

Pulse survey of alcohol and other drug support services in Aotearoa New Zealand

**Changes noticed by services from
June to August 2020.**

**AT THE HEART
OF THE MATTER,
NZ DRUG
FOUNDATION.**

Te Tūāpapa Tarukino o Aotearoa

Methodology

A pulse survey was used to quickly capture what was 'top-of-mind' for alcohol and other drug (AoD) support services.

The first and second sections of the survey identified recent changes in substance use and harm (past three months) for youth (under 18 years) and adults. The third and fourth sections focused on sector needs, opportunities and issues.

122 responses from AoD support services were received between 26th August and 7th September 2020.

Responses were coded to identify changes and emergent themes in the previous three months. These insights were critiqued and interpreted by the Acute Drug Harm Community of Practice.

In this document:

Most refers to themes that were common across responses.

Some refers to answers that were in approximately a quarter to a half of responses.

A few refers to responses that were made by less than a quarter of respondents.

Adult whaiora refers to adults (18+ years) who access support.

Young whaiora refers to young people (under 18 years) who access support.

Considerations for interpreting these insights.

Some respondents did not answer every question, leading to variation in the response rate.

These responses may not reflect the proportion of substance use or harms in the community. The number of whaiora and depth of engagement vary between services. In addition, this survey may not identify what is experienced for people who don't access support.

Researchers and addiction professionals reviewed the contents of the survey and National Ethical Standards were followed. This survey was not within the Health and Disability Ethics Committee's scope of review.

Recent changes in young whaiora drug use and harm

Fifty six responses were received from services that support young whaiora (under 18 years).

They were asked these questions about whaiora drug use in the past three months:

- Changes in use of different substances (large increase, slight increase, no change, slight decrease, large decrease, NA)
- Primary substance whaiora seek support for
- Changes in young whaiora substance use or new trends (e.g. acute incidents, new substances, dose)
- The five drug-related harms their young whaiora experienced that they were the most concerned about and why

Recent changes in the drug use of young whaiora (young people accessing services)

Cannabis and alcohol remain the most common substance young people seek support for.

Fourteen services reported that they were most commonly supporting whaiora with their cannabis use, eight reported alcohol, and six methamphetamine.

Most responses reported that levels of substance use by young whaiora seeking support had not changed over the past three months.

However:

