- Amphetamine/ speed (in various forms)
- ‘Homebake’ (heroin)
- Heroin
- Cocaine
- ‘Ecstasy’
- LSD
- ‘Party pills’ (other than BZP)
- GHB (‘Fantasy’)
- Ketamine
- Magic mushrooms
- Datura
- Mandrax
- Solvents.

Some of the drugs in the second group including heroin and cocaine were considered difficult to access and expensive so not commonly used.

[These] are hard to get ‘cos Customs do a good job [stopping them coming into the country] so they’re very expensive.

9.2 Trends associated with illegal drugs

Some people noted trends related to drug availability and use.

Since I came back from Australia I’ve been surprised by how many people are using morphine and valium. [Hawkes Bay]
Lots of people who previously used ‘hard’ [opiates] are switching to using methamphetamine. [Auckland]

I didn’t know about P until I came to New Zealand recently. It’s not big in Australia or the U.K.

Homebake seems to have disappeared. I guess it’s been replaced by other things.

Some participants identified drugs they thought were associated with various social groups. ‘Boy racers’ and young people were associated with BZP although a small number (3-4) of adults had been heavy BZP users. Young people were considered to be more likely than adults to use solvents as they were cheap and, although controls are in place, easier to access than other drugs. There is a stigma associated with solvents as a drug for ‘street kids’ and this puts others off using them.

One young person thought about 40% of the young people he knew were using drugs regularly.

Cannabis was considered commonplace and used by all social groups. Others noted groups that were likely to be regular and heavy users and the examples given included communities (and particularly Māori communities) in Northland and the East Coast.

Māori smoke cannabis and it is real common up North. My cousins, uncles and aunties all smoke and it’s a normal daily thing. They smoke it like it’s tobacco.

Methamphetamine was considered to be very widely used, and commonly linked to low socio-economic groups and gangs. One young person said:

P is New Zealand’s drug of choice.

One person commented that the group of people who have historically used opiates in Auckland are now using methamphetamine, as it is readily available and relatively cheap. The person said that ‘80% of the people I know are using methamphetamine intravenously’. The trend was confirmed by others, who considered intravenous use of methamphetamine by non-opiate drug users to be commonplace. However the trend may be geographically defined as one group member said that in his home area (Taranaki) this was not the case, citing an estimated 10% figure of methamphetamine users there were using it intravenously.

One person commented on the trend in sports where amphetamine use is more common, ‘cos players want to perform harder and faster, for example rugby league and basketball’.

Several people noted that the relationships between drug-using groups varied.

The circles of people using and selling different drugs may not overlap. People using methamphetamine are usually a different group to those using cannabis and alcohol, and those using opiates are often in a different circle to those using P.
The Illicit Drug Monitoring System was first established in 2005 to provide information on changes in drug use and drug related harm in New Zealand. Research for the most recent report was completed in 2007 and this included interviews with 324 frequent drug users in Auckland, Wellington and Christchurch. Key findings related to the availability of drugs from 2005 to 2007 are very consistent with this research.

The following list is derived from the IDMS.

- **Cannabis** - very easy to easy
- Methamphetamine (‘P’) - easy to very easy
- Crystal methamphetamine (Ice) - *increasingly difficult to access*. This is likely to be due to some very large seizures made at the border in 2006 and 2007.
- **Opiates** - easy/very easy. These are illicitly diverted from medical and drug treatment systems, including morphine, morphine sulphate tablets (MST) and methadone.
- **MDMA** – (‘ecstasy’) - easy
- **LSD** - difficult to easy
- **Cocaine** - more difficult
- **GHB** (‘Fantasy’) - easy
- **Ketamine** – difficult
- **BZP** (‘party pills’) - *increased use* and injection of BZP party pills by frequent injecting drug users.

### 9.3 Use of drugs and alcohol

All participants thought it was very common for people to use both alcohol and drugs, particularly cannabis. Many thought it was socially acceptable and some saw it as part of a New Zealand culture that likes to have a good time and enjoyed ‘getting wasted’.

> *Alcohol and drugs go hand in hand.*

> *Cannabis is seen as ok and it may as well be the beer Dad gave you when you were five sort of thing. It’s acceptable to the point [where people wear] earrings and t-shirts and wristbands and so on with the symbol on them. You don’t see people walking around with hypodermic needles on their t-shirt.*

There are differences in how individuals combine alcohol and drug use.

> *All my mates smoke cannabis and drink alcohol together...a lot don’t do drugs without alcohol.*

> *Yeah they go together but for me it was always the drugs that were more interesting.*

Two separate groups of young people identified a pattern of drug use (cannabis) on weekdays and combined alcohol and cannabis use on weekends. A young person interviewed individually said he believed that 70% of young people using substances, use both alcohol and cannabis together.
For adults, the introduction of the Smoke-free Environments Amendment Act (2003) banning smoking in public places may have reinforced this in some way.

*When they banned smoking and smokers had to go outside to smoke a cigarette they’d join five others. People don’t smoke a joint by themselves but when they join a group it becomes social. When everyone is huddled outside the bar they think they might as well have a joint and it becomes the talking stick or whatever.*

### 9.4 Legal deterrents

People were aware that the use of illegal drugs was an offence and some had firsthand experience of the consequences. However the risk of being caught was seldom considered to be a deterrent to illegal drugs and some saw it as an incentive.

*As long as it’s illegal it entices some people more.*

Some people thought that, as a generalisation, certain sorts of people such as high-risk takers and rule breakers will have little regard for legal deterrents. People in these circumstances were considered likely to see their drug use as personal and ‘not hurting anyone but themselves’.

Others thought it would depend on what was at stake for the person. If they already had a criminal record further offences are less likely to be of concern, whereas it may be a bigger deterrent for some young people. A common view was that cannabis use should be decriminalised so that users do not gain criminal records and experience the impacts and stigma associated with this.

Fear of legal consequences was identified as a barrier to seeking help by some. This centred on concerns that information of illegal drug-related activities would be passed on by a service and used against a person and their associates. This point appears to be significant if a goal of the social marketing is to improve uptake of services, as lack of understanding of professional ethics in agencies may inhibit people from seek help and treatment.

### 9.5 Sources of knowledge

People gained their knowledge of illegal drugs from a range of sources including:

- Partners
- Friends
- Peers and drug associates
- School
- Family members
- Television and other media, and
- Personal experience.
Some noted that their introduction to certain drugs was through school-based education programmes and the comment was made that:

*Being told about drugs in school made us aware that there was something we were missing out on. The fact that they are illegal made it exciting – kind of like we wanted to try them then.*

Some participants developed their knowledge from watching television and films like ‘Trainspotting’ or by learning through musicians or other artists they admired.

Many said they had sought out knowledge.

*I learnt about drugs at school and just around I guess. Word of mouth...and hooking up with people who know about drugs.*

*You can tell when people are high and you can ask them what they’ve been using. It’s acceptable to talk about drugs – it spreads through the youth.*

Others said their social circle influenced their knowledge.

*There’s P and cannabis but what you hear about will depend on the group you are with.*

This extended to contacts people made while attending rehabilitation programmes.

*Heard about it in rehab and NA16 for the wrong reason. I’d go there to hook up with people to go out and have a good time.*

Some participants noted the level of attention methamphetamine has received from the media and thought that this has led to a high level of general awareness of the drug.

### 9.6 Public views of drugs and the media

General public sources of knowledge about illegal drugs were considered to be television and news and this was widely considered to be inadequate.

*Public awareness is pretty lame. Where are the ads [and information] about drugs? I can’t think of a single drug awareness campaign. You get the police busting the odd P lab on the news but even that doesn’t tell you anything about the drug itself.*

A common view was that limited knowledge combined with a lack of public discussion on illegal drugs has contributed to stigmatising attitudes towards current and previous users. Some considered this to be harmful to users contemplating change and seeking help.

