



30 May 2013

Members
Health Committee

Inquiry into whether young people are taking enough responsibility for reducing and preventing substance abuse or whether this should be the Government's role

The Health Committee has been asked to conduct an inquiry into: "Are young people taking enough responsibility for reducing and preventing substance abuse or should this be the Government's role?" This paper has been prepared to assist the Committee with its examination. The paper identifies issues and provides possible lines of inquiry for the Committee to consider. The Committee may also wish to raise these matters with the witnesses who have been asked to appear before the Committee to give evidence on this inquiry.

Background

Substance abuse primarily involves alcohol and other drugs and is generally considered the patterned use of a substance whereby the consumption or method is not medically approved.

Factors that can contribute to the development of substance abuse problems among youth are motivational (escape developmental distress, confirm social norms), developmental (family breakdown, favourable parenting attitudes to drug use, school failure) and social (peer group, family, community, school risk factors). Substances are typically used by young people out of curiosity, peer pressure, to relax, become more intoxicated, and enhance an activity or alleviate depressive moods.

Substance use is associated with a range of poor health, wellbeing and psychological outcomes, such as affecting a person's self-esteem, confidence and happiness through to major psychoses and engaging in risky behaviours such as offending.

Are young people taking enough personal responsibility for reducing and preventing substance abuse?

Research suggests that substance abuse among young people is reducing. Comparing the secondary school survey Youth'07 with the Youth'01 survey, fewer young people have used marijuana and fewer are drinking regularly¹. Data is set out below.

¹ Results from the Youth'12 survey will be released 1 July 2013.

Alcohol

Surveys of young people suggest that alcohol use among young people has reduced against a number of measures. For example, the New Zealand Health Survey 2011/12 found:

- in 2011/12, decreases in past-year drinking were generally seen across all age groups compared to 2006/07, but particularly among 15–17 year olds
- people aged 18–24 years (particularly men) are at higher risk of hazardous drinking
- among past-year drinkers, about 44 per cent of men and 26 per cent of women aged 18–24 years have hazardous drinking patterns.

However, the rate of hazardous drinking has decreased significantly in past-year drinkers aged 18–24 years from 2006/07 (49 per cent) to 2011/12 (36 per cent).

Drugs

Research from 2007/08 found that the number of students who had used marijuana decreased from 39 per cent in 2001 to 27 per cent in 2007. Approximately five per cent of students used marijuana weekly or more often. Among current marijuana users, about one in four used it before or during school. Almost one-third of students using marijuana have tried to cut down or give up using it.

The use of other drugs such as acid, heroin, 'P', speed or ecstasy was uncommon among students. For example, only 1.2 per cent of students reported using 'P' and of these most had used it only once or twice. Party pills were the most common of the 'other drugs' used by students with just over 11 per cent of students having tried these types of drugs.

There is demand for psychoactive substances such as party pills and legal cannabis-like products. The annual turnover of the industry is estimated to be NZ \$25 – NZ \$35 million, depending on the type of products legally available at a given time. A 2007/08 survey found that 13.5 per cent of New Zealanders aged 16 to 64 had tried at least once party pills containing benzylpiperazine (BZP) while it was legally available. Psychoactive substances pose a risk to users because they have unknown short or longer term harms to health. They are marketed in New Zealand without any control over their ingredients, potency, or quality, and without a minimum purchase age.

'Huffing' in New Zealand is not widespread and research indicates that it is used by very few people. This tends to be experimental use rather than long-term and increases with neighbourhood deprivation. Research on 'huffing' is limited and generally does not capture younger age groups.

Tobacco

Tobacco use among young people also appears to be reducing. The number of young people that reported smoking cigarettes weekly fell from 16 per cent in 2001 to 8 per cent in 2007. In addition fewer students reported having ever tried cigarettes: 32 per cent in 2007, down from 52 per cent in 2001.

Role of young people in reducing substance abuse

Some organisations are focused on young people taking responsibility for their actions and are led by young people. For example, Students against Drunk Driving (SADD) is a programme aimed at young people and reducing harm caused by intoxicated drivers.

