Drugs and young people in Australia

Dr John Howard

Medicine | National Drug and Alcohol Research Centre

Introductory assumptions

- Young people are diverse
- Adolescence is a time of experimentation, exploration, identity search and risk taking
- Substance use is not mindless – it meets needs
- Consequences and harms of substance use shaped by cultural, legal, social and economic contexts
- Most who begin to use substances do not continue to use or develop significant issues
- Earlier initiation, usually greater the risks and negative outcomes, especially for more vulnerable young people

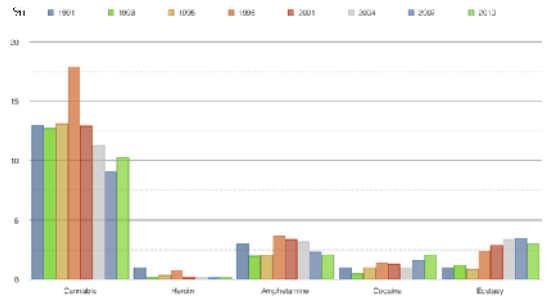
Why do young people take drugs?

- pleasure, fun
- relief from pain
- excitement
- courage
- enhance sexual activity
- reduce hunger
- forget problems
- get to sleep or keep awake
- to belong
- to celebrate
- ……

What substances are being used by young people in Australia?

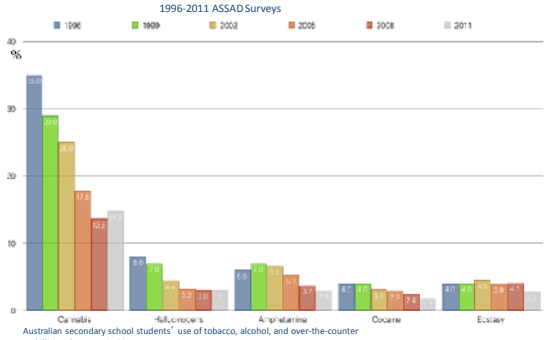
Changes in recent drug use over time – 1991-2010

2010 National Drug Household Survey



Lifetime drug use, Australian secondary school students, 1996-2011

1996-2011 ASSAD Surveys



Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011

Drug use by gender

National Drug Household Survey 2010 (AIHW) 12 to 19 year olds

Substance	Male		Female	
	Ever (%)	Recent(%)	Ever (%)	Recent(%)
Alcohol	89.5	62.6	90.1	62.1
Tobacco	25.7	20.2	20.0	17.7
Cannabis	34.2	17.6	29.6	16.4
Meth/amphetamine	6.6	3.3	5.2	5.1
Ecstasy	12.4	7.7	7.1	5.8
Cocaine	5.5	3.8	4.4	3.0
Inhalants	1.0	0.5	1.0	0.5
Heroin	0.6	0.3	0.5	0.2
Pharmaceuticals – non-medical	5.0	3.6	4.5	3.5

* Recent use defined as use in last year

Young offenders have far greater levels of substance use, and associated difficulties

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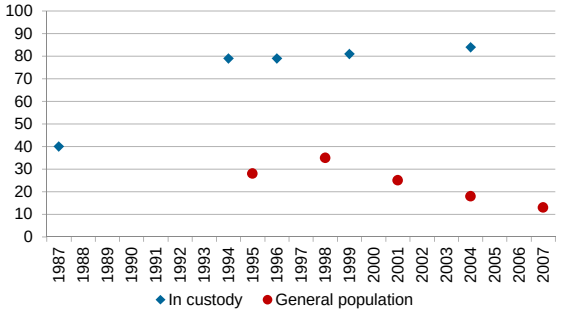
Recent use of cannabis – young people



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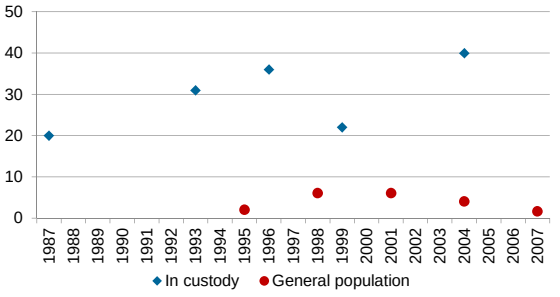
Recent use of amphetamines – young people



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Some Issues

- Comorbidity / co-occurring disorders
- Provision of 'stepped-care'
- Culturally and linguistically diverse (CALD) groups – eg those from civil unrest/armed conflict, refugees, subgroups with pre-existing drug use, where parents (especially mothers) non-English speakers
- Same sex attracted young people
- Indigenous young people (Aboriginal and Torres Strait Islanders)
- Opioid and other medications
- Synthetic drugs (eg synthetic cannabinoids (Kronic, Spice), cocaine (bath salts), Khat (meow-meow/mephedrone), etc.)

