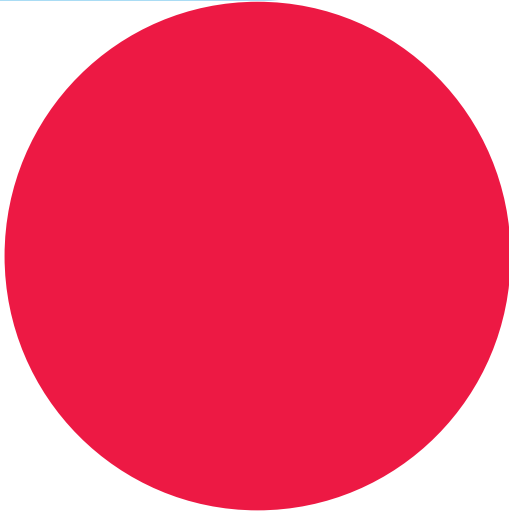
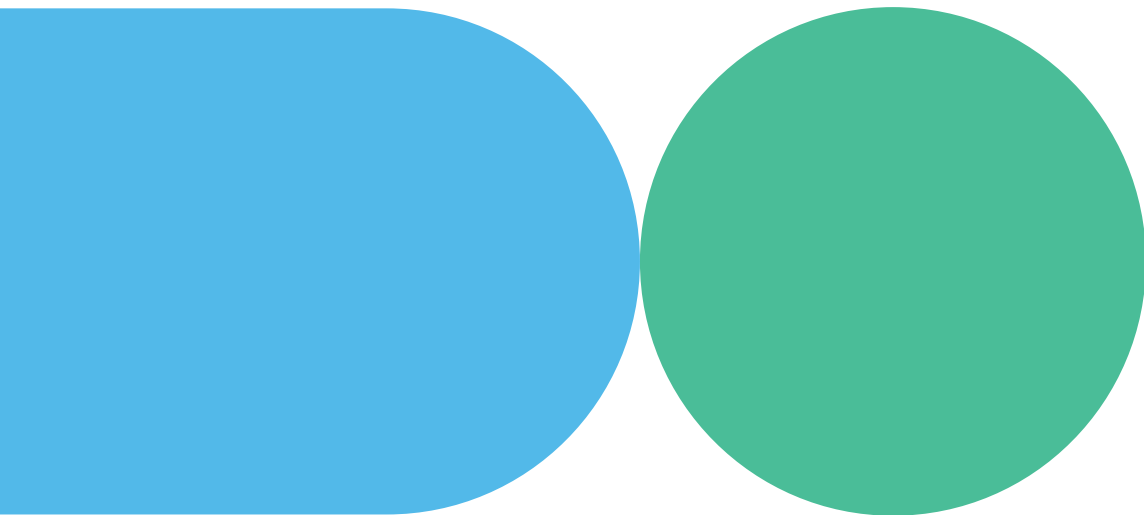


Alcohol, Other Drugs and Mental Health Needs in Young People.

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Why do young people use alcohol and other drugs?

Experimenting with alcohol and other drugs (AOD) is a common part of life for many young people.¹ Here we define ‘young people’ as people aged between 12 – 25 years.

Young people’s lives are often defined by quick changes, experimentation and risk taking. These stages of development are important and normal.²

In fact, this exploration is vital to building identity, values, independence, relationships, new skills, and learning about risk and consequences.² Part of this may include alcohol or other drugs.

Young people use alcohol and other drugs for many reasons.

One of the most common reasons is curiosity. Other reasons can be:

- for enjoyment
- for confidence
- to enhance their mood
- to experiment
- to relax
- to rebel
- to fit in with a group (i.e. family or peers who use alcohol and other drugs)
- to cope with physical or mental pain (which can come from trauma, family violence, academic pressures, low self-esteem, health conditions, discrimination and much more).^{3,4,5,6}

Young people and adults use alcohol and other drugs for similar reasons. But both often have different reasons for using alcohol and other drugs at various points in their life.

Not all drug use leads to dependence.

Many young people experiment with drug use and don’t experience significant harm.^{7,8}

Importantly, younger age groups have been reporting less drug use since 2001, with just under one in ten 14 – 17-year-olds reporting recently using an illicit drug in 2020.⁹

Younger people are also increasingly choosing not to drink alcohol. From 2007 to 2019:

- 14 – 17-year-olds choosing not to drink rose from 39% to 73%
- 18 – 24-year-olds choosing not to drink rose from 13.1% to 21%.⁹

The average age of young people trying alcohol for the first time has also risen, from 14.7 years in 2001 to 16.2 years in 2019.⁹

WHAT ARE THE RISK AND PROTECTIVE FACTORS HERE?

