



Understanding the alcohol and other drug attitudes of Camden young people to inform local support services



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Youth Solutions

Youth Solutions is a youth drug and alcohol prevention and health promotion charity working with young people 12 – 25 years of age in the Macarthur and Wingecarribee regions of NSW.

At Youth Solutions we are all about promoting health, preventing harm and making a difference in the lives of young people!

Please direct any questions you may have about this project report to Youth Solutions.

Contact Information

Office: Suite 13, Level 4, Macarthur Square Shopping Centre, Gilchrist Drive, Campbelltown, NSW 2560
Post: PO Box 112, Macarthur Square NSW 2560

Phone: 02 4628 2319

Email: info@youthsolutions.com.au

Website: youthsolutions.com.au

Facebook

facebook.com/youthsolutionsnsw

Instagram

instagram.com/youth_solutions

YouTube

youtube.com/YouthSolutionsNSW

Linked in linkedin.com/company/youth-solutions-ys

Twitter twitter.com/youthsolutions

Project Lead

Dr Emily Deans, Research & Design Coordinator

emily@youthsolutions.com.au

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- Geraldine Dean, Chief Executive Officer
- Amanda Dillon, Community Relations and Communications Coordinator
- Shannon McEwan, Finance and Operations Coordinator
- Sam Young, Health Promotion Coordinator
- Karen Yuen, Youth and Community Development Coordinator

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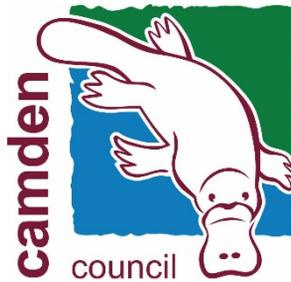
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Youth Solutions is a registered charity (Public Benevolent Institution) with the Australian Charities and Not-For-Profits Commission (ACNC) and is also Accredited at Certificate Level of the Australian Service Excellence Standards (ASES).

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Abstract

Background

Alcohol and other drugs is a complex public health priority in Australia. Research exploring the needs and influences on young people's alcohol and other drug attitudes and behaviours is fundamental in responding to the harm caused by substance use.

Methods

Qualitative, unstructured phone interviews were conducted with young people living in Camden (and the broader Wingecarribee region) to help inform Youth Solutions' service delivery.

Findings

Three core themes were identified in the data. The first theme related to the common misperceptions around specific drugs. Second, the demand for more drug and alcohol education and third, the influence (and value) of peers.

Key messages:

- Health promotion strategies must work to make the association between cannabis use and the risk of developing psychiatric disorders more explicit.
- Researchers must continue to build the evidence of the value of health promotion from a consumer's perspective.
- Community services must work towards embedding participatory approaches in health promotion development and implementation.

Background

Introduction

Alcohol and other drugs is a complex public health priority in Australia, contributing to a range of negative health and social consequences [AIHW 2020]. Health promotion strategies which focus on upskilling the individual to make 'safe' choices has been a longstanding item on the federal government's agenda to prevent and reduce drug related harm [AIHW 2020]. Research shows that some of the most effective health promotion programs are built on comprehensive formative evaluation, where the purpose is to understand the needs of the target group, exploring their world, to better inform the education programs and services that are in place to support them [Korber & Becker 2017].

This research project was born out of a previous study conducted by Deans et al. [2020] which qualitatively explored the alcohol and other drug (AOD) needs of 30 young people living in the broader Macarthur region to inform Youth Solutions' core work. Given Youth Solution's ongoing commitment to needs assessments, and work with young people in the Wingecarribee region of NSW, the team sought funds to further explore the below research questions with a sample of 15 young people from the Camden Local Government Area.

This research was guided by **three** broad research questions:

1. What are the drug and alcohol priority areas among young people living in Camden?
2. What are the psychosocial factors which influence AOD attitudes?
3. What are the lessons for designing appropriate and inclusive AOD community services for young people in Camden?

