

Close to home

Young people and the impact of alcohol
and drug use by family and peers



MISSION
AUSTRALIA

| A 2018 YOUTH
SURVEY REPORT

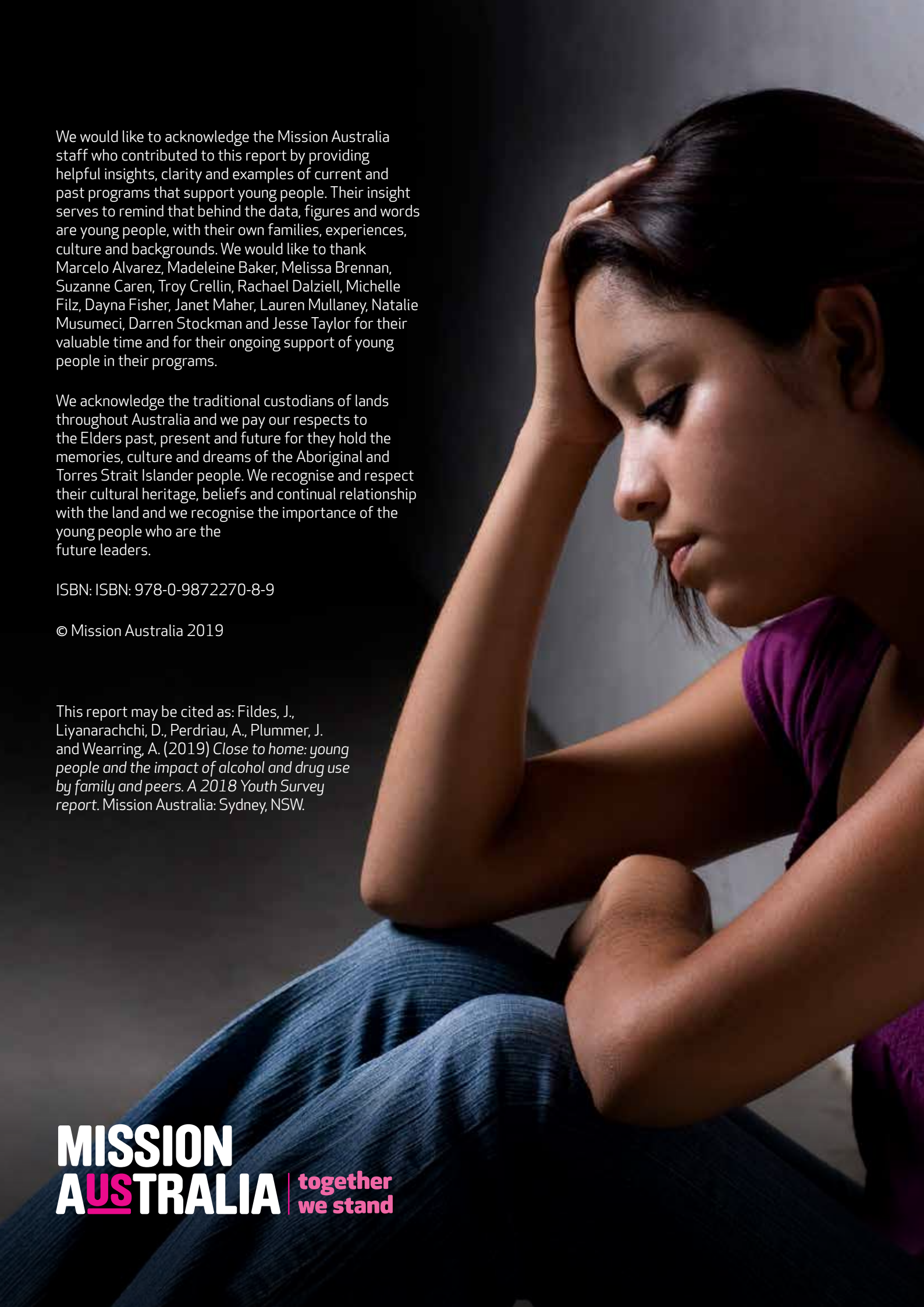
We would like to acknowledge the Mission Australia staff who contributed to this report by providing helpful insights, clarity and examples of current and past programs that support young people. Their insight serves to remind that behind the data, figures and words are young people, with their own families, experiences, culture and backgrounds. We would like to thank Marcelo Alvarez, Madeleine Baker, Melissa Brennan, Suzanne Caren, Troy Crellin, Rachael Dalziell, Michelle Filz, Dayna Fisher, Janet Maher, Lauren Mullaney, Natalie Musumeci, Darren Stockman and Jesse Taylor for their valuable time and for their ongoing support of young people in their programs.

We acknowledge the traditional custodians of lands throughout Australia and we pay our respects to the Elders past, present and future for they hold the memories, culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and we recognise the importance of the young people who are the future leaders.

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CEO's message

This report offers an insight not only into the scale of young people in Australia who are affected by the alcohol and drug use of their family and peers, but importantly, it provides a better understanding of the personal impacts that this has on a young person's individual concerns, aspirations and wellbeing.

For the first time, we have analysed our *Youth Survey* data to garner a better understanding of how these young people's experiences differ to those young people who don't feel that alcohol or drugs are a problem within their close circles. The research points to a very clear need for more effective solutions to better support this group of young people on their journey into adulthood.

Of the 28,000 young people who participated in Youth Survey 2018, the research highlights that 7,600 – or nearly three in ten – felt that alcohol and drugs was a problem for their family and peers.

While existing evidence shows that young people's alcohol and drug use in Australia has actually declined in recent years, we know from our *Youth Survey* research that young people are feeling the impact of the drinking and drug use of those around them.

Not only do they experience poorer relationships with their family members, but they are more likely than their unaffected peers to express personal concerns around mental health, family conflict, coping with stress and - perhaps least surprisingly - drugs and alcohol.

The impacts of growing up in this environment not only affects their 'here and now' experience of their world, but also their futures.

If we stand idle and do nothing, there's a real risk that these young people will miss attending school, further education or even securing employment because of the ripple effect of their family's and peer's behaviours. These young people are experiencing greater levels of sadness and are more likely to feel negative about their future than their counterparts. They're faced by situations where they are surrounded by alcohol or drug use, with very limited appropriate support or guidance.

We must approach this issue from all angles, with evidence-based solutions to better support these young people, their families and peers.

There's an urgent need for more age-specific, culturally appropriate rehabilitation services for young people and adults right across Australia. Governments, schools, community service organisations, families and local communities must work together to ensure that young people and their immediate networks have the supports they need to address alcohol and drug problems and related stresses when they arise.

Please prioritise reading our report and the stories of these young people, as well as the solutions we have put forward.

Together, we can work towards creating a secure and positive future for all young people.



A handwritten signature in black ink, appearing to read 'James Toomey'.

James Toomey
CEO, Mission Australia

Key findings

This paper considers the responses to the *Youth Survey 2018* by young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers*, compared with the responses of those who answered *neither/disagree* to the same statement.

- Nearly three in ten young people (27.8%) *agreed* that *alcohol and/or drugs are a problem for my family/peers*.
- The proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* increased with each year of age: from 24.6% of 15 year-olds to 36.7% of 19 year-olds.

Plans after finishing school

- The most frequently chosen plans after finishing school for young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* were to *go to university* (64.1% compared with 68.2% of young people who reported *neither/disagree*), *get a job* (35.9% compared with 34.0%) or *travel/gap year* plans (32.0% compared with 28.0%). These were also the top three plans cited for young people who *neither/disagree*.
- Higher proportions of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* indicated that they were only *slightly confident* (8.5% compared with 6.7% of young people who reported *neither/disagree*) or *not at all confident* (3.6% compared with 2.3%) in their ability to achieve their study/work goals.

Barriers to finding work

- A higher proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* indicated that they felt there were barriers impacting upon them finding work (44.9% compared with 36.4% of young people who reported *neither/disagree*).
- The top three barriers that young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* considered to be impacting upon them finding work were *school responsibilities* (22.7% compared with 19.3% of young people who reported *neither/disagree*), *lack of skills/experience* (17.9% compared with 13.4%) and *lack of jobs* (16.1% compared with 10.8%). These were the same top three barriers for young people who *neither/disagree*.

Issues of personal concern

- Young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* had consistently higher levels of personal concern for all listed items. This was especially true of *mental health* (42.5% compared with 26.7% of young people who reported *neither/disagree*), *family conflict* (28.0% compared with 13.6%) and *coping with stress* (52.7% compared with 39.8%).

Sources of support

- A lower proportion of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* responded that they had someone they felt they could turn to if in trouble or a crisis (86.7% compared with 92.0% of young people who reported *neither/disagree*).
- The three most commonly cited sources of help for young people who *agreed that alcohol and/or drugs are a problem for my family/peers* were their *friend/s* (82.6% compared with 85.3% of young people who reported *neither/disagree*), their *parent/s or guardians* (68.0% compared with 79.1%) and a *relative/family friend* (56.2% compared with 61.5%).

Family's ability to get along

- Lower proportions of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* reported that their family's ability to get along was *excellent* (20.0% compared with 32.1% of young people who reported *neither/disagree*) or *very good* (27.5% compared with 34.1%). Conversely, higher proportions of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* rated their family's ability to get along as either *fair* (16.9% compared with 9.4% of young people who reported *neither/disagree*) or *poor* (12.3% compared with 4.3%).

Issues of national concern

- A higher proportion of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* indicated that *alcohol and drugs* was the most important issue in Australia (32.8% compared with 27.1% of young people who reported *neither/disagree*).

Happiness and feelings about the future

- Half of young people (51.4%) who *agreed that alcohol and/or drugs are a problem for my family/peers* indicated that they felt *happy/very happy* with their lives overall (compared with 66.4% of young people who reported *neither/disagree*).
- More than half (56.0%) of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* indicated that they felt *very positive or positive* about the future (compared with 64.5% of young people who reported *neither/disagree*).

Policy recommendations

1 Mental health and wellbeing

A range of mental health related supports should be available for young people who are concerned about coping with stress, mental health and suicide and are also concerned about the use of alcohol and drugs among their families or peers. This includes the provision of mental health supports through schools, peer networks and local community organisations. These services should also be delivered in a variety of formats such as face to face, online and over the phone.

2 Alcohol and drug prevention and treatment services

- Sustainable funding and resources should be provided to early intervention, prevention and education services on alcohol and drug use from early school years through to adulthood and these programs should engage schools, families and local communities.
 - Community-based holistic, wrap-around services for alcohol and drug dependence should be widely available and these services should address multiple challenges people experience including mental and physical health issues, housing and homelessness, access to education and employment. These services should also be flexible in scope to work with the individual dependent on alcohol and drugs, their families and peers.
 - Further investment is required for more youth specific residential drug and alcohol detoxification and rehabilitation services, more treatment facilities in rural and regional areas and integrated treatment models that have capacity to deal with both mental illness and alcohol and drug dependence.
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3 Young people feeling connected

- Services should be available to promote and maintain family cohesion where young people feel alcohol and drugs are causing issues within their families.
- Families and peers of young people should be provided with information and be educated about the services and supports, soft referral points for alcohol and/or drug services or other community services to ensure there are multiple avenues to seek support to address alcohol and drug related issues at the earliest possible point in time.
- Integrated service provision for young people and their families with alcohol and drug dependence related concerns should be available to ensure that people who have been through detoxification and/or rehabilitation processes are able to sustain their recovery and meet the goals set for themselves after returning to their families/communities.

4 Positive futures for young people

Tailored supports should be made available to young people who face barriers to finding work or remaining engaged in education, including complex challenges such as problematic alcohol and/or drug use within their family or peer networks.

5 Systemic reform and responses

- Concerted efforts are needed to address the expectations and peer pressure to use alcohol and drugs among young people and shift community attitudes towards alcohol and drug use.
 - Effective regulatory measures must be adopted to minimise the exposure to alcohol related advertising through various forms of media including TV and social media.
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6 Recognising diverse needs

- All policies, supports and services in relation to alcohol and drugs should be provided in a culturally sensitive manner and cater for the needs of diverse groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people identifying as lesbian, gay, bisexual, transgender and/or intersex (LGBTI), people in contact with the justice system, people with disability or mental health issues, and people in rural and remote communities.
- More investment is needed in treatment facilities that cater for Aboriginal and Torres Strait Islander people, take a holistic approach to people's cultural needs and provide a safe, secure and encouraging environment. These services should have capacity to work with broader families and the community.

