



# Narcotics Anonymous®

AOTEAROA NEW ZEALAND REGIONAL SERVICE COMMITTEE

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Aotearoa NZ Regional Survey of

Narcotics Anonymous Members:

"Making Your Recovery Count"

## **Appendix for History Book: Keeping New Zealand Clean**

*Please note: All material for public release will be released via the AdHoc Public Relations Coordinator for the Survey Project.*

Please contact [pr@nzna.org](mailto:pr@nzna.org) for further information.

## Survey - History Book Appendix

In 2003, the Aotearoa New Zealand Regional Service Committee (ANZRSC) approved the idea of detailed demographic research of its membership. NA communities in Canada and Australia have conducted similar surveys in recent years to obtain a 'silhouette' of their membership. The findings have provided those communities with a range of information about the age of their membership, gender, employment status and referral circumstances, and much more. They have found their surveys to be a useful and practical tool to ascertain how well they are carrying the message to the 'still suffering addict' in their countries. The data collected has also played a useful role in local communications with external treatment, law enforcement and public policy agencies.

The inaugural survey was conducted at participating NA meetings, from Friday 16 November to Thursday 23 November 2004.

Many people volunteered their time, skills and other resources to support the survey:

- The ANZRSC oversaw budget policy and ethical issues.
- A survey group of four people took care of detailed planning and preparation
- A wider group of people from around NZ supported the survey's development, and offered suggestions and advice. This included professionals in the statistics and addiction fields.
- More than 50 people took responsibility for ensuring that the survey was conducted at 82 meetings during the survey week.
- A data entry team of six people spent several days coding and entering the data.
- A small team of analysts and writers spent months tabulating and writing up the results.

We also gratefully acknowledge our many family members, friends and professionals who supported us in this project.

As well as performing their tasks with skill, dedication and enthusiasm, members who took part in these teams found the experience fun and stimulating. They were excited to be taking part in an historic first survey of their membership, and felt that it enhanced unity and pride in their community.

### Survey participation

Members used a two-part process of agreement to decide on survey participation. Firstly, the conscience group for each meeting met to discuss whether that group would participate. Then during the survey week, individuals at each meeting could decide whether to answer the survey questionnaire. In this way, each group maintained its autonomy, in line with Tradition Four, 'Each group should be autonomous except in matters affecting NA as a whole.' At the same time, individuals only participated if they actively chose to.

The survey included 28 questions covering:

### Core Demographics

- Sex
- Age
- 'Clean' time (i.e. abstinent from drugs)
- Location (NA area / city)
- Ethnicity
- Labour force - current and prior to getting clean
- Educational qualifications - current and previous
- Occupation - current and previous
- Health – current and previous

### NA Participation

- Influence on first NA attendance
- Where the member first got clean
- Meeting Attendance
- Sponsorship
- Twelve Steps
- Membership of other fellowships
- Other support

### Addiction

- Length of drug use
- Drug of choice
- Most commonly used drug
- Criminal convictions

## **Results**

A total of 82 regular meetings chose to support the survey. The result is a representative snapshot of the membership during the week it was held.

Please note, however, that the survey findings outlined below are based on members who actually filled out the questionnaire.

### **1 Response rate**

A total of 475 members answered survey questionnaires, calculated to be a response rate of 66% (or two thirds) of all members. Many questions had response rates of 100%, and most had response rates of 90% or more. The lowest rate for any question was 73%, for the question: 'Where did you get clean?' All other response rates were over 85%. Here numbers are rounded to 1%.

### **2 Core demographics**

#### **Gender**

A total of 273 members were male (58%) and 201 were female (42%).

#### **Age**

Members range in age from under 20 to over sixty years old, with the average (and median) age being 35 years.

## Clean time

Clean time refers to the current length of time that a member has been abstinent from drugs. It was expected that there would be significantly more people with lower clean time, and the table below indicates this.

*Table 1: Current length of clean time*

Current Length of Clean Time	Number	%
0 - less than 6 months	117	27
6 months - less than 1 year	40	9
1 year - less than 2 years	49	11
2 years - less than 5 years	83	19
5 years- less than 10 years	65	15
10 years - less than 15 years	42	10
15 years or more	42	10

## Geographical location

The Aotearoa NZ region operates through four autonomous area service committees:

- Northern – includes Hamilton, Auckland and north of Auckland
- Midland – Bay of Plenty, Rotorua, Hawkes Bay, Manawatu and Wairarapa
- Central – Taranaki, Kapiti Coast and the greater Wellington region
- Southern – South Island

The distribution of membership across areas is set out in Table 2.

