



Understanding alcohol and drug use among New Zealand Asian communities

A survey report prepared by:

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We would like to thank all the respondents for giving up their time to share their experiences, without whom this research would be impossible.

Thank you to the team at Trace Research for your diligent survey distribution and data collection.

Finally, a big mihi to Asian Family Services and the New Zealand Drug Foundation for commissioning this work and their continuous commitment to improve outcomes for New Zealand Asian communities.

Context for our work

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- The Pae Ora Act emphasises health services must act towards achieving equitable health outcomes for Māori as tangata whenua and all New Zealanders as tangata tiriti.
- The New Zealand (NZ) Asian community recently¹ became the second largest ethnic group in New Zealand and is projected to be 26% of the population by 2043, driven by migration.
- Despite this projected population increase, the NZ health system has failed to design and commission health services that are responsive to the needs of NZ Asians. This is largely driven by the perpetuation of the model minority stereotype and aggregation of NZ Asian health data, hiding the health needs of specific Asian populations.

1. Stats NZ projection tables. Available from <https://www.stats.govt.nz/news/population-projected-to-become-more-ethnically-diverse>

Context for our work

- The 2021/2022 New Zealand Health Survey¹ recently revealed that cannabis use among NZ Asians has tripled in the last decade.
- We also know² that nearly 45% of NZ Asians are at risk for depression. This is compounded by a strong stigma surrounding traditionally taboo topics including gambling, mental health and suicide.
- If similar views are held towards alcohol or drug use, they may be masking a significant level of need for harm minimisation services, initiatives and resources.

¹Manatū Hauora Ministry of Health. Annual Data Explorer. Available from: <https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/>

²Andrew Zhu, New Zealand Asian Wellbeing & Mental Health Report 2021. Available from: <https://www.asianfamilyservices.nz/media/rsmi2s4a/asian-family-services-new-zealand-asian-wellbeing-mental-health-report-2021-trace-research.pdf>

Context for our work

- Asian Family Services and the NZ Drug Foundation approached Synergia to help understand the prevalence, perception and experiences of NZ Asians around alcohol and drug use.
- Given the projected increase in population, our key questions were “**where could the growth in demand for harm minimisation services, initiatives and resources come from and what should they look like to meet this demand?**”
- This report presents the findings of Synergia’s analysis and our recommendations for future design and commissioning of harm minimisation services, initiatives and resources.

Our recommendations

Our recommendations

The growth in demand for harm minimisation services, initiatives and resources will be driven by specific NZ Asian **sub-groups**, rather than a uniform growth across all Asian populations. To meet this demand:

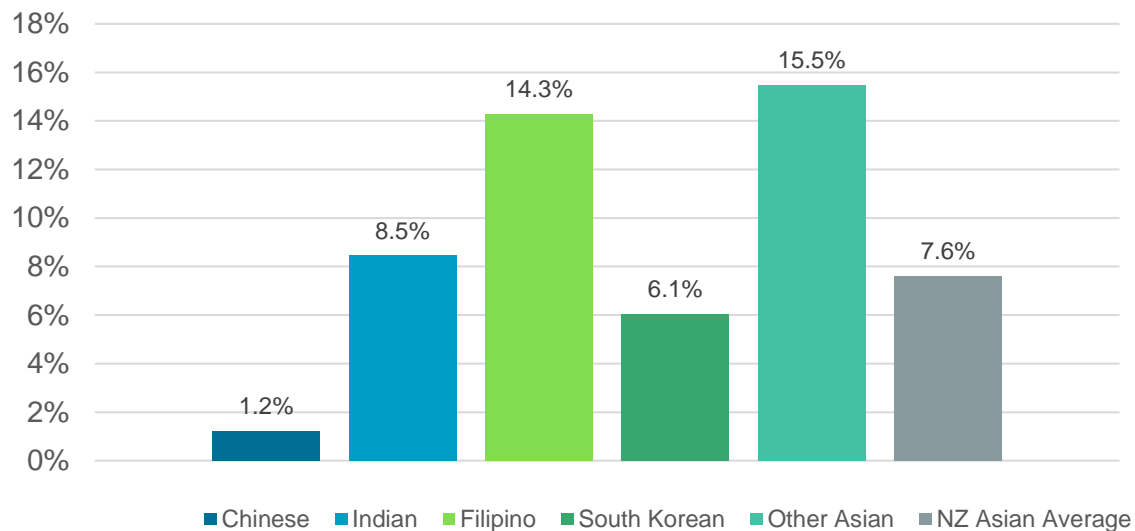
- They should be designed and commissioned in a way that is responsive to the **diverse needs** of these sub-groups. This should span across the harm minimisation spectrum including self-help resources, health promotional initiatives, and clinical services.
- To be effective and return value for investment, further **qualitative research** with our Asian communities is recommended to understand the social-cultural drivers of these diverse needs.

Responsive services

We suggest that harm minimisation services, initiatives and resources consider the **high prevalence** in self-reported drug use NZ Indians and Filipinos, and the low prevalence in NZ Chinese.

This means realising, for example, safer use of cannabis campaigns could resonate differently across these three groups and allocating resources based on projected growth of users:

Self reported cannabis use in the last 12 months among NZ Asians



- We estimate the growth¹ in cannabis users by 2033 to be:
 - From 20,300 to **37,000** for Indians.
 - From 10,400 to **13,300** for Filipinos.
- Because culturally appropriate services are better suited to understand and address the underlying drivers of behaviour in terms of religion, culture, and values, it follows that services or activities should support these two sub-groups as a priority.