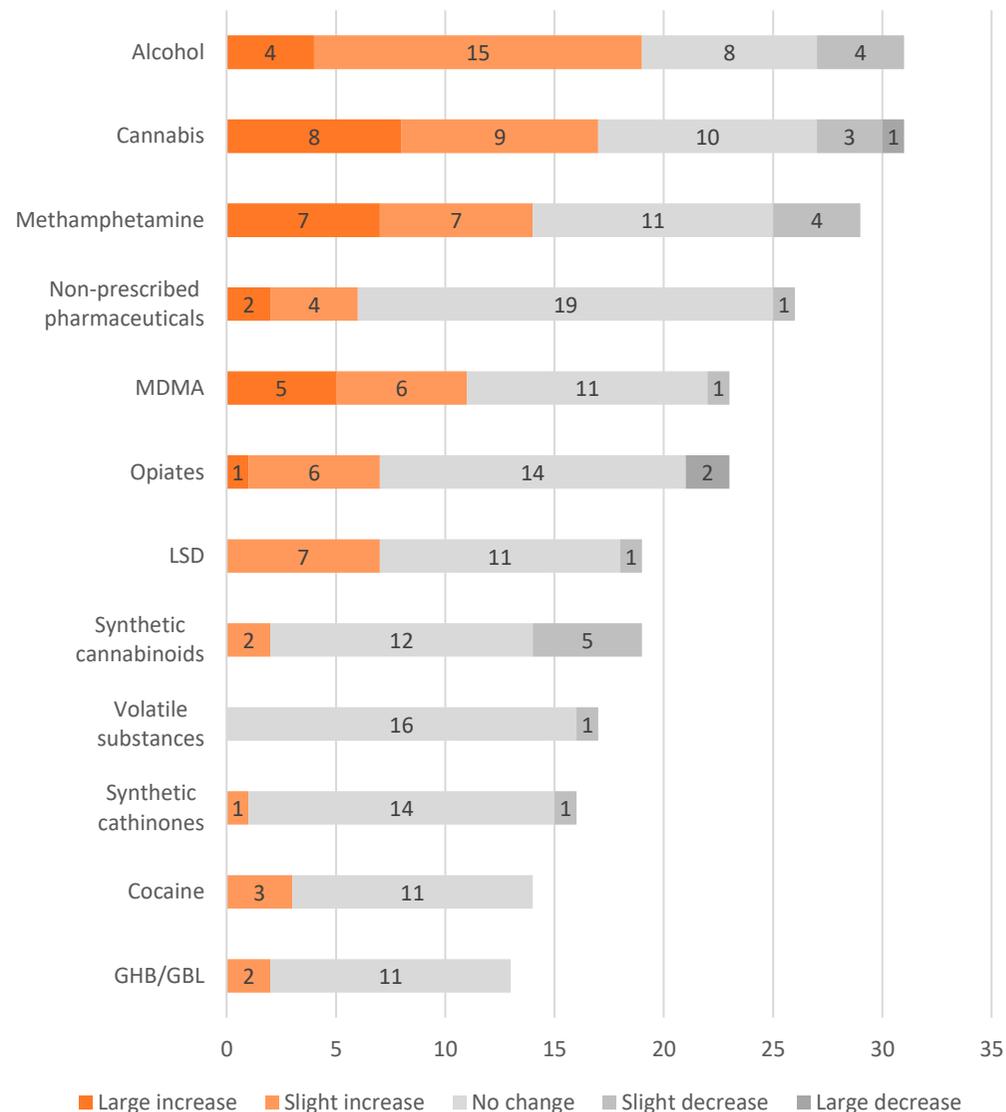
- Approximately half had noticed a 'slight' or 'large' increase in alcohol and cannabis use among young whaiora.
- Some had noticed a 'slight' or 'large' increase in methamphetamine and MDMA use among young whaiora.
- Very few services reported a decrease in use by young whaiora during this time period.

Discussions with the sector and survey responses suggested that increases were more likely to be experimentation, rather than long-term use.

“There is more experimentation with methamphetamine use (not longer term use)”

This meant that some young whaiora were using more than one substance at the same time.

Number of responses reporting changes in drug use amongst young whaiora in the past three months, by substance (n = 36)



Harms experienced by young whaiora (young people accessing services)

Suicidal ideation among young whaiora was identified as the most concerning harm noticed by services in the past three months.

Abuse/aggressive behaviour, feeling agitated or angry, and contact with the justice system were also commonly prioritised as concerning harms.

“we have had a 300% increase in referral in the last quarter for mental health - lots of uncertainty for our young people - sense of hopelessness when it comes to finding employment - unable to pass pre-employment drug tests due to cannabis use, the over 18's living in inappropriate living environments due to not being able to secure or afford proper accommodation.”