Research Methods

15 CAMDEN YOUNG PEOPLE
AGED 12 - 21 PARTICIPATED



40% Male | 60% Female

Approach: Qualitative



Method: 30 minute semi-structured interviews
about alcohol & other drugs



Data Analysis: Thematic Analysis, constant comparative method

Ethics approval was received from the Research Ethics Committee at Western Sydney University and from the Aboriginal Health & Medical Research Council. All participants were provided with an information sheet prior to signing the research consent form. Participation was voluntary, and all the young people received a \$30 JB Hi Fi voucher as reimbursement for their time spent participating. The research team had access to distress protocols and all participants were provided with referral information regardless of expressed need.

Findings: Theme One

Three core themes were identified in the data. The first theme related to the common misperceptions around specific drugs. Second, the demand for more drug and alcohol education and third, the influence (and value) of peers.

Theme ONE: Misperceptions around drug effects & risks

One of the most significant findings from this research study related to young people's misperceptions of a variety of alcohol and other drug topics. Cannabis, in particular, was often misunderstood, cited as 'legal' and perceived and labelled as a tool to 'manage mental health.' Cannabis was frequently lumped into a category of substances that 'weren't addictive' and 'didn't damage you long term.'

Some participants explained cannabis incorrectly, despite having done their own 'research' on the topic.

The following female (15 yrs., sometimes used) who used cannabis recreationally with her friends was one of several participants who misunderstood the differences between recreational cannabis and medicinal cannabis. She believed that there were two distinct types of cannabis which had predicted effects:

"Weed has benefits you could say, mental health benefits, its basically a relief from society you could say, it get's you away from all your troubles, it's a relaxant, it takes your mind off things."

Male, 16 yrs., never used.

"I know there is two different types of weed, there is one that makes you really chilled out and one that makes you really hyper. I also know that cannabis can actually help people with medical reasons."

Findings: Theme One

Others were unable to comprehend the risks of cannabis (and to a lesser extent alcohol) if the effects they experienced were indeed a helpful means in stabilising their moods and helping them to relax. One young male aged 23 years (sometimes used) was not prepared for or attuned to the unpredictability of the effects of cannabis, including how his own experience of using the drug differed from his peers. When he was asked to chat through how he felt when his friend started having a panic attack while using cannabis, he said:

“I personally just thought he was being quite dramatic and I felt like he was spiraling... but I didn’t feel like I needed to do anything, he just needed to ride it out and I guess he was wanting to call an ambulance and get help, kind of thing and I noticed in myself that I was having the reactions that I thought I should have so then I was more confident that he was just freaking out because I was fine with what was going on, and it was the majority of us too, so my best friend was responding to it the same way that I was, like majority rules, he was fine, he was just freaking out.”

Findings: Theme One

Alongside MDMA, cannabis was a substance that some young people wanted to better understand and the demand for accurate and up to date information about the effects and impact of these drugs was high (as will be discussed in more detail in theme 2). For participants who had experienced or observed harm, the need to raise awareness of the risks of cannabis use in particular were a priority. The following 20 year old (never used), who had watched his friends journey from recreational to more habitual and dependent use, explained that young people were outwardly vocal and convinced that cannabis was a safe drug.

"I think weed is the big one, lots of people say it's good, it's completely harmless, it kills less people than cigarettes do. I think it would be good to iron those out and get the facts right on it, so people can see not only the health risks but all the risks, what it does to families, relationships, and everyone around them, because that's the main thing I saw with my friends, their friendships, relationships with their families, more troubles at home, less productive when it comes to school, work and jobs, all of those kinds of things, definitely missing out on opportunities when it's the most important time for it."

Findings: Theme One

While not explored with the majority of participants, one young male described addiction as a type of 'release', supporting the overall finding about young people's misperceptions around AOD harm. The way in which this participant conceptualized addiction was a concern for the research facilitators in this study, and points to a broader theme of using drugs to curb mental illness (which participants believed was a successful and logical strategy).

