

A Snapshot of Substance Use and Health Impacts

AN OVERVIEW FOR
HEALTH PROFESSIONALS
IN COUNTIES MANUKAU



'Working Together
to Maximise
Positive Outcomes'

A Snapshot of the Population

Counties Manukau is a growing region with about 520,000 residents and is expected to grow to 560,000 people by 2020. The region has an ethnically diverse population. Approximately 16% of the population is Māori, 21% Pacific, 24% Asian, and 38% NZ European and other ethnicities.⁵ Counties Manukau has a relatively youthful population, with 23% of the

population under the age of 15.⁵ At the same time, the population is aging; it is estimated the population aged 65 years and over will increase by about 5% each year. At the time of the 2013 Census, 36% of the Counties Manukau population lived in areas classified as being the most socio-economically deprived in NZ.⁶

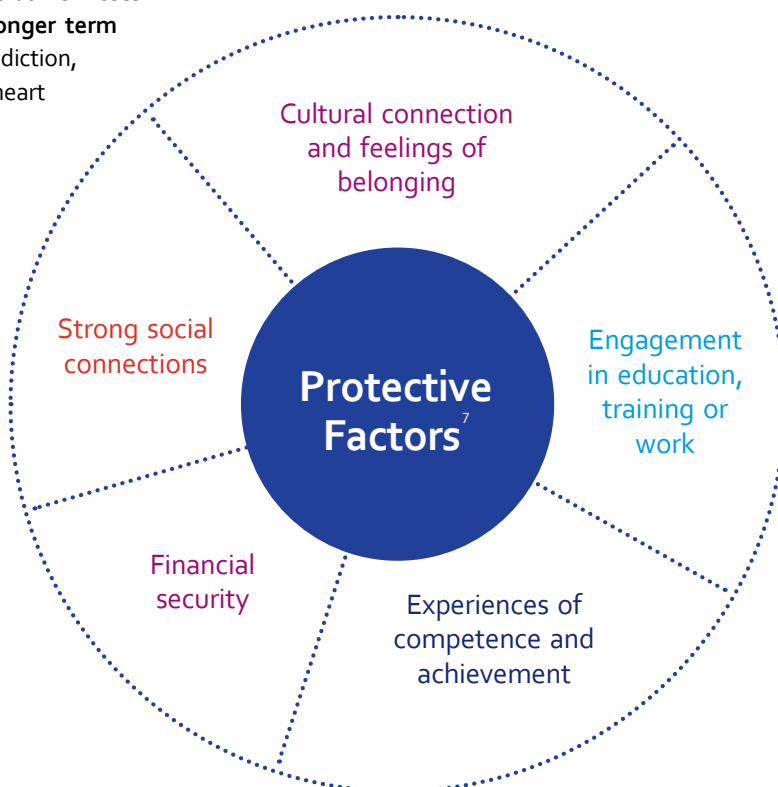
Substance Use in the Population

Within any population many people will use substances, however this can have negative impacts upon health and well-being. The likelihood of someone using substances is influenced by their peer groups, parent's substance use, current life stage, and responsibilities.⁷

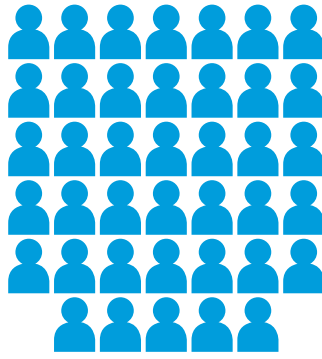
The potential harms that can emerge from substance use include physical health loss alongside social, emotional and financial harm. **Short term physical harms** include intoxication, impairment leading to injury (of self or others), infection of blood borne viruses such as Hepatitis C, and overdose. **Longer term effects** can include dependence and addiction, cognitive impairment, lung damage, heart disease, liver damage and cancer.

Risk of experiencing these harms is often amplified by socio-economic disadvantage, a lack of social connections, co-existing mental or physical health issues, trauma and early initiation of use. Some groups that experience disproportionate harm from substance use and are at higher risk are Māori and Pacific people, young people, pregnant women, people with co-existing issues, older people and those living in deprivation.

An individual's risk of harm from substance use can be minimised by protective factors. These factors enable people to address problematic use sooner and increases their ability to reduce the impact of substance use upon their lives. Interventions provided by health and social services can enhance protective factors alongside providing health promotion, early identification and support, harm reduction and treatment.



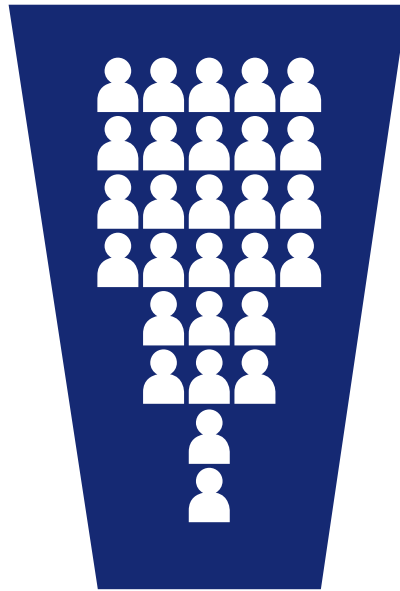
Alcohol use in Counties Manukau¹



Around **400,000** people in Counties Manukau will choose whether to drink¹

LOW RISK USE

Infrequent and low level use.



