Community Drug Summit

June 2001

Young People And Illicit Drug Use.

Issues Paper Number 1

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Contents

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1.0 Introduction

Young people have different patterns of drug use to adults, and often require specific prevention and treatment frameworks and service provision models designed around their specific needs and issues. This paper highlights some of the issues relevant to an understanding of why a significant proportion of young people use drugs, the nature and extent of their use of both 'licit' and 'illicit' drugs, the way in which current patterns of drug availability and law enforcement impact on young people, the risks associated with harmful patterns of use, and the available evidence of 'what works' in preventing, minimising and managing the harm caused by drugs.

1.1 Young People in Western Australia

Young people between the ages of 12 and 25 years constitute around one fifth of the total Western Australian population. At the last census in 1996, there were some 362,900 young people within this age range (Australian Bureau of Statistics, 1998). Over 42% were living at home with their parents as dependent children while another 20% lived with their parents as non-dependent children. Almost one quarter (24%) had formed families or partnerships, or were living independently, alone or in group households. Given that around two in every three young people aged 25 and younger are living in their parental home, it is important to acknowledge the family context of a significant proportion of youth drug use and treatment (see Issues Paper 2, *Supporting Families*).

1.2 Life Changes Between 12 and 25 Years

Between the ages 12 to 25 years, young people move from social and economic dependence on family and society to full autonomy as adults. While this stage of life is a time of great physical, social, and emotional change, there is a common tendency for 'youth' to be 'lumped together' and considered as a single group. This may lead to inappropriate expectations by society, parents and young people themselves.

Access to illicit drugs and the settings where they are used also change over this period. Alcohol, tobacco and cannabis are likely to be first encountered in the local neighbourhood or at teenage parties. Later on, as young people begin frequenting pubs and clubs, access is more likely to extend to 'party' drugs, such as ecstasy and amphetamines.

Changes in young people's legal status through this period can have implications for what constitutes 'illicit' drug use. For example, given that the sale and supply of alcohol and tobacco to minors is illegal, should the use of these substances by young teenagers be considered 'illicit' drug use? There are also distinctions in law which recognise that young people's rights and independent responsibility increase with age. Young people aged 12-18 years are usually considered as 'juveniles', while, depending on circumstances, 15-17 year olds may be considered as 'mature minors' (e.g. able to authorise medical advice in their own right). Young people aged 18 years and over are generally considered to have full adult legal status in terms of their rights and responsibilities. These age changes have important implications for the choices made by young people. They are also significant to their access to services as well as for the way in which current drug legislation is enforced.

1.3 Patterns of Substance Use

There are differing views in the community as to what level and type of drug use by young people is acceptable and whether it is possible for drug use to be managed responsibly without harm to the individual and those close to them. It is important therefore to distinguish some of the different patterns of drug use by young people. These include:

- **experimental drug use -** in early adolescence people begin to experiment with using various drugs. There is some evidence that such experimentation is beginning at earlier ages, with particular increases in the number of young people having at least tried marijuana (Department of Human Services, Victoria, 1998);

- **recreational drug use -** in the later years of high school, experimental drug use continues to become more 'recreational' in its use for relaxation and socialisation;

- **binge use -** episodic 'binges' of alcohol and/or drugs at hazardous or harmful levels is also a feature of drug use by high school age and older young people. This may or may not be associated with developing dependency issues; and

- **continuing use -** by 18 to 20 years continuing 'binge' use and on-going regular use indicate drug dependency becoming a part of a drug user's life. Where such use is continued by young people into their twenties it may become an entrenched part of their lives.

Levels of drug use vary across different settings. A recent survey of Victorian youth showed that drug use by high school students was generally relatively modest compared with the drug use of homeless young people and young offenders (Department of Human Services, Victoria, 1998). Levels of drug use clearly reflect the degree of marginalisation experienced by young people. At the same time, it is also the case that higher levels of drug use also occur among high school students from

families in the highest 20% of family income (Zubrick, Silburn, Gurrin, Theo, Shepherd, Carlton and Lawrence, 1997).