"If they lose that particular substance, they are going to go back to where they were and that's depression, stress, it could be a number of things, and that's what addiction does, it helps people. It helps the individual get past whatever is causing them pain, gets them past whatever is causing them trouble."

(Male, 21 yr, sometimes used)

Findings: Theme Two

Theme TWO:

The demand for drug and alcohol education is high

The second theme identified in the data was the value participants placed on drug and alcohol education, both within school based programs and beyond. Drug and alcohol knowledge and information was not taken for granted by participants, who considered themselves privileged to be on the receiving end of such programs.

“People understand through knowledge. Teaching young people what alcohol does, the effects of it and what it can lead to... alcohol is a root issue that will start to lead to other things, there’s a broader dark tree that comes out of that. For me knowledge has been crucial, you have to know about something, whether you do it or not, that’s your call.”

(Male, 23 yrs., never used)

One participant described how the education he received in high school had played a big role in choosing not to use illicit drugs and to moderate his drinking:

“We always had the normal PDH class where they would talk about drug use and alcohol use and what happens if you combine them, poly drug use, that kind of thing, school was good, we had people from the police come in, they would talk about the risks, we definitely had the education on it and I think that’s why a lot of us chose to avoid it.”

(Male, 20 yrs, sometimes used)

Findings: Theme Two

The demand for ongoing education beyond school-based programs was also noted in participants who had left year 12, who explained that the pressures of 'keeping up' at the club or pub during university years was at times more intense than high school peer pressure. The following participant explained:

"I definitely think it was important the type of education I got at school, it was very heavily focused on drugs and alcohol and I think that was quite good because it was quite topical for us at that age, as we were first kind of getting exposed to that kind of thing, learning about standard drinks, drink driving, avoiding peer pressure situations, I thought it was very good. But I think after school it really drops off, like I haven't been exposed to much information and education about drugs and alcohol since leaving school. I also think the transition from high school to being a university student, or going into full time work, it's definitely an area where you can feel forgotten, and alone, there's not a lot of support out there when you are going through that transition. I think it would be good if there was a bit more information out there for those aged 18 - 25, that age group, because it can be tricky."

(Female, 20 yrs, sometimes used)

The demand for external facilitators and community services was also high, with participants having a positive experience with drug and alcohol education providers, specifically those which delivered programs in more intimate settings which allowed participants to ask questions and to speak openly about drug use. The following participant also explained the want and need for services to convey information about where to go for help:

"It would definitely be beneficial if they got more people to come in and talk to us rather than us just having our PE teacher or our Principal just going on by what they know, having people from support services that could inform us how we would deal if we did go down that path."

(Female, 17 yrs. never used)

Participants also expressed the need to better understand the long term consequences of drug use, including the exploration of social consequences, and scenarios of how decisions, which can seem individualistic, may have far reaching effects on relationships and opportunities, not only physical and mental health.

Findings: Theme Two

Participants explained the need for education services to debunk the confusion surrounding particular types of products, including cannabis and e-cigarettes.

The following female aged 14 years who had never used alcohol or illicit drugs described the lack of knowledge among some of her peers around newer products that were perceived as safe, and which appeared to pose less of a risk:

“People think vaping is better than smoking, and there is a lot of confusion around that and people don’t realise how bad that is for you, and exactly what it does to your body, and how it can affect your overall physical health, you know if someone wants to be an athlete, a lot of them don’t realise that you can’t be on all of that because it’s really bad for your body and muscles.”

(Female, 14 yrs, never used)

The desire to understand harm reduction strategies was also high, with many participants explaining that abstinence approaches were ineffective, and that discussing how to reduce harm would better serve to protect people who used substances, which for some participants was family members and friends. There was also a thoughtful acknowledgement that individuals may use drugs for a variety of reasons and that for a time the drug use could serve as a ‘coping mechanism’ or a device to escape:

“Some people have gone through a hard stage and they’ve kind of just given up and they have been told maybe, that maybe this drug will help them in some sort of way, but then they get addicted and might go downhill from using it so much”

(Female, 14 yrs, never used).

