Social contexts of substance use for vulnerable 13 –15 year olds in Melbourne Youth Drug Reporting System





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> Sarah MacLean Andrew Bruun Shelley Mallett Rachael Green

> > October 2009







Acknowledgements

The Youth Drug Reporting Service (YDRS) was funded by the Premier's Drug Prevention Council, which met until June 2007. We particularly acknowledge the assistance of Diane Edwards in shaping the project and shepherding it through to completion. We also thank Estelle O'Callaghan for her contribution to the finished product.

Nicole Lee has overseen the YDRS project at Turning Point Alcohol and Drug Centre. Jennifer Johnston led the project through the first two data collection phases and we thank her for her very significant contribution. We would like also to acknowledge other Turning Point staff members who have worked on previous YDRS reports: Craig Fry, Susan Clements, Brian Smith, Stefan Cvetkovski and Brendan Quinn. Laura Sciacchitano, Janette Mugavin, Sharon Matthews and Brian Smith provided statistical advice and support for the data analysis.

At the Youth Substance Abuse Service (YSAS) Louise Vaughan, Leonie Farrell and Wendy Clipperton were responsible for administering the YDRS surveys with young people aged 13–24. Wendy also conducted most of the qualitative interviews. We are grateful for her tenacity in finding interview participants, her empathic and caring approach to the young people in the study and thoughtful comments on the draft report. Throughout the study, YSAS staff members have gone out of their way to identify potential participants.

The YDRS survey was partly based on survey materials developed for the Illicit Drug Reporting System (IDRS) led by the National Drug and Alcohol Research Centre (NDARC), with Turning Point as the main Victorian agency. We would like to acknowledge NDARC's generosity in granting permission to draw on their survey for developing the YDRS survey tool. Turning Point was granted permission to conduct specific analyses on National Drug Strategy Household Survey (NDSHS) 2004 datasets.

Many young people and professional staff have participated in interviews or completed surveys for the YDRS. We thank everyone involved for candidly sharing their experiences in the hope of further improving the service system response to young people.

Abbreviated terms

ABS	Australian Bureau of Statistics	
AIHW	Australian Institute of Health and Welfare	
AOD	alcohol and other drug	
DHS	Department of Human Services (Victoria)	
HREC	Human Research Ethics Committee	
IDRS	Illicit Drug Reporting System	
IDU	injecting drug use	
KE	key expert	
NDARC	National Drug and Alcohol Research Centre	
NDSHS	National Drug Strategy Household Survey	
SPSS	Statistical Package for the Social Sciences	
VYADS	Victorian Youth Alcohol and Drug Survey	
WHO	World Health Organization	
YDRS	Youth Drug Reporting System	
YSAS	Youth Substance Abuse Service (Victoria)	

Transcription notation

Ι	interviewer
R	respondent
(xxx)	non-verbal communication, e.g. (laughs)
[xxx]	authors' insertion or observation
	deleted words
-	speaker trails off
xxx	words spoken with emphasis

Note on terminology

In this report we refer to the young people who participated in the study as '**vulnerable**', as this is the term currently used within state government policy discussions of the target group for this research. Indeed in the language of the recently released *Vulnerable Youth Framework Discussion Paper* (State Government of Victoria 2008) young people who participated in this study are located at the far end of the vulnerability spectrum, as 'highly vulnerable' or 'high risk'.

Young people participating in the YDRS were principally recruited via youth alcohol and other drug (AOD) services and homelessness services. Although we use the term 'vulnerable' we do so with some reservation, to signify that these young people were currently engaged in or linked to the AOD youth service system—due to their own or others' perception that they had a drug and alcohol problem requiring a targeted service response. Although we use this term we do not hold the view that all young people are vulnerable because of their life stage. We also recognise that people, including the young people who participated in the study, may only be vulnerable in limited or selected aspects of their lives. In using this term we are also not ascribing cause to the vulnerability. This remains to be explained through the research itself. We continue to search for a term that will describe the particularity of these young people's experiences, without at the same time further stigmatising them.

By '**service system'** we mean the range of government and government-funded agencies and programs that engage with young people experiencing or identified as experiencing problems that necessitate intervention. The service system includes, but is not restricted to, the areas of Child Protection, Youth or Criminal Justice, and police; AOD and homelessness agencies; welfare, youth and health services; and education and recreation providers.

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You do need people around standing by. You need people that are like a wall to stop you from going out to wherever you want. You need people to put barriers around you to know that you can't keep running away from the fears that you have... You need people to hold you up straight. .. And it is really hard. It is really hard ... (Gina, 15)¹

Project Aim

The Youth Drug Reporting System (YDRS) research examined the characteristics and meanings of substance use for young people aged 13-24 in Melbourne who reported illicit substance use at least monthly.a

This report focuses on findings in relation to 13–15-year-olds engaged with an alcohol or other drug services. It describes the meanings of substance use in these young people's lives, and the contexts in which substance use occurs. The report is intended to provide evidence for effective policy and intervention.

Research design

The YDRS incorporates four interlinked studies which were conducted in Melbourne between November 2006 and September 2008. These were:

- a review of relevant secondary data sets and selected literature concerning young people aged 12–24
- structured survey research involving 163 vulnerable young people aged 13-24
- semi-structured interviews involving 45 key experts (that is, professional staff working with vulnerable substance-using young people in Melbourne)
- qualitative thematic interviews with 20 vulnerable young people aged 13–15 who attended youth alcohol and drug services.

The YDRS survey, key expert and qualitative studies involved convenience samples of people. Thus, conclusions may not be generalised to wider populations of vulnerable or highly vulnerable young people in Melbourne, and comparisons with representative data sets describing all young people in Victoria or Australia are indicative only. However, the report draws on a range of data to triangulate and support findings.

Characteristics of YDRS survey participants

When compared with young people in the general population, YDRS survey participants aged 13–24 years appear to face a range of acute life difficulties. YDRS survey participants:

• appeared far more likely not to live with a parent (leaving home for the first time at an average age of 13 years)

¹ False names are used to disguise the identities of research participants.

- appeared far less likely to participate in school or work (83%;n=136 reported suspension from school at some point)
- experienced high rates of mental illness and distress (29%;n=59 reported having attempted suicide during the six months prior to interview)
- had a high rate of involvement with youth or criminal justice (60%;n=72 had been charged with a crime during the six months prior to interview)

Important factors differentiated younger (13-15 year old, n=35) from older (16-17 year old, n=49) and 18-24 year old (n=79) YDRS survey participants. These findings suggest that participants' disengagement from mainstream social institutions experiences of problems such as depression became exacerbated as they grow older.

YDRS participants' patterns of substance use

YDRS participants' substance use was examined in relation to National Drug Strategy Household Survey (NDSHS) data from 2004. YDRS survey participants aged 13–24 years appeared to have used a far wider range of substances (see Figure 1 and Figure 2 below).



FIGURE 1: LIFETIME SUBSTANCE USE AMONG VICTORIAN YOUNG PEOPLE AGED 13 TO 24 YEARS, 2004

Source: (Australian Institute of Health and Welfare 2005b, analysis by Turning Point Alcohol and Drug Centre)

Executive summary





Source: YDRS survey

YDRS survey participants aged 13–24 years showed remarkably higher levels of recent and lifetime substance use than the mainstream Victorian population of young people:

- YDRS survey participants' patterns of drug use involved far more regular use of substances than reported in the general population.
- Binge drug use was high among the YDRS survey sample and increased with age. Of 13–15-year-olds, approximately one third reported binge use without sleep for a period of more than 48 hours, with alcohol and cannabis the most frequently cited drugs used for these long sessions.
- YDRS survey participants reported initiating drug use many years earlier than drug users in the general Australian population. The mean age for commencing cannabis use for 2004 NDSHS respondents reporting lifetime cannabis use was 18.7 years. The mean age at which this occurred for YDRS survey respondents who had ever used cannabis was approximately six years earlier, at 13² years. The mean age of initiating injection drug use was 15 for YDRS survey participants, and 21.7 for people in the general population who had ever injected a drug.
- YDRS survey participants who did inject drugs reported unsafe injection practices that are concerning. Of 53 YDRS survey participants who had injected during the previous month, 14 (over a quarter) had used a needle that someone else had already used.

² All YDRS data are reported as whole numbers.

Key findings for 13-15 year olds

Drawing on social science approaches to understanding alcohol and other drug consumption, the YDRS qualitative study explored the unique meanings, experiences and perceived benefits of substance use in the lives of 13–15 year olds. When considered alongside YDRS survey findings this perspective addresses a key gap in the evidence-base concerning substance use by vulnerable and marginalised populations.

Participants in the YDRS qualitative study were connected with a substance misuse service in Melbourne. They were mostly born in Australia and all spoke English. Most had past or current involvement with protective services and five were living in residential or foster care at the time of interview. Over half were disengaged from school or training and others had only tenuous connections to education. Each of the nine key findings outlined below is illustrated by a brief quotation from interviews with these young people.

Finding 1: Substance use played a central role in the lives of young people participating in the research

[Describing an average day] Have a shower and then play my Sony… Yeah and then go out and get bud [cannabis]. Go home, have a [beer]. Play my Sony like until four in the morning and then go to sleep. (Owen, 13)

- Substance use was seen as an inevitable aspect of daily life, often involving participants' families, friends and wider communities.
- Participants had few meaningful connections with people and places which did not feature substance use.
- Development of new relationships and participation in activities outside of their substance using lifestyle was difficult to achieve.
- Many accessed substances from family members and used together with them.
- Most participants aged 13–15 expected to continue using substances in the future. Some wanted to reduce or stop use of one substance while continuing to use others.

Finding 2: Substance use was only one of many interlinked issues experienced by young people participating in the research

I went through so many stages of just wanting to kill myself. Suicide was a massive thing for me. I tried to jump off [shopping centre] at one stage and actually got taken to a psych ward from there. Then I had to spend like nearly a month in a psych ward and stuff like that. And I just felt like absolute crap. (Gina, 15)

• Many experienced mental health issues, involvement in crime, homelessness, incarceration, family separation, protective services involvement and difficulty maintaining engagement in education and training.

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• Some participants found it difficult to understand the respective roles of various workers in their lives.

Finding 3: Young people in the research lacked consistent caring and appropriate limit setting

Like see I wasn't allowed [to smoke cannabis] but I went around my mum's back and then she found out and she didn't really care 'cause she couldn't really do anything... She goes: 'Oh you know, do whatever you want. It's your life. You don't live under my roof, you know. You don't have to apply by my rules'. So I was like 'Yeah'. (Brant, 15)

- Many experienced little effective regulation from caring and supportive adults.
- Participants observed that it was difficult for parents who were themselves regular users of substances to effectively regulate their children's substance use.
- While many desired autonomy and found the freedom associated with a less regulated lifestyle exhilarating, others desired a more structured and contained life.

Finding 4: Few young people in the study aged 13–15 years viewed their substance use as problematic

I've had a pretty tough life but that's not why I do this. That's not why I do alcohol weed and speed. It's just what I like... It's not like I'm dependent on any of it. (Peter, 15)

- Young people in general described their substance use as a behaviour that did not cause problems for themselves or others, chosen because they enjoyed it.
- Even when using substances frequently, many argued that substance use was not particularly important to them.
- Of the few who reported that one or more substances were very important to them, cannabis was most frequently mentioned.
- All 13–15-year-olds in the qualitative study used cannabis and few identified any associated problems. Alcohol was viewed by a few participants as linked with anger and violence.

Finding 5: Young people in the study aged 13-15 years wanted to be recognised as competent and in control of their lives

If you're not experienced in alcohol then you'll start rocking side to side and falling over and stuff. If you are experienced in alcohol then you learn how to control yourself when you're on alcohol. (Kane, 14)

- Characterisations of participants as vulnerable or as victims were rejected. All wanted to be seen as mature and in control.
- Young people emphasised their ability to manage substance use and differentiated themselves from others who could not control their behaviour.

- Besides unpleasant physical sensations, the two aspects of substance use that were disliked by this group included losing control while they were substance-affected (such as becoming involved in violent incidents or arguments) and negative impacts on their reputation (such as being viewed by others as inexperienced or as using substances in an uncontrolled way).
- Many expressed a dislike of formal counselling. Some preferred to talk with workers during social or activity-based encounters rather than in formal settings.

Finding 6: Young people used substances as one of many ways to enjoy themselves and meet diverse needs

[Of smoking cannabis with his friends] it's really just everyone coming together and having a good time. That's it. (Brant, 15 years)

- Young people identified more aspects of substance use that they liked and enjoyed than disliked.
- Substance use was reported to enhance young people's engagement within their social worlds and assist them to meet their physical, emotional and social needs.
- The 13–15-year-olds in the qualitative study used different substances to achieve specific effects: alcohol for having fun with other people, cannabis to calm down or to control anger, and ecstasy or methamphetamine for some young women to be gregarious and energetic in social situations.

Finding 7: 13–15-year-olds were optimistic and energetic, and wanted meaningful activity and experiences

[Describing her hopes for her life] I really want to be a house maker person... You know how they put the frames up and the wood around the house? That. (Jenny, 15)

- While young people were optimistic, energetic and expressed a desire to engage in meaningful activities, many were often bored and searching for excitement and activities to fill their days. Within this context substance use was an appealing diversion.
- Young people expressed a desire to participate in activities that enable them to express and define who they are.
- While most were disconnected from school and formal, organised sport or leisure pursuits, they argued that employment and provision of other meaningful day activities would help them better regulate their substance use.

Finding 8: Connections with family and friends were critical for young people

I'm close to my Nan...She's always there if I need her. If I want her she's there. It doesn't matter what she's doing. (Collette, 13)

- Young people in the qualitative study reported strong bonds with their families (or specific individual in their families) regardless of how troublesome and problematic they found these relationships.
- Friends were valued as a source of entertainment and support and occupied a central place in their lives. Loyalty to friendship groups made it more difficult for some to return to school, refuse substance use or decline to participate in illegal activities.

Finding 9: Young people valued relationships with workers, agencies and schools that provided them with support and a sense of connection

[Of a residential care worker] Like I depend on this worker so much, like we just have so much fun together and she's the maddest person. She's really young and she's just so much like me and we can just talk about absolute crap... And we just sit there and we just talk and that's what I like. (Gina, 15)

- Enduring connections with caring and understanding workers were valued, especially by those who lacked reliable relationships with adults in their own families.
- Workers who treated them as people rather than as clients were highly regarded.
- Day programs and activities arranged by workers provided valued settings where they could spend time with friends without using substances.
- Young people reported difficult experiences in mainstream education. Those who were not in school found it hard to imagine how they might achieve their career and life ambitions.
- Leaving school was a process rather than an event for participants. Although the final trigger for expulsion or leaving school was very often substance-related, many reported low levels of school attendance and general unhappiness at school prior to leaving.

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Conclusion

YDRS research provides insights into the lives of an acutely marginalised and vulnerable group of young people in Melbourne who use substances regularly. This report highlights the meanings and contexts of substance use for young people aged 13–15, showing how substance use is embedded in familial and social interactions for some young people, as well as part of the social environments in which they live.

The study contributes not only an understanding of difficulties associated with substance use that young people experience, but also reveals how young people deliberately use substances as part of managing their relations with families, friends and institutions. If we are to respond adequately to the needs of vulnerable young people we must understand and engage with the functions that substance use has in their lives, as well as the shifting problems it causes over time.

The YDRS survey indicates that vulnerable and marginalised young people become increasingly disengaged from mainstream social institutions such as education as they move through the age ranges of 13–15, 16–17 and 18–24. This often coincides with increasingly dependent substance use for the population concerned. A response to these young people must have a commensurate focus on early intervention. It must include a range of measures targeting families, schools and localities. Participants in the study, and others like them, require support in multiple dimensions of their lives to ensure that the range of opportunities and life pathways available to other young people are opened up for them too.

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PART ONE: BACKGROUND



1. Introduction

Aim of this report

The Youth Drug Reporting System (YDRS) project was developed to provide information on vulnerable young people aged 12–24 years, who reported using illicit substances at least monthly.

This report focuses on the YDRS data pertaining to 13–15-year-olds, on understandings of what substance use means in their lives, and on the contexts in which it occurs.

YDRS purpose and history

The YDRS was initiated to enhance understanding of illicit drug use patterns among vulnerable, hard-to-reach youth populations, currently overlooked in drug monitoring systems. Following the Adult Illicit Drug Reporting System (IDRS) developed by the National Drug and Alcohol Research Centre (NDARC) at the University of New South Wales, and conducted in Victoria by Turning Point Alcohol and Drug Centre, the YDRS was intended to serve as a strategic early warning system, identifying emerging trends in illicit drug markets and youth drug use (specifically, cannabis, heroin, ecstasy and methamphetamine) and young people's engagement with the drug market across metropolitan Melbourne.

The study includes qualitative and quantitative components which provide unique insights into both the patterns and social contexts of substance use among a group of young, vulnerable users of alcohol and other drugs.

YDRS study components

The YDRS consists of four interrelated studies, each considering substance use and service utilisation by young people who are not represented in other drug trend monitoring studies. The four YDRS studies are:

Review of secondary data and literature

analysis of relevant data sets, reviews and selected literature concerning young people aged 12–24 and their substance use

YDRS survey

a structured survey of 163 young people aged 13–24. Participants had lived mostly in Melbourne for six months prior to interview and had used heroin, cannabis, methamphetamine or ecstasy at least once a month during this period³

³ The study was designed and ethical approval was secured to survey young people aged 12–24 years. No 12-year-old was recruited to the YDRS survey, so the eventual study sample ranged from 13 to 24 years of age.

YDRS key expert study

semi-structured survey involving 45 professional staff working with vulnerable substance-using young people in Melbourne

YDRS qualitative study

thematic qualitative interviews with 20 young people aged 13–15 years attending youth alcohol and drug services , exploring the place and meanings of substance use within their lives.

A description of the study design (including eligibility criteria, recruitment measures and ethical considerations) is included in Part one, Chapter 2.

Report structure

Part one: Background

Chapter 1 of this report provides background to the YDRS. **Chapter 2** outlines the methods used for the four components of the YDRS study. **Chapter 3** introduces frameworks for understanding and addressing young people's substance use: risk and protective factor research; social science approaches to understanding meanings and contexts of substance use; and the normalisation thesis.

Part two: The profile of YDRS participants in relation to the general population of young people

In **Chapter 4** we establish the characteristics of YDRS participants in relation to the general population of youth on a number of demographic variables. Direct statistical comparison of available data sets is not possible; however, we draw from available Australian and Victorian research to make general comparisons. In **Chapter 5** we compare the substance use patterns of vulnerable young people involved in the YDRS survey with those of Victorian and Australian young people participating in the National Drug Strategy Household Survey (NDSHS). Again we note that direct statistical comparison of these diverse sources is not possible and findings are indicative.

Part three: The place of substance use in the lives of study participants aged 13–15 years

Chapters 6 to 11 report on the meanings of substance use for vulnerable young people who participated in the study, drawing principally on the YDRS qualitative study. We commence this section (**Chapter 6**) by considering how young people understand the place of substance use in their lives. **Chapter 7** considers familial contexts of their drug use. **Chapter 8** provides analysis of young people's discussions about their friends and about substance use

as a social activity. **Chapter 9** describes the social worlds in which young people live and the activities in which they are involved. We move in **Chapter 10** to an investigation of young people's engagements with institutions and professional staff. **Chapter 11** offers a synthesis of young people's conclusions about what services and supports might be provided to further assist them.

Part four: YDRS study findings

Chapter 12 presents nine key findings of the YDRS, particularly in relation to 13–15-year-olds. **Chapter 13** concludes the report by suggesting some directions for future research involving vulnerable young people.

Appendix

Appendix 1 provides brief demographic information about YDRS qualitative interview participants.



2. Research design

This chapter describes the research methods utilised for each of the four interrelated YDRS studies. Methods for the review of secondary data and literature, YDRS survey and key expert (KE) study are briefly summarised. We provide a more detailed description of the study design for the qualitative research component, which is the main the focus of this report. We also discuss ethical issues involved in obtaining consent from young people aged less than 16 years and measures taken to ensure ethical conduct of the research. The chapter concludes by noting some of the limitations of YDRS studies.

The YDRS was a two-year study. Year one involved a review of the secondary data and literature, the KE interviews and survey of 163 young people. Qualitative surveys with 20 young people who met the study criteria were conducted in the second year.

Review of secondary data and literature

This component of the research entailed reviewing available datasets, reviews and other literature concerning the health and welfare of young people aged 12–24 in Australia and Victoria.

National Drug Strategy Household Survey (NDSHS) 2004 data

Turning Point was granted permission to conduct specific analyses on the 2004 NDSHS datasets. Data were analysed using the software Statistical Package for the Social Sciences (SPSS) to determine frequencies and proportions of various characteristics for young people in Victoria aged 13–24 years.

Reviews

Two major reviews of social, health and other variables were drawn on to outline characteristics of the general populations of Victorian and Australian young people. These were:

- *The State of Victoria's Young People: a report on how Victorian young people aged 12–24 are faring* (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007)
- *Young Australians: their health and wellbeing 2007* (Australian Institute of Health and Welfare 2007).

Other studies of specific health issues for young people (for example Smith et al. 2003) were also consulted.

Literature

The report draws on scholarly and peer review articles from 1998 to 2008 that were retrieved using electronic databases. Search terms included various combinations of: drug use; drug misuse or drug abuse, and young people; minor; teenage; vulnerable; marginalised or disadvantaged, and experience; meaning; belief; phenomenology or hermeneutic. Additional documents included relevant studies from the authors' libraries and reviews of youth AOD literature treatment, intervention and policy.

YDRS survey

The YDRS survey was designed to gather information across a number of life domains on young people in Melbourne who regularly use drugs.

Sample

One hundred and sixty-three young people completed the survey. Just over half were male (n=86). Participants ranged in age from 13 to 24 years, with a mean age of 17.7 years. The age breakdown of participants is shown in Table 1 below.

TABLE 1: AGES OF YDRS SURVEY PARTICIPANTS

TOTAL	18-24	16-17	13-15
163	79	49	35

Eligibility criteria

Eligibility criteria for participation in the youth survey were as follows:

- aged between 12 and 24 years
- resident in Melbourne for the six months prior to being surveyed
- engaged in at least monthly use of cannabis, heroin, ecstasy or methamphetamine
- no prior participation in other drug reporting systems.

Timeframe

The survey was conducted from October 2006 to March 2007.

Recruitment

Participants were recruited from across metropolitan Melbourne utilising multiple recruitment strategies. These included fixed-site recruitment through suitable youth and related services, and 'snowballing' (participants referring friends to the study).