Responsive services

We suggest that harm minimisation services, initiatives and resources recognise the influence **identity** may have on how often and what type of harm is experienced by NZ Asians with alcohol and drug use. For example, those born in New Zealand were twice as likely to report some form of harmful experience regarding their alcohol use than those born overseas. Some notable types of harm reported differently are listed below:

Reported problems with alcohol use	Born in NZ	Born overseas
Inability to remember the night before	33%	11%
Feelings of guilt or remorse	24%	9%
Unwanted sexual activity	10%	2.5%
Injuries (self or others)	8%	2.6%

Responsive services

A principle of harm minimisation advocacy is to acknowledge that **not all** alcohol or drug use causes harm or is perceived as harmful by users. **Identity** appears to play a part for NZ Asians' perception of harm.

A substantial (48%) portion reported the use of drugs brought them **more benefit than harm** and especially so for those **born in NZ** compared with those born overseas.

We also note the disproportionate number of gay/lesbian NZ Asians reporting amphetamine use; out of all those who reported amphetamine use, half identified as gay/lesbian. While the sample size is too small for statistical significance analysis, given the potential for severe harm this drug group can pose, attention and further exploration is required.

Unpacking social-cultural drivers

Our survey results suggest NZ Asians may have a significant level of unmet demand for harm minimisation services, initiatives or resources. These were the top three perceived barriers to seeking professional help or resources:

- Shame, pride, loss of face* (46%)
- Limited knowledge of available services (42%)
- Stigma (41%)

The general **lack of awareness** of services, reported barriers of **shame** and **stigma** confirms previous evidence that the diverse religious, ethnic, and cultural values within NZ Asian communities are key drivers in where, how and why people seek help.

**Loss of face: defined as the loss of respect from others or suffering a blow to their social standing or credibility within the community. It is a cultural concept with Easter Asian origins.*

Summary

- Our survey results show that **prevalence, experience of harm** and **perceptions** towards alcohol and drugs are not homogenous across the whole group and this could influence the level of demand for harm minimisation services, initiatives and resources.
- It shows the likely demand growth will come from several NZ Asian sub-groups including **Indians, Filipinos, gay/lesbian**; it shows the potential impact of **identity** on use and harm; and it highlights **stigma** and **taboo** remain as key barriers for NZ Asians to seek help or information.
- To effectively design and commission activities that are responsive to these unmet needs and return value for investment, we recommend the continuation of this research with a qualitative approach to unpack the social-cultural factors that influence where, how and why NZ Asians seek help. This could be a key enabler in an effective co-design approach to developing harm minimisation services, initiatives and resources.

Appendix 1: Methodology and respondent demographics

Methodology – by Trace Research

Experts collectively developed the questionnaire utilised in this research from Asian Family Services, New Zealand Drug Foundation, Trace Research, and Synergia, including Dr Kelly Feng, Sarah Helm, Ben Birks Ang, Dr Andrew Zhu, and Winner Tian. The team consisted of individuals with backgrounds in alcohol and drug harm prevention, psychology, sociology, public health, and cultural studies, ensuring a multidisciplinary approach to questionnaire development. Their expertise in working with Asian communities and conducting research in New Zealand contributed to the validity and cultural appropriateness of the questionnaire.

The scales adopted in the questionnaire were empirically validated through previous academic and industry studies. To ensure cultural appropriateness, minor modifications were made to the scales to align them with the cultural context and experiences of Asians in New Zealand. The expert team carefully reviewed and approved these modifications to maintain the scales' integrity while enhancing their relevance to the target population.

Ethical guidelines the Aotearoa Research Ethics Committee provided were strictly adhered to throughout the study. These guidelines encompass informed consent, participant anonymity, and data protection. Participants were required to provide written informed consent before participating electronically in the online survey. Measures were implemented to guarantee a high level of participant anonymity, and stringent data protection protocols were followed to safeguard the confidentiality of participants' responses.

Methodology – by Trace Research

The online survey was distributed to Asians aged 18 and above who reside in New Zealand. The ethnic Chinese sample was obtained through email invitations through Trace Research's Chinese Immigrants Research Panel. The remaining Asian ethnic samples were collected from Trace's partner online panel, ethnic media outlets and invitations to special interest groups through emails and social media platforms. Quota (stratified) sampling was employed to ensure the representativeness of all Asian ethnic groups, aligning with the distribution of the Asian adult population based on the 2018 NZ Census. By employing this sampling approach, the study aimed to capture a diverse range of perspectives and experiences within the Asian population in New Zealand.

The total sample size for this study was 1,052 individuals who identify as Asians and currently reside in New Zealand. Geographically, these participants were spread across 16 regions within the country. Moreover, they originated from more than 14 Asian countries, reflecting the diversity of the Asian population in New Zealand. With a margin of error of $\pm 3.01\%$ at a 95% confidence interval, the sample size provided a robust foundation for drawing meaningful conclusions from the data.

Methodology – by Trace Research

Data collection was carried out independently by Trace Research Ltd between the 7th and 25th of May, 2023. This time frame was chosen to capture data from diverse participants while minimising potential seasonal or temporal biases (i.e., no cultural festival, school or public holidays). Efforts were made to maximise response rates and minimise non-response bias through piloting, clear communication, user-friendly survey design, and periodic reminders to complete the survey.

While quota sampling aims to ensure representativeness, it is important to acknowledge the potential limitations of this approach. The sampling method may introduce some degree of bias, and caution should be exercised when generalising the findings to the broader Asian population in New Zealand.

In summary, this study employed a carefully developed questionnaire, adhered to ethical guidelines, and employed quota sampling to collect data from diverse Asian individuals residing in New Zealand. The rigorous methodology, combined with the research team's expertise, enhances the validity and reliability of the study's findings.