Findings: Theme Two

"I see drugs as something that's very dark, there are things out there in the world that sometimes you wish never came into existence, because all it's doing is harm, but number one, it's out there and you can't say 'oh don't do it', it's out there, people are doing it, it's that harm minimisation strategy, to lower the harm that it can bring, 'hey man, that road can lead to that, just be careful but at the end of the day it's your call'."

(Male, 23 yrs, never used)

An interesting point which was identified in the transcript of one participant was the value of using research as a way to conduct brief interventions and to allow young people a space to talk openly about drugs and alcohol. When asked what the best type of drug and alcohol education would look like, the following participant replied:

"I would say, I would say something like what we have been doing for the last 21 minutes, talking about substances we know, what are the pros, what are the cons, how do we feel about it, why it's accepted in some parts of the world. Pretty much what we are doing."

(Male, 23 yrs, used frequently)

Findings: Theme Three

Theme THREE: The influence of peers

Peers were an important influence in shaping alcohol and other drug attitudes and behavior among participants. Having a backbone and a 'strong personality' were cited as essential in being equipped to say 'no', and it was clear that 'who was in your boat' was a strong predictive factor of drug experimentation. For younger participants, drug use was linked to 'popular groups', who set the standard for their year group:

"It's whoever is popular, there's a dominating group and they set a precedence for what the year group is going to participate in and what the parties are going to be like, and what everyone is planning to do after the HSC to celebrate, if those popular kids condone alcohol, then that will be the majority of what they use, if they are suggesting something else, then that's usually where the rest of the pack will follow, normally people don't stand up to that primary group, you have to have a pretty strong character to stand up against what everyone else seems to be doing."

(Female, 17 years, never used).

"I have a whole bunch of people in my year who are underage alcoholics. It's the talk of the year. Following the sheep, joining the trend, it's like a new hashtag"

(Male, 16 yrs, never used).

Findings: Theme Three

Participants also described the way in which the amount of alcohol intake was set by the group, and that drinking fewer drinks also served as a character weakness. The following young female (20 yrs, sometimes used) explained that this pressure had peaked in her late teens and early 20's:

"The friends that I would usually go out with are my friends from uni, they are also around my age, or older, they go out every weekend and they drink quite a lot, I definitely feel like I can't keep up with how many drinks they can drink on a night out. When I first started to hang out with them I would think 'oh gosh I can't keep up here', maybe feeling a bit of pressure but I think I'm quite a strong personality but I definitely see how it could make someone feel that way."

(Female, 20 yrs, sometimes used)

Some participants were tired of tolerating peer pressure and longed for a different landscape:

"I would love for people to be able to have a peace, like 'I don't have to drink because my friends are drinking', or 'I don't have to consume this much to show that I'm a man'. I believe those aspects are crucial, and that goes for women and girls too, you know to have a good night and enjoy yourself you don't have to do that, there is more out there, there is more out there and I have seen it for myself."

(Male, 23 yrs, previous user)

Findings: Theme Three

Further to this point, and perhaps challenging pre conceived ideas about young people and their drug use, some participants were keen to share their reasons for not using alcohol and other drugs, with one participant expressing 'it was a pathway to disaster'. Health risks, fear of the long term social consequences, missing out on opportunities, addiction and disappointing role models were among the most common reasons. Despite these findings, the majority of participants still understood drugs through a hierarchical lens, with alcohol and cannabis perceived as the safe options.