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Synthetic Drugs

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Emerging Psychoactive Substance: prevalence

(%)	National N=574	National N=607	Days of use
Phenethylamines (2Cx Class)	2011	2012	Median (n:range)
2C-B	8	9	1 (1-22)
2C-i	4	2	1 (1-10)
2C-E	3	2	1 (1-4)
Phenethylamines (Beta-ketones)			
Mephedrone	13	5	2 (1-30)
Methylone/bk MDMA	5	5	2 (1-24)
Ivory Wave/MDPV	1	2.5	2 (1-30)
Phenethylamines (Amphetamine-based)			
Benzo Fury (6-APB)	n.a	<1	1.5 (1-2)
Mescaline	4	2	1 (1-5)
MDAI	n.a	<1	2 (1-12)
(Ergolines)			
LSA (Hawaiian Baby Woodrose)	1	2	1 (1-5)
Tryptamines			
5MEO-DMT	2	<1	1.5 (1-2)
DMT	13	12	1.5 (1-14)
(Dissociative)			
DXM (Cough syrup)	5	2.5	1.5 (1-10)
Methoxetamine (MXE)	n.a	1	4 (1-60)
Salvia divinorum	2	2.5	1 (1-15)
Piperazines			
BZP	2	1	1 (1-2)

Source: 2012 EDRS REU/RPU interviews

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Issues with synthetic drugs

- What are they?
- Uneven potency in same product and in same purchase?
- Plant or other matter sprayed on or blended with, may also have psychoactive effects – eg synth cannabis
- How much to take – mostly more potent than 'natural' product – eg cannabis?
- Links to psychiatric and other health emergencies
- Now products weekly – how to control?

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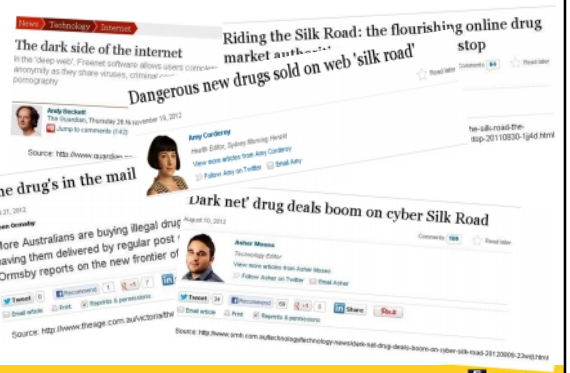

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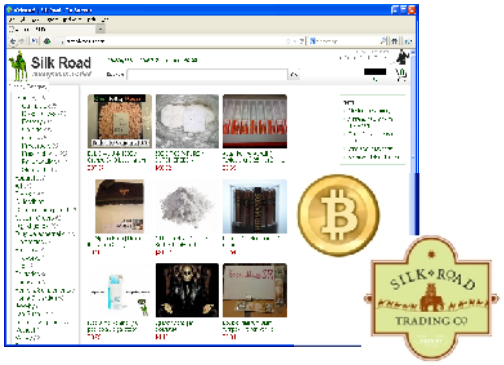

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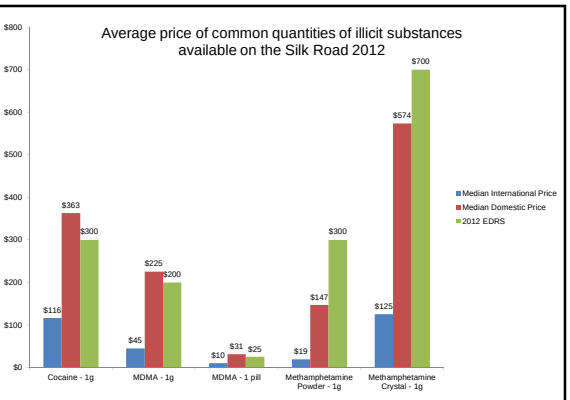

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Results – Substances for sale on the Silk Road