Generally, young people will start to use AOD because of a range of individual and environmental factors.³

It’s rarely one single factor that leads to substance use issues in young people.

It could be a range of factors such as genetics, family, friends, school, community, and life experiences.^{10,11}

Understanding how to enhance the factors that make it less likely a young person will use alcohol or drugs, or reduce the risk of harm if they do, is key when it comes to supporting a young person. These are the protective factors.

For example, having a close and affectionate relationship with your family can be a protective factor.

On the other hand, being introduced to alcohol by your family at a young age can be a risk factor. You can read more about protective and risk factors [here](#).^{12,13}

Risk and protective factors may not always have the same effect across a young person’s life. And importantly, risk factors don’t necessarily lead to problematic alcohol and drug use that impacts daily functioning.¹²

If you’re worried about a young person’s AOD use, it’s important to check in with them to see what else might be going on in their life to gain a better understanding of their needs and experiences.

HOW DO WE ENCOURAGE SAFER ALCOHOL AND OTHER DRUG USE?

Making sure young people know the risks and harms associated with AOD use can help them make safer decisions and reduce harm.

In the past, school-based AOD education programs aimed at young people have followed a zero-tolerance policy or a ‘just say no’ approach. However, this is not the reality for many young people and these programs are often not effective.

Best practice approaches follow a harm minimisation model that encourages help-seeking and safer behaviour.¹⁴

Important and effective goals to keep young people safer are delaying the age when alcohol and other drug use starts, avoiding regular use and early intervention to get help before use becomes problematic.¹⁵

THE RELATIONSHIP BETWEEN ALCOHOL AND OTHER DRUGS AND MENTAL HEALTH

Let's define some terms.

Mental health: A young person's state of mental and emotional wellbeing. This state of wellbeing includes recognising their abilities, coping with the normal stresses of life, working and/or contributing to their communities.¹⁶

Mental health condition/mental illness: A diagnosable condition that affects a young person's thoughts, feelings, perceptions, and behaviours. This can impact school, work, and personal relationships.¹⁷

Alcohol and other drug dependence: The use of alcohol and other drugs, including non-medical use of medication, that interferes with daily functioning. This can involve repeated unsuccessful attempts to discontinue use and spending lots of time and energy to obtain the drug, despite health, social, and financial concerns.^{18,19}

A young person experiencing mental ill health may be more likely to use drugs to cope with their symptoms in the short-term.¹⁸

Some common mental health symptoms experienced by young people are:

- hopelessness
- anxiety
- low mood
- irritability
- lack of quality sleep
- negative or racing thoughts.²⁰

Other young people may find drug and alcohol use triggers their first symptoms of mental ill health.⁹

So, it's often difficult to say which of these comes first – mental illness or AOD use.

But we do know that they influence each other.

Young people with mental ill health are more likely to use AOD more frequently and use multiple substances at the same time.^{21,22}

- In 2017, high school students with a mental health condition were more likely to use tobacco, alcohol, and illicit drugs than students without a mental health condition.²³
- In 2014, 45% of young people with major depressive disorder had used cannabis or other drugs.²¹

Different drugs can sometimes be used to alleviate different mental health symptoms.

So, a young person experiencing mental ill health might use cannabis to relax or go to sleep but use ecstasy to enhance their mood with friends.²⁴

Initially, the young person may be using substances to enhance positive feelings.

This may shift to using substances to cope with negative feelings and ease withdrawal symptoms.^{11, 25}

AOD use can intensify the symptoms of mental ill health and make it harder to juggle school, work, friendships, family, health, and safety.⁹



What are co-occurring mental health and AOD conditions in young people?

Co-occurring mental health and AOD conditions in young people mean that both conditions are medically diagnosable and are occurring at the same time.

Other terms you might hear for the same thing, include:

- dual diagnosis
- coexisting
- comorbidity.²⁶

Co-occurring mental health and AOD conditions will affect each young person differently.

Alcohol and other drug use in young people can escalate when their mental health condition is present or untreated, and vice versa. This can worsen the symptoms of each condition.

