

# Alcohol and Drugs in New Zealand

An Asian Perspective: A Background Paper

ALAC Occasional Paper No.22

September 2004

ISBN 0-478-11624-1  
ISSN 1174-2801

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## FOREWORD

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In November 2003 the Alcohol Advisory Council (ALAC) commissioned, from the Asia Pacific Centre for Community Health Research at the Auckland University of Technology (AUT), a background paper on an Asian perspective on alcohol use and misuse in New Zealand. Valuable contributions were also made by the Asian project team of Community Alcohol and Drugs Services Auckland and, consequently, the brief was extended to include other drugs.

In the Auckland region, discussions had previously been held with agencies that have an interest in the health and welfare of Asians. They indicated that before any plans were made to introduce any particular programmes aimed at reducing alcohol-related harm, background information should be collected on the current knowledge and from that, recommendations should be made for action.

Although papers have recently been written on mental health and general public health issues among the Asian population, this paper is the first attempt to bring together alcohol and drug specific information in regard to Asians living in New Zealand.

I would like to acknowledge the work of the authors and the support of the Faculty of Health at the AUT, Community Alcohol and Drugs Services, Auckland who contributed their expertise and experience.

My belief is that this paper will provide a valuable contribution to the knowledge on this topic, as well as provide a very useful resource for agencies that work with Asians to reduce alcohol and drug-related harm.



Dr Mike MacAvoy  
**Chief Executive**  
Alcohol Advisory Council of New Zealand

# INTRODUCTION

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In December 2003, the Alcohol Advisory Council of New Zealand (ALAC) commissioned a literature review of the current knowledge on alcohol use among Asians, along with recommendations for future action within New Zealand. The initiative reflects the need for a comprehensive strategy on reducing alcohol-related harm for this specific sector of New Zealand society, with its diverse communities, characteristics and cultural beliefs.

After consultation with Community Alcohol and Drug Services in Auckland, the project was extended to include other drugs, with the aim of informing ALAC and other agencies on strategies and policy.

## **Asians in New Zealand**

Recent increases in Asian immigration to New Zealand have had a major impact on the population's size, growth rate, age-sex structure and ethnic composition. According to the 2001 Census, Asians are expected to make up 9 percent of the population by 2016 and comprise 20 percent of the Auckland region's total.

Asians are not a homogeneous group; they come from at least 28 different countries<sup>1</sup> in the Far East and Southeast Asia (Dhooper, 2003) and each community group has its own cultural beliefs, habits and attitudes. These can be very different from those of New Zealand's mainstream society.

## **Research to Date**

Since 1990, research on Asian immigrants in New Zealand has focused on issues such as adaptation problems and difficulties, mental health status, the use of mainstream health services and alternative healing practices (Ho et al, 2002). Little research has been undertaken on alcohol and drug (A&D) use and misuse.

However, while international epidemiological data indicates lower rates of alcohol and drug (A&D) misuse among Asians compared with other ethnic populations (Amodeo et al, 1996; Dhooper, 2003; Zane and Sasao, 1992), anecdotal evidence suggests these figures are rising. New Zealand studies (Adamson, 2000; ALAC, 2000, 2002,) have not specifically identified Asians, which means there is no substantial evidence on A&D use and misuse among this population.

Overall the general well-being of Asians living in New Zealand has received very little attention. This may be because of the perceived low demand for existing services and the (mis)conception of Asians being a 'model minority' (overachieving, having high economic status, good discipline and perfect family

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<sup>1</sup> Bangladesh, Borneo, Burma, Cambodia, China, Guam, India, Indonesia, Japan, Korea, Laos, Malaysia, Micronesia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Thailand, Tibet, Vietnam.

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relationships). There may also be a limited understanding of the prevalence, patterns, perception and impact of A&D use among Asians.

### **Purpose of the Research**

This paper reviews New Zealand and international literature with the aim of identifying factors associated with an increased risk of A&D misuse among New Zealand's Asian population – and any concerns that may not have been recognised, or responded to, in current A&D services.

International material was found via the Expanded Academic and Web of Science, while local research came from INDEX New Zealand, New Zealand government and non-government websites and local published and unpublished materials available from university libraries or through personal communications.

### **Limitations of the Research**

This background paper is the first to address A&D misuse among Asians within New Zealand, and aims to shed some light on, and enhance our, understanding of the situation. However, it recognises that a number of research issues make it challenging to obtain a substantial picture.

For example, most research on drug misuse does not appear to examine links between the substance and ethnicity, whether in use or involvement in the drug market (Reid et al, 2001). This means not much is known about the levels of drug use among different ethnic groups in most countries (Pearson and Patel, 1998; Smith and Citta, 1994). Larger multi-racial studies involving Asian people appear unable to distinguish between Asian ethnic groups and rely on easily available studies that have found substance use among Asians to be less than that of other ethnic/racial groups (Kandel et al, 1976; Maddahian et al, 1985; Newcomb et al, 1987). In addition to representing Asians as a single homogeneous group, earlier findings appear to be based on samples of more acculturated Asian groups (i.e. Japanese and Chinese Americans) without the inclusion of recent migrant groups.

