



Drug Use in New Zealand:

National Surveys Comparison 1998 & 2001

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PREFACE

This report provides an analysis of data collected in the 2001 National Drug Survey with comparisons made to the 1998 National Drug Survey. The surveys investigated both licit and illicit drug use, focusing on marijuana, the most commonly used illegal drug in New Zealand.

This report is intended to provide a readily available source of statistics to inform work in drug and related fields as well as meeting the needs of a broader audience. It has been written for members of the New Zealand public who have an interest in drug issues, as well as including a level of detail suited to the needs of those who have a professional interest in these matters.

The report provides a national picture of drug use patterns, drug related problems, as well as levels of community concern about aspects of drug use and drug enforcement. The 2001 national data were collected using a survey questionnaire and telephone interviewing procedures that were comparable with the national survey carried out in 1998 (*Drugs in New Zealand: National Survey, 1998*, Field and Casswell, 1999). This report provides information on drug use in New Zealand in 2001, and also on changes between 1998 and 2001.

As well as the 1998 National Drug Survey report, two previous publications examining drug use in New Zealand have been published by the Alcohol & Public Health Research Unit (APHRU): a regional report; and a regional comparison report. A national report on drug use amongst Maori was published by Whariki, the Maori research group which works in partnership with APHRU. The first regional report (*Drugs in New Zealand: A Survey, 1990*, Black and Casswell, 1993) reported on the drug use of a sample of people living in a metropolitan area: the greater Auckland region; and a provincial and rural region: the Bay of Plenty. The regional comparison report compared the findings of the 1990 regional sample with a 1998 regional sample drawn from the same areas using the same methodology (*Drug Use in New Zealand: Comparison Surveys, 1990 & 1998*, Field and Casswell, 1999). The findings from the survey of Maori respondents in 1998 were reported in *Te Ao Taru Kino* (Dacey and Barnes, 2000).

Detailed data on alcohol use have been published in *Drinking in New Zealand: National Surveys Comparison 1995 & 2000* (Habgood, Casswell, Pledger, and Bhatta, 2001). Trends in alcohol use in the Auckland region, monitored via an annual survey 1990-1999, were reported in *A Decade of Drinking: Auckland 1990-1999* (Casswell and Bhatta, 2001).



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SUMMARY

This report compares the results of two national surveys of drug use carried out in 1998 and 2001. In each survey, random national samples of approximately 5,500 people aged 15-45 were interviewed using a computer assisted telephone interviewing system about their use of alcohol, tobacco, cannabis and other drugs.

Data has been analysed for differences between the two samples as a whole, but differences between the subgroups of the two samples have also been investigated. All differences reported were significant at the probability level 0.01. Changes significant at a probability level 0.05 are reported as trends.

Alcohol

Alcohol was the most widely used drug in both the 1998 and 2001 surveys. The proportion of the sample that had ever tried alcohol (88% in 1998 and 87% in 2001), and used it in the last 12 months (85% both years), was stable over the two surveys.

There was an increase in the proportion of young women aged 15-17 years who drank four drinks or more at least once a week from 15% in 1998 to 28% in 2001.

There were increases in men aged 15-17 years (from 43% in 1998 to 58% in 2001) and women aged 15-17 (from 33% to 50%) who consumed enough to feel drunk at least monthly in the last year.

Of those who had tried alcohol, 42% had started drinking by the age of 15 years.

Tobacco

There was no change between 1998 and 2001 in prevalence of ever having tried (65% and 64%), last year use (36% and 35%), and last month use, of tobacco (30% and 28%).

The proportion of people who had never smoked was also stable (35% and 36%).

The number of cigarettes smoked per day showed no changes. However, there was a trend of more women aged 18-19 years (21% to 37%) and 30-34 years (10% to 22%) who indicated they had not smoked a cigarette in the last month although they had smoked in the last year.

There was some strengthening in perceptions of risk of harm from occasional and regular smoking.

Of those who had tried tobacco, 51% had started smoking by the age of 15 years.

Cannabis

There was no significant change in the proportion of the sample that had ever tried marijuana, remaining stable at 50% in 1998 and 52% in 2001.

Use of marijuana in the last year remained the same at 20% for both surveys.

Current users (those who had used marijuana in the last year and not stopped) also remained the same at 15% for both surveys.



Women aged 15-17 years reported increases in ever tried marijuana (from 26% to 38%), and last month use (from 6% to 15%).

Increases in the more frequent use of marijuana (10 or more times in the last month) were found for young people aged 15-17 years (from 1% to 4%), and this was mainly due to an increase among women aged 15-17 years (from 0% to 4%).

Both in 1998 and 2001, 69% of those who had ever tried marijuana had stopped using the drug. Thirteen percent in both surveys were using the same as a year ago, 13% in 1998, and 12% in 2001, were using less than a year ago, and 5% in 1998 and 6% in 2001 said they were using more than a year ago.

The most frequently cited unprompted reasons for stopping or limiting marijuana use were not liking it (12% in 1998 and 36% in 2001), mental health (11% and 13%), physical health (11% and 19%), just experimenting (4% and 21%), no longer fun (11% and 9%), and new friends or social scene (9% both surveys). More people gave as reasons: not liking it, physical health, and just experimenting.