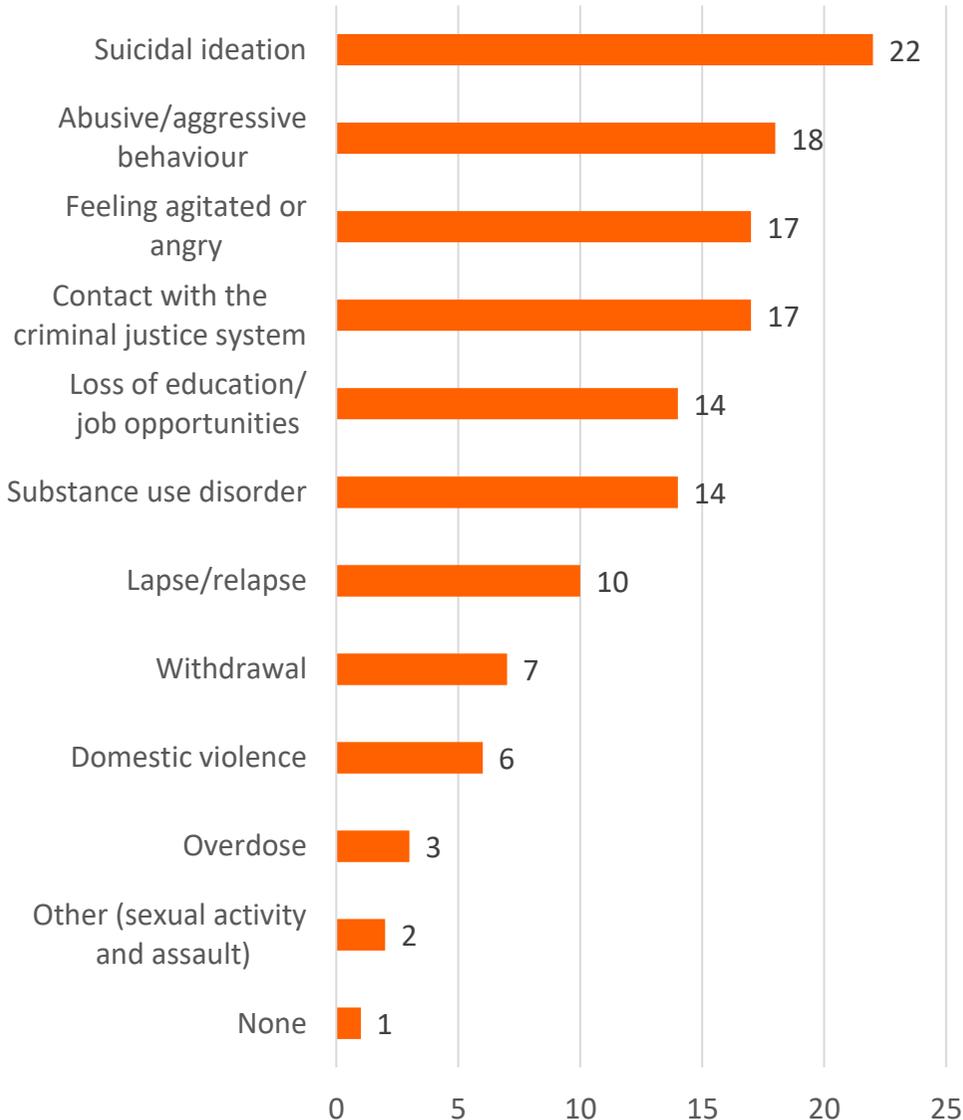
“Instability of school and routine due to Covid 19, boredom at home has led to them getting into trouble in the community or at home with family members”

Discussions with the sector and survey responses connected some of these harms with social issues, such as housing, family, and employment problems.

Strained relationships with whānau, coupled with being required to stay at home because of COVID-19 restrictions, tended to exacerbate these harms and made it harder for some young people to access support from places like their school.

Services also spoke about needing to spend their time supporting whaiora with these harms, and therefore found it hard to have time to focus on alcohol and other drug issues.

Number of responses showing the most concerning harms for the young whaiora they supported in the past three months (n=34)



Recent changes in adult whaiora drug use and harm

Over 100 responses were received from services that support adult whaiora (over 18 years).

They were asked these questions about whaiora drug use in the past three months:

- Changes in use of different substances (large increase, slight increase, no change, slight decrease, large decrease, NA)
- Primary substance of whaiora seek support for
- Changes in whaiora substance use or new trends (e.g. acute incidents, new substances, dose)
- The five drug-related harms their whaiora experienced that they were the most concerned about and why

Recent changes in the drug use of adult whaiora (adults accessing services)

Alcohol remains the most common substance adults seek support for

Forty-six services reported that they were most commonly supporting whaiora with their alcohol use. Approximately one quarter reported that they were most commonly supporting whaiora with their methamphetamine use. Some responses noted that they are concerned about whaiora using multiple substances at the same time.

"...clients presenting with meth issues has increased to 20%, most now present with multiple issues - in Northland that is cannabis, meth and alcohol."

Most responses reported that levels of substance use by adult whaiora seeking support had not changed over the past three months.