A young person might seek treatment for one issue, before receiving treatment for the other. Or receive treatment for both issues from different services, which sometimes can be difficult to sustain.²⁷

A young person may use alcohol and other drugs to reduce mental health symptoms and experience temporary relief.

But, when using AOD in this way, there's a risk that once the effects of the drug subside, mental health symptoms can be heightened as they return. This can lead to a cycle of using more and building a tolerance to AOD.²⁷

Additionally, if a young person is taking medication for their mental health condition and using AOD, this can impact the medication used in treatment.²⁸

Young people experiencing co-occurring AOD and mental health conditions are also at increased risk of:

- longer hospital admissions
- housing insecurity
- unemployment
- experiencing violence
- traffic accidents
- self-harm
- suicidal thoughts and behaviour
- interruptions to school and work
- challenges with relationships with family and friends.^{9,15,29,30,31}

While there are some important barriers to obtaining care to acknowledge, it's important to understand that support is available for young people.

The Royal Commission into Victoria's Mental Health System called for the delivery of integrated treatment, care, and support for people experiencing co-occurring mental illness and substance use or dependence.

Current reforms are ensuring the delivery of integrated care across mental health, wellbeing, and AOD sectors. This provides a 'no wrong door' approach and will improve the outcomes for young people with co-occurring needs.³²

The Department of Health has developed **guidance** for Victorian mental health and AOD services to support the delivery of integrated care.

The Department states people seeking support for their co-occurring needs should be met with a warm welcome and compassion, based a philosophy of 'how can we help?'. This approach involves never turning away a young person in need of support, but rather responding flexibly to people's needs and if necessary, providing a warm referral to a suitable service.

This ensures that people are connected with support that suits their health and wellbeing needs.³³



What are the barriers for young people seeking help for co-occurring mental health and AOD needs?

First, let's look at the prevalence of **mental illness** in young people.

- Over 75% of mental health problems occur before the age of 25.³⁴
- Almost 1 in 5 of all young people aged 11 – 17 experience high/very high levels of mental distress.³⁵
- Almost 2 in 5 young people aged 16 – 24 experienced a 12-month mental health condition in 2020-21.³⁶
- Suicide accounts for 2 in 5 deaths among young people aged 15 – 17 and 1 in 3 young people aged 18 – 24. Suicide continues to be the leading cause of death for young people in Australia.³⁷

It's important to note that mental health symptoms can show up in everyone differently.^{38, 39}

Young people with a mental health condition may feel rejected from the people around them, their close relationships, workplaces, and communities, due to stigma.

Young people experience stigma, negative attitudes, and discrimination because of misconceptions about mental illness and AOD use. These messages come from society, treatment providers, friends and family, and they influence how the young person perceives themselves.⁴⁰

As well as stigma, young people have reported the following barriers to seeking help for mental health difficulties:

- thinking their problem was not serious enough
- wanting to resolve the issue on their own
- belief that help was unavailable, ineffective, or difficult to access
- distrust towards health professionals and negative past experiences
- lack of cultural sensitivity
- fear of negative outcomes, such as making others worry, upset, or feeling like a burden
- a problem identifying or expressing concerns
- financial cost
- transportation.^{38,41}

These barriers can cause young people to:

- fear how other people view them
- change how they view themselves
- avoid getting professional help
- avoid speaking to someone about their feelings.⁴⁰

Now, let's look at the prevalence of **alcohol and other drug use** in young people.

- In 2019, 24% of young people aged 14 – 24 used illicit drugs (including non-medical use of medications) in the last 12 months.
- In 2019, the average age of trying an illicit drug for the first time was 17.3 years.
- Cannabis was the most common illicit drug in 2019.
- In 2019, most young people aged 10 – 19 sought treatment for cannabis (60%), followed by alcohol (15%).¹⁸

Young people accessing AOD treatment face similar stigma and barriers as those mentioned above for mental health.

However, young people have spoken about additional AOD specific barriers, such as:

- not perceiving their alcohol and/or drug use as harmful
- cost of treatment and medication
- having to take time off school or work for treatment
- travel costs
- attitudes towards drug treatment.⁴²

Many young people belong to more than one historically excluded community. These can include:

- Aboriginal and Torres Strait Islander young people
- lesbian, gay, bisexual, transgender and/or intersex (LGBTIQ+) young people
- discriminated against multicultural young people
- young people who have had contact with the criminal justice system.⁴³

Young people with these **intersecting identities** often experience increased discrimination and stigma. Disconnection from culture and community can be a sign that a young person needs further support.⁴⁴

Understanding co-occurring mental health and AOD conditions in young people

Co-occurring mental health and AOD conditions in young people are not uncommon.