The most frequently cited unprompted reasons for using more marijuana were its availability (46% and 33%), enjoyment of the effects (24% and 36%), to escape from problems (20% and 19%), new friends (18% and 15%), and social pressure (16% and 17%). There were no overall changes in reasons for using more.

The most frequently cited unprompted reasons for never using marijuana were not liking it (52% and 56%), health related reasons (40% and 36%), risk of being caught by the authorities (15% and 16%), and not in a respondents social scene (12% in both surveys). More people gave not liking it and fewer people gave health related effects as reasons for never using.

There were no changes in the opportunity to use marijuana in the last 12 months among those who had never tried it (remaining stable at 27% in 1998 and 28% in 2001).

Skunk (a more potent form of marijuana) showed increases in ever tried (10% to 14%), last year use (7% to 9%), and current use (6% to 8%). Increases were particularly marked for 15-17 year old women: use in the last year increased from 4% to 12% and current use increased from 3% to 10%.

The more frequent use of skunk (10 or more times in the last month) increased from 1% in 1998 to 2% in 2001.

The use of hashish and hash oil remained stable between the surveys.

Of those who had tried marijuana, 30% had tried by the age of 15. There was no change in the age of first use of marijuana between the surveys.

The average number of joints smoked per person on a typical occasion by last year marijuana users decreased from 0.73 joints in 1998 to 0.63 joints in 2001. The average number of joints smoked by men decreased from 0.81 joints in 1998 to 0.63 joints in 2001. Consumption by women did not change. The highest average number of joints smoked by age group was found in the 15-17 year olds in both 1998 (0.87 joints) and 2001 (0.83 joints).

Context of Marijuana Use

In both 1998 and 2001, the main setting for marijuana consumption for those who had used marijuana in the last year was private homes.

There was a decrease in the proportion of 15-17 year olds who never used marijuana at work (from 99% in 1998 to 92% in 2001), and a trend toward an increased proportion of last year users using all their marijuana in a public place (from 6% to 9%).

In 1998 and 2001, most last year marijuana users reported rarely, if ever, driving under the influence of marijuana. However, fewer of the last year users reported that they never drove under the influence of marijuana (from 67% in 1998 to 59% in 2001) and this was particularly true of young men aged 15-17 years (from 82% to 61%).

Marijuana smoking took place in a social rather than individual setting, most often in groups of three or four people.

Marijuana supply

There was evidence of more current marijuana users keeping marijuana on hand. There was an increase in the proportion of men 'mostly' keeping marijuana on hand, up from 4% in 1998 to 10% in 2001.

There was evidence of younger current marijuana users purchasing more of their marijuana as opposed to receiving it for free. More 15-17 year olds bought 'most' of their marijuana, increasing from 7% in 1998 to 23% in 2001, and this increase was particularly due to more of the 15-17 year old men doing so (from 7% to 27%).

Very few current users, both in 1998 and 2001, grew any of their own supply (10% and 9% respectively).

More current users thought the price of marijuana was higher than a year ago in 2001 compared with 1998 (from 13% in 1998 to 23% in 2001). In 2001, 23% thought the price was higher than a year ago, 69% thought it was the same, and 8% thought it was less.

There was no change in perceptions of the availability of marijuana compared to a year ago. In 2001, 36% thought marijuana was easier to get, 48% thought there had been no change, and 15% thought it was harder to get.

Perceptions of marijuana

Perceptions of the risk of harm from marijuana use did not change between 1998 and 2001. In 2001, 30% of respondents thought 'trying' marijuana posed no risk of harm, 9% thought 'occasional use' posed no risk of harm, and 2% thought 'regular' marijuana use posed no risk of harm.

There was some evidence of more liberal attitudes to marijuana. More respondents thought it was acceptable to at least 'most' people (i.e. most people/almost everyone/everyone) to smoke marijuana at a party (from 26% to 30%), and this mainly reflected increases for women (from 24% to 28%). Fewer respondents thought it was acceptable to 'no one' to smoke marijuana before driving (from 74% to 71%), and this reflected a decrease for those aged 18-19 years (from 76% to 67%).



Harmful effects identified from use of marijuana and alcohol

The harmful effects of marijuana and alcohol were calculated as percentages of all respondents to reflect the impact these drugs have on the population as a whole. The higher level of harm from alcohol in part reflects the fact that more people use alcohol than marijuana. The areas of life last year users of marijuana most frequently identified as harmed by their marijuana use were energy and vitality (5% of all respondents in both years), financial position (3% in both years), health (3% in both years), and outlook on life (2% in both years). The areas of life last year alcohol users most frequently identified as harmed by their alcohol use were energy and vitality (18% in 1998 and 17% in 2001), financial position (11% both years), health (7% and 6%), and outlook on life (5% both years).

Harmful effects can also be calculated as a percentage of a particular user group to better reflect the individual impact of drugs. This was the approach used to illustrate the harm from the heavy use of marijuana and alcohol (10 or more times in the last month). The areas of life more frequent marijuana users most often identified as harmed by their marijuana use were energy and vitality (50% in 1998 and 43% in 2001 of frequent users), financial position (34% and 33%), health (28% and 21%), and outlook on life (20% and 17%). The areas of life more frequent marijuana users who were also heavier drinkers most often identified as harmed by their alcohol use were energy and vitality (40% in 1998 and 33% in 2001 of frequent users), financial position (37% and 36%), health (26% and 15%), and friendships and social life (16% and 15%). There were no changes in the reports of these harms from 1998 to 2001.