Service responses should be designed and implemented in collaboration with young people who are experts in their own lives.



“Feeling isolated because my friends are really into drugs.”

M, 18, SA

“Mum’s abusing alcohol. She needs help and support.”

F, 17, WA

“Dad drinking. Nothing has gotten much better in past months.”

F, 15, QLD

“More needs to be done to discourage use as well as provide those who witness frequent usage with safe outlets to report these activities.”

F, 18, SA

Introduction

Young people, alcohol and drugs

As young people transition into adulthood, they encounter new experiences which influence their view of the world. This is the period when young people start to look less to their parents and family and more to their friends and peers for direction and support. One major sphere of influence during this period is that associated with the use of alcohol and drugs. Experimentation with alcohol and drugs in adolescence is considered to be relatively normal in Australian culture.²

Young people may be exposed to alcohol and drugs in their local communities, in their families or through peer groups, and this affects not only their personal experience, but the way they see their place in the world. During adolescence young people may engage in more risk and sensation seeking behaviours, such as participating in unsafe levels of alcohol and drug consumption.³ Alcohol consumption during adolescence can have a negative impact on brain development and increase the risk of problematic drinking in the future.⁴ According to the Young Australians' Alcohol Reporting System project, in addition to the risk of long term damage, 83% of risky drinkers aged 14-19 years reported that they were injured as a result of their drinking in the past 12 months and 7% attended an emergency department for an alcohol related injury.⁵

Factors that influence young people and their attitudes to alcohol and drugs include traumatic life events, ethnicity, social support systems and developmental factors which may make young people more susceptible to alcohol and drug use.⁶ If these factors are not properly addressed during adolescence, young people may experience significant disruption to their education, employment and relationships in later life, as well as any issues caused by their own subsequent alcohol and drug use.⁷ Additionally, the consumption of alcohol and drugs amongst their family, friends and peer groups, can have a significant impact on young people's lives.

1. Australian Institute of Health and Welfare 2011, 1.

2. Roche et al. 2009.

3. Alcohol and Drug Foundation 2018.

4. Lam et al. 2015.

5. Lam et al. 2017, 70. The major alcohol and drug surveys do not always report results for the 15-19 age range used for the *Youth Survey*. In these cases, the relevant age range has been specified.

6. Saggars et al. 2006.

7. Spooner & Hetherington 2004.



Prevalence of alcohol and drug use in Australia

Recent trends indicate a reduction in alcohol use among young people below the legal drinking age. The National Drug Strategy Household Survey found that the proportion of young people (14-19 years) who consumed 5 or more drinks at least monthly has declined significantly from 25% to 18% between 2013 and 2016, and has more than halved since 2001 (39%).⁸

Additionally, the age at which young people first drink alcohol also rose from 14.8 to 16.1 years old between 1995 and 2016.⁹ The percentage of young people aged 12-17 years abstaining from drinking also increased from 72% in 2013 to 82% in 2016.¹⁰ This trend of decreasing alcohol use among young people is reflected in countries other than Australia such as the UK, Germany and Scandinavian countries,¹¹ which suggests it has more to do with a cultural shift than any particular public health policy.

There have also been reductions in the recent use of illicit drugs by 14-19 year-olds between 2001 and 2016 according to the National Household Drug Survey,¹² and tobacco smoking also significantly declined for 14-19 year olds with the proportion who have never smoked increasing from 75% to 94% between 2001 and 2016.¹³ The survey also found that one in six Australians of all ages had recently used illicit drugs, with the most commonly used illicit drug among those aged between 12-17 being cannabis.¹⁴ Elsewhere, the Australian Institute of Health and Welfare has reported that of people under 30 presenting for treatment, cannabis was the principal drug of concern (37%), followed by methamphetamine (29%).¹⁵

That being said, young people are still the most likely group to participate in risky drinking on single occasions, according to the Australian Bureau of Statistics (National Health Survey), with those aged 18-24 years being more likely than any other age group to exceed 4 standard drinks per occasion, including 67% of young men and 55% of young women.¹⁶ Two thirds of males within this group did so by consuming 11 or more drinks on one occasion. Young people aged 18-24 were also the most likely to consume 11 or more standard drinks at least monthly.¹⁷

When analysing the top 25% of all drinkers, the Young Australians' Alcohol Reporting System project found that risky drinkers started their drinking around two years earlier (14 years) than the national average of 16.1 years.¹⁸ One in ten Aboriginal and Torres Strait Islander young people aged 15-24 have also been found to exceed lifetime risk guidelines for alcohol consumption.¹⁹

Regional and remote Australia

Young people living in regional and remote Australia have different experiences of alcohol than their metro counterparts. People in these regions were more likely than those in major cities to have consumed alcohol in quantities that placed them at risk of harm from an alcohol related disease or injury.²⁰ People aged 14 years or over living in regional and remote areas were more likely than those in major cities to drink in excess of two standard drinks a day (21% compared with 15%) and to consume alcohol daily (8% compared with 5%).²¹

Overall, consumption of illicit drugs in regional and remote areas was similar to that in major cities. However, a higher proportion of people in regional and remote areas accessed alcohol and drug services, and they were more likely to have travelled more than an hour to reach services.²² Additionally, Aboriginal and Torres Strait Islander people living in regional and remote areas were also more likely than Aboriginal and Torres Strait Islander people in major cities to have consumed alcohol in excess of the single and lifetime risk guides.²³

8. Australian Institute of Health and Welfare 2017.

9. Lam et al. 2017, 7.

10. Australian Institute of Health and Welfare 2017.

11. Livingston et al. 2016, 1591.

12. Australian Institute of Health and Welfare 2017, 54.

13. Australian Institute of Health and Welfare 2017, 11.

14. Australian Institute of Health and Welfare 2017, 55.

15. Australian Institute of Health and Welfare 2018.

16. Australian Bureau of Statistics 2018.

17. Australian Bureau of Statistics 2018.

18. Lam et al. 2017.

19. Australian Bureau of Statistics 2016.

20. Australian Institute of Health and Welfare 2019a.

21. Australian Institute of Health and Welfare 2019a.

22. Australian Institute of Health and Welfare 2019a.

23. Australian Institute of Health and Welfare 2019a.

Drinking culture

Alcohol is able to be consumed legally over the age of 18, which partly reflects why it is considered safe by many. The Foundation for Alcohol Research and Education's (FARE) Annual Alcohol Poll 2019 found that 64% of Australian drinkers who consume alcohol to get drunk at least twice a week consider themselves a responsible drinker, and 79% of Australian drinkers who consume 6-10 standard drinks on a typical occasion consider themselves a responsible drinker.

Although there is a common perception of people's own responsible drinking, 66% of Australians surveyed believe that as a community, Australians have a problem with excessive drinking, including 63% of 18-24 year-olds.²⁴ Of the problems associated with excessive drinking, respondents to FARE's poll were most concerned about violence, traffic accidents and child abuse.²⁵ Separately, a panel of experts recently ranked alcohol as the most harmful substance overall in Australia, in terms of impact on the individual, others, society and the economy.²⁶

"Stop making kids at 15-16 drink alcohol and especially posting videos on social media like Snapchat and Instagram when they have their whole life to do so."

M, 15, QLD

According to the Australian Institute of Health and Welfare, alcohol use was the leading risk factor contributing to the disease burden in males between 15-24 years (13%) followed by illicit drug use (8.1%).²⁷ Males experienced nearly 3 times the burden from alcohol use and from illicit drug use than females.²⁸ The second and third leading risk factors contributing to disease burden in females between 15-24 years were alcohol (5.8%) and illicit drug use (3.4%).²⁹ Alcohol as a burden of disease contributes to injuries, mental health issues and cancer.³⁰

A study reviewing Australians' aged between 18-30 years Saturday night alcohol consumption found that the highest rate of binge drinking was seen among people who purchased alcohol from both on-licence outlets, such as bars and pubs, as well as off-licence outlets such as bottle shops, perhaps reflecting the practice of 'pre-loading' or drinking at home before going out for more drinking.³¹ Another paper found that 90% of 16-19 year-old respondents drank at a private location at their last risky drinking session. Half of participants under the legal drinking age reported it was 'easy' to buy alcohol from bottle shops, 75% of those stating it was easy the last time they purchased alcohol. For those trying to access licenced venues, half of those under 18 said they their identification was not checked last time they tried.³²

Social media platforms play a central role in many young people's drinking practices and drinking cultures.³³ Many young adults regularly engage in heavy drinking episodes with friends and share these practices via digital images and ongoing interactions on social media.³⁴ Both alcohol consumption and social media use are valued avenues of leisure and pleasure for young people, tied to the formation of identities and the maintenance of sociability.³⁵

"My best friend died of a drug overdose, there should be wider education on the topic in schools."

F, 17, VIC

24. Foundation for Alcohol Research and Education 2019.

25. Foundation of Alcohol Research and Education 2019, 10.

26. Bonomo et al. 2019.

27. Australian Institute of Health and Welfare 2019b, 65.

28. Australian Institute of Health and Welfare 2019b, 65.

29. Australian Institute of Health and Welfare 2019b, 65.

30. Australian Institute of Health and Welfare 2019b, 64.

31. McKetin et al. 2014, 55-56.

32. Lam et al. 2015.

33. McCreanor et al. 2013.

34. Bailey & Griffin 2017.

35. Bailey & Griffin 2017.

Currently, alcohol marketing in Australia is largely self-regulated by the alcohol and advertising industries. The Alcohol Beverages Advertising Code (ABAC) Scheme reviews complaints about alcohol advertisements against the ABAC Responsible Alcohol Marketing Code.³⁶ Young people in Australia are regularly exposed to alcohol marketing through a wide range of media, including on television, outdoors, public transport, radio, online, and at sporting and music events.³⁷

Family and peers

Alcohol and drugs play a complex role in the lives of young people as they transition towards adulthood. For many young people, their initial exposure to alcohol and drugs may largely be influenced by parental use, peer group influences and personal experimentation.³⁸ Young people are highly influenced by the attitudes and behaviours towards alcohol modelled to them by close family members – both positively and negatively.

Parents are still the group most likely to have given alcohol to 12-17 year olds in Australia,³⁹ although parental supply of alcohol to young people aged 14-17 years dropped from 21.3% to 11.8% between 2004 and 2013.⁴⁰ One possible explanation for this is that parents' approval of their children's drinking has decreased over time.⁴¹

Young people in households where a parent has an issue with alcohol or drug dependence can suffer from social isolation and general exposure to a stressful environment.⁴² They are also at increased risk of experiencing financial stress, abuse, family breakdown and housing issues. Family cohesion can often suffer as a result of alcohol or drug use, and a family member's dependence can affect young people directly not only through financial strain, but also a chaotic environment and disrupted routine.⁴³

This impacts on numerous aspects of young people's lives, but educational attainment is important among them. An unstable environment at home can lead to disengagement from education,⁴⁴ as well as potential scarring effects from unstable employment in the household.⁴⁵ When interviewed, young people with parents who had alcohol or drug issues reported that they were concerned about safety, having someone trusted to turn to, being supported by friends, family and at school, having time out from family responsibilities and obtaining practical assistance.⁴⁶

36. Alcohol Advertising Review Board 2019, 12.

37. Aiken et al. 2018.

38. Lancaster et al. 2013.

39. Alcohol and Drug Foundation 2018.

40. Kelly et al. 2016, 1.

41. Pennay et al. 2015, 115.

42. Dawe et al, 2008.

43. Hutchinson et al. 2014.

44. Moore et al. 2010.

45. Redmond et al. 2014.

46. Moore et al. 2010.



Inability to access appropriate support for the whole family can leave young people feeling isolated and unsupported.⁴⁷ Friends and peers also have an important role to play in young people's lives, and in one study friends were reported as one of the most trusted source of information on alcohol and drugs.⁴⁸ However, the closeness of these relationships can have both positive and negative effects. A Canadian study found that half of school students would feel ashamed if their friends knew that someone in their family was addicted to drugs, a third would be afraid to talk to someone who is addicted to drugs and would not make friends with them, and 21.9% would be upset to be in the same class as someone addicted to drugs. Students who had used drugs themselves were found to have less stigmatising attitudes.⁴⁹