1.4 Societal Change and Drug Use by Young People

Over the past few decades, increasing levels of psychosocial problems, such as problematic drug use, crime, depression and suicide, have been observed among young people in almost all developed countries. Research on how these trends vary between countries suggests that these problems are inter-related and an outcome of the rate of economic, technological and social changes over this period (Rutter and Smith, 1995). The impact of these changes has been most profound in its effects on the role and function of the family, the level of neighbourhood and community involvement and support, the influence and support of organised religions and the influence of the media. All of these changes have affected the way young people grow up and shaped the development of their competencies, their attitudes, values and expectations. These changes have also had direct effects on young people and their outlook on the future. The current generation of young people has experienced prolonged periods of high youth unemployment and the 'casualisation' of the workforce. Many of these changes appear to be associated with the alienation from society of a growing proportion of young people and their belief that society does not value them.

2.0 The West Australian Context

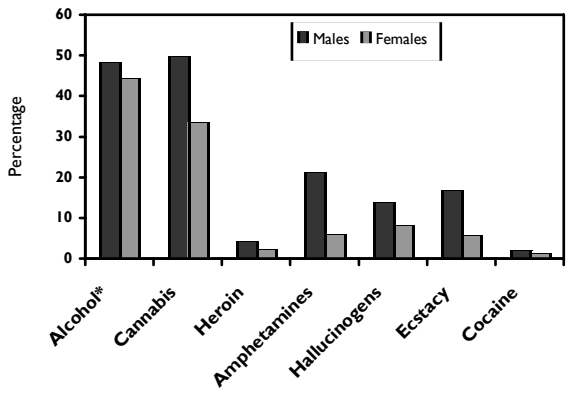
2.1 Drugs Used by Young People

During the past decade, changing patterns of drug availability and misuse have been observed for drugs such as tobacco, alcohol, cannabis, amphetamines, hallucinogens, MDMA (ecstasy) and opiates (Select Committee into the Misuse of Drugs Act 1981, 1998). Despite the media and current policy emphasis on opiates and other injectable drugs, the substances most commonly used at harmful or hazardous levels by young people are tobacco, alcohol, cannabis and amphetamines as well as the misuse of prescribed drugs.

Further information on prevalence and usage can be found in the Community Drug Summit Paper, Illicit Drug Use in WA: Facts and Figures (2001).

Figure 1

Drugs used in the past 12 months by young people aged 14-29 years, Western Australia 1998
(Source: 1998 National Drug Strategy Household Survey. AIHW, 2000)



(* Hazardous or harmful levels of alcohol consumption)

3.0 Issues For Consideration

3.1 Young People and their Concerns

Drug use is not something that is specific to young people. Most people within the community will have used drugs of some sort and in this respect young people are no different. There are many reasons why young people use drugs and in a drug taking society it is not surprising that drugs are typically perceived as a valid response to needs and desires. One marked difference between young people and adults who use drugs, is that young people generally exhibit less physical dependence, yet they experience increased negative social consequences.

3.1.1 Young People's Reasons for Drug Use

Consultations with young people consistently show that they regard their drug use as serving a meaningful purpose (Youth Affairs Council of Western Australia, 2000; Youth Health Program, 2000; Perth Inner City Youth Service, 1998). These purposes include: dealing with feelings of boredom or depression; coping with pressures from family, school or peers; relieving painful feelings associated with current or past trauma or abuse; managing mental health issues; dealing with the sense of not belonging or feelings of futility about the future; the experience of the drug and the fun of using it with friends. A recent survey of drug users aged 14 to 21 years, reported the following reasons:

Table 1

Reasons Young People Give for Using Drugs

Reason for using drugs	%
Wanted something exciting to do	**54**
Nothing else to do	**49**
Family arguments	**38**
Didn't feel good about myself	**36**
I was miserable	**36**
School was not going well	**34**
I was angry	**32**
Family doing it	**23**
Everyone else doing it	**23**
No-one to talk to	**18**
No-one would listen	**18**
It made me feel important	**7**
To keep my friends	**4**
Other problem or reasons*	**20**

Other included: something to share with friends, I was bored, the rush, wanting to not have anything worry me, curiosity. (Source: Department of Human Services, Young people and drug needs analysis, Victoria, 1998)

Young people stress that drug use is not always a problem for them; it may be the only means they know to managing negative or depressed feelings, or it may simply 'feel good'. However, it may become a problem when significant others in their lives are unable to cope with their drug use. Parents, employers and friends may well perceive it as a problem due to the drug being physically or emotionally dangerous, because it is an illegal activity, if it disrupts home or school life, or is unacceptable to their personal belief systems (Youth Affairs Council of Western Australia, 2000). Within all of this, the young person may not perceive a problem until the potential negatives of the drug use outweigh the positives, and yet even then this may not be reason enough to reduce or stop use.