*You feel like you’re at the very low end of society and there’s not much incentive to pick yourself up.*

*We don’t need to be judged as addicts. We already know we’ve destroyed our lives and don’t need to hear it again.*

---

16 Narcotics Anonymous.
Some noted that the ‘Like Minds’ mental health campaign had failed to address stigma associated with problem drug use, and that this badly needs to be addressed.

Participants on the methadone programme ranged in ages and some were in their early 20’s, and many commented on the stigma they experienced. This came from a range of sources including pharmacy staff and potential employers.
10. Understanding of drug specific risks and harms

Discussion on the harms associated with specific drugs mainly focused on cannabis and methamphetamine, with some mention of BZP and legal drugs including alcohol.

10.1 Risks associated with cannabis

Compared to those drugs considered to be more addictive and difficult to withdraw from, cannabis was most often thought to be a ‘soft’ drug and less harmful than others. This is not to say people thought cannabis was harmless and many noted that it had the same health risks as tobacco. Other commonly mentioned harms included memory loss, lethargy, social isolation, depression, paranoia, and loss of control. Some identified an association between cannabis use and psychotic illness for those vulnerable to mental illness.

At the top-end of the scale people [who use cannabis] turn themselves into gibbering idiots for the rest of their lives. At the lesser end of the scale is the harm to the individual user – poor judgements which can lead to career and relationship damage.

The worst effect of cannabis is utter control over your brain.

There were different views on the role cannabis plays as a ‘gateway’ drug leading to other drugs and addiction.

One person thought:

Cannabis...trains your brain to be addictive.

While others said a lack of interest in cannabis had contributed to experimenting with other drugs.

Cannabis tends to make people stupid...I was never interested in it so maybe it was my gateway...in that I went on to the next thing.

Cannabis makes me really paranoid so I passed and moved onto harder drugs.

Generally cannabis is seen to be most harmful to the individual and those immediately around them including their family and partner. Alcohol and methamphetamine were considered to be harmful to the individual and more likely to cause wider social harms.
10.2 Risks associated with methamphetamine

Methamphetamine is commonly considered to be a high risk drug because of its addictive qualities and the effect it has on people’s lives including their health and wellbeing.

A sample of quotes:

“It makes you go psycho...you think you’re someone else and hurt people.”

Lose respect for your family and communication – ruins how you talk with people and [you] become socially isolated.

“You can’t look after yourself. Your teeth rot, you lose weight and can’t sleep. You can’t go to your doctor to talk about these things...for a start you can’t get organised [to get to the doctors] let alone what are you going to say once you get there?”

“A big problem with P is that it keeps you awake and wired. You can keep going for days without sleep, but then when you start to come down you feel desperate. A lot of it is about exhaustion and lack of sleep.”

“I had two hospital [mental health inpatient unit] admissions because of P. I experienced psychosis and bad paranoia and hallucinations. I was like a loaded gun. Very pent up. I lost everything including $76,000 of my life savings in a two month period.”

Many people spoke of the personality changes they experienced in themselves and others as a result of using methamphetamine. On one hand this was very appealing:

“It’s the kinda drug that makes you feel 10 feet tall and super-confident. It makes you feel like you’re someone else.”

On the other hand changes were negative and included becoming aggressive and violent, especially when in a state of withdrawal from the drug, and experiencing psychotic symptoms. Many people talked about the link between methamphetamine and criminal behaviour and a small number had been involved in manufacturing the drug.

“Even though the price has come down from about $1,000 per gram to $600 per gram [about $80 for a ‘hit’ in Auckland], I know someone with a habit of 2 – 3 grams per day. The only way to afford that is to be in the making scene.”

One person, who later lost custody of his child, marvelled at the risks he had taken.

“I taught myself how to make P at my house and the smell was so bad. I knew it was really dangerous but kept at it. I had my son living with me at the time and he was nearby. Unbelievable now.”

Another person described an awful experience of needing to do more and more extreme and risky things to prove to the others involved in manufacture that he was trustworthy. Another said that he had lost all sense of feeling and empathy because of the types of behaviours he had engaged in while involved with manufacturing and selling methamphetamine.
Many also noted the link between methamphetamine and gangs and one group talked about the impact this can have on families.

*When a family member is involved with* gangs *they feed off the family.*

Some felt this dynamic meant that Māori were particularly vulnerable to methamphetamine misuse as:

*Our identity is involved with the drug culture – you are who you associate with.*

A growing risk already noted in this paper is the increasing use of needles for intravenous use by both those who have used opiates intravenously, and those without a history of intravenous drug use, and unsafe needle-sharing practices were described.

A common concern was that although methamphetamine is an ‘ugly drug’ and ‘dangerous’ it continues to be manufactured and misused. Eventually it will be replaced and with this as a benchmark what type of drug will be developed next?

### 10.3 Risks associated with BZP

The most comments on harms associated with BZP were made by young people, and those adults who also commented were from Auckland. The main concerns related to the short term physical effects of taking the drug and included fainting, seizures and passing out.

### 10.4 Risks associated with legal drugs and alcohol

Most people thought legal drugs available on prescription were just as risky as illegal drugs when misused, and potentially more so as they may be easier to access.

*Valium, benzos, ritalin, sleeping and diet pills...there’s a pill for everything.*

Many considered alcohol to be the most dangerous drug due to its availability and potential to damage families and incur other social harms (as opposed to a higher emphasis on individual harms from drugs) and costs including through drunk driving.

Some thought alcohol should be less available.

*Alcohol...is in the supermarket and on special every week. I saw a 16 year old, well I think he was 16 but can’t tell ages, but he was definitely underage because he gave money to his father to buy alcohol in the supermarket. It was out in the open but it is illegal. Who’s policing that kind of thing?*
11. Factors contributing to illegal drug use

All those who contributed to this part of the research had used illegal drugs and they were asked to describe the factors that had led up to this.

Overall people thought there were a range and combination of contributing factors. For example a person might try drugs because of peer pressure but then discovered it gave them confidence or masked personal pain, or that they simply liked the experience. There were differences in the views of adults and young people and these are discussed below.

11.1 Views of young people

The youngest a person reported experiencing drugs was 2 years, followed by a small number at 6-8 years and another group from age 9 to 10 years. However in the main experimentation with drugs was reported to start from 11 years and upwards.

The most common reasons given by young people for initially experimenting with drugs are grouped into the following themes and listed in order of the frequency they were mentioned.

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<thead>
<tr>
<th>Number</th>
<th>Factor</th>
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<tbody>
<tr>
<td>1</td>
<td>- To fit in/ peer influence or pressure</td>
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<tr>
<td>2</td>
<td>- Fun</td>
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<tr>
<td></td>
<td>- Enjoying the ‘buzz’ or experience</td>
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<tr>
<td>3</td>
<td>- Wishing to explore and try something new and daring</td>
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<tr>
<td></td>
<td>- To relax/ stress release</td>
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<td></td>
<td>- To cope with and block out personal problems</td>
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<tr>
<td>4</td>
<td>- Rebelling</td>
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<tr>
<td></td>
<td>- To overcome boredom</td>
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<tr>
<td>5</td>
<td>- Have grown up with drugs in family environment</td>
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Fewer young people than adults saw experimenting with drugs as a strategy for managing personal problems. One individual identified the influence of family environments as a factor contributing to their drug use, although at least 50% of the participants were introduced to drugs by a family member (sibling (usually brother), cousin, aunt, uncle or parent) and, like the adults, some noted that alcohol and drug misuse was a normal part of their family life.

_We’ve all grown up seeing [drug taking] done by our parents and thinking it must be okay._

_I thought drinking and smoking was normal – what all mums and dads did._
The appeal of risk-taking appeared to be stronger for young people than adults.

You get a big adrenalin rush out of doing something that’s illegal and [when] you don’t get caught you think you’re invincible.

P has this kinda dark, taunting attraction that draws you into it.

11.2 Views of adults

The overall responses from adults are grouped into the following themes and listed in order of the frequency they were mentioned.