Recruitment/interview sites included Front Yard in the central business district, Youth Substance Abuse Service (YSAS) Fitzroy Day Program, YSAS Box Hill, Open Family (Footscray), St Kilda Youth Service, YSAS Dandenong and YSAS Frankston. These sites were selected to ensure some geographical spread and representation from the previously identified drug market 'hot spots' in Melbourne.

Survey instrument

Participants completed a detailed survey on demographic characteristics, patterns of drug use, drug access, mental health, relationships and service involvement.

Analysis

Results were analysed using SPSS. As this was a small convenience sample we did not test for statistical significance when analysing study findings. When reporting on the YDRS survey, percentages have been rounded to the nearest whole number.

Key expert study

The KE study explored the characteristics and substance use practices of young people engaged with a range of services in Melbourne through interviews with professional staff.

Sample

A total of 45 KE participated in this study component. The sample included AOD workers; youth workers; housing workers; law enforcement officers; mental health, Child Protection and health workers.

Eligibility criteria

Inclusion criteria were that workers were experts on or had knowledge of populations of 'at risk' young people in Melbourne.

Survey instrument

Participants completed a semi-structured survey focusing on the characteristics and experiences of young people with whom workers were in contact.

Timeframe

Interviews for this component occurred between March and May 2007.

Analysis

Data were analysed thematically (Huberman and Miles 1994).

YDRS qualitative study

This YDRS research component explored the place and meaning of substance use within the lives of vulnerable young people aged 13–15 years, who use substances regularly.

Methodology

The study component used an interpretative qualitative research design (Ezzy 2001). Qualitative methods are ideally suited to explorations of meaning, particularly in relation to groups which are difficult to access; they provide complex understandings of how people's lives are mediated by environmental and social influences (McKeganey 1995; Sifaneck and Neaigus 2001).

Sample

Twenty young people were recruited to this component of the study. Eleven participants were male. Most (n=14) were 15 years, with three aged 14 and three aged 13, reflecting the difficulty of recruiting younger participants to the study. Four were Aboriginal or Torres Strait Islanders. All spoke English at home but six also spoke another language (Samoan, Arabic, Italian, Maori and 'some words' of an Australian Indigenous language). Three were born in New Zealand (NZ) and the rest were born in Australia. Twelve lived with one or both parents and two with other relatives. Thirteen had current or past involvement with protective services. Five participants were living in residential or foster care. Seven of the 20 participants had four or more siblings (see Appendix 1 for further details).

Eligibility criteria

To be included in this study young people had to be aged 13–15 and connected with a substance misuse intervention service in Melbourne, and using alcohol and illicit substances regularly.

Recruitment

All participants were accessed at YSAS services through contact with workers.

Interview procedures

Interviews were of 30–70 minutes duration. Participants were initially asked to respond to a brief demographic survey.

The aim of the interviews was to access narratives of drug use (Measham et al. 1998) that circulate among vulnerable young people involved with youth AOD services in Melbourne. Research questions were structured thematically to encourage participants to share anecdotes about how substance use made sense, felt good or bad, was manageable or not, within the context of their lives. A theme sheet was used to focus interviews around the following issues:

- Living arrangements
- Family and community
- Friends and social networks
- School/training/work
- Daily practices and interests
- Experiences of services
- Ideas about the future.

As we were interviewing participants who were very young, we wanted to incorporate interviewing strategies that might promote engagement for young people who were uncomfortable with traditional research interviewing strategies (Allen 2002). Each participant was asked to identify the substances that they used and locate their substance use on a concept map as 'very important' important', 'take it or leave it' or 'not important'. Figure 1 below shows the concept map used in the study and some of the cards that participants were asked to situate on it.

Research design

FIGURE 1: CONCEPT MAP



Timeframe

Interviews were conducted between June and September 2008.

Analysis

Each of the study authors read the interview transcripts and contributed to the development of a thematic analysis (Huberman and Miles 1994). Interview transcripts and research notes were coded using the qualitative software package NVivo.

Ethical considerations

Ethical approval to conduct YDRS research was obtained from the Department of Human Services (DHS) Human Research Ethics Committee (HREC) prior to initiating any research involving participants. As the project developed, researchers sought approval from the HREC to undertake the qualitative component. This was obtained in late 2007.

Obtaining informed consent from young people aged less than 16 years

The Australian National Health and Medical Research Council recognises that some young people aged under 16 years are capable of 'mature minor' status—and thus are able to consent to participate in research on their own (National Health and Medical Research Council 2007).

As it involved vulnerable minors, YDRS research raised complex ethical questions and required a particularly careful and sensitive approach. Approval was sought and obtained from the DHS HREC to recruit 12–24-year-old 'at-risk youth' to the study and to obtain informed consent directly from all participants, rather than requiring parental or guardian consent for participants aged less than 16 years. This was requested for two reasons. Firstly it would have been impractical to obtain parental consent from many potential participants who were either not in regular contact with parents or else had highly conflicted relationships with them. Secondly, the researchers argued that young people in the target group had the maturity and competence to make decisions around whether or not to participate in research such as the YDRS, which was low risk relative to studies involving clinical or therapeutic interventions. These young people were already making complex decisions about their lives and daily negotiating a range of risks (such as arrest, physical injury) of a higher order to those presented in the YDRS studies.

The capacity of potential participants aged 13–15 years to consent to research was assessed by the interviewer prior to any involvement in the study and throughout the duration of the interview (no 12-year-old was included in the eventual study sample). The study purpose was explained to all participants but particular care was taken to ensure participants aged less than 16 years understood the nature of involvement and consented freely to participate. A procedure manual documented the process undertaken to determine the mature minor status of potential participants.

Below we briefly outline other measures taken to ensure ethical conduct with all participants in YDRS research.

Measures to ensure ethical research conduct

Prior to commencement of interviews for any YDRS study, participants were given a statement written in plain language that outlined the aims of the study and the implications of their participation. Participants were advised that they were free to withdraw at any time from the

study or could refuse to answer any question they felt to be overly embarrassing, personal or risky for themselves or others.

The interviewer then explained this statement to the participant to confirm their initial consent to participate in the survey. Excluding KE, all participants were reimbursed \$30 for their time and expenses. The interviewers also provided information in relation to substance use and AOD services where appropriate. All study interviews were conducted by trained interviewers in safe locations near to or at referring services, in accordance with research protocols.

Confidentiality of participants in each of the YDRS study components has been protected in accordance with Turning Point's standard research protocols. False names have been used when referring to comments made by participants in the qualitative study.

Project information and consent forms, survey/questionnaire tool, and referral information were developed to be appropriate for the intended target group. Turning Point's field research protocols, developed over the last decade for fixed-site and outreach/street-based research, were adapted in accordance with advice from YSAS project team members and protocols utilised in the University of Melbourne's 'Project i' (research with homeless young people).⁴

Research limitations

The YDRS survey, KE and qualitative studies involved convenience samples of young people. Thus we cannot be certain that our conclusions can be generalised to wider populations of vulnerable or highly vulnerable young people in Melbourne. The report draws on a range of data to triangulate and support study findings.

The study does not document the existing Victorian service system response to meeting the needs of vulnerable or highly vulnerable young people in Victoria. Implications for service provision should therefore be considered within this context.

⁴ See www.kcwh.unimelb/edu/au/projecti.

3. Understanding young people's substance use

To date most research concerning substance use by young people has documented prevalence rates or used epidemiological methods to identify risk and protective factors. Very little research has attempted to understand the meanings or social contexts of their substance use. Social research on AOD use which has been conducted has generally been undertaken with adults, and very rarely with young people aged less than 16 years, perhaps due to the difficulty involved in accessing research participants.

We commence this chapter by outlining the contribution and limitations of risk factor research into young people's substance use. We then show how this perspective may be complemented by anthropological and sociological research which attempts to understand the perspectives of substance users. Next we look at broad shifts in how substance use is understood within developed countries such as Australia, considering to what extent substance use has become 'normalised' for young people. We argue that vulnerable young people's drug use differs in important ways from that of the general population of youth and hence that vulnerable young people's substance use remains stigmatising and marginalising.

Risk and protective factor research

Current youth and drug research literature commonly focuses on describing and predicting which individuals are 'at risk' of poor outcomes such as problematic substance use. A well-known early example of this approach is the work of public health researchers Hawkins and colleagues in the United States (Hawkins et al. 1992). These authors reviewed epidemiological studies to identify both contextual and individual factors associated with problematic drug use—with a view to recommending programs which could mitigate risk factors and bolster mechanisms that protect against it:

Risk factors occur before drug abuse and are associated statistically with an increased probability of drug abuse. A risk-focused approach seeks to prevent drug abuse by eliminating, reducing, or mitigating its precursors. (Hawkins et al. 1992, p. 65)

Hawkins and colleagues' detailed study identified contextual risk factors for problematic drug use (such as availability of drugs, extreme economic deprivation), alongside individual and familial factors (for instance early and persistent behavioural problems, favourable attitudes to drug use and familial drug or alcohol misuse/conflict). Protective factors identified include personal attributes and sense of connection to society. The researchers argued that risk factors are cumulative. Having a range of risk factors places one at greater likelihood of adverse outcomes than exposure to one risk factor. Effective interventions are therefore likely to be those which address a range of risk factors, rather than focusing on only one (Hawkins et al. 1992).

As well as identifying antecedents of drug use, an epidemiological approach is useful in determining some of the associated outcomes. It appears, for instance, that initiation of drug use at an earlier age is associated with adverse consequences: these include a greater likelihood of future problematic substance use, early sexual activity, criminal activity and poor educational attainment (Spooner et al. 2001; Bonomo, 2003).

Risk researchers have also pointed out that relationships of causality are highly complex and that different sets of risk and protective factors interact over time in any individual's drug use (Spooner 1999; Hawkins et al. 1992). Some factors are associated with drug use both as risks and consequences. For instance, Fountain and Howes (2002) found homelessness to be a trigger for increased drug use and drug use reciprocally to be a trigger for homelessness (see also Mallett et al. 2005). Similarly many risk factors for substance misuse are also risk factors for other problematic outcomes, such as early school leaving or involvement with the criminal justice system. Hence, some researchers have argued that drug use should be viewed as part of a behavioural syndrome (Spooner 1999; Wu et al. 2004; Sutherland and Shepherd 2001).

In Australia, Loxley and colleagues (2004) reviewed the evidence from studies across a range of disciplinary approaches for development of substance use problems by young people aged 12–17. They found evidence for a wide-ranging aetiology for problematic drug use among this group, which they summarise as follows:

From adolescence, low involvement in activities with adults, the perceived and actual level of community drug use, availability of drugs in the community, parent-adolescent conflict, parental alcohol and drug problems, poor family management, school failure, deviant peer associations, delinquency and favourable attitudes to drugs were all identified as risk factors for harmful drug use. Community disadvantage and disorganisation, positive media portrayals of drug use, adult unemployment and mental health were further factors strongly associated with harmful drug use... Protective factors in adolescence included family attachment, parental harmony and religious involvement. (Loxley et al. 2004, p. 71)

Risk factor research has been widely critiqued. Some authors suggest that although contextual factors have been included in many studies, risk factor research typically emphasises individual level factors and underplays or under-theorises the influence of social inequality in health disparity (Israel et al. 1998). Moreover, what is seen to constitute 'risk' encodes the world view of middle class adults, thereby diminishing or rendering illegitimate the perspective of young people, and especially those from different socio-economic backgrounds. It is assumed that risk is a concept that has salience for young people when in fact research (Myers 2006) indicates that it often does not. Wyn and White (1997) argue that by labelling particular groups of young people as 'at risk' a section of the youth population is identified as requiring special attention from the state. This effectively obscures the role of social disadvantage in producing differences between populations of young people.

Substance use as meaningful and socially embedded

Risk factor research is based on empirically established relationships between which a causal link is implied or asserted. In contrast, interpretive qualitative studies present reasons that people give for their actions and seek to understand their accounts, often using theoretical frameworks to explain relationships between individuals and the social worlds in which we live.
A growing body of social research is concerned with understanding drug use as a practice that is meaningful to users and which offers them benefits as well as causing them problems. In this sense substance use is considered to be a practice: an activity that people actively engage in because it is meaningful or useful to them. Substance use is therefore understood not primarily as a problem, or symptom of other underlying pathology, but rather as one means (albeit sometimes damaging) by which people negotiate, make sense of and enjoy their lives. Importantly, social research into drug use also considers how the contexts in which drugs are used (for instance, homelessness) contribute to how this occurs. As Weinberg explains:

I would insist that people do literally use drugs in ways that are always personally meaningful to them. And this meaningful use of drugs is always embedded in, and at least to some extent, practically responsive to, socially structured contexts of action. (Weinberg 2002, p. 16)

In Chapters 6–11 of this study we present an analysis of qualitative interviews investigating how substance use is part of life for vulnerable young people. We outline how other interpretive qualitative studies have sought to explain younger people's substance use as meaningful and socially embedded.

Functions of substance use

Over recent years researchers have sought to understand what is functional, useful or pleasurable about drug use for young people. For example, a study of drug users aged 16-22 in the UK found that young people reported using drugs to relax, become intoxicated, stay awake at night when socialising, enhance an activity or alleviate depressed mood (Boys et al. 2001). To date little research has considered the functions of drug use for young people aged less than 16 years; and that which is available does not generally compare younger people's drug use with use by young people who are in an older age bracket. One study considered the experience of binge drinking (defined as drinking to the point of becoming 'very drunk', forgetting what happened or having a hangover) among young people aged 14-17 (Coleman and Cater 2005). Young people reported that they drank to facilitate social encounters, for the pleasurable sensations associated with drinking, for escapism, and to signify their transition to adulthood. The authors identified an 'accepted culture of binge drinking to intoxication' among young people which was consistent with findings from studies of 'drinking to intoxication' among young adults in the UK (see, for example, Measham and Brain 2005).

Deprivation and living in areas of high drug use

Other literature looks specifically at substance use by young people living in areas of socioeconomic deprivation or in environments where illicit drug use is highly prevalent. Mayock (2002) conducted longitudinal ethnographic research with young people aged 15–19 years in inner-city Dublin, Ireland in order to explore their pathways in and out of drug use. Young people described living in environments saturated with drugs and drug use, and saw drug use as a routine part of community life. Respondents described very fluid drug

use, with frequent swapping between drugs and changing patterns of drug use in response to availability and other opportunities. Young people's drug use initiation was generally opportunistic. Participants rated drug use differentially, with heroin or cocaine use seen as unacceptable, but cannabis viewed as unlikely to result in harm. The study identified two significant transition points: commencing drug use (usually cannabis), and moving from cannabis to other drug use.

In Australian research involving young people aged 10–21 (Bell 2006), and 13–24 (MacLean 2006), young people spoke similarly of drugs use as a normal part of the social worlds in which they lived. Young people in MacLean's research on inhalant use in Melbourne described witnessing substance use on the streets in disadvantaged outer suburbs and within their schools. Many participants were disengaged from education, employment or training. They described substance use as an important and highly entertaining social activity (MacLean 2007).

Another longitudinal study looking at the relationship between adverse life circumstances and drug use was Project i, a study of homeless young people aged 12–20 in Melbourne (Keys et al. 2006). Young people who had been homeless for between two days and six months were interviewed twice over 18 months. Researchers found that young people frequently ceased problematic drug use in response to positive changes occurring in their lives, typically due to new or improved relationships with a partner or family and finding stable accommodation. The young people generally modified all drug use, including marijuana use, without recourse to AOD services.

Identity and meaning

In a historical period where the social world provides less stable sources of identity than for previous generations (for example because of social mobility and more fluid labour markets), people must make more and more choices about their lives. Sociologists have argued that within the contemporary world, young people especially are increasingly required to be active managers of their lives and to produce their own individual sense of identity. Moreover where previous generations may have anticipated that their lives would be largely determined by gender roles or social class, young people increasingly expect to take individual responsibility for their success or failure (Giddens 1991; Melucci 1996; Kelly 2006; Furlong and Cartmel 1997).

Sociologists have also shown how the meanings associated with substance use can be used in the ongoing production of a sense of self and in demonstrating that self-identity to others. In the UK, Denscombe (2001b) explored smoking among 15–16-year-olds, arguing that they harnessed meanings of smoking as 'dangerous' in constructing a sense of self as independent and competent at managing danger and risk. In Australia, Sheehan and Ridge (2001) describe how some young women develop a sense of group identity and cohesion through drinking practices and through narrating their experiences of drinking. Using drugs also enables young people to demonstrate their emergence from childhood and transition to early-adulthood (Banwell and Young 1993; Pavis et al. 1998). Interviewing 15-and 16-year-olds in the UK, Pavis et al. (1998) found that young people explained their substance use as part of the process of growing up and establishing themselves as individuals.

Substance use patterns, routines and types of use also convey nuanced expressions of identity around ethnicity and particular forms of masculinity, femininity or sexual preference. As such, meanings of drug and alcohol use vary among different groups of young people. For example, a Boston study of black adolescents' drinking groups (young people in 9th to 12th grades) found both cultural differences and similarities between girls and boys and between two ethnic groups (African American and Haitian Blacks). Boys felt a greater need to be in control than alcohol-affected girls did and members of cultural groups reported somewhat different psychoactive effects of alcohol consumption (Strunin 1999).

Substance use as choice and control

The social imperative for individuals to manage their drug consumption through exercising individual will power is a recurring theme within AOD literature (Sedgwick 1992; Valverde 1998). As part of demonstrating a competent self-identity it is necessary for substance users to present as in control of their lives and not as dependent on or addicted to alcohol or other drugs.

Studies indicate that many younger drug users do not see their substance use as problematic, believing they are capable of managing levels of intoxication and intoxicated behaviour (Guttierrez and Palacios 2004). The notion of maintaining choice and control over drug use also emerged as important in Mayock's (2002) study. Participants differentiated their own drug use from what they defined as problematic consumption, on the basis that they didn't need the substances but rather they made active decisions to use them. In a study of chroming among marginalised young people in Melbourne, MacLean (2006) found that younger research participants (aged 13–16) felt far less embarrassed or stigmatised by their drug use than older participants. Younger people reported largely pleasurable experiences of drug use and strongly believed they were in control of their substance consumption; whereas older users were more likely to speak of a compulsion to use drugs or to see themselves as 'addicted', with an associated sense of shame.

Young people may weigh up risks and benefits of substance use in different ways from adults, with the effect that what they see as choices may appear irrational to adults. Denscombe (2001a) interviewed 15- and 16-year-olds about substance use. He found that while health literature assumed that protecting one's future health would constitute a high priority, young people frequently saw short term benefits of substance use as outweighing longer term risks.

Importance of friendship networks in sustaining and moderating substance use

Much of the literature suggests that young people frequently access drugs from friends who also use drugs, rather than adult dealers. Substance use is sustained within cultures shared among groups, rather than instigated by influential individuals (Pilkington 2007; Mayock 2002). This argument has been used to critique the notion of 'peer pressure' as a principal reason for substance use—a notion which continues nonetheless to have a strong hold over many people's understandings of why young people use intoxicating substances.

MacLean (2005) observed that younger research participants tended to use inhalants with friends, and that the experience of being part of a friendship group was central to their enjoyment of drug use. Older drug users, however, were frequently isolated and tended to use inhalants on their own, often choosing a location where they could not be seen. Project i research in Melbourne (Keys et al. 2006) found that partners and friends were important resources for young people who wished to modify substance use.

Substance use and pleasure

Recent research has explored how pleasurable sensation is part of the experience of substance use. In Australia, Fitzgerald and colleagues investigated how pleasure and meaning are intertwined in the experience of injecting drug use (IDU), drawing on interviews with participants aged 16–23 (Fitzgerald et al. 2000).

We found no literature specifically exploring how young people aged less than 16 years speak about the embodied experiences of drug use, perhaps because researchers do not often think to ask young people about physical sensations. Pleasure is central to drug use experience, not only for adults but also for younger people, as our research demonstrates. Recognising pleasure as central to the experience of problematic substance use is essential in developing appropriate responses and interventions (Lupton and Tulloch 2002; Measham 2004; MacLean 2008).

Substance use and the normalisation thesis

In the UK Parker and various co-authors (Parker and Williams 2003; Parker 2003; Parker and Egginton 2002; Parker et al. 1998) have suggested that important changes have occurred over the past decade or so in how psychoactive substances are used and perceived by young people. Drugs, they argue, have become far more available to young people and at the same time regular use of alcohol is heavily promoted to them. Rates of both experimentation with substance use and regular substance use have increased correspondingly. Moreover they propose that young people have come to accept a level of recreational drug use as a relatively normal and unproblematic part of life. Parker and colleagues term these arguments the 'normalization thesis'.

Parker and colleagues are clear that the normalisation thesis applies to use of particular drugs: alcohol, cannabis, amphetamines and nitrites, and to a lesser extent LSD. They maintain that use of heroin or cocaine or 'chaotic combination drug use and dependent daily drug use' are not considered normal by the majority of young people (Parker et al. 1998, p. 152). Patterns of drug use that appear uncontained and interfere with work, study and future life aspirations remain stigmatising (Parker 2003). As we have seen in the discussion of 'risk and protective factor' literature above, there can be little dispute that problematic drug use is strongly associated with social and economic disadvantage (Mooney 2005; Loxley et al. 2004; Rehm et al. 2004; Rhodes et al. 2003). Brain (2001) argues that highly marginalised young people are more likely than those engaged in education or employment to use drugs chaotically and frequently because they lack the structures that assist people to contain and control substance use.

Evidence for normalisation of drug use other than alcohol or cannabis in Australia is mixed. It appears that normalisation is probably only occurring among specific groups of young people (for instance those in alternative music scenes or who experience acute social marginality) rather than among the general youth population. Holt (2005) shows that while use of cannabis is common (around a third of Australian young people report lifetime use), use of other illicit drugs remains low, as do young people's perceptions of the acceptability of most illicit drug use.

In Chapter 5 below we draw on the NDSHS and YDRS survey research to contextualise substance use by young people in the study samples. Levels of substance use within the YDRS survey sample suggest that regular alcohol and other drug use involving a range of substances is relatively 'normalised' within the cultures shared among these young people.







4. Demographic characteristics

In this chapter we explore some of the social and demographic characteristics of the 163 young people (aged 13–24 years) who participated in YDRS survey research. Due to the size of the YDRS survey sample it is not possible to directly compare the characteristics of this group with those of general populations of young people. Data from larger surveys of young people in Victoria and Australia are used in this chapter and the next to contextualise the YDRS data and comparisons are indicative only.

Along with indicating some of the specific characteristics of the young people involved in the YDRS survey, this chapter has a second purpose. We compare characteristics of younger YDRS survey participants aged 13–15 years (n=35) with those of older survey participants aged 16–17 years (n=49) and 18–24 years (n=79) to sketch out some of the distinctive experiences of people who are using substances at very young ages. We also draw from the YDRS key expert study where relevant.