Substance	Time 1	Time 2	Time 3	Time 4	Time 5	Time 6	Time 7	Time 8	Time 9	Time 10	Total
Cannabis	68	72	83	83	87	89	102	95	95	99	873
EPS	69	57	73	86	91	80	93	88	93	98	828
MDMA	57	52	66	66	77	81	82	81	78	79	719
Pharmaceuticals	54	47	55	64	71	76	81	77	76	76	677
Cocaine	27	33	30	35	50	43	56	55	47	47	423
Prescription Opioids	38	44	30	37	42	40	50	39	47	47	414
Methamphetamine	26	24	37	37	44	45	41	42	40	55	391
LSD	20	15	25	33	34	29	33	32	41	39	301
Ketamine	15	15	20	24	19	19	23	29	30	36	230
Illicit Opioids	11	16	22	22	24	20	27	27	28	27	224
PEDs	12	12	22	13	21	21	22	27	29	31	210
Magic Mushrooms	6	6	17	18	18	19	16	16	16	19	151
Synthetic Cannabinoids	11	11	13	13	11	11	11	11	13	14	119
GHB	5	3	7	9	9	7	9	8	8	6	71

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Interventions:

- Prevention
- Treatment

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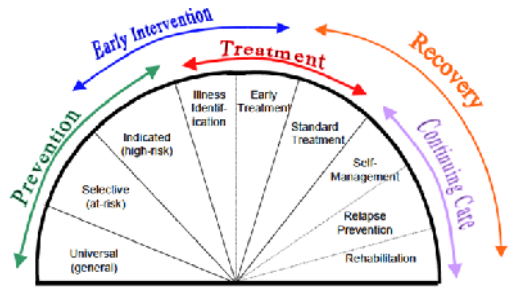
Levels of intervention



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What we know does NOT work well, or at all, for young people who use drugs?

- Medical approaches - alone
- Psychotherapeutic approaches - alone
- Punishment, Imprisonment, Boot camps
- Just say 'no' campaigns - alone
- Scare campaigns
- Urine testing - alone
- Many mass media approaches – 'recall' high, but behaviour change?
- NA/AA - alone
  - The *'alone'* part is important

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Why don't they work?

- Ignore *'why'* young people use
- Assume that reasons for use of any drug are the same
- Ignore 'loss and grief' issues in cessation of drug use
- Target too broad or too narrow
- Are delivered by inappropriate people
- Use inappropriate language/style/media
- Do not involve target young people
- Are only abstinence based

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What seems to work better?

- Interventions based on best available evidence
- Interventions targeting both risk and protective factors
- Early life-stage interventions
- Multi-modal interventions that involve the young person, family, school, peers and community +
- Cognitive behavioural approaches +
- Brief Interventions - 1 to 6 sessions
- Skills development, especially life skills
- Attention to social determinants

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Prevention – Demand Reduction

Prevention – Demand Reduction

- ✓ Awareness campaigns - universal prevention - promoting health lifestyles
- ✓ Promotion of social inclusion
- ✓ Restrictions on advertising – eg tobacco and alcohol
- ✓ Taxation – eg increasing tax on alcohol
- ✓ Bans on smoking in many locations
- ✓ Increasing family support – use of media and IT
- ✓ Community involvement – eg Community Drug Action Teams

Community Drug Action Teams

- ❖ CDATs are community groups supported by NSW government to increase and improve general community awareness about drugs and help them develop their own responses to local drug problems
- ❖ Usually involve community members, health workers, school staff, police, local and state government

Safety

Safe Party Squad:

Save a Mate:

Youth, police, mechanics and car enthusiasts

Prevention – Demand Reduction

- ✓ School-based drug education – Kindergarten to Year 12
  - ✓ earlier years social and coping skills, healthy lifestyles
  - ✓ later years specific drug awareness and strategies
- ✓ Targeted campaigns for those more at risk - Indigenous, occupations, work-settings, sex workers, IDUs
- ✓ Treatment - brief and opportunistic, longer-term
- ✓ Early and brief interventions – where use has emerged
- ✓ Diversion from criminal justice system
- ✓ Support reconnection to families and communities for those who require residential or correctional system treatment

Treatment

- Screening and brief interventions in schools (eg school counsellors and nurses – some some states) and community settings (Government and NGO).
- Most based around Motivational Interviewing/Enhancement and Cognitive Behaviour Therapy (CBT). Referral to specialist programs as necessary – eg pharmacotherapy, out-client groups and individual therapy – limited family approaches – eg MDFT, and 'multi-systemic' – eg MST
- Residential treatment - NGOs

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What interventions exist for young people with substance use-related difficulties and involvement in crime?