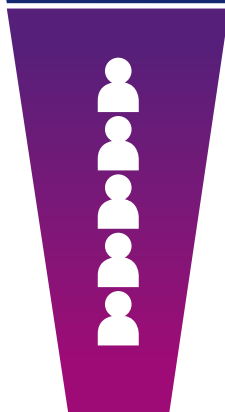
Around **320,000** people will drink alcohol each year²

HAZARDOUS USE

Heavy use with a risk of harm.

HARMFUL USE

Frequent heavy use with short term harm and a risk of long term harm.



Around **50,000** will use alcohol in hazardous and harmful ways³

DEPENDENT USE

Established pattern of high level use causing short and long term harm.



Around **5,200** people will develop alcohol dependence⁴

Substances with the Largest Health Impact in Counties Manukau

Across New Zealand

This is an indication of the prevalence of substance use for people over the age of 15. This data is from the drug specific modules of the 2012/13 Health Survey which is carried out by the Ministry of Health and is based on reported past year behaviours.¹⁴

In Counties Manukau

This section estimates the extent to which this data matches substance use in Counties Manukau. These statements are based on regional demographics and advice from addiction treatment providers.

Alcohol

- 79% of people drank alcohol
- Hazardous drinking was most common for 15–34 year olds
- 11% of drinkers used an illicit drug at the same time as alcohol

There are likely to be high levels of alcohol use and associated harm in the region, including significant harm from other people's drinking. Due to different patterns of use, alcohol-related harm is more likely to impact Maori, Pacific, youth and those experiencing socio-economic deprivation.

▶ **Health impact areas:** injury, cardio-vascular disease, cancer, liver cirrhosis, brain damage, mental health, fetal alcohol spectrum disorders.

Tobacco

- 17% of people were current smokers
- 24% of 18–25 year olds were current smokers
- Most smokers tried quitting with 11% being successful that year

Tobacco consumption is higher than other areas of New Zealand. Higher levels of use have direct impacts on the experiences of harm that are more significant for this region compared to national levels.

▶ **Health impact areas:** cardio-vascular disease, respiratory disease, cancer, oral health

Cannabis

- 11% of the population used cannabis
- 8% of users experienced harm from their use which was more common for young people
- Māori were 1.8 times more likely to face legal issues from their cannabis use

There are likely to be higher levels of use and corresponding harm in the region. There is also easy access to cannabis and a perception of it being a benign drug which increases the rate it is used and how heavily it is used.

▶ **Health impact areas:** respiratory disease, cancer, mental health

Methamphetamine

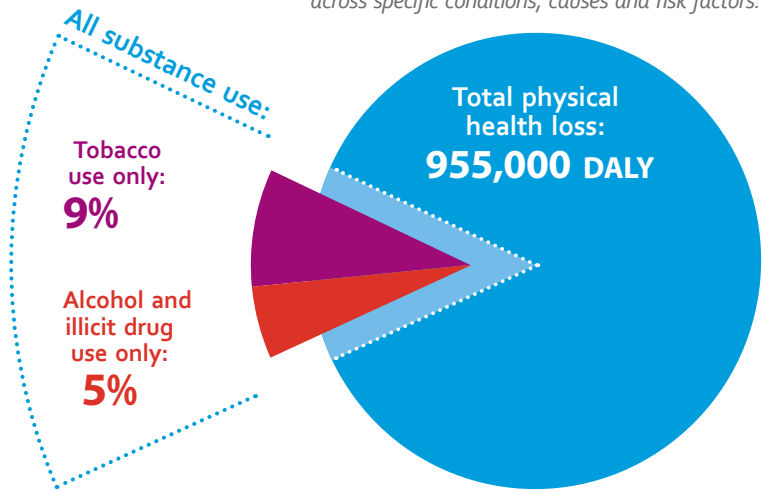
- 0.9% of people used amphetamines (predominantly methamphetamine)
- Average age of current users was 29
- Men were significantly more likely to report use

Methamphetamine use is expected to be higher. The gang presence in Counties Manukau has increased the availability of methamphetamine, increasing levels of use in these communities and across the population. There are also increasing numbers of people accessing treatment services with methamphetamine as their primary drug of choice.