Findings are reported in relation to the following areas:

- place of birth
- living arrangements
- education
- employment
- income
- sexual activity and sexual risk behaviours
- physical health
- emotional and mental health
- Youth Justice and Criminal Justice
- Child Protection
- relationships.

Place of birth

ABS data recorded almost a million (902, 796) young people aged 12–24 living in Victoria in June 2006. Only 0.8% of this population was Indigenous, comprising 6968 young people. Just over 15% of young people aged 12–24 in Victoria were born overseas and almost 20% spoke a language other than English at home. During 2006–7, a total of 1100 refugee young people arrived in Victoria under the Department of Immigration and Multicultural affairs Humanitarian Program (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007).

By comparison, just over 10% (n=17) of the 163 YDRS survey participants were Aboriginal or Torres Strait Islander and 11% of YDRS participants were born overseas (n=18). Of this group, eight were born in New Zealand. Of all YDRS survey participants, 95% percent (n=154) spoke English at home. Professional staff participating in the YDRS key expert study observed

increasing numbers of newly-arrived African refugees as clients of the service system, and three participants in the YDRS survey were born in Sudan, Egypt or Somalia.

Living arrangements

Over two thirds (69%) of 12-24-year-olds in Victoria were living in a parental home in June 2006, according to ABS data. Victorian young people aged 12-24 were more likely than those in other states to live with both biological parents and constituted 69% of all those living in a family home (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007). By comparison, just under one third (33%) of the entire sample of YDRS survey participants lived with one or both parents (n=53).

Among 13–15-year-old YDRS survey participants just under half indicated that they were living in their family homes (46%, n=16). Other young people aged 13–15 years were living with friends or another family member (23%, n=8), in foster care (14%, n=5), or in residential care (17%, n=6). Among 16–17-year-olds and 18–24-year-olds participating in the YDRS survey, 31% (n=15) and 28% (n=22) respectively lived in a family home. Among the entire sample of YDRS participants, slightly over one fifth lived with other family or friends (n=34) and a further 12% (n=20) were renting. Thirteen percent (n=22) were living in foster care or a residential unit. Young people in the study reported first leaving the family home at an average age of 13 years (n=163).

Housing is a major issue for vulnerable young people and almost half of the overall YDRS survey sample (n=71) had tried to access housing services within the six months prior to completing the survey. Only three of these individuals were aged 13–15 years and in this younger age group, none reported renting their own house or living in transitional housing (which has a minimum entry age of 16).

According to the 2001 census data 4660 young Australians aged 12–18 years were homeless on census night (this includes individuals without any accommodation, in temporary accommodation and in boarding houses with shared facilities and no security of tenure). Of these young people about 85% were independent, and 15% were accompanying parents. An additional 2404 young people aged 19–24 years were also recorded as homeless (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007).

Of all young people participating in the YDRS survey, 20% (n=33) were living in a boarding house, short-term, crisis or transitional accommodation, squat, on the street, in a caravan, or in a car. An additional 21% (n=34) were staying with friends or family other than parents. Confirming other YDRS findings, KE noted that many of the young people they were in contact with were living with family or in crisis accommodation or residential care.

Demographic characteristics



FIGURE 2: CURRENT LIVING ARRANGEMENTS FOR YDRS SURVEY PARTICIPANTS

Source: YDRS survey

Education

The minimum school leaving age in Victoria is 16 years; in this state in 2006, the proportion of young people aged 16 and 17 years attending school was 91.4% and 78% respectively (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007). By comparison, among YDRS survey participants there was a strong pattern of early school leaving, as shown in Figure 3 below. Two thirds of all YDRS participants aged 13–17 were attending school, training or university (66%, n=49), compared with 23% (n=18) of 18–24-year-olds. YDRS survey participants moved schools frequently and had, on average, attended more than six different primary schools and secondary schools. One participant reported having attended a total of 34 schools.

Of 67 YDRS survey participants who were attending school or training (40% of the entire sample of 13-24-year-olds), nearly half (n=31) were attending TAFE, with just under a fifth (n=13) attending high school.

FIGURE 3: YDRS SURVEY PARTICIPANTS CURRENTLY ATTENDING SCHOOL, UNIVERSITY OR TRAINING



Source: YDRS survey

Among 13–15-year-old YDRS participants, fifty-seven percent (n=20) had been asked to leave or reported they had been expelled from a school (compared to 65% (n=51) of 18–24-year-olds). Further, 83% (n=136) of young people in the YDRS sample said that they had been suspended from school or an educational program at some point (similar proportions were reported in the 13–15, 16–17 and 18–24-year-old age groups). Of those who had left school, almost a fifth (n=6) of 13–15-year-olds said they had never or rarely been to school during their last year of enrolment.

YDRS survey participants reported disliking school to a greater extent than those among the general population of young Victorians. In a survey conducted among young people in years 7–9 in Victorian government schools, 21.7% of males and 15.5% of females stated that they hated school almost always or often (Williams 2007, cited in Department of Education and Early Childhood Development and Department of Planning and Community Development 2007, p. 107). Of YDRS participants aged 13–15 years (n=17), 49% reported that they never or rarely enjoyed being at school.

YDRS survey participants were often intoxicated at school, as Figure 4 (below) indicates. Only a little over a quarter of all YDRS survey participants (28%; n=46) had either only rarely or never been substance-affected during their last year of school.

FIGURE 4: HOW OFTEN YDRS SURVEY PARTICIPANTS WERE DRUNK OR HIGH AT SCHOOL DURING LAST YEAR OF ATTENDANCE



Source: YDRS survey

KE noted that clients generally failed to complete secondary schooling and that only a minority were engaged in full time education or training.

Employment

The Australian Institute of Health and Welfare (AIHW 2007) observes that young people bear a disproportionate burden of unemployment in Australia. In 2006, of people aged 15–19 years, 22% were unemployed. Young people are also over-represented within the casual workforce.

In Victoria 5.2% of young people aged 15–19 were not engaged in full-time or part-time education, training or employment in 2006, compared with 11% of 20-24-year-olds. Eighty-nine percent of 15–19-year-olds were engaged full time in education and/or employment and 78.2% of 20-24-year-olds (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007).

In contrast, more than half of all 163 YDRS survey participants (57%, n=93) were not participating in work, education or training. Only 3% were employed full time and 7% were employed part-time or on a casual basis.

Income

Only a small proportion of all YDRS survey participants (15%, n=22) received a wage or salary, with over 90% (n=106) of those aged 16–24 receiving a government benefit or pension.

Young people aged less than 16 years are not eligible to receive Youth Allowance income support. Participants aged 13–15 reported other means of gaining income. Of 13–15-year-old YDRS participants, 69% (n=24) reported receiving an income as a result of stealing or theft during the previous six months, compared with 40% (n=26) of 18–24-year-olds. Many participants aged 13–15 years reported begging during the previous six months, with 67% (n=16) of those answering this question having done so, compared with 30% (n=18) of 18–24-year-olds. Half of participants aged 13–15 years had also sold drugs for drug profit (keeping some of their supply for themselves).

Younger YDRS survey participants were less likely to trade sex for money or to sell drugs than older participants. No 13–15-year-old reported ever trading sex for money, compared with 14% (n=8) of 18–24-year-olds. Forty-one percent (n=9) of participants aged 13–15 years had sold drugs for profit during the past six months, with half (n=32) of 18–24-year-olds having done so.

Only 22% (n=37) of the overall sample of YDRS survey participants felt that they always or almost always had enough money to meet their needs over the past six months, with younger people (13–15 years) reporting less financial pressure than older youth.

KE generally reported low rates of employment among young people they had contact with. Young people who were clients of KE were frequently receiving government benefits; however begging, borrowing money, selling drugs and sex for money, drugs or a place to stay were also mentioned.

Sexual activity and sexual risk behaviours

In a study conducted among Australian year 10 students (aged approximately 15–16 years) in 2002, approximately a third reported having ever had sexual intercourse (Smith et al. 2003). YDRS survey participants appear far more sexually active with 76% (n=19) of 13–15-year-olds and 98% (n=48) of 16–17-year-olds in the YDRS survey reported ever having had consensual sexual intercourse.

When reporting on recent sexual activity, 83% (n=108) of participants in the YDRS survey (aged 13–24 years) reported being sexually active within the six months prior to completing the survey. This included 72% (n=18) of 13–15-year-old YDRS survey participants. Half of YDRS survey participants who agreed to answer a question about how many sexual partners they had had during the last six months (n=54) indicated they had had three or more partners. Of 13–15-year-olds answering this question, 11 (31%) reported having had three or more sexual partners. In contrast 23% of males and 17.3% of females sampled from among Australian year 10 students reported having more than three sexual partners in the year preceding the survey (Smith et al. 2003).

Among Australian year 10 students 29.9% of males and 27.3% of females reported being under the influence of alcohol or other drugs during their last sexual encounter (Smith et al. 2003). Of 13-15-year-old YDRS survey participants answering a similar question, half (n=9) reported that they had been drunk or high the last time they had sex, with nearly two thirds (n=31) of 18-24-year-olds also reporting this.

Of YDRS survey participants who reported having a causal sexual partner (n=65) just under a third reported not using any protection against sexually transmissible disease during their last sexual contact with a casual partner. By comparison, among sexually active year 10 and 12 students, 59.7% of males and 46.1% of females reported always using condoms (Smith et al. 2003). All sexually active 13–15-year-olds within the YDRS survey sample reported using condoms.

It has been estimated that between 8% and 11% of Australian young people experience sexual attraction towards people of their own sex (Lindsay et al. 1997). A slightly higher fifteen percent (n=20) of YDRS participants reported that they were sexually attracted to people of the same sex as themselves, or to people of both sexes.

Physical health

The AIHW (2007) concludes that socio-economic status strongly correlates with young people's levels of health and wellbeing. Socio-economic deprivation is associated with poorer

health outcomes, higher hospital separations, protective or juvenile justice involvement, lower educational achievement and higher death rates. The YDRS key expert study found young people's access to medical care had declined with the move away from bulk-billing by general practitioners.

Young people in Australia generally experience relatively good physical health. According to 2006 ABS data, 68.8% of young men in Victoria (aged 15–24) and 71.6% of females rated their health as either 'excellent' or 'very good' (cited in Department of Education and Early Childhood Development and Department of Planning and Community Development 2007, p. 29). Similarly most YDRS survey participants aged 13–15 years perceived their physical health status during the prior six months as 'good', 'very good' or 'excellent' (71%, n=25), with 29% (n=10) reporting their physical health as 'fair' or 'poor'. Older YDRS survey participants were more likely to rate their health as 'poor' or 'fair' when compared to the younger cohort. Fifty-five percent (n=42) of those aged 18–24 years identified their physical health as 'good', 'very good' or 'excellent' and 45% (n=24) as 'fair' or 'poor'.

The KE study highlights a need for greater emphasis on blood-borne virus vaccination for young people who use substances. In 2006, 70% of Victorian Year 7 students had completed immunisation against Hepatitis B (Department of Education and EarlyChildhood Development and Department of Planning and Community Development 2007). By comparison, of YDRS participants aged 13–24 years 58% (n=93) reported completing a vaccination schedule for Hepatitis B. Among the 13–15-year-old YDRS survey participants, 40% (n=14) indicated that they had either not been vaccinated against Hepatitis B or had not completed a vaccination schedule. Almost a further fifth (n=6) of 13–15-year-old YDRS survey participants did not know whether or not they had been vaccinated.

In Australian research only small numbers of year 10 and year 12 students reported having had an HIV antibody test (Smith et al. 2003). For males in year 10 and year 12 respectively 2.7% and 2.6% reported having had a HIV antibody test. By contrast, 61% (n=99) of all YDRS participants (aged 13–24) had been tested for Hepatitis C and 57% (n=92) said they had been tested for HIV.

Emotional and mental health

The leading cause of disease and injury for young people in Australia in 1997 was mental health disorders. In 1997, just over 25% of young people aged 18–24 years were diagnosed with anxiety, affective or substance use disorders (Australian Institute of Health and Welfare 2007).

Little data is available to describe the prevalence of mental health disorders among Victorian young people. In one study, however, 29.8% of students in Years 6 and 8 were identified as having concerning depressive symptoms, with this more common among lower than higher socio-economic groupings (Williams 2007, cited in Department of Education and Early Childhood Development and Department of Planning and Community Development 2007, p. 63).

YDRS survey participants expressed relatively high rates of mental health diagnosis and distress. Over a third of participants 38% (n=61) had been diagnosed with a mental illness within their lifetime. As would be expected, having experienced a mental illness was more common among older than younger YDRS participants, with 29% of 13–15-year-olds (n=10) reporting a diagnosed mental illness compared to 44% of 18–24-year-olds (n=34).

Participants aged 13–15 years were less likely than older youth aged 18–24 years to identify depression as a problem for them. For instance, 37% (n=13) of 13–15-year-olds said they had felt depressed for no reason within the six months prior to research participation, compared with 65% (n=50) of 18–24-year-olds.

Suicidal ideation appears relatively common among YDRS survey participants. Over half of YDRS survey participants (51%; n=82) reported that they had at some point in time seriously thought of taking their own life. This is represented in Figure 5. Additionally 29% of all YDRS participants (n=59) reported that they had attempted suicide during the six months prior to interview, including slightly higher proportions of 16–17-year-olds and 18–24-year-olds. Twenty-one percent (n=3) of 13–15-year-old participants reported attempted suicide during the six months prior to interview, compared with 31% of 16–17-year-olds and 30% of 18–24-year-olds (n=8 and n=13 respectively). Additionally, around a third (32%, n=52) of all participants had deliberately hurt, cut or burned themselves during the six months prior to interview.

FIGURE 5: YDRS SURVEY PARTICIPANTS WHO HAD SERIOUSLY THOUGHT OF TAKING THEIR OWN LIVES



Source: YDRS survey

Youth and Criminal Justice

In 2005–6, out of every 1000 young people aged 10–17 in Victoria 2.6 were subject to Youth Justice supervision orders, meaning they were currently involved with the Youth Justice system due to having committed an offence. This rate was lower than in any other state or territory (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007).

Among YDRS survey participants, involvement with Youth or Criminal Justice was significant. Sixty percent of the overall sample (n=72) had been charged with a crime during the past six months with just under 50% (n=17) of those aged 13–15 having been charged with a crime.

Figure 6 below shows the range of offences YDRS survey participants had been charged with during the six months prior to survey completion. It shows that for the sample overall most offences were for property and violent crimes. Younger participants aged 13–15 were more frequently involved in property offences than older participants.



FIGURE 6: OFFENCES YDRS SURVEY PARTICIPANTS HAD BEEN CHARGED WITH DURING THE SIX MONTHS PRIOR TO SURVEY COMPLETION

Source: YDRS survey

In Victoria, 0.5 per 1000 of the Victorian youth population aged 12–17 were sentenced to a period of incarceration in a Youth Justice or youth residential centre (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007). A relatively high proportion of the YDRS study cohort had ever been incarcerated: 35% (n=12) of 13–15-year-olds and 49% (n=38) of 18–24-year-olds.

Child Protection

In 2005–2006, of the total population of young Victorians aged 10–17 years, 1.5% were subject to care and protection orders. At the end of June 2006, of young people aged 10–17, 2502 were living in out-of-home care. This comprised 3.47 per 1000 Victorian young people (Department of Education and Early Childhood Development and Department of Planning and Community Development 2007).

The YDRS survey did not include a question asking whether participants were subject to protective care orders. However 30% (n=20) of YDRS survey participants aged 13-17 lived in either a foster carer's home or a residential unit.

Relationships

Relationships with family and friends are critically important to most young people. A 2007 survey of family attachment among young people aged 10–17 in Victoria found that 87% of young people aged 14–17 agreed that family life is the most important thing to them. The study found that three quarters (75%) identified having a 'great deal' of confidence in parental advice, 22% had 'some' confidence, and 2% had 'little or no confidence' (YouthSCAN 2007, cited in Department of Education and Early Childhood Development and Department of Planning and Community Development 2007, p. 156). Another study found that 83.3% of young people aged 18–24 answered 'yes definitely' when asked whether they could get help from family when they needed it (VPHS 2006, cited in Department of Education and Early Childhood Development 2007, p. 157). Among 10–17-year-olds in the YouthSCAN 2007, cited in Department of Education and Early Childhood Development and Department of Education and Early Childhood Development 2007, p. 157). Among 10–17-year-olds in the YouthSCAN 2007, cited in Department of Education and Early Childhood Development 2007, p. 157).

No comparable data is available from the YDRS; however friendships appear similarly important for this group, and families somewhat less so. Participants aged 13–15 most commonly reported depending on friends in tough times (77%; n=25). Forty percent (n=14) depended on a parent or parents, 26% (n=9) depended on a partner and 20% (n=7) depended on siblings. Proportions depending on a worker in tough times rose from nine percent (n=3) of young people aged 13–15 years to 27% (n=21) of those aged 18–24, perhaps suggesting that young people who are engaged in the service system become increasingly reliant on workers as they age and friendships become a slightly less dependable source of support. As Figure 7 shows, greater proportions of 13–15-year-olds identified friends as those on whom they would depend during tough times than did older YDRS cohorts.



FIGURE 7: PEOPLE ON WHOM YDRS SURVEY PARTICIPANTS COULD DEPEND IN TOUGH TIMES

Source: YDRS survey

Most YDRS survey participants aged 13–15 also reported having someone in their lives who really knew them (80%; n=28); knowing someone else really well (80%; n=28); having someone they could trust with their private thoughts and feelings (94%; n=33); and that there was someone who trusted them with their private thoughts and feelings (91%; n=32). Ninety-four percent (n=33) of participants aged 13–15 reported that they had a group of friends who stayed in close touch, and most (84%; n=28) reported having been with this group of friends for more than one year. Older participants appeared to be a little less integrated in friendship groups, with only 77% of 18–24-year-olds reporting having a group of friends with whom they kept in close touch, as shown in Figure 8.

FIGURE 8: PROPORTIONS OF YDRS SURVEY PARTICIPANTS WHO HAD A GROUP OF FRIENDS THAT STAYED IN CLOSE TOUCH





Demographic characteristics

Most YDRS survey participants (86%; n=138) identified having someone they could depend on in tough times, with this proportion similar across the three age ranges of 13–15 years, 16–17 years and 18–24 years. While this suggests that most YDRS survey participants reported having connections with at least one person, it remains concerning that 14% felt they had no one on whom to depend during tough times.

This chapter aims to establish key differences in patterns of substance use between vulnerable young people involved in the YDRS survey and the general population of young people in Victoria. We do this by comparing YDRS survey data with available survey data including, but not limited to Victorian data from the NDSHS (Australian Institute of Health and Welfare 2005a). Again, as the YDRS survey is too small to be generalised, all comparisons of these population groups are indicative only.

YDRS survey participants were recruited via AOD and other services with one of the eligibility criteria being at least monthly use of cannabis, methamphetamine, heroin or ecstasy. Thus it is to be expected that the YDRS survey sample shows remarkably high levels of recent and lifetime substance use when compared to general populations of young people. Other populations of vulnerable young people may not use substances as intensively as those included in the YDRS survey sample.

Our discussion is structured as follows:

- Lifetime substance use
- Recent substance use
- Main choice of substance
- Patterns of substance use
- Initiation of substance use
- Access to services.

Lifetime substance use

The 2004 NDSHS was analysed to determine the prevalence of lifetime psychoactive substance use among 13–24-year-olds in Victoria. Figure 9 represents this data⁵. In Figure 10 below, we contrast these statistics with data obtained from the YDRS survey for lifetime substance use.

The NDSHS shows that in 2004 lifetime alcohol use and to a lesser extent, cannabis use was widespread among older Victorian youth. Lifetime alcohol use was reported by 97% of Victorians aged 18–24 years, and cannabis use by 49% of Victorians aged 18–24 years. By comparison, lifetime use of alcohol among YDRS survey participants aged 18–24 was 95%, and 98% reported lifetime use of cannabis.

YDRS survey participants aged 13–24 years reported substantially higher lifetime use of illicit drugs including but not limited to cannabis. Ninety-eight percent of YDRS participants aged 13–24 had ever used cannabis. In contrast 31.8% of young Victorians aged 13–24 years had

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⁵ In reporting on alcohol consumption we have used the NDSHS measure of ever having consumed a full serve of alcohol (as opposed to their measure of having had a sip of alcohol from someone else's glass, which indicates a younger age of initiation).

ever used cannabis. Seventy percent of YDRS participants had ever used ecstasy. In contrast, 11% of young Victorians aged 13–24 years people had ever used ecstasy. Seventy-eight percent of YDRS participants had ever used methamphetamine. In contrast, 10.9% of young Victorians aged 13–24 years people had ever used amphetamine/methamphetamine. Heroin had ever been used by 46% of YDRS participants aged 13–24 years, and is very uncommon in the general population (reported by 1.8% of Victorians aged 13–24 years participating in the NDSHS).

Among the Victorian NDSHS sample, lifetime use of substances other than alcohol is unusual among 13–15-year-olds. Rates of substance use are remarkably higher among YDRS survey participants in this age group. For example, 7% of Victorians aged 13–15 in the NDSHS had used cannabis, compared to 100% of YDRS survey participants of the same age; 55% of those aged 13–15 years in the NDSHS had ever consumed a full serve of alcohol, compared with 97% among 13–15-year-olds in the YDRS survey sample; 2% of 13–15-year-old NDSHS participants had ever used ecstasy compared with 57% of the YDRS survey sample; and 2% of NDSHS participants had ever used inhalants compared with 57% of 13–15-year-olds in the YDRS survey sample.

In Melbourne, Project i collected data on substance use among homeless young people. Like YDRS survey participants (described below) Project i participants reported alarmingly high levels of substance use, including frequent polydrug use, with those who had been homeless longer using more intensively than the newly homeless (Rosenthal et al. 2008).

FIGURE 9: PREVALENCE OF LIFETIME SUBSTANCE USE AMONG VICTORIAN YOUNG PEOPLE AGED 13 TO 24 YEARS, 2004



Source: (Australian Institute of Health and Welfare 2005b, analysis by Turning Point Alcohol and Drug Centre)



FIGURE 10: LIFETIME SUBSTANCE USE FOR YDRS SURVEY PARTICIPANTS

Source: YDRS survey

Recent substance use

Whereas NDSHS measures of twelvemonthly or monthly substance use among Victorian young people aged 13–24 (excluding alcohol, tobacco or cannabis) were too small to be represented meaningfully on a graph, substance use within the past six months for YDRS survey participants remained high. YDRS survey participants' patterns of drug use involve consumption of a far wider range of substances than young people in the general population, as well as more regular use of these substances. All YDRS survey participants aged 13–15 years had used cannabis in the six months prior to interview and all but one had consumed alcohol during this period. On average, young people in the YDRS survey aged 13–15 years used cannabis slightly more frequently than every second day.