- **Voluntary** – community and residential
  - but most young people coerced into treatment
- **Diversion by Police** – cannabis cautions, family conferencing
- **[Youth Drug Court** – if crime drug related, and plead guilty – now ceased – cost….]
- **Treatment** – community and residential
  - including brief and longer treatments, withdrawal management, pharmacotherapies/OST (eg methadone and buprenorphine)

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Goal of treatment?

To increase the capacity of those involved in the treatment to manage their lives more effectively

or

'Abstinence'?

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Objectives of treatment?

- Awareness raising
- Increasing motivation
- Reducing substance use and related risk behaviour (eg crime, sexual and BBI risk)
- Improving physical and mental health and general functioning
- Increasing interpersonal and other skills
- Reducing risk and promoting protective factor

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Withdrawal Management - Detoxification

- Short-term (up to 10 days)
- Primary aim is to interrupt the pattern of regular, heavy use
- Subsidiary aims:
  - Alleviate the withdrawal syndrome
  - Link the user with treatment or support services
- May occur in inpatient or outpatient environments
- High risk of relapse after successful (or unsuccessful) detoxification
- No evidence of long-term improvement from detoxification
- Not used much for those up to 18 years, and very limited capacity

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Residential rehabilitation

- Treatment in drug free environment
- Usually up to 3months – longer if over 18 and in adult program
- Aims to change lifestyle completely
  - abstinence from illicit drug use
  - eliminating antisocial behaviours
  - development of employment skills, self-reliance and personal honesty
- Some based upon the Narcotics Anonymous/ Alcoholics Anonymous
- The community itself is the therapy
- Limited beds available for those under 18, and none in some states

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Residential rehabilitation

- An effective form of treatment
- Longer retention associated with better outcomes
- In addition, successful completion is associated with a superior outcome
- Benefits from educational engagement, vocational skill development, and attention to mental health, family and social concerns
- Continuing care CRUCIAL post-residential component

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Does treatment work?

- some evidence informed treatment is usually better than no treatment
- no one treatment is necessarily better than another
- residential treatment should not be longer than about 3 months for young people
- retention in treatment leads to better outcomes
- including CBT and family involvement improves outcomes
- comprehensive approaches improve outcomes
- maintaining change is difficult

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An example of positive outcomes from a youth specific residential treatment program:

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Aims of study – residential youth drug treatment

To determine whether, three months after residential treatment there were positive changes in:

- Frequency and amount of drug use
- Polydrug use
- Severity of Dependence
- Injecting drug use
- Criminal behaviour
- Mental health
- Family functioning

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Profile of followed-up clients

Demographics	All clients (n=332)	ATSI (n=73)	Non-ATSI (n=254)
Mean Age	16.7	16.7	16.7
Female (*p < .05)	32.8%	23.3%*	35.8%*
Studying - on admission	30.6%	21.1%	33.3%
Employed - on admission	11.5%	9.9%	12.1%
Completed Year 10 (*p < .0005)	24.2%	8.2%*	28.2%*
Been in a special class at school	36.5%	39.1%	36.3%
Been suspended or expelled from school	87.9%	90.4%	87.4%
Lived in three or more places in the six months prior to entering PALM	53.9%	57.5%	53.0%

Profile – Drug of Main Concern

	All clients	ATSI	Non-ATSI
Cannabis	47.6%	45.2%	48.0%
ATS	20.3%	15.1%	22.2%
Heroin	9.7%	11.0%	9.1%
Alcohol (*p < .05)	17.9%	26.0%*	15.5%*
Ecstasy	1.5%	0.0%	2.0%
Tranquillisers	0.9%	1.4%	0.8%
Inhalants	0.6%	0.0%	0.8%
Cocaine	1.5%	1.4%	1.6%

Profile - Drug of Secondary Concern

	All clients	ATSI	Non-ATSI
Cannabis	32.2%	41.1%	29.5%
Alcohol	30.4%	27.4%	31.5%
ATS	27.1%	31.5%	24.8%
Ecstasy	13.9%	9.6%	15.0%
Heroin	7.8%	6.8%	7.9%
Tranquillisers (*p < .05)	3.9%	0.0%*	5.1%*
LSD	3.0%	4.1%	2.8%
Inhalants (* p < .05)	2.4%	6.8%*	1.2%*
Cocaine	3.6%	5.5%	3.1%