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<tr>
<th>Number</th>
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<tbody>
<tr>
<td>1</td>
<td>To cope with and block out personal problems</td>
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<tr>
<td>2</td>
<td>Wanting to explore and try something new and daring</td>
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<tr>
<td>3</td>
<td>To have fun</td>
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<td>4</td>
<td>Have grown up with drugs in family environment</td>
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<td></td>
<td>To fit in</td>
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<td>5</td>
<td>To gain confidence</td>
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<td>6</td>
<td>To manage physical pain</td>
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<td></td>
<td>To relax</td>
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<td>7</td>
<td>Hereditary</td>
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<tr>
<td></td>
<td>A sense of freedom</td>
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<td></td>
<td>Loss of wairua</td>
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<td></td>
<td>Part of income</td>
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Coping with personal and emotional problems

The most common response was that illegal drugs were used as a strategy to escape or help cope with personal and emotional ‘pain’ and problems, and people gave examples from their own childhood experiences of sexual, physical and emotional abuse and dysfunctional family relationships. Some said they preferred to use illegal drugs and to ‘self-medicate’ rather than use drugs available from their doctor.

'I took cannabis instead of prozac for depression. Prozac made me tired and sleepy – I felt drunk all the time and couldn’t focus. Cannabis made me feel better.'
Family background

Another common theme was that drug and alcohol use was part of family life and an open part of the environment when growing up, and therefore considered to be normal behaviour. Many participants (over 50%) said that from childhood they were exposed to drug and alcohol misuse and this pervaded their family’s culture. Some considered their own addiction was pre-determined by their family experience and this theme was particularly strong in the focus groups for Māori.

A sample of quotes from the groups:

- If [alcohol and drugs] are in your family it’s a culture. It’s a norm when the bong is still on the table when you get up for school in the morning.
- It’s a family disease – all my family are addicts. I was born [into it] and had no choice.
- It’s a learnt behaviour. If you’ve grown up with drugs and alcohol then you don’t know any better.

Across all groups participants with these types of backgrounds were often introduced to alcohol and drugs by another family member.

- My mother first got me stoned at 2 years old.
- My uncle was growing cannabis and gave me a puff sometimes and then a drink, at about age 10 – 11.
- I was 12 when I started drinking. My family are drinkers and dad thought it was a good thing to put me on it. But alcohol wiped me out and was the messiest drug I ever took so I changed to drugs when I was about 16 and [then] got on to harder drugs.

Boost confidence

Using drugs to boost confidence was a common factor, and although the research did not seek to quantify responses, this may be more common for women than men.

- Drugs gave me confidence. I was very shy and [when I took drugs] suddenly I felt as if I’d had one leg all my life and I’d had grown another. It was a very big thing for me.

A number of participants said that methamphetamine use, in particular, had boosted their sense of confidence.

Loss of wairua

Some Māori participants linked their drug use to a loss of wairua and sense of connection with a higher power and purpose. For some recovery was linked to strengthening their identity as Māori, a belief in a higher power and reconnecting themselves with the wider environment. The role of whānau in a person’s recovery depended on their circumstances and wider issues, including whether the person considered their whānau were helpful to their recovery.
I began drinking at 12 and was brought up with it. I started selling drugs at school at 12 for a family member. My family [now] say I should stop [drinking and using cannabis] but they do. They never helped [me] before.

- **Income generation**

  The potential to earn an income from drugs, particularly from growing cannabis and manufacturing methamphetamine, was considered a factor that led to drug use in rural areas and amongst low socio-economic groups with fewer mainstream employment/income opportunities. Some noted that cannabis was part of the economy. Many people identified the involvement of ‘gangs’ in the manufacture and distribution of drugs, and particularly methamphetamine.

- **Experimenting for fun**

  Many people said they began experimenting with drugs for fun or to try something different and daring, and this was often linked to taking the risk of being caught by the Police. While noting that many of those interviewed for this part of the research had experienced moderate to serious drug problems, fun was often seen as short-lived and enjoyed in ignorance of the risks being taken.

  You don’t see [the risks] at the beginning - you’re having way much fun. You do see them eventually but by then you are in a big black hole and even then some people still don’t see it.

  One group also thought that, although untrue, some people might think they are immune to the risks of addiction.

  Don’t matter who you are addiction has no boundaries. It’s not biased; it’s not racist; it doesn’t care what you do for a living. If you take something for too long you [will] become dependent on it.

  Some participants talked about risks related to engaging with drug-related sub-groups, where some are motivated by money so have an interest in fostering addiction. Some examples of practices include introducing people to drugs with a mix of heroin with methamphetamine, and ‘lacing’ cannabis with methamphetamine. Other risks included to personal safety, including being in unsafe situations with untrustworthy people.

  You put yourself in dangerous situations you probably wouldn’t if you were straight or sober.

### 11.3 Peer pressure

There were different views on the role pressure from peers and partners have as a factor contributing to illegal drug use, and this was considered to vary between individuals.

Participants who considered peer pressure to be a significant factor often also noted a lack of self confidence and a desire to ‘fit in’ as a factor in experimenting with drugs, and some concern at the risk of losing friendships or a relationship.
It’s so easy to go along with mates because you get pressured if you don’t.

One person noted a pattern of behaviour amongst peers.

You get pressure from peers and you develop the same behaviours with others, and start pressuring them.

One young person noted that peer pressure can be very strong for young people, especially ‘to do things that you may not want to do, because you want to be their friend’. One group of young people agreed that ‘peer pressure is real’ and a significant factor in drug use.

Several young people identified a family member (cousin or brother) as the source of the pressure. One young woman said she had been the leader of her group and had set the scene by including linking with dealers (who were linked to gangs) and introducing the group to different drugs.

Participants who did not consider peer pressure to be a factor were more likely to say they began experimenting ‘just because they wanted to try drugs’. They considered people who are ‘followers’ to be more vulnerable to the influence of peers than themselves.

Some participants commented that drug use patterns often develop when one partner is using drugs.

As a woman I thought it was romantic and [that] part of being in a relationship was doing drugs together.

Others noted that once using illegal drugs, the nature of their relationships changed and became focused on other drug users.

You replace your whānau with the drug group – you feel comfortable with your using mates. When I was trying to break away from drugs it was really lonely and it takes a long time to make new friends.

Sometimes relationships are formed in order to have access to drugs.

Women hook up with P dealers as partners so they have their supply of P.

Peers and partners can be a source of temptation and can make it more difficult to stay away from drugs.

Your friends want you to keep using because if you’re not [then] they have to look at themselves.

On the other hand, some commented on the positive influence of partners.

My partner never took any drugs the whole time I was using – she was just there for me and the kids. It was because I had a good partner and relationship, otherwise I could’ve easily ended up in jail.’
11.4 Experimentation and recreation to problem drug use

Views on when experimentation or recreational drug use becomes a problem were grouped into five key themes:

1) When you depend on drugs
2) When you rely on drugs to manage personal problems and stressors
3) When drugs become more important to you than family and other things you value
4) When you need drugs to function
5) When you are engaging in behaviours specifically to access and use drugs.

A sample of the responses:

When you stop wanting it and need it. It starts with getting ready to go out, then you need it to get through the next day, then suddenly just because it’s Wednesday...’

When it becomes harmful. The first time you can’t get up and go to work in the morning or the first time it creates any negative impact on you and you still go back again with some kind of underlying hope that there will be a different result this time.

When it stops being fun. When you are doing stuff normal people wouldn’t do to get hold of drugs.

When it affects your relationship with your partner and kids but you don’t care, cos you’re just worried about how to score next.

When you’ve got troubles in life and [are] using drugs to escape. It’s a short term fix. You have to sort yourself out – drugs won’t do it for you.

Changed for me when I had [become] a street worker to get money for drugs. I didn’t steal or rob from family cos not brought up that way, so it was my only option.

A common view was that irrespective of what factors lead to initial experimentation, ongoing drug use was an outcome of personal choice. One person described her experience.

I started to take drugs to deal with personal pain. I was raped when I was nine years old and a few years later I found out my attacker was getting married and couldn’t cope that his life just carried on. But later I just liked drugs.