We can also see in Figure 11 (below) that recent use of heroin, ketamine, LSD and GHB by YDRS 13–15-year-olds is relatively low compared with that of YDRS survey participants aged 18–24 years (for example, heroin was used recently by two 13–15-year-olds). By comparison, recent inhalation of spray paint was higher among 13–15-year-olds compared to the older YDRS survey participants.



FIGURE 11: PREVIOUS SIX MONTHS SUBSTANCE USE FOR YDRS SURVEY PARTICIPANTS

Source: YDRS survey

Main choice of substance

Data from the 2004 NDSHS were analysed to determine the most common drugs of choice among Victorian youth aged 13 to 24 years. Results are presented below in Figure 12. This figure shows that tobacco, alcohol and cannabis were the preferred substances for young people who consumed legal or illegal drugs in Victoria in 2004. Small proportions of young people cited other substances as their primary substance of choice.

By comparison, we examined the main choice of psychoactive substance for YDRS survey participants (see Figure 13 below). Like those in the general Victorian youth population, alcohol and cannabis were the main psychoactive substances used; however greater proportions of YDRS survey participants mostly used other illicit drugs including heroin and methamphetamines.

FIGURE 12: PRIMARY SUBSTANCE OF CHOICE AMONG VICTORIAN YOUNG PEOPLE AGED 13 TO 24 YEARS, 2004



Source: (Australian Institute of Health and Welfare 2005b, analysis by Turning Point Alcohol and Drug Centre)



FIGURE 13: MAIN DRUG OF CHOICE REPORTED BY YDRS SURVEY PARTICIPANTS

Source: YDRS survey

YDRS survey participants aged 13–15 years differed somewhat from 16–17 and 18–24-year-olds in their main choices of drug. Figure 13 suggests that while there is a strong trend for YDRS survey participants aged 13–15 years to use cannabis or alcohol as their main drug of choice, survey participants' primary drug choice moves to heroin, methamphetamine and ecstasy as they age. Cannabis was cited as the main drug of choice for 60% of 13–15-year-olds (n= 21) but only 42% of 18–24-year-olds (n=33). By comparison, heroin was cited as the main drug of choice for 21% of 18–24-year-olds (n=79) but not by any 13–15-year-old participating in the YDRS survey.

Patterns of substance use

Binge drug use was high among the YDRS survey sample and increased with age. Of 13-15-year-olds, approximately one third (n=11) reported binge use without sleep for a period of more than 48 hours, with alcohol and cannabis the most frequently cited drugs used for these long sessions.

Older YDRS survey participants appeared more concerned about substance use than younger participants⁶. Almost 43% (n=15) of 13–15-year-olds said that it had not been difficult to go without their main drug within the past six months, compared with 28% of 18–24-year-olds (n=22). Only one of 35 participants aged 13–15 felt that this had been impossible, compared with 14% (n=11) of 18–24-year-olds. Figure 14 below shows that just over half of participating 13–15-year-olds (54%; n=19) never or almost never worried about their main drug use, compared with 29% (n=14) 16–17-year-olds.

FIGURE 14: HOW OFTEN YDRS SURVEY PARTICIPANTS WORRIED ABOUT USING THEIR MAIN DRUG DURING THE PREVIOUS SIX MONTHS



Source: YDRS survey

Overdoses increased as participants aged, perhaps reflecting changes in substances used. Only one YDRS survey participant aged 13-15 had overdosed during the previous six months, with alcohol cited as the main substance involved, compared with 13% (n=10) of 18-24-year-olds.

Initiation of substance use

Mayock (2002) identifies two significant transition points in drug using careers for young people living in areas of socio-economic disadvantage: commencing drug use (usually cannabis) and transitioning from cannabis to other drug use. YDRS survey participants reported high levels of lifetime cannabis and other drug use, as we have seen, but also reported initiating drug use many years earlier than drug users in the general Australian population surveyed by NDSHS in 2004.

⁶ In this paragraph and in Figure 14 we report on questions adapted to the YDRS survey from the Severity of Dependence Scale, in Gossop, M, Darke, S, Griffiths, P, Hando, J, Powis, B, Hall, W & Strang, J (1995), 'The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users', *Addiction*, vol. 90, pp. 607–14.

The mean age for commencing cannabis use for 2004 NDSHS respondents reporting lifetime cannabis use was 18.7 years (Australian Institute of Health and Welfare 2005a). As shown in Figure 15, the mean age at which this occurred for YDRS survey respondents who had ever used cannabis was approximately six years earlier, at 13 years (n=160). Cannabis initiation for this group was also strongly clustered at ages 12–14.

FIGURE 15: YDRS SURVEY PARTICIPANTS' AGE WHEN FIRST USED CANNABIS



Age when first used cannabis (years)

Source: YDRS survey

YDRS survey data also provide a significant indication of the ages where non-cannabis illicit drug initiation peaks for vulnerable young people. The mean age of initiating methamphetamine reported by the general Australian methamphetamine-using population sampled by NDSHS in 2004 was 20.8, compared with a mean of 15 for youth in the YDRS survey reporting lifetime cannabis use (n=126). Mean age of ecstasy use for the general population of users was relatively high at 22.8 years, compared with a mean more than seven years younger for YDRS survey participants reporting lifetime ecstasy use, at 15 (n=114). YDRS survey participants' mean age of initiating use of illegally obtained benzodiazepines was 15 years (n=62). This compares with 25.2 years for initiating use of tranquilisers or sleeping pills for non-medical purposes among NDSHS respondents (Australian Institute of Health and Welfare 2005a). Initiation of heroin use occurred at an average age of 21.2 years among the general population of Australians who had ever used heroin, compared with an average age of under 16 years among YDRS survey participants is strongly clustering at ages 14–17 years, as Figure 16 shows.

FIGURE 16: YDRS SURVEY PARTICIPANTS' AGE WHEN FIRST USED HEROIN





Source: YDRS survey

Young people completing the YDRS survey were also asked whether they had ever injected any drug. While only 8% of 13–15-year-olds had ever injected a drug (n=3), 40% (n=19) of 16–17-year-olds and 67% (n=53) of 18–24-year-olds had done so. Of the three young people aged 13–15 who had ever injected a drug, only one had done so in the six months prior to interview. Mean age of initiating injection drug use among YDRS participants was 15 and clustered at 14–16 years, as shown in Figure 17 below. This compared with an average age of initiation of 21.7 among Australians in 2004 who had ever injected a drug (Australian Institute of Health and Welfare 2005a).

FIGURE 17: YDRS SURVEY PARTICIPANTS' AGE WHEN FIRST INJECTED ANY DRUG





Source: YDRS survey

YDRS survey participants who did inject drugs reported unsafe injection practices that are concerning. Of 53 YDRS survey participants who had injected during the previous month, just over a quarter (n=14) had used a needle that someone else had already used. The proportion reporting sharing spoons was slightly higher.

Access to services

All YDRS survey participants had had contact with AOD services. Over 85% of 147 participants across each age range category had been able to access services when they required it. Seventy-two percent (n=117) of the overall sample also identified that they had been able to stop or reduce drug use on their own or without help (including 54%, n=19 of 13–15-year-olds).



PART THREE: THE PLACE OF SUBSTANCE USE IN THE LIVES OF STUDY PARTICIPANTS AGED 13–15 YEARS



6. Meanings and experiences of substance use for 13–15-year-olds

In this first of six chapters reporting on the YDRS qualitative study, we explore the unique meanings and experiences of substance use for a group rarely captured in research: substance-using young people aged 13–15 years and engaged with AOD services. (Throughout these chapters we also refer to additional YDRS survey findings, where they enhance or provide an additional perspective on our qualitative research.) This chapter examines how young people speak about substance use in the context of their lives, and how substance use figures in the ways they speak about themselves as individuals.

What young people liked about substance use

Both YDRS survey and qualitative research participants were asked to comment on what they liked about substance use. We report separately on these findings.

What YDRS survey participants liked about substance use

Participants in the YDRS survey were each asked to identify three things that they liked about using their main drug (including alcohol). Reasons given by participants were coded as nine main categories, as shown in Figure 18 below.

When asked to identify positive aspects of drug use, young people tended to identify positive physical effects rather than the experience of escaping negative feelings or situations. Of YDRS survey participants aged 13–15, almost 90% (n=29) cited a physical feeling such as 'buzzing, feeling high, being pissed, rushing or 'the stone' as one of three main reasons for substance use. Over 40% of participants aged 13–15 (n=15) explained that they used their main drug to feel calm and relaxed, although along with 'to forget reality' this appears to be slightly a stronger motivation for 18–24-year-olds (n=53). A further third of 13–15-year-olds (n=12) used their main drug to achieve a positive mental state such as feeling giggly or having fun. Relatively few participants of any age group said that what was good about using their main drug was that their friends also did so.

Survey participants were also asked to rate their drug use on a scale of one to five, with one being 'totally good' and five 'totally bad'. Many respondents aged 13–15 saw substance use as a generally positive aspect of their lives. For instance, almost half of participants who identified cannabis as their main drug considered their use of cannabis to have more of a positive than negative effect on their lives, with an additional third believing that cannabis use presented equal risks and benefits. Alcohol use was considered by almost a third to be totally good, over half of respondents perceived both good and bad things to be associated with alcohol consumption and less than 10% saw it as totally bad.

Meanings and experiences of substance use for 13–15-year-olds

FIGURE 18: WHAT YDRS SURVEY PARTICIPANTS LIKED ABOUT USING MAIN DRUG OF CHOICE



Source: YDRS survey

What YDRS qualitative research participants liked about substance use

Qualitative data collected for YDRS provides nuanced information about what young people like and enjoy about substance use. Many of the anecdotes gathered through this component of the study reflected an intense enjoyment of using drugs in social contexts with friends or, on occasion, with family members, as we shall discuss below at Chapters 7 and 8.

As in other qualitative research on young people and substance use (MacLean 2007; Sheehan and Ridge 2001) participants emphasised their enjoyment of accompanying physical sensations and of experiences they were able to have while substance-affected. Cannabis made Kane (14 years) feel as though 'someone's tickling you every minute'. What he liked about alcohol was that it: 'gives you a good buzz'.

Alcohol use was strongly associated with having fun. Tim (15 years) felt that he could only really have a good time when he drank alcohol: 'You just go out and have fun. It's not much fun without it'. When asked to describe the feelings associated with drinking alcohol Jenny (15 years) responded similarly that it enabled her to have fun: 'I always have a good time on the drink... yeah, most of the time.' Fiona (15 years) felt that intoxication from either alcohol or cannabis reduced her awareness of being judged by others and allowed her to enjoy herself: 'It's like you don't care what everyone else thinks about you. I normally drink it with family and we just have a good time.'
Some participants believed that substance use enhanced their personality, social interactions or even artistic capacities. Gina (15 years) liked the sense of energy associated with using ecstasy and also indicated she had come to depend on this drug to make her feel 'normal':

You just depend on [ecstasy] to make yourself feel normal... It's like a different thing, when you've been on it. When you're not on it at first everything's OK, but then once you're on it, it feels like it's a normal feeling being on it. And when you're not on it, it's like 'this is odd, this isn't normal'. I don't like it when there's nothing. I like the whole buzz and the whole, you know, excitement and a lot of energy and stuff like that. And a lot of people—before they know that I'm actually on it a lot of people like me when I'm on it. I'm really happy, excited, all bubbly and stuff. I've got a lot of energy.

Indeed Gina felt that drugs had a positive effect in helping her stay motivated and cope with her life and that without substance use she may not even still be alive:

Stupid as it sounds a lot of the time drugs do really good things for kids, they do. Like if it wasn't for drugs I probably wouldn't be here. That feeling that I get off it is the feeling that keeps me alive; is the thing that keeps me moving every day.

Like Gina, Sally (15 years) spoke of experiencing positive changes to her personality when using ecstasy: feeling energetic, gregarious and flirtatious. This was despite the fact that she couldn't remember some of what she had done while affected:

- *R:* Like it's just me like wide awake and full of energy. Like I was just going spastic and stuff.
- I: Okay.
- R: I was throwing fights with everyone on the bus.
- I: Were you?
- *R: I was like 'Hey baby want to come back to mine tonight?' All this stuff apparently. That's what I got told anyway.*

Brant (15 years) suggested that cannabis improved his artistic self-expression, as we shall discuss in more detail in Chapter 9. Brant argued that cannabis use greatly improved the quality of his tags (spray paintings of his name or nickname, sometimes resembling graffiti art).

Participants spoke of using substances to cope with negative aspects of their lives far less than they emphasised the fun and pleasure they accrued from it. Nonetheless some mentioned using substances (often cannabis) to fall asleep or cope with anger and conflict. Ethan (14 years) said that alcohol settled his emotions down. Brant and Ross (both 15 years) observed that cannabis use helped them control angry feelings. As Brant put it, cannabis:

...helps me to instead of be this angry mean person that, you know, I can be. It's just helping me you know, look at what I'm doing and what I can do to make myself become a better person in, like different ways.

Meanings and experiences of substance use for 13–15-year-olds

Summary

YDRS qualitative research participants greatly enjoyed physical sensations associated with substance use. Young people spoke about the sense of calmness or ability to manage anger that came with using cannabis; and the energy, gregariousness and confidence associated with use of alcohol, ecstasy and methamphetamines. Alcohol was strongly linked with having fun. Many used drugs to feel normal, to enhance their personalities and social interactions and to help them get the most out of life.

What young people disliked about substance use

Both survey and qualitative research participants were asked what they dislike about substance use.

What YDRS survey participants disliked about substance use

YDRS survey participants were asked to identify three things they disliked about using their main drug. As in Figure 18 above, responses have been coded as categories (see Figure 19 below). Immediate or short-term physical effects were high on the list of unpleasant features of substance use for young people, with over 80% (n=27) of young people aged 13–15 citing effects such as feeling sick, vomiting or coughing. Younger people aged 13–15 appeared less concerned about the expense of substance use or difficulties accessing drugs than older users, perhaps reflecting their lesser tendency than older cohorts to use expensive illicit drugs such as heroin. Concerns about drug dependence (withdrawal, having a drug habit) were relatively low for all age groups, with only 15% (n=5) of young people aged 13–15 citing this as one of the three things they most disliked about their main drug use.

Meanings and experiences of substance use for 13–15-year-olds



FIGURE 19: WHAT YDRS SURVEY PARTICIPANTS DISLIKED ABOUT USING MAIN DRUG OF CHOICE

Source: YDRS survey

What YDRS qualitative research participants disliked about substance use

YDRS qualitative research participants were asked to talk about times they had used a substance that they had not liked or enjoyed. They described three main negative experiences. These were experiencing immediate or short-term unpleasant effects; losing control of their actions; and shame associated with gaining a reputation as an out of control drug user. Some qualitative research participants were unable to identify any significant negative experience associated with substance use. Young people frequently told stories that while containing references to conflict or extreme risk, also at the same time celebrated intoxication.

Most participants mentioned specific immediate or short term effects as negative aspects of substance use. Collette (13 years) didn't like alcohol: 'because it tastes terrible'. Helena (15 years) complained about the taste of the bong she was using to smoke cannabis. She also hated the feeling of coming down from using ecstasy: 'You can't eat for a week. Like you can't stomach it, it's disgusting. I hated it'.

The most vividly described negative experiences related by participants were about feeling out of control of their own behaviour while intoxicated. These narratives often concerned alcohol use. Kane (14 years) found it harder to manage his relationships with other people in a way he felt comfortable about when he was drunk, and was also embarrassed about vomiting as a result of alcohol intoxication:

- I: Does [drinking] make it harder or easier with other people?
- R: No it makes it harder.
- I: It makes it harder. Why is that?
- R: 'Cause sometimes you don't know what you're doing.
- I: You don't know what you're doing?
- R: Yeah, if you drink too much you don't know what you're doing.
- *I:* Have you ever gone and done–gone and had a bit too much and not know what you're doing?
- *R*: [pause 4 seconds] I think it was once or twice. But I had so much and started spewing.

Young men in particular regretted fights and violence they had become involved in while intoxicated. Mark (13 years) was on probation for crimes which he had committed while acutely affected by cannabis and of which he had no memory. He felt he had had no capacity to control his behaviour in this state. Neil (15 years) had concluded that he was unable to manage his anger when drunk and subsequently lashed out at people violently. Neil thought it was only safe for him to drink when he was not angry:

- *I:* Sounds like you really like the alcohol. It's a favourite. Is there anything about it that you don't like?...
- *R*: I don't know. When I like just had an argument with someone... 'Cause then it'd come back to my head while I'm drunk and I'll just lash out at someone. Like have an argument with someone else.
- I: Oh okay. So the mood you're in when you start drinking is important and-
- *R*: So if I'm happy well then I can drink.
- I: If you're happy you can drink. Yep and if you're-
- *R*: Angry is not the best time.

Ross (15 years) described becoming so angry when drunk that he had to be physically pulled off whoever he was attacking. He spoke of overwhelming sensations in his body as anger surged within him and a sense of being completely unable to withdraw from a fight without outside intervention, almost as if his body were controlling this and not him:

All me anger just goes to me arms and just, you know I'll get real tensed up. Clenched me fist and just walk up andjust grab [someone] by the throat or something and start smashing them in the face. Like when I get into a fight I just don't stop...I just–I need somebody to pull me off. It's just a thing. Once I get hold of them. It's just like that, like a lock jaw.

A young woman, Fiona (15 years), also spoke of becoming aggressive when drunk and how this lack of control over her actions unnerved her:

- I: Is there anything about alcohol that you don't like [Fiona]?
- *R:* Um, when I drink too much and I get aggressive? Oh like me and my sister like slabbed and slabbed [drank slabs of alcohol]. And we just ended up punching on all night and the cops came. And I was so afraid. I don't like to think about it.
- I: How long ago was that?
- R: Probably about two months ago.
- I: Two months ago. And like you slabbed and slabbed did you say?
- R: Yeah, we had three slabs.

A few participants complained about losing sense of what was real and what was not while intoxicated, particularly when using methamphetamines. Peter (15 years) only tried ice one time but did not like it because he 'didn't know what the f...was happening' when all he had wanted was 'to have a bit of fun'. Neil (15 years) found it difficult to differentiate between reality and hallucination while affected by cannabis: 'You think you're talking to someone but you're not... Like having dead people talk to you.'

We noted earlier a suggestion within the literature that younger vulnerable people (aged 13-15 years) are less likely to feel stigmatised by substance use than older youth (Gutiérrez and Vega 2003; MacLean 2006). Some YDRS qualitative research participants expressed the attitude that their drug use was their business and were unconcerned about what others thought of them. A greater number however—and often young women—regretted gaining a reputation as a drug user. Collette (13 years) told the researcher that she was teased at school by the other students for her cannabis use:

There was heaps of them [teasing me]. People like walking into a class saying 'pothead' and stuff. There was heaps of them.

Another young woman (Gina, 15 years) found being known as a drug user isolating because her friends' parents didn't want their children to spend time with her. She believed although her drug use was moderate, she had been unfairly labelled as a 'mass junkie':

You just get judged by the fact that you do drugs not the fact of the person who you are. You could be like the sweetest person ever. You take a pill or whatever and then in the world it's just like, you know, you're just mass junkie. Even if you've only done it once or twice, if someone knows it's like yeah, you're a junkie. And I don't like that, it's really annoying. I believe personally that I'm actually an alright person. I've got an alright personality. A lot of people tell me that, and then when things get out about me doing drugs and stuff like that people instantly go 'No'. And then when people's parents find

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out that, you know, I do drugs and stuff like that, they're always like 'Oh no you're not allowed to hang around with her' and stuff like that.

Some young people felt that substance use, even where it was intensive, had only minor negative effects for them. For instance Owen (13 years) recounted a time when he combined sculling alcohol and smoking a bong; known as a 'suicide'. He observed only feeling a little worse for wear on the morning after this session. Helena told a story that ostensibly concerned an unpleasant experience when she had been so drunk she was unable to walk home, yet her account resonates with the excitement of the event:

There was me and two mates... No me and three other mates and we were in her bungalow out the back of her house. And we had a straight bottle of Jimmy and we finished it. We finished it in ten minutes and we were like para [paralytic] as! I couldn't walk, and 'cause we got kicked out of there because of her younger brother like came and started screaming at us. So we left and we had to walk the long way around back to one of our other mate's house, and I couldn't walk. And they left me, and I was trying to walk up the street and I just couldn't. It was so bad!

Summary

Immediate effects of substance use such as coughing or vomiting concerned participants. Young people also disliked feeling out of control; they regretted, for example, outbursts of anger or violence. Violence was most often a problem identified by young men and related specifically to heavy alcohol use. As with other substance-using cohorts, young people distinguished between drug users and out-of-control 'junkies'. Some resented their reputations being (they believed unjustly) tarnished as drug abusers with limited control over their behaviour. Others found it hard to identify any negative consequences of their substance use. Young people viewed cannabis as particularly functional and unproblematic.

The place of substance use within young people's lives

Young people participating in YDRS qualitative research were asked to identify which substances they used and then to rate how important these substances were in their lives by locating a card with the substance written on it as 'very important', 'important', 'take it or leave it' or 'not important' on the concept map (see Figure 1 in Chapter 2). Most participants identified two or three main substances—generally alcohol, cannabis, and to a lesser extent ecstasy, amphetamines, methamphetamines or inhalants, consistent with substance use choices identified in YDRS survey data for 13–15-year-olds (see Figure 12 in Chapter 5).

As we observed in Chapter 3, sociologists have argued that young people in the contemporary world are keenly aware of an imperative to present as active managers of their own lives

(Giddens 1991; Melucci 1996; Kelly 2006; Furlong and Cartmel 1997). As part of the effort to appear as such it is common for people to draw a sharp distinction between making deliberate decisions to use intoxicating substances—seen as a positive attribute—and substance use as compulsion or addiction—seen as evidence of failure of self-control (Sedgwick 1992; Valverde 1998).

Consistent with this argument the majority of YDRS qualitative research participants were insistent that substance use was not important in their lives and that they could 'take it or leave it' as they wished. Very few identified that drug use was 'very important'. In fact participants made a point of emphasising that they controlled their own substance use, rather than seeing substance use as dominating their lives or as assuming a primary importance for them. This was the case even for young people who identified very regular drug or binge substance use. For instance, when asked how important drugs were in his life, Amir (14 years) indicated to the researcher that he would categorise his drug use as 'take it or leave it'. Amir insisted that each time he used a substance he made an active decision to do so:

- *I*: So how many days a week would you be -how often would you be using?
- *R: I don't know. Sometimes every day. Sometimes four times a day, like four days at once [in a row].*
- I: And you've put it out there [on the concept map] as kind of 'take it or leave it'. So—what do you think affects—what do you think sort of affects why you do it some days and not others?
- R: Like sometimes I choose to do it and sometimes I don't.

