

COMMUNITY ACTION

YOUTH AND DRUGS

Youth drug and drug related harm in Auckland Central

Initial Needs Assessment

October 2004

1. Background

The Auckland central Community Action Youth and Drugs (CAYAD) project aims to work in collaboration with agencies and groups to attain common development outcomes for youth. The project is implemented by Community Development Division, within Auckland City Council. It is funded by the Ministry of Health and seeks to engage all sectors of our society. The project was approved for funding in December 2003 and it was March 2004 before staff was on board to develop and implement it. It is part of a nationwide programme targeting drug and alcohol related harm especially for youth.

Although a national project, each site will define itself and it's way of operating as it sees necessary for the local situation. This means that CAYAD projects may possibly look quite different. The Auckland Central project hopes to utilise a community development approach with the aim of being a facilitator and mobiliser. This is an approach that involves the community as partners in change. It hopes to work in models that are holistic and empower families and communities to deal with underlying and contributing issues such as poverty, alienation and marginalisation. A vital focus is to link with other providers already working on these issues to strengthen and evolve existing strategies and projects rather than creating a parallel programme.

Purpose

This needs assessment process has been carried out to provide inputs into strategy and specific action for the initial phase of the CAYAD project. It has generated some good information to assist in this initial focus, and also provided opportunity to engage with a diverse selection of stakeholders from the drug and drug related harm field in Auckland.

The process of undertaking this initial needs assessment of youth drug and drug related harm in Auckland city has been a demanding yet very beneficial process. It has uncovered a multitude of participants at all levels within the field who are involved in a variety of initiatives. This ranges from education in schools, community training and development modules, through to harm minimisation activity at clubs and dance parties.

Although the size and diversity of Auckland city presents as a challenge to the Auckland Central CAYAD project, the existing networks and relationships from within the Auckland City Community Development department provides an excellent reason for not limiting or restricting the project strategy geographically. This focus and localised activity will occur at the actual implementation level.

This report is broken down into the following areas:

- Background
- Method
- Analysis of concerns and need
- Key Recommendations
- Acknowledgments and bibliography

2. Method

This process was completed mainly through one on one interviews with agencies, service providers and community workers, representatives and leaders. (see appendix – stakeholder list). It is important to note that much of this assessment is based on anecdotal insights by those in the field, utilising an informal discussion method. This basically involved listening to the participants and documenting general areas of concern and need.

A gap analysis was carried out at an intersectoral working group meeting that was convened by CAYAD and this provided good additional information about areas of need.

Finally, a literature review was also undertaken in order to provide an overall guide of best practice and current debate within the field.

The process commenced in March 2003 and continued until June 2003.

Limitations

This needs assessment provides a snapshot to assist with the project's initial planning. It is based mainly on engagement with service providers and agencies from within the general field of alcohol and drugs. The major point being that community engagement (including specifically engaging with youth) thus far has been limited, but is certainly a priority once areas of priority for the project have been identified. This will include a focus on Maori and Pacific communities.

Assessing needs cannot be restricted to a one off activity, thus we are committed to the ongoing process of profiling communities strengths and challenges. Whilst it was hoped that engagement with all key stakeholders and organisations would be possible, this has not been the case, and so deepening and extending the level of interaction around areas of priority remains core business.

Comment: Think it's useful here to differentiate between perceived areas of need and what you determine are priorities for the project – priorities of the project will be responsive to areas of need but wont address all of them, only those that are appropriate to the aims, objectives and possibilities of the project.