Profile – IDU and Drug Misc

	All clients	ATSI	Non-ATSI
Injected at least once in lifetime	45.7%	45.2%	46.0%
If injected in last 3 months, used unsterile equipment	20.6%	30.8%	17.7%
If injected in last 3 months, Passed on unsterile equipment	19.8%	15.4%	21.8%
Ever overdosed	25.8%	23.6%	26.5%
Believe drug use a problem	95.8%	93.2%	96.8%
Previous treatment	68.0%	70.8%	67.3%
Tried to cut down by self	86.5%	88.9%	85.9%

Profile – Health and Mental Health

	All clients	ATSI	Non-ATSI
Health fair to poor	58.4%	60.3%	57.4%
Mental health			
Feeling trapped/depressed/lonely	80.6%	77.8%	81.0%
Having no energy/ loss of interest	77.8%	73.6%	79.0%
Trouble concentrating/making decisions	83.6%	83.3%	83.4%
Feeling shy/self conscious	60.3%	66.7%	58.1%
Feel that people don't understand	69.5%	75.0%	68.1%
Feeling annoyed	74.8%	70.8%	75.4%
Having thoughts of ending life	49.8%	51.4%	49.6%

Profile – Suicidal Behaviour and Sexual Assaults

	All clients	ATSI	Non-ATSI
Suicide attempt	42.0%	44.4%	41.4%
Reason for attempt			
- Want to die	24.2%	27.3%	22.7%
- Didn't care if died	42.4%	36.4%	45. 5%
- Stop pain/anger/frustration	21.2%	18.2%	22.7%
- Didn't know what else to do	30.3%	36.4%	27.3%
Sexual assaults			
- Male, by known person (p < .05)	11.1%	19.6%*	8.3%*
- Female, by known person	54.9%	62.5%	54.1%
- Male, By stranger	5.1%	3.6%	5.8%
- Female, By stranger	32.4%	12.5%	36.5%

Profile – Criminal Behaviour

	All clients	ATSI	Non-ATSI
Arrested at least twice in 3 months prior to admission (* p < .0005)	32.4%	51.4%*	26.7%*
Property crime	41.6%	51.4%	39.1%
Person crime (* p < .05)	32.1%	43.1%*	29.0%*
Driving crime	28.4%	37.5%	25.5%
Supply Drugs crime	23.1%	25.0%	22.6%
Vandalism crime	21.3%	18.1%	22.2%

Drug Use Outcomes

Frequency of Use

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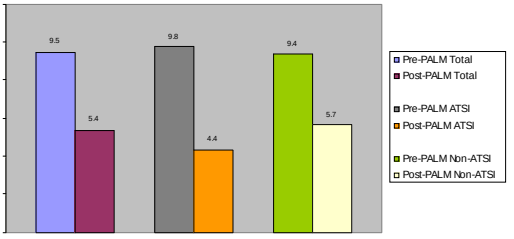
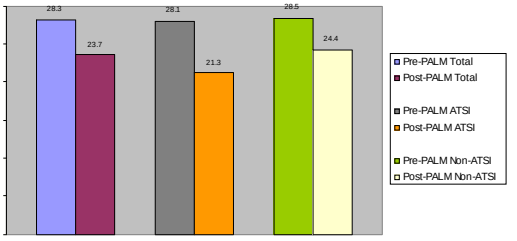
Days of Alcohol Use in the Last Month, Pre- and Post- PALM



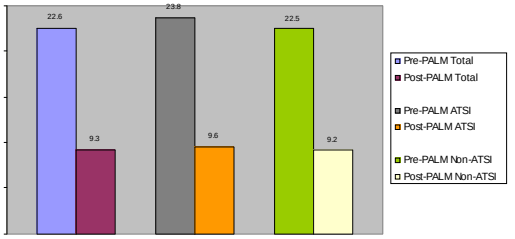
n = 301; p < .0005 n = 62; p < .005 n = 234; p < .0005