Some people considered that to some extent drug use is socially defined as normal peer group behaviour and for most people it causes few problems. However for a group of people who have serious personal problems addiction is a greater risk.

Everyone uses drugs for some kind of escape, even those who do it socially. It’s the degree of escape that is the issue.
11.5 When illegal drugs may be helpful

Most people considered there were times when illegal drug use could be helpful. The most common scenario was using cannabis as part of managing a disease such as arthritis, or AIDS, with the main benefits being pain relief, appetite stimulation, and sleep. Cannabis was also considered useful for relaxation.

"Yeah definitely. I've seen people who are far too stressed out and would be helped by having a session, making themselves a coffee and sitting in the sunshine."

Some people noted the link between illegal drug use and creativity.

"Throughout history great writers and painters of modern culture and musicians...have used drugs as a gateway to open their minds so to speak, so there is definitely a positive element there."

Other scenarios where drugs might be considered useful are as a social lubricant for fun with friends or at work.

"In the right situation I think some things can be useful. I worked as a night-shift bar manager for years and although I'm notcondoning drug taking, speed made working seven days a week a...lot easier. But after a while you get clumsy and grumpy so I wouldn't advise it as a career move."

Sometimes drugs are seen as a useful way to help with confidence or to deal with problems. One participant commented that without drug use to ‘black out’ the behaviour and situations involved in prostitution, many would take their lives.

Several participants noted that it is always possible to rationalize illegal drug use and ultimately this was not helpful.

"They’re not [useful]. They are a quick fix for a tiny part of your life but it doesn’t work in the long run."
12. Harms and impacts of drug misuse

Key harms associated with illegal drug misuse include risks associated with poor judgement and addiction, and many people noted that the level of difficulty experienced in both the short and long term will depend on the type of drug misused and an individual’s risk factors.

*It’s a sliding scale and [risk of harm] depends on how far up the path you are.*

*Drugs affect people differently and there are other [things] like personality and how people are brought up that could have an effect ... It’s not that cut and dry.*

Just as there were differences between young people and adults in the factors identified as contributing to drug use, there were differences in the potential risks and harms of concern.

12.1 Views of young people

Young people were concerned with the risk of ‘losing it and making a fool of yourself with drugs’. Other risks noted included:

- Physical and mental health
- Memory loss and lack of concentration
- Schooling e.g. lack of concentration and poor results
- Risks associated with driving when ‘stoned’
- Being a passenger in a car when the driver has been using drugs
- Loss of fitness – ‘cannabis slows you down’
- Sports e.g. poor performance, loss of motivation to participate, missing out on fun
- Losing contact with non-using friends
- Becoming socially withdrawn when using methamphetamine
- Lack of money and having to steal to fund drugs
- ‘Getting stoned and looking for trouble’ including fights and other out of control situations
- Being caught committing a crime and being sent to prison, and
- Hurting people, particularly family - ‘lying hard out cos you don’t want them to know what you’re doing’.

The worst impacts were considered to be hurting families and getting into trouble including being kicked out of home, violence (causing fights or being a victim) and being caught committing a crime.

*I’ve lost everything eh – my family and friends. Drugs push you to a place where you don’t really want to be. Lost my education and that was the worst for me.*
Proportionately more young people mentioned the risk of death through violence and drug misuse than adults. A number of young people agreed that driving in cars and being driven posed real risks, although some said that perception of speed (velocity) was severely affected by cannabis use, leading to driving at slower speeds and more safely. A number of young people agreed that Police roadside testing for drug use (as they do for alcohol use), was needed.

Many young people said that drug use on secondary school premises and during school hours was common from year 9 onwards. There were different views on whether one gender is more likely to use drugs than the other. One group commented that drug use was particularly common amongst girls, while another said boys smoke cannabis while girls smoke tobacco.

All younger participants thought there are big differences between those who do and do not use drugs, and these were framed both positively and negatively. Some thought that drug users had more fun and were more interesting than non-users.

Users have better personalities. [They] swear, talk about drugs a lot, [are] simple and funny [and have] intense conversations.

Others focussed on the advantages non-drug users have over drug users, and a key theme was differences in levels of motivation.

There’s a big difference. Ones that aren’t using are clever, going to school, have energy and positive thinking, react faster [with] no stuttering at all [and they] can hear properly. Drugs users are slower, react badly, are disrespectful to property, and are not well ‘cos their lungs fill up with stuff.

Longer term impacts noted included limited education, employment and earning potential, and health.

12.2 Views of adults

For adults the potential risks noted were also across all facets of life including:

- Driving and other unsafe behaviour
- Physical, mental and emotional harm to self
- Damage to families and other relationships
- Education e.g. limited education during school years, criminal record prevents further education
- Financial e.g. spending money on drugs, limited job opportunities
- Employment e.g. unable to hold down a job, harm to career
- Withdrawal from healthy and active activities
- Losing contact with non-using friends on a positive track
- Being caught committing crimes and being sent to prison, and
- Reduced future options.
The worst impacts were consistently considered to be the impact on families, parenting and other relationships, followed by damage to personal wellbeing and health.

I lost my home, I lost my wife, I lost my job...I could easily write a country album. I was reasonably comfortable had it all but drugs cost me financially, mentally and emotionally.

The next sections provide further discussion on the key impacts.

### 12.3 Impact on families and relationships

The impacts on families include causing hurt and damaging relationships. For some people while using drugs this meant not caring about the effect this was having on the family.

*Drugs break up families. [When you are using] you lose your sense of aroha and family doesn’t seem to matter.*

Other impacts included volatile relationships with partners and for some this extended to abuse and violence.

- **Parents**

A number of participants were parents and they recounted the chaos their drug use had caused in their lives and the impact this had on their children including neglect, loss of custody and ongoing alienation from their children.

One mother described how she has watched how her friends behaved when they lost their children.

*They just let their kids go, and don’t even seem to fight to get them back’*

Several mothers had managed their situation by arranging for others to care for their child.

*I was a perfect mother for 2 years – stopped all drugs. When he was 2 years I asked mum & dad to bring him up cos I had hooked up with old friends and didn’t want to drag him around with me. I have a strong bond with my son, but his grandparents are his mum and dad.*

- **Long term damage**

Another impact was long term damage to family relationships.

*It’s really hard to get people to trust me – [to see] that I’ve changed, that I may have done those things but I’ve changed.*

Some participants talked about their family’s efforts at intervening in drug misuse with varying outcomes.

*My family have been amazing. Stood by when I put them through shit.*

*Couple of family members I’ve lost contact with cos they tried and tried to help me – but it’s not how it used to be. I put a wedge between certain members of my family.*
Once in recovery, several people talked about the need to stay away from their family where members continued to misuse drugs and alcohol.

*I've gotta stay away as I'm not strong enough.*

**12.4 Impact on wellbeing**

Many considered that the impact drugs have on their sense of wellbeing was one of the worst possible effects.

*Your self esteem and sense of worth gets affected.*

*The person you become when you’re addicted - it’s de-grading. Having no respect for other people; stealing and hurting them to get to drugs. Loss of connection with a higher power and living a life of lies and dishonesty let alone a loss of morality. No peace within... It’s not good to lose these things.*

*I was told [in treatment] to turn up the volume of my conscience. I realised that I didn’t really have a conscience any more.*

Regaining self-esteem and developing wellbeing was critical to recovery from addiction.

Some linked well-being with spirituality or wairua and an important component of their recovery had been regaining or developing a sense of connection with a higher being, and sense of purpose and direction.

**12.5 Impact on health including mental health**

- **Health**

The impacts of illegal drug use on health include:

- General neglect
- Poor hygiene
- Problems related to pregnancy including miscarriages
- Contracting HIV or Hepatitis C.

Some people thought there is very limited information available on preventing the risks of blood borne diseases including hepatitis C and HIV, and what information is available is targeted at professional groups and those who had already contracted the viruses.