In 2019, young people aged 14 – 24 with mental health conditions were more likely to have engaged in drug use (including non-medical use of medications) in the last 12 months, compared to people without mental health conditions (36% vs 22%).¹⁸

Understanding what is going on for the young person you are working with can help you to find the right supports for them.

Consider:

- why is the young person using alcohol and other drugs?
- how is this interacting with their mental health?
- what stage of development are they currently in?

It's also important to understand what problematic AOD use in young people looks like.

This can involve one or more of the following:

- unpleasant mental and physical effects
- a need for a drug to get through the day
- alcohol and/or drug use that is taking over daily life at the expense of other activities.^{1,45}

Having a conversation

Conversations about alcohol and other drugs can start at an early age and be ongoing.

By using hopeful, curious, and non-judgmental language you can help counter stigma and reduce barriers.⁴⁶

Example questions

1. Tell me a little bit about your substance use.
2. What role is substance use playing in your life right now?

If a young person tells you their AOD use is having an effect on their mental health, you can start by caringly exploring:

- What is going on in the young person's life?
 - home
 - school
 - work
 - social life
 - recent life events
 - extracurricular activities
- Why are they using AOD? How could they achieve the same end goal in other ways?
 - coping?
 - confidence?
 - pleasure?
- How is stigma playing a role?
- What is their capacity and readiness to access help?
- What is the goal they would like to achieve through treatment?
- Do they have positive supports, such as family or carers, teachers, coaches, and community elders?
- Are they aware of available support services?¹⁹

EXPLORING THE UNDERLYING FUNCTION OF ALCOHOL AND OTHER DRUG USE WILL HELP YOU PROVIDE SUITABLE RESOURCES AND SUPPORT.

If you're working with a young person's family, [Positive Choices](#) has helpful resources that you can share with parents and guardians.

It's important to understand that the young person may not want to reduce or stop using alcohol and other drugs, may not feel ready for treatment, or may not be able to access medications or therapies for co-occurring mental health conditions.

Talking compassionately with them will help you understand if they need additional support from a specialist service.

Talking to a specialist AOD or mental health service can also help you understand how to connect a young person with the information and support they need.



Supporting a young person experiencing mental ill health and substance use can be challenging for both the young person and you. Working towards developing a healthier relationship with alcohol and other drugs can take time. However, there's plenty of help available for you both.

If you identify that the young person needs support for their mental health, AOD use, or co-occurring AOD and mental health conditions, the following services can offer online resources, secondary consultation, and clinical support.

Youth Drugs and Alcohol Advice (YoDAA)

yodaa.org.au
1800 458 685

headspace

headspace.org.au
1800 650 890

Kids Helpline

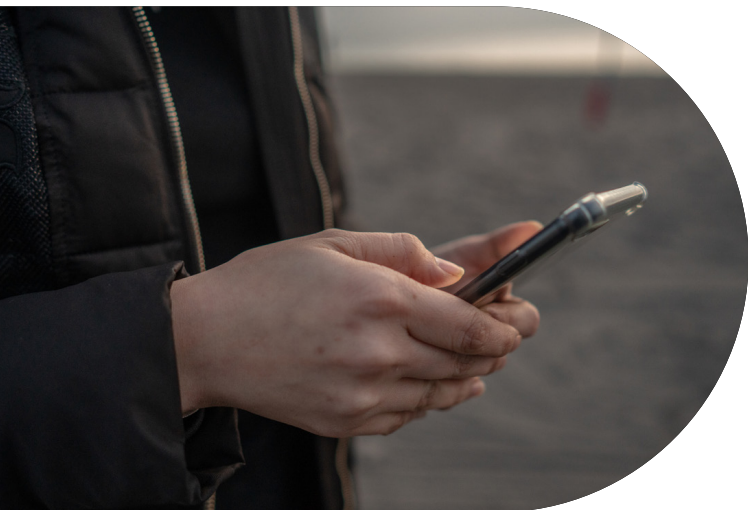
kidshelpline.com.au
1800 55 1800

Q – Life

qlife.org.au
1800 184 527

National Alcohol and Other Drug Hotline

1800 250 015



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