Helena (15 years) proposed similarly that although she used cannabis everyday and liked the sensations it afforded her, cannabis wasn't particularly important to her:

- I: So what's your main one, what's your favourite one?
- R: I don't really favour it. I wouldn't say it's favourite, but I smoke every day.
- *I:* You smoke every day? So see how we've got this little map on your purple paper that you've chosen... How important would you say –?
- *R*: I wouldn't say it's important, like I can live without it. I just have it 'cause I like the feeling. Like I wouldn't say it's the most important thing in my life. I just like the feeling.
- *I:* So where would you like to put it on the map?
- R: Well I wouldn't say it's important, I wouldn't say it's like off the map. Sort of like ... Just 'take it or leave it'.
- I: Like you have it or you don't have it?
- R: Yeah have it or don't have it, that's what it is. If you have it you have it. If you don't you don't. Who cares?

Iniki (15 years) identified ice (methamphetamine) and chroming as her preferred drugs. Nonetheless she was emphatic that school had a more significant role in her life: 'Drugs aren't important in my life. Not really. School's the most important'.

Young people also rejected any suggestion that their substance use was dependent. Peter (15 years) appeared affronted by what he saw as the interviewer's suggestion that he was more likely to use drugs at difficult times in his life or that he used drugs because of difficult circumstances in his life. Peter insisted that he used alcohol, cannabis and speed because this was what he enjoyed, not because he needed to or was dependent on them:

- *I:* So do you reckon there's anything, like if there's things going on in your life do you reckon it makes it more likely for you to, to do your weed or your alcohol or speed?
- *R*: I've had a pretty tough life but that's not why I do this. That's not why I do alcohol weed and speed. It's just what I like... It's not like I'm dependent on any of it.

In contrast a small number of participants identified one or more forms of substance use as important or very important to them. Brant (15 years) saw alcohol as 'take it or leave it', but cannabis as 'very important'. Another interviewee (Gina, 15 years) told the researcher that ecstasy was 'very important' to her as she could only function in her daily life when using this drug. As we observed above, Gina only felt 'normal' when she had taken ecstasy: 'I pretty much depend on it just to be here, to be normal'. Ethan (14 years) felt that his alcohol use was habitual; 'I don't know, like I'm just hooked into it'. When asked to situate cannabis on the concept map, Ross (15 years) a young Indigenous man, drew a picture of himself with cannabis inside his head to demonstrate its centrality to his life. Ross said he needed cannabis to calm himself and moderate his aggression. He stated that:

Probably [I'd put] choof inside me. Just me smoking. Yeah just like calms me down and keeps me out of trouble.

These statements are interesting because they suggest that, in general, most participants did not consider their substance use to be dependent and in fact resented any implication that it might be so. A smaller proportion believed that they depended on one or more substances (often cannabis, which they used to sleep or manage anger). As we saw in Chapter 5 the YDRS survey findings suggest similarly that younger people were much less likely to believe they are dependent on substance use or that drugs caused problems in their lives.

Summary

While using substances frequently, many young people argued that substance use was not particularly important to them and that their use was neither dependent nor a response to hardship, but rather that they chose to use substances because they enjoyed it. A smaller proportion felt that one or more substances were very important to them (often cannabis, which helped them sleep, feel calm or manage anger).

Substance use as self-management

A strong theme in contemporary young people's discussions of their lives is that they alone are responsible for managing their own lives and must individually take the credit or blame for the courses the life decisions they make or their perceived success or failure in life (Furlong and Cartmel 1997; Kelly 2006). This sense of individual responsibility for managing oneself and one's substance use through exercising self-control and will power was evident in YDRS survey participants' reflections on their lives, with (as we shall outline in Chapter 10) important consequences for their utilisation of AOD services.

Brant, for instance, had been expelled from school and was subject to a care and protection order: difficult life circumstances for someone aged 15. He was nonetheless optimistic about his future. Consistent with the argument above Brant argued that he alone wanted to be able take credit for what he achieved in his life and thus he did not want anyone's help:

How would it look you know, if people helped me to get where I am? I mean now it's alright taking favours now and then. But I'm talking about like how would it be if I owned my own like company and I made it by myself and that out of scratch? That's what I'm working towards. I don't want to rely on all of these—all my family to get me like to this place you know. I want to get myself there myself. I want better...That's my whole point to my whole life. I can do it by myself. I don't need you. Just that when I've done it I'll come back and I can show you.

Closely related to many participants' insistence that they alone were responsible for management of their lives was a belief that individuals should be able to control and manage their own substance use through exercising willpower. When asked what had enabled her to cope with difficult life experiences, Collette (13 years) identified her capacity to say 'no' to substance use as her most significant resource in life:

- I: What is it about you that helps you cope with difficult things that happen to you?
- R: My 'no'. That's probably the only one [thing]. I can say 'no' and that's that. No means no. Everyone that got caught at school are still doing drugs except for my friend [name]. She said 'no' for about two weeks and she just went back to the wrong group. Nah I'm still out of it [not using drugs] in eight weeks and its f..... hard. With my dad yelling at me saying: 'What the f...are you doing?'

Participants were mostly insistent that they were able to control drug use. Collette was angry with her friends for teasing her by saying that she had used cannabis all day every day: 'I didn't do it like 24/7, like everyone said I did'. Sally (15 years) expressly rejected other people's contention that she was not in control of her drug use: 'I can handle myself, everyone reckons I can't but I know I can'.

Along with the notion that people should manage their own levels of intoxication came a perception that addressing problematic drug use is an individual responsibility, as we shall discuss in more detail in Chapter 10. Young people were also anxious about intervening in

anyone else's substance use. Amir (14 years) believed that it was not his business to comment on or offer advice in regards to anyone else's substance use, as was evident in his response to a question about what advice he would offer another young person experiencing problems relating to alcohol or other drugs:

- *I:* What kind of advice would you give to another young person who was having a hard time, perhaps with drugs or their life or whatever?
- R: Nothing. I'd just leave them to it. 'Cause it's their problem and stuff.

Brant (15 years) was similarly of the view that his friends' substance was their responsibility alone: 'You can tell them to stop but it's up to them' (Brant, 15 years).

For many young people, controlling substance use meant more than simply cutting back or stopping when it became problematic. They also saw managed drug use as entailing consumption of sufficient quantity of a substance to feel good, while at the same time remaining in control of their actions. These are strong themes also in adults' discussions of AOD use, as we observed above in our review of the literature in Chapter 3. Young people explained how they were able to control substance use in order to achieve desired effects or to avoid making a fool of themselves. Jenny (15 years) told us that 'I just keep smoking until I feel my normal buzz'. Peter (15 years) said that he is substance-affected most of the time but maintains himself at a point that he considers 'straight': 'I don't really go anywhere sober, oh not sober I mean straight'. Siena (15 years) liked to get drunk but not so much that 'it makes you act stupid'. Brant (15 years) was asked whether he smoked cannabis every day. He responded that this would be more than he would be able to take:

Nah. Not every day. I couldn't handle it. Nah, not that much. I don't smoke over at least two grams. That's in sort of half hour periods. I smoke like a half a gram and that will get me to where I want to be... I don't want to get to the point where I crave for weed every day, man. It's definitely somewhere I do not want to be.

Controlling substance use as part of growing up

Young people saw gaining experience in drug use as a process involving improving both their bodily tolerance to substances and their ability to consume the right amounts. They saw learning to manage substance use as an important part of growing up and as a sign of their increasing maturity. Linda (15 years) noted with some pride that she had developed a very high level of tolerance to alcohol, cannabis and pills, although she occasionally still vomited when affected. Gina (15 years) contrasted her former uncontrolled drug use with her current capacity to manage drug consumption, arguing that controlled use was actually more pleasurable for her:

There's people that take drugs and then get all violent and stuff like that. I know how to control it a bit and I know when I've taken it too far. I know the amounts that I can handle and amounts that I can't and I know my limits, and it took a lot of time to do that. Like at first I'll admit like I was pretty just like crazy. You couldn't go near me, like if I had a knife in my hand that'd be it. But I learnt how to control that and the feeling's actually really good now and it makes me feel better.

Kane (14 years) argued that smoking cannabis only became problematic when done all the time by young people who were not experienced drug users: 'When you keep smoking and smoking for a while then it starts not being good for you. But people have been smoking and smoking bongs, if they're experienced can handle [it]'. He told the researcher that he had improved his ability to control his body while drunk:

- *R:* If you're not experienced in alcohol then you'll start rocking side to side and falling over and stuff. If you are experienced in alcohol then you learn how to control yourself when you're on alcohol.
- I: So you'd feel a bit silly but you wouldn't maybe fall over like you might if you were [really drunk]?
- R: Yeah that's not if you're experienced with alcohol.
- I: So would you say you're experienced a bit?
- *R*: Sort of. I don't get up and start falling whatever because of alcohol.

Summary

Many young people strongly believed they were in control of their own substance use. They saw learning to manage drug use as part of growing up, and control over intoxication as a way to demonstrate maturity. Participants argued strongly that managing alcohol and drug use is an individual responsibility that no-one could or should help them with.

Differentiating functions of substances

Other research has suggested that an important way in which young people are able to demonstrate that they are active managers of their lives is by choosing between different forms of substance use and using substances appropriate to particular needs and contexts (Parker and Measham 1994). YDRS qualitative participants chose drugs due to a range of factors, including availability; their perceptions of associated dangers and harms; and anticipated or desired psychoactive effects and other functions.

All participants were clear that certain kinds of drugs are different to others. Young people chose different drugs according to the requirement of the situations they were in. Iniki (15 years) used ice to wake herself up and chrome to hallucinate. Amir (14 years) liked inhaling spray paint because it enabled him to experience hallucinations that he could then control and manipulate. Ethan (15 years) preferred using speed to ice because if offered greater clarity of thought:

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- *R: It's just a different feeling. Like you feel energetic and stuff. Like speed makes you feel energetic too.*
- I: Was it something about being clear? Were you less clear with the ice?
- R: Yeah with the speed I feel I know exactly what I'm doing all the time.

Brant (15 years) was of Maori background and his family had instilled into him a belief that cannabis and alcohol are acceptable because they are plants or plant-based substances. His family had agreed collectively that injection drug use or drug use involving spray paint, ice or cocaine were not for them:

I've always been told this and it's been drilled into my head so many times it's just not funny. It's okay to drink, it's okay to smoke cannabis. Anything other than that it's not. Just stop right there. Even chroming. My uncles and dad have been drilling it into my head for like at least since the first day I got here [Australia]: 'Don't grow up and do this, don't grow up and do that, just stick to those two and you should be fine'. But the only reason why they choose cannabis is because...if you look at it—like what Bob Marley said, 'it's a plant'... It's just the fact that they come out of the ground and it's natural. So you know it's not like it's been mixed in or you know shot into your blood stream or sniffed or snorted or anything like that... It's just like stuff like, just cocaine and s... like that. And like ice is well known to claim lives out of my family. And everyone just came together and just said 'Nah man, we don't want to know this stuff'.

Similar to participants in other research (Parker 2003) young people spoke of using different drugs on weekends to their 'everyday' drug. Cannabis and alcohol were usually everyday drugs and methamphetamines, ecstasy or speed were identified as drugs for weekend use or special events. A great many spoke of using cannabis very frequently to relax. Tim (15 years) smoked cannabis every day because 'it just relaxes me'. Siena (15 years) chose cannabis when she wanted to stop worrying. Speed, on the other hand, she used when going out or wanting to have fun: 'Cannabis just calms me down...speed just makes me think about everything'. As we have noted, some participants identified a specific drug as a problem for them. Ross and Tim (both 15 years) differentiated cannabis use from alcohol, observing they became violent and aggressive while affected by alcohol, but not when using cannabis.

Fiona (15 years) used alcohol and cannabis most days but ecstasy on weekends when she wanted to go out. She saw these drugs as having different effects appropriate to varying contexts. Cannabis would help her to sleep if she had a physical pain or to deal with anger at her family and their visitors: 'cause like a lot of people always come to my house and if they piss me off I normally just go in my room and have a three quarter joint and [then] go back out'. Alcohol was for relaxing with her family and ecstasy for 'a night out': 'Like weed just like makes you tired and go to sleep. Bikkies (ecstasy), you normally just take that on weekends'.

Summary

Young people chose different drugs depending on availability, their perceptions of associated harms and how they wanted to feel. Cannabis and alcohol were usually seen as 'everyday' drugs and methamphetamines, ecstasy or speed were identified (by those who used them) as drugs for weekend use or special events.

Ambivalent attitudes to intoxication

Attitudes to intoxication among the qualitative research participants were ambivalent. While they emphasised the importance of taking responsibility for substance use and exercising willpower, they also related stories of excess with great enjoyment, as some of the quotes above attest. Indeed young people frequently did not see episodic intensive substance use as undermining their sense of self as responsible and in control. Particularly when friends are also intoxicated it appeared to be acceptable to be extremely drunk or drug-affected.

Some participants exhibited considerable bravado about quantities of alcohol they were able to consume. For instance Neil (15 years) told the interviewer 'it'd take me about 20 [drinks] to be sick'. Sally (15 years) reported her progression to binge drinking of unmixed spirits with evident enthusiasm:

- R: First was cruisers and used to get drunk off like a four pack. But then it just got more and more, and then we moved up to UDL and Jim Beams and then like, just anything. And like straight bottles and stuff of like Smirnoff and Jack Daniels.
- *I:* You developed expensive tastes... And so like how long would it take you to go through that grog do you reckon?
- *R:* We'll pass out Friday night wake up Saturday, Saturday night at like nine [am] we'll start drinking again. And it's gone by the end of the night.
- I: Do you get hangovers?
- *R:* Nuh. I've had one hangover and that was on New Year's after all that drinking and stuff.

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Summary

Attitudes to intoxication were ambivalent. While young people were generally critical of people who failed to use in a controlled way, many also enjoyed telling stories which equated intensive substance use with pleasurable experience. Young people frequently did not see episodic intensive substance use as undermining their sense of self as responsible and in control. They attributed social status to the ability and capacity to drink high volumes of alcohol without getting sick.

Accessing and paying for substances

YDRS research suggests that young people generally access alcohol and other drugs with friends and family members. Tim (15 years), for instance, would buy cannabis from his friend's mother. Amir (14 years) purchased it from a range of people:

- I: And so where do you get your cannabis from? Like I don't want to know addresses or anything like that but just—
- R: Yeah. Just people. People I know.
- I: Okay. Those friends or acquaintances or stuff like that?
- R: Yeah.
- I: And how do you pay for that? How do you pay for it?
- *R* Just go and see them.
- I: Yeah. So you've got money to give them for that?
- *R: No.*
- I: So they're giving it to you [Amir]?
- R: Yeah. Like sometimes my friends shout me and stuff.

Although all participants were some years away from turning 18 it appeared to be relatively easy for them to access alcohol, either from their parents or by finding an older person to purchase it for them. A number of participants said that they stole alcohol or cannabis from family members. Jenny (15 years) related that her sister's boyfriend would purchase alcohol and a few friends would pitch in to pay for it:

Yeah he goes and buys it. But I'll have money or [friend] or [another friend] would have money. But I don't waste all of my money on just alcohol. I buy cigarettes as well.

Young people under 16 years are not eligible to receive the Commonwealth Government Youth Allowance. In our discussion of YDRS survey data we observed that many participants aged 13–15 reported accessing money by begging, thieving and scamming from others. Some qualitative research participants said that they received pocket money from family, which they could then spend part of on alcohol or drugs. Siena (15 years) would ask her mother for money to buy clothes and then purchase cannabis. Owen (13 years) used pocket money to buy cannabis from friends or stole from his mother's supply. He would also buy cannabis from friends and then go and steal something to be able to pay for it. Tim (15 years) had been charged for stealing alcohol: 'Well I pretty much just got locked up 'cause I was on bail and I ran out of a bottle-o with a slab of alcohol'.

Only a few participants discussed dealing drugs. Peter (15 years) didn't like dealing because of having to chase up money owed:

Like you can make cash but like people get tick [credit] off you and don't take back. 'Cause I gotta go confront somebody [to get money owed].

Summary

Young people accessed drugs and alcohol largely through their own families and social networks.



7. Family

As we observed above in outlining findings of the YDRS survey, a key difference between YDRS participants aged 13–15 and the general population of the same age is that a higher proportion of YDRS survey participants have experienced family conflict or abuse, are involved with protective services, and/or are living away from a family home.

In this chapter we look firstly at young people's discussions of some of the conflicts they had experienced in the family home. We then move to show how prevalent substance use is within study participants' descriptions of family life, and families' varying responses to their children's substance use. Nonetheless relationships with family remain critical for young people in the study, as we go on to outline in the chapter's final section.

Family life as conflictual and unstable

Participants described serious trauma and strife within their familial homes. They spoke of distressing experiences of violence, both perpetrated against them and in their own angry and sometimes aggressive responses to siblings and parents. Siena (15 years) told the researcher that her mother had slept with her in her bed all through her primary school years to avoid an abusive partner, whom Siena had witnessed assaulting her.

Others spoke of conflictual relationships with family members that did not necessarily involve violence. Sally (15 years) described a fraught relationship with her mother. Sally had moved in and out of her mother's house over the previous three years. She was homeless at the time of participating in an interview for the study and expressed anger at what she saw as her mother's unreasonable expectations of her:

I was living with mum for most of my life until nearly three years ago. We lived in [suburb]. And then we moved down to [suburb]. But then after two and a half years she kicked me out because I was too much a pain in the arse, apparently. And then so I found my own place to stay for nine months. And then we got evicted out of my cousin's house 'cause of some chick. And then mum found out that I was like living on the streets basically so she said that I could stay there until I got a house. But now she kicks me out for like not eating the vegetable soup and not emptying the ashtrays when they're not even full. Just stupid little stuff like that.

In some instances parents were dead or absent, living with new partners or with other children. Amir (14 years) said poignantly that spending time with his family was 'lonely'. Some young people living with family members—including Collette (13 years)—spent as much time as they could out of the house:

- I: Tell me a bit more about what it's like spending time with your family.
- *R:* We don't really spend much time with them. I'm always out. My sister's always at home doing nothing. My dad's always yelling. Mum's always at home doing nothing. I'm the only one that ever goes out.
- I: Is your dad working?

Family

- R: Nah. He was about a year ago, two years ago. He was working for a year and then he got sick. He got better after about eight months and he just won't go back. He keeps yelling and abusing us. Now he just won't go. Tells them to f...off. He screams and yells and never shuts up. It's been like that for about two years and we're getting sick of it and we want him to leave. He goes 'I'll leave when I wanna leave' and 'You make me leave!'
- I: What about your mum?
- *R:* She doesn't really work. She does community work [to fulfil her community-based order].

Some participants described substance use as a means of coping with family conflict. Jenny (15 years) said that she chromed to deal with conflict with her father's new partner:

I: Do you reckon any of the drugs you've used you've ever felt out of control?

R: Yes.

- I: What was that?
- R: Chroming.
- I: What was happening for you around that time?
- *R: ...Just like everything. Like I never used to get on with my dad's girlfriend. And*-*yeah, just stuff like that... I could stay at my dad's whenever I wanted to, but every time I would go there, me and his girlfriend would have a fight.*
- I: That makes it a bit hard doesn't it?
- R: Yeah, and like she's just a sook. And I don't know, it just made me feel—it makes me feel angry. 'Cause, she's like—if I went over there with Maccas [food from MacDonald's] or something she wouldn't let me eat it there 'cause her kids would want it. And like she stopped me from drinking cordial 'cause her kids aren't allowed to have it. Just stupid s... like that. Yeah, that just made me feel angry.
- I: Then what happened when you felt angry?
- R: I'd go chrome.

Summary

Participants described serious trauma and strife within their familial homes.

Family substance use

Many qualitative research participants spoke of living in worlds where drug use is pervasive, as we shall go on to describe in Chapter 7. All participants in the YDRS qualitative study said that they learned to use drugs by watching parents, siblings, cousins, friends or neighbours.

Ross (15 years), for instance, had first smoked cannabis with his brother at seven years of age. Owen (13 years) had used cannabis for the first time when aged two he accidentally ate a biscuit with the drug cooked into it. Jenny (15 years) said that her mother and brother used speed so she learnt about it from them. For many, substance use had become part of their interactions with family members. Mark (13 years) used cannabis when his older brother aged 19 years was around. Another participant (Neil, 15 years) drank Jim Beam and coke with his father.

When asked about whom they could talk with about drugs most participants were able to identify significant familial expertise. Fiona (15 years) noted she could ask her mother about alcohol (she used to be an alcoholic) her sister about ecstasy (a regular user) or a male relative would tell her about cannabis: 'he could help me on the weed, because he smokes it'.

Collette, (13 years) had been interviewed at the police station to investigate allegations made by her friends that she was smoking cannabis at school. Her parents had both (individually) previously been charged with possession of cannabis. Collette's involvement with police caused additional problems for the family when police decided to raid their home in search of drugs. Her account of this experience illustrates the pervasive influence of substance use and drug-related convictions on her family life:

- I: So after you were busted, how was it with your mum? I know she didn't tell your dad.
- *R*: *They got raided. They got raided, at home.*
- I: By the cops? When was that?
- *R*: That night [after she was interviewed at the police station].
- I: So tell me what happened there?
- R: I was at the cop shop and they said 'We're gonna have to check your house'... 'Cause you're mum's like a drug offender'. And all that s.... And then I went home. And then mum had a feeling they was gonna come so she got rid of it all [cannabis]. [But] she left a little tin sitting on the bench with 38 grams in it, and dad got done for that.
- I: Your dad got done?
- R: Yeah 'cause mum took the last [charge]. That was [for] like two and a half ounces. I don't remember what the f...that was.
- *I:* So your mum's had a bit of experience herself, like using or growing.

R: Twice.

- I: As in using or growing?...
- R: Yeah growing it or just selling it. But not anymore. After she got busted she's like 'F...it I'm not getting done again, I'm gonna go to jail'.
- I: So how was your dad about taking the rap for this one?
- *R:* Orh he was f.... angry as! He thought it was my fault and it wasn't my fault. 'Cause I didn't say anything [to the police].