Peer networks can have a negative impact on young people's lives, with respondents to the Young Australians' Alcohol Reporting System reporting that 65% had a party ruined, 61% received unwanted sexual attention, 35% were verbally abused and 25% were left alone in an unsafe situation as a result of someone else's drinking.⁵⁰

Alcohol, drugs and mental health

Alcohol and drug dependence is usually associated with poor mental health, with the relationship between alcohol, drugs and mental health issues often being bi-directional.⁵¹ While studies have shown that mental health issues can lead to alcohol and drug use as a form of self-medication,⁵² there is also evidence to suggest that alcohol and drug use can lead to mental health issues. There are also known associations between alcohol and drugs and disorders such as depression or anxiety,⁵³ as well as suicidal ideation and psychotic episodes.⁵⁴

According to a review by the Centre for Research Excellence in Mental Health and Substance Use, co-occurring alcohol and drug dependence with mental health disorders were found in seven out of ten mental health service consumers and nine out of ten alcohol and drug treatment consumers.⁵⁵ A Victorian study found that half of young people accessing youth alcohol and drug treatment met the criteria for at least one current mental health disorder and close to seven in ten reported a lifetime history of mental health issues.⁵⁶ Parental use of alcohol can have specific impacts on young people's mental health. In one study, young people whose parents had alcohol and drug problems reported their own poor mental health outcomes, including depression and suicidal ideation.⁵⁷

Specialised services for young people with co-occurring alcohol and drug use and mental health disorders are recommended, as issues can present differently for these young people and require different treatments.⁵⁸ Young people's friends and peers also play an important role in providing assistance, as this is who they prefer to turn to for support, as found in the *Youth Survey Report 2018*.⁵⁹ One study found that while 50-60% of young people were able to identify depression in a situation, only 20-30% would encourage a peer to seek professional help, regardless of the presence of co-occurring alcohol misuse.⁶⁰ This highlights the need for increased mental health literacy and awareness of available services among young people.⁶¹

47. Moore et al. 2010.

48. Lancaster et al. 2013, 75.

49. Adlaf et al. 2009.

50. Lam et al. 2017, 55.

51. Schotanus-Dijkstra et al. 2013.

52. Glantz et al. 2009.

53. Lev-Ran et al. 2014.

54. Borges et al. 2016; Di Forti et al. 2012.

55. Deady et al. 2013.

56. Lubman et al. 2007.

57. Moore et al. 2010, 22.

58. Marel et al. 2016, 201.

59. Carlisle et al. 2018.

60. Jorm et al. 2007.

61. Lubman et al. 2017.

Method

The Mission Australia *Youth Survey* is the largest annual survey of young people of its kind in Australia. In 2018, Mission Australia conducted its 17th annual survey, receiving 28,286 responses from young people aged 15 to 19 years.

The *Youth Survey 2018* sought to capture the views and perspectives of young people on a broad range of issues, including: education and employment, general wellbeing, concerns, preferred sources of support, as well as feelings about the future.

Young people's responses came from a variety of sources, including high schools, vocational colleges, TAFE's and universities, as well as youth services and outreach events. The survey was able to be completed online or on paper.

This report looks at the responses of *Youth Survey 2018* participants who agreed that *alcohol and/or drugs are a problem for my family/peers*, to consider how these young people are faring on a range of issues such as educational engagement, plans after school, their values and concerns and overall happiness.

For the first time in 2018, young people were asked to indicate on a 5-point scale from *strongly agree* to *strongly disagree* their agreement with each of the following statements:

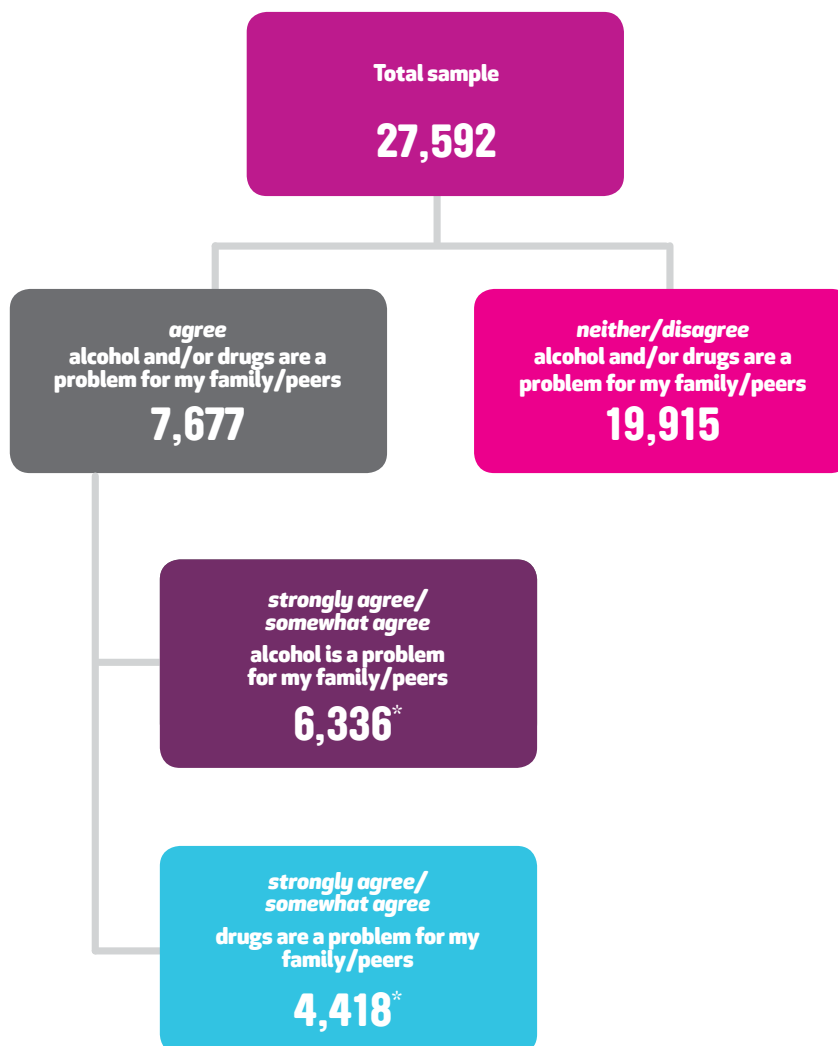
- **Alcohol is a problem for my family/peers;**
- **Alcohol is a problem in my neighbourhood;**
- **Alcohol is a problem in Australia;**
- **Drugs are a problem for my family/peers;**
- **Drugs are a problem in my neighbourhood; and**
- **Drugs are a problem in Australia.**

In order to better understand the responses of young people whose close circles of support – their family and peers – have a problem with alcohol and drug use, we combined the responses of young people who *strongly agree* or *somewhat agree* that *alcohol is a problem for my family/peers* with those that *strongly agree* or *somewhat agree* that *drugs are a problem for my family/peers* into a single group. We then compare the responses of this group against the combined responses of Youth Survey participants who reported they *neither agree nor disagree*, *somewhat disagree* or *strongly disagree* that *alcohol is a problem for my family/peers* or that *drugs are a problem for my family/peers*.

For reporting purposes, we have classified these groups of respondents as young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers*, compared with young people who *neither/disagree*. Figure 1 provides a breakdown of the sample used in this report.

As can be seen in Figure 1, 7,677 young people reported they *agreed* that *alcohol is a problem for my family/peers*, compared with 19,915 young people who responded *neither/disagree*. Respondents who did not answer these items have been excluded from the analysis. A large number of young people *strongly agree* or *somewhat agree* both that *alcohol is a problem for my family/peers* and that *drugs are a problem for my family/peers*; these cases have only been counted once in the sample (thereby removing 3,077 duplicates).

Figure 1: Sample breakdown



* Note: Respondents were able to *strongly agree/somewhat agree* with both items. In the analysis these respondents have only been counted once.

Results

For the first time in *Youth Survey 2018* young people were asked to indicate on a 5-point scale from *strongly agree* to *strongly disagree* whether they thought that *alcohol and drugs* were a problem for their *family/peers, in their neighbourhood, and in Australia*. Responses to these questions can be seen below in Table 1.

Just under one quarter of young people *strongly agree* (7.2%) or *somewhat agree* (15.8%) that *alcohol is a problem for my family/peers*, and one in six *strongly agree* (5.6%) or *somewhat agree* (11.2%) that *alcohol is a problem in my neighbourhood*. Over six in ten young people *strongly agree* (24.9%) or *somewhat agree* (38.0%) that *alcohol is a problem in Australia*.

Around one in six young respondents *strongly agree* (6.1%) or *somewhat agree* (10.0%) that *drugs are a problem for my family/peers*, and one in five *strongly agree* (8.6%) or *somewhat agree* (12.3%) that *drugs are a problem in my neighbourhood*. Seven in ten *strongly agree* (32.8%) or *somewhat agree* (35.3%) that *drugs are a problem in Australia*.

Table 1: Alcohol and Drugs are a problem for my family/peers, neighbourhood and Australia

	Strongly agree %	Somewhat agree %	Neither agree nor disagree %	Somewhat disagree %	Strongly disagree %
Alcohol is a problem for my family/peers	7.2	15.8	16.3	17.3	43.4
Alcohol is a problem in my neighbourhood	5.6	11.2	26.2	19.0	38.0
Alcohol is a problem in Australia	24.9	38.0	24.3	6.9	5.9
Drugs are a problem for my family/peers	6.1	10.0	13.4	12.8	57.7
Drugs are a problem in my neighbourhood	8.6	12.3	22.0	16.0	41.1
Drugs are a problem in Australia	32.8	35.3	20.4	6.1	5.4

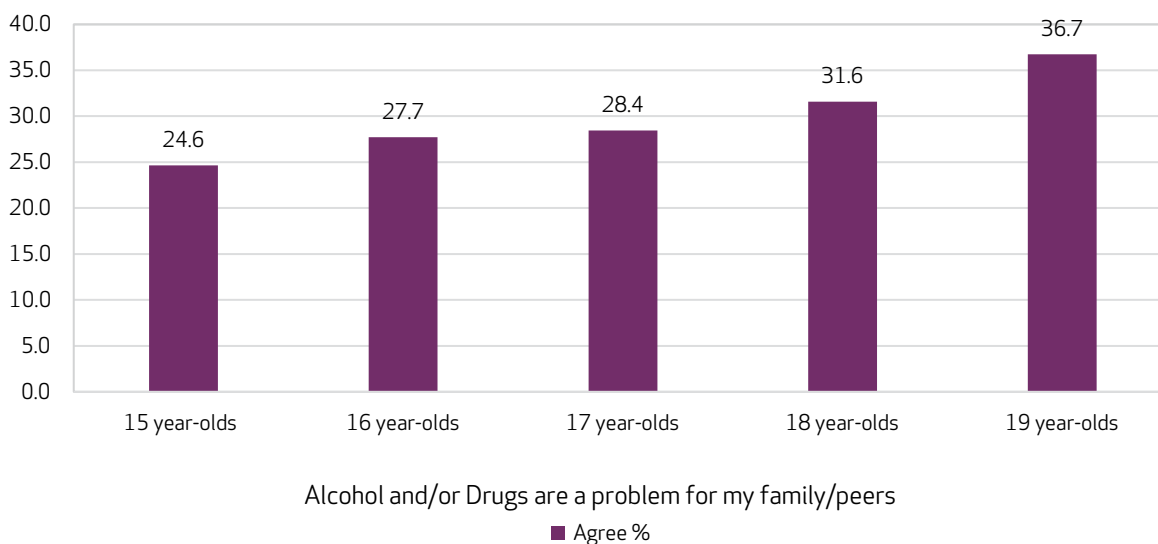
Alcohol and/or Drugs are a problem for my family/peers

Of the 27,592 respondents who responded that *alcohol and/or drugs are a problem for my family/peers*, a total of 7,677 (27.8%) young people responded they agreed. Three in ten (29.3%) female respondents agreed that *alcohol and/or drugs are a problem for my family/peers*, in comparison with 24.8% of male respondents.