Student ASH is the student branch of Action on Smoking and Health (ASH) New Zealand and is focused on reducing the harm that tobacco causes in New Zealand. It aims to add a unique voice to the tobacco control sector and ultimately reduce tobacco related harm in New Zealand. Student ASH is also working to ensure that health students get adequate smoking cessation training and are able to provide patients with effective smoking cessation advice.

In addition, programmes such as these have been using social media networks such as Facebook to reach young people.

It is difficult to gauge the influence that government may have on reducing substance abuse compared with the extent to which young people are taking personal responsibility. For example, the Government uses social marketing campaigns to persuade young people to change their behaviour. Government also plays a role in informing and educating young people about the risks involved in substance abuse.

Should the Government have a greater role in reducing and preventing substance abuse?

Alcohol

The Alcohol Reform legislation which was passed by Parliament in 2012 addresses access to alcohol. Objectives are to:

- reduce harm caused by alcohol use, including crime, disorder and negative health outcomes
- target key drivers with a focus on reducing heavy drinking episodes
- implement an efficient and sustainable solution to addressing alcohol-related harm.

This reform is significant, both because of the impact of alcohol in the lives of young people and because of its aim of empowering local communities around alcohol supply. Major changes include:

- giving local councils more authority to set local alcohol policies, allowing communities to restrict or extend trading hours, limit locations and density of premises, and impose conditions on licensed premises
- restricting the sale of Ready to Drink² beverages
- expanding current licensing criteria to include whether granting the license will negatively impact the community and neighbourhood
- implementing national maximum trading hours of 8am – 4am for on-licenses and 7am – 11pm for off-licenses.

The Alcohol Reform legislation was drafted in response to the Law Commission's report *Alcohol in our Lives: Curbing the Harm* (2010). In it the Law Commission outlines seven major policy levers to reduce alcohol-related harm. While the Alcohol Reform legislation was aimed at reducing the harm caused by alcohol, it has been criticised for not going far enough. For example, the trend towards regarding alcohol as a normal food or beverage was not addressed by the Bill nor was increasing the age that young people can purchase alcohol. The lowering of the purchase age from 20 to 18 in 1999 has been associated with a range of negative outcomes in youth drinking patterns and offending. Controlling alcohol use in adolescence is important because of the increased risks of motor vehicle accidents, injuries and deaths as young people begin to use alcohol as part of social activities. There is

² Alcoholic beverages that require no preparation before they can be consumed.

also an increased risk of crime, sexual risk taking, victimisation, mental health problems and suicidal behaviours.

Minimum age for purchasing versus consuming alcohol

New Zealand does not have a minimum drinking age; rather New Zealand has a minimum legal purchasing age of 18 years. This means that it is illegal for anyone other than a parent or guardian to supply alcohol to a young person but it is not illegal for a young person to be in possession or consume alcohol. In comparison, the minimum legal drinking age in the United States is 20³ and no one under that age can legally possess or consume alcohol. In the United Kingdom (UK) the minimum purchasing age is 18 although young people aged 16 and 17 can purchase alcohol with dinner when supervised by an adult. The UK is the only country that has a minimum legal age for drinking alcohol in a home with young people between the ages of five and 17 allowed to consume alcohol at home or in a friend's house with permission from a parent or legal guardian.

While increasing the legal purchasing age may have some effect on young people's consumption of alcohol, it does not address New Zealand's drinking culture of what we drink, when we drink, with whom and how much we drink.

Drugs

The debate on prohibitive drugs policy has often centred on arguments associated with liberty and harm; that the Government may only restrict liberty to prevent harm. Another perspective has been a focus on public health measures with the goal of minimising the social costs of illicit drugs. Such an approach may result in a different legal framework for each illicit drug. It may legalise and heavily regulate a drug; or limit who has access to that particular drug and under what conditions, while also providing programs on safe methods of use.

The National Drug Policy 2007-2012 sets out the Government's policy for tobacco, alcohol, illegal and other drugs by establishing the goals, objectives and principles that will guide drug policy and cross-sector decision-making. Young people, Pacific and Māori are a particular focus of the National Drug Policy.