3.1.2 Youth Perspectives on Drug Treatment Services

Many young people find youth services their first point of contact to access information and support in relation to a range of issues in their lives; not only drug use. Youth workers are particularly successful in reaching young people who use drugs, due to the informal approaches which foster a trusting relationship and commitment to young people. Young people indicate that if they need support they want it from people and agencies that are 'youth friendly', i.e. workers who respect their experiences, do not speak down to them, and are non-judgemental. Many youth workers can assist young people with a referral to drug and alcohol agencies, yet many young people have special needs that are not well addressed by existing adult-oriented drug and alcohol services. Current Australian research on how young people consider drug and alcohol services, and how they access information and support, shows they will access support when they can identify the damage drug use may cause and when there are accessible and realistic alternatives, such as relevant services, that respond to their needs (Veit-Sanci, Young and Bowes, 1995 and Youth Health Program, 2000).

3.1.3 Perceived Barriers to Accessing Services

Barriers to young people accessing and using drug treatment services include:

- the young person may not see the drug use as problematic;
- the young person may not want to give up drug use;
- the young person may not want to be singled out;
- adult services go against young peoples' need to not be classified with them;
- treatment costs;
- lack of youth-friendly approach and environment;
- lack of information on limits of confidentiality;
- difficulty in accessing the service;
- specialist services often lack knowledge and experience in working with young people; and
- pharmacotherapy-based treatments, for example, methadone, suitable for adults do not address the social function which young people's drug use often serves.

The recent literature on young people and drug use suggests that young people are more concerned about the effects and the behaviours while 'under the influence' and of losing control, rather than looking at the long-term effects of drug use. In particular they want more information about how to stay in control and where to go for support (Youth Health Program, 2000).

3.1.4 Use of Peer-to-Peer Support

Peer education and support have been found to be a useful means of motivating behaviour changes in young people. The benefits of peer-to-peer support may be that young people:

- feel less judged or marginalised and better understood by peers;

- identify a current or ex-user as a more credible informant or educator;
- are inclined to disclose issues or experiences associated with their use; and
- are likely to look at their drug use more openly.

Users or ex-users as peer educators have a wealth of knowledge, experience and support to offer others within the context of treatment, touching on areas such as harm reduction and personal development. With appropriate training and support, peer educators can extend traditional drug education by using an empowerment learning approach drawing upon the identification of shared social characteristics and experiences.

3.1.5 Involving Young People to Find Practical Solutions

The State Office of Youth Affairs (OYA) and the peak body representing non-government youth services, the Youth Affairs Council of Western Australia (YACWA), are both guided by principles of access and opportunity, participation and better co-ordination to ensure young people are able to participate fully as members of community. However, opportunities for young people to actively participate in decisions that affect their lives remain limited. In developing effective long term policy and services to prevent and reduce harmful drug use, it is particularly important that the views of young people form an integral part of decision making processes at all levels.

3.1.6 How the Media Represents Young People

Young people in Western Australia are often depicted in the media in one of two ways, either as the high achieving young person or the 'problematic' young person. The two ends of this continuum fail to portray the enormous diversity of lives, experiences and cultures which lie in between these extremes. When young people see themselves depicted in such ways, they may ask themselves 'What sort of message is being sent about us?'

3.1.7 How the Media Represents Drug Use

It is very rare that media representations of drug use assist in providing accurate information and portrayals which can inform public discussion. Illegal and legal drugs are also represented in two very different ways, and so in turn are the users of legal and illegal drugs. Drugs of addiction are generally depicted as illicit drugs, whereas problems of dependency are more commonly first associated with alcohol and tobacco. In addition to fueling the waves of 'heroin hysteria', inaccurate representations also make it difficult for policy makers to develop strategies that are consistent with the actual risks involved (Sercombe, 2001).

A recent review of the research on 'youth and the media' found several studies which draw a correlation between what the media reports and what people in the community think about young people (Mitchell, 2000). Many young people feel aggrieved that negative reporting of young people who are perceived to be problematic reflects negatively upon the entire youth population. They also feel their views are seldom sought or properly represented.

Important Questions

- Is the community listening to what young people are saying about drugs?
- Do youth drug treatment services respond adequately to the needs of young people?
- How can agencies reduce the barriers to their use by young people?