"I don't do drugs, I've seen a lot of people who have and they have gone down a bad path, my parents would be very disappointed in me. I just want to get a good job and everything, I don't want to be side tracked by something that I chose to do now that will effect me detrimentally later. I'm a hockey player and I put in a lot of effort, I don't want to do anything that could ever possibly effect me like that"

(Female, 14 years, never used)

Some participants had also observed friends, who used drugs, transition from *"bright and happy young people, to slow and sad, a bit more less able and a bit more less fit."*

Findings: Theme Three

Health and wellbeing, and a desire to physically perform appeared to be a protective factor for many participants. The following young male aged 23 who didn't take illicit substances or drink alcohol described that his lifestyle and wish for good health and fitness meant that drug use was unappealing:

"I never grew into liking alcohol, for me I think one of the reasons was because of my obsessions with playing sports and doing a lot of running, I always wanted to stay fit and I knew alcohol was something that would affect that, and I never wanted to fall behind, I always wanted to feel at the top of my game... even when I turned 17, 18, 19 and in my 20's I never really went for it, and that's why I stayed away from alcohol, it never really clicked for me."

(Male, 23 yrs, never used)

For some participants, peers were also an important asset, with participants describing how important youth participation was in the design and implementation of alcohol and other drug health education. Peers were viewed as important connectors to help and referral services, and fundamental in ensuring services and information were relevant, timely and accessible to young people.

"It (AOD education) needs to be interactive with other people of a similar age, where you can share your thoughts and experiences, so you can connect with other people your own age"

(Female, 20 years, used sometimes)

Implications + Recommendations

This study sought to understand the alcohol and other drug priorities among a sample of young people, the psychosocial influences on their drug attitudes and behaviours, and the lessons for community organisations in designing appropriate services.

Our findings have three core implications for public health. First and foremost, is the gradual socialisation of cannabis, which we believe may have the effect of reducing risk perceptions among some population groups. This finding is supported by other research studies [Deans et al. 2020] and demonstrates the need for young people to be upskilled with the knowledge and resources to make informed decisions around cannabis use. Of particular concern is the way in which young people perceived cannabis as an effective and safe treatment for mental illness. Given the depressive effects that cannabis can have for some users, it is understandable why some young people may hold this position.

Research has shown however, an association between cannabis use and an increased risk of psychiatric disorders, particularly among those with a history of, or genetic predisposition toward, mental illnesses [Hall & Degenhardt 2009]. Evidence also continues to mount that regular and habitual cannabis use increases the chance of an individual developing psychosis, a pattern of unusual and potentially disturbing thoughts, for example, a belief that the TV is transmitting secret messages [Kuepper et al. 2011]. The harm that may result from this type of thought patterns should not be underestimated .

Cannabis use is also associated with an increased risk of developing schizophrenia (in particular for those with a predisposition towards mental illness), which is a disabling brain disorder that can cause psychosis, problems with concentrating and loss of emotional expression [MacDonald 2011]. Findings from a 15 year follow up of 50,465 adults who had tried cannabis by the age of 18 shows they were 2 to 4 times more likely to be diagnosed with schizophrenia than those who had abstained [Andreasson et al. 1987].

Implications + Recommendations

Another longitudinal study (27-year follow up) conducted by Zammit and colleagues [2002] also demonstrated that among the study sample, 13% of schizophrenia cases could have been prevented if participants had not used cannabis. These findings have been supported by studies conducted in New Zealand, Germany and the Netherlands [Hall & Degenhardt 2009]. Additionally, despite participants believing that cannabis wasn't addictive, research also shows that around 1 in ten users will develop a dependency on cannabis [Hall & Degenhardt 2009].

Recommendation one: Health promotion strategies must work to make these associations and relationships more explicit, particularly given our findings related to the use of cannabis to self-medicate or 'treat' mental illness. Prevention strategies must also focus on exploring the short term and acute effects of cannabis, as these appeared to have a significant weight for young people in this study.

This may get increasingly important, given the shifts we are seeing in the way young people perceive cannabis, and if the legality of cannabis changes in Australia in the coming decades.

Recommendation two: Youth workers and leaders in the AOD sector must work together to prevent the harmful socialisation of cannabis, by decreasing the unhelpful use of language such as 'soft' and 'hard' drugs to categorise different substances. This serves purpose to promote unhelpful rhetoric around reduced risk of 'soft' drugs and stigmatised 'hard' drugs (ie heroin and methamphetamine).