Respondent demographics

Ethnicity	Survey proportion	Number of respondents
Chinese	34.7%	365
Indian	33.5%	352
Filipino	10.2%	107
South Korean	5.0%	52
Other Asian	16.8%	176
Total	100.0%	1052

- Spread across 16 regions of NZ
- More than 14 ethnic groups or country of origin represented
- 10% were born in NZ
- Sample size provided a robust foundation for drawing meaningful conclusions (margin of error of $\pm 3.01\%$ at a 95% confidence interval)

Definitions and acronyms

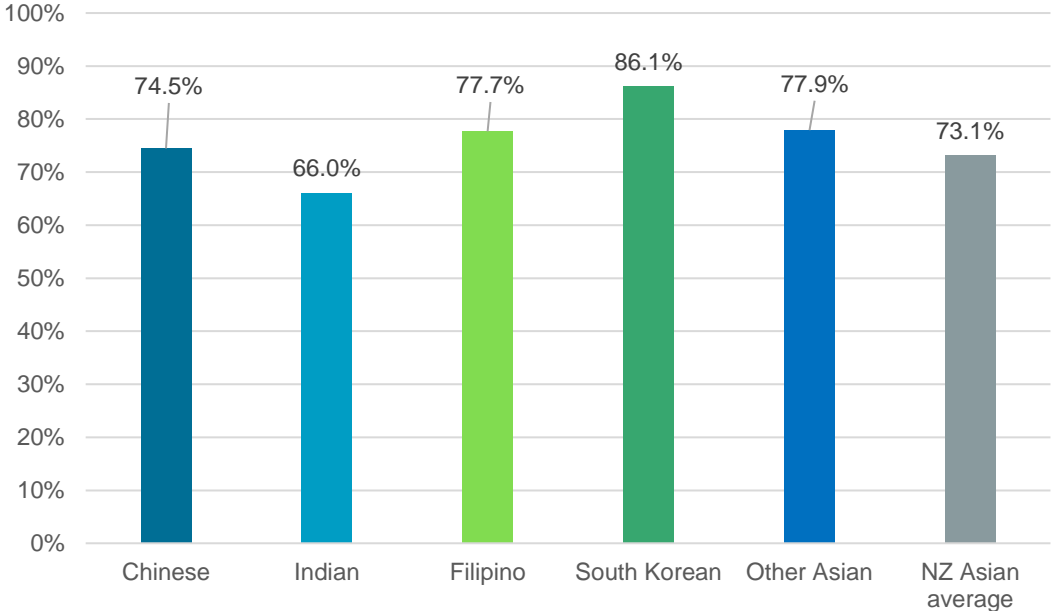
- NZ Asian All people who reside in New Zealand and identify as Asian
- Other Asian NZ Asian people who identify with an ethnic group outside of the 4 largest (Chinese, Indian, Filipino, South Korean). For example, Japanese, Malaysian, Sri Lankan, Vietnamese, Cambodian etc.
- Drugs Defined as substances that can be smoked, swallowed, snorted, inhaled, injected or taken as pills. Respondents were asked to include prescription medicine used *outside* of prescribed purposes
- NZHS New Zealand Health Survey
- NZADUS New Zealand Alcohol and Drug Use Survey

Appendix 2: Survey findings – Alcohol use

Unless otherwise stated, quantitative findings and differences are statistically significant

General alcohol use

Self-reported alcohol use in the last 12 months among NZ Asians



- 73% of NZ Asians reported using alcohol in the last 12 months
 - Much higher than previously^{1,2} reported for NZ Asians and less than the general population (79%)
- A big range within ethnic groups: 86% for the South Korean to 66% for the Indian group
 - The South Korean group reported similar use of alcohol to NZ Europeans¹ (85%) who had the highest reported alcohol use
- NZ Asian males reported higher use (82%) than females (64%)
 - This ratio is much higher (1.28) than the ratio seen in the general population¹ (1.1)

¹ 57% Reported in New Zealand Health Survey (NZHS)
² 64% Reported in Alcohol Use in New Zealand Survey

Q6. How often do you have a drink containing alcohol in the last 12 months?

Frequency of alcohol use



- South Koreans (20%) were also more likely than any other Asian group to report using alcohol 4 or more times a week*
- Those who identified as gay/lesbian were significantly less likely to have reported (48%) using alcohol in the past 12 months compared with those who identify as heterosexual/straight (73%) and bisexual/pansexual (85%)

*Not statistically significant

Q6. How often do you have a drink containing alcohol in the last 12 months?

Motivations of alcohol use

There was a big variety of reported reasons for alcohol use. The top five included:

- Helped me to relax (52%)
- Enjoy company of friends (43%)
- Feel included in social/work settings (26%)
- Obligated to drink in social/work settings (20%)
- Made me feel better when I feel down or depressed (18%)

Q7. What were the motivations for you to use alcohol? Please select all that apply.

Motivations of alcohol use

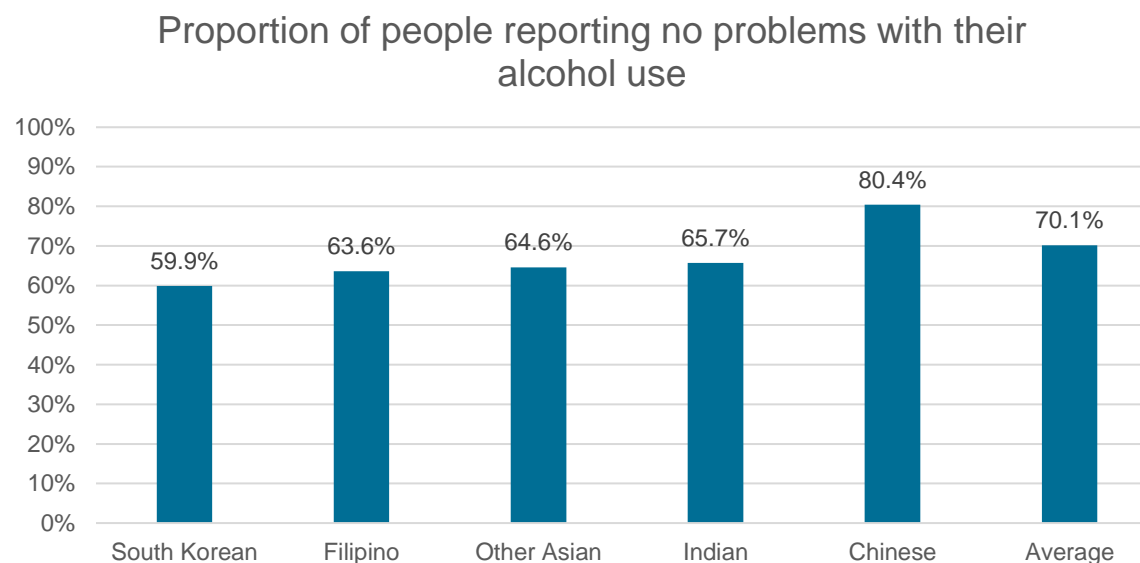
People use alcohol for a variety of reasons. For NZ Asians, there are significant differences in the reasons reported by those born in New Zealand compared with those born overseas:

Motivation	Born in NZ	Born overseas
Feeling included in social/work settings	43%	25%
Helped me to keep going on a night out with friends	33%	16%
Confidence in talking to others socially	26%	13%
Just wanted to get intoxicated	21%	9%
Lose inhibitions	13%	6%
Enhance feelings when having sex	15%	6%
Improve effects of other substances	8%	1%

Self-reported harm with alcohol use

The vast majority of NZ Asians (70%) reported no problems with their alcohol use

- this ranged from 60% for South Koreans to 80% for Chinese



But those who identified as bisexual/pansexual (vs heterosexual/straight) were:

- 7 x more likely to report not being able to stop when started (29% vs 4%)
- 2.5 x more likely to report feelings of guilt or remorse (28% vs 10%)
- 2 x more likely to report concerns from others about their drinking (12% vs 5%)

Q8. Have you experienced any of the following situations after drinking? Please select all that apply.

Self-reported harm with alcohol use

- Those born in New Zealand were much more likely to report (54%) some form of harmful experience regarding their alcohol use than those born overseas (27%)
- Notable differences in reported problems included the following:

Problems	Born in NZ	Born overseas
Inability to remember the night before	33%	11%
Feelings of guilt or remorse	24%	9%
Unwanted sexual activity	10%	2.5%
Injuries (self or others)	8%	2.6%

- Younger NZ Asians are also more likely to report harmful experiences than older NZ Asians

Q8. Have you experienced any of the following situations after drinking? Please select all that apply.

Perceived barriers for seeking professional help or information resources

For NZ Asian alcohol users, the top barriers reported include:

- Limited knowledge of available services (44%)
- Shame, pride, loss of face (39%)
- Lack of awareness around alcohol harm (32%)
- Stigma (30%)
- Fear of legal repercussions (28%)
- Lack of familiar cultural, ethnic and linguistic service (28%)

Those born in NZ were significantly more likely (48%) to report stigma as a barrier than those born overseas (28%) – a similar pattern is seen for shame as a barrier.

Q14 What do you think are the key barriers for people seeking professional help or information resources about the use of alcohol or other substances? Please select all that apply.

Awareness of resources

Overall, NZ Asian alcohol users are less aware of mainstream specialist alcohol or addiction services. The vast majority indicated their GP, friends or family as common places to get help or information:

- GP/doctor (53%)
- Friends (43%)
- Family (39%)
- Addictions Service Counsellor/Therapist (33%)
- Online resources/forums (24%)
- New Zealand Drug Foundation (23%)
- Asian Family Services (21%)
- Don't know (5%)
- The Level (1.6%)

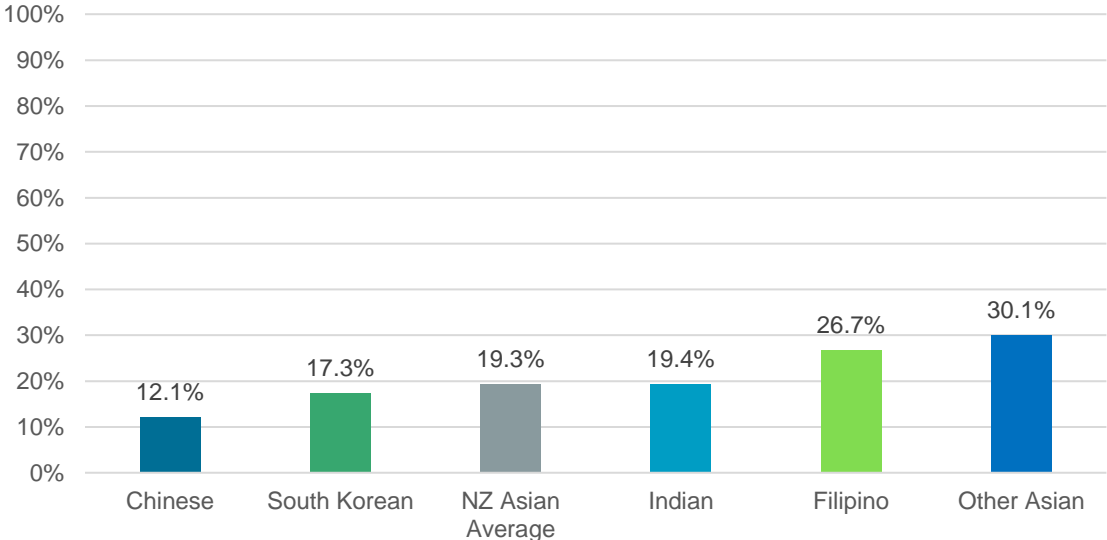
*Q15. Where do you think people are likely to get help from about their use of alcohol or other substances?
Please select all that apply.*