Six percent of last year marijuana users in both surveys said they had received help to reduce their level of marijuana use.

Four percent of last year users in 1998, and 3% in 2001, said that they had wanted help to reduce their marijuana use but had not received it. The reason that was most commonly cited by these people as a barrier to finding help, was not knowing where to go (33% in 1998 and 32% in 2001). Other reasons commonly considered to be barriers were, fear of what would happen on contacting the service (23% in both surveys), too busy (20% and 19%), services too expensive (17% and 14%), and fear of law/police (14% and 29%).

Other drugs

More respondents had tried ecstasy (3.0% to 5.4%), more had used it in the past year (1.5% to 3.4%), and more were current users (1.0% to 2.3%). Ecstasy had become the most commonly used hallucinogenic drug in 2001.

More respondents had tried 'stimulants' (amphetamine/methamphetamine) (7.6% to 11.0%). There were also increases in last year use (2.9% to 5.0%) and current use (2.2% to 3.5%).

The use of ice (a very pure form of methamphetamine) increased in 2001. There were increases in ever tried (0.2% to 1.3%), last year use (0.1% to 0.9%) and current use (0.04% to 0.5%) in 2001 compared to 1998.

Ketamine (an anaesthetic) showed significant increases in ever tried (0.2% to 0.7%), last year use (0.1% to 0.5%), and current use (0.0% to 0.2%).

Ever used and current use of cocaine, crack, solvents, LSD, mushrooms, or 'other hallucinogens' was stable.

The last year use of 'any opiates' remained stable at about 1% in both surveys. Only 0.2% in 1998, and 0.1% in 2001, had used heroin in the last year.

The reported use of a needle to inject a drug did not show any significant change. In both surveys, 0.2% reported the use of a needle in the last year.

There was a decrease in the current use of tranquillisers, reflecting a decrease for men (from 0.8% to 0.2%), but no change in ever used or last year use.

There was a trend towards more of the sample having tried kava, but no change in use in the last year use or current use.

In 2001, the use of GHB (a sedative) was reported by 0.8% of the sample for the last year and 0.3% for current use.

In 2001, 0.9% reported the use of rush (a stimulant) in the last 12 months, and 0.5% reported current use.

Multiple drug use

It was common for people to have tried a number of drugs. Few people had tried just one drug (either legal or illegal). The drug most often reported to be the only one tried was alcohol but this was confined to a minority (19% in both years).

The most common combination of drugs tried was alcohol, tobacco and marijuana (25% and 23%), followed by alcohol and tobacco (18% and 17%), and then alcohol, tobacco, marijuana, plus at least one or more of the other drugs (16% and 18%).

For last year use, the drug most commonly used was alcohol (45% both surveys), followed by alcohol and tobacco (19% and 18%), then no drugs used (11% both surveys), and alcohol, tobacco and marijuana (8% both surveys), and alcohol, tobacco, marijuana and at least one of the other drugs (5% both surveys).

The proportion of respondents that reported ever having tried three or more illegal drugs (including marijuana) increased from 15% in 1998 to 18% in 2001.

Use of three or more illegal drugs in the last year increased from 6% of the 1998 sample to 8% of the 2001 sample.

Concern about drugs

Respondents were asked how serious various drugs were as community problems. The drugs of most concern were illegal drugs other than marijuana, followed by alcohol, and then solvent abuse. Tobacco was the fourth most serious issue, with marijuana the least serious of those asked about.

Between the two surveys, there was an increase in the perception of tobacco as a serious problem and decreases in the perception of other illegal drugs and solvents as serious community problems. More men and women in the 2001 sample felt tobacco was a more serious community problem than in the 1998 sample. Men thought solvents were less of a problem in 2001 than in 1998. There were no significant changes in the perceptions of alcohol and marijuana as community problems from 1998 to 2001.



Alcohol was rated most highly as a community problem by people aged 20 years and over. Concern about marijuana was highest in the younger age groups.

In 2001, 32% of respondents thought the current level of enforcement against those possessing marijuana for personal use was 'too heavy', 36% of respondents thought it was 'about right', 20% thought it was 'too light' and 12% were 'unsure'. There was a trend towards fewer people feeling unsure (from 14% to 12%) and more people feeling the enforcement was too heavy (from 30% to 32%).

In relation to selling marijuana, more respondents felt current enforcement was 'about right', up from 30% in 1998 to 33% in 2001, and a decline in those who were unsure (from 13% to 11%). In 2001, 10% of respondents thought the current level of enforcement was 'too heavy', 33% thought the current level of enforcement was 'about right', 46% thought it was 'too light' and 11% were 'unsure'.

In relation to the use of illicit drugs other than marijuana, more thought the current level of enforcement was 'about right' (up from 30% to 33%) and fewer were unsure (from 14% to 11%). In 2001, 7% of respondents thought the current level of enforcement was 'too heavy', 33% thought it was 'about right', 49% 'too light' and 11% were 'unsure'.

