

Knowing Someone Cares

An insight into the experiences of young people at greater risk from alcohol and other drug related harms in West Auckland

May 2016



Acknowledgements

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A special thanks to all the young people who so generously shared their stories and experiences with us, whose voices are the most important. Thanks to Ben Birks Ang for his expertise on youth, alcohol and drugs; to Sophia Beaton for her guiding support on the co-design process and to Auckland Council's Human Participants Ethics Committee for their ethical expertise.

We thank the: West Auckland Alternative Education providers, Youth Guarantee providers and other youth organisations who supported our work engaging the young people; and our reference group, whose dedication, expertise, input and analysis made this project possible.

We also wish to acknowledge everyone who works to support youth in the community. The work you do is extremely important for the health and wellbeing of our young people, in enabling them to develop and fulfil their potential.

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Project Background

'Knowing Someone Cares' is a reflection of life experiences of at-risk West Auckland young people aged 14–24 captured in 2015.

The study focuses on vulnerable young people, as they have a higher probability than mainstream young people, of experiencing harm from alcohol or other drugs (AoD).

This information is intended for use by community organisations, youth service providers, government agencies, policy makers, whānau and interested members of the community.

This document provides a visual report of the findings of our research and aims to inspire thinking and create empathy and understanding that will lead to conversations to create opportunities for change.

A significant proportion of the young people we engaged for this study identified as Māori. Working with Māori to increase their health and wellbeing is an Auckland Council and Ministry

of Health priority and this report includes the application of a cultural lens to our findings through two cultural frameworks, Te Whare Tapa Wha and Te Pae Mahutonga. In doing so we aim to enhance conversations about the needs of all our young people to ensure they reach their potential with their lives free from alcohol and drug related harms.

One of the most interesting things we learned was that it wasn't enough for young people to just have someone who cared, they needed to know someone cared about them.

? Definition

At-risk young people have been defined as young people with a low connection to education; who are engaged with key government agencies such as Police, Child, Youth and Family (CYF), or Ministry of Justice (MoJ); **and/or** who are engaged in AoD or mental health support services.

Intent

To understand and visually document the experiences of at-risk young people (aged 14-24) experiencing AoD harm, in order to influence practices and interventions that support the reduction of those harms.

Purpose

There is little qualitative and quantitative research into the experiences and associated harms of young people, particularly at-risk young people, using alcohol or other drugs.

There are a wide range of factors that make some young people more vulnerable to problematic AoD use (Dovetail, 2011)*.

The assumption we wish to investigate is that at-risk young people are more likely to be exposed to risk factors associated with AoD abuse and therefore, have higher probabilities of experiencing harm from AoD.

Our ultimate goal is to influence the development or improvement of policy, practices and interventions that support young people in the reduction of AoD harms.

The Objectives



To explore the AoD journeys of at-risk young people, including their thoughts, feelings and actions, the impacts of their use and their interactions with whānau and the community around them;



To help inform whānau, communities and agencies that work with young people of the experiences and needs of young people who are most at-risk of harm from AoD use;



To increase understanding of some of the AoD issues that our most vulnerable young people face;



To help whānau, communities and youth organisations identify intervention points and actions that can be taken to reduce harm from AoD.

This project has also produced a report from a survey of 166 young people and may produce further outputs.

*Dovetail, 2011. *Developing a youth AOD framework: engaging young people who use drugs. Professional Development Training.*

Methodology

The methodology of this study comprised the use of quantitative and qualitative methods in two stages.

The first stage included surveying 166 young people and the second stage consisted of 21 narrative interviews. The survey was carried out online or using Pen and Paper Interview (PAPI) questionnaires. The interviews were carried out by three trained AoD practitioners who provided ongoing support options to the young people after their interviews which were recorded and transcribed verbatim.