*Table 2: Distribution of members, by area*

Area	Number of members	%
Northern	246	52
Midland	37	8
Central	83	17
Southern	109	23

Most members live in cities, and 82% of members live in New Zealand's largest urban areas: Auckland, 42%; Wellington, 17%; Christchurch, 11%; Hamilton and Dunedin, each 6% of all members.

## Ethnicity

While most members are New Zealand European (74%), the proportion of members who identify as Māori (19%) is higher than the national average. Other large ethnic groupings such as Pasifika and Asian (including Indian) have lower representation in NA than in the New Zealand population. Māori are more strongly represented in the Northern, Midland and Southern areas than in Central, as Table 3 shows.

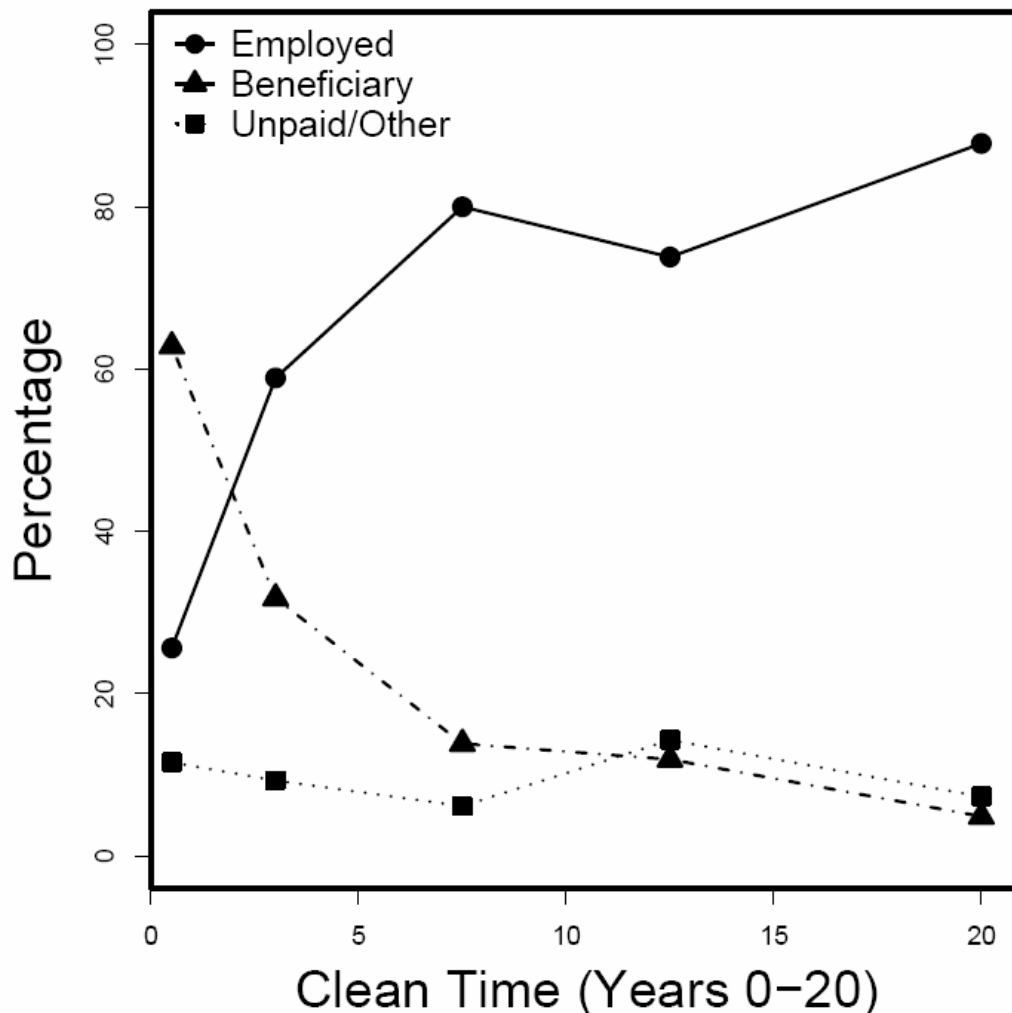
Table 3: NA members by ethnicity, by area, as percentage

Area	Northern	Midland	Central	Southern	All NA	NZ population
NZ European	75	62	83	70	74	74
Māori	18	22	11	24	19	13
Other	7	16	6	6	7	13

### Source of income

It is not surprising that addicts in recovery are more likely to source their income from employment, than when they were using drugs. After becoming abstinent, the proportion of addicts identifying as beneficiaries drops from over two thirds in the first year of recovery to just over 10% for those over 5 years clean. A graph is presented below. For full analysis of this data please refer to the full survey results.