As part of their recovery from methamphetamine dependence, some participants were now prescribed methadone (opiate substitution therapy medication). While this had largely reduced the problems associated with drug seeking behaviour, they noted the downsides to ongoing drug dependence.
Look at me – I’m on methadone probably for the rest of my life. It just weakens your whole system, your liver and mindset.

**Mental health**

Many people were aware of potential risks that using illegal drugs can have on mental health.

*Anything that’s altering your brain can’t be good for you.*

Mental illnesses mentioned included depression, anxiety, drug-induced psychosis including hallucinations, paranoia and bi-polar disorder. Methamphetamine and cannabis were the two drugs most often associated with mental health problems. Commonly it was considered people who were vulnerable or had a propensity to mental illness should avoid illegal drugs. For example methamphetamine may disrupt sleep patterns and many people were aware that this may trigger a mental health problem.

Those who talked about their experience of mental illness commonly said they were slow to see the connection.

*Drugs had a big mental impact and played havoc with my mind. It took me a long time to see the triggers. I ended up in the psych unit about seven times.*

**12.6 Long term impacts**

While using drugs, many people described their lives as unstable and chaotic on a number of levels. Everyday activities such as paying the rent, childcare, shopping and going to work were affected as drug seeking and taking activities became the daily focus. These led to tangible impacts such as eviction from accommodation, losing custody of a child, failing a course or losing a job.

*I’m at the stage now when I’m after help but up until now I didn’t want it. I lost my job. It wasn’t officially because of my drug use but realistically it was. I remember a time when I was good at my job y’know, and I was a good worker for years and years. I’d like a bit of that pride back. As long as I’m using drugs I’m not saving any money and can’t progress with my life.*

A number of people referred to the link between prostitution and drug addiction. The experience was recounted of needing to work as a prostitute to be able to afford methamphetamine, but then of becoming caught in a vicious cycle of needing to use methamphetamine to be able to continue prostituting.

While recovery from addiction improves stability in lives, there can be long-term impacts and consequences. Examples already noted in this paper include ongoing alienation from children and family, and health problems.

Some noted that the options available to them had reduced and this varied between individuals. Some people talked about failing courses they had valued, not being able to complete a course because of a criminal record, or finding it difficult to get a preferred job.
I was a really good office manager before I got into drugs. I’m on the methadone programme now but I can’t get a job because of the stigma - people don’t want to know.

Limited education and employment options have impact on future earning potential.

As one person summarised:

Your life becomes very narrow.
13. Getting help and accessing services

13.1 Getting help earlier

People were asked whether they would have liked help earlier than when they eventually received this. Most said that when they were enjoying drugs and were managing their lives and pressures, or when they thought drugs were helping them to cope with personal and other problems, that they would not have wanted any help.

I was having fun...end of story.

No because I liked the buzz.

If someone had said don’t take meth because it will put you back in the psych unit I wouldn’t have listened. When you’re getting stoned you stop listening.

I was a beaten housewife so it blocked out other problems. I had to deal with that first.

Help was always there for me but I wasn’t ready for it then.

Most young people interviewed agreed that they would not have sought help unless they were forced or coerced into it and few would have sought help on a voluntary basis.

Some adults commented on the potential role of family members who can see the negative impacts of a drug using lifestyle on a family member, and who can advocate and pressure a person to accept help. Thus, while a person may not be yet ready to voluntarily seek or accept help, a family member who is aware of services and help available is in a good position often to get the drug using person into treatment earlier.

As one woman put it:

It was only when my mother stepped in and said ‘enough is enough’ that I cleaned up my act. I wish she had done that earlier.

Others said that until they couldn’t manage any longer and they hit ‘rock bottom’ they would never have admitted to having a problem and for some this was linked to a level of coping or functionality they had set for themselves.

For me it was when I couldn’t function and do the everyday things like the dishes and sweeping the floor. I had three jobs and worked seven days a week. It was my focus and I could function at work but not [with] the everyday things. Until I couldn’t cope [at work] I wouldn’t acknowledge my problem.

One group noted that denial was made possible by not recognising what they were jeopardising by their drug misuse.

People don’t realise what they have until they lose it – house, wife, job and kids.
Others built on this view by saying that they regretted not getting help earlier and avoided some of the damage caused by drug misuse. Most people said they were not aware help was available, and this included a participant who had been involved in prostitution for three years.

One person said it would have been comforting to know help was available.

 Mostly I was enjoying it but it would have been good to know there was help earlier.

Others said their family was always ready to help but they couldn’t accept it until they were ready.

A sample comment from a young person:

 Mum got me help from [treatment programme]. I’d got a job and smoking got in the way and I fucked up – always late to work, tired, would forget things. I wanted to save money and not spend it all on cannabis. When I was ready I let mum help.

Some talked about the need to overcome their own prejudices before being able to get help.

 There’s a real stigma around getting help. It means you can’t handle your shit or aren’t in control of the drugs.

This was linked with negative views and poor understanding of treatment and rehabilitation programmes including the use of secure environments and other controls, and the type of people accessing these services. Some people were worried that accessing treatment services would involve decisions being made for them, possible detainment and being forced to accept some highly intrusive and restrictive care and treatment.

### 13.2 Accessing services

Once people were aware of a drug problem and wanted help, some were able to access this quite easily. Usually this was because they had a person in their life such as a parent, or a friend who was a former addict, or GP that was able to help them to access services.

However others found it much more difficult to get help and the type of problems encountered included:

- Not knowing where to go to for help
- Not being able to find the contact details for services
- Having to approach multiple agencies before receiving help
- Having to convince professionals they were ‘bad enough’ to need help, and
- Encountering long waiting lists.

A sample of comments:

 Now I know [where to get help] but only because I walked that walk. But not before.
I had to really work to get into [a residential addiction treatment facility]. I went to the addiction agency in [my local area] and asked about [the service], but they said I wasn’t serious enough. When is a problem serious?’

The experience of accessing help was commonly described as disheartening.

I would have liked help earlier on and gave up [in my home town] and came [here] because I was told there was going to be less of a waiting list. I then spent close to a year waiting to get in the door. So after two years of trying to get into CADS [Community Alcohol and Drug Services] I was pretty sure that not only would they have all the answers [but that] there would oompa-loompas and chocolate rivers once I got inside that building.

A number of people said that prior to engaging with services they had little understanding of how they worked and managed privacy issues.

You don’t really trust anyone, including a drug service. You are doing stuff that’s illegal and bad - you can’t talk to people about that very easily.

13.3 Hearing of others with problems

Participants were asked what comes to mind when they hear about people with drug and alcohol problems and the most common responses were sadness, empathy or sympathy for the problems they must be having. Most adults said they would like to help the person by offering support including sharing their story to offer hope and point out possible consequences of drug misuse, particularly for mothers with dependent children. Others noted that getting involved would be ‘scary.

I’d want to stay right away from them ‘cos I’ve been there and done that. But then another part of me would want to jump in and help them.

Most participants said they would try and help the person to access services by referring them to a trusted health professional. Several people commented that it felt good to help and that it reinforced their choice to stop using drugs. A small number said they might suggest LifeLine or ADANZ, particularly for accessing information on possible effects of drug use and support options.

Some younger participants thought people with drug problems were ‘weird’ or ‘idiots’ with problems and overall they were less likely than adults to want to help. Those who thought they would help focused on pointing out to the person that they had a problem and were ‘messed up’.

Tell them they have a problem and have to stop.

One person said that along with a group of friends he had intervened with someone using methamphetamine. The person’s father was also using methamphetamine and the group thought it fell to them to address the problem with their friend.
Only a small number of younger participants said they would help the person to get help, and they would do this by referring the person to a health professional, counselor or rehabilitation service. They were unsure if this would work and that the person was unlikely to follow up with the referral for a range of reasons including shyness, discomfort, a lack of family support (as others are using) and, again, fear that information will be used against them with legal consequences.

Participants that would not try to help thought that until the person recognised they have a problem help would be futile. Others said they were fragile themselves and that the person was ‘dangerous’, and if they were still using drugs a risk to their own recovery.