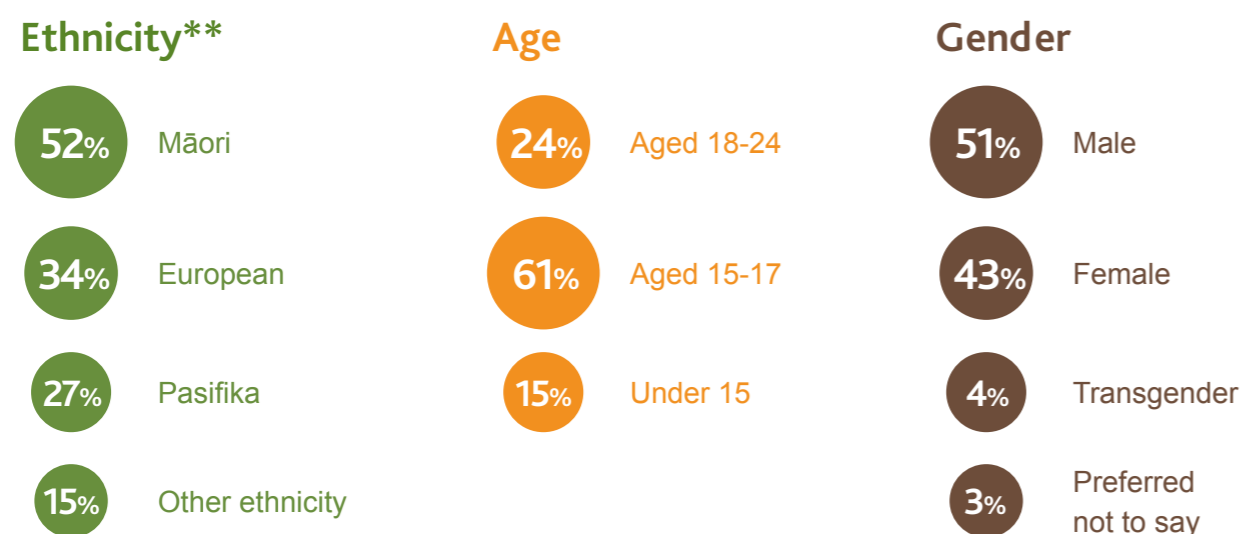
Participants were engaged through Alternative Education, Youth Guarantee, Teen Parent Units, The Ministry of Social Development's

(MSD) Youth Service for NEET* young people or mental health and AoD support services. The majority of the participants were outside mainstream education.

A core project team was created and supported by a reference group. Members of the project team and reference group individually mined the transcripts for insights into the young people's experiences.

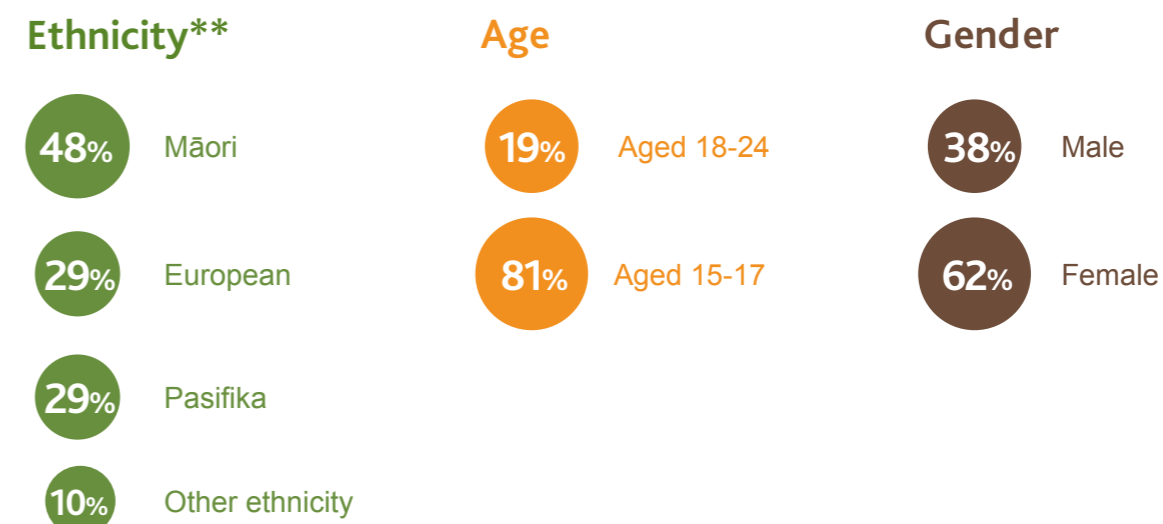
The group then came together to synthesize the data and group the insights into themes. The themes were then further refined to create this visual document representing a young person's journey.

Surveyed 166 Young People



* Not Engaged in Education, Employment or Training.
 ** Some young people identified with more than one ethnicity.

Interviewed 21 Young People



Focusing Questions

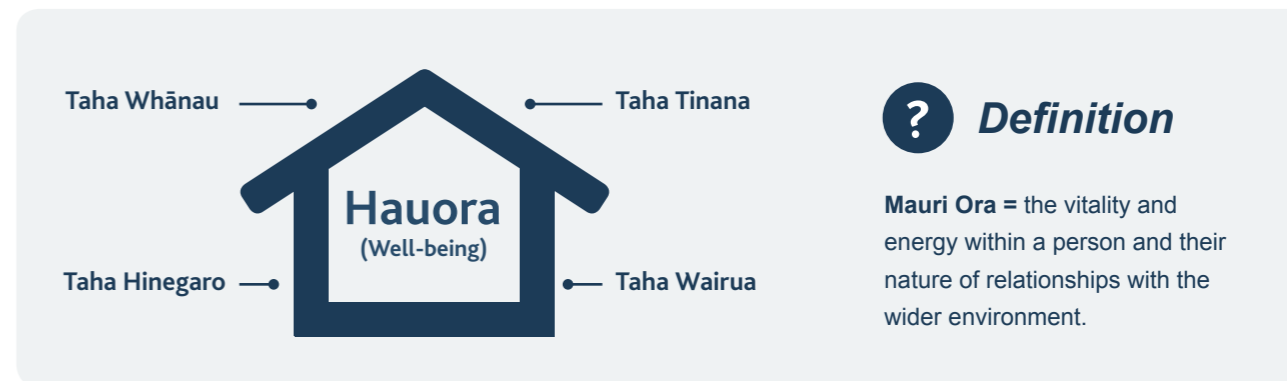
The insight interviews were guided by the following focusing questions:

- What is a young person's journey of AoD use in West Auckland?
- What is the context of a young person's life using AoD in West Auckland?
- What is a young people's perspective of their current situation with AoD?
- What does AoD related harm look like for young people in West Auckland?
- What experiences of support have young people using AoD had?
- What strategies, skills and choices work well for young people in reducing harm from AoD?
- What are the systemic issues that affect young people who use AoD?
- What are the aspirations and current preparations for the future of young people using AoD?

Applying Te Whare Tapa Wha to Youth Alcohol and other Drug related Harms

We heard how elements of a young person's environment and wellbeing impacted their use of alcohol or other drugs; how this use affected young peoples' Mauri Ora and how protective factors buffered this impact.

Dr Mason Durie's Te Whare Tapa Wha model, uses four walls of a whare to each represent a different dimension of health. All four influence and support each other and are necessary for overall wellbeing. The model is used as a meaningful tool across cultures for gauging and assessing wellbeing.



Taha Whānau (Family Health)

Taha whānau is integral to developing strong beliefs about being loved, safe and protected. The capacity to belong is paramount in enabling young people to become capable individuals as part of a wider social system.

Impacts	Protective factors
<ul style="list-style-type: none"> Exposure to alcohol or other drugs while growing up Peer pressure Loss of relationships Disconnection from culture Social norms about drinking and taking drugs 	<ul style="list-style-type: none"> A caring whānau member /s Loving environment Remaining in school Early age encouragement to learn and participate Connection to whānau, hapu and iwi culture and ancestry



Taha Hinegaro (Mental Health)

How we see ourselves as individuals and within the world and our ability and capacity to communicate, to think and to feel.

Impacts	Protective factors
<ul style="list-style-type: none"> Depression and anxiety Loss of opportunities to learn Becoming isolated from friends Beliefs about reasons for using alcohol or other drugs Connection from the social aspects of using 	<ul style="list-style-type: none"> Engaging in opportunities to learn Access to support services Motivation to change Beliefs about ability to change Alternative coping mechanisms



Taha Tinana (Physical Health)

The capacity for physical growth and development that becomes an individual responsibility as one matures.

Impacts	Protective factors
<ul style="list-style-type: none"> Addiction Loss of fitness Physical illness and a downward spiral Craving and withdrawals Lack of motivation Self inflicted harm / suicide 	<ul style="list-style-type: none"> Involvement in physical activities such as sports or kapa haka Outdoor activities Connection to the earth, forest, rivers, mountains and moana Meditation



Taha Wairua (Spiritual Health)

The capacity for faith and wider communication. The spiritual essence of a person is their life force.

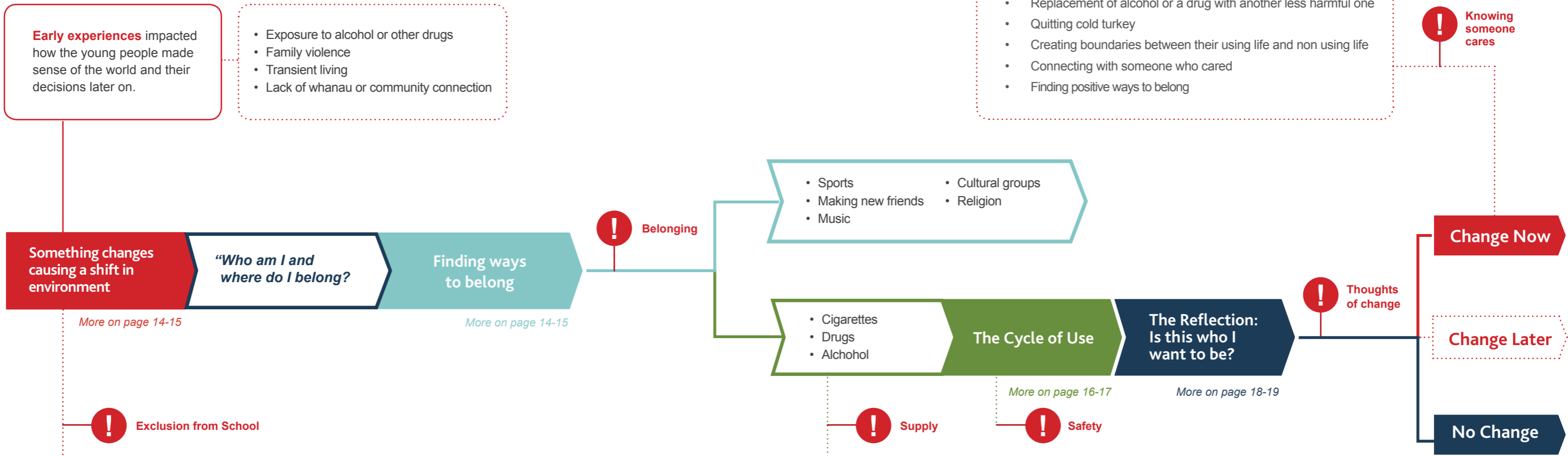
Impacts	Protective factors
<ul style="list-style-type: none"> Low self worth Feeling disconnected Beliefs about the feelings alcohol or drugs provide Loss of personal identity and belonging Lack of self care and caring about others 	<ul style="list-style-type: none"> Faith Connection to culture Connection to the earth, forest, rivers, mountains and moana Knowing someone believes in them Cultural values Aroha (love) and Manaaki (caring)