A total of 44.1% of Aboriginal and/or Torres Strait Islander young people indicated they agreed that *alcohol and/or drugs are a problem for my family/peers* (compared with 26.8% of non-Indigenous young people). Similar proportions of young people who were born overseas to those young people born in Australia agreed that *alcohol and/or drugs are a problem for my family/peers* (26.8% compared with 27.9% respectively), and 26.7% of young people who spoke a language other than English at home agreed that *alcohol and/or drugs are a problem for my family/peers* (compared with 28.0% who spoke only English at home).

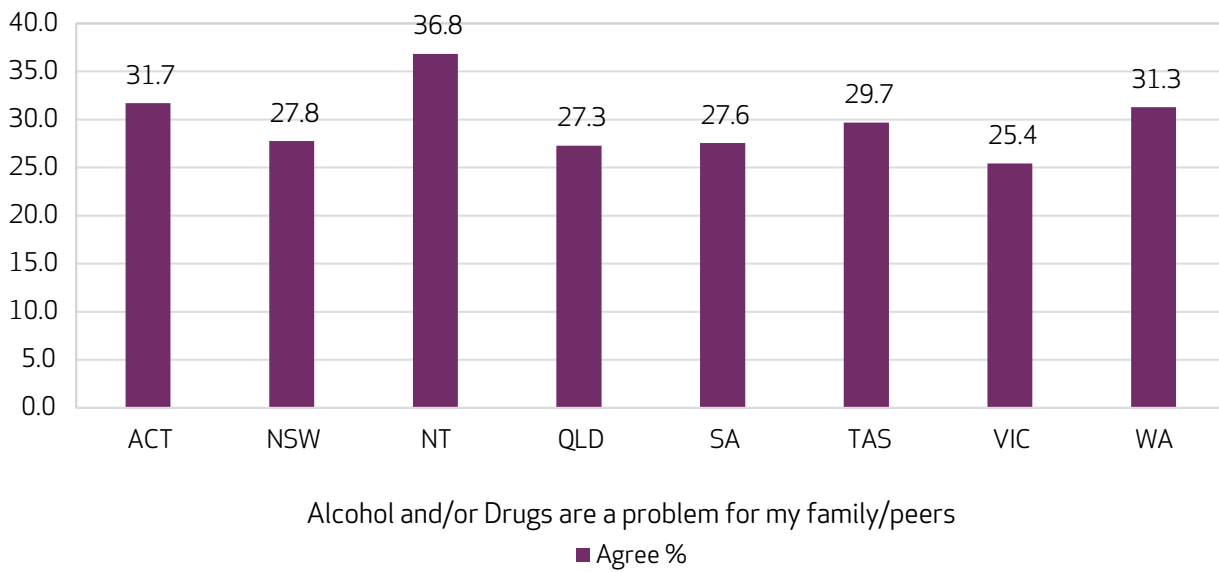
The proportion of young people who agreed that *alcohol and/or drugs are a problem for my family/peers* increased each year with age: from 24.6% of 15 year olds to 36.7% of 19 year olds (Figure 2).

Figure 2: Alcohol and/or Drugs are a problem for my family/peers, by age



As shown in Figure 3, states and territories varied in comparison to the national figure of 27.8% who agreed that *alcohol and/or drugs are a problem for my family/peers*. A higher proportion of respondents from the Northern Territory (NT) agreed that *alcohol and/or drugs are a problem for my family/peers* (36.8% compared with 27.8% nationally). Higher proportions of young people from the Australian Capital Territory (ACT) and Western Australia (WA) also agreed that *alcohol and/or drugs are a problem for my family/peers* (31.7% and 31.3% respectively). A lower proportion (25.4%) of respondents from Victoria agreed that *alcohol and/or drugs are a problem for my family/peers*.

Figure 3: Alcohol and/or Drugs are a problem for my family/peers, by state/territory



Education

The majority of all respondents were studying full-time: 92.3% of young people who agreed that alcohol and/or drugs are a problem for my family/peers were studying full-time, compared with 94.9% neither/disagree. (These results can be found in Appendix, Table 1.) The majority of those young people who agreed that alcohol and/or drugs are a problem for my family/peers were still at school (95.2% with 97.0% of those who neither/disagree).

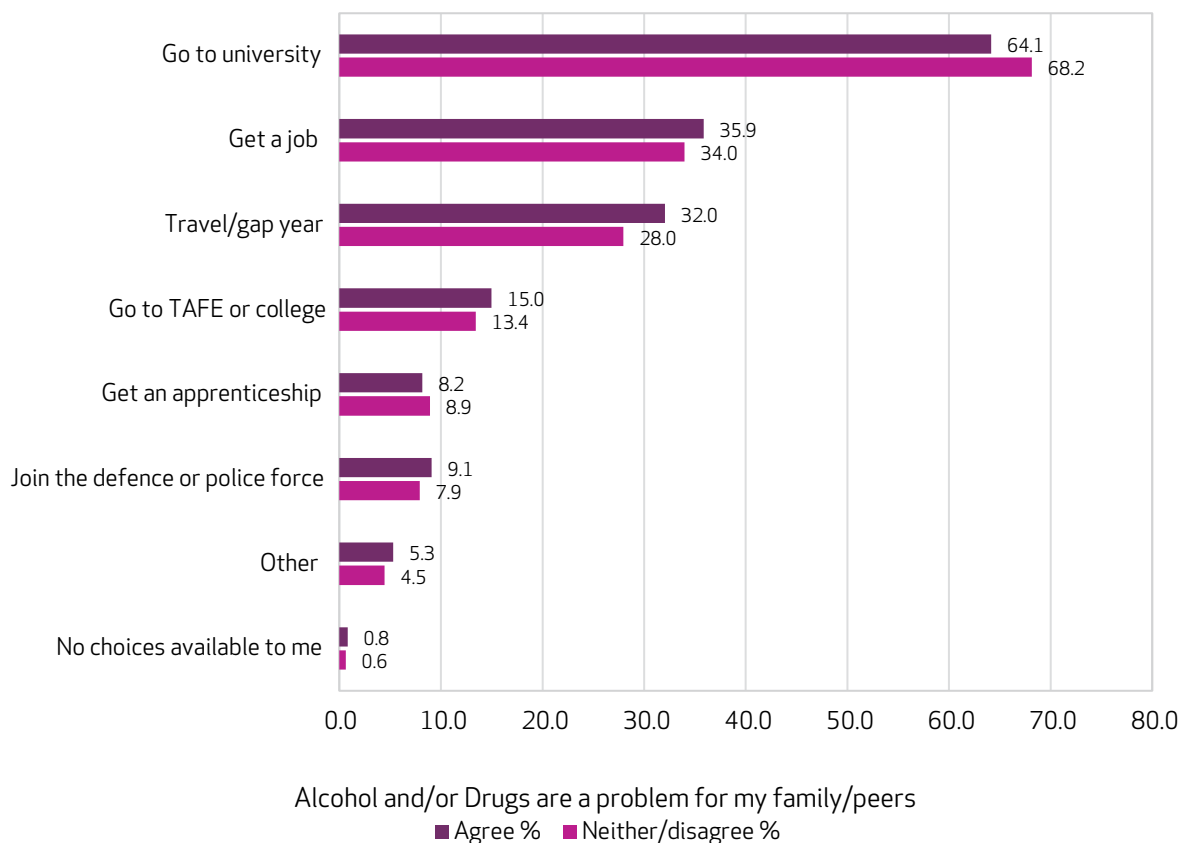
Over six in ten young people who agreed that alcohol and/or drugs are a problem for my family/peers were very satisfied (12.3%) or satisfied (52.6%) with their studies, compared with seven in ten young people who neither/disagree (13.0% and 57.4% respectively). (These results can be found in Appendix, Table 2.)

Plans after finishing school

Of those young people who agreed that alcohol and/or drugs are a problem for my family/peers and were still at school, 95.7% stated that they intended to complete Year 12 (compared with 96.7% of young people who neither/disagree).

Respondents who were still at school were asked what they planned to do after leaving school. Results for both cohorts were largely similar. The most frequently chosen plans for young people who agreed that alcohol and/or drugs are a problem for my family/peers were to go to university (64.1% compared with 68.2% of those young people who neither/disagree), to get a job (35.9% compared with 34.0%) or had travel/gap year plans (32.0% compared with 28.0%). These were also the top three post-school plans cited for young people who reported neither/disagree.

Figure 4: Plans after leaving school, by Alcohol and/or Drugs are a problem for my family/peers



Note: Items are listed in order of frequency among young people who agreed that Alcohol and/or Drugs are a problem for my family/peers.

How confident are young people in achieving their study/work goals?

Participants were asked how confident they were in their ability to achieve their study/work goals after school. 11.2% of young people who agreed that alcohol and/or drugs are a problem for my family/peers indicated that they were extremely confident (compared with 10.5% of young people who neither/disagree) and 35.2% were very confident (compared with 39.4%) in their ability to achieve their study/work goals. However, slightly higher proportions of young people who agreed that alcohol and/or drugs are a problem for my family/peers indicated that they were only slightly confident (8.5% compared with 6.7% of those who neither/disagree) or not at all confident (3.6% compared with 2.3%) in their ability to achieve their post-school goals.

Table 2: Confidence in achieving study/work goals, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Extremely confident	11.2	10.5
Very confident	35.2	39.4
Somewhat confident	41.5	41.2
Slightly confident	8.5	6.7
Not at all confident	3.6	2.3

Employment

Respondents were asked if they had paid employment and, if so, to specify how many hours they worked in an average week. Only a small minority of respondents from both groups (1.0% of young people who agreed that alcohol and/or drugs are a problem for my family/peers compared with 0.5% who reported neither/disagree) reported that they were employed full-time. However, this is not surprising given that the overwhelming majority of respondents were still at school.

Similar proportions of young people reported that they were working part-time: 44.7% of young people who agreed that alcohol and/or drugs are a problem for my family/peers were engaged in part-time work, compared with 41.4% of those who neither/disagree. The proportions of those who reported they were looking for work were also similar, with 35.3% of young people who agreed that alcohol and/or drugs are a problem for my family/peers currently looking for work, compared with 34.3% of young people who neither/disagree.

A lower proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers reported that they were neither working nor looking for work (19.0% compared with 23.9% of those neither/disagree). (These results can be found in Appendix, Table 3.)

Barriers to finding work

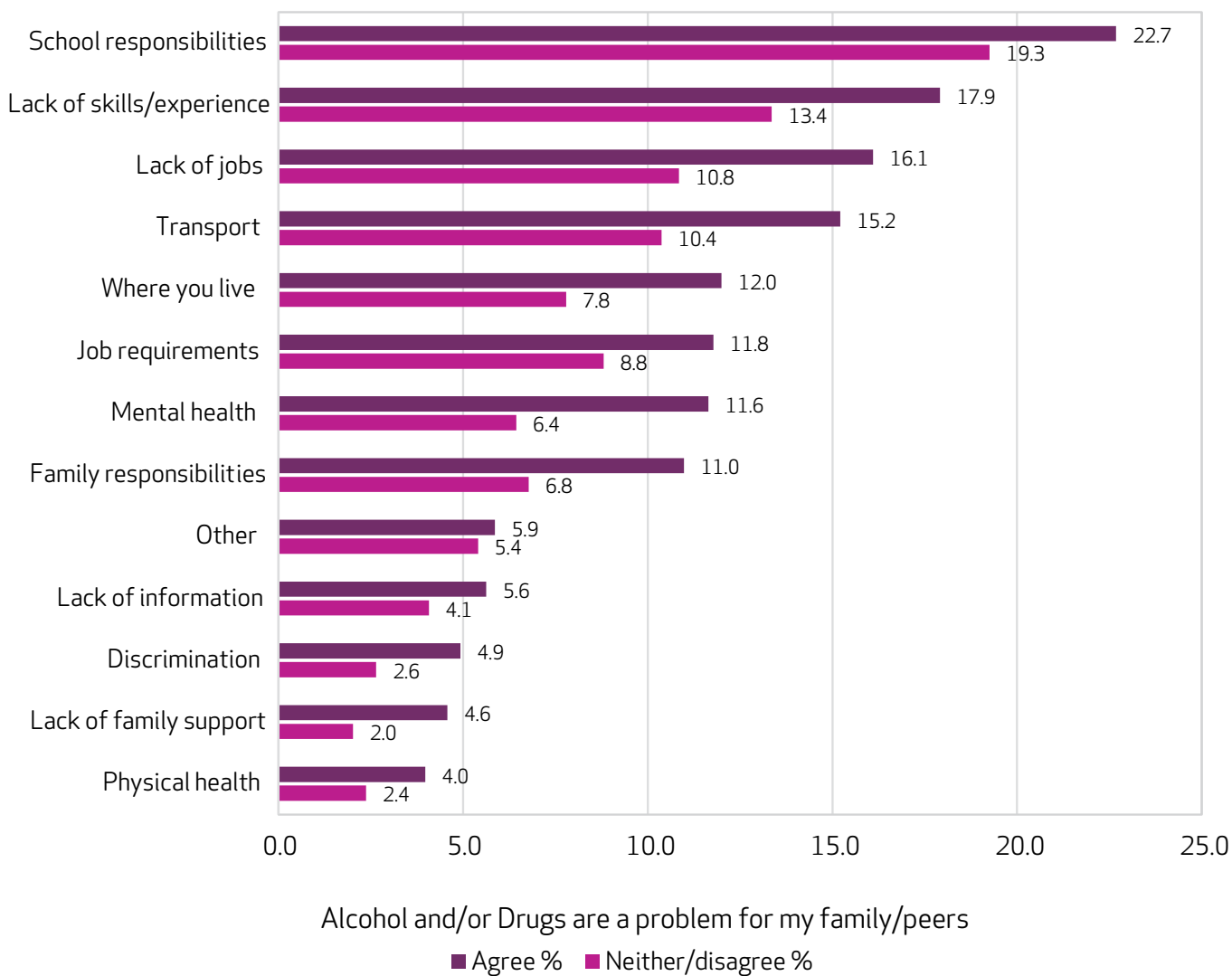
Young people were asked whether they felt there are any barriers which may be impacting upon them finding work. A higher proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers indicated that they felt there were barriers impacting upon them finding work (44.9% compared with 36.4% of those who reported neither/disagree).