3.2 Young People in Regional and Remote Areas

3.2.1 Drug Use by Young People in Regional and Remote Areas

While approximately 70% of Western Australia's young people live in the metropolitan area, there is growing concern about young illicit drug users in regional and remote communities (See Table 2). A report into illicit drug use in regional Australia (Williams, 2001) found that between 1995 and 1998 amphetamine use grew by 131%, ecstasy by 235%, heroin by 77% and cannabis by 47%. While there is no specific data for illicit drug use in regional and remote Western Australia, risk indicators in Table 2 show that it is significant.

The South West region with a population of 119,407 distributed 167,315 needles and syringes in 1999. It had the highest number of Hepatitis C notifications and the highest number of drug related crimes, the majority of which were committed by young people (80% of drug related crimes involve people under the age of 35 and 29% involve teenagers 15 - 19 years).

Table 2

Summary of risk indicators and demographics by region

	Gascoyne	Goldfields	Great Southern	Kimberly	Midwest	Peel	Pilbara	South West	Wheatbelt	Metro	TOTAL
Total Population (1998)[1]	9717	58391	51,359	27,716	50,583	69,153	41,773	119,407	72,145	1,331,155	**1,831,399**
Population of Young People (15-24)[1]	1,252	9,206	5,902	4,147	6,725	7,569	5,685	14,806	7,932	204,231	**267,455**
Percentage of Total Population[1]	13	16	11.6	15.6	13.4	11.3	13.8	12.8	11.1	15.6	**14.9**
Number of Methadone Prescribers[2]	1	1	5	0	1	2	2	5	0	48	**65**
Number of Drug Service Teams[3]		1	1	1	1	0	1	1	1	5	**12**
Number of Needles Distributed (1999)[4]	11,809	112,423	11,288	11,220	36,155	44285**	34,646	167,315	8,236	2,447,232	**2,840,324**
Drug Related crime (98/99)[5]	103	1511	976	702	1097	?	878	2,579	1046	17,274	**27212**
Hep B Notifications (1995-2001)[6]	39	116	35	317	59	?	519	95	14	1781	**3079**
Hep C Notifications (1995-2001)[6]	72	196	303	192	167	?	249	736	122	6204	**8280**

Note: * = Hep B & C figures for 2001 are calculated to May 25 2001 and include notification for pathology laboratories from 2000.
** Data available for 1997 only.

3.2.2 Country Living and Isolation

Issues of particular concern for regional and remote youth include difficulties with transport, the effects of isolation and the lack of services targeting young people. Funding for services is often not in proportion to the need. For example, the Goldfields has a higher proportion of young people than the metropolitan area, yet does not have any youth specific alcohol and drug services. There are few rehabilitation services specifically for young people (under 18 years) in the whole of WA.

3.2.3 Limited Access to Accommodation and Other Youth Services

Crisis or medium term care housing services will not generally admit young people when they are under the influence of drugs and there are difficulties accessing sobering up shelters in remote areas. For those wanting to access rehabilitation or outpatient treatment services, the lack of child care facilities may be a significant barrier. In small towns there are barriers to seeking treatment or rehabilitation due to an increased likelihood of being identified and stigmatised as an illicit drug user. There are also problems of limited access to cultural/age appropriate educational resources.

3.2.4 Effects of Transient Living in Regional and Remote Areas

There is a high itinerant youth population in many country areas due to the number of tourists and seasonal or contract workers who often bring illicit drug use to regional and remote communities. This is a particular concern when contractors bring illicit drugs into dry Aboriginal communities. There are also difficulties in increasing protective factors for young Aboriginal people living in semi traditional areas who may leave school at an early age.

[1]ABS (1998) Australian Census of Population and Housing Usual Resident's Community Profile [available on line] www.wa.gov.au.
[2]WADASO Website, confirmed and updated by Next Step's Clinical Advisory Service 24/5/01.
[3]WADASO website.
[4]WADASO Statistical Bulletin No 6 (Feb 2000).
[5]Williams (2001).
[6]Health Department of WA, 2001.

3.2.5 Adult Role Models and Appropriate Supervision

Highly visible adult drug use is a serious problem for young people in some regional and remote areas. This sends young people a message which is at odds with the one they are likely to receive from school in relation to the social acceptability of harmful alcohol and other drug use. Changes in family living and working arrangements can also make it difficult for young people to be supervised out of school hours which may increase opportunities to use drugs undetected.