Another limitation of this paper is that most of the literature is derived from the United States, Australia and the United Kingdom, which means it largely relates to ethnic communities living among mainly English-speaking populations (Reid et al, 2001). Reports on substance use in Asian countries are also limited, possibly because research has been conducted and published in their own languages. This review located two studies conducted in Malaysia and Hong Kong (Abdullah and Fielding, 2002; Peters et al, 1997) that may provide some useful information on substance misuse among Asians from their countries of origin.

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## EXECUTIVE SUMMARY

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While New Zealand's Asian population has increased dramatically in the past decade, there has been very limited research into issues relating to their use (and misuse) of alcohol and drugs (A&D). ALAC has funded this background paper to examine the current and existing literature on Asian and A&D issues and provide an indicator for future directions. There is a large diversity in the different Asian cultures in New Zealand and the authors have not made any assumptions that all Asian groups are the same.

### **Asian People in New Zealand**

The increase in the Asian population is mainly due to an increased migration to New Zealand. The latest national Census (Statistics New Zealand, 2001) shows Asians are the third largest ethnic group in New Zealand, with a majority (78 percent) born overseas.

It is important to note that the Asian population encompasses various ethnicities, the largest being Chinese (44 percent), followed by Indian (26 percent) and Korean (8 percent). The Asian population is also relatively youthful compared with the New Zealand population. In 2001, 21 percent of New Zealand Asians were in the 15-24 year age group compared with 14 percent of the total population. About two-thirds of Asians live in the Auckland region while 11 percent live in Wellington followed by 7 percent in Christchurch.

### **Asian People and A&D Issues**

The literature review indicates that many different factors influence A&D use among New Zealand's Asian population:

- Asian people have a different physiological response to alcohol from Europeans. However, this does not appear to affect alcohol consumption; it has been suggested that socio-cultural factors play a more significant role in alcohol use.
- Traditional perceptions of A&D use are important. For example, alcohol and some drugs have historically been considered therapeutic.
- Alcohol is used in important social rituals in many Asian cultures.

These traditional perceptions affect A&D use among the Asian population in contemporary society.

### **A&D Use Among Asian People Overseas**

The review indicates wide cultural variations in attitudes to A&D consumption and the prevalence of A&D-related disorders, which can be affected by significant differences in migration patterns and subsequent post-migration experiences. This is confirmed by the results of A&D research in Asian home countries.

In addition, the rates of A&D misuse among Asians are not consistent, suggesting that it varies across cultures and countries.



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## **A&D Issues for Asian People in New Zealand**

Literature on A&D use among New Zealand's Asian population is very limited. However, research on migrant Asians reveals common post-migration issues that include language barriers, acculturation, difficulties in adjusting to the host society, and changes in the family structure and dynamics. However, there have been no investigations into how these issues affect A&D use, despite international literature suggesting a link between post-migration issues and A&D consumption.

## **Asian People and A&D Services' Use in New Zealand**

Data on Asian people and A&D services' use is limited, partially because of research methodology issues such as Asian people being categorised as 'Others' in ethnicity data collection systems.

Available data indicates that Asian people do not use A&D services to any great extent (reflecting the findings of overseas literature). New Zealand research strongly suggests this is due to Asian migrants lacking knowledge about the available services, the services not being culturally responsive to Asian people, and language barriers. Limited knowledge of New Zealand's healthcare system has also been found to impede Asian people accessing appropriate healthcare services.

## **Health Promotion in the New Zealand Asian Community**

The literature clearly shows that Asian people tend to seek professional help as a last resort, partly due to strong family values and a wish to avoid family shame. Health promotion could be a key pathway to educating and promoting available services to Asian communities and helping to prevent the consequences of A&D misuse. New Zealand literature shows that Asian communities are cohesive and keen to be involved and collaborate with service providers to make positive changes.

## **Conclusion and Recommendations**

Despite the scarce literature on A&D issues for Asian people, the picture for the New Zealand community is clear. Key recommendations cover three areas:

- Undertake more research on A&D issues in the New Zealand Asian community and develop a consistent collection system for up-to-date ethnicity data.
- Improve Asians' A&D treatment service use by:
  - removing language barriers
  - providing more culturally appropriate services through cultural competency skills training and developing policies in A&D service organisations that reflect different cultural needs.
- Raise awareness of A&D issues in the Asian communities through health promotion.

The review also suggests encouraging and adopting community participation and inter-agency approaches to ensure the community can easily access education and health promotion programmes.













































































