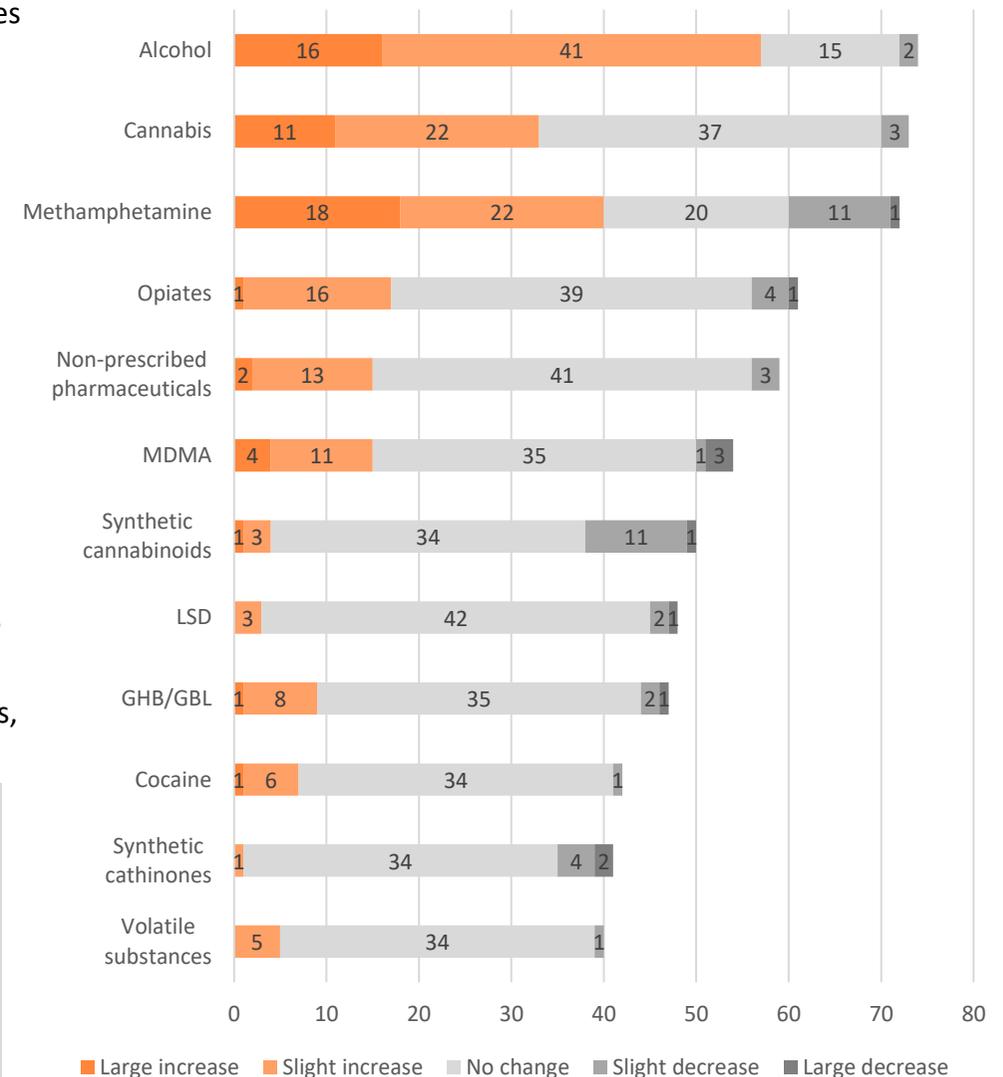
However:

- Almost three quarters had noticed a 'slight' or 'large' increase in alcohol use
- Approximately half had noticed a 'slight' or 'large' increase in methamphetamine use among whaiora.
- Slightly less than half had noticed a 'slight' or 'large' increase in cannabis use among whaiora.
- A few had noticed 'slight' increase in opiate, non-prescribed pharmaceuticals, and MDMA use among whaiora.

Discussions with the sector highlighted that the survey responses matched what they had experienced during the time period.

However, at the time that these findings were discussed with the Acute Drug Harm Community of Practice on the 13th of October, some regions had noticed an increase in synthetic cannabinoid use. As this happened after the pulse survey was completed, it is not reflected in the data here.

Number of responses reporting changes in drug use amongst adult whaiora in the past three months, by substance (n = 80)



Harms experienced by adult whaiora (adults accessing services)

Concern about mental health among adult whaiora was identified as the most concerning harm noticed by services in the past three months.

Lapse/relapse, abusive/aggressive behaviour, and contact with the justice system were also commonly prioritised as concerning harms. A few responses commented that these had long-term impacts for whaiora and impacted on the safety of people around them.