Respondents who indicated the presence of barriers were then asked to indicate from a number of items the barrier/s that were preventing them from finding work. The top three barriers that young people who agreed that alcohol and/or drugs are a problem for my family/peers considered to be impacting upon them finding work were

school responsibilities (22.7% compared with 19.3% of those who *neither/disagree*), lack of skills/experience (17.9% compared with 13.4%) and lack of jobs (16.1% compared with 10.8%). These were the same top three barriers for young people who *neither/disagree*.

Young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* reported that each barrier was impacting upon them finding work at a notably higher rate than those who *neither/disagree*. The biggest differences were in the proportions of young people for whom *lack of jobs* (16.1% compared with 10.8% of those who *neither/disagree*), *mental health* (11.6% compared with 6.4%) and *transport* (15.2% compared with 10.4%) were barriers.

Figure 5: Barriers to finding work, by Alcohol and/or Drugs are a problem for my family/peers



Note: Items are listed in order of frequency among young people who *agreed* that *Alcohol and/or Drugs are a problem for my family/peers*.

What do young people value?

Young people were asked how much they valued *family relationships, financial security, friendships (other than family), getting a job, mental health, physical health and school or study satisfaction*. Responses for these items were rated on a 5-point scale, ranging from *extremely important to not at all important*. In Table 3, the items were ranked in order of importance according to the summed responses of young people who agreed that *alcohol and/or drugs are a problem for my family/peers* for extremely important and very important for each item.

The three most highly valued items for young people who agreed that *alcohol and/or drugs are a problem for my family/peers* were *friendships (other than family)* (79.1% compared with 83.0% of young people who neither/disagree), *family relationships* (78.6% compared with 85.8%) and *mental health* (70.1% compared with 70.6%). The three most highly valued items for *neither/disagree* were *family relationships, friendships (other than family)* and *school or study satisfaction*.

Table 3: What young people value, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Friendships (other than family)	79.1	83.0
Family relationships	78.6	85.8
Mental health	70.1	70.6
School or study satisfaction	67.5	73.7
Physical health	65.7	70.4
Financial security	56.4	56.2
Getting a job	50.1	46.1

Note: The values presented here are the summed responses for *extremely important* and *very important* for each item. Items are listed in order of frequency among young people who agreed that *Alcohol and/or Drugs are a problem for my family/peers*.

Issues of personal concern to young people

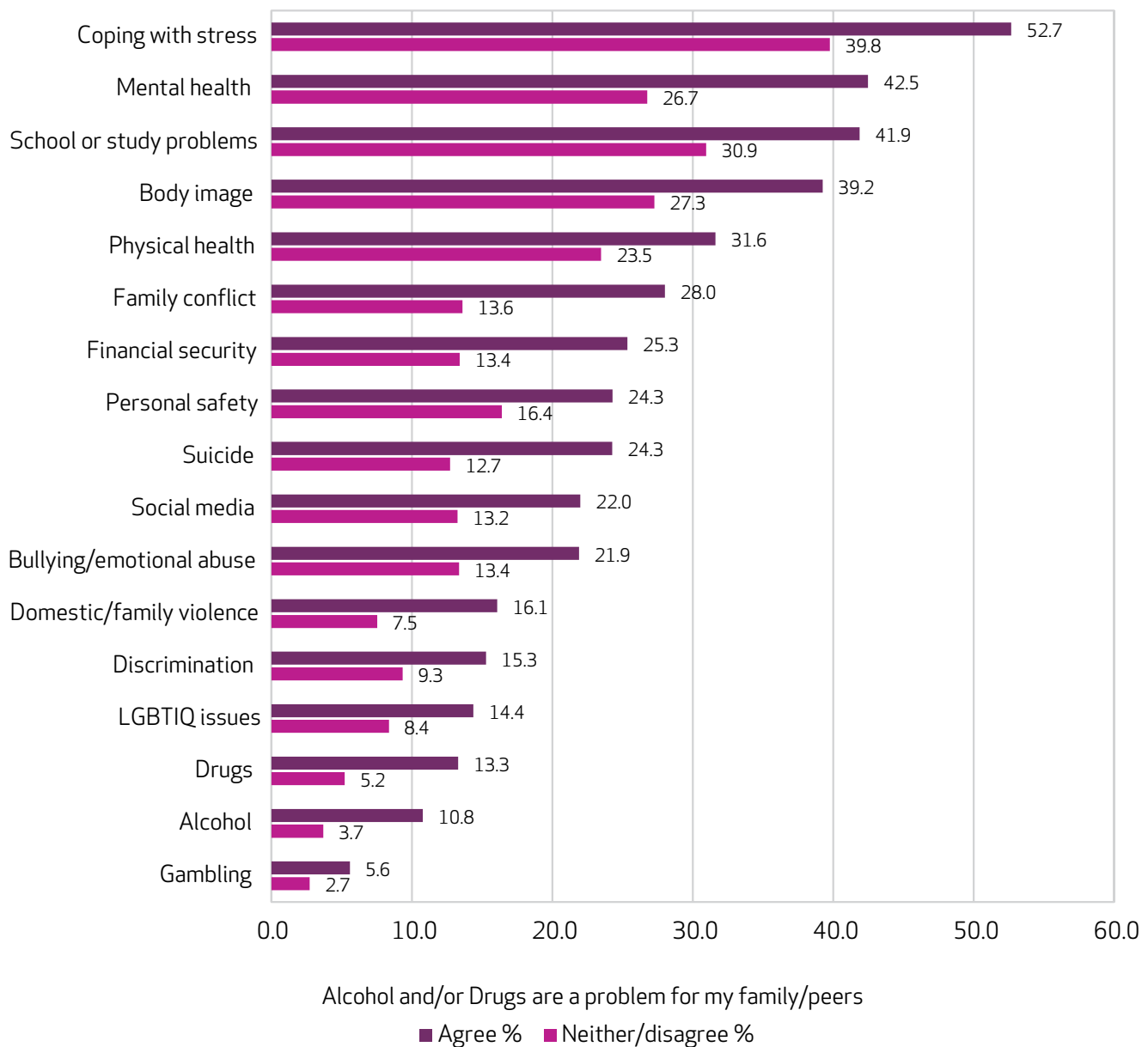
Young people were asked to rank how concerned they had been about a number of issues over the past year. Their responses were rated on a 5-point scale, ranging from *extremely concerned to not at all concerned*. For reporting purposes the items were ranked according to the summed responses for *extremely and very concerned* for each item and are presented in Figure 6 below.

The top three personal concerns for young people who agreed that *alcohol and/or drugs are a problem for my family/peers* were *coping with stress, mental health and school or study problems*, while the top three personal concerns for young people who reported *neither/disagree* were *coping with stress, school or study problems and body image*.

Young people who agreed that *alcohol and/or drugs are a problem for my family/peers* consistently reported higher levels of personal concern across all items. The biggest differences were in the proportions of young people for whom *mental health* (42.5% compared with 26.7% of young people who *neither/disagree*), *family conflict* (28.0% compared with 13.6%) and *coping with stress* (52.7% compared with 39.8%) were of personal concern.

Much higher proportions of young people who agreed that *alcohol and/or drugs are a problem for my family/peers* reported that they were *extremely/very concerned* about *drugs* (13.3% compared with 5.2% of young people who *neither/disagree*) and *alcohol* (10.8% compared with 3.7%).

Figure 6: Issues of personal concern for young people, by Alcohol and/or Drugs are a problem for my family/peers



Note: The values are the summed responses for *extremely concerned* and *very concerned* for each item. Items are listed in order of frequency among young people who *agreed* that *Alcohol and/or Drugs are a problem for my family/peers*.



“Mental health related issues and alcoholic family members – I think more funding needs to go into these services.”

F, 15, NSW

“Drug use, intimate relationship issues, domestic violence (family). I think not much can be done about drug use besides personal choice, it’s no one’s fault but my own. With domestic violence in my family, I think better awareness in the media and support organisations would help the issue.”

F, 18, WA

Where do young people go for help with important issues?

Respondents were asked *Is there anyone you feel you could turn to, if you are in trouble or a crisis?* The vast majority of young people agreed that there was, with a slightly lower proportion of young people who agreed that *alcohol and/or drugs are a problem for my family/peers* responding that they had someone they felt they could turn to if in trouble or a crisis (86.7% compared with 92.0% neither/disagree).

Respondents were asked to indicate from a number of sources where they would go for help with important issues in their lives. The three most commonly cited sources of help for those who *agreed that alcohol and/or drugs are a problem for my family/peers* were *friend/s* (82.6% compared with 85.3% of young people who *neither/disagree*), *parent/s or guardian/s* (68.0% compared with 79.1%) and *relative/family friend* (56.2% compared with 61.5%). These were the same top three sources of help for young people who indicated *neither/disagree*, although the proportion of young people who would turn to their *parent/s or guardian/s* for support was lower among those who *agreed that alcohol and/or drugs are a problem for my family/peers*.

Slightly higher proportions of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* would go to the *internet* for support (53.8% compared with 47.9% of those who *neither/disagree*), use *social media* (17.0% compared with 14.0%) or source *books/magazines* (15.8% compared with 12.6% respectively).

Table 4: Where young people go for help with important issues, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Friend/s	82.6	85.3
Parent/s or guardian/s	68.0	79.1
Relative/family friend	56.2	61.5
Internet	53.8	47.9
GP or health professional	53.4	54.2
Brother/sister	50.3	54.4
Teacher	36.7	38.1
School counsellor	36.3	36.0
Telephone hotline	18.7	16.9
Social media	17.0	14.0
Books/magazines	15.8	12.6
Community agency	15.3	12.8

Note: Respondents were able to choose more than one option. Items are listed in order of frequency among young people who *agreed that Alcohol and/or Drugs are a problem for my family/peers*.