Important Questions

- Given the high rates of substance use in some areas, should an equivalent level of services be provided?
- Should the role of authority figures, such as teachers and police, be different in regional and remote areas?
- Should regions develop and coordinate their own youth plans?

3.3 Treatment

Treatment services have a critical role in responding to drug related harm. Effective treatment can reduce mortality and improve the health, well being, finances and overall quality of life for individual drug users and their families. In addition, effective treatment can have a significant impact for the broader community. For example, methadone maintenance treatment has been shown to reduce the risk of blood borne virus and reduce criminal involvement. This reduces the financial burden and health risks for the whole community, not just drug users. Key principles that underpin effective treatment services for young people have recently been summarised by the US National Institute of Drug Abuse (Allsop, 2000). These include:

- treatment is cost effective;
- no single treatment is effective for all individuals;
- treatment needs to be available and accessible;
- treatment needs to attend to the multiple needs of the individual;
- treatment needs should be continually monitored;
- treatment strategies need to match the level of readiness for change;
- integrated treatment is needed for co-existing mental health and drug related problems;
- coercion into treatment may help initiate treatment but does not always ensure a good outcome;
- relapse is a frequent occurrence in the change process;
- treatment outcome should be determined along several dimensions; and
- treatment should respond to the needs of 'significant others'.

Important Questions

- Is there a need for de-toxification units catering specifically for young people?
- Is there an argument for coercing young people into treatment?
- Are present models of treatment meeting the needs of young people?
- Are there sufficient treatment options for young people and their families?
- Are drug use reduction or cessation, adequate measures of treatment success?
- What can treatment agencies do to make their services more accessible to young people?

3.4 Prevention

Over and above the poor longer term outcomes of drug treatment, is a growing concern about the high cost of treatment and of the inability of existing treatment programs to keep pace with increasing demand (Health Department of WA Mental Health Division, 1999). These considerations have stimulated interest in prevention strategies and interventions which seek to reduce the early risks for the onset of drug use and the adverse outcomes associated with continuing patterns of use.

3.4.1 Evidence Based Prevention

Reviews of research in Australia and the USA in the mid 1990s conclude that prevention strategies which target risk factors for disorder are effective in reducing the prevalence of several psychosocial problems of concern to the community including drug use, crime, depression and suicidal behaviour (Mrazek and Haggerty, 1994; Raphael, 1993). A recent WA review summarising the range of evidence based prevention programs currently available in Australia and overseas is available on the WA Drug Abuse Strategy Office website (Hillman, Silburn, Zubrick and Green, 2000).

Many of these programs have demonstrated significant cost savings to governments in the longer term. For example, some of the long term follow up studies of early intervention and prevention programs conducted in the USA found savings in subsequent health, welfare and justice costs in the order of around seven dollars for each dollar spent on prevention (Karoly, Greenwood, Everingham, Hoube, Kilburn, Rydell, Sanders and Chiesa, 1998).

Prevention programs found to be most effective are those which focus on addressing risk and protective factors at appropriate developmental stages:

- those which intervene early, before the behaviour stabilises;
- those which reach and include individuals at high levels of risk, which address multiple risks with multiple strategies, and
- those which also address the racial, cultural and economic diversity of communities (Hawkins, Catalano and Miller, 1992).

3.4.2 Types of Preventive Intervention

Until the mid 1990s preventive interventions were categorised as primary, secondary or tertiary prevention, depending on which point in the risk pathway the intervention is implemented. ***Primary prevention*** aims to reduce risks and prevent the disorder occurring in the first place; ***secondary prevention*** involves interventions after early symptoms of disorder appear, and; ***tertiary prevention*** includes clinical treatment and rehabilitation aiming to reduce the consequences and complications arising from the problem or disorder (Silburn, 1999).

More recently, prevention is being thought about in terms of the level of risk of disorder in various targeted groups, and thus the actual scope of the intervention required (Mrazek and Haggerty, 1994). Within this model, ***indicated interventions*** target those individuals at highest risk for disorder, ***selected interventions*** target groups at increased average risk, and ***universal interventions*** target whole populations at average risk. This approach is summarised in Table 3 below.