The Common Pattern

This is the common pattern we found from the young people's experiences with alcohol and other drug use.

Where could you help?
Learn more about the intervention points and insights from page 21.

Statistics from our survey with 166 young people



i Young people revealed that exclusion from school was the biggest factor that increased their use of alcohol and other drugs.

i A child witnessing alcohol or other drug use in their early years may not have shown visible effects immediately, however it had a large role to play later in their life when reflecting on their experiences and questioning their beliefs about what was normal.

59% had their first drink at under 14

14% were under 10 when they had their first drink

51% binge drank at least once a week

17% binge drank daily

“One of my friends’ mum bought us alcohol and we would go to parties in the weekends.”



Introducing Eve

Hi, my name is Eve. I am 16 and Māori. My mother is Māori and my father is Pakeha.

My two older sisters, my young brother and I grew up in West Auckland and things used to be pretty good. I was good at netball and kapa haka and had some good friends.

Dad drank a lot and often got angry when he was drinking, so Mum and dad argued lots. I would take my brother into our room to play or I would go and play on my own. I was scared of him when he was like that, but it was just normal. Mum didn't drink much but smoked ciggies and weed. At the time I didn't know what weed was but knew it was different as she acted different and more chilled when she smoked it.

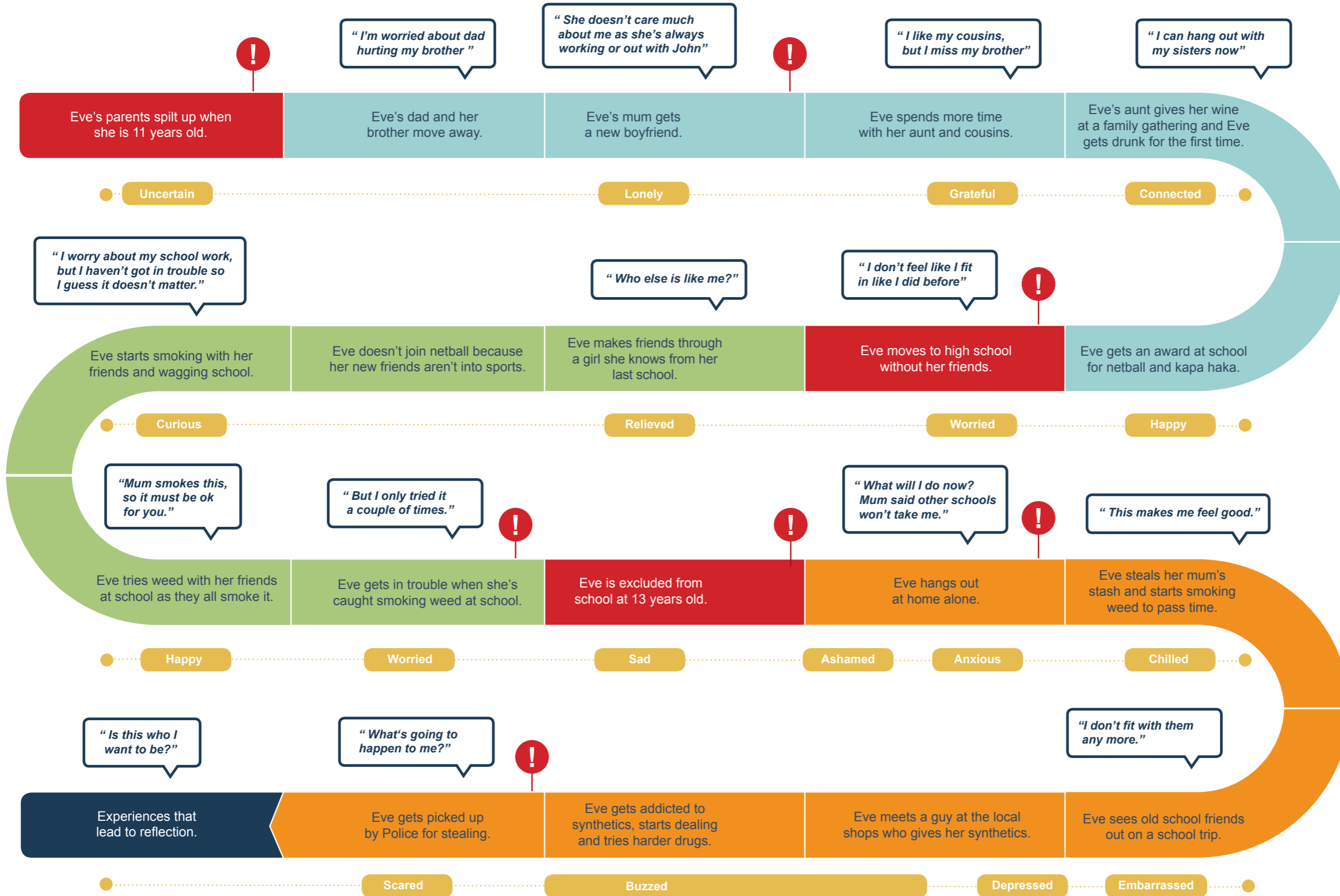
We used to move house lots, but home was where my family was, not the house we lived in.