“The associated violence that is associated with the meth scene, the influx of gang influence and the culture of fear and violence that accompanies this. Domestic violence/intimidation often when one person is making a positive change in their life, their partner returns from prison and returns to using, the flow on with regard to violence, custody issues and the increased risk of relapse due to pressure applied.”

A few respondents (7) also noted the ongoing situation created by COVID-19 appeared to escalate these concerns for whaiora.

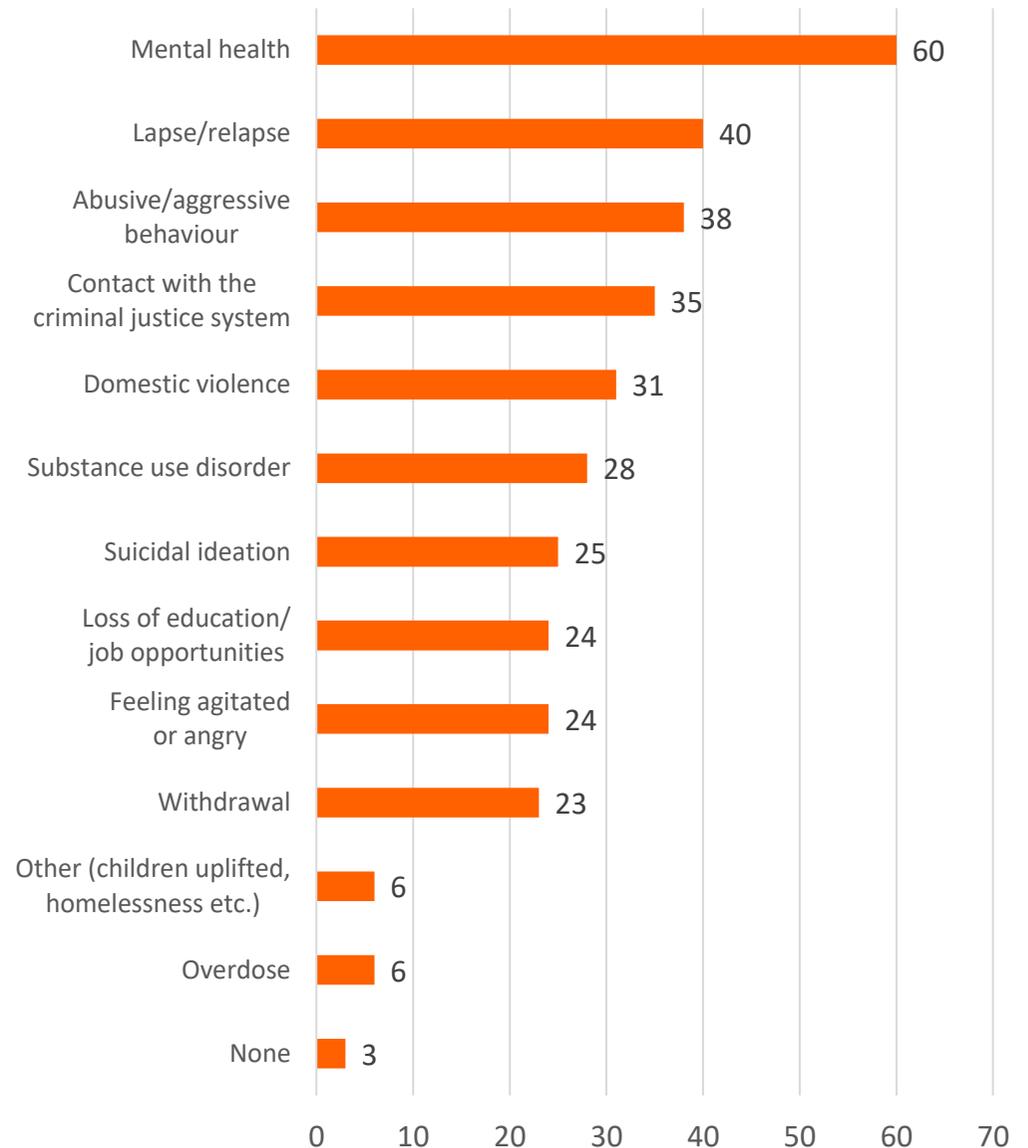
“Whaiora who were already reducing their use of AOD or were actively implementing and maintaining AOD abstinence lapsed or relapsed due to additional stressors directly linked with COVID19.”