More also thought the current level of enforcement against those selling illegal drugs other than marijuana was 'about right' (up from 24% to 28%) and fewer were unsure (from 12% to 9%). In 2001, 4% of respondents thought current enforcement was 'too heavy', 28% thought it was 'about right', 59% 'too light' and 9% were unsure.

INTRODUCTION

This report provides a national picture of the changes in drug use in New Zealand from two national surveys conducted in 1998 and 2001. The main question this report addresses is: “what, if anything, has changed since the national survey of drug use in 1998?” The surveys investigated both licit and illicit drug use, focusing particularly on marijuana, the most commonly used illegal drug in New Zealand. A new drug, GHB (gamma-hydroxybutyrate, commonly known as ‘fantasy’, ‘One4b’, ‘liquid ecstasy’), and a new category of drug, rush (amyl nitrate, butyl nitrate), were added to the list of ‘other drugs’ surveyed in 2001.

The results of the first national survey in 1998 were published in *Drugs in New Zealand: National Survey, 1998* (1999)¹ and have been used in a variety of articles and publications². The 1998 findings were widely quoted in written and oral submissions to the Health Parliamentary Select Committee hearings on cannabis in 2001.

SURVEY METHODOLOGY

The 1998 national survey had a sample of 5,475 people aged 15 to 45 years. The 2001 survey had a sample of 5,504 people from the 15 to 45 year age group.³

Questions asked in the 1998 survey were repeated in the 2001 survey. In both surveys, interviews were conducted by a staff of trained interviewers, using a computer-assisted telephone interview (CATI) methodology. Telephone numbers were selected using a stratified random digit dialling method so that each household nationwide would have an equal chance of being called. Within each household, one person was randomly selected for an interview. Each telephone number was tried at least ten times in an effort to reach those seldom at home. This allowed the survey to achieve relatively high response rates, of 79% in 1998 and 80% in 2001.

Both the 1998 and 2001 sample provide a reasonable match to the census profiles, with some small differences that are probably due to different telephone availability for age, gender and ethnic groups. Some differences in representation of ethnic groups may also be due to the use of different classification in the most recent census.

Each interviewer worked at a computer workstation and entered answers directly into a database. The computer displayed the survey questions for the interviewer to read, and performed logical checking of answers as the information was entered. This minimised clerical errors during data collection. A detailed description of the survey methodology can be found in Appendix 1 (p.54).

¹ Field, A., Casswell, S. (1999) *Drugs in New Zealand: National Survey 1998*. University of Auckland: Alcohol & Public Health Research Unit.

² See: Field, A. & Casswell, S. (2000) Options for cannabis policy in New Zealand. *Social Policy Journal of New Zealand*, 14, 49-64; Field, A. & Casswell, S. (2000) Perspectives on marijuana policy in New Zealand: 1990 and 1998. *Social Policy Journal of New Zealand*, 104-113; Field, A. & Casswell, S. (2001) Marijuana use in New Zealand, 1990 and 1998. *New Zealand Medical Journal*, 114, 355-358; Wilkins, C., Bhatta, K. and Casswell, S. (in press). A Demand Side Estimate of the Cannabis Black Market in New Zealand. *Drug & Alcohol Review*; Wilkins C. and Casswell, S. (in press). The Cannabis Black Market and the Case for Cannabis Law Reform in New Zealand. *Social Policy Journal of New Zealand*; Wilkins, C., Bhatta, K., and Casswell, S. (in press). The effectiveness of cannabis crop eradication operations in New Zealand. *Drug & Alcohol Review*.

³The 2001 sample included 13-14 year old respondents for the first time. This was done to allow future comparisons of the lower age cohorts once another 13-45 year old sample is complete. The findings of the 13-14 year olds from the 2001 survey will be reported in a separate paper.



Overseas research suggests that telephone and face-to-face surveys report similar levels of drug usage at a general population level. The validity of the National Drug Survey is strengthened by the high levels of telephone ownership in New Zealand by international standards (i.e. 96% in 2001 Census) and the high response rates achieved by the national surveys. However, it is likely that the results from any survey of drug usage in a general population will under-estimate the true number of users to some extent. Illicit drug users are particularly hard to reach for research purposes, and therefore the actual prevalence of use could be higher than shown by these survey results. Importantly, the trends found from replications of the survey will reflect actual trends as considerable care has been taken to ensure the methodology of the survey has remained consistent between years.

The survey results have been analysed for differences between the two samples as a whole, but differences between the subgroups of the two samples have also been investigated. Comparisons have been tested for statistical significance at a 1% level of significance using non-parametric, and parametric methods adjusting for design effects. Only changes that are significant are reported in the text. Where there is a change at the 5% significance level it is reported as a trend. Percentages in the text are rounded to whole numbers while data used to create the graphs is rounded to three decimal places. The proportions reported refer to all those people who responded to a specific question (i.e. 'refused', 'don't know' and 'missing' are excluded).