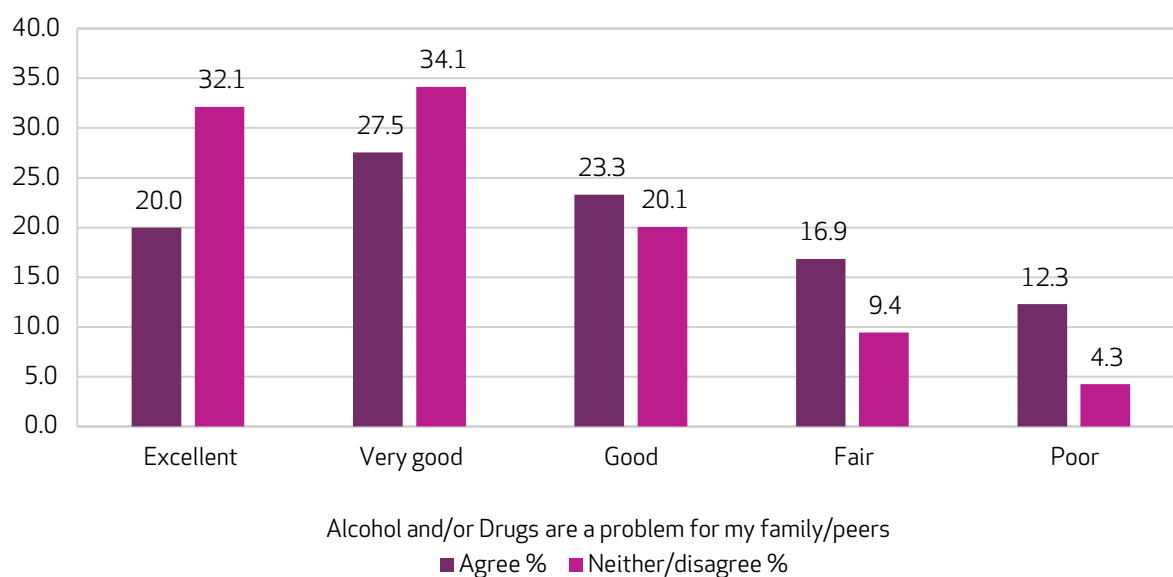
“My friends doing drugs. Obviously I can’t stop them... I can suggest support programs for quitting but that’s about all I can do.”

F, 15, SA

How well do young people feel their family gets along?

Young people were asked how well they felt their family gets along with one another. Responses to this question were rated on a 5 point scale, ranging from excellent to poor. As shown in Figure 7, lower proportions of young people who agreed that alcohol and/or drugs are a problem for my family/peers reported that their family's ability to get along was excellent (20.0% compared with 32.1% of young people who neither/disagree) or very good (27.5% compared with 34.1%). Conversely, notably higher proportions of young people who agreed that alcohol and/or drugs are a problem for my family/peers rated their family's ability to get along as either fair (16.9% compared with 9.4%) or poor (12.3% compared with 4.3%).

Figure 7: Family's ability to get along, by Alcohol and/or Drugs are a problem for my family/peers



“More people need to be aware of what can happen when they use hard core drugs and how and whom it affects around them, e.g. family”

M, 18, TAS

“Family conflict or possible suicide due to a drug user in the family. Better access to drug addiction help for families with drug users”

M, 16, NSW

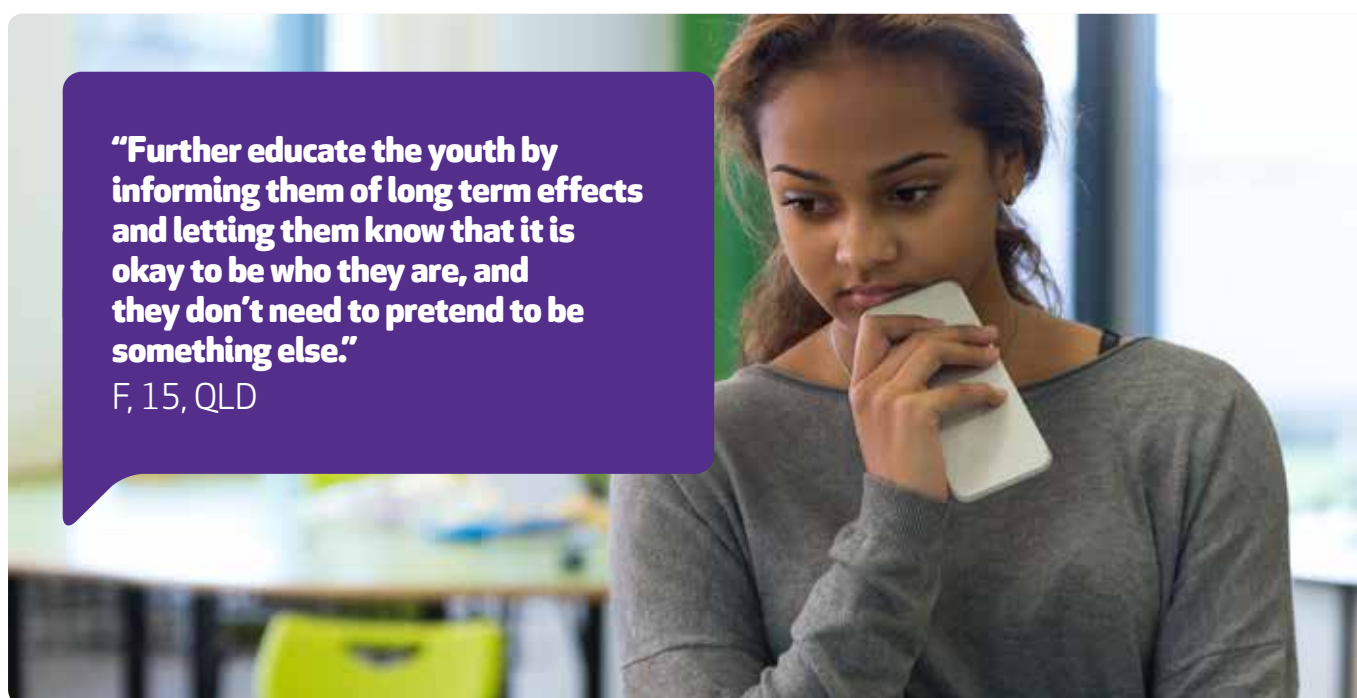
What issues do young people think are the most important in Australia today?

Young people were asked to list the three issues they considered were the most important in Australia today. The information provided by respondents is categorised and in 2018 the top three responses for young people who *agreed that alcohol and/or drugs are a problem for my family/peers* were *mental health* (44.2% compared with 42.6% of young people who *neither/disagree*), *alcohol and drugs* (32.8% compared with 27.1%) and *equity and discrimination* (22.6% compared with 23.8%). These were the same top three issues for those who *neither/disagree*. As can be seen in Table 5, a slightly higher proportion of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* rated *mental health* and *alcohol and drugs* as important issues in Australia today.

Table 5: Most important issues in Australia today, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Mental health	44.2	42.6
Alcohol and drugs	32.8	27.1
Equity and discrimination	22.6	23.8
Bullying	15.4	18.2
Crime, safety and violence	13.2	13.6
The economy and financial matters	11.3	11.8
Health	10.7	11.7
The environment	9.4	9.1
Homelessness/housing	9.0	9.3
Education	8.7	8.0

Note: Items are listed in order of frequency among young people who *agreed that Alcohol and/or Drugs are a problem for my family/peers*.



“Further educate the youth by informing them of long term effects and letting them know that it is okay to be who they are, and they don’t need to pretend to be something else.”

F, 15, QLD

Happiness and feelings about the future

Respondents were asked to rate how happy they were with their life as a whole on a scale of 0 to 10, where 0 indicates feeling *very sad*, 5 indicates *not happy or sad* and 10 indicates they felt *very happy*. In line with recommendations from the authors of this question,⁶² responses were standardised on a scale of 0-100, in which 100 is rated as the happiest. For reporting purposes, the responses have been categorised into three groupings: 70-100 range as *happy/very happy*; 40-60 as *not happy or sad*; 0-30 as *very sad/sad*.

As shown in Table 6, half (51.4%) of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* indicated that they felt *happy/very happy* with their lives overall (compared with 66.4% of young people who *neither/disagree*).

Concerningly, almost double the proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* reported feeling *very sad/sad* with life as a whole (15.5% compared with 7.9% of those who *neither/disagree*).

Table 6: How happy young people are, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Happy/Very happy (70-100)	51.4	66.4
Not happy or sad (40-60)	33.1	25.7
Very sad/Sad (0-30)	15.5	7.9

Young people were also asked to rate how positive they felt about the future and to rate their response on a 5-point scale ranging from *very positive* to *very negative*. As shown in Table 7, lower proportions of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* indicated that they felt *very positive* (13.7% compared with 16.1% of young people who *neither/disagree*) or *positive* about the future (42.3% compared with 48.4% respectively).

Higher proportions of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* reported feeling *very negative* (8.7% compared with 6.1% of those who *neither/disagree*) or *negative* (5.1% compared with 2.3%) about the future.

Table 7: Feelings about the future, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Very positive	13.7	16.1
Positive	42.3	48.4
Neither positive nor negative	30.2	27.1
Negative	8.7	6.1
Very negative	5.1	2.3

62. Cummins & Lau 2005.

Implications for policy and practice

This report captures the concerns, challenges and aspirations of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers*. The findings indicate that these young people had greater challenges in relation to mental health, achieving post school plans and their family's ability to get along, in comparison with those who stated *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers*.

A range of policy and service responses are needed to support young people who feel that alcohol and drugs are a problem within their close circles.



Mental health and wellbeing

The Youth Survey findings demonstrate that young people who agreed that alcohol and/or drugs are a problem for my family/peers were more concerned about mental health and wellbeing than those that stated neither/disagree that alcohol and/or drugs are a problem for my family/peers.

Those that *agreed* reported much higher rates of personal concerns compared to young people who indicated *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers*. Concerningly, 52.7% of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* identified *coping with stress* as the biggest issue of personal concern, compared to 39.8% of young people who responded *neither/disagree* to *alcohol and/or drugs are a problem for my family/peers*.

Higher proportions of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* were also much more concerned about *mental health* (42.5% compared to 26.7%). It is important to note that double the proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* were concerned about *suicide* (24.3%), compared to those who stated *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers* (12.7%). These statistics indicate the impact that mental health and alcohol and drug use has within families and among peers.

There were also considerable differences in relation to the reported happiness levels of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* and those who stated *neither/disagree* in relation to *alcohol and/or drugs are a problem for my family/peers*. A lower proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* (51.4%) were *very happy/happy* compared to young people who responded *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers* (66.4%). Close to double the proportion of young people who *agreed* that *alcohol and/or drugs are a problem for my family/peers* stated that they are *sad/very sad* (15.5% compared with 7.9% of those who stated *neither/disagree*).

A range of early intervention services should be available for young people to speak about their concerns in relation to alcohol and drugs and to seek support for their peers or family to address alcohol and drug use as well as for their own mental health and wellbeing.

Schools are important settings for providing universal programs and interventions to improve mental health and raise mental health awareness, reduce stigma, encourage help-seeking behaviour and provide pathways to support. Schools can play a vital role in the development of knowledge and skills around mental health, and alcohol and drugs by providing opportunities for young people to have discussions about difficult issues, and to help friends and family navigate available support options. These measures should be available from early school years through to adulthood and engage the students, their families, health services and the local communities.

Junaa Buwa! outreach program – North Coast, NSW

The Junaa Buwa! outreach program targets 13 to 18 year olds and is delivered in eight local high schools across the North Coast in NSW. It is a research and evidence-based stepped care, health promotions, treatment and support service which is delivered through group and community education, as well as individual casework.

The program works with young people, their families and community to educate and highlight the dangers of alcohol and other drug use as well as offering localised and individualised support and advice.



Mental Health First Aid aims to improve mental health literacy and empower the public to approach, support and refer individuals in distress and would be particularly relevant for those working with young people including school staff, social and welfare workers, youth workers and parents, relatives and friends. Given that young people are most comfortable going to friends for help, peer support networks and peer education initiatives may also equip young people with the knowledge and skills to recognise mental health issues and provide assistance to others in need.



Mental Health First Aid – MHFA International⁶³



Mental Health First Aid courses teach people practical first aid skills for helping family, friends or others who are experiencing mental health problems. They teach you how to listen and respond to someone with a mental health problem, even while they are currently experiencing a crisis.

Mental health first aid can help individuals to manage their own mental health as well as support other people within their networks.

People learn how to help someone access the support they need to successfully manage symptoms as part of their recovery journey. This includes self-help through books or websites, getting help through a GP, school or workplace, self-referral online, support groups and more.

Technology also has a role to play in providing mental health supports to young people and evidence-based programs should be easily available to young people in addition to face to face mental health services.

Recommendations



A range of mental health related supports should be available for young people who are concerned about coping with stress, mental health and suicide and are also concerned about the use of alcohol and drugs among their families or peers.