▶ **Health impact areas:** injury, cardio-vascular disease, brain damage, mental health, oral health

Impact of Substance Use

Substance use can impact on an individual's health. In 2006 13.7% of all physical health loss in New Zealand was attributable to substance use.⁸ This was predominantly from tobacco and alcohol use and was measured by years of life lost and years of life lived in disability from this use. Alcohol use disorder was the leading cause of health loss for 15-24 year olds.⁸

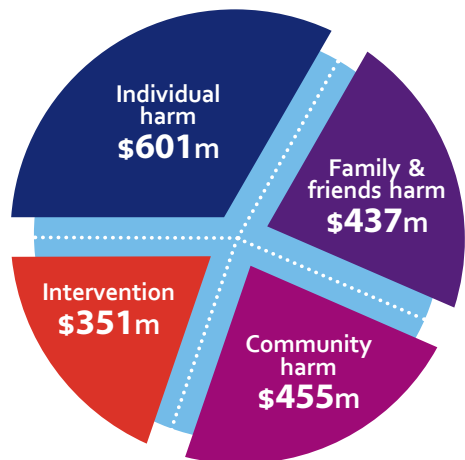


Physical health loss in 2006 as measured by Disability Adjusted Life Years (DALY)⁸

Years of life lost and years of life lived in disability across specific conditions, causes and risk factors.

Social cost from illicit drug use in New Zealand in 2016 (Estimated 1.8bn)⁹

In 2016 the social cost from illicit drug use was estimated to be \$1.8 billion.⁹ This included the harm experienced by the individual, harm to family and friends, harm to the community and the costs of intervention. This number does not represent potential savings that could be achieved if there is no illicit drug use, but attributes a financial figure to the burden. The majority of social harm was linked to dependent use. Similar research considering the social cost of all substance use in New Zealand estimated a total of \$6.5 billion of harm, of which \$4.4 billion (68%) was solely attributable to alcohol.¹⁰



ALCOHOL AND OTHER DRUG TREATMENT

In New Zealand around 12% of the population are estimated to experience a substance use disorder in their lifetime.¹¹ This group are likely to benefit from treatment such as group therapy, individual counselling, detoxification, opioid substitution treatment, and residential in-patient treatment programmes.

At a major treatment provider in Counties Manukau 65% of clients were living in high (9 or 10) deprivation areas, were predominantly male, and were from all age groups, with those in their twenties being the largest group.¹² The majority of clients had an alcohol substance use disorder as their primary diagnosis.¹²

Clients most commonly entered the service through self-referral or a criminal justice referral.

Addiction treatment services represent about 11% of all mental health funding. The demand for these services and the proportion of people that could benefit from treatment are significantly higher than what is currently available.¹³

Many people with substance use problems delay seeking treatment for several years. For example, people with harmful alcohol use wait an average of 16 years before seeking help from services.¹¹ Screening for alcohol and drug use in health and social service settings enables these issues to be identified earlier, and for people to receive earlier support.¹¹

Reference list:

- 1 An estimated 400,000 people were 15 or older in Counties Manukau in 2014 which is the base population group for subsequent data. www.countiesmanukau.health.nz/about-us/our-region/
- 2 79.5% national prevalence of past year drinking as published in – Ministry of Health. 2014. *Annual Update of Key Results 2013/14: New Zealand Health Survey*. Wellington: Ministry of Health.
- 3 13.4% prevalence of hazardous and harmful drinking in Counties Manukau as published in – Ministry of Health. 2015. *Regional Results from the 2011-14 New Zealand Health Survey*. Wellington: Ministry of Health.
- 4 National past year prevalence of alcohol dependence 1.3% as published in – MA Oakley Browne, JE Wells, KM Scott (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- 5 Ministry of Health 2015 population projections based on 2013 census data.
- 6 <http://www.countiesmanukau.health.nz/about-us/our-region/population-profile/>
- 7 A Stone, L Becker, A Huber, and R Catalano. 2012. *Review of risk and protective factors of substances use and problem use in emerging adulthood*. *Addictive Behaviours* 37(7).
- 8 Ministry of Health. 2013. *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health.
- 9 McFadden Consultancy. 2016. *Research Report: The New Zealand Drug Harm Index 2016*. Wellington: Ministry of Health.
- 10 BERL Economics. 2009. *Cost of Harmful Alcohol and Other Drug Use: Final Report*. Prepared for the Ministry of Health and ACC. Wellington: BERL.
- 11 MA Oakley Browne, JE Wells, KM Scott (eds). 2006. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- 12 CADS Auckland. 2015. *Annual Report: Community Alcohol & Drug Services, Te Atea Marino, Tupu: Service Outputs 2014* [unpublished].
- 13 NCAT and Platform. 2014. *A profile of AOD treatment services in Aotearoa New Zealand* [infographic]. www.ncat.org.nz
- 14 www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey

This resource was prepared by the New Zealand Drug Foundation for the Counties Manukau Alcohol and Other Drug Provider Collaborative. The Collaborative was formed in 2009 and aims to ensure providers are working together to maximise positive outcomes for AOD clients.

We would like to acknowledge the input of representatives from primary care, population health, mental health and addiction secondary services in the production of this resource and their efforts in working towards improving service outcomes for Counties Manukau consumers.

This resource can be found at
aodcollaborative.org.nz



AOD Provider
Collaborative