Table 3

Approaches to population based prevention

Intervention Type	Target population	Prevention examples	Advantages	Disadvantages
Indicated (i.e. direct treatment)	Young people with existing drug use problems	Crisis and other treatment services to meet the young persons immediate health care and other needs Detoxification and rehabilitation services to reduce risks for relapse and prevent drug related harm	1. Can be very effective in some cases 2. Can prevent recurrence of drug use and drug related harm	1. Expensive 2. Not always available or accessible 3. Does not always work 4. Many who need it refuse to be treated
Targeted	Specific communities or groups known to be at high risk	Whole community approaches to promote youth well being in communities with known high risk System wide approaches in prisons to reduce risks of drug related harm	1. More efficient to exclude those not at risk 2. Less resources needed	1. Can be stigmatizing 2. Can miss those at high risk who do not happen to be in the targeted population
Universal	Total population	Information and support to families to minimise risks of young people commencing drug use School and community programs to promote emotional wellbeing and to develop life skills	1. Everyone is protected 2. No stigmatization 3. Inclusion of all income groups increases effectiveness	1. Inclusion of those not at risk increases cost 2. Compliance can sometimes be difficult to obtain

Table 4

Risk and protective factors for drug misuse in young people

Risk Factors	Protective factors
Environmental factors	
Easy local access to drugs	Prevailing anti-drug norms
Socio-economic disadvantage	Cultural injunctions opposing drug use
Family & Social Factors	
Family discord and dysfunction	Family cohesion, attachment and bonding
Poor/inconsistent parental supervision/discipline	Parental monitoring, clear boundaries
Low family attachment and bonding	Social supports outside the family
Family history of alcohol and drug misuse	Sense of positive connection to school
Family/peer attitudes favourable to drug use	Opportunities for community involvement
Negative peer associations, peer rejection	Positive bonds with pro-social peers
Individual factors	
Male gender	Sound problem solving skills
Early onset child behaviour problems	Positive sense of self and well being
Interpersonal conflict	Achievement orientation
Mental health disorders	Academic success
Persistent anti-social behaviour	Employment
Life events	
Past trauma eg. Child abuse	New opportunities and turning points
Relationship breakdown	Forming positive relationships
Academic/career failure, or perception of	Employment

(Source: Hillman, Silburn, Zubrick and Green, 2000)

3.4.3 Prevention Targeting Drug Misuse also has other Benefits

Drug misuse shares many of the risk factors for other problems experienced by young people such as delinquency, teenage pregnancy, poor school attendance and early school leaving (Hawkins, Jenson, Catalano and Lishner, 1988). The number of risk factors to which a young person is exposed, also predicts their likelihood of having drug related problems and other behaviour problems. For example, the Victorian Adolescent Health Survey (Bond, Thomas, Toumbourou, Patton and Catalano, 2000), showed that as the number of risk factors increases there is an incremental rise in the prevalence of alcohol use, cannabis use, sexual activity, deliberate self harm and physical violence. Conversely, as the number of protective factors increases, the likelihood of these adverse outcomes is decreased. As some risk factors for drug abuse may be resistant or difficult to change, this highlights the need for prevention to also concentrate on increasing protective factors.

3.4.4 Risk and Protective Factors for Drug Misuse in Young People

Research from population studies has identified some of the key risk and protective factors for drug use by young people. While this evidence is not definitive, it is nevertheless sufficient to indicate the general direction and best avenues for success.

3.4.5 What Should be the Main Focus of Prevention?

While substance use prevention programs conducted in Australia have mostly focused on harm reduction, the USA has given more prominence to the prevention of early onset drug use and abstinence (Department of Human Services, Victoria, 2000). Harm reduction includes the policies and programs designed to improve health, social and economic outcomes for both the community and the individual and encompasses a wide range of approaches. These include:

- supply reduction strategies designed to disrupt the production and supply of illicit drugs;

- demand reduction strategies designed to prevent the uptake of harmful drug use;
- including abstinence oriented strategies to reduce drug use; and
- harm reduction through targeted strategies designed to reduce drug related harm for individuals and communities. (Ministerial Council on Drug Strategy, 1998).

Important Questions

- What strategies can be undertaken with pre-adolescents to minimise illicit drug use in adolescence?
- Does drug education which includes harm reduction information send the wrong message to young people who do not use drugs?
- What proportion of drug abuse funding should be spent on universal, selected and indicated prevention?
- Should work force training and development focus on evidence based prevention?