3. Overview of drug concerns

Alcohol

- Alcohol is still the drug of choice for New Zealand youth and causes the most harm to individual and society
- Increased concern in the excessive consumption of alcohol (bingeing) especially amongst young males
- concern about an increase in alcohol consumption by young females
- Alcohol entrenched in kiwi culture, and seems a natural part of growing up in this country. It is a major part of how “New Zealander’s” view themselves, and any effort or action is an attack on “sacred cows”
- Concerns about how easy it is for young people to access alcohol (including through parents, siblings, peers, underage purchasing)
- “A move to the suburbs”. With the liquor bans now in place in CBD, combined with the lowering of legal age for alcohol purchasing, there are more young people getting intoxicated in the suburbs

Note: It is important to note that there has been some success in modifying behaviours around alcohol consumption– for example, less drunk driving, the introduction of host responsibility practices, onus on alcohol licensees to prevent sale of liquor to minors, etc. These have some effect on harm reduction but probably don’t impede the amount of alcohol consumed nationally by much.

Illicit drugs

- Marijuana is the illicit drug of choice for young people. It was suggested that in some areas, there is a big youth culture around marijuana (real or perceived), especially for those underachieving at school
- Marijuana can be a big demotivator for youth and slow up developmental process
- There is concern over the increase in multiple drug use and experimentation, and the increased risk of harm associated with this
- “P” does not seem overly common for young people, although there are possibly some pockets where this is a reality
- “P” described as a very destructive and highly addictive drug. Brings you down faster. Psychosis with sustained use prevalent, which often leads to violence. It is very indiscriminate in the way that it impacts on population. There is no stereotype for a “P” user although the use of this drug is typically much more pre-determined
- A general concern in regards to young people from more affluent families experimenting in multiple drug use
- Drug use a popular component of the dance party / clubbing scene
- There is concern that 1,4-B & GHB (Fantasy) has a very small tolerance level for mistakes in quantity consumed and there is increased amount of overdoses presenting at A&E’s for drug-induced coma
- General acceptance that most young people know how to get hold of drugs, or would at least know someone who does
- Gangs identified as major supplier
 - Drugs often a big income source
 - Drug activity seems to be causing a level of mistrust within gangs
- Concern in the excessive consumption of alcohol and other drugs being consumed at unsupervised house parties
- Other hotspots include parks, skate areas, school grounds after hours, nightclubs, dance parties.

4. Analysis of concerns and need

4.1 Youth social and cultural environment

"It takes a community to raise a child" (Peter Adams)

Youth development

The pathways to drug use are varied and typically a mixture of personal and societal environmental influences. These include;

- Experimentation
- Social Learning
- Home issues
- Identity issues
- Peer pressure

Alan I. Leshner, Director of National Institute of Drug Abuse, National Institute of Health, USA) describes 2 main pathways to drug use. (www.nida.nih.gov)

1. ..young people ..use drugs simply to feel good (novelty, excitement, peer pressure to fit in).
2. ..kids who are some way or another suffering and use drugs to try and make themselves feel better.

Risk factors v protective factors

Youth also have a variety of risk factors that can add to the chances of risky behaviour, as well as having a variety of protective factors that provide a buffer to adverse health outcomes through caring and safe environments.

"Examples of risk factors identified as influencing the development of social problems such as drug misuse include poverty, unemployment, availability of drugs, family conflict and poor academic performance. Examples of protective factors include connectedness to the community, good relationships with parents, development of special talents or hobbies and feeling loved and respected." (www.adca.org.au)

Barriers to help

The main reasons given by young people for not stopping Marijuana use include ((Drug Use in NZ 2002, p41)

- not knowing where to go
- fear of what would happen on contacting services
- fear of Police/law

The main reasons suggested through need assessment process as to why young people are not presenting to treatment providers

- Lack of knowledge and understanding around legalities of treatment for drug issues.
- Fear of punishment, and the shame factor stated as a major issue why P users especially do not present for treatment.