*I've only been clean for about ten months and still trying to get feeling back and I don't give a fuck about them. I need to stay away from them because they are dangerous for me – it's so hard to say no. I've tried to awhi others but when they don't get it I feel angry.*
14. Campaign from the perspective of those with experience of drugs

14.1 General overview

Everyone agreed that a campaign aimed at reducing harm from illegal drugs was an excellent initiative. Many thought that to date illegal drugs have not received enough attention given the seriousness of the issues.

Participants identified a number of components, with a media campaign considered to be just one of the components.

The summary of the suggestions were to:

- Raise awareness of the harms and impacts of drug misuse
- Focus on young people
- Focus on families and issues related to intergenerational drug and alcohol misuse
- Develop a campaign to encourage people misusing drugs to get help
- Improve access to rehabilitation by providing more services and reducing length of time on waiting lengths
- Promote health including public health initiatives

14.2 Raising awareness of the harms and impacts

Most people thought that there is a need to raise awareness of the harms of illegal drugs. This should be done in ways that balance the reporting of serious criminal activities in the news by focusing instead on choices and the personal, social and particularly family impacts of drug misuse.

Goals of a campaign would be to raise awareness and promote positive choices including:

- Having goals and embracing other opportunities
- Encouraging people to not experiment with drugs with a focus on cannabis and methamphetamine, and
- Encouraging people with a drug problem to get help.
- **Reduce stigma**

A further goal would be to reduce stigma against people with drug addictions and to promote supportive environments that make it easier to seek help and make changes. Participants felt that people with drug addictions are always portrayed on television at their worst and this should be balanced by showing positive images of people in recovery. An ideal outcome would be for it to be okay to talk about drugs problems and recovery.

*Society needs to be more real about drugs and acknowledge how common they are. You can’t hide it as it just makes people feel even worse.*

- **Risk factors**

Specific focuses of the campaign could be to educate people on personal risk factors and the relationship between methamphetamine, gangs and criminal activity. The purpose would be to show people who were experimenting with the drug the depth of the risks they were taking. A suggestion was to have an advertisement with a gang member playing roulette while holding a gun in a young person’s mouth.

- **Role models**

Many people interviewed spoke of the power of community ‘heroes’ and role models leading the awareness raising, especially those with credibility to the target group. For example, sporting heroes were seen as inspiring for young people, and one young person said a campaign should use young ‘up and coming’ talents. Other suggestions included using parents who have been through the challenges themselves.

14.3 **Focus on young people**

Everyone agreed that a campaign should include components that targeted young people yet there were a range of contradictory views on how a programme should be designed. In designing a campaign, key points for consideration are:

- Avoid telling young people what to do as this may provoke an adverse reaction
- Avoid inadvertently glamorizing and highlighting the ‘daring’ element of experimenting with drugs to avoid increasing appeal.

- **Education**

A most common suggestion was to educate young people on the harms and impacts of illegal drugs can have on lives in both the short and long term.

*Give them facts and figures – hurting families, mental illness and all the physical stuff.*

*You don’t want to give kids the recipe for P but tell them one of the ingredients is ****. Let them see how poisonous this stuff is.*
From an adult perspective, this suggestion was clearly linked to a self-reported lack of knowledge when participants first began experimenting with drugs. Yet paradoxically, when questioned further most participants who suggested the approach were unsure if increased awareness would have changed their behaviour.

Some thought it would be useful for young people to know about the risk factors and how these might affect them by increasing vulnerability to drug misuse. Risk factors commonly suggested for highlighting were family background (by adults), a propensity for risk-taking behaviour, and peer pressure.

The question was discussed as to whether it is better to target young people with messages directly, or whether to target parents of young people by giving them information, resources, challenges to their own drug using behaviour, and/or parenting programmes. These issues are discussed in the following section.

- **Target groups**

Participants identified two groups a campaign should target and for different reasons. Some thought it was important to target 8 – 12 year olds as although they were less likely to be experimenting with drugs, they would take information home to their families. If drugs and alcohol are being misused at home then the young person may not be aware of alternative options. They may also want to change the situation and may be able to challenge their parents and be a conduit of help to the family.

*Young kids are aware of problems and will want to fix them.*

*Start in the schools and they will pass the message on to their parents. My kids came home from school and asked me if I was drinking too much.*

A second reason for targeting this group is to encourage them to not experiment with drugs when they become teenagers and ‘to think before they do’.

The second target group were 10 or 12 year olds and upwards. Members of this group were considered more likely to:

- Have the opportunity to try drugs
- Be vulnerable to peer pressure
- Experiment with drugs, and
- Have a drug problem.

- **Promote positive choices**

One of the purposes of a campaign would be to encourage young people to recognise that they can make positive choices. The positive side of a coin is to have and achieve goals and a future and the negative side being the impact drugs may have on their life. A suggestion was to show choices as a series of crossroads. At each junction of the crossroad there would be two options then routing to a further set of options, with the aim of showing different outcomes.
Young people who make a positive choice are likely to know how to communicate and have a healthy sense of self-esteem and some sense of purpose and motivation. A campaign should foster positive qualities and include free activities like skateboarding, waka ama, kapa haka and sports that use and promote their talents to develop positive self esteem, team work and as an alternative to drug use. For some an extension of this theme is to foster their leadership qualities including directing these towards positive and pro-social behaviours.

- **Key messages**

Some groups will consider drugs to be ‘dangerous and therefore glamorous’, so key messages that highlight the impacts of drug use and reinforce positive choices were suggested.

Suggested key messages or slogans for a campaign:

- It’s not a game. It won’t be like this 4 eva
- You might not care now, but you will later on
- You can lose it and become an addict - or have a future life
- Beat drugs before they beat u
- Drugs can be fun but what goes up must come down
- Drugs don’t discriminate. Do you really want to take the risk?
- P – do it and you’ll lose it
- Don’t use P bro. Be a natural Māori
- I’m in control of P – yeah right!
- Think about your future and where drugs are taking you
- You’ll have heaps more money if you don’t smoke
- Give up drugs and take a second chance at sports/ school.

Several young people came up with messages that encouraged youth to wait until they are older before experimenting with drugs. These emphasised that for young people their ‘brain was still forming’ and the importance of education and preparing for the future. This was linked to being too young to make an informed choice on drug use and the need for awareness about the potential impacts of experimentation.

- **Where to go for help**

Some young people will need to access help, and a campaign could provide information on where to go for help on two levels. The first level is someone to talk about problems including trouble at home and pressure from peers to use drugs, and ideally this will be from a peer with similar and relatable experiences. The second level was required when a person is concerned with their drug use and may need treatment.

Younger participants emphasised that all sources of help should be non-threatening, motivational and easy to access. There also needs to be assurances that services are confidential.
## Looking to the future

A point commonly was made that for young people treatment is only a part of what is needed. Additional needs are to ‘recover some of the ground lost’ while taking drugs including education and setting goals for their future.

*Some kids who are really at risk of getting seriously into drug use and the whole lifestyle around it need a change. It’s not just about getting therapy. They should be offered a real chance – like ‘we will urine test you, and if you [are] clean we will put you through teacher training’.*

Where young people are experimenting with drugs, ideally a campaign would raise awareness of the need to be safe, for example by being with people you trust and in a safe place.

### 14.4 Focus on families and issues related to intergenerational misuse

Addressing family environments that supported drug and alcohol misuse was considered critical to reducing the risk of harms across generations.

*Focus on family cultures as it is an active and untold story. We need to change the mentality.*

One method for raising awareness within families already noted in this paper is to educate children and young people about drugs and misuse so that they can question drug use in the home environment.

*Parents listen to their kids. Get the kids to sit on their parents.*

## Focus on parents

A common suggestion was to focus on parents and encourage and support them to be good role models. This was supported by many young people who thought that parents need to take responsibility for themselves and what they are exposing their children to.

