Which regions reported higher levels of methamphetamine and cannabis dependency and need for help with substance use problems?

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KEY POINTS

- Higher levels of methamphetamine dependency were reported in the Waikato, Gisborne/Hawke's Bay, Auckland, Manawatu-Wanganui and Bay of Plenty regions
- Higher levels of cannabis dependency were reported in the Bay of Plenty, Northland, Waikato, Wellington and Gisborne/Hawke’s Bay regions
- Need for help for substance use problems was highest in the Bay of Plenty, Manawatu-Wanganui and Gisborne/Hawke’s Bay

Purpose of this bulletin

This short research bulletin presents preliminary findings from the first online New Zealand Drug Trends Survey (NZDTS) conducted by Massey University. It focuses on the different levels of drug dependency and need for help for substance use problems found around the country. All the bulletins are freely available on our Facebook™ page [www.facebook.com/NZDrugTrends]. More detailed statistical analysis of the findings will be completed over the coming months.

Background

Anecdotal reports suggest many smaller towns and rural areas in New Zealand have significant drug problems. However, there is often limited local data available to support the case for better help services. Online surveys provide a methodology to engage with large numbers of people from geographically distant communities, to provide timely data to inform both shorter and longer term responses.

Aims

To provide an indication of the level of methamphetamine and cannabis dependency, and need for help for substance abuse problems, in all regions of New Zealand

Method

An anonymous online survey (i.e. New Zealand Drug Trends Survey or NZDTS) was promoted via a targeted Facebook™ campaign from November 2017 to February 2018. A total of 6,113 people completed the NZDTS survey [i.e. Auckland=1167; Bay of Plenty=383; Canterbury=810; Gisborne/Hawke’s Bay=469; Manawatu/Wanganui=381; Northland=405; Otago=460; Southland/West Coast=307; Taranaki=294; Tasman/Nelson/Marlborough=351; Waikato=499; Wellington=587]. Respondents who reported using a drug type in the past six months were asked if they had ever felt dependent on the
previous six months. All respondents who had used alcohol and other drugs in the past six months were asked about the extent to which they felt they needed help to reduce their alcohol and drug use, using a four point scale (i.e. ‘no help’, ‘a little help’, ‘some help’, ‘a lot of help’).

Results
Forty-five percent of the sample was female. The average age was 29 years old (range 16–87 years). Twenty-one percent were Maori and 72% Pakeha. Eighteen percent were students, 11% unemployed or on a sickness benefit, and 65% were employed. Overall, 31% of those who used methamphetamine, and the same proportion of those who used cannabis, reported they had felt dependent on these substances in the previous six months. Higher levels of methamphetamine dependency were found in the Waikato (43%), Gisborne/Hawke’s Bay (42%), Auckland (35%), Manawatu-Wanganui (34%) and Bay of Plenty (30%) regions (see Map 1). Higher levels of cannabis dependency were found in the Bay of Plenty (37%), Northland (35%), Waikato (34%), Wellington (33%) and Gisborne/Hawke’s Bay (33%) (Map 2). The proportion of respondents who reported needing either “a lot” or “some” help was highest in the Bay of Plenty (16%), Manawatu-Wanganui (16%) and Gisborne/ Hawke’s Bay (15%) (Map 3).

Limitations
The NZDTS survey is not intended to be a representative sample of the drug using population. Rather, it engages with people who are knowledgeable about drug use to provide a ‘snapshot’ of recent issues. At the very least, there is likely to be some bias toward more functional drug users who have higher utilisation of the internet. Consequently, it is likely our findings underestimate the level of drug dependency and need for help for substance use problems in general, and among people who have limited access to the internet in particular (e.g. rough sleepers). However, it is important to note that representative sampling designs are prohibitively expensive when studying small hidden populations of illegal drug users (Barratt et al., 2015). In addition, many of the limitations of online purposive sampling of hidden populations are broadly similar to those for ‘traditional’ face-to-face purposive sampling of these groups (Barratt et al., 2015). Online samples of hidden populations have been found to be comparable with probability samples from household surveys for a range of characteristics (Barratt and Lenton, 2015).

Conclusions
Respondents from the upper and central North Island, and east coast of the North Island, reported higher levels of methamphetamine and cannabis dependency, and a higher need for help to reduce their alcohol and other drug use. While cannabis is considered to be a less addictive substance than methamphetamine, drug dependency is also closely related to the frequency of use. In our sample, 47% of the cannabis users compared to 17% of the methamphetamine users reported they were using daily or near daily, and this higher frequency of cannabis use may account for the similar overall rates of drug dependency between the cannabis and methamphetamine users.

Reference


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