Concerns raised by Auckland youth and drug service providers

"It's not what teenagers don't know about drugs, it's about what they don't know about themselves." Youth Educator

- Drug issues are not an isolated event for young people, but part of the bigger life picture
- Young people typically go through a period of risk taking and experimentation as part of their development process

- There is concern over a general trend towards increased mental health issues for young people (and especially young females)
- Concern that for many young people, life is just happening to them, and they are taking no responsibility
- Concern that many young people are not being taught basic values and life skills to assist them in making good decisions
- Boredom identified as a major area of concern
- Some expressed concern about many young people having no hope

“It’s not about bad kids (or parents) but about normal kids with normal behaviour”
(D&A clinician)

Often when young people are using, they are having a crap time, but cannot actualise that this is a problem (Youth worker)

Needs

- Increased opportunities (both formal and informal) that focus on building youth resiliency (ability to bounce back from adversity)
- Good access to youth programmes/ activity that provide hope, instil mana etc. and foster supportive environments (note: these things also need to be instilled through family, school and community)
- Life skill programmes that empower youth into education and have positive pathways to employment
- Programmes that build upon the strengths of the individual & the community
- Opportunities developed that focus on increasing protective factors and decreasing risk factors
- An increase in opportunities for young people to develop a sense of belonging and connectedness to society, peers and family
- Using culturally appropriate models (distinct from holistic models) – such as tikanga based programmes or experiences.
- Promoting initiatives which prevent the uptake and inappropriate use of drugs and alcohol, particularly by young people
- Improving awareness of the causes and impact of drug and alcohol use in local communities

Comment: This seems to be a lot of emphasis on programmes targeting youth. Perhaps you could embellish your recommendations about reducing risk factors and increasing protective factors to provide a bit more balance – ie, building up employment opportunities, increasing access to education, alleviating poverty...

Recommendations:

To initiate opportunities for youth to dialogue with family, community, other youth and service providers in supportive and non-threatening forums around general drug and alcohol use (including the topics of excessive consumption and experimentation)

To build capacity of community organisations to provide a variety of opportunities and holistic development activity that strengthens youth resiliency, life skills and leadership. This includes the creation of enabling environments for expression and development and utilises *whare tapu wha* and other cultural development models of health and wellbeing as necessary.

Action and sustainable programmes that enhance and support the ability of community and appropriate government agencies to work towards minimising risk factors and increasing the protective factors for their youth

Develop and provide a sustainable program to increase youth participation, expand opportunities for learning and employment.

Peer groups

- Peer groups are a major influence on the choices that young people make
- Peer groups provide a place of belonging, support and identity
- Concern that peers can often push each other into areas outside of normal behaviour (to extremes etc.)
- Peer groups can be both a strong protective factor as well as a risk factor

Needs

- A peer group culture of no tolerance towards excessive and dangerous behaviour with drugs and alcohol.
- A peer group culture where responsibility for each other is encouraged and common place

Recommendations:

To initiate discussion amongst young people in regards to

- a) what constitutes problematic behaviour, what is good behaviour – addressing norms such as normalised drinking or pot smoking
- b) peer responsibility for care and ensuring appropriate social behaviour.

Family/ Parenting

“Parents can be involved!”

- Concern over the general lack of involvement by parents in A&D issues (not around or too busy)
- Parents often feel disempowered and helpless
- Parents are often unaware of what their kids are up to. *“Parents are blissfully unaware”* (NZMJ 4 April 2003, Vol 116 No1171 – *The health of NZ Youth – Rob McGee*)
- Parents often unwilling to talk about what’s going on in their home because of shame factor
- A general lack of awareness in regards to help and resources available and pathways to access
- A lack of significant role models/mentors for many young people – often parents and family providing negative role modelling with supply and misuses of alcohol and drugs
- In many cases there is a real lack of support structures for families and parents
- Values often not being imparted through the traditional family environment
- This is not just about lower socioeconomic families, but all families

Needs

- To facilitate ways for parents to come together and be honest with each other
- Parenting empowerment – encouraging parents that they can be involved and building capacity to be involved (supporting parents to know what is ok)
- Holistic and positive education on A&D issues and responses
- Promoting clear pathways to help/support and treatment
- To assist with developing mentoring frameworks at a community level

“While it is important to note that factors such as adolescent risk taking can have an impact on adolescent drug use, the family has been described as the single most influential childhood factor in buffering the child and shaping later adaptation (cited in Spooner 1999). It is also considered the single most important risk and protective factor for illicit drug abuse (Mitchell et al 2001)” (Alcohol and other Drugs Council of Australia - ADCA)

Comment: what do you mean here by the 'traditional family environment'? Seems to me that this could be interpreted as being quite a strong value judgement about what a family environment should look like.