*Mums and dads need to sort out their problems – the violence and abuse issues [including drug and alcohol misuse], so that kids don’t have to deal with the fallout...parents need to be there for kids.*

One participant thought there was no time to waste as:

*Once kids get to adolescence it’s hard to teach them that a behaviour is wrong, or that it’s going to lead them to trouble. You need to work with parents who have got young kids and give them a challenge about their own behaviour. If you can change the way parents raise kids, you can change this stuff.*
One suggestion was to start by teaching people how to be parents and to develop a parenting programme that emphasised:

- Parents modeling behaviour consistent with what they expect of their children (not misusing any substances)
- Teaching skills including positive ways of resolving conflict and communicating affirming messages.

### Work through communities

A commonly suggested method for tackling drug use within families was to work through communities and marae with the goal of ‘planting a seed of hope and change’ and raising awareness and promoting discussion on the harm being done. Suggested goals were to:

- Highlight the consequences for individual members particularly children including learning and taking on parents’ behaviours
- Encourage families to recognise and take responsibility for drug use
- Encourage families to access help
- Raise awareness of alternative ways of living.

### Role models

Providing role models and family activities that promote change and individual self-esteem were considered important. Ideally roles models can be fostered within families.

> We need to encourage role models within families. Feeling good is contagious – when you feel good about yourself everyone wants a part of it.

Participants who suggested family role models noted their own vulnerability within the family environment. They considered developing systems to support role models to be important such as mentoring and some kind of supervision that enables them to maintain a healthy perspective.

### 14.5 Campaign to encourage people to get help

#### Information on where to go for help

Most people agreed that a campaign to encourage people who were misusing illegal drugs to seek help was required, and that this should include publicly advertising information on where to go for help and a 0800 number or similar. Information should promote the availability of free local alcohol and other drug services. It should also communicate that services are confidential to alleviate concerns that information on illegal drug use might be shared and used against a person, to address a barrier to reaching out for help.

Although the majority of participants agreed that until drug use stopped being fun and they could not cope they would not have wanted help, some were keen for the campaign to include strategies that encouraged people to seek change and to access help earlier.
Treatment is effective

An important message to convey to drugs users is that treatment is effective since many people are in a place of having given up hope. This might be done by showing them that life without drugs is easier and more rewarding, and that help is available.

Peer role models

Everyone agreed these messages are best delivered by people who had previously misused drugs but have since recovered, and ideally these people should be good peer role models.

_Tell real stories – where I was and where I am now. You have to make the choice yourself and no one can help you, but it is very comforting to hear there are people who have worked through the same sort of issues. There needs to be influential and strong people giving the messages._

Key messages

Suggested key messages for people using drugs:

- It’s a lot less trouble without drugs and you get a future life
- Saying no and giving up drugs is something to be proud of
- You have a purpose and it isn’t to waste your life on drugs
- More energy, more career, more focus
- Have good physical and mental health and watch your kids grow up
- If you have stuff to deal with get on with it. Don’t avoid problems with drugs
- It’s great to be clean.

Some thought that a lack of understanding on what is involved with treatment and rehabilitation is a barrier to access that needs to be addressed.

_There’s a total lack of understanding about rehab and it needs to be demystified. People think residential rehab is the same as the psych unit so stay away._

Women working in the prostitution industry appear to be a population with particular needs. As several participants said ‘drug use and prostitution go together’, but there is little knowledge that free help is available. One suggestion was to target the industry and recognise that prostitutes are unlikely to present for help alone, and that approaches to groups may work best, and on their own ‘turf’.

The target group for information is not always those directly involved with drugs, as until they reach ‘rock bottom’ they are often unmotivated to seek help. Family members often see what is going on and have concerns, and they need information, advice and some support. Any 0800 number or similar should be available to family members.
14.6 Improve access to rehabilitation

Many people thought that the number of residential and community rehabilitation services should be increased to meet demand and that these services should be promoted.

An increase in the availability of services should avoid situations where people who are ready for help spending lengthy periods of time on waiting lists.

*You go through all the agony of realising you need help and then you spend three months on a waiting list.*

Where there are waiting lists, one suggestion was for CADS to maintain some contact with people.

*One thing CADS could do is have a team of people on the phone that were checking up on people, saying “look I know we can’t fit you in for an interview for a couple of months but every couple of weeks I’m going to give you a call to see how you are going.” They then know that the rope is still out there but CADS just haven’t got to me yet.*

Some participants thought those accessing services should have more say of the type of services they receive, and whether this is community or residentially based. Having choices and making decisions requires information on options to be available.

14.7 Promote health including public health initiatives

A common suggestion for promoting health was to raise awareness that smoking cannabis has similar risks to tobacco.

Public health initiatives should be related to raising awareness of the risks associated with intravenous drug use and promoting safe behaviour. Suggestions included increasing the number of needle exchanges to ensure these were easy to access. One group talked about the increase in travel costs and how this may be a disincentive to accessing a distant needle exchange.

Another suggestion was to raise awareness of the risks of contracting HIV and hepatitis C.

*I only recall seeing advertising for hepatitis C at 12.30am at night yet 40,000 New Zealanders have it from blood transfusions and intravenous drug use. And if it’s that major it really needs more than some z spot ads on TV. I’ve done some work to raise awareness and it amazes me that people have no idea what it is. I mean knowledge is the key to everything.*

Any information that might be developed as part a campaign needs to be accessible to people at risk and this includes avoiding overly technical language and ensuring information is available in the types of places people at risk might congregate e.g. public bars and other venues.
15. Communication channels

The main communication channels for a social marketing campaign identified by people with experience of illegal drugs were similar to the general public. Additional communication channels include:

- Youth health centres
- Māori health centres
- Prostitutes Collective
- Massage parlours and brothels
- Needle exchanges
- Community venues where drugs users were likely to congregate.

Additional channels identified by young people with experience of illegal drugs were:

- Parents and wider family
- Friends or other youth
- Schools
- Bombing – graffiti art
- Skateboard parks
- Concerts.

Important disseminators of key messages will be those that youth and young adults can relate to and this may include a diverse range of role models including Māori, Pacific, actors and musicians. The Smokefree adverts currently appearing on television with celebrity youth role models were discussed by some groups and there were differences in views on the effectiveness of this approach. Some liked the adverts:

*Having people we look up to and inspire us, or famous people. Put our message on TV and have a concert that young people can see and say ‘that’s cool – I want to be like that and rap...’*

Other young drug users said the celebrities were ‘straight’ and anything they said had no appeal. Given the diversity of participants in the research a lack of consensus is not surprising, although it highlights that a campaign targeted at youth needs a range of components to address differences in social groupings and perspectives.

While celebrities may be more effective among teenagers, it is thought that people with real life experiences are likely to be more effective among older (those over 18) people.

Many people thought the best place to hear illegal drug use messages was on the television. Some thought a campaign that did not include television would send a signal that illegal drug messages were less important than other campaigns.

*We’re a straight talking nation. Just put [the messages and stories] on the TV and show people. Just like the smoking and alcohol stuff.*
During the discussions participants mentioned a number of current social marketing campaigns that the ‘drug’ campaign might learn from. Those mentioned included:

- Depression campaign (sports celebrities)
- Quitline (raising awareness of support)
- Family Violence campaign (using people with real life experiences)
- Smoking campaign (graphic nature of what it can do to you)
- ALAC campaign (based on real life scenarios).

While a number of participants mentioned the speeding and drink driving advertisements there is debate over the merits of the shock / horror tactics of many of the messages. Those that have a stronger resonance are the ones that promote personal choice and positive messages such as ‘It’s not the drinking it’s how we are drinking’.

The ALAC television advertisements were discussed by some groups and some participants found these thought provoking. However an alternative and common view was that the message would be lost on people familiar with the types of scenarios portrayed.