Appendix 3: Survey findings – Drug use

Unless otherwise stated, quantitative findings are statistically significant

General drug use – prevalence

Self-reported drug use in the last 12 months among NZ Asians



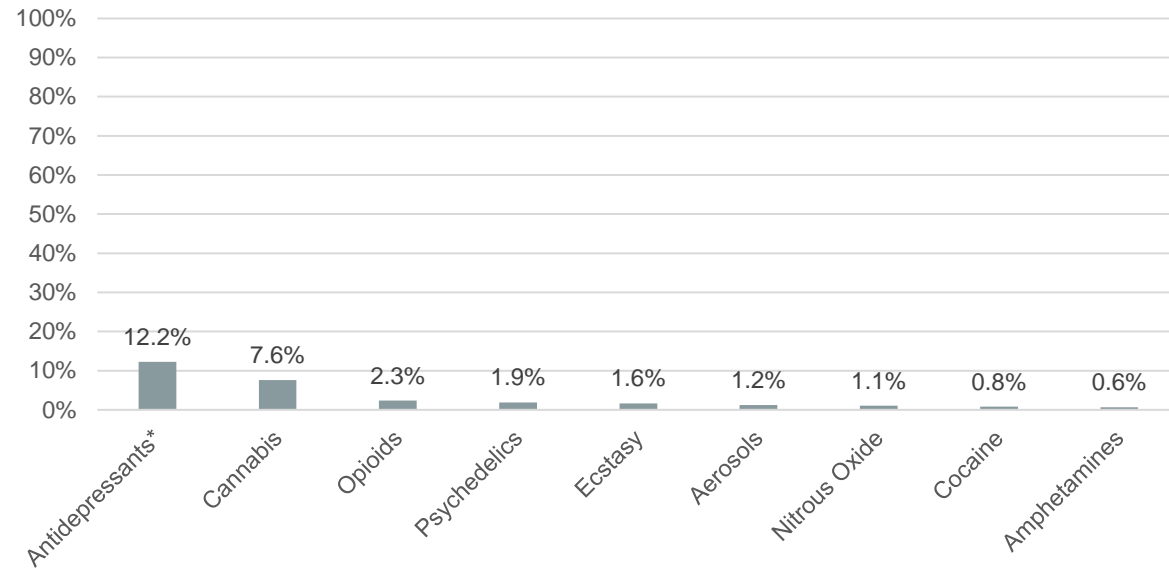
Around 1 in 5 NZ Asians reported using some form of drugs in the last 12 months:

- This ranges from 12% for Chinese to 30% for the 'Other Asian' group

*Q9. In the past 12 months, have you used any of the following substances?
Please select up to three most frequently used*

Which drugs are being used?

Self-reported drug use in the last 12 months among NZ Asians



- The antidepressants* group and cannabis were the most used among NZ Asians.
- Reported use of amphetamines were the lowest.

**Shortened group label. This group also includes anti-anxiety, sleeping pills. See questionnaire.*

Q9. In the past 12 months, have you used any of the following substances?

Please select up to three most frequently used.

National comparison

	NZ Asian Alcohol & Drug Survey (2023)	NZ Health Survey Asian Average (2021/2022)
Antidepressants group*	12.2%	0.0%
Cannabis	7.6%	5.8%
Opioids	2.3%	0.0%
Psychedelics*	1.9%	0.7%
Ecstasy	1.6%	1.4%
Aerosols	1.2%	N/A
Nitrous Oxide	1.1%	N/A
Cocaine	0.8%	0.3%
Amphetamines	0.6%	0.0%

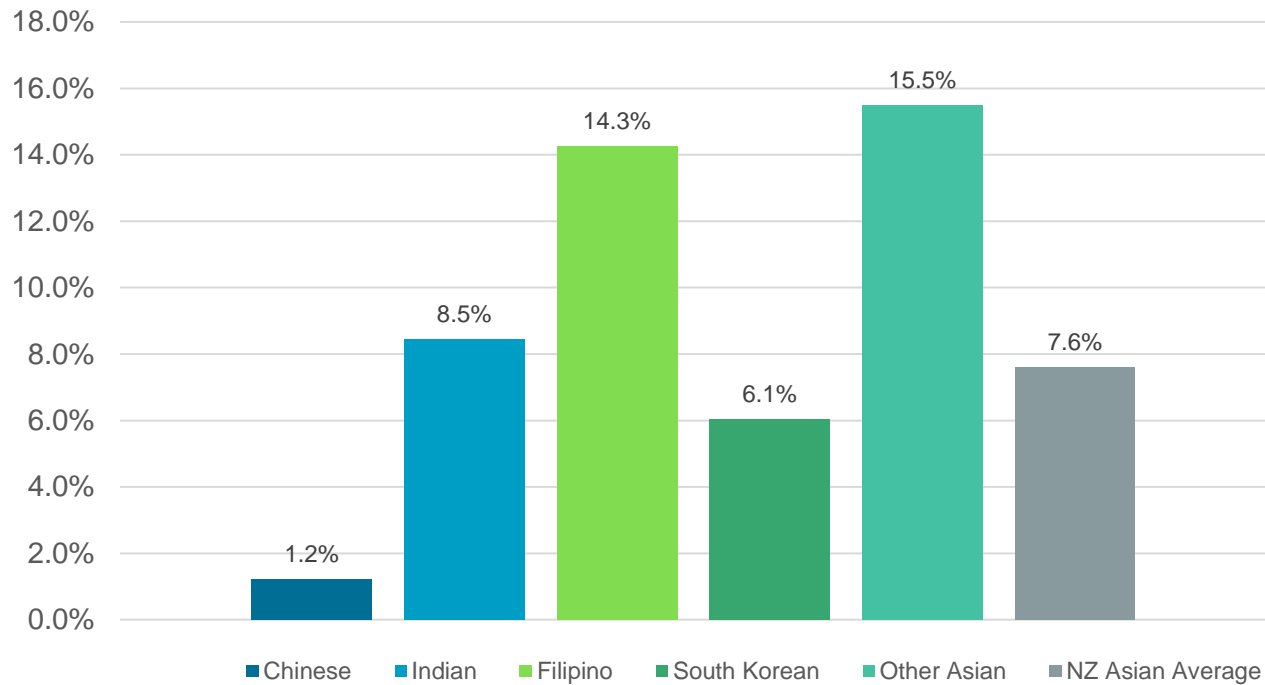
- Current survey results suggest higher drug use prevalence among NZ Asians than previous data.
- This is true for most drugs which were comparable between surveys, for example, cannabis, opioids, cocaine, and amphetamines.