Rising to the Challenge: The Mental Health and Addiction Development Plan 2012-2017 provides a guide for the mental health and addiction sector for the next five years. Some of the key measures include better use of resources, improving primary-specialist integration, cementing and building on gains for young people with the highest needs, and intervening early in the life cycle to prevent later problems.

Through Drivers of Crime, the Government is supplying \$2 million per year for alcohol and other drug (AOD) assessments⁴ and interventions through better access to treatment for hazardous drinkers, young people, drink drivers and other offenders. This investment is expected to reach an additional 2,000 young people each year and have 80 per cent of young people seen by a counsellor within three weeks of referral, and aims to lead to lower risk of substance related harm and offending. This project will be based on the following principles:

- interesting and responsive to young people and families
- effective and equipped to respond to the developmental needs of youth

³ This differs between states.

⁴ The Government has invested \$10 million a year into Drivers of Crime of which \$2 million is allocated to youth AOD services.

- culturally appropriate
- capable of managing co-existing AOD and mental health problems
- confidential
- easy-access
- flexible.

This work will also be aligned with a wider review of preferred referral pathways for young people across community, health and education settings.

The implementation of additional youth AOD services will be aligned with recommendations arising from the Prime Minister's Youth Mental Health Project. Additional youth AOD services for non-offenders also complement the Government's decision to commit \$33 million, spread over four years, to improve early intervention and treatment services for youth offenders with mental health problems.

In 2011, the Government introduced temporary class drug notices for psychoactive substances. This was in response to legal cannabis-like products such as "Kronic" that were being widely sold. These notices are a temporary emergency power to restrict psychoactive substances of concern. Twenty-four substances have been controlled by this power since August 2011. This approach means Government is required to continually react to a fast changing market. A disadvantage with it is there is still a window of around two months when potentially harmful substances can be legally sold to the public while they are tested, and then potentially restricted.

To address this problem, the Government is introducing new legislation, through the Psychoactive Substances Bill, to remove all psychoactive substances from the legal market and only allow the sale of those that have met testing requirements broadly similar to those required for new medicines. The sale of approved products would then be subject to restrictions on matters such as purchase age, place of sale, advertising, labelling and packaging.

Tobacco

It is suggested that packaging plays an important role in encouraging young people to try cigarettes. Plain cigarette packaging requires the removal of all branding allowing manufacturers to print only the brand name, in addition to other health warnings and legally mandated information. Cigarette packs with plain cardboard packs bearing the name and numbers of cigarettes in small standard font are significantly less attractive. Since 1 January 2013, Australian tobacco companies have been required to sell cigarettes in a logo-free, dark brown packaging. Alongside tax increases, the Australian Government aims to reduce smoking rates from 16.6 per cent in 2007 to less than 10 per cent by 2018.

However plain packaging is being contested through the World Trade Organisation from tobacco companies and countries that produce tobacco who state that plain packaging is impinging on international trade agreements and the right to intellectual property and commercial expression. There is no solid evidence of its efficacy of discouraging smoking and it is also suggested that unintended consequences, such as the illegal trade of counterfeit or smuggled cigarettes, can become more prevalent.

The New Zealand Government debated passing plain packaging of cigarettes early this year. However, any decision about whether New Zealand should bring in plain packaging of cigarettes will be delayed until after the World Trade Organisation's ruling.

What new approaches to reducing and preventing substance abuse could be trialled in New Zealand?

Young people's views with respect to alcohol are diverse, reflecting their experiences and behaviours. Social norms marketing can provide information about the drinking behaviour of young peoples' peers to reinforce and emphasise positive behaviour around alcohol.

Alcohol misuse contributes to harm such as crime, injury and social dysfunction. While there are other contributors such as drugs, alcohol distinguishes itself because the harmful use of alcohol is a modifiable risk factor. In other words, as a society, we can modify our use of alcohol. Alcohol-related harm can be curbed through providing sporting and other activities for young people.