*The ALAC ads are real but they are not effective from my point of view. Sorry, but I’ve seen it happen. I just drank and took drugs to cut out that type of behaviour – to not have to think about it.*

A suggestion was to link cannabis to other initiatives including alcohol and smokefree campaigns, because of close associations.
Appendix 1: Omnibus Methodology

- The sample

All interviews are conducted from UMRs’ centralised 35-line CATI phone bank and national interview facility in Auckland. The sample universe is the New Zealand population aged 18 years old and over living in private households with telephones. The sample universe is stratified into 23 telephone directory regions. The number of people 18 years or over is determined by cross-referencing the telephone directory regions with the 2006 Census data from Statistics New Zealand. A quota is then specified as to the proportion of the sample that must fall in each region.

The following tables show the number of respondents for each area to be surveyed for the sample size of 750 respondents. To control for age and sex within each region additional quotas are included. The sample frame below is used in all UMR fortnightly Omnibus Surveys.

<table>
<thead>
<tr>
<th>OMNIBUS SAMPLING REGIME</th>
<th>Male</th>
<th>Female</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auckland -2</td>
<td>23</td>
<td>26</td>
<td>49</td>
</tr>
<tr>
<td>Auckland -3,6</td>
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<td>36</td>
</tr>
<tr>
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<td>22</td>
<td>42</td>
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<tr>
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<td>22</td>
<td>42</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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<td>4</td>
<td>8</td>
</tr>
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<td>14</td>
<td>27</td>
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<tr>
<td>Manawatu</td>
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<tr>
<td>Nelson bays</td>
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<td>6</td>
</tr>
<tr>
<td></td>
<td>359</td>
<td>391</td>
<td>750</td>
</tr>
</tbody>
</table>
• **Call-backs and calling times**

Up to five call-backs are made to initially selected respondents to ensure that non-response has a minimal impact on the representativeness of the sample. Appointments are made to ring back respondents if the time they are first contacted is not convenient.

Respondents are called from 5.30pm to 9.00pm during the week, from 9.30am to 6.00pm on Saturday and from 9.30am to 9.00pm on Sunday.

• **The telephone sampling scheme**

A random sample of telephone numbers is generated from all number ranges found in Telecom’s White Pages for New Zealand.

Random digit dialling is conducted off this sample so that unlisted numbers are captured in the sample.

To limit the sample frame to “private households with telephones” the following types of telephone numbers are filtered out from the sample:

- Telecom Yellow Pages
- Disconnected or fax lines
- Where the interviewer determines that contact is not a private household/ business line

• **Data quality**

CATI telephone interviewing provides a powerful medium to obtain quality, accurate data. The Quancept CATI system used at UMR has many features designed to aid in the capture of quality data.

**Quancept CATI data processing:**

- Quotas are automatically totalled as the survey proceeds, and as each quota is fulfilled, the interviewer is automatically guided to the appropriate course of action.

- Any answer is checked that it is the right type. For example, a multiple response answer cannot be entered for a single-coded question.

- All numeric answers are checked that they lie within their acceptable range. Each question can have its own acceptable range, or multiple acceptable ranges can be allowed for one question.

- As answers are entered, the text corresponding to them is highlighted to give the interviewer a visual confirmation of what he/she has entered.
- Optionally, the interviewer can be required to reconfirm the correctness of each entered answer, before going on to the next question. Alternatively, this can be done for only certain specified questions, so that the interviewer need reconfirm the answers only considered ‘critical’.

- Within a multi-coded question, any number of responses can be specified as ‘Must be single coded’, and these responses will only be accepted if not in combination with anything else.

- Special facilities are provided for validating the correctness of date (or data and time) answers. The interviewer has wide flexibility in how the answer is entered, and the system will check for correctness and completeness.

- All answers are checked logically against each other. In case of inconsistency, the questions will be re-asked. The script can make logical checks of any complexity.

- Answers can be checked for arithmetic correctness. It is very easy to check, say, that no part is greater than the whole, or that several answers total to a previously given answer.

- The interviewer can, at the end of an interview or at any time during the interview, step through (all or part of) the interview from the beginning, checking the correctness of answers. Answers can be changed but this facility can be disallowed on a per-survey or per-interviewer basis.

- Whenever an interviewer changes any previous answer, a complete ‘consistency check’ is done on the entire interview. If the change causes new or different routing, the questions on the new branch are asked, while questions on routes that are no longer taken are marked ‘off-path’. Unless specifically requested ‘off-path’ variables are not written to the final data file.

- If, by changing an answer the interviewer has changed the quota cell for a respondent, then all of the necessary corrections are made within the quota system, and the action is taken based on the fullness of the newly defined cell.

Along with the internal checking and editing automatically conducted by the CATI system, interviews are randomly monitored, viewed, and listened to by authorised supervisors.

**Quancept CATI interviewer monitoring:**

- ‘Overview’ monitoring can be done showing all interviewers on the system or only those on a given project.

- ‘Overview’ monitoring shows the up-to-the-second status of each interviewer.

- For each interviewer, you can see how long he/she has been in that interview, in that section, and in that question. Thus the supervisor can quickly identify situations in which an interviewer may be having a problem.
Accuracy

According to sampling error statistics, provided the survey is conducted on truly random probability methods the accuracy levels for n=750 interviews can be stated as follows:

"For a figure of 50%, there are 95 chances in 100 that the maximum error will be plus or minus 3.6%." 

If the figure is less than 50%, or greater than 50%, the margin of error would be reduced.

- Confidence margins

The following table gives the confidence margins for error applying to percentage values or proportions obtained in a survey, for a number of different sample sizes.

Therefore, if we want to know the confidence margin on a value of 20% on a sample of n=750, the table shows that the confidence margin is 2.9%. The confidence limits on the reading of 20% would be 17.1% and 22.9%.

The table shows the confidence margins at the "95% confidence level", ie. the chances are 95 out of 100 that the true value in the example above falls between 17.1% and 22.9%.

The formula used to compute the confidence margins shown in this table is:-

Confidence margin = 1.96 x the square root of \( \frac{p(1-p)}{n} \)

Where p is the proportion being tested (eg. 20%=0.2) and n is the sample size.

<table>
<thead>
<tr>
<th>BASE NUMBERS</th>
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</thead>
<tbody>
<tr>
<td>PERCENTAGE</td>
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<tr>
<td>50%</td>
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<tr>
<td>40% OR 60%</td>
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<td>30% OR 70%</td>
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<td>15% OR 85%</td>
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<td>10% OR 90%</td>
</tr>
<tr>
<td>5% OR 95%</td>
</tr>
<tr>
<td>2% OR 98%</td>
</tr>
</tbody>
</table>
• **AMRO**

UMR is a member of AMRO (Association of Market Research Organisations), which represents the major research organisations in New Zealand.

AMRO companies co-operate in compiling industry data, establishing professional and ethical standards for the industry, and communicating with the users of research and the general public.

As with many New Zealand industries, the market research sector is now subject to increasing competition and cost pressures, which have provided advantages to research buyers but also created some uncertainties over quality.

In 1996 AMRO formed the Interviewing Quality Standards (IQS) to ensure that agreed minimum standards were adhered to and research buyers could purchase research from IQS accredited companies with confidence.

• **IQS**

UMR has IQS (Interviewer Quality Standards) accreditation for telephone interviewing. Audits are carried out annually to ensure IQS’s comprehensive standards are observed and that appropriate records are maintained.

IQS standards were compiled after intensive study of industry practices in each area of market research fieldwork and are based on a scheme similar to that used by the Australian market research industry.

Accreditation provides clients with an assurance that quality fieldwork standards are being met, including training, conduct, supervision and quality monitoring.

• **Training**

In accordance with IQS specifications, all supervisors and interviewers at UMR’s national interview facility undergo extensive training. The training programme adheres to IQS regulations and has a comprehensive curriculum that covers the following issues: definition of market research, the Market Research Society Code of Practice, approach and introduction procedures, coping with refusals, conducting and administering an interview, company administration and computer procedures (where applicable), and quality control procedures.

Interviewers must complete the training programme before being assigned their first project. Once initial training is completed Interviewers and Supervisors undergo annual refresher courses.

Interviewers that complete the full training programme are awarded a certificate that is recognised by all reputable research companies.