I remember tasting beer when I was 8 and thinking it was yuck, but everyone else seemed to like it. My older sisters drank and smoked weed, so when I tried alcohol and weed I didn't think it was a big deal.

Eve's Story


! Intervention Point
More from page 21

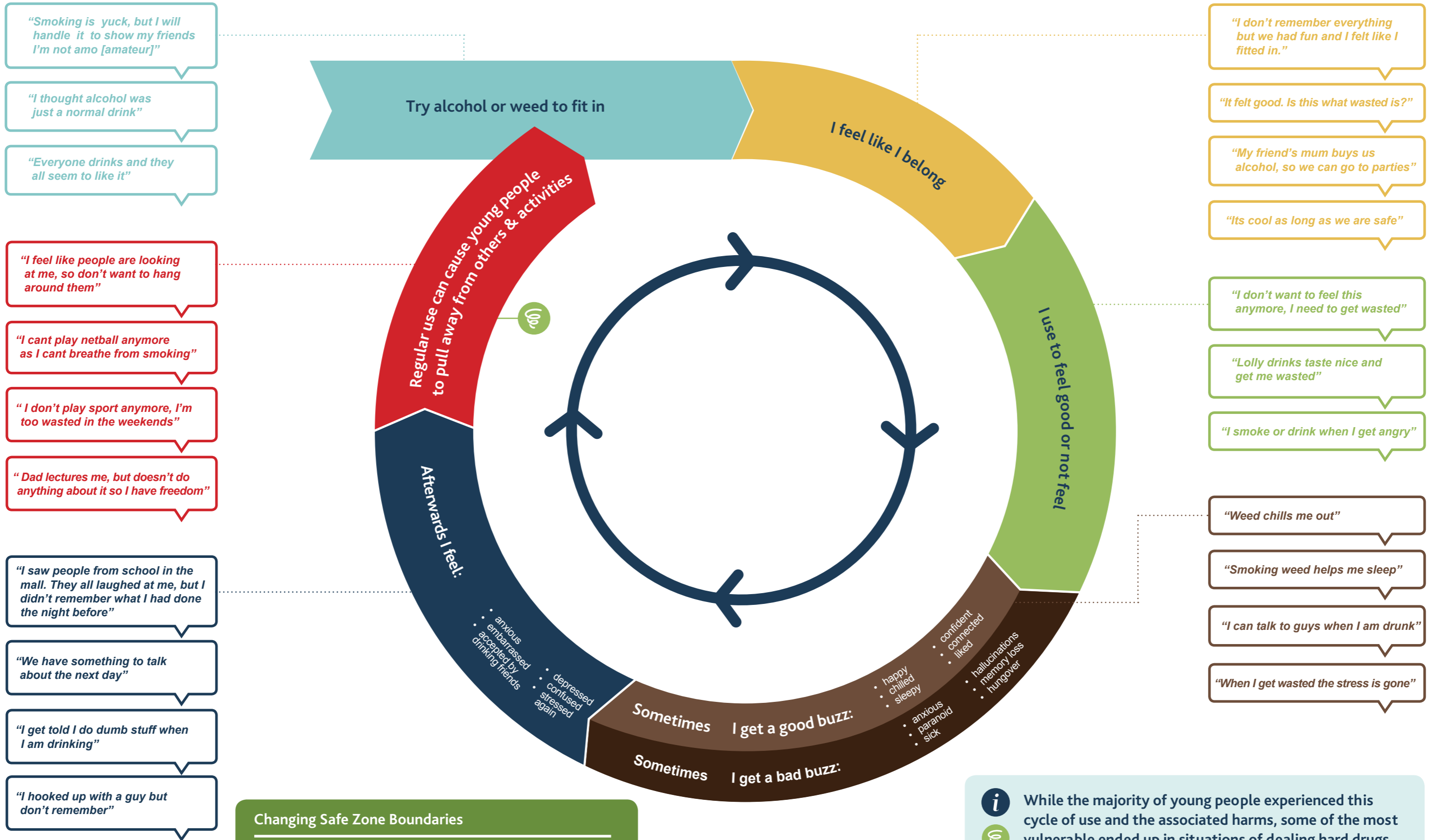
■ Change Situation



i Youth organisations revealed some young people are excluded from school without following the formal process which means they remain outside the education system for longer than necessary.

The Cycle of Use

 Spiralling Down