** Drug definitions differs between the two surveys*

*Q9. In the past 12 months, have you used any of the following substances?
Please select up to three most frequently used.*

Disaggregating data tells us more

Self reported cannabis use in the last 12 months among NZ Asians



Disaggregating data tells us more about individual NZ

Asian groups:

- For the Filipino and Other Asian groups, the reported use is disproportionately high for NZ Asians or higher than the NZ general population average¹
- For Chinese people, reported use of cannabis (and other drugs) were significantly less than other NZ Asian groups

Use of other drugs show similar trends:

- Cocaine use is at 3% for Filipinos, 10 x higher than the NZHS average for Asians
- NZ Indians reported 3.5% opioid use against NZ Health Survey average of 0.0%

Q9. In the past 12 months, have you used any of the following substances?
Please select up to three most frequently used.

¹ 14.7% reported from the NZ Health Survey

How often are they being used?

- Of all NZ Asians who reported using cannabis in the last 12 months (7.6%), around 41% reported using weekly or more.
- In terms of population prevalence, this equates to 3.1% of NZ Asians
 - 3 x NZ Health Survey estimates for Asians (1.2%)
 - Nearly as high as the national average (4.3%)
 - Indians reported the highest prevalence (4.8%)

Birthplace, age and drug use

- Those born in NZ were around 2.5 times more likely to have reported using drugs than those born overseas
- Those younger were more likely to report drug use – 18-24 year-olds almost double the rate of 45-54 year-olds

Motivations for drug use

The top motivations across the NZ Asian group were:

- Helped me to sleep (48%)
- Helped me to relax (47%)
- Helped me stop worrying about a problem (34%)
- Made me feel better when down or depressed (33%)

Those born in NZ (38%) were more likely to report 'just wanting to get stoned' as a motivation than those born overseas (13%).

Q11. What were the motivations for you to use any of those substances? Please select all that apply.

Self-reported harm with drug use

For NZ Asian drug users, the most common experiences include:

- *A strong desire to use substance again (21.4%)
- Memory or concentration problems (20.9%)
- Health, social, legal or financial problems (16.8%)
- Feelings of guilt or remorse (15.3%)

NZ Indians were most likely to report some form of harmful experiences (68%), NZ Chinese the least (37%).

Q12. Did you have any of the following experiences after using any of those substances?
Please select all that apply.

*Noting that a strong desire to use substance again may indicate a positive or neutral experience too.

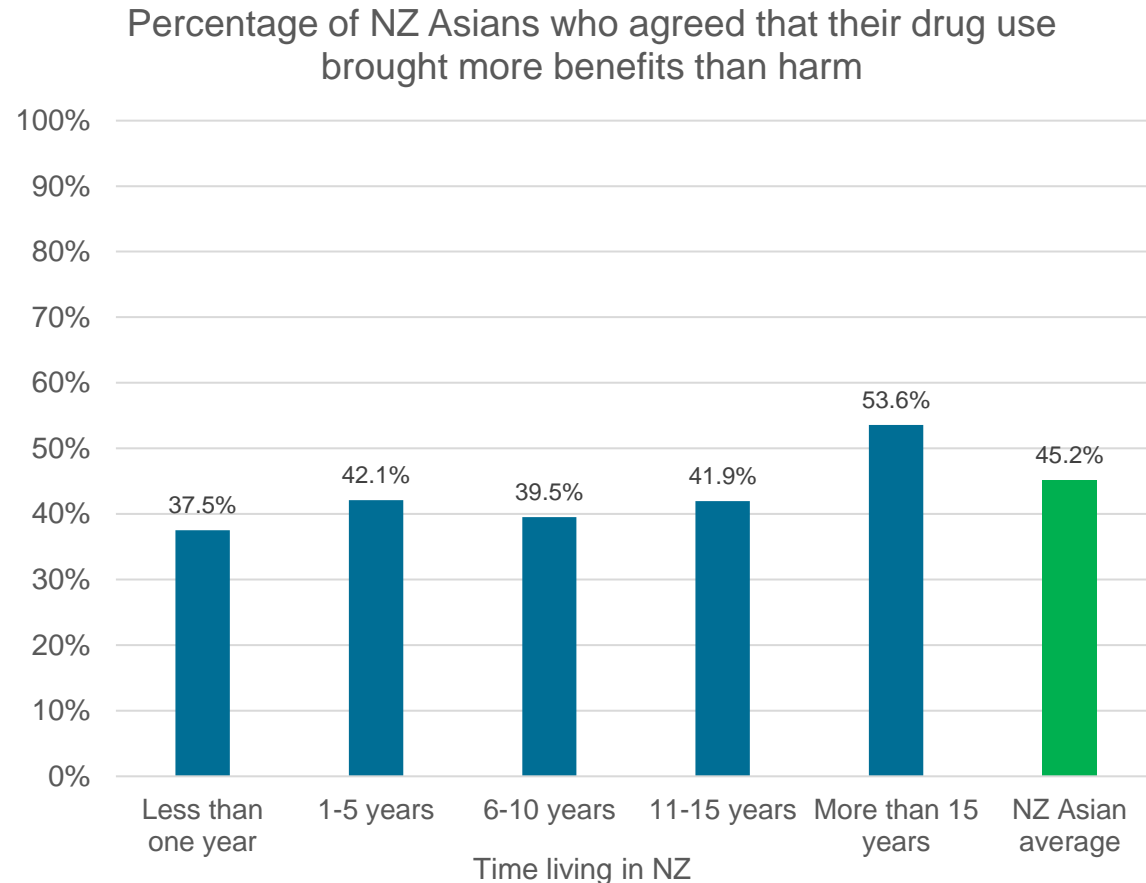
Self-reported harm with drug use – national comparison

Our survey indicates a growing trend compared to mainstream data:

	NZ Asian Alcohol & Drug Survey (2023)	ADUS 2007 (Asian)	ADUS 2007 (General population)
Missed personal appointments	11.10%	9-12%	8-9%
Injuries	6.60%	4.90%	2.70%
Financial	16.80%	7.90%	10.80%
Memory/Learning	20.90%	3%	5.60%

ADUS – Alcohol and Drug Use Survey. These measures of harm were selected as being the closest comparable choices in the ADUS.