Days of Tobacco Use in the Last Month, Pre- and Post- PALM



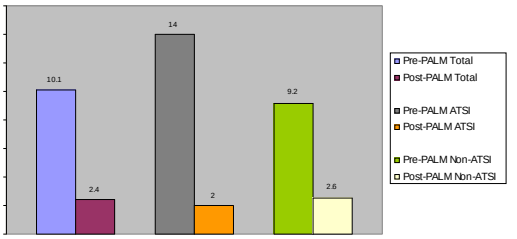
n = 316; p < .005 n = 67; p < .005 n = 244; p < .05

Days of Cannabis Use in the Last Month, Pre- and Post- PALM



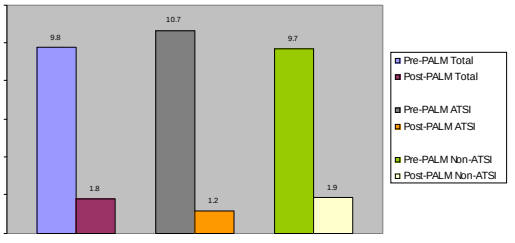
n = 300; p < .0005 n = 63; p < .0005 n = 233; p < .0005

Days of Heroin Use in the Last Month, Pre- and Post- PALM



n = 89; p < .0005 n = 21; p < .0005 n = 64; p < .0005

Days of ATS Use in the Last Month, Pre- and Post- PALM

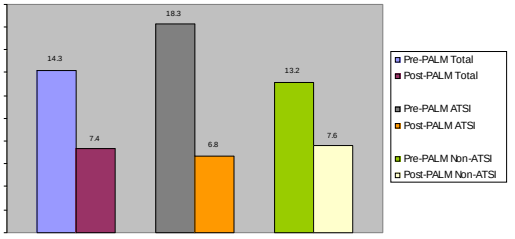


n = 177; p < .0005 n = 32; p < .0005 n = 142; p < .0005

Drug Use Outcomes

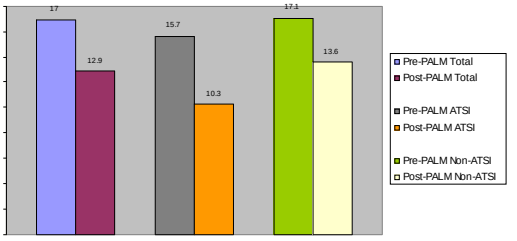
Amount of Use

Amount of Alcohol Used Per Day of Use, Pre- and Post- PALM



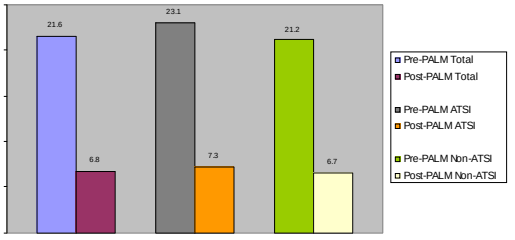
n = 289; p < .0005 n = 59; p < .0005 n = 225; p < .0005

Amount of Tobacco Used Per Day of Use, Pre- and Post- PALM



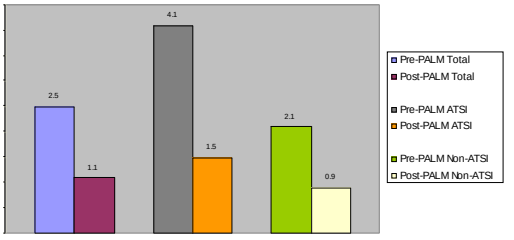
n = 299; p < .0005 n = 61; p < .005 n = 233; p < .0005

Amount of Cannabis Used Per Day of Use, Pre- and Post- PALM



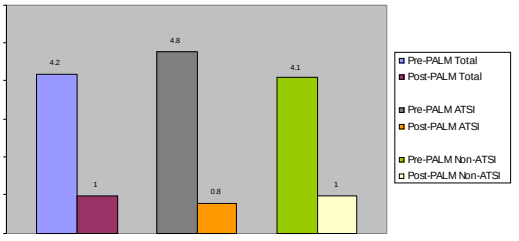
n = 290; p < .0005 n = 62; p < .0005 n = 224; p < .0005