As a result of her parents' drug use Collette was familiar with cannabis use and the consequences of conviction for drug-related offences. Indeed when asked about other adults she could call on for assistance in managing drug use she recalled a time she had tried to discuss her drug use with her aunt. She laughed ironically when she recalled that this aunt was herself smoking cannabis during their conversation:

- *I: Is there anyone else in your family [you can talk with about drugs]? You talked to your Nan. Did you talk to your auntie?*
- *R*: Yeah she went through it [explained about drug use] and stuff. She was funny (laughs). She was doing it at the time.
- I: Choofing [smoking cannabis]?
- R: Yeah.

Summary

Many young people in the YDRS study had grown up in nuclear and extended families where drug or heavy alcohol use was a routine and expected part of life, and had commenced substance use with family members.

Family responses to young people's substance use

Some young people believed their parents had been or would be extremely upset to learn of their substance use and therefore hid it as much as possible. In some instances non-drug using family members were a powerful incentive to stop or to modify problematic drug use. Jenny (15 years) was upset at her grandparents' disappointment over her chroming-related charges. Others including Owen (13 years) talked of not wanting to let younger siblings see them intoxicated.

Helena (15 years) didn't tell her mother about using ecstasy because she believed her mother perceived substance use other than that involving alcohol or cannabis as 'disgusting'. Helena was afraid she would no longer be allowed to see her young niece if this became known:

They know I smoke and drink, but. Like my brother cottoned on, but it didn't really bother me. I prefer them to know than me lying to them. But I haven't told them about the ecstasy because my mum reckons drugs are disgusting. And I didn't want her to think I was disgusting by having them.

Many participants said that family members were initially angry when they discovered their children's substance use but quickly became used to the idea. Where parents used drugs themselves they appeared to be less concerned about their children also doing so. Some parents were quite accepting of cannabis and alcohol use but more worried about their children's other illicit drug use, as in Helen's account above.



Other parents appeared to adopt a resigned approach to their children's substance use, particularly when they did not live with them. Linda (15 years) was living in residential care when interviewed and told the researcher that her parents had initially responded angrily to her drug use but now say: 'You'll do it one way or another so [what can we do?]'. Tim (15 years) thought his mum would like to stop his drug use: 'But she knows she can't'. A young man living with non-parental family members (Brant, 15) said his mother believed she could do little to influence his drug use because she did not have the authority over him which came with living together:

- *R: Like see I wasn't allowed [to smoke cannabis] but I went around my mum's back and then she found out and she didn't really care 'cause she couldn't really do anything. But I stopped.*
- I: Was that the weed?
- *R:* And she just let me. She let me, she goes: 'Oh you know, do whatever you want. It's your life. You don't live under my roof, you know. You don't have to apply by my rules and s...' so I was like 'Yeah'.

Sally (15 years) lived in a family home where cannabis was regularly smoked. She argued that her mother had no right to be angry about her own cannabis use because: 'She smokes like forever since she was pregnant with me so she can't get angry with me over that'.

A small number of participants suggested that their parents were concerned about the consequences of drug use, rather than drug use *per se*. The young woman for whom allegations of cannabis use at school led to a police raid at home (Collette, 13 years) said that her mother was unconcerned about her smoking, only asking that she 'stop for a while so the heat [from police] can go down'.

A few participants said that their parents preferred that they use drugs under supervision. One young man (Neil, 15 years) related that his father had told him he was too young to use drugs, but that if he wouldn't stop he (Neil's father) would 'show [him] how to do it properly'. Another (Sally, 15 years) said her mother asked her to come home when smoking cannabis so she could 'watch over her'.

Summary

Many young people in the study reported that their parents believed that their drug use had commenced too early or that they should restrict themselves to alcohol and cannabis use. Some related that parents who used drugs themselves or who did not live with their child found it very difficult to censure or limit young people's substance use.

Familial care

Despite the difficult and conflicted relationships many young people reported with family members, family remained tremendously important to them. Siena (15 years) described fighting with her mother 'about everything', but when asked who the most important adult to her is, she replied 'Mum'. Iniki (15 years) described extremely negative experiences of being with her family but nonetheless concluded that family is more important to her than anything else: 'Friends come and go but family will always be there'. Although he had not lived with family for some years and had a host of workers involved in his life, Kane (14 years) still identified family as the people he would turn to if he got into real trouble:

- I: Are there any adults like a teacher or a coach or someone who's important to you?
- R: No.
- I: And if you got into real trouble, who would you turn to for help, do you reckon?
- R: Family.

Participants often distinguished between family members whom they loved and trusted and others (perhaps an absent or abusive father) for whom they had little time or respect. Some young people who did not live with parents had been able to find another stable adult to look after them. Brant (15 years) was deeply attached to his uncle, with whom he would often tag and who, he noted, was able to limit his own substance use:

...This uncle, he told me to be—he taught me to be anything I wanted to be. And I wanted to be exactly like him 'cause he's, he's like sort of like my idol. But you know he's, he's got like spray painting and rapping. And well he actually quit smoking weed and he doesn't actually drink that much.

Relationships based on longevity were important. When asked who he would turn to if he needed to discuss substance use with an adult, Peter (15 years) identified his stepfather. While this was something that he doubted would ever prove necessary, in the event that it did he would choose his stepfather for such a conversation—because they had known each other for a long time and this man had provided guidance in the past:

- *I:* So who ... in your family who would you trust to help you in relation to your drug use?
- R: If I wanted to.
- *I:* Yeah any problems or you wanted to ask something about drugs, who—who would you ask in your family?
- *R*: *It'd have to be my stepdad*.
- I: Your stepdad. Okay. It sounds like he's been—like he's really taken care of you since you were little?
- *R*: *He's looked after me since I was little. Taught me right from wrong.*



Collette (13 years) valued her relationship with her grandmother very highly. Previously we have quoted Collette's descriptions of her home life: with a mother often out fulfilling a community sentence and an angry unemployed father, both of whom had been charged with drug-related offences. Collette's grandmother, however, was a stable adult in her life and Collette always felt welcomed into her home. The grandmother also helped Collette organise her life. She had rung up to find out about 'drug help courses' that Collette might attend, and after Collette was expelled she was actively encouraging her return to education:

- I: So which relationships have been most important? You mentioned your Nan.
- R: I'm close to my Nan.
- I: What's good about that relationship?
- *R:* She's always there if I need her. If I want her she's there. It doesn't matter what she's doing. She lives in [name of suburb]. I'm always in [suburb].

Summary

Young people who had experienced separation from family or extremely problematic relationships with parents valued support and advice from reliable adult relatives (where available) very highly. 75



8. Friends

The importance of social networks for young people is clearly illustrated in YDRS survey findings. Friends are critical supports for vulnerable young people, with greater proportions of YDRS survey participants citing friends as people on whom they might rely when in serious trouble than parents, partners or workers (Figure 7). As we observed in Chapter 4 above, 94% (n=33) of participants aged 13–15 reported that they had a group of friends who stay in close touch and most (84%; n=28) reported having been with this group of friends for more than one year. Older cohorts of survey participants appeared somewhat more isolated: for instance 16–24-year-olds were less likely than 13–15-year-olds to identify that they had a group of friends that stayed in close touch (Figure 8).

This chapter is in three parts and explores how young people participating in the YDRS qualitative study talked about their friendships. The first part conveys the social nature of substance use for young people in the study. The second part briefly describes their discussions of relationships with sexual partners. The third part depicts the centrality of relationships with peers to young people's lives, showing how friendships with other vulnerable young people at times exacerbates substance use and exclusion from mainstream society.

Substance use as a social activity

In the previous chapter we described how many young people learned about and used substances within the contexts of their own families. Participants in the qualitative YDRS study emphasised how much substance use was, to an even greater degree, part of their interactions with friends. Qualitative YDRS transcripts were alive with the sense of fun involved in using alcohol or other drugs in social contexts, and scattered with references to funny or exciting activities undertaken with friends while substance-affected.

Rejecting popular understandings of 'peer pressure', recent sociological literature (for example Mayock 2002) has argued that young people are not coerced into drug use by peers, but rather learn to use drugs with friends and through anticipation of enjoying intoxication with others. This was certainly the case for our research participants. For instance Neil (15 years) said that he started using alcohol because his dad and friends drank it:

- I: Okay and so tell me a bit-how did-what made you start do you reckon, drinking?
- R Seeing my dad do it.
- I: Seeing your dad do it?
- R: And my friend.
- I: And your friends?
- R: Basically my friends.

Previous research with marginalised regular substance-using young people indicates that substance use frequently commences as a social activity but becomes increasingly isolating as people age (Mallett et al. 2003; MacLean 2006). We observed in Chapter 6 that some young people used substances (often alcohol or cannabis) alone, to relax or to get to sleep.

Iniki (15 years) liked to chrome on her own. However the overwhelming majority of stories of substance use collected for this research concerned social use with friends. As Brant (15 years) observed of smoking cannabis:

It's really just everyone just coming together and just having a good time. That's it.

We have included the following long excerpt from our interview with Sally (15 years) because it conveys the excitement, action, intrigue and sociability that accompany substance use for young people in the qualitative study. Sally explained how she bought ecstasy pills with her mates from some other friends for herself, her friend and her mother. She explained that her friends looked after her when she was intoxicated (by making her pole dance to stay awake) and how she pretended to be cannabis-affected in order to hide from another person the fact that she had taken ecstasy and was in fact holding onto additional pills:

- *I:* What about. What were the circumstances around you starting ekkies or bikkies [ecstasy]?
- R: All my mates were doing them, so then I just decided that I'd try one.
- I: And so what were you doing? Like was it in a group, in a party or-
- *R:* No just me and some mates. Well went to [suburb] with them 'cause my mates can get them. That's who I got them off. And I had half at [a venue] in the girls' toilets so I had lots of water. And then it hit me like straight away so I was going cuckoo and then we went to [suburb] shops and God knows what happened there. And then somehow we ended up in [suburb] 'cause we had to get back to my house in [suburb]. And then we got back to mine and I had another one 'cause I got one for my mum as well but she didn't want any of them. So I just had that as well. I went halves with one of my mates. But then after like half an hour when we were waiting for the bus I just sat down and got like really, really tired. And then my mate was like: 'Don't sit down and fall asleep 'cause you can OD' and she's like: 'Get up and do something' I'm like: 'I can't!' And like, I just couldn't be bothered. And she made me get up and like pole dance and stuff to make me get energy. So yeah, it was good. They look after me though, so it was alright.
- *I:* And when you said—when you said it hit you straight away, what—tell me a bit about that experience [Sally].
- R: Well like I had a drink of water and my mate was trying to get them off someone else while I was getting them off this person and she didn't know that I was getting them from this person, so then the other person comes to the, comes into parkway shops to meet [name] and then—
- I: All the names get taken off [the transcripts] darl, so don't worry.
- R: And then they were like—after I had it I was sitting on the chair in the toilets and then [name] came into the toilets. And he was like 'Do you want it [some cannabis] or not' and [I] just started pissing myself laughing. And then they were like 'What the f...'s wrong with her? 'And [her friend was] like: 'Oh nothing she's just stoned'.

And I wasn't. Like I didn't have a bong. 'Cause she didn't want them to know that I'd already got bikkies. And I started trying to stuff [name]'s head down the toilet and just like everything that someone did would just make me laugh. And I felt like really happy. And like I almost broke my knuckle.

- I: Okay. How did you almost break your knuckle?
- R: Me and [name] were fighting in the toilets. And I tried shoving her head down it...
- I: Yep. So they were gonna do bongs in the toilet were they? At that stage?
- *R*: No. Like she just told them that's what I did. So then like she wouldn't get in trouble and I wouldn't get in trouble either, from the other people.
- *I:* Oh okay. For not sharing? 'Cause you still had one for your mum that you were holding at that particular point.
- R: Had two. I had mine—my other one like I had—I bought three I had half. I gave [name] one and then [name] got one and she had half and gave the other one. And then I still had two. One was for when I got home to have with my mum 'cause she'd never done it either. And so I got home and then she's like 'Oh no I don't want it anymore'. So I had my one. I gave half to [name] so she had one and a half, 'cause she had half a green heart, half a white heart and then another half a green heart 'cause mine were green hearts. [Name] was a white heart. And then I had the other half and then my mum didn't want hers so then I had half of that and gave the other half to [name]. But then she just wasted it and went to sleep. Me and [name] were like [inaudible] but we were wasted.

Using alcohol and other drugs was central to study participants' understandings of what constitutes having a good time. Brant (15 years) spoke about a recent experience when he and his friend used alcohol and cannabis at the friend's house to celebrate a birthday:

Well it was my mate's birthday. He said like, they were all pretty drunk and I was, I [had] just started drinking you know. And I had -don't drink, it's a 'take it or leave it' situation. But I came. I came half stoned and ... he said, you know: 'Do you want it [alcohol]?' And I'm like 'Yeah'. I took it and I just cracked [him] in the back [saying] 'Yeah happy birthday, oh yeah'. Gave him his present and everything and then after that we just drank, drank, drank. And then after that we just, I pulled out my other rest of the half a gram [of cannabis], chopped it up, smoke, smoke you know. And we're all mellow, relaxed and yeah. We just, it was pretty fun though 'cause you know. It was just me, him and just a-it was like a boys' night out.

While some stories resonate with excitement or mark a special event, such as those described above, many drug and alcohol use narratives (particularly those involving alcohol or cannabis) are everyday and relatively uneventful experiences. When Fiona (15 years) smokes with 'all the co [company]' she generally doesn't leave the house she's in. She explained that she and her friends 'listen to music, sit around and just pass out slowly'. Owen (13 years) smoked cannabis with his friends while sitting around watching television the night before he

attended a YDRS research interview. Owen said that whenever he was with these friends they would get stoned together. Mark (13 years) was asked what he did after smoking cannabis. He responded that he, his friend and friend's brother might kick a football around at the oval and then return home:

- *R*: Hang around with my friend. My brother's friends are older so he's got a car. So we can [go out].
- I: Okay, so you go off with the car. And where would you go?
- R: Footy oval
- I: Footy oval, kick the footy?
- R: That's all.
- I: That's about it. Okay.
- R: And then go back [home].

Summary

Drug and alcohol use was enmeshed in the cultures, activities and expectations of social interaction shared among qualitative research participants.

Sexual partners

Though partners did not appear especially important for young people in the qualitative component of the study, this does not mean that young people were not sexually active. Indeed the YDRS survey found that 72% (n=18) of participants aged 13–15 years had 'had sex' within the six months prior to survey completion. KE observed that risky sexual behaviour is highly prevalent among young people they work with.

Few qualitative research participants identified being in an ongoing sexual relationship. Brant (15 years) had dropped his previous girlfriend after she'd issued an ultimatum that he choose between her and cannabis use. Another 15-year-old young man (Neil) said he'd increased his cannabis use while he had a girlfriend, partly because of the stress of the relationship. Ethan (14 years) had had a girlfriend for four months and didn't think this had any effect on his drug use. Two young women aged 15 believed their boyfriends had very positive effects on their lives, often idealising these relationships as a form of protection or even salvation for them. Iniki (15 years) was asked which relationships were most important to her and responded:

- R: My boyfriend.
- I: Your boyfriend, why is he so important for you?
- R: Because he changed my life, like in a good way. Like I'm getting off drugs and stuff.

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Two young women we spoke with were distressed about being labelled as sexually promiscuous. Collette (13 years), for example, had had a boyfriend at primary school, was subsequently labelled a 'slut'. As a result she thought that having a boyfriend was 'too much f..... s...'.

Friends as support and trouble

While peers were centrally important to young people's lives, like family members they often also disappointed them. Most young people in the qualitative study identified having a main group of friends they spent time with. Young people also valued similar-aged relatives as friends, with a number referring to a cousin or sibling as a favourite companion.

Young people frequently referred to a very best friend whom they had known only for a matter of months. These friendships may be intense and, like partner relationships for some participants, strongly idealised. Brant (15 years), for instance, spoke about the importance of his very close (indeed apparently metaphysical) connection with a cousin, despite their having lost contact for much of the past few years:

- I: I come to a point where me and my cousin can understand each other more better than anyone else can understand us, you know. And it's almost as if what I say in my mind he'll just say it. And I'll be like 'I was just thinking that!' And same way around [for him].
- I: A real connection?
- *R:* Yeah. And we lost touch for at least a good couple of years and he's only been back for four months.

Gina (15 years) told the researcher that one very special friend had stuck by her despite the fact that he hated her drug use:

I've had so many friends come and go but there's always been the few that have always stuck by me no matter what. Even one of them, he absolutely hates drugs, can't stand it. Like he lost his dad to drugs and stuff like that. But he's stuck by me no matter what 'cause he knows how much he needs me and how much I need him to be in my life and help me out, and stuff like that. And ... I just wish like other people could accept me like that.

Peter (15 years) had had the same best mate for many years. He said that he spent most of his time with this friend, often drawing designs for tags in large scrapbooks. While he was participating in the YDRS qualitative research interview other friends were waiting for him outside, trying to attract his attention by throwing stones at the window:

- *I:* Have you got a main group of friends, like are these [boys outside the window]—are these your [friends]?
- R: These boys.
- I: These boys outside the window?

Friends

- *R: I usually*—the closest one is [name of male friend] 'cause we've grown up since we were like seven. We do everything together.
- I: Yep. And so some of that's like doing your tags in your books?
- *R:* Yeah we both go to Officeworks and racked us [stole] some new markers and bought some books. And went back to his place and just tagged all night.
- I: Yep. And what else do you do with him?
- *R:* Have [cannabis smoking] sessions with him, drink liquors with him. Always kicking it. Finding something to do.

Young people spoke with disappointment about conflicts with friends, often involving violence. As well as providing support and reassurance friendships may also function to reinforce young people's marginality. It can be very difficult to maintain friendships and at the same time refuse to participate in substance use or crime. Owen (13 years) was on probation and found it difficult not to reoffend—as all the activities he and his friends enjoyed doing together were potentially ones that would also get him into trouble. Collette (13 years) had fallen out with her friends after being accused of supplying them with drugs at school and subsequently getting expelled. At the time of interview she had made a new best friend. She told the researcher how her previous friends had got her into trouble because she was wrongly held responsible for supplying them with cannabis:

- I: Have you got a main group of friends that you hang out with?
- *R: I did until I left them 'cause I did drugs. I used to be the only druggie that used to do it all. And then my friend [name] came along and then everyone started doing it and like (laughs) 'nah f..., this. I'm not staying with this group'. And everyone's like 'where do they get it [cannabis] from, where do they get it from'? [I said] 'I don't know where they get it from. I didn't get 'em any. Don't ask me'. I was angry.*
- I: So that's the end of your friends, mate?
- P: Now I'm with my friend [name].

Summary

Young people's friendships were often intense, idealised and volatile, regardless of whether they were long term or relatively new. These friendships were central to how young people conceived of themselves and their place in the world. Young people in the study frequently accessed and consumed drugs and alcohol with friends and were reluctant to be separated from them.

Friendships and friendship groups had both positive and negative effects for young people. While friendships were a primary source of support for young people, some found it difficult to maintain these relationships and at the same time refuse to participate in substance use or crime.

9. Environments and activities

Young people in the qualitative study commonly complained they had too few engaging activities to fill their days and that substance use became an attractive option in this context. This chapter describes the social worlds in which participants lived, the activities they engaged in and places they spent time.

Social worlds and substance use

Young people described living in social worlds where drug and alcohol use was pervasive, not just at home but also within the neighbourhoods where they lived. This meant they were exposed to substance use at very young ages. Sally (15 years) told the researcher that she started drinking when she was 13 years old:

- I: And how did that-how did that sort of come about?
- R: Next door neighbour. His mum was buying drinks 'cause they had some important thing. And then he invited me over and then [we] got pissed and that's what happened. And like every time we got money we'd be like 'Yeah, let's get drunk tonight'. We used to drink like straight Smirnoff and like a whole bottle—like each and still not get drunk! That's how much we were drinking!
- I: Okay so your tolerance was up?
- R: It was bad.
- I: So okay so you started with that and you're pretty full on with that for a while?
- R: About a year and a half.

Sally described her neighbours in a disadvantaged outer urban suburb as 'junkies'. Living in close proximity to these people caused significant stress for both her mother and her. Sally's bedroom window did not close properly and loud music from regular all night parties had kept her awake, interfering with her capacity to concentrate at school:

[My substance use is] in some ways because of [suburb]. Because the court we're in. Like all the people that live in it are junkies except for my mum. Like they all use needles to shoot up and stuff. One's a drug dealer, other ones spend all the money they get on drugs and like alcohol and stuff, and like all that. Anyways, so mum doesn't like it. But ever since we moved there she's just like started getting real nasty to everyone. Ever since we moved here she just doesn't care and like she's gotten even worse, more angry. She's gone like crazy. It's weird... Used to be worst when [name] lived there. 'Cause like their house was like the party house. Everyone used to go there drink every night. 'Cause our house is right near there, everything just echoes up to it. We didn't get to sleep sometimes 'til like seven in the morning and stuff. School nights sometimes I didn't even sleep 'cause my windows were open. Doesn't close all the way so I have to have a bar there so no one could get in or anything. And all the sound just goes right in and keeps me awake. Fiona (15 years) blamed growing up in a suburb where she 'met the wrong people' for her cannabis use. Fiona had been unable to avoid becoming affected by smoke from her friends' cannabis and believed that this had led her to commence drug use at a younger age than she otherwise would have:

- R: Ah, I was just like hanging with the wrong people.
- I: And what do you mean the wrong people?
- *R*: Like I used to hang around the wrong crowd 'cause I lived in [disadvantaged western suburb].
- I: Oh okay. And they were like choofers?
- R: And that's how it started.
- *I:* Yep. It sounds like—when you say the wrong crowd it sounds like in some ways you didn't want it to start like that.
- R: I didn't want to start at that age.
- I: Okay. You just thought you were a bit young?
- *R:* Yeah 'cause like you sit there, getting high off the fumes. Don't even have to pay for the stuff (laughs ironically).

Cannabis, particularly, is a drug that young people spoke about being everywhere they went. Siena (15 years) smoked cannabis with her brother and said that the majority of young people she knew smoked too:

- *R:* Like if I go to a party... Like basically anywhere I go and they've got weed, I'll smoke it, basically.
- I: Yeah... so do people usually have weed when you go out? Is it kinda the most...
- R: Mmm my brother does this. I know that this interview is confidential and this is why I'm saying it. My brother does it and his friends come over and stuff and I'll do it with them.
- I: OK so is it something that a lot of your other friends do?
- R: Yeah, most people my age that I know do it.

Drugs are also present in schools. Fiona (15 years) told the researcher that at her last school 'everyone was on drugs'. Many young people in the study found it hard to imagine social environments without drugs. When asked about his likely future substance use Tim (15 years) told the interviewer he expected to continue to be exposed to cannabis and to struggle to resist smoking it:

- R: I dunno. I reckon it will be about the same.
- I: So it's something that you wanna keep doing?
- *R:* No, like it's not something that I want to keep doing. But it just comes around [is passed around] and I do it again ...