Benefits vs. harm



- Nearly half (48%) of NZ Asians reported use of drugs brought overall more benefits than harm.
- Those born in NZ were more likely to report more benefits than harm (54%), than those who were not born in NZ (27%).
- The longer someone has been in NZ, the more likely they are to report more benefit than harm (graph on the left).

Q13. Please rate the statement below on a scale from 1 - 5, with 1 being strongly disagree and 5 being strongly agree. "Overall, using these substances brought me more benefits than harm"

Amphetamines use

- Although a low percentage of NZ Asians (0.57%) reported use of amphetamine-type stimulants, half of the reported use came from people who identify as gay or lesbian
- This is approximately 13.3% for the group* and much higher than heterosexual group (0.33%)

**n= 6, caution drawing any statistical significance given low numbers*

Common barriers for drug users

For NZ Asian drug users, key barriers for professional help or information resources include:

- Shame, pride, loss of face (46%) vs 39% non-users
- Limited knowledge of available services (42%)
- Stigma (41%) vs 27% non-users
- Fear of legal repercussions (34%) vs 27% non-users
- Lack of awareness around drug harm (33%)
- Lack of familiar cultural, ethnic and linguistic service (28%)

Q14. What do you think are the key barriers for people seeking professional help or information resources about the use of alcohol or other substances? Please select all that apply.

Awareness of resources

For NZ Asian drug users, these were perceived common places to get help regarding their use:

- GP/doctor (57%)
- Friends (40%) vs. 37% non-users
- Addictions Service Counsellor/Therapist (37%)
- Family (36%)
- Online resources/forums (25%)
- Asian Family Services (23%)
- New Zealand Drug Foundation (16%) vs 23% non-users
- Don't know (9%) vs 14% non-users
- The Level (3%) vs 1.6% alcohol users

Q15. Where do you think people are likely to get help from about their use of alcohol or other substances? Please select all that apply.

Awareness of resources

Those born in New Zealand are significantly more likely to know of mainstream services/resources than those born overseas:

- Online resources/forums (24%)
- The Level (7% vs 1%)
- KnowYourStuffNZ (11% vs 5%)
- Needle Exchange (5% vs 2%)
- Emergency Department or Urgent Care (30% vs 17%)

Those born overseas were more likely (though not statistically significant) to answer 'don't know' to this question.

Q15. Where do you think people are likely to get help from about their use of alcohol or other substances? Please select all that apply.

Differences and similarities between drug and alcohol users

- Differences in reported motivations and harmful experiences
 - “Feeling obligated to use alcohol” (20%) much higher than drug use (2.5%)
 - This is as much as 28% for Chinese group
 - “Help with sleeping” much higher for drug use (48%) than alcohol (17%)
 - “Help stop worrying about problem” higher for drug use (36%) than alcohol (13%)
 - Use of drugs elicited less responses regarding “enjoying company of friends” (13.4%) than use of alcohol (43%)
- Similarities in reported motivations and harmful experiences
 - “Feeling relaxed” – 51% for alcohol use and 47% for drug use
 - “Just wanted to feel intoxicated or stoned” – 15% for alcohol and 19% for drug use
 - But a significant variation exist between those born in NZ (38%) and those born overseas (13%)
- Overall, answers vary lot more for alcohol use while more clustered for drug use

Summary of findings

1. NZ Asians have a higher rate of self-reported alcohol and drug use and harm than previously indicated in mainstream data.
2. These rates vary greatly across individual Asian ethnic groups.
3. NZ Asians in certain LGBTQ+ groups reported harmful experiences at a higher rate compared with those who identify as heterosexual/straight.
4. NZ Asians born overseas have different motivations and experience with alcohol and drug use compared with those born in NZ. These two groups also perceive barriers to seeking professional help or resources differently to each other.
5. NZ Asians have low awareness of mainstream resources and services.

Appendix 4: Survey questionnaire

Demographics

1. What is your ethnicity or country/region in Asia? Please select all that apply:
 - Mainland China
 - Hong Kong
 - Macau
 - Taiwan
 - Singapore
 - Malaysia
 - Vietnam
 - Cambodia
 - India
 - The Philippines
 - South Korea
 - Japan
 - Sri Lanka
 - Thailand
 - Other Asian countries
 - I was born in New Zealand
2. Where do you currently live in New Zealand?
 - Northland
 - Auckland
 - Waikato
 - Bay of Plenty
 - Gisborne
 - Hawkes Bay
 - Taranaki
 - Manawatu-Wanganui
 - Wellington
 - Tasman
 - Nelson
 - Marlborough
 - West Coast
 - Canterbury
 - Otago
 - Southland
 - Other (Please specify)
3. What is your gender?:
 - Male
 - Female
 - Gender diverse
4. What age group do you belong to?
 - 18-24 years
 - 25-34 years
 - 35-44 years
 - 45-54 years
 - 55-64 years
 - 65+
5. How long have you been in New Zealand since you first arrived?
 - Less than one year
 - 1-5 years
 - 11-15 years
 - More than 15 years
 - I was born in New Zealand
16. Do you have a disability?
 - Yes
 - No
 - Not sure
 - Prefer not to say
17. Which of the following options best describes how you think of yourself
 - Heterosexual or straight
 - Gay or lesbian
 - Bisexual
 - Other, please specify
 - I don't know
 - Prefer not to say