The error bars shown on the graphs indicate the 99% confidence intervals. These provide some visual indication of the variability in the data for a particular group. When there is no overlap between the error bars (of the two groups compared) it is safe to conclude that the two groups are significantly different (at the 1% level). When there is some overlap of the error bars then it cannot be concluded visually whether the two groups differ significantly and a formal statistical test must be undertaken.

I. ALCOHOL

The most popular drug in New Zealand, in terms of being tried by the highest percentage of people, was alcohol. In 1998, 88% of respondents said they had ever tried alcohol, and there was no significant change in 2001 (87%). Eighty-five percent reported consuming alcohol in the last year in 2001 and again there had been no change from 1998. These prevalence levels are similar to those of the 2000 national survey of drinking in New Zealand.⁴

Patterns of heavier drinking

Those who had used alcohol in the last year were asked about heavier levels of alcohol consumption: for men six drinks or more in one sitting at least weekly, and for women four drinks or more in one sitting at least weekly.⁵ In 2001, about one in three male drinkers and about one in five women drinkers consumed this amount and this had not changed significantly since 1998.

Figure 1.1 Proportion of men reporting drinking 6+ drinks at least once per week by age group, 1998 & 2001

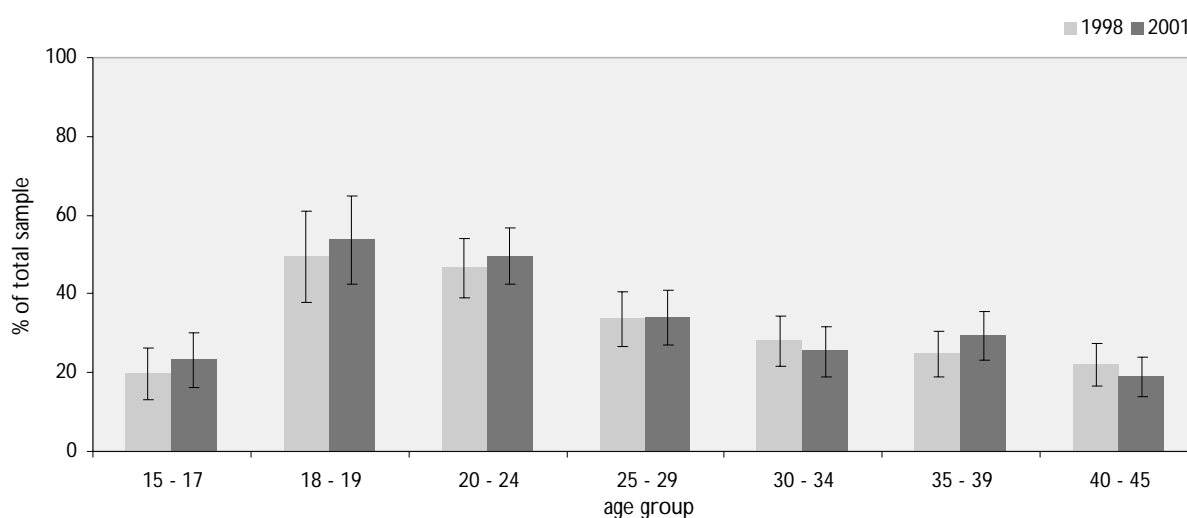
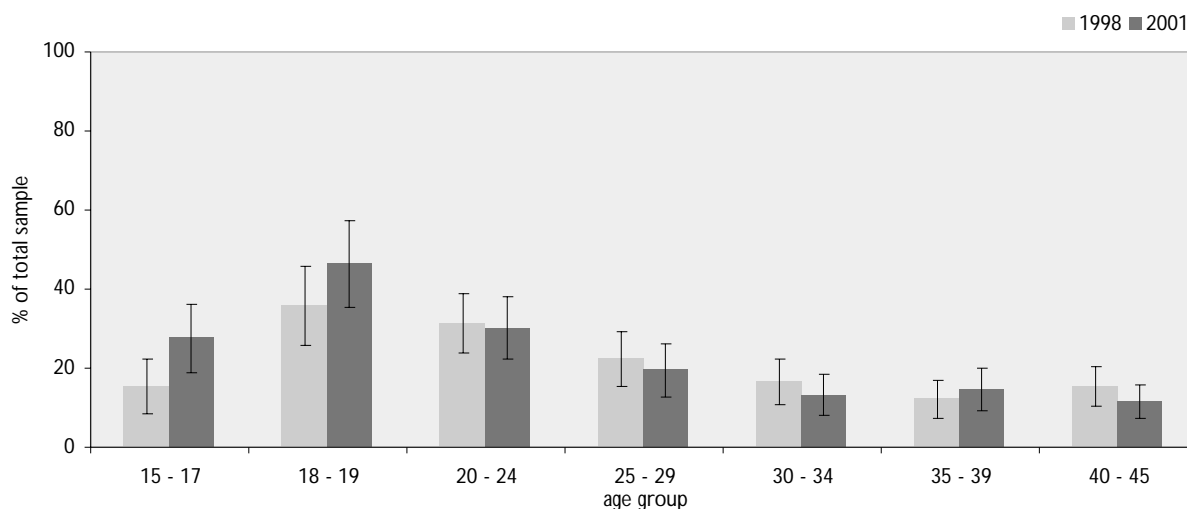


Figure 1.2 Proportion of women reporting drinking 4+ drinks at least once per week by age group, 1998 & 2001



⁴ Habgood, R., Casswell, S., Pledger, M. & Bhatta, K. (2001) *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*, Auckland: Alcohol & Public Health Research Unit.