Recommendations:

To identify key areas for action towards empowering parents being more able to deal with issues around drug and drug related harm with their kids, ensuring appropriate involvement, and instilling core social values in the home setting

Increased engagement and opportunities for community involvement and education in the area of drug and drug related harm, and a coordinated approach to educating on key issues

Initiating opportunities for youth mentoring with community organisations, marae, churches and community in general to assist young people who do not have stable and healthy home environments

Education / Schools

- Concern that some schools do not have the ability to cope properly with deeper A&D type issues (eg. underlying causes, entrenched intergenerational abuse)
- It is believed that some school policy for A&D is too restrictive, ineffective and demotivating – not enough opportunity forwarded to & it can result in the exclusion of students from school with obvious detriment to their learning outcomes amongst other things.
- School grounds, outside school, parks around schools etc. identified as hot spots for supply and usage
- Concern over the difficulty of reintroducing Alternative Education Students back in to the mainstream school system

NOTE:

High percentages of Maori and Pacific Island young people presenting at alternative education
Increasingly more pakeha females presenting to AE providers with higher levels of need
AE students involved in high levels of risky behaviour
(Alternative Education Students Health, Adolescent Health Research Group, The University of Auckland, April 2002. Commissioned by AIMHI consortium)

Needs

- To work towards keeping young people in mainstream school system and to linking those who are outside mainstream (Alt Ed) back into it.
- To work towards increased participation and achievement by individuals in alternative education
- Increase in variety and depth of employment opportunities for those in alternative education

Recommendations:

Partnering with others in education system to engage with school board of trustees towards discussing what suitable policy looks like in regards to drug and alcohol issues & broader, pastoral care, safe school environments etc.

Form key relationships with alternative education providers to develop strategic alliances with community and agencies for effective health outcomes for students and families

Cultural participation and involvement

- Cultural activity (including arts, performance and participation at community level) a great catalyst to youth empowerment and development
- There is a concern that many of the traditional youth activities are in decline (eg. grass roots sports – declining involvement and volunteer leaders, scouts and guides etc.)
- A general concern that increasingly less young people are involved in volunteering activities (for a variety of reasons)

Needs

- A wider range of accessible and appropriate creative forums available to the youth of Auckland
- An increase in the support and encouragement of youth into appropriate and enjoyable volunteering opportunities

Recommendations:

Mobilising and resourcing key youth providers and other community groups to be able to provide and encourage creative environments for self-expression and development

In conjunction with Volunteering Auckland, local business and community, develop creative and innovative opportunities to link young people into grass roots volunteering and employment

4.2 Environmental issues in the city

The CBD is a hub for entertainment and social interaction for all age groups. It is easily accessible and is a big gathering spot for young people from the greater Auckland area. There are a number of general safety and environmental concerns including:

- Late night and early morning transport back to suburbs extremely limited
- A lack of safe places and/ or “drug free” alternatives
- Asian language school students identified as a community with high risk factors towards drugs and other lifestyle behaviours (NZFP Vol 31 Number 2, April 2004)
- The social culture of university students in general towards specifically alcohol consumption, but also other drugs
- Specific drug and drug related harm concerns with the club and dance party community at both the individual level and the promoter/organiser/venue level

The Club and Dance Party community

Looking at this community as a specific user group in this area of Auckland we see the following concerns:

- Limited commitment to public health and safety by promoters (especially when profit is involved)
- Current regulators of health not able to pick up on the issue of safety in regards to harm minimisation/reduction of drug and drug related harm
- Many promoters are unwilling to be honest about drug use. It's in the too hard basket, or they are also at the supply end
- Roll out of national level policy and guidelines (eg. MOH Guidelines to Safer parties) not occurring at grass roots

Specific issues at venues

- Often no free water available (in fact water is often turned off in bathrooms to force punters into buying water at the bar)
- No electrolyte drinks available for sale
- Overheating at venue – limited temperature control
- Overselling of tickets – too many people in venue
- Limited care givers in place at events
- Lack of chill spaces available
- Many users not presenting for medical help for fear of being found out

Needs

- Strategic engagement and general health advocacy with clubs/ dance venues around host responsibility policy (NB: ALAC currently developing host responsibility around alcohol)
- Development of more accessible/appropriate drug and alcohol free venues for youth
- More combined advocacy for drug issues being picked up at alcohol policy level (e.g. Council's alcohol strategy) – many of the harm minimisation issues are common to both alcohol and drugs

Recommendations:

To commence grass roots action towards safer environments for the city's dance/club community (e.g. host responsibility policy development)

Creating a forum to explore the emergence of innovative drug free venues and events in central city (for youth by youth)

Identify key common areas between alcohol-related harm and drug-related harm and streamline response and action at all levels

4.3 Existing Initiatives and Response to the Issue

“What’s going on out there” (youth educator)

- Services in Auckland City are less networked than in surrounding cities in the area
- Lack of networking for frontline workers
- Networking taking place amongst treatment providers, but not wider across field or intersectorally
- Lack of intersectoral strategy and collaborative action aiming at sustainable behaviour change and that links with policy development
- Funding and over defined service specifications often a barrier to collaborative action (patch protection)
- Limited common workforce development taking place. Young people value workers who are informed, connected and up with what is going on.
- A lack of coordinated marketing of services and access to help to ensure efficiency and consistency
- Lack of coordinated advocacy and lobbying

Needs

- A stronger awareness of what is going on out there, by who, and how they can be approached within field itself
- Coordinated approach to ensuring clear pathways to treatment for young people and general community
- Developing and promoting better links between funding programmes and initiatives to support community based responses to drug and alcohol problems
- Developing collaborative action involving different stakeholders and sectors
- Policy development working hand in hand with community action to ensure effective social change. Policy and law around these issued tend to work in isolation with community action. There is a need to link the two to ensure acceptance and understanding of policy and law with different sectors of community

Recommendations:

Commence a city wide working group on drug and drug related harm with key areas of action identified and initiated, including common workforce development opportunities.

Commence discussion with working group towards identifying the reasons why (young) people don’t access or know about the pathways to treatment

A clearly defined and coordinated intersectoral marketing strategy for pathways to drug treatment and resources

Other areas of concern

- To initiate informed community debate towards practical action around the issue of supply
- Working with Police about having constructive ways of dealing with youth regarding A&D and other issues. Using creative diversion, restorative justice approaches, building capacity within the community

Comment: do you know what the current processes are and whether or not they are problematic?

Comment: I think these are really good recommendations. Wrt the differentiation between recommendations and need – do you think you could frame up differently an group together? Would that overcome some of the difficulties you are having with formatting?

Acknowledgements

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ADHB -Public Health
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Alcohol Healthwatch
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Drug Abuse Resistance Education (D.A.R.E)
Drug Arm
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Halberg Trust
Hapai te Houora Ltd.
Health Promoting Schools
Ka Mau te Wero (Health) working group - Glenn Innes
Manakau Youth Centre
Mental Health Foundation of New Zealand
Ministry of Education
Newmarket Business Association
Ngati Whatua (Corporate)
NZ Police
NZAARD
Odyssey House
Parenting with Confidence
Parenting with Confidence
Sport Auckland
Suicide Prevention Information NZ
Te Atea Marion (CADS)
Te Puni Kokiri (JET)
The Salvation Army
Work and Income New Zealand
Youth Alive
Youthline