3.5 School and Drug Education

Childhood and adolescence are important years for health promotion initiatives because the decisions people make and the behaviours they adopt during these formative years can have a major impact on their health as adults. Drug education has the potential to equip children and adolescents with the knowledge, attitude and skills necessary to make informed decisions regarding their drug use behaviour. While schools provide a setting for curriculum based drug education, schools also play a significant role in the development of a child's knowledge, attitudes and skills regarding drug use.

3.5.1 Need For a Comprehensive Approach to Drug Education

School based harm minimisation drug education has demonstrated effectiveness both in terms of efficient dissemination and dollar value (Department of Human Services, Victoria, 2000). It is a commonsense approach recognising that young people use drugs and will continue to do so. Simply telling young people not to use drugs or to stop using drugs is unlikely to be successful. Young people tend to respond in a more positive fashion when drug education messages recognise and respect their ability to make decisions.

Several programs in the United States, the United Kingdom and Australia have used school based health education as a strategy for addressing alcohol and other drug issues (NSW Department of Health, NSW Department of School Education, Catholic Education Commission NSW, and Association of Independent Schools, 1996). In Western Australia this is now an integral part of the Health Education curriculum, but is still not universally available to all students. School based health education approaches which target drug misuse appear to have had mixed results with some programs reporting degrees of success and others reporting minimal impact. Evaluations have indicated that program effectiveness can reflect the quality of implementation, program length and content, and the age at which young people receive the programs (Department of Human Services, Victoria, 2000).

Recent US research has shown the effectiveness of targeting gateway drugs, such as alcohol and tobacco in order to prevent illicit drug use (Botvin, Griffin, Diaz, Scheier and Epstein, 2000). Such programs need to be comprehensive in targeting many risk and protective factors, and must ensure a 'sufficient dose' (eg; a strong initial implementation of 12-15 class periods) and include follow up sessions in order to be most effective. An integral component of these and other programs is the targeting of peer, family and societal attitudes which are favourable towards drug use.

3.5.2 The WA School Drug Education Project

The introduction in 1997 of the School Drug Education Project has been instrumental to the development of the school drug curriculum, a uniform approach to teacher training and reviewing school policies and procedures regarding discipline and drug and alcohol use. It also includes the 'In Touch' school drug counselling program which trains pastoral care and counselling staff in schools to deal with drug abuse incidents and links them with Community Drug Service Teams. WA schools have responded by allowing 230 staff, including 61 regional trainers in 140 schools to attend the 'In Touch' training package during its first year of operation.

Schools are beginning to review their policy and consider taking the focus away from disciplinary action towards care plans. This calls for more involvement of treatment organisations, however due to limited resources, services are not always in the position to offer support during the brief 'window of opportunity', ie; when a student seeks the advice of a school nurse for information and support.

With an increased proportion of students coming from disrupted families, schools can often be a student's main source of social support and in some cases their only stable influence. This changing role is not reflected in teacher training which raises a number of other important issues surrounding the role of schools. Should schools maintain their primary focus on students' academic development or expand their focus to include the development of the student as a whole? This raises issues such as the duty of care which schools have to students who use drugs outside school hours or 'mature minor' issues relating to young peoples' requests to seek outside agency support without parental knowledge.

Important Questions

- Given the current role of schools in drug education and prevention, should schools also have a more active role in treatment and support of students with drug use issues?
- Is there a place for schools to develop more inclusive policies for dealing with students who use drugs?
- How can students, who know a fellow student is using drugs, best assist that person?
- Is there a role for young people in writing and preparing health education material for other young people?

3.6 Community

3.6.1 Local Drug Action Groups

There has been widespread support for the implementation of community focused and community based initiatives in recent years. One initiative has been the implementation of Local Drug Action Groups and there are now over 80 of these groups throughout the State. These groups are constituted of local community members and representatives of a diverse range of local community groups and seek to develop local solutions to local problems. They undertake a range of activities in local areas to prevent abuse through education campaigns, support for parents and preventative work with young people (WA Drug Abuse Strategy Office website). While young people are targeted, there are no criteria set for the involvement of young people in developing suitable strategies for their unique needs.

3.6.2 Community Drug Service Teams

Community Drug Service Teams are based in a number of regions throughout the State. These teams have a mandate to work with all people in relation to drug use through counselling and other strategies, and also provide support to other local services and communities. Some teams have specific workers to engage with young people within the community, while others implement strategies to make their services and individual workers user friendly for young people (WA Drug Abuse Strategy Office website).