⁵ This question is asked slightly differently from the question in the National Alcohol Survey. If respondents query the question they are told a drink is equivalent to approximately 15ml of absolute alcohol: for example one can of beer, 140ml glass of wine or a double nip of spirits.



However, an increase in this level of drinking was found amongst young women aged 15-17 years old. The proportion of young women of this age who drank four drinks or more in one sitting at least once a week increased from 15% in 1998 to 28% in 2001 (Figure 1.2)

Those who had used alcohol in the last year were also asked how often they drank enough to feel drunk. There was a trend towards an increase in the proportion of drinkers who drank enough to feel drunk at least monthly; this was due to an increase in the number of women who drank enough to feel drunk at least monthly, from 27% in 1998 to 31% in 2001. There were increases in the proportion of young men and young women aged 15-17 years who drank enough to feel drunk at least monthly. The proportion of young men aged 15-17 years who drank enough to feel drunk at least monthly increased from 43% in 1998 to 58% in 2001 (Figure 1.3). The proportion of young women aged 15-17 years who drank enough to feel drunk at least monthly also increased from 33% in 1998 to 50% in 2001 (Figure 1.4). This is consistent with findings from the 2000 National Alcohol Survey, which also found increased frequency of drunkenness among young people, and young women in particular.⁶

Figure 1.3 Proportion of men reporting drinking enough to feel drunk at least monthly by age group, 1998 & 2001

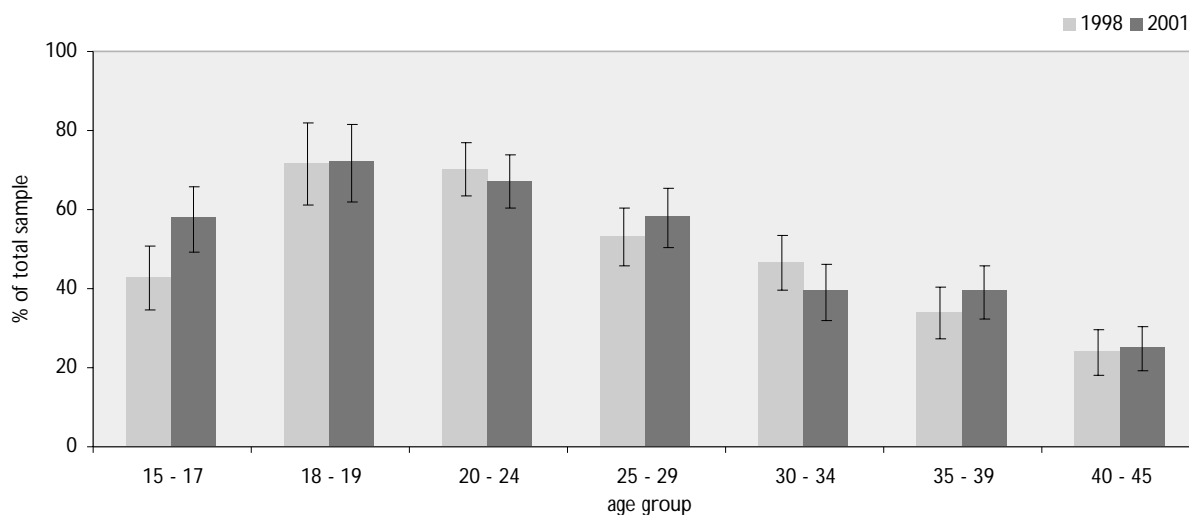
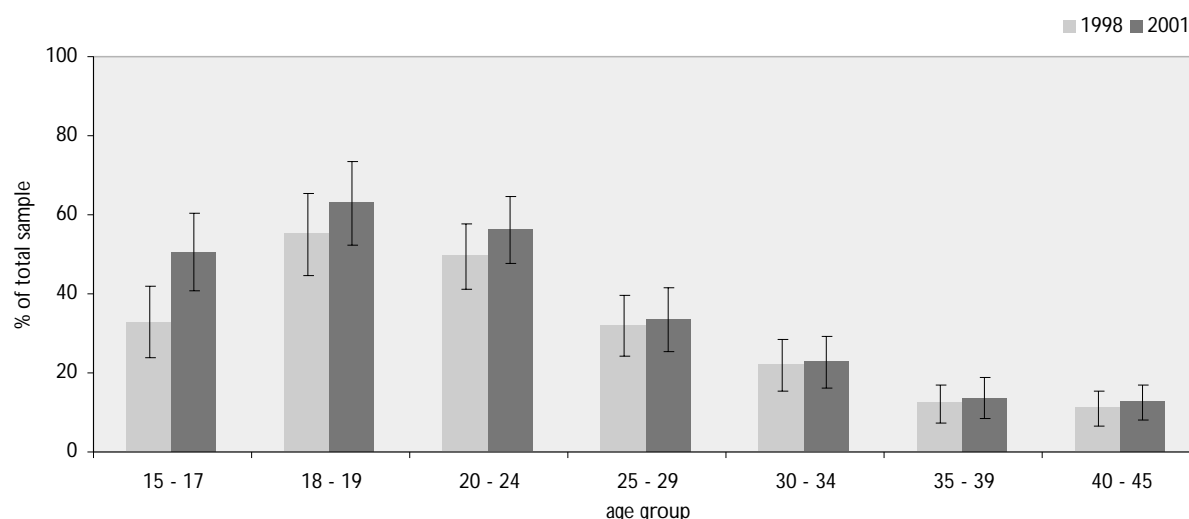