### Main Source of Income



Employed comprises those whose main source of income is fulltime, part-time or self employment.  
 Beneficiary comprises income from all types of benefit: (Accident compensation, Domestic Purposes, Unemployment, etc)  
 Other comprises all other sources of income including Unpaid.  
 Points are plotted for years 0<1, 1<5, 5<10, 10<15, 15<20+  
 © Aotearoa New Zealand Regional Service Committee

## Educational achievement

The highest educational achievement of members spans postgraduate (19%), and tertiary (26%) through trades (15%), and school qualification (21%) to none (19%).

## Occupation

Members have a diverse range of occupations as Table 5 shows.

*Table 5: Current Occupation*

<b>Current Occupation</b>	<b>%</b>
Unskilled / Labourer	6
Service, Sales, Hospitality, Clerical	9
Technical/ Agriculture/ Fishery/ Trades/ Plant & Machine Operator	18
Manager/Professional/Teacher/Educator	14
Health professional	11
Student	7
Craft worker/Artist /Musician/Actor/ All Other	8
None	26

## 3 NA participation

### Influence on first NA attendance

Most members reported that the biggest influence on their initial meeting attendance was a treatment centre (37%) or from contact with NA members (34%). This latter category included contact at hospitals and institutions, as well as NA public information events. Friends and self-referrals were the next largest influence (18%). Fewer members (9%) were influenced by Alcoholics Anonymous, Courts and Probation. The 'other' category totalled 2%.

### Where members first got clean

Members were questioned on where they first got clean. Treatment centres accounted for 59%, and NA itself for 30% of responses.

### Number of meetings attended per week

Most members attend from one to three meetings per week, although the range is much broader, as Table 6 shows:

*Table 6: No. of meetings attended per week*

<b>No. of meetings</b>	<b>% of members</b>
less than 1 per week	7
1 per week	23
2 per week	25
3 per week	24
4 per week	10
5+ per week	10

## Sponsorship

*"Along with the Twelve Steps and Twelve Traditions, sponsorship is considered one of the cornerstones of the programme and the NA way of recovery. The therapeutic value of one addict helping another is exemplified in this relationship another NA member." (NA, "Sponsorship," 2004.)*

Three-quarters of members (74%) have a sponsor, and most have contact with their sponsor on at least a weekly basis (daily, 9%; weekly, 54%). A further 23% speak with or have contact with their sponsor monthly.

Slightly fewer than one-third of NA members (31%) sponsor others. Among all sponsors, most have from one or two sponsees (59%), but a few sponsors (7%) have more than seven sponsees.

## Twelve Steps of recovery

Working the Twelve Steps with a sponsor is another essential element of the NA programme, and 88% of NA members report having begun to work the steps. Further, almost half of all members (47%) report that they have worked on all Twelve Steps.

## 4 Addiction

The name of 'Narcotics Anonymous' was settled on during the 1950s in the United States, at which time drugs such as cannabis were deemed to be narcotics in US legislation. In the New Zealand legal context, 'narcotics' are a specific set of drugs. NA, however, makes no distinction between drugs, whether legal or not: alcohol is also a drug. It has no opinion on medically prescribed drugs. For more information, refer to information pamphlet 'In Time of Illness'.

## Drug use

Just over half of members (55%) used drugs for 15 years or more, before getting clean, and a further quarter (24%) used them for ten to 14 years. A total of 16% reported using drugs for five to nine years, and 5% used them for up to five years before getting clean.

## Drugs used regularly

Before becoming abstinent, members used an extensive range of drugs on a regular basis, comprising both legal (including by prescription) and illegal substances. Shown in decreasing order of use, the table below gives the number of members who reported using each type of drug regularly.

*Table 7: Drugs used regularly by members*

<b>Drug</b>	<b>No. of members</b>	<b>%</b>
Alcohol	398	85
Cannabis	381	81
Opiates	226	48
Other Stimulants (not listed elsewhere)	206	44
Hallucinogenics	188	40
Methamphetamines	180	38
Tranquilisers	157	33
Methadone	136	29
Barbiturates	121	26
Cocaine	112	24
Inhalants	47	10

## Most used drug

A much smaller range of drugs was nominated by members as the drug they used the most, with cannabis (24%), alcohol and opiates (21% each) predominating. Methamphetamine was the drug most used by 7% of members and a further 8% used some other drug. No particular drug was identified as 'most used' by 19% of members in the survey.

## Drug of choice

The single largest group of respondents to this question (29%) did not have a drug of choice. Opiates were preferred by almost a quarter (24%), cannabis was preferred by 18% and alcohol by 12% of NA members. Eight percent chose methamphetamine and 9% preferred some other drug.

## Criminal convictions

More than half (56%) of members acknowledged having criminal convictions as a result of their drug use.

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