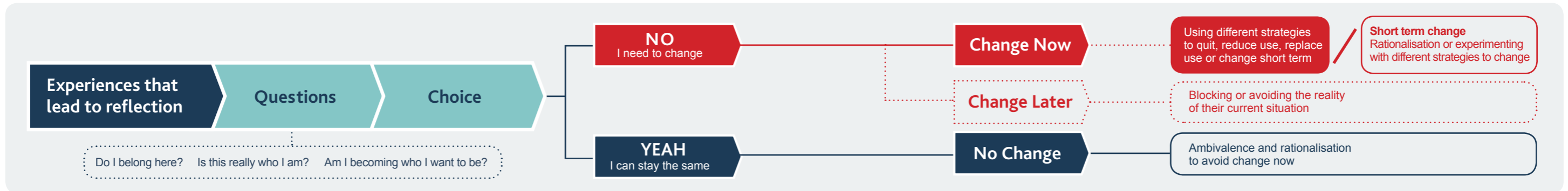
Changing Safe Zone Boundaries

Drinking at a mates place supervised → Drinking at parties, but picked up by a parent → Going to one party, don't care how they get home → Go to multiple parties in one night without a way home

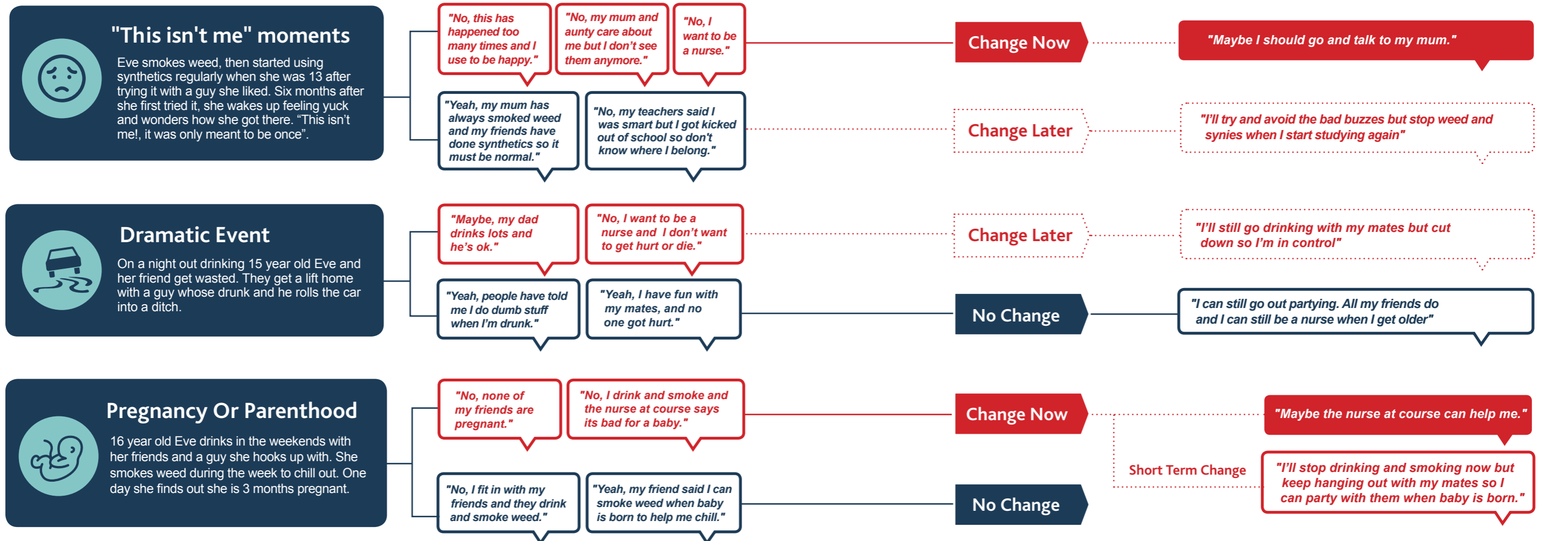
i While the majority of young people experienced this cycle of use and the associated harms, some of the most vulnerable ended up in situations of dealing hard drugs, sleeping rough, unwanted sexual experiences, unplanned pregnancy and serious crime before the age of 18.