This includes the provision of mental health supports through schools, peer networks and local community organisations. These services should also be delivered in a variety of formats such as face to face, online and over the phone.

63. Mental Health First Aid International 2019.

Alcohol and drug prevention and treatment services

Although not the highest rated issues, more than double the proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers identified alcohol (10.8%) and drugs (13.3%) as issues of personal concern compared to those who stated neither/disagree in response to alcohol and/or drugs are a problem for my family/peers (3.7% and 5.2% respectively).

Mission Australia's service delivery expertise affirms these findings. For example, 2 in 3 young people accessing Mission Australia's Mac River Residential Rehabilitation Centre noted that they have a parent or guardian dependent on alcohol and drugs at home.



Mac River – Dubbo, NSW

Mac River is one of Mission Australia's residential rehabilitation centres for young people who have entered, or are at risk of entering, the juvenile justice system and have a history of alcohol and other drug use.

Funded by NSW Department of Justice, it offers residential and outreach services as well as educational and living skills training and aftercare support.

The service caters for young people aged 13-18 years in NSW. Young people undertake residential rehabilitation for 12 weeks which is followed by 12 weeks of aftercare support.

The services take a holistic approach, including case management addressing mental, physical, social and inter- and intra-personal challenges.



Community-based efforts hold great potential for reducing the impact of alcohol and drug dependence among young people and adults. Successful community-based prevention approaches often rely on local coalitions between schools, sports groups, social services and youth-focussed initiatives to select and implement effective interventions.

Where alcohol and drug dependency issues arise for young people and their families, detoxification and rehabilitation services need to be readily available and appropriate.

There is currently a lack of youth specific detoxification and rehabilitation services and a lack of treatment options in rural and regional communities. The absence of age and culturally appropriate services can intensify the issues in relation to alcohol and drug use within local communities. Having to travel significant distances to access these services can impose an unnecessary financial and emotional strain on family relationships, friendships and community engagement.

Triple Care Farm (TCF) withdrawal service and residential rehabilitation service



Triple Care Farm (TCF) is a residential alcohol and other drugs rehabilitation and treatment program for young people aged between 16 and 24 years. Located on 110 acres in the NSW Southern Highlands, TCF is a national service receiving referrals Australia-wide.

The program specialises in treating young people with co-occurring mental illness and drug and alcohol problems. The treatment model is a holistic psychosocial rehabilitation based on harm minimisation and health promotion. TCF offers five distinct programs – a residential living skills program, counselling and case management program, vocational training education program, a creative arts program, and sport and recreation program. Upon completion of these components the students are provided with the Stepping Out aftercare program which supports students for up to six months in the community. Outcomes include an observed reduction in substance use, increased quality of life, increased participation in employment, education and training, improved stability in housing, and improved psychological health. The aftercare program further helps to reduce the risk of relapse.

During the 2018 financial year, 60% of young people accessing Triple Care Farm services indicated methamphetamine as part of their overall drug use. The service has also seen a significant increase in the number of young people using 5 or more substances from 12% in 2013 to 71% in 2018. Young people presenting for alcohol and drug treatment with a co-occurring mental illness has also grown significantly from 78% in 2012 to 95.3% in 2018.

In 2015 Social Ventures Australia conducted a Baseline Social Return on Investment (SROI) analysis of Triple Care Farm.⁶⁴ The analysis highlights that between 2009 and 2013 TCF provided treatment and care to 370 young people and in total Triple Care Farm's activities generated approximately \$39.5M in value for its stakeholders across a range of outcomes. The analysis further stated that, when the total investment in Triple Care Farm between 2009 and 2013 is compared to the total social and economic value created, for every \$1 invested into Triple Care Farm, approximately \$3 of value was created. This demonstrates the significant economic benefits to both health and justice services in NSW whilst improving wellbeing of young people who were dependent on substances such as ice.



64. Social Ventures Australia 2015.

“Build more rehabilitation centres. Make info more available. Deal with conditions like depression and mental health to prevent drug use.”

M, 16, QLD

Alcohol and drug treatment services should also be able to address the multiple challenges people may experience including mental and physical health issues, housing and homelessness, access to education or employment and other similar services. These services should be holistic and flexible in scope to work with the individual experiencing alcohol and drug issues and their families and peers.

As discussed above, people with mental health issues are particularly vulnerable to alcohol and drug dependencies and those with alcohol and drug dependency issues are also vulnerable to developing mental health issues.⁶⁵ There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance dependence are both feasible and effective.⁶⁶ Therefore, it is imperative that there is better recognition of co-occurrence of these issues and co-ordination between services, particularly mental health and alcohol and drug rehabilitation services.

Recommendations



- Sustainable funding and resources should be provided to early intervention, prevention and education services on alcohol and drug use from early school years through to adulthood and these programs should engage schools, families and local communities.
- Community-based holistic, wrap-around services for alcohol and drug dependence should be widely available and these services should address multiple challenges people experience including mental and physical health issues, housing and homelessness, access to education and employment. These services should also be flexible in scope to work with the individual dependent on alcohol and drugs, their families and peers.
- Further investment is required in more youth specific residential drug and alcohol detoxification and rehabilitation services, more treatment facilities in rural and regional areas and integrated treatment models that have capacity to deal with both mental illness and alcohol and drug dependence.

65. Schotanus-Dijkstra et al. 2013. Shivani et al. 2002.

66. Deady et al. 2013.

Young people feeling connected

Having someone to call on at a time of need is critically important for young people. Young people's bonds with the people around them, be it peers, family or community, all play an important part in transitioning into adulthood.

Encouragingly, the vast majority of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* reported that they had someone they could turn to in times of trouble or crisis (86.7%). *Friend/s* were the main source of support for these young people, similar to young people who stated *neither/disagree* in response to *alcohol and/or drugs as a problem for my family/peers*. However, a lower proportion of young people who *agreed that alcohol and/or drugs are a problem for my family/peers* cited *parent/s or guardian/s* as a source of support (68.0% compared with 79.1% of young people who stated *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers*).

Young people need to feel confident in seeking help if they have concerns about their family, peers or their own wellbeing and know what sources of supports are available in their local community or via other sources such as the internet. Therefore, friends or peers that young people turn to for support must be equipped with the information and resources to effectively help young people in times of need.

Headspace has developed some useful materials to support young people who have friends experiencing challenges in life.⁶⁷ There are also other online tools that are available to young people and information about how they could approach community services and seek support for themselves, their family or peers.

Drug and Alcohol Information and Resilience (DAIR) Skills – Youth Solutions, NSW⁶⁸

Drug and Alcohol Information and Resilience Skills is a health education program for young people aged 14-16 years, that also engages with parents, carers and the wider school community. Young people take part in series of workshops which focus on knowledge and skill development to reduce alcohol and other drug related harm. The program is generally delivered over six weeks.

In addition to reducing alcohol and drug related harms, the program aims to improve mental health, resilience and positive coping strategies. It also aims to help young people to develop effective communication skills and provide young people with access to and skills for seeking help and support.



Services and supports designed for young people should be appropriate for the age group and appealing to young people. Considering the sensitivities, stigma and understanding about alcohol and drug use, young people may prefer to access services more discreetly.

This is particularly the case if they are trying to find out information that might assist their friends and family. Thus, it is imperative that there is meaningful consultation and collaboration with young people when designing and developing youth services.

“More help to those who are struggling with the addiction should be made available, I was 14 when I was introduced to ice/meth and there was no support because no one knew how to help me, neither myself. I’m 7 months clean and want to help my old friends struggling with the same cycle” F, 16, WA

67. Headspace 2016.

68. Youth Solutions 2016.

Young people who agreed that alcohol and/or drugs are a problem for my family/peers held concerns in relation to family conflict and domestic and family violence which may be partially explained by the use of alcohol and drugs within their close circles. Nearly twice the proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers identified family conflict as an issue of personal concern (28.0% compared to 13.6%).

Lower proportions of young people who agreed that alcohol and/or drugs are a problem for my family/peers reported their family's ability to get along was excellent/very good, compared to those that reported neither/disagree (47.5% compared with 66.2% respectively). Furthermore, 29.2% or over double the proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers rated their family's ability to get along as only fair/poor compared to 13.7% people who stated neither/disagree in response to alcohol and/or drugs are a problem for my family/peers.

Greater efforts are required to provide family-focussed responses to alcohol and drug use. In addition to supporting individuals experiencing alcohol and drug issues, the whole family should be encouraged to engage with the process of recovery. Community services should be adequately resourced to be able to provide supports to the person with alcohol and drug dependency issues as well as their broader networks including family and peers to ensure that the progress they have made in relation to recovery is sustained and the chances of relapse are minimised.

Community services that provide employment, education, housing and homelessness and family supports are all useful soft referral points to assist people who may have issues with alcohol and drug use. Family-focussed early intervention services are likely to prevent or minimise development of more significant issues such as homelessness, disengagement from education or employment and a raft of other similar issues.

Act Now Together Strong (ANTS) – NSW

Mission Australia, in collaboration with Juvenile Justice NSW and Monash University delivers the Act Now Together Strong (ANTS) program.

Based on Professor Chris Trotter's Collaborative Family Work model, this is an evidence based 6-8 week program focussing on developing pro-social and communication skills within the family unit through assisting to build rapport, and supporting young person to return to the family unit.⁶⁹

The model has previously been evaluated in Dandenong, Victoria with a youth justice population. Approximately 95% of clients indicated the model was either 'totally successful' or 'mostly successful' in meeting their family goals; 74% of families indicated that the family was 'getting on much better' after the intervention, and 80% of families suggested the target problem was 'a lot better' after intervention.



69. Trotter 2013.

70. Lindstrom & Doren 2007.

Case study

Justin* is a young person from NSW, who has a history of drug use and started smoking cannabis when he was 10 years old. He also has a history of engagement with juvenile justice system, with around 6-7 stays in a Juvenile Justice Centre with the longest stay of around 18 months. Justin had also completed the Mac River program previously.

The second time he attended Mac River, Justin disclosed that he and his mother had a dysfunctional relationship due to his own drug use, and his mother's history of drug use and incarceration. Act Now Together Stronger (ANTS) was suggested as the most appropriate support program for their mutual wellbeing. Justin and his mother agreed the program would improve their relationship.

The program allowed for detailed and emotional conversations, focussing on communication being the major contributor to their tensions. Justin and his mother identified the strengths they see in each other, which allowed for positive communication from both sides. Justin and his mother commented that they felt there was more honest and open communication between them after receiving support from ANTS.

*Name has been changed for confidentiality



Case study

Abby* was 17 years old when she was connected with Mission Australia's Drug and Alcohol Youth Service (DAYS). When she entered DAYS, Abby indicated that she was hoping to study a trade and begin her career.

She stated that almost everyone in her town uses drugs and alcohol. Abby felt that it was difficult for her to abstain as most of the people in her life were dependent on drugs or alcohol and she was often exposed to drug use in social settings. Abby felt that her only chance at recovering from drug use and succeeding in life was to move out of town.

She stated that there is a need for a whole of community response that not only supports young people with their own addiction issues, but responses that address the impacts of drug and alcohol across her entire community.

Abby has since left DAYS and was provided with a range of supports including access to vocational education, housing and counselling.

*Name has been changed for confidentiality

Drug and Alcohol Youth Service (DAYS)



A number of co-located programs and services operate under this umbrella and aim to address the holistic needs of young people in Perth who are trying to address their alcohol and/or other drug dependence and associated challenges such as mental illness, gender identity and a past history of trauma or abuse.

Mission Australia works closely with young people, their families and other service providers in areas such as education, employment and housing. In particular, Mission Australia works collaboratively with Next Step, the clinical services arm of the WA Mental Health Commission, and court-related Juvenile Justice Teams to provide the DAYS integrated service. DAYS offers case-management, individual and family counselling, access to mentors, psycho-education groups and clinical psychology, residential services and includes access to an allied health team of clinical psychology, nurses, GPs and psychiatry. DAYS provide a range of services that are similar to Mission Australia's Triple Care Farm Withdrawal service in NSW.

DAYS also offers the additional programs set out below:

Youth Withdrawal and Respite Service

24/7 residential-based support (for up to 21 days) for young people aged 12 to 21 years, who want to detoxify and address alcohol and/or other drug misuse.

Youth Residential Rehabilitation Service

24/7 residential-based support (for up to three months) for young people aged 12 to 20 years, who are experiencing difficulties related to alcohol and/or other drug misuse.