Amount of Heroin Used Per Day of Use, Pre- and Post- PALM



n = 74; p < .05 n = 19; ns n = 51; p < .05

Amount of ATS Used Per Day of Use, Pre- and Post- PALM

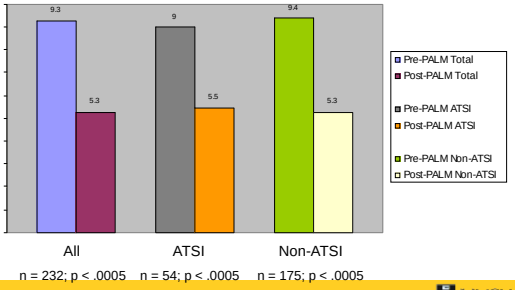


n = 158; p < .0005 n = 28; p < .005 n = 127; p < .0005

Drug Use Outcomes

Severity of Dependence

Severity of Dependence Scale (SDS) Scores 3 Months Pre- and Post- PALM

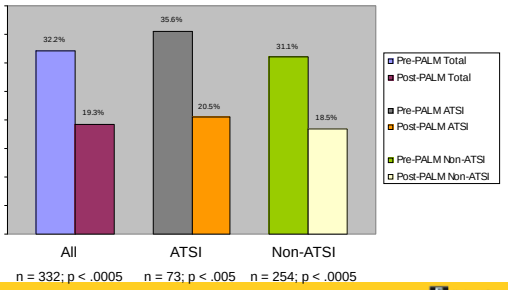


n = 232; p < .0005 n = 54; p < .0005 n = 175; p < .0005

Drug Use Outcomes

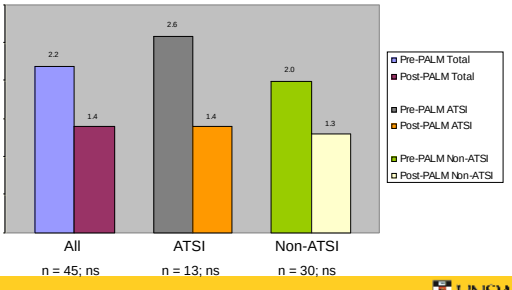
Injecting Drug Use

Injecting Drug Use in 3 Months Pre- and Post- PALM



n = 332; p < .0005 n = 73; p < .005 n = 254; p < .0005

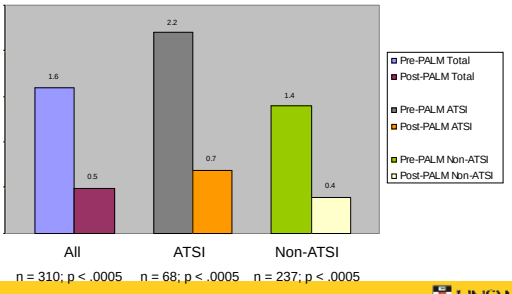
Blood Borne Virus Risk Scale Scores 3 Months Pre- and Post- PALM



n = 45; ns n = 13; ns n = 30; ns

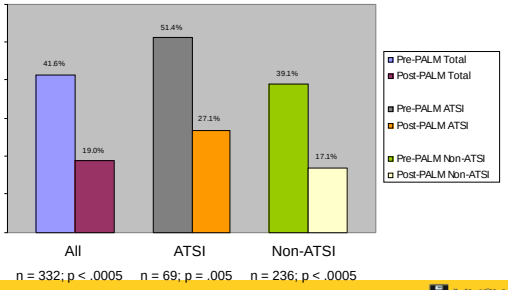
Criminal Behaviour Outcomes

Number of Arrests in 3 Months Pre- and Post- PALM



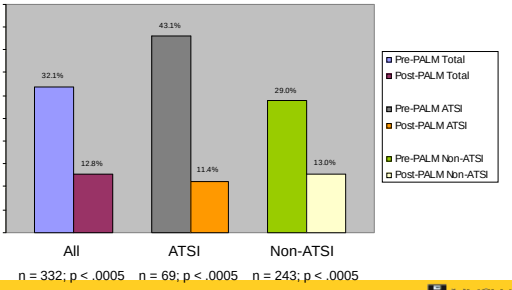
n = 310; p < .0005 n = 68; p < .0005 n = 237; p < .0005