The Reflection – Is this who I want to be?

There were moments when young people reflected on their alcohol or other drug use. These moments caused them to question who they are and where they belong, leading to decisions about change.



Here Eve helps us to explore three typical reflection scenarios.



! The need to change often shifted quickly. Knowing when a young person is reflecting and thinking about change is a key moment for intervention.

i Change was heavily influenced by:

- What they have seen others do or experience
- Their situation, peers, family, support options and their ability to create a barrier between associations with using and not using.
- How they make sense of the world

What Happened to Eve

I started to wonder what happened to me, as I used to be happy.

This made me feel low, so I'd smoke another buckie to feel better and pretend I didn't care. I started to think others didn't care, cos no one was doing anything about it and I thought they didn't expect me to amount to much. Sometimes I ended up in hospital from a bad buzz.

One day I got picked up by the Police for stealing food. This was not who I wanted to be.

The Police took me to meet the Youth Aid officer who said I could join Alternative Education. He linked me with the course leader.

At first I felt like a high school dropout but then I realised the tutors were cool and the other students had similar experiences, so I felt like I fitted in. After a while I decided to give up synies cold turkey and stopped hanging around with my boyfriend. I found it really hard to cope so started smoking weed again at night to help me sleep.

Being at Alternative Education helped me get back on track. The health nurse helped me realise my goal to be a

nurse and referred me to a counsellor to help me stop smoking weed. One of the tutors said she would take me during course time.

I would like to go back to high school to complete NCEA, join a sports team again and then go to nursing school.

If I could go back in time I would tell myself to stay away from drugs and do my best to stay in school.

Leaving high school was the worst thing that happened to me.



The Insights

These are the insights we gained from our conversations with young people. Also included are statistics from the quantitative survey we carried out.

Early Exposure to Alcohol and Drugs

Using substances was seen as a normal part of life due to having seen their parents or older siblings use.

Being exposed to it growing up without having harms or age guidelines communicated to them lead them to not seeing alcohol or other drug use as problematic. *See page 18-19.*

25% revealed their mental or physical health had been affected by their parents drinking

i Risk to a young person is high when risk taking behaviour is the norm within the whānau or community.

Risks are increased where the behaviour is condoned or implicitly encouraged or poverty is greatest.

Toiora (healthy lifestyles); Te Pae Mahutonga, Māori model of health promotion.

Brain Development

On reflection some identified a narrowed vision when they were younger.

Not able to see the bigger picture, they sought the immediate good feelings or escape from negative feelings that alcohol or drugs provided.

Thoughts of the future changed when they were given genuine opportunities to learn and achieve. This occurred when someone understood their unique needs and what mattered to them. Sports and other positive

activities they were both interested in and good at, acted as protective factors to either prevent use in their younger years or help reduce use or quit later on.

How brain development impacts thoughts and behaviours is an important factor in understanding how young people use alcohol or other drugs.

See Selective Vision Activity.

Brain Development continued...

“young people have a desire to gain new skills and be independent”

i We can help young people see other options and build skills at seeing the whole picture if we intervene in a positive and caring manner. Young people feeling ashamed or judged prevents them from learning the skill of seeing the whole picture.

Examples:

- A young person making a decision about whether they fit in with one group or not may only be able to see two possibilities at that time – I fit, or I don't fit. They may think there are other groups they would fit with more, or that they can still fit in the group but do different things.
- Tina sees: that she smokes weed and is going to school, so she thinks that things are going well for her. Tina does not see: that she has dropped out of the sports team; is less connected to some of her friends and is only just staying at school.

Belonging

Young people made new friends based on how they viewed themselves (their identity) at that particular time, and then adopted behaviours that they perceived were normal for the group.

! In childhood, developing a strong sense of belonging with family and community serves as a protective factor for dealing with future change that might cause a young person to question who they are and where they belong.

Exclusion from School

Exclusion from school had one of the biggest impacts on these young people.

Feelings of shame, regret, embarrassment and low confidence along with a lack of hope for the future often led to an increase in alcohol or other drug use after their exclusion.

i Access to services in the community is important for young peoples' wellbeing. This includes young people having a voice and a choice in engaging and participating with services, schools and other activities.

*Te Oranga (participation in society):
Te Pae Mahutonga, Māori model of health promotion*

Drunkenness

These are the stages of drunkenness that young people experience and what they told us about them.

1. **Relaxed/social**
Loss of inhibition
2. **Loud/clumsy**
Loss of judgement
3. **Swaying/memory loss**
Loss of reaction
4. **Falling over/vomiting**
Loss of body function

Young people told us they were not aware of all the stages of drunkenness and often drank more than planned due to a lack of awareness of the stage they were at once they started drinking. Their motivations for planning to stop were not wanting to vomit or not wanting to be 'that' girl or guy who got out of control.