Figure 1.4 Proportion of women reporting drinking enough to feel drunk at least monthly by age group, 1998 & 2001



⁶ Habgood, R., Casswell, S., Pledger, M. & Bhatta, K. (2001) *Drinking in New Zealand: National Surveys Comparison 1995 & 2000*, Auckland: Alcohol & Public Health Research Unit.

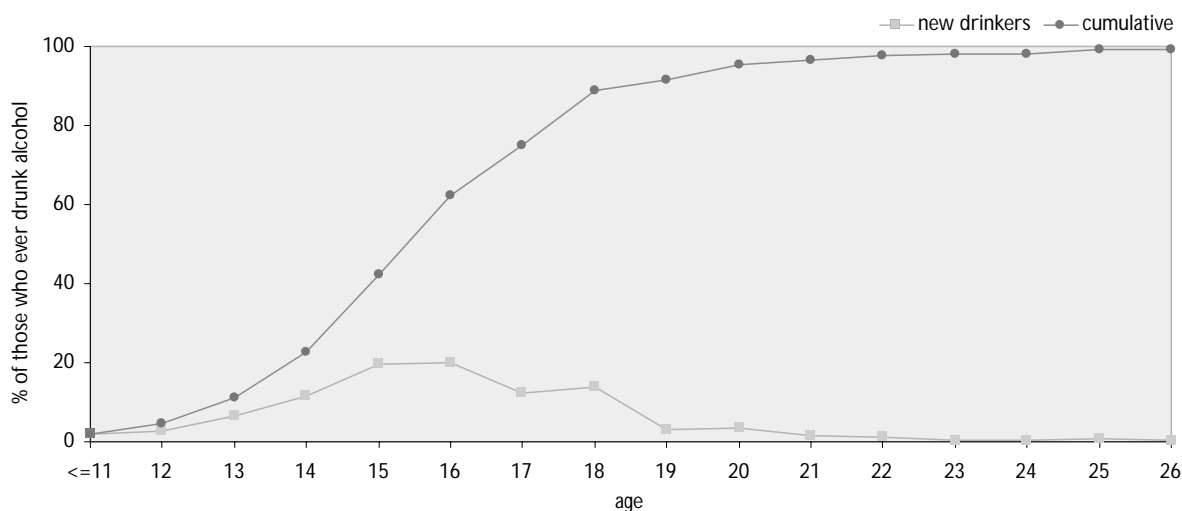
Self-reported concern with drinking

Those who drank alcohol in the past year were asked if they had felt at any time in the last 12 months that they should cut down on their drinking. There was a trend among those aged 30-34 to fewer feeling they needed to cut down in 2001, and this was due to a significant decrease among men, with 22% indicating they felt they should cut down in 2001 compared to 33% in 1998.

Age at first use

The age at which people reported first starting drinking alcohol ('other than just a taste') is illustrated in Figure 1.5. This is a new question included in the 2001 survey. Figure 1.5 shows that by age 15 years, 42% of those who had ever tried alcohol had started drinking alcohol. The sharpest increases occurred at ages 14, 15, 16, 17, 18 years, with 12%, 20%, 20%, 12% and 14% reporting first starting drinking at these ages respectively. These results can be compared with similar questions in this report for tobacco and marijuana.