3.6.3 Building Communities Inclusive of Youth

There are many small things that community members can do that make a significant difference to young people who feel alienated and devalued. Seeking the involvement of young people in local community initiatives provides avenues for constructive contact with young people by adults who are not youth workers, service agency workers or government officers. Reconnecting young people through local community activities has been found to be more effective:

- if these initiatives are conducted in a low key manner and in natural settings;
- where they are seen as relevant to young people by being in tune with their needs and interests;
- where they are open and accessible; and
- where all of these components are built upon ongoing relationships with and between young people (Perth Inner City Youth Service, 1998).

3.6.4 Responsibility of Local Government

An increasingly active role has been taken by local government in Western Australia in the area of cultural and community development. Local government can be seen as the most participatory and accessible form of government, and therefore the one most in touch with local needs and issues. It is probably the only government body able to do this effectively through co-ordination of local resources. Local government however can lack the broad perspective of State and Federal governments, and it is an impossible role financially for any council to implement a full range of community services. There is also an understanding by some that the responsibility for community service provision lies with State and Federal governments to ensure comprehensive and consistent plans are implemented across the nation (Australian Council of Local Government Associations, 1979 and Local Government Association of NSW and Shires Association of NSW, 1983).

Important Questions

- Which agencies and services should be responsible for young people's drug use at the local level?
- Who in the community should be responsible for initiating and coordinating prevention initiatives targeting young people?
- How can communities be encouraged to be more youth inclusive?
- Should all communities have their own youth strategies?

3.7 Accommodation

The issue of youth homelessness for metropolitan, regional and remote young Western Australians is a very real one. For young people engaging in drug use, the problem is often more complex due to the lack of appropriate housing options.

3.7.1 Lack of Crisis Housing for Young People

One of the biggest gaps identified by workers with young people is the lack of crisis housing available to young people who engage in drug use, and also young people with mental health issues. Many youth crisis refuges have criteria that exclude young people who engage in drug use due to funding and duty of care concerns. Others will accept the young people but are forced to lower the number of beds available within the hostel to ensure the young person receives an adequate amount of support, particularly if the drug use is problematic for the young person (Youth Affairs Council of WA, 2000).

3.7.2 Housing Options for Young People with Drug Use Issues

The recent report of the stock take of youth accommodation in WA highlighted a number of gaps in the area of crisis, medium, and long term housing options for young people with substance use issues. There are no housing options listed specifically for young people with drug use issues. While there is an extremely limited number of residential drug rehabilitation services, these are treatment programs and require young people to not engage in substance use. Young people who need housing and use drugs are not having their needs met, or are placed in a position where they must not disclose their drug use in order to obtain accommodation (Youth Accommodation Coalition of Western Australia 2000/2001).

Other options are often inaccessible or difficult to access for young people. Private rental is often not financially an option, and age discrimination may occur. The Ministry of Housing's priority housing policy does not include 'problematic drug use' as a health issue criterion and normal waiting lists are long. The Ministry of Housing's three long term youth specific supported housing programs, have a least a 12 month waiting period. Often the support provided to young people who experience problems with their drug use is limited due to inadequate funding to the support agencies.

Community housing is an option but young people are often seen by community housing providers as problematic and not financially viable, due to low incomes. Many community housing associations also require that the young person engages with a local youth service to ensure tenancy management is successful, yet there are limited workers available to undertake this work (Ling, 2000).

Important Questions

- Should more resources be made available to increase the availability of crisis accommodation for young people?
- Can policies be developed for medium and long term housing for young people with continuing drug use?
- Are there circumstances where Ministry of Housing priority housing criteria should include young people with problematic drug use?

4.0 Summary

The reasons why young people use drugs are complex and varied. An effective community response to illicit drug use by young people, requires an holistic approach as complex and varied as the needs it seeks to address. The complex causes involved, and the range of settings in which problematic drug use can arise, necessitate integrated and inclusive responses. These involve young people in the context of their family, peer group, school and community, and not in isolation of these factors. The high level of illness and death associated with illicit drug use should be a call to action for all sectors of the community: parents and teachers, healthcare and welfare workers and community leaders. Reducing the burden of harmful drug use on young people, their families and communities, and promoting young people's emotional health and wellbeing demands a united, committed and strategic response, and critical attention to evidence based research and practice.

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