Alcohol use

6. How often do you have a drink containing alcohol in the last 12 months
- I do not drink
 - Monthly or less
 - Up to 4 times a month
 - Up to 3 times a week
 - 4 or more times a week
 - Prefer not to say

Alcohol use

7. What were the motivations for you to use alcohol? Please select all that apply.

- Made me feel better when I felt down or depressed
- Helped me to relax
- Helped me stop worrying about a problem
- Helped me to sleep
- Helped me to concentrate
- Helped me to work or study for long hours
- Helped me to feel more confident or more able to talk to people in a social situation
- Enhanced an activity such as listening to music or playing a game or sport
- Helped me keep going on a night out with friends
- Helped me feel elated or euphoric
- Just wanted to get intoxicated
- Helped me lose weight
- Helped me enjoy the company of my friends
- Helped me feel included in social or work settings
- I felt obligated to drink alcohol in social or work settings
- Improved the effects of other substances
- Helped ease the after-effects (hangover or comedown) of other substances
- Helped me to stay awake
- Helped me lose my inhibitions
- Enhanced feelings when having sex
- Helped make something I was doing less boring
- Other, please specify
- Prefer not to say

Alcohol use

8. Have you experienced any of the following situations after drinking? Please select all that apply.
- Missed personal commitments (for example, work, family commitments etc.)
 - Had feelings of guilt or remorse
 - Unwanted sexual activity
 - Domestic violence
 - Incidents related to driving after drinking (for example, a DUI infringement or car crash/accident)
 - Injury (to yourself or someone else)
 - I needed another drink when I woke up to get myself going
 - Inability to remember what happened the night before
 - Could not stop once I started
 - Health, social or legal problems
 - A relative, friend, doctor or other health worker has been concerned about my drinking or suggested I decrease my drinking.
 - I have not experienced any of the above problems relating to alcohol use
 - Other, please specify
 - Prefer not to say

Drug use

9. In the past 12 months, have you used any of the following substances? Please select up to three most frequently used*

- Anti-anxiety, antidepressants, or sleeping pills, for example, Valium, diazepam
- Cannabis (marijuana, hash, weed)
- Opioids, for example, codeine, tramadol, morphine, methadone, heroin
- Ecstasy/MDMA ('E', 'molly', 'MD')
- Cocaine
- Psychedelics, for example, mushrooms, LSD, NBOMe, ketamine
- Nitrous Oxide ('NOS', 'nangs', 'balloons')
- Stimulants, for example, amphetamines, meth, 'P', speed, ice, Ritalin®
- Aerosols, glue, petrol, solvents
- No, none of the above
- Other, please specify (for example, synthetic cannabinoids, 'synnies', GHB, GBL, poppers etc.)
- Prefer not to say

10. How frequently do you use the substance(s) mentioned above?

- Once a week or less
- More than once a week
- Daily or almost daily

**Participants were asked to only include prescription drugs used outside of prescribed reasons.*

Drug use

11. What were the motivations for you to any of those substances? Please select all that apply.

- Made me feel better when I felt down or depressed
- Helped me to relax
- Helped me stop worrying about a problem
- Helped me to sleep
- Helped me to concentrate
- Helped me to work or study for long hours
- Helped me to feel more confident or more able to talk to people in a social situation
- Enhanced an activity such as listening to music or playing a game or sport
- Helped me keep going on a night out with friends
- Helped me feel elated or euphoric
- Just wanted to get stoned or intoxicated
- Helped me lose weight
- Helped me enjoy the company of my friends
- Helped me to feel included in social settings
- I felt obligated to use substances in social or work settings
- Improved the effects of other substances
- Helped ease the after-effects (hangover or comedown) of other substances
- Helped me to stay awake
- Helped me lose my inhibitions
- Enhanced feelings when having sex
- Helped make something I was doing less boring
- Other, please specify
- Prefer not to say

Drug use

12. Did you have any of the following experiences after using any of those substances? Please select all that apply.

- Strong desire to use the substance(s) again
- Missed personal commitments (for example, work or family commitments)
- Domestic violence
- Unwanted sexual activity
- Incidents related to driving after substance use (for example, a DUI infringement or car crash/accident)
- Feelings of guilt or remorse
- Injury (to yourself or someone else)
- Memory or concentration problems
- A relative, friend, doctor or other health worker has been concerned about my use or suggested I decrease my use.
- Health, social, legal or financial problems
- I have not experienced any of the above problems relating to substance use
- Other, please specify
- Prefer not to say

13. Please rate the statement below on a scale from 1 - 5, with 1 being strongly disagree and 5 being strongly agree.

“Overall, using these substances brought me more benefits than harm.”

Perceived barriers and resource awareness

14. What do you think are the key barriers for people seeking professional help or information resources about the use of alcohol or other substances? Please select all that apply.

- Lack of awareness about what alcohol or substance harm actually is
- Insufficient financial funds to access treatment services
- Unsure what safe use of alcohol or other substances is
- Limited knowledge about what services are available
- Availability of familiar cultural, ethnic and linguistic services
- The uncertainty that health information will be kept private
- The stigma or judgement associated with the use of alcohol or other substances
- Issues are hidden due to shame, pride and loss of face, not only for the user but for the whole family
- The use has not triggered serious family issues
- The use has not triggered serious workplace or school issues
- Fear of legal repercussions (e.g. being reported to the police)
- Don't know

Perceived barriers and resource awareness

15. Where do you think people are likely to get help from about their use of alcohol or other substances? Please select all that apply.

- GP/Doctor
- Friends
- Family
- The Level (thelevel.org.nz)
- Addictions Service Counsellor, Practitioner/Therapist
- Pharmacy or pharmacist
- Asian Family Services
- New Zealand Drug Foundation
- High Alert
- KnowYourStuffNZ
- Needle Exchange Programme
- A different health, social or housing provider
- Religious or spiritual advisor
- Online resources or forums
- Hospital emergency department or urgent care clinic
- Don't know