Recommendation three: Additionally, it is the role of the AOD sector to spread the news far and wide about the reduced uptake of alcohol, tobacco and illicit substances among young people.

The latest National Drug Strategy Household Survey [2020] shows that rates of substance use among younger generations continues to decline and this information is helpful in designing content which challenges social norms (which we know can have a significant influence on health behaviours) [Jain et al. 2018].

Implications + Recommendations

For example, in 2001, people in their 20's were most likely to have used an illicit substance in their lifetime, however, in 2019 the population group most likely to be engaged with illicit drug use was people in their 40s [AIHW 2020]. Research also shows that the proportion of people in their 20's abstaining from alcohol more than doubled from 8.9% in 2001 to 22% in 2019 [AIHW 2020]. Incorporating social norms approaches to health promotion may work to de-normalise some products, and prevent the socialisation of others.

Recommendation four: Another implication for public health more broadly is the use of qualitative data as an advocacy tool for health promotion. We are proposing that researchers attempt to build upon the qualitative narrative about the value of health education from the consumer's perspective. Hand in hand with formative evaluation, in depth qualitative program evaluation should be on community services' agenda.

Finally, the fifth recommendation for health promotion is the use of peers as a tool to influence and motivate young people to be engaged with prevention and harm reduction services.

The value of youth engagement in the design and implementation of health promotion activities is recognised. We know, for example, that when youth services believe in the agency of their clients, and where able provide remuneration for a young person's time and input towards shaping a project or service, this results in a meaningful level of engagement [Dunne et al. 2016]. For our team at Youth Solutions, these findings have meant the prioritisation of peer worker funding requests, to allow our current youth advisors to progress to a greater level of participation, with the potential for paid project lead roles. These findings have also encouraged our team to continue to invest in our Youth Advisory Group and Peer Enrichment and Empowerment Project (PEEP), to provide mentorship and external training opportunities, and to continue to embed youth participation in our strategic directions.

References

- Australian Institute of Health & Welfare 2020, National Drug Strategy Household Survey 2019, accessed 31/08/2020 via <https://www.aihw.gov.au/getmedia/3564474e-f7ad-461c-b918-7f8de03d1294/aihw-phe-270-NDSHS-2019.pdf.aspx?inline=true>
- Dunne, T, Bishop, L, Avery, S & Darcy, S 2016, 'A Review of Effective Youth Engagement Strategies for Mental Health and Substance Use Interventions', *Journal of Adolescent Health*, vol. 60, pp. 487 - 512.
- Jain, A, Tobey, E, Ismail, H & Annabel, E 2018, 'Condom use at last sex by young men in Ethiopia: the effect of descriptive and injunctive norms', *Harm Reduction Journal*, vol. 164, <https://doi.org/10.1186/s12978-018-0607-3>
- Korber K & Becker C 2017, 'Expert opinions on good practice in evaluation of health promotion and primary prevention measures related to children and adolescents in Germany', *BMC Public Health*, vol.17, no.764, pp.1-15.
- Kueper, R, Os, J, Lieb, R, Wittchen, H, Hofler, M & Henquet, C 2011, 'Continued cannabis use and risk of incidence and persistence of psychotic symptoms: 10 year follow up cohort study', *BMJ*, vol. 342, doi:10.1136/bmj.d738.
- MacDonald, A 2011, Teens who smoke pot at risk for later schizophrenia, psychosis, accessed 6 October 2020 via <https://www.health.harvard.edu/blog/teens-who-smoke-pot-at-risk-for-later-schizophrenia-psychosis-201103071676>



YOUTHSOLUTIONS.COM.AU

02 4628 2319

info@youthsolutions.com.au

Office: Suite 13 Level 4, Macarthur Square Shopping
Centre

200 Gilchrist Drive, Campbelltown NSW 2560

Post: PO Box 112, Macarthur Square NSW 2560



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company/youth-solutions-ys/



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