Property Crime in 3 Months Pre- and Post- PALM



n = 332; p < .0005 n = 69; p = .005 n = 236; p < .0005

Person Crime in 3 Months Pre- and Post- PALM

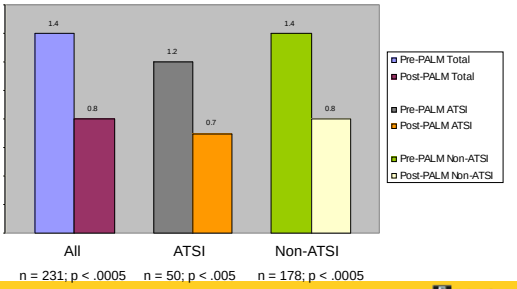


n = 332; p < .0005 n = 69; p < .0005 n = 243; p < .0005

Mental Health Outcomes

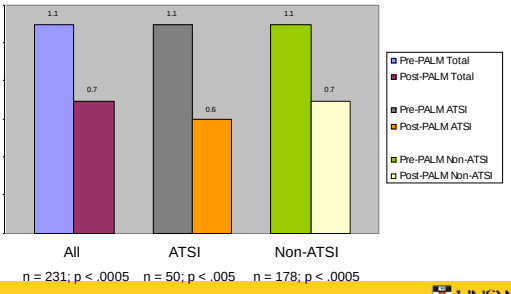
Brief Symptom Inventory (BSI)

BSI Depression Score, Pre- and Post- PALM



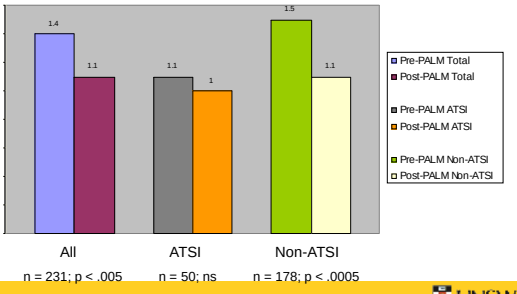
n = 231; p < .0005 n = 50; p < .005 n = 178; p < .0005

BSI Anxiety Score, Pre- and Post-PALM



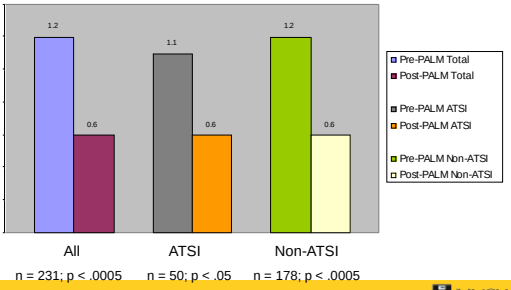
n = 231; p < .0005 n = 50; p < .005 n = 178; p < .0005

BSI Hostility Score, Pre- and Post-PALM



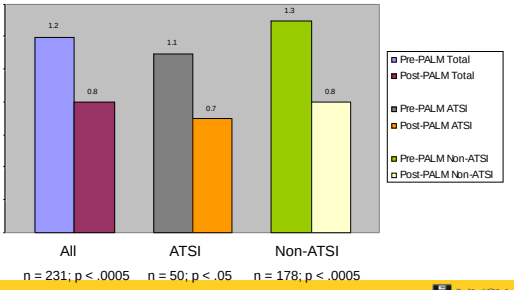
n = 231; p < .005 n = 50; ns n = 178; p < .0005

BSI Psychoticism Score, Pre- and Post- PALM



n = 231; p < .0005 n = 50; p < .05 n = 178; p < .0005

Global Severity Index, Pre- and Post- PALM

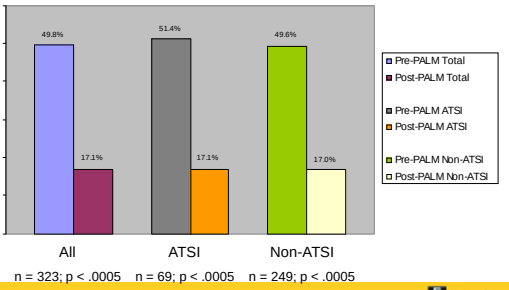


n = 231; p < .0005 n = 50; p < .05 n = 178; p < .0005

Mental Health Outcomes

Psychological Well-Being Scale

Suicidal Ideation in 3 Months Pre- and Post- PALM



n = 323; p < .0005 n = 69; p < .0005 n = 249; p < .0005

Conclusions

The results indicate that a participation in a residential program of up to three months is associated with:

- Reductions in:
  - Frequency and amount of drug use
  - Polydrug use and Severity of Dependence
  - Injecting drug use
  - Criminal behaviour
- Improvements in:
  - Mental Health
  - Family functioning

(Limitation - self-report measures utilised)

For more information:

john.howard@unsw.edu.au

Website: http://ncpic.org.au