! We can help young people understand the stages of drunkenness and plan to stop at earlier stages to reduce harms.



i Compared to adults, teenagers start to slur their words or lose their balance at a later stage of drunkenness. However, they experience memory loss at an earlier stage of drunkenness than adults.

Alcohol Related Blackouts



Easy to Drink Options

Ready to drink (RTD) mixers such as Codys and Woodys were popular due to being cheap and tasting good. RTDs helped them become use to drinking alcohol when they did not enjoy the taste of beer or wine.

"I think I got addicted to lolly drinks"

55% revealed drinking pre-mix drinks for taste and to get them drunk faster.

Supply

Parents, siblings or extended family most frequently supplied alcohol or drugs for a young person's first experience (drinking to excess or taking drugs).

Young people had access to alcohol and other drugs through school friends, older friends, whānau and directly through dealers either face to face or online.

Drugs

A few of the 14-17 year olds had been addicted to **synthetics** for 2 - 8 months and reported significant harms including stealing, bad buzzes, disengagement from any activities, living on the streets, hospitalisation and physical harms or injury. The majority never wanted to use synthetics again after initially trying them.

- 42% had tried **synthetics**
- 10-15% tried other **harder drugs** (ecstasy, hallucinogens, amphetamines, inhalants or prescription drugs)
- 62% used **cannabis** compared to 23% of mainstream youth*

Safety

Most young people described creating safe zones or strategies to keep themselves safe when drinking or using drugs. With continued and increased use however their perceptions of safety changed as their perceptions of risk lowered and this was when incidents of harm increased.

- 43% had unsafe sex when drinking

"I have a 'safe zone' when I am drinking with my mates"

"Young people want to experiment but be safe"

Drinking Driving

- 39% had driven drunk at least once
- 67% had been a passenger with a drunk driver
- 11% had driven drunk five or more times

Knowing Someone Cares

Feeling like they didn't have anyone who cared about them led them to care less about themselves, which led to increased alcohol and other drug use.

Consequently realising someone cared was also a factor that enabled them to take steps towards reducing or quitting alcohol or drugs.

Many felt that their behaviour was very visible yet no-one said or did anything about it. Getting told off for truancy or alcohol or drug use would have let them know that someone cared.

! **Reach out to young people to let them know you are there, walk beside them without judgement and show them you care in a way that matters to them.**

"The difference between myself getting out of the situation [using drugs] and others in it, is that I knew that I had someone who cared, none of them do"

"If I just felt cared for I wouldn't need a drink"

"I wish someone was around to make me go to school"

"I want more connection with my parents"

*Youth '12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: The University of Auckland - Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013).

Select Vision Activity

Have a go at this:

- 1 Put your arms stretched out in front of you, and point your index fingers upwards.
- 2 Now move your arms in an arc outwards towards your sides and take a note of the last point that you can see your fingers.



If you are a child, you won't be able to move your arms too far before you reach the edge of your vision.



If you are an adult, you should be able to move your arms all the way out until your arms are 180 degrees apart.



If you are a teenager, you will be somewhere in the middle.

This process, developing our peripheral vision, happens during our teenage years and a similar process happens in our brains. As a child we are only able to do very simplistic reasoning. As we grow older, our brains develop and we are able to hold more information to do more abstract reasoning.

Many of the choices that young people make during adolescence are made using only some of the facts that are available, because at that time, they are only able to hold a few facts when thinking something through.

The Conclusion

While this study focuses on at-risk young people and doesn't explore the AoD experiences of mainstream young people, it is concerning that our most vulnerable young people are being exposed to and using alcohol or other drugs at the crucial developmental stage in their lives, with lifelong consequences.

It was evident that a number of Taha Whānau protective factors were not present, with risk factors being present, for the majority of these young people from a young age. This had an impact on the other dimensions of health and therefore their ability to cope with change and their use of alcohol or other drugs.

This is their korero (story), their mamae (hurts), their taniwha (alcohol and drugs) and their moments of change, seeking the right pathway to recovery to restore the body, mind, spirit and whānau. The importance of aroha and supportive guidance from whānau, community and organisations such as yourselves can't be under estimated.

Want Help?

To get help or information on how to help a young person you know, please contact:

Alcohol Drug Helpline

0800 787 797 or free txt 8681

www.alcoholdrughelp.org.nz

Youthline

0800 376633 or Free TXT 234

www.youthline.co.nz

Depression Helpline

0800 111 757

Want support to take action to reduce alcohol or drug related harms in your community?

Community Action Youth and Drugs (CAYAD) at Auckland Council

cayad@aucklandcouncil.govt.nz

For further information on this study please contact:

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"I now have hope for the future"