Activities and places where young people spend time

Some young people involved in the YDRS qualitative study had many interests. Three young men in the study spoke of tagging and other forms of graffiti as critical means of self-expression. As we have observed previously, Brant (15 years) argued that his skill at graffiti art was greatly enhanced by cannabis use. For Brant, leaving tags around the city seemed to function as a way of asserting his presence in the world, particularly at a time when he was homeless and felt an acute lack of recognition:

- *R:* ...And I lived in the streets and I wanted to be known, you know. I didn't want to be shrugged off as just like 'oh this guy's no-one you know and he doesn't know anybody'. So I pretty much came up with an idea if I got into tagging, you know, my name would get out... Like it actually worked better than I thought it, expected it would... The places that I do tag on it's not just like I'm the vandal you know, I'm specifically came here to wreck your [wall]—I'm not into that. I just like being into spray painting. It's like you get like all different types of like spray painters. You get those that just out there to be like the ones, like that everyone knows and stuff and want to be real good at that. They're using it for stuff they don't like you not even supposed to use it for. I did but I sort of changed because I don't actually tag like that. I just put up like murals and stuff like that. Pieces. You know. I just do creative stuff. And especially with that [cannabis] it just blows out of the planes.
- I: Okay...
- R: Yeah ...it's just expressing my—With the spray can mixed with cannabis I can express how I'm feeling at the time. It's like better than what words could if I had to say it. 'Cause like I'm only saying it once but this is gonna stay here, it's gonna be something that a lot of people see and they're gonna be like 'Oh yeah!' That's something, you know.

Two other young men also spoke about tagging as both an enjoyable activity and an important form of self-expression. Peter (15 years) had brought his sketch book to the interview and wanted to show the researcher examples of his particular tagging style.

Others had different interests. Ethan (14 years) spoke with great animation about dancing, his sporting commitments and love of graffiti art. Jenny (15 years) is Indigenous and hoped to continue the artwork she had enjoyed while staying at a drug rehabilitation centre. She had played basketball in her primary school years and proudly divulged that her extended family had referred to her as 'the basketball champ'. She expressed a desire to play again. Another young woman, Gina (15 years) was eagerly anticipating her coming work experience placement. Some participants enjoyed using computers, sending emails and visiting sites. A number liked MySpace and MSM but noted that internet access was expensive.

Family responsibilities gave some structure to the day for a small number of participants. Mark (13 years) spent a lot of time caring for a younger sibling while his parents were at work. Ethan (14 years) described an average day, which involved smoking cannabis at his friend's house, checking an interactive website called 'Bebo', meeting some other friends and then returning home to make dinner for his father.

Some participants seemed to find it very difficult to identify substance-free activities they enjoyed or would like to do. Amir (14 years) was not attending school at the time of interview and couldn't think of any other activity he would like to participate in:

I: And is there stuff that you'd like to do that you don't have a chance to do that you'd-do you like drawing or do you play sport, or I don't know. Do you want to climb mountains or-what sort of stuff?

R: [pause four seconds] Nothing.

Life can be boring when you have little to do during the day. Mark (13 years) said that on an average day he did 'nothing much': 'there's nothing to do'. Sally (15 years) was asked what she does when she has no drugs or alcohol. She answered that few alternatives were available to her:

Be bored, go down the shops, trying and find something to do. Or walk to the skate park. Just walk around.

Average days usually involved seeing friends, as Jenny (15 years) explained:

Yeah 'cause me and [best friend] will just sit up and watch TV or something all night and we'll just sleep all day sometimes. But like mostly every day I'd go see [best friend].

Young people often reported doing little other than watching television or listening to music at either their own houses or their friends' places. This was interspersed with substance use, as the following quote illustrates:

- R: An average day?
- I: Yeah an average day. What time do you get up?
- R: Oh about sometimes about ten thirty, sometimes nine. Sometimes like one thirty.
- I: And then what do you do?
- *R:* Have a shower and then play my Sony... Yeah and then go out and get bud [cannabis]. Go home, have a [beer]. Play my Sony like until four in the morning and then go to sleep. (Owen, 13 years)

Helena (15 years) related that smoking cannabis helped her and her friends relieve boredom:

- *R:* Well it's not hot [right now] so we don't really go to the beach. Like I have a couple of mates come over to my room. We watch DVDs and that.
- I: And that's at your house?
- R: Yeah. Or I go to a mate's places and we watch TV or just-
- I: And don't necessarily smoke or drink?

- R: No not all—it's not like all the time. But it's just like it's something I don't know. And I guess also like one of my mates has also admitted that she smokes 'cause she's bored.
- I: Is that like that for you, do you reckon?
- R: Yeah, kind of.

Young people's sense of fun in their lives often seemed to centre on attaining a sense of movement and travel. Sometimes this entailed train or bus travel and sometimes spending time at railway stations in proximity to the trains that move people across Melbourne. Neil (15 years) liked to travel on the train with his friends to visit skate parks. Amir (14 years) spent time 'just hanging' at the station with a mate. Sally (15 years) would take 'random' buses to unknown destinations and back. Linda (15 years) spoke of taking trains to the country to go shopping and see a friend whom she had met while living in a Youth Justice facility. Ethan (14 years) described his friends in reference to the train lines they lived near. Young people's stories about life often suggested a sense of restlessness and constant movement, as Ethan's description of an average day illustrates:

It would start at home. Wake up have a shower, brush my teeth, have something to eat. Maybe have a bong or two, Come here [day program] and you know, attend [another] program at two or three thirty [o'clock]. After that go to [outer satellite town] train station, have another smoke. Go to [inner urban suburb], get like spray cans, professional spray cans and come back down to [outer satellite town] and start from there. Just get tagging mostly.

When asked what she had done for entertainment in recent weeks, Collette (13 years) told the researcher a long story about catching a bus to Mount Martha (a seaside town on the Mornington Peninsula) with her friends one evening. During the quarter of an hour before commencing the return journey the bus driver walked with them to a nearby lookout. From this vantage point Collette saw the world laid out in front of her, as the lights of the city shone across the bay through the dark. Although Collette lived on the same side of Melbourne as Mount Martha she had not previously known of the existence of this place. Collette's story is touching for the sense of excitement she garnered from what others might see as a fairly pedestrian trip. It also conveys her independence at 13 years of age: travelling a long way on a bus with friends—as an unplanned and unsupervised excursion—and going for a walk with an unknown bus driver in the dark:

- I: What would you usually do [on an average day]?
- *R:* We just go f..... f...around or something. We just go hang around and I don't know. Play at the park. When we're bored we just go on bus.
- I: Where do you go?
- R: We went to Mount Martha.
- I: Are you kidding! Was it good?

R: Yeah.

- I: What did you do when you got there?
- R: We just got off, went for a walk around. Looked up this map. Got back on the bus.
- I: Had you been to Mount Martha before?
- R: Nah. I didn't even know that there was a Mount Martha. It was good, that... We met this old man, the bus driver. He let us drive the bus (laughs). Not when it was moving. It was good as. Then we got off. He took us for a walk. We had a 15 minute stop. He took us to this great place. It was pitch black. You couldn't see anything. You could see like the lights [of the city].

Summary

Many young people in the study felt that they lived in social worlds where substance use was pervasive and almost inevitable. Young people reported that they were often bored and searching for excitement and diversion. Substance use was appealing in this context.

Tagging and graffiti were engaging activities for some young people (often young men) and enabled them to make their mark in a world where they felt largely invisible.

Being mobile and feeling engaged in the flow of life were important in how young people wanted to see themselves and to be seen. Taking journeys and moving from one place to another (often involving travel on public transport) was a key expression of this and figured strongly in stories that young people told about their lives.
10. Institutions and interventions

The period between the ages of 13 and 15 years is an extremely difficult one to be out of school or living independently. At these ages young people cannot access Youth Allowance or live independently in supported accommodation. Those who are unable to stay within the mainstream school system struggle to access further education and training. Also, they generally require more supervision and care than older vulnerable youth. The nature of engagement with the service system for young people aged 13–15 differed somewhat from that of older YDRS survey cohorts. As discussed in Chapter 4, a greater proportion of younger than older survey participants were living in residential or foster care.

YDRS survey participants aged 13–15 years were frequently involved with a wide range of agencies and workers. This chapter describes qualitative research participants' experiences and perceptions of education, police, Youth Justice and Child Protection, youth AOD services and mental health services. The chapter concludes by highlighting a strong theme that emerged from the qualitative study: young people's discomfort with what they regarded as formal or impersonal counselling interventions.

Education and training

Two thirds of the 13–15-year-olds completing the YDRS survey were engaged in some form of education or training. In this they contrasted strongly with participants in the qualitative sample, of whom only nine out of 20 were attending school or TAFE at the time of participating in a study interview. We observed in Chapter 9 above that most YDRS survey participants aged 13–15 reported negative experiences of school, with over half reporting always or almost always hating being at school. Many reported conflict with teachers. More than a third felt they had never or rarely received support from teachers during their last 12 months at school; however a quarter found that support was always or almost always available.

Disengagement and leaving school

Research on the experiences of early school leavers suggests that mainstream schools are sometimes ill-equipped to deal with young people experiencing extremely difficult life circumstances or who have complex psychosocial problems (Stokes 2000). Many young people in the YDRS qualitative study who stated that they had been asked to leave school were perplexed about what had gone wrong. One YDRS qualitative research participant (Owen, 13 years) was not sure why he had been asked to leave his last school and wondered whether it was because his sister had brought the pharmaceutical drug Ritalin to school and then told the teachers it belonged to Owen:

- R: Yeah, I used to go to [South-eastern suburb] secondary and they said that I couldn't go back there 'cause I did something out of school. And I didn't even know what I did.
- *I:* Okay but they didn't-did they mention it or that was-
- *R: I don't know 'cause my sister got me kicked out of that school. I reckon because she bought Ritalin to school and she told everyone that I gave them to her.*

Some young people in YDRS studies spoke of incidents involving violence and drug use at school which must have at times been extremely threatening and frightening for teachers and other students. These stories highlight the difficulty for schools in balancing a student's interest in staying within the education system against the real need to establish and enforce behavioural and safety standards within schools. Occasionally young people spoke of violence against students and teachers with little or no remorse or sense of personal responsibility for subsequently being asked to leave school. Linda (15 years) believed, for instance, that her teachers had disliked her and were waiting for an opportunity to expel her, which arose when she assaulted a teacher:

- I: What did the school think? Did they know about you using drugs?
- R: ...They didn't really like me.
- I: They didn't like you? So what did they do?
- R: Nothing. They just waited until I did something to get expelled.
- I: What happened [Linda] around that?
- R: I bashed a teacher.

Collette (13 years) said she had been expelled after bashing a friend who 'dobbed her in' for possessing cannabis at school. She said she already hated her school: 'school's a s... hole' and felt the teachers had ignored her requests to explain the work she was set. She believed that the school had treated her differently because of her reputation as a drug user: 'Like they'd treat me like a bad girl, if I did one thing wrong I go to the office'.

While serious incidents often precipitated early school leaving, YDRS qualitative research participants who were no longer attending school indicated that this had usually followed a period of increasing disengagement. Some young people in the qualitative study had evidently felt for some time before leaving that they did not fit into school. A couple of participants explained the work at school was too easy for them, so they didn't attend very often. Another, Mark, (13 years) didn't like any of the subjects at school so he 'just left'. It appears that there is a period of time before vulnerable people leave or are forced to leave school where intensive support (and optimally, also measures to make school more engaging) are required to keep people within the education system.

Substance use had clearly interfered with schooling for some participants. Neil (15 years) acknowledged that he had missed a lot of school due to drug use. For Sally (15 years) school experience was dominated by cannabis use, as her description of the time shortly before she left school illustrates:

About two weeks after [commencing cannabis use] I started like smoking full on. Used to sometimes have them before school. At lunchtime I'd leave, go to a mate's house and have bongs, go back to school. And after school I'd go to their mate's house again and then we'd smoke some again and then I'd go home at like nine o'clock...Like every day, nearly. And on weekends I'd stay over there and we'd just smoke and smoke and smoke. Some young people spoke of feeling stigmatised at school by being known as a drug user, including Helena (15 years) who said that people were astonished she smoked cannabis and yet excelled at maths. She found that school days went much more quickly and teachers and students were less irritating when she was stoned. Siena (15 years) reported being teased and abused by other students for her cannabis use:

- I: Do you feel like people have ever judged you or looked down at you...?
- R: Yeah. Yeah, all the time.
- I: Who do you reckon does that?
- *R:* People like [names]. And they are just like 'Do you smoke?' And I'm like 'Yeah' and they say 'You're filthy'. And yeah just, everyone does it...
- I: OK and can you tell me about a time that you have felt like that recently?
- *R:* When I first started at my school, everyone was like really down on me. Telling me I was 'yuck' and my teacher was full telling me to quit and stuff.

Summary

YDRS qualitative research participants who were no longer attending school indicated that school leaving or expulsion had usually followed a period of increasing disengagement.

Difficulty commencing at a new school

As we noted in Chapter 4, participants in the YDRS survey who were no longer attending school identified serious difficulties re-entering the education system. Sixty percent (n=12) of participants aged 13–15 years who had wanted to access education and training within the six month period prior to completing the survey said that they had been unable to do so.

Young people in the qualitative study who had left school commonly stated that it would be very hard for them to start at another, often because they would not have an established group of friends at the new school. Brant (15 years) argued that it would be disloyal to his group of friends to start at a new school, and that indeed he would lose these friendships if he was no longer available to be with them during the day. He explained that returning to school would be such a different life to his current existence it would be like changing countries:

- I: Does school come into the picture? Like going back to school to get where you want to go? Is that—
- R: Not really. It's—I can't really... Once you're in you're in and once you're out you're out. I'd personally full stop wouldn't have betrayed any of my boys [mates] like that. I wouldn't want to go back to school 'cause you know they [his mates] helped me. They helped me everywhere and I was homeless and they said 'Oh yeah, come to my

home, crash at my place it's all good'. Once you're in, you're in bro. Once you're out you're out. But you're in, so you're sorted. And you're like, walk around the street, just you know everyone's just together. You can't really think about school.

- I: Once you've gone?
- *R:* Once you come to pass that place and you just don't want to go back, you know. I mean it's just too comfortable sitting there and yeah I'd never want to move. When you go back to school [you] change countries.

Collette (13 years) was involved with a school re-entry support program. Collette recognised she needed to commence at another school but didn't want to deal with unknown new students. She was concerned that she might be bashed if she attended a school without an established group of friends to support and protect her:

- *R:* At the same time I've gotta get back in school. F...that! I don't want to get back in school yet.
- I: Would you go back in the same school?
- *P: I wanted to go back there but I know they won't accept me. We've already tried, but. I'm enrolled at [another school] but I just don't go.*
- I: Why don't you want to go there?
- R: I dunno. I just don't like it. I just don't like it. I don't want to go there... I been down there to have a look. I just didn't like it. Didn't like the kids. Just the whole thing ...If you know like heaps of kids at the school you'll be alright. But if you're like in year 7 and you're mouthing off about something, like if you're in year 8 or 9, you're gonna get smashed. Everyone's got their mates and if they don't and they mouth off, they're gonna get bashed.

Collette was worried also that her reputation as a drug user would follow her to any new school:

When you're a new kid what's the first question? – 'What's your name', 'What school did you come from', 'Why were you expelled'? 'I got expelled for drug dealing'. [Puts on other student's voice] 'Orh, why?' 'Can you give me some?' 'What happened'? F...off! I don't want this following me!

Summary

Participants who had left school identified serious difficulties re-engaging in education. Those who had been expelled were frequently concerned about negotiating relationships with students at a new school and this presented a significant barrier to educational re-entry.

Regrets about being out of education

Despite these negative experiences most participants in the qualitative study who were no longer attending school regretted being out of education and hoped that they would re-enter the system at some point in the future. One young man in our study (Dennis, 15 years) had assaulted a teacher he disliked, but otherwise thought that school was 'awesome' and deeply regretted his expulsion. Owen (13 years) had left school prior to completing Year 7 and was excited at the prospect of commencing at an alternative vocational education program. Similarly Sally (15 years), homeless at the time of interview, intended to return to school when she found somewhere to live because she recognised that she needed an education:

After I get settled down and actually have like a stable home, I want to go back into school. 'Cause I was still at school when I got evicted from my cousin's, which was nearly three months ago. And like 'cause when I grow up a bit more I want to be a forensic investigator. And you need to go to school for that.

Some participants struggled to work out how to achieve their ambitions for employment in light of their negative experiences of education. Jenny (15 years) was still enrolled at school when she participated in an interview. Jenny wanted to be a builder but could not see how she would manage this, given her difficulties with maths:

- R: I really want to be a house maker person.
- I: A house maker person?
- *R:* Yeah, you know how they put the frames up and the wood around the house? That. But I'm just not good at maths.
- I: Oh you'd like to be a builder?
- R: Yeah, a builder.
- I: Do you reckon you could practise your maths?
- R: Not really. I can, but it's just complicated.

Summary

Many young people regretted being out of school and struggled to work out how they might achieve their ambitions for employment in light of their negative experiences of education.

Police

The majority of young people aged 13–15 (86%; n=30) in the YDRS survey had had contact with police during the six months prior to participating in an interview. This was higher than the proportion of 16–17 and 18–24-year-olds reporting contact with police. In terms of their

dealings with police, the younger age group were almost equally divided between 'more good than bad experiences' and 'more bad than good experiences'. Older youth were more likely to report more negative experiences when dealing with police.

Relationships with police reported by young people participating in YDRS qualitative interviews were sometimes fraught, particularly for young men who felt unfairly targeted. Brant (15 years) explained that he received excessive police attention because of his youth, lack of identification papers and Maori ethnicity:

- R: My age is keeping me back and-
- I: Age is keeping you back, yeah?
- *R:* Yeah. And short on like birth certificate, passport and everything like that. That's way like keeping me back.
- I: Birth certificate? You haven't got a birth certificate?
- R: Not on me. No.
- I: Okay so that kind of thing?
- *R:* Identification that's major problem 'cause well I mean, I get questioned by cops normally at least seven times a day.
- I: Oh seven times a day! Your average day's looking more full!
- *R:* Yeah. It's not because like I'm trying to like act as if I can't go anywhere without getting questioned. It's like they want to actually catch me out for something sneaky and put me away (laughter). It's always like that.

Owen (13 years) felt that police had dealt inappropriately with his drug use by allegedly destroying his bong. Nonetheless he observed that some police were sympathetic to him:

- R: I don't know they [police] just give me s... all the time.
- I: And in what way?
- *R*: *Oh like every way possible.*
- *I:* So give me an example. Maybe the last time that you've had a run in with the coppers –
- *R*: They took my bong and broke it in front of me.
- I: Really? And are they, are there some good coppers around or just the-
- R: Oh [there are] some good coppers. I hate the copper that broke my bong. I hate him.

Youth Justice

As observed in Chapter 4, nearly four-fifths of 13–15-year-olds (78%; n=18) had been charged with an offence during the six months prior to completing the YDRS survey, with similar proportions of 16–17-year-olds and 18–24-year-olds also being charged. Young people in the YDRS survey had also had significant experience of the justice system. Of participants

aged 13–15, 40% (n=14) had served a community order. Just over a third of participants aged 13–15 had been incarcerated at some point and three quarters (n=26) identified that someone in their family had been incarcerated.

Heavy alcohol use and conflicts at school or with friends led to violence for many participants in the qualitative study. Young people in both the qualitative and survey studies also had had involvement with the justice system, commonly as a result of charges relating to assaults or property offences. Some were on probation; others had recently left remand. Kane (14 years) told the researcher that he liked being on remand in a youth justice facility because it forced him to attend school:

- I: And was there anything you did when you were in remand that was good?
- R: Yeah, go to school.
- I: What did you like at school?
- R: School work and the computers.

Jenny (15 years) identified her Youth Justice worker as an important person to her: 'Yeah, I like it 'cause they, like we have to do these goals. Yeah, so she just helps me with all that stuff'.

Child Protection

Of 13–15-year-olds participating in the YDRS survey, 31% (n=11) were living in residential or foster care. Five of the 20 YDRS qualitative participants were living in out-of-home protective care with a total of 13 identifying either past or current protective involvement.

Many qualitative research participants with protective involvement spoke warmly of the importance of DHS workers in their lives. Fiona (15 years) identified her DHS worker as the person she most she trusted and could call on in an emergency. Brant (15 years) thought his worker was 'pretty cool' because he played games with him when he took him out.

A couple of participants spoke with distress at the instability of relationships with protective service workers. Gina (15 years) had formed a close bond with a staff member at her residential unit and was extremely upset at the possibility she would soon be moved to another house. What Gina valued about this worker was her willingness to spend time with Gina and have fun together and the fact that the worker was young and easy to talk to:

I just—I dread waiting for that phone call to say that I'm gonna be getting moved 'cause it's really gonna rip me apart. Like I depend on this worker so much, like we just have so much fun together and she's the maddest person. She's really young and she's just so much like me and we can just talk about absolute crap. And we just sit there and laugh about things. And we've just had so many great times together when we've gone out with the whole group and stuff like that. And we just sit there and we just talk and that's what I like. And it's all gonna be taken away all because they think that I'm grown up now and I can be living in [suburb] by myself.

Participants also reported some negative experiences of DHS. Helena (15 years) believed protective services had 'wrecked her family'.

Young people with protective involvement were generally also linked with a range of other services. Many had multiple workers, as the following exchange with Linda (15 years) illustrates:

- *I:* And so I guess you've had something to do with DHS then, Department of Human Services? And so, um, so what kind of order are you on?...
- R: Custody.
- I: And you've got a case manager?
- R: Yeah.
- I: And who else have you got working with you?
- *R:* [Church support service] [child protection service], [mental health service], [youth outreach service]...yep, and YSAS.
- I: And YSAS? You've got a whole fleet!
- R: Yeah, and YJ [Youth Justice] at DHS.
- *I: OK, YJ. And what's the order there? You've got the custodial with DHS, what's your Youth Justice [order]?*
- R: Probation.

Some young people found it difficult to negotiate the proliferation of workers in their lives or struggled to understand the nature of their institutional involvements. Dennis (15 years) was unsure whether he was still involved with DHS after his case worker left:

- *I:* And have you got currently any stuff going on with DHS? Department of Human Services?
- R: Um nah, I don't know.
- I: You're not sure?
- *R*: *Nah*, *not really*.
- I: Oh okay. So you haven't had-you got a case worker or anything like that?
- R: I had a day case worker but he's gone. So I don't know.
- I: Okay so you have got-had a DHS worker?
- R: I had one.
- I: You've had one. How long ago was that [Dennis]?
- R: Last week he left.