Discussions with the sector and survey responses connected some of these harms with social issues, particularly housing, and were concerned that this may be worse for women.

Housing was named as a crucial factor during discussions. Drug use is often a barrier to get into housing, and inappropriate housing can make issues worse.

Services were concerned that women were being excluded from housing services because of their drug use, which was concerning because women were disproportionately impacted by recent redundancies due to COVID-19 and are likely to experience more harm.

Number of responses showing the most concerning drug harms for adults in the past three months (n=72)



Resources, services, and changes since Alert Level 4

Services were asked their thoughts about reducing harm and sector opportunities, by sharing:

- Their thoughts about what would help to reduce alcohol and other drug harm in your community
- Positive examples of a programme, service or intervention to address drug-related harm
- Changes to AoD support services since the Alert Level Four lockdown in March

Reducing harm in the community and changes since COVID-19

A range of initiatives were suggested to prevent and reduce drug harm.

The most frequently identified initiatives were:

- Sharing information about substances and how to reduce harm with the public, schools, and primary health services.
- Wider range and greater availability of harm reduction advice and support, such as supervised consumption sites.
- More specialist alcohol and other drug services, such as respite and detoxification services.
- Social support – to help people into education, jobs and housing.

Services also identified that their service delivery needed more resourcing to become more flexible, have lower access thresholds and the ability to provide longer-term support.

Some services identified that specific populations needed to have more resource or support, including:

- Building a workforce and services that can support Māori and Pasifika people
- Dedicated support pathways for people with convictions
- Youth-specific services.

A few spoke about finding it hard for them to help whaiora access support in their area, for example, not being able to refer directly to respite or detoxification services.

Some services reported continuing to utilise technology, in the same way they did during the Alert Level Four lockdown in March.

“For us specifically we have begun to use virtual means a lot more, which has helped for service users that are geographically a long distance from us (1 1/2 hour drive) and may be unable to get into the clinic- lockdown positively forced us to look at electronic supports.”

While services saw the advantages of technology, others warned that it excluded some groups because they didn't have access to technological resources, or that the quality of intervention was sometimes reduced.

Where services were provided also changed as some venues could not be used.

“We are more flexible in terms of how to engage - in person or by phone. We were initially 3x busier, now 2x busier than before Lockdown.”

A few services noted that they were supporting more whaiora than usual, which was putting strain on their service. They also found that some whaiora had more complex needs than usual, which was putting additional pressures on an already stretched staff team. This was making underlying issues, such as health and safety and unsustainable work practices, more apparent.

Who we heard from

These questions were asked about their service and clients

- Location of service
- Type of service (e.g. DHB, NGO, AOD, youth, Kaupapa Māori)
- Gender of the people they support
- Age of the people they support

122 responses from services that provided alcohol and other drug support were analysed

Most respondents were from alcohol and other drug services.

The 122 respondents were from almost all DHB locations across New Zealand.

Most DHB areas had at least two respondents to this survey. The most responses came from services in the Auckland (n=19), Waikato (n=19), Capital and Coast (n=16) and Southern (n=12) regions.

Responding services supported a range of clients.

Most respondents reported that their services supported men, women, and gender-diverse whaiora.

102 respondents supported adult whaiora (over 18 years), and 56 supported young whaiora (under 18 years). Of those, thirteen were specialist youth health services and five were youth one stop shops.

Types of services provided by the services that responded to the survey

Type of service	Number
Alcohol and other drugs	91
Mental health	49
NGO	49
DHB	28
Kaupapa Māori	18
Youth health	13
Other (please specify)	12
Residential	11
Primary health	10
Housing/homelessness	7
Youth One Stop Shop	5
Employment	3

This pulse survey aimed to quickly provide information about the changes in drug use and harm to inform efforts to prevent and reduce drug harm.

Help us continue to prevent and reduce drug harm by letting us know:

- If you are noticing anything that is not reflected here.
- What you think the survey findings indicate.
- What you suggest needs to happen.

Email: admin@drugfoundation.org.nz