Youth smoking prevention and control efforts have had mixed results. However, a number of prevention strategies are promising, especially if conducted in a coordinated way to take advantage of potential synergies across interventions. These can include aggressive media campaigns, teen smoking cessation programmes, social environment changes, community interventions, and increasing cigarette prices. Combining strategies are often more effective.

Cross-sector approaches

Young people with problematic substance use often have other difficulties in their lives for which they require support. For the majority of young people accessing social services, alcohol or drug use is only one of the factors causing them problems. As a result, services for young people should not focus on their misuse in isolation. Increasing collaboration and co-ordination between social and government services could promote greater access and continuity of services. The Drivers of Crime and the Social Sector Trials are examples of this.

Using inter-sector approaches to addressing, reducing and preventing substance use is important. The World Health Organisation identifies a number of actions that can be taken to address alcohol consumption, including a coordinated response among health providers, community action, the availability and marketing of alcohol, pricing, monitoring and surveillance. Such a response is likely to be most effective, with central government, local government and non-government organisations working together and support services that are designed and developed by young people for young people. The responsibility in creating a healthier environment is therefore shared across the community.

Information about the effects of alcohol and other drugs and ways to prevent and reduce harm need to be appropriate. It is important to focus on effective interventions to help young people to stop their use (e.g., smoking cessation services) or minimising the risk of harmful effects (e.g., reducing excessive alcohol and other drugs or binge drinking).

School based and social approaches⁵

School-based health promotion initiatives work best when supported by consistent family and community-based approaches. On their own, school-based approaches can increase young peoples' knowledge of alcohol and substance use; however, they do not generally reduce the risk of future use and abuse of substances.

Most young people are introduced to alcohol at home by family and friends. There has been extensive research on the role of parents in influencing young people's drinking behaviours.

⁵ For more details, see http://www.unodc.org/pdf/youthnet/handbook_school_english.pdf

Key influences have been identified as parenting practices, parents' own drinking behaviour and family conflict. Often these factors work together.

The private sector, churches and community organisations can also have an impact on reducing substance abuse. As such, communities that have this type of focus may be more effective at reaching young people who are at higher risk, including those who may not regularly attend school, and help them to make healthy decisions around substance use.

Report to the House

The Committee is required to report its findings on this inquiry to the House. The purpose of your report is first to inform the House and stimulate debate. In doing so your report should reflect both the oral and written evidence the Committee received, the issues the Committee considered in-depth, and the views of the members. From these the Committee should develop conclusions and recommendations to the Government.

Sarah Palmer
Report Writer
Youth Parliament 2013
Ministry of Youth Development

Members may wish to ask:

- Should young people take more responsibility towards reducing and preventing substance abuse?
- Do young people have a role in taking responsibility for reducing and preventing substance abuse in young people?
- Are the approaches the government is taking specific enough to young people?
- Will there be enough coordination across government responses to prevent duplication of services and to put resources where they are needed most?
- What is the role and responsibility of the state in relation to substance use/abuse and treatment?
- How can we balance individual liberty and government intervention (state paternalism)?
- Did the Alcohol Reform legislation go far enough to address alcohol use by young people?
- How effective do you think the Psychoactive Substances Bill will be in reducing substance abuse by young people?
- What investment into research and evaluation should be made to document the consequences of policy change and other strategies?
- What can be done to address the gaps in treatment availability for young people with alcohol-use disorders coming into contact with the courts, corrections system, social welfare system, primary care, mental health and emergency department services?
- Should the government change the age a person can purchase alcohol to 20? Or introduce a minimum drinking age?
- Should New Zealand wait for findings from Australia's plain packaging legislation or become the second country to introduce plain packaging of cigarettes sooner?

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http://www.alac.org.nz/sites/default/files/research-publications/pdfs/Youth'07_Alcohol_Report.pdf

Further Reading

Suggested keywords and phrases for internet search engines:

- Plain packaging of cigarettes
- Substance abuse in young people
- Get responsible –alcohol and other drugs
- Effects of alcohol abuse in young people
- Minimum drinking age
- Alcohol reform