THASP/Transitional Accommodation

Supported transitional accommodation is available for young people who have completed residential rehabilitation.

Youth Outreach Service

This service is particularly suited to young people who find it challenging to deal with mainstream treatment service options. The DAYS Outreach Workers are also available to provide information and presentations to agencies regarding DAYS and referral processes.

Cannabis Intervention Service

With referrals from the WA Police, this early intervention service supports and counsels young people about the harmful effects of using cannabis and the desirability of quitting.

Young Person's Opportunity Program

This early intervention and prevention/diversion program supports young people aged 12 to 17 years referred by the Juvenile Justice Teams because of offending behaviour related to substance misuse.

Youth Detention Counsellor

This service provides information, education and counselling support to young people aged 12 to 17 years in juvenile detention centres because of offending behaviour related to substance misuse.

Methamphetamine Initiative

The Methamphetamine Initiative supports young people who are identified as meth-amphetamine users from the point of referral to the Drug and Alcohol Youth Service (DAYS) through to residential services using a short-term case-management model.



Recommendations

- Services should be available to promote and maintain family cohesion where young people feel alcohol and drugs are causing issues within their families.
- Families and peers of young people should be provided with information and be educated about the services and supports, soft referral points for alcohol and drug services or other community services to ensure there are multiple pathways to seek support to address alcohol and drug related issues at the earliest possible point in time.
- Integrated service provision for young people and their families with alcohol and drug dependence related concerns should be available to ensure that people who have been through detoxification and/or rehabilitation processes are able to sustain their recovery and meet the goals they set for themselves after returning to their families/communities.

Positive futures for young people

Many young people, irrespective of whether they agreed that alcohol and/or drugs are a problem for my family/peers, planned to go to university. A similar number of them also indicated that they intend to get a job when asked about post-school plans.

However, a higher proportion of young people who agreed that alcohol and/or drugs are a problem for my family/peers felt that there were barriers to finding work (44.9% compared with 36.4% stated *neither/disagree* in response to *alcohol and/or drugs are a problem for my family/peers*). As demonstrated in Figure 5, young people who agreed that alcohol and/or drugs are a problem for my family/peers indicated *school responsibilities*, *lack of skills experience* and *lack of jobs* as their top three concerns and a higher proportion of them cited *family responsibilities* as a barrier (11.0% compared with 6.8% *neither/disagree*).

These results may be an indication of young people who noted issues with alcohol and drugs within their close networks also experiencing other challenges in life. Complex patterns of family interactions, including parenting styles and attitudes influence adolescent vocational identity development, which includes interests, goals, and values related to career planning.⁷⁰ Moreover, family and peers are important sources of personal support in the transition into employment for young people. Supports for young people who may experience difficulty with transitioning to employment or remaining engaged with education and the community should be made available and those measures should engage the individual, their family and peers where appropriate.

Evidence suggest that alcohol and drug use within their families or peers can increase the likelihood of young people becoming dependent on alcohol and drugs, disengaging from education and employment, and becoming more likely to adopt antisocial behaviour.⁷¹ Thus, there is a need for wrap-around services that provide supports to address multiple challenges people experience.

70. Lindstrom & Doren 2007.

71. Loke & Mak 2013.

Synergy Auto Repairs

Synergy Auto Repairs is a social enterprise based in North Melbourne that offers customers a full suite of smash repair services, while providing a flexible accredited training program and support for young people aged 16-20 years with a history of motor vehicle related offences. Synergy Auto Repairs has been in operation for 5 years, supported over 100 young people during this period and repaired over 3,000 vehicles.



The program harnesses participants' interest in cars and aims to help them build a career in a field that matches their interests. The social enterprise equips participants with the skills to commence a smash repairs apprenticeship. The initiative is an Australian-first partnership between Mission Australia, the National Motor Vehicle Theft Reduction Council (NMVTRC), Kangan TAFE, and Suncorp Group. Young people are referred to the program through Mission Australia services, Victoria Police or Juvenile Corrections.

The training program runs for six months and gives students the practical experience and skills needed to start a panel beating or spray-painting apprenticeship. Participants may also work toward completing an industry-recognised accreditation in panel beating or spray painting. Students gain on-the-job work training and work experience from qualified auto industry professionals, and are supported by a team of tradespeople and a fulltime Student Support Officer.

An independent evaluation of Synergy found participants experience strong improvements in overall wellbeing, social stability and a willingness to work and stay away from negative influences during their time at Synergy, as well as developing the skills needed to build a sustainable career pathway.⁷²



Recommendations

Tailored supports should be made available to young people who face barriers to finding work or remaining engaged in education, including complex challenges such as problematic alcohol and drug use within their family or peer networks.

72. Thielking et al. 2016.

Systemic reform and responses

The 2009 National Health and Medical Research Council (NHMRC) Australian Guidelines recommend no alcohol consumption as the safest option for people under 18 years, and note that alcohol may adversely affect brain development and lead to alcohol related problems in later life.⁷³

The prevalence of alcohol consumption among Australian secondary students is an indicator of the importance of drinking alcohol in contemporary adolescent cultures.⁷⁴

According to research conducted by Cancer Council Australia, the most common location for 16-17 year-olds who drank was at a party (36%; younger students 12-15: 22%), while younger current drinkers most commonly drank at home (45%; older students: 28%). Drinking at a friend's home (15%) was also common among all young drinkers aged 12-17.⁷⁵

As discussed above, alcohol consumption remains part of adolescent culture and measures to shift cultural attitudes towards alcohol and drug use should be prioritised, particularly among younger generations. This includes minimising exposure to alcohol advertising including through social media and addressing peer pressure around alcohol.



73. National Health and Medical Research Council 2009.

74. Guerin & White 2018.

75. Guerin & White 2018.

Youth Beat - Tasmania

Youth Beat operates in Derwent Valley and Clarendon Vale and Rokeby and reaches out to vulnerable young people across Southern Tasmania.



This service offers a wide range of services/support to young people by identifying and addressing anti-social behaviour, alcohol and drug related issues, referral and intervention for young people in crisis, as well as assistance with accessing additional services and social support networks.

Mission Australia fosters strong relationships with police, community groups and local support services. Youth Beat offers interactive outreach activities based on the needs and interests of young people.



Recommendations



- Concerted efforts are needed to address the expectations and peer pressure to use alcohol and drugs among young people and shift attitudes towards alcohol and drug use.
- Effective regulatory measures must be adopted to minimise the exposure to alcohol related advertising through various forms of media including TV and social media.

Recognising diverse needs

Youth Survey respondents come from diverse backgrounds, from metropolitan, rural and remote areas, from Aboriginal and Torres Strait Islander backgrounds and culturally and linguistically diverse communities and some identify as people with disability.

Alcohol and drug service responses need to be flexible in nature and service delivery should represent the diversity of the communities, schools or other settings that they operate in, including services targeted to Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people identifying as lesbian, gay, bisexual, transgender and/or intersex (LGBTI), people in contact with the justice system, people with disability or mental health issues, and people in rural and remote communities.

Aboriginal and Torres Strait Islander young people

According to Youth Survey findings, a total of 44.1% Aboriginal and Torres Strait Islander young people agreed that alcohol and/or drugs are a problem for my family/peers, compared to 26.8% of non-indigenous young people who agreed with the statement.

For some Aboriginal and Torres Strait Islander people, alcohol and drug dependence can be a serious issue requiring access to effective and appropriate treatment. However, mainstream alcohol and drug interventions that are not culturally appropriate or holistic in approach have been found to be less effective for Aboriginal and Torres Strait Islander people.⁷⁶

Access to culturally appropriate detoxification and rehabilitation facilities in or close to communities are vital to support Aboriginal and Torres Strait Islander people to overcome the challenge of alcohol and drug dependence. This includes young people themselves as well as family members and peers.

Youth-specific facilities that cater for Aboriginal and Torres Strait Islander young people, take a holistic approach to young people's needs, and provide a safe, secure and encouraging environment should be invested in and it is also important that these services are able to work with the families, including extended family.

Supervised Community Accommodation Townsville (SCAT) - QLD

The Supervised Community Accommodation Townsville (SCAT) model is funded to support 14-17 year old young people in Townsville who are leaving detention and were experiencing homelessness or at risk of homelessness. Approximately 95% of the SCAT participants identify as Aboriginal or Torres Strait Islander people.

SCAT provides young people with accommodation for up to six months and tailored case management support to assist them in achieving their personal and developmental goals, while they develop the skills they need to transition to semi-independent and independent housing. They are also supported to reconnect with their family. Aboriginal and Torres Strait Islander mentors are available and the team holds cultural camps organised in collaboration with Aboriginal and Torres Strait Islander Legal Service (ATSILS) every three months to support Aboriginal and Torres Strait Islander young people reconnect with their culture and with Elders from the local communities.



76. National Indigenous Drug and Alcohol Committee 2014.



Case Study

Leon* is a 16 year old who identifies as an Aboriginal young person. When Leon was referred to Mission Australia's youth accommodation service in Townsville QLD, he already had a history of contact with the Youth Justice system.

He was unable to return home to his parents or other family as bail was refused to these addresses. His family has a history of domestic violence and alcohol and drug use at home, and Leon's mother has significant health issues.

Leon's peer group was mostly made up of extended family members, and he felt he had a limited connection to his culture. Leon smoked cannabis and drank alcohol on occasion. Leon was shy, withdrawn and hard to engage with. At the time of referral, he was assessed as having an intellectual impairment.

Indigenous support workers helped Leon and his family practice safe and positive social engagement during his weekly visits home. Staff also supported him with living skills, and developed routines with Leon and his family. Staff helped Leon practice saying 'No, thank

you' when he is offered alcohol or drugs, and created opportunities for Leon to change the focus of activities with his extended family to activities such as fishing.

Staff also worked with Leon on discovering more about his cultural heritage and took him on more than four Cultural Camps where he was part of smoking and cleansing ceremonies, taught about traditional indigenous cultural practices, and about maintaining respectful and healthy relationships.

Leon's cousins, who were also engaged in youth justice system, also attended these camps.

Leon's return home was smooth, with the family having been prepared both materially and emotionally whilst also being provided with referrals and information about local services that could assist them, including alcohol and drug related services. He stepped in as his mother's carer, and he and his mother were provided with referrals to services that supported them as individuals and as a family.

Leon stated that he feels connected to culture, and has improved the way he feels about himself. The involvement of his family in the Cultural Camps has changed the relationships he has with them and what they do together. Leon has volunteered at Cultural Camps to help other young people, and hopes to train as a youth worker. He has been involved with the Indigenous Ranger program, and has just completed an interview with them to undertake training.

*Name has been changed for confidentiality

In addition to providing supports for people with significant alcohol and drug dependence, there should be more investment into education, early intervention and prevention in local communities that are culturally appropriate and are designed, developed and delivered by Aboriginal and Torres Strait Islander community controlled organisations.

Recommendations



- All supports and services in relation to alcohol and drugs should be provided in a culturally sensitive manner and cater for the needs of diverse groups including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people identifying as lesbian, gay, bisexual, transgender and/or intersex (LGBTI), people in contact with the justice system, people with disability or mental health issues, and people in rural and remote communities.
- More investment is needed in treatment facilities that cater for Aboriginal and Torres Strait Islander people, take a holistic approach to people's cultural needs, and provide a safe, secure and encouraging environment. These services should have capacity to work with broader families and the community.
 - Service responses should be designed and implemented in collaboration with young people who are experts in their own lives.



Appendix

Education

Table 1: Participation in education, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Studying full-time	92.3	94.9
Studying part-time	2.9	2.0
Not studying	4.8	3.1

Table 2: Satisfaction with studies, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Very satisfied	12.3	13.0
Satisfied	52.6	57.4
Neither satisfied nor dissatisfied	25.4	23.6
Dissatisfied	6.9	4.7
Very dissatisfied	2.8	1.3

Employment


Table 3: Participation in paid employment, by Alcohol and/or Drugs are a problem for my family/peers

	Alcohol and/or Drugs are a problem for my family/peers	
	Agree %	Neither/disagree %
Employed full time	1.0	0.5
Employed part time	44.7	41.4
Not in paid employment, looking for work	35.3	34.3
Not in paid employment, NOT looking for work	19.0	23.9

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