Figure 1.5 Age at which alcohol was first used, 2001



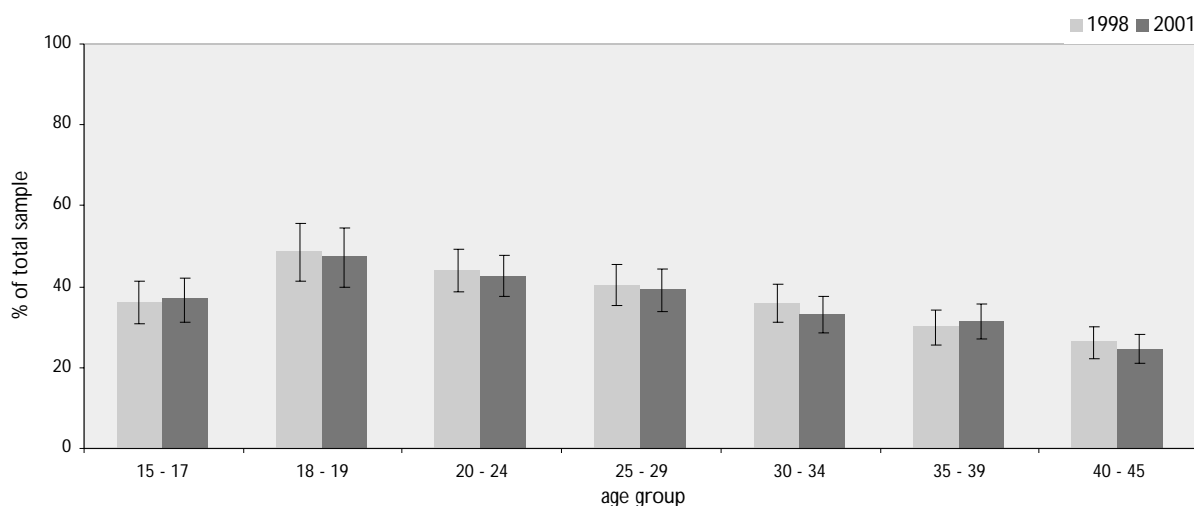


2. TOBACCO

In 1998 and 2001, tobacco rated as the second most popular drug. Sixty-five percent reported having ever tried tobacco in 1998 and 64% in 2001. There were no significant differences between 1998 and 2001 in relation to ever having tried, last year use (36% and 35%), or last month use (30% and 28%). Last month prevalence levels are consistent with the findings of recent Ministry of Health commissioned surveys of tobacco use.⁷ Ministry of Health statistics also indicate prevalence levels have been stable since 1998.

Just over one in three respondents said they had used tobacco in the last year in 1998 and 2001. Figure 2.1 presents the proportion of the sample that had used tobacco in the last 12 months by age group for 1998 and 2001.

Figure 2.1 Proportion reporting using tobacco in the last 12 months by age group, 1998 & 2001

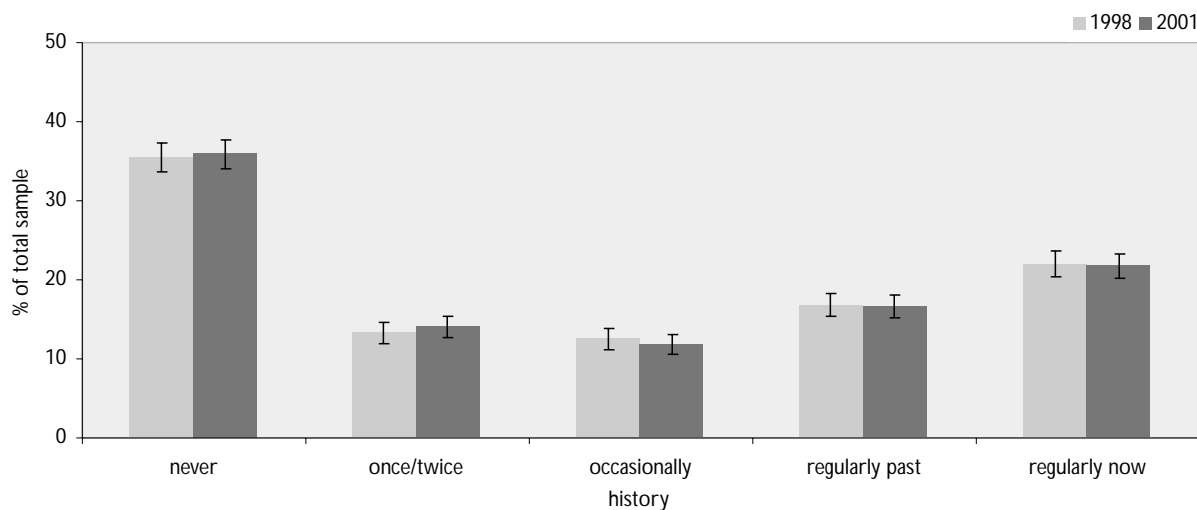


Past and present use of tobacco

The proportion of respondents who said they had 'never smoked', 'only smoked once or twice ever', or were 'current regular smokers' did not change from 1998 to 2001 (Figure 2.2). In 2001, 22% of the sample were current regular smokers, 36% had never smoked, and 14% had only ever smoked 'once or twice'. There was also no overall change in the proportion of respondents who were 'occasional smokers' (12%) or 'regular past smokers' (17%). However, there was an increase in the proportion of young men aged 15-17 years who were 'regular past smokers' from 3% in 1998 to 8% in 2001, and an increase in the number of men aged 35-39 years who smoked occasionally from 8% in 1998 to 14% in 2001.

⁷ Ministry of Health (2001) *Tobacco Facts 2001*, p.3. Wellington: Ministry of Health.

Figure 2.2 History of tobacco use, 1998 & 2001



Level of tobacco use

Figure 2.3 illustrates the number of cigarettes smoked per day during the last month among those who had smoked tobacco in the last year for 1998 and 2001. There was no significant change in the number of cigarettes smoked between the two survey periods. However, there was a trend of more women aged 18-19 years (21% to 37%) and 30-34 years (10% to 22%) who had not smoked a cigarette in the last month although they had smoked in the last year.

In 2001, 19% smoked no cigarettes in the last month, 11% smoked less than 1 cigarette per day, 16% between 1-5 cigarettes per day, 23% between 6-10 cigarettes per day, 15% between 11-15 cigarettes per day, 11% between 16-20 cigarettes per day, and 6% more than 21 cigarettes per day.

Figure 2.3 Daily number of cigarettes smoked in the last 30 days, 1998 & 2001