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Summary

Many young people without significant family support sought to experience genuine and enduring relationships with service providers. While young people with Child Protection and Youth Justice involvement generally spoke warmly of their workers, some regretted the instability of these relationships or found it hard to understand the roles of various agencies and professional staff in their lives.

Youth alcohol and drug services

All qualitative research participants were recruited at YSAS sites, however some had also had contact with other youth AOD services. Participants were generally positive about their experiences of youth AOD services. What they said they liked about these services was principally their relationships with workers and activities offered, rather than any formal intervention.

Expectation of continued substance use

Despite their AOD service involvement YDRS qualitative research participants' motivation to cease substance use was low. This may have been because some had been referred to AOD services by Child Protection or by parents, rather than having identified a need to address substance use themselves. Many expressed a desire to use AOD services to reduce substance use. However, they often specified a drug which was problematic for them and another (or others) which they planned to keep using. Helena (15 years) wanted to cut down on using cannabis, rather than stop altogether, but felt she had her drinking under control:

Yeah, the reason why I'm coming to see [youth AOD worker] is because I want to cut down like with the smoking. But drink is not a problem, I can stop that easily. But like it's just the smoking. Like I just want to know like the effects and that. Like I've seen someone go into a psych ward because of it and it was really sad. And then like – yeah, I just want to cut down.

While many participants thought it would be good to be drug free they doubted that this would eventuate for them. Siena (15 years) hoped that as she matured she would reduce her dependence on cannabis: 'I reckon the longer I'm out of school the more independent and mature I will get and I'll realise I don't need it'. Nonetheless she intended to keep using speed occasionally: 'Because it makes me happy'. Tim (15 years) mentioned that many of his friends injected drugs. Although concerned that this was 'addictive' he thought he would probably commence injecting drug use at some point in the future: 'I say that I won't try it now but I know that I will probably try it one day, when I'm older'. Gina (15 years) anticipated that her drug use would probably increase as she got older and started going out to nightclubs:

And then like when I'm like 18, 19, I might, I reckon I might get onto more drugs. Because when you're 18 when you go to the clubs and that, [and] a lot of people get on drugs. And I reckon I'd get on more drugs. I don't reckon it'll be ecstasy. I reckon it'll probably be something like speed. Yeah I reckon speed... I want to stop myself from doing that, but I just reckon I will.

Even when they stopped for periods of time, young people found it very hard to avoid recommencing substance use. In the following quote Owen (13 years) explains how he was able to go only three days without cannabis:

- *R: I've gone like a whole week without smoking. I've gone three days with like no bongs at all.*
- I: How was that?
- *R:* It was—you feel a lot better. But I just like the feeling [of being stoned] so I just smoked again.
- *I: How long ago was that?*
- R: A couple of months ago.
- I: A couple of months?
- R: Yeah. I wanted to stop. And then I just gave in 'cause I missed it, yeah.

Summary

Few young people expected to become abstinent as a result of engagement with AOD services. Some identified one form of substance use they would like to alter, and other substances that they intended to maintain or expected would probably increase use of as they grew older.

Stopping substance use without needing services

Over half of the young people aged 13–15 participating in the YDRS survey had tried to cut down or stop using drugs on their own, without the help of formal services. Similarly many young people in the qualitative study said they had 'pulled up' on their own when their substance use caused them problems. Some had ceased substance use for periods of time. Siena (15 years) reduced her drinking (but not other drug use) when a friend suggested she was getting drunk too often. Others cut down, for instance by mixing cannabis with an increased proportion of tobacco. Collette (13 years) described how she stopped using cannabis after making a bet with a friend:

- *R*: We just made the bet and it was done in a couple a days.
- I: You just went like cold turkey?

R: ...We both quit.

- I: And that was good like, to have that help?
- P: Yeah. If I wasn't there she wouldn't have been able to do it. And if she wasn't there I wouldn't have been able to do it.

Belief that only they could help themselves

In Chapter 6 we noted that moderating and controlling substance use is seen by young people as an important way to convey to others that they are mature and active managers of their own lives, and that most participants insisted they were able to control their own substance use. Despite the extreme disadvantages they had already experienced, young people in the qualitative study articulated a strong sense of responsibility for their own life outcomes. Although involved with AOD services, young people reiterated time and time again that it was up to them, and them alone, to make decisions about their lives and control their own substance use. Iniki (15 years) was pessimistic about anyone else's capacity to help her:

- I: So how could services help?
- R: They can't.
- I: So what can help you do that?
- R: Nothing.
- I: So just you?
- R: Yeah.

Gina (15 years) believed that people needed to learn to take personal responsibility for their substance use:

I'm only gonna do it [reduce substance use] for me and me only, that's it. I'm not doing it for anyone else. I'm just doing it for me because I need to prove to myself that I can do this... Everything's just been me. And that's what kids need, they need help but they don't need someone to do it for them. And that's the only thing that kids need to learn is that the only person that can help change what's going on in your life is you. And it doesn't matter how hard anyone tries, it's not gonna change.

Gina despaired, however, over her lack of capacity to manage her substance use herself. She therefore believed that no-one else could help her either:

I've got no control and I know I don't. I've got no control of myself which means that if I can't control myself, how is anyone else gonna control myself? And that's it.

Summary

Some young people were pessimistic about the likelihood of AOD services assisting them to manage substance use where they had been unable to do so themselves.

Day program services

As we have described above, almost all qualitative research participants struggled to fill their days. Hence many enjoyed attending day programs. Spending time with friends was an attractive aspect of these programs. Amir (14 years) told the researcher: 'I just come here because my friends started to come here'.

Some participants stated that they appreciated drug-free service environments where they could spend time. Fiona (15 years) said that activities run by a service 'keeps me out of trouble during the day and you can't take drugs and drink here'. Ethan (14 years) spoke of attending a day program and how surprised he was that he was able to relax, enjoy the company of other people, and participate in art programs without either him or his friends being intoxicated:

- *R:* It's like time to relax and stuff like. Every time I've been here I ... I'm shocked 'cause I've never been stoned [at the service]. Yeah, I've never been here stoned. Like it's sort of like bit of a relaxing area. Just chill out and stuff.
- I: You can chill without the weed and-
- R: Yeah. Pretty much.
- I: Get into the art a bit?
- R: Yeah. The art's mad.
- I: So you feel comfortable because people are chilled or-
- *R*: 'Cause all around me they are all like all doing same things. Like all around they're not stoned. I feel better. It's like, oh yeah, cool.

Summary

Young people appreciated informal day programs providing substance-free activities and social opportunities.

Mental health services

In Chapter 9 we outlined the very high prevalence of suicidal ideation, self-harm and mental health diagnosis among YDRS survey participants. Just under a third (n=10) of survey participants aged 13-15 said that they had wanted to discuss their mental health with a

professional during the previous six months, with all but two having been able to do so. A similar proportion of young people aged 18-24 had also wanted to discuss their mental health with a professional, during the six months prior to survey completion, with 28% (n=21) having done so.

Within the qualitative research component, some of the young people's discussions about their lives suggested they had very low self-esteem. This is a characteristic of young people who initiate drug use very early that has been observed elsewhere (MacLean 2006). Collette (13 years) might have been being dramatic when she said she'd probably be dead by the time she was her parents' age, but went on to say she wouldn't like to have children who would be like her and would therefore prefer to adopt:

- I: What do you reckon life will be like for you when you're your parent's age?
- R: I don't know. Feeling I'll be dead.
- I: Do you?
- *R:* Yeah, I don't know. I can't be dead. I don't know, but. Wanna have kids, but not have my own, adopt. I don't want real kids. Don't want kids like me. I want the adopted ones. They're cooler.

Gina (15 years) had experienced serious family conflict, life in residential care and the death of a close friend. She spoke extensively during the interview about her depression, self harm and suicide attempts, and of her engagements with mental health service providers:

I went through so many stages of just wanting to kill myself. Suicide was a massive thing for me. I tried to jump off [major shopping centre] at one stage and actually got taken to a psych ward from there. Then I had to spend like nearly a month in a psych ward and stuff like that and I just felt like absolute crap and the thing that hurt the most was the fact that the reason I wanted to do it was because I wanted to see [name of friend who had died] again. I didn't actually want to die. I just wanted to see his face because I was forgetting what he looked like. And I was forgetting everything about him... And everyone just cracked it with me because like: 'You're such a selfish person and you want to commit suicide' and stuff like that. ... And then they stuck me in a psych ward where he used to go and stuff like that. And that's – you know, [crying] ... the room that he was in and stuff like that and it made it so worse.

Gina was involved with several mental health services and insisted that she needed mental health workers who would genuinely engage with her rather than adopting a formulaic and impersonal approach. Indeed she had found that seeing a mental health worker with whom she did not feel connected to be both distressing and unhelpful. She contrasted this experience with that of seeing a warm and caring worker at another service whom she felt really engaged with her as an individual:

The [mental health service] worker she just really didn't do anything at all, she actually just. She'd go there and she'd ask me the same questions over and over again. Every

single time. And I'd always walk out of there with absolutely mass tear marks down my face because all she ever used to talk about was the same thing and it used to hurt me too much and I wasn't getting anything from there and it wasn't helping me. If anything it just made me feel even worse. And the day that I had to go I'd wake up in the morning and think great, I have to go there, and I wouldn't even bother putting on makeup or anything because I already knew that I was gonna wreck it by the time I got out of there. Because I'd just cry... And then they moved me onto [another mental health service] and I actually enjoy my worker. Like she's really nice and she's a lot more laid back and a lot more—not textbook... I hate people that are textbook, you know, when they're doing their jobs and all it is, it's like they're reading out of the textbook. Not like people that put their own imagination, their own words into it and just, you know, they're themselves and not—[there because] it's a job and they have to do it. They're there because they want to be there and they want to help you.

Discomfort with approaches to counselling

We referred above to Gina's discomfort with what she saw as formulaic or 'textbook' approaches to mental health treatment. Other young people explained similarly that they did not want to attend formal counselling with an unknown worker, not only in relation to mental health but also for other issues in their lives. Owen (13 years) had experienced the death of a parent. He said he dealt with this by 'going a bit nuts' and committing a lot of crime. He also said that he didn't want counselling: 'I don't want people helping me with all of that. Like they tried to give me like grief counsellors. I don't want no grief counsellors.'

Sally (15 years) identified that she didn't want to discuss the trauma of rape with an unknown professional. She preferred to receive support from people she already knew and trusted:

- R: When I younger I was raped by this-like molested-
- I: I'm really sorry.
- *R*: *I* didn't have to go [to court]. Like they just called me and told me what happened. 'Cause my mum was at court. I'm gonna kill him [the rapist] when he gets out.
- I: Okay. And so they, have you had some counselling around-
- R: Nuh. I had a chance to go to like a psychiatrist and stuff but I said 'No'.
- I: Yeah and so what have you done with that [Sally]?
- *R:* Nothing. Had the day off. I got paid. Like he had to pay \$4000 compensation or something. And yeah, I don't really talk to like counsellors and stuff. I don't like them. I talk to my friends and people I can trust.
- I: Yep. So you're kind of-you're kind of managing that in a different way?
- *R*: *S*... happens. I deal with it in my own way. Like I can't just go sit down with some stranger and just tell them my whole life story.

Helena (15 years) suggested that it was only as she got older that she felt comfortable talking with people about her problems:

Like let's say this time last year. I could not sit here and talk to you, I couldn't, I wouldn't, and I couldn't. I wouldn't be able to look at you, I wouldn't. I'd always have my head down... Like when I used to have counselling in grade six I could never talk to the counsellor because I didn't feel comfortable. But now I do, I just—I don't know.

Perhaps related to a dislike of formal counselling, others were uncomfortable with the requirement to repeat the details of their lives to the many professional staff with whom they were involved. Collette (13 years) complained that she had had to tell her story 'one thousand times' to an endless succession of workers, each trying to help her alter some aspect of her life.

While participants generally disliked formal therapeutic encounters some observed they had been able to take on practical tips or advice from workers. Gina (15 years) had learned strategies through her contact with workers to distract her from her negative feelings about herself that had previously prompted her to self-harm. These included writing a diary and scrapbooking. Jenny (15 years) believed she had learned useful strategies to manage anger from workers at the AOD rehabilitation service she had attended. While she too noted that she disliked attending counselling, Jenny appreciated the practical support workers had provided by taking her for a drive when she was angry and speaking with her informally as they walked along a beach about how she might better control her feelings:

- R: I learnt most of it [anger control] in rehab.
- I: In rehab?
- *R:* Yeah, they taught us all that stuff. And like they tried to make me do counselling but I went there twice but I didn't like it. I just kind of took their advice.
- *I*: *The rehab*-?
- R: Yeah, 'cause I went in there and like, I had a really bad mouth. Like just the way I talk, like real angry all the time. But then one of the workers—what's her name?—[worker's name] and [another worker's name]. Them two, [are] really, really good. Like when I got angry they'll take me for a drive and I'd go for a walk down the beach and talk to her. And they just told me to do stuff like that.
- I: And you've been able to use it? Isn't that fantastic?
- R: Yeah.

It was notable that a couple of young people were reluctant to discuss their substance use with the researcher (despite having provided informed consent to participate in the study). Dennis (15 years) was irritated by the questions asked of him and appeared uncomfortable in an interview situation. The following excerpt from Dennis' interview may offer insight into the resentment with which some young people deal with talk-based or cognitive therapies or interactions:

- I: Where do you usually get your beer?
- *R: From the alcohol shop.*
- I: How do you manage that? You're 15?
- *R*: *Get someone else to buy it.*
- I: How do you pay for it?
- *R:* With money.
- I: Where do you get your cash from?
- R: What are you-the f..... jacks [police]?

Summary

A strong theme of the research was that many young people aged 13–15 were uncomfortable speaking with professional staff in what they perceived to be a formal counselling relationship, preferring informal and activity-based interactions and practical advice on strategies to manage their behaviour.

11. What young people thought would help

Most participants were reasonably optimistic about their lives and what the future would hold for them. Iniki (15 years) believed she would know when to 'settle' and stop using drugs. Others thought remaining at or re-entering school would give them hope. One participant had a one-year-old daughter and believed that the incentive of getting her child back to live with her would bolster her determination to improve her life. Jenny (15 years) thought that having watched her parents' lives and seeing a friend go in and out of prison would enable her to stop chroming:

Kind of I've seen like how they live and I don't want to be like that. And—yeah, 'cause then—like the person I knew who's chroming full time, he's always in and out of lockup. And—I don't know, just—I don't like it. I don't want to be like that anymore.

Participants spoke of four main needs—employment; other activities to divert them from substance use; more AOD education for young people; and opportunities to forge ongoing relationships.

Jobs

Many young people felt that having a job (or other engaging activity) to structure their lives around would be the best way to control their substance use and more generally help them in their lives. Sally (15 years) believed that if she realised her ambition to become a forensic investigator she would never again be tempted to commit crimes or use drugs:

- R: I'll be rich.
- I: You'd be rich?
- *R:* Yeah and I reckon, I'd be happy [in the future] 'cause I want to be [a forensic investigator]. And I don't reckon I'd touch drugs. I'd be too scared that I'd lose my job over it.
- I: Okay so you'd-that would be really important, become a priority?
- *R:* If I do become a forensic investigator, I'd be so happy. I would like never do anything wrong.

Helena (15 years) believed she would be more likely to be able to use speed safely if she had a career. Linda (15 years) hoped that employment which involved helping other people would give her a sense of purpose in life and thus limit and confine her substance use:

Like I used to want to work with the premature babies... And like ever since I was a little girl I wanted to be a hairdresser, but I got told it was s... money. Then I wanted to work with the premature babies as I said. Or someone that works with the anorexic people, 'cause like I love listening to stories about anorexic people. Like because I used to want to be anorexic. And like whenever it's on Dr. Phil about anorexic people I always watch it and listen to their stories. And some of them are like, so sad. I'm like 'Oh my God'. If I have a job I don't reckon I will [use drugs]. I'll do it like Friday nights, that's it. Do something Friday nights. But if I'm not working I'll still bong and God knows. Owen wanted to get an apprenticeship, but at 13 was aware that he was some years off being old enough to qualify. Peter (15 years) argued that young people should be offered preapprenticeships. He too believed having a job would keep him and everyone else at the youth AOD service he attended busy and out of trouble with the police:

Well everyone down here [at the drug service] if they all got offered jobs they'd be sweet. They'd go and get a job. They won't let us get on the dole, won't let us do nothing. They don't want [to employ] apprentices unless they got a licence. None of us have cars. We don't have enough cash.

Substance-free places and activities

Some participants recommended that in the absence of jobs, additional activities should be made available to keep young people busy. Helena (15 years) wanted a place to go and spend time during the day:

I don't know, I reckon they should have a place where troubled kids can go and hang out.

Peter (15 years) wanted places he could be with his friends and where he might feel comfortable:

Just somewhere where you can just kick it. Like kicking it at home's boring. 'Cause when you come out and see your mates at the same time [pause 5 seconds]. I'm not sure, just something where you can just relax.

Kane (14 years) appreciated that his worker took him places and engaged him in activities to divert his attention from substance use:

I: What sort of stuff do [workers] do that's been useful?

R: They take me out some places...They get me busy. Yeah so I won't take these things.

Without meaningful activity, some participants felt it was inevitable they would resort to substance use or crime. Peter (15 years) said that if he didn't have anything to do during the day he would continue stealing things:

- R: Well I just need something to do and I'll be right...
- I: So you need-you've said that a few times-you need something to keep your mind-
- *R: Just find whatever to do. Doesn't matter what it is. Then I'll just do it. Even going racking [stealing] things, [if nothing else is available to do]. I'll do that if there's nothing to do.*
- I: Even?
- R: Going racking.

We have discussed throughout this report the heavy burden young people carried in believing that it was their responsibility alone to manage substance use in the face of the apparent ubiquity of drugs within their friendship groups (for some, families) and the social environments where they lived. Some younger participants intimated that they appreciated adults taking greater control of their lives or removing their drugs. Kane (14 years) liked living in a Youth Justice facility because he was forced to attend school. Another participant, Collette, (13 years) articulated that she would prefer some decisions about her life to be taken from her. In retrospect she felt she had benefited from having her cannabis taken from her and when this occurred she had quickly adjusted to its absence:

- I: So what can people do to help you with problems with drugs?
- *R: I don't know. You can't help me. I've done it [stopped substance use]. I'm not going back there. But if I do go back there I wouldn't like help.*
- I: What would you need?
- R: Take it off me. Take it off me and I would just be like: 'I don't care'. 'Cause when it was taken off me, straight away from school it was just like 'F..., give it to me or I'll-f....'. And then it was like 'f...it'. And that was it.
- I: You adjusted.
- R: It took me like a day. [Then] I was like 'I don't want it. I don't need it anymore'.

Drug education

Some participants argued that additional AOD education was required for young people, often suggesting this should be offered through schools. Gina (15 years) explained that young people under 18 years are often unaware that AOD services are available to them, thinking they will get into trouble if they admit to substance use. She made a plea for more comprehensive drug education in schools. Gina noted that when she started using drugs at the age of 13 years she had no idea about the forms in which substances are available on the streets or the fact that her body could not cope with the volumes of drugs used by the older people she was spending time with:

I would hang around with people when I was like 13. Hang around with people that were like 17, 18, a lot older than me. And I was seeing them do like four pills and stuff like that. And I was like, you know, 'I can do this', 'I can do this'. And that's when I was cracking because I didn't realise that, you know, I might be hanging with these bigger people but my body's only small and a lot thinner. And a lot of kids don't realise that and they're hanging out with these older people and seeing them do it and they want to be the same as them and do the same things as them and the same amounts and try and be a hero. And then that's when things go wrong. There's no education and stuff like that. I remember doing the Life Ed van and stuff at school and they'd show you like pictures of it but they'd only show you basic pictures. Like they didn't show pictures of ecstasy coming in liquid form or ecstasy coming in powder and stuff like that. And all they ever showed was the pills and that's where a lot of kids get it mixed up, they'll see powder and just instantly go it's speed or it's [inaudible]. And then, you know they have no idea that that could be ecstasy as well. Like there's no education about that, they just show basic stuff. Same with ice. People don't realise that ice doesn't only come in like crystal forms and stuff, you know. And they don't have any understanding that you can inject it, you can smoke it, you can do a lot of things with ice... Like a lot of kids in my situation have no idea at all and they're just taking the stuff because peer pressure is a big thing.

Helena (15 years) suggested similarly that she had received very little information about drugs at school. She believed that drug education needs to be provided before people commence secondary school:

They need more workshops around schools to tell kids about the dangers [of substance use]. Like even in primary school. Like in like Year 6 like maybe, about like don't smoke and drink. And then like in high school I reckon they need more workshops. Like I don't ever think I've ever been told in high school like a workshop about drugs. I don't think I ever had one.

Connections with other people

Friends evidently occupy a central position in young people's lives. We have also seen throughout this report the importance of adult figures for young people aged 13–15 years: family, workers or other responsible people.

While younger people were often negative about formal counselling, having 'someone to talk to' (Linda, 15 years) was important for almost all. One particularly articulate participant (Gina, 15 years) put very clearly her need to be able to speak with people who had an empathic understanding of her life:

You do need people around standing by. You need people that are like a wall to stop you from going out to wherever you want. You need people to put barriers around you to know that you can't keep running away from the fears that you have... You need people to hold you up straight because you need to figure it out properly and how to do it and how to keep stable. It's really hard. There've been a lot of kids down like at stations and stuff. Like a lot of kids that are my age, even some that are older and they always come to me for help. Because as much as I find it a struggle to get off it [drugs] myself, I seem to be able to help them out a lot with words and stuff like that. And a lot of them now are getting back into school. And kids just need someone there that has been in the same situation that they can relate to, that they feel comfortable talking to. And it is really hard. It is really hard ... Like especially in my situation. I find it hard to trust people, find it hard to talk to people.

For young people without much family support, non-family adults who kept an eye on them were an important resource. Young people were not concerned about which agency or aspect

of the service system the workers they liked came from but rather valued their sense of connection with these individuals. For instance, Ethan (14 years) kept in touch with a student coordinator at his old school, even though he was no longer enrolled:

Yeah. I still I still keep in touch. I always go and have lunch with him and stuff and I just keep in touch with him and stuff. He's a cool guy.

Collette (13 years) liked the fact that the worker from the drug service phoned her. This made her feel she was valued, connected and important: *'Whoo hoo!,* I'm not a nobody! I have friends, somebody calling me'.

Summary

Many participants argued that they required a job or access to substance-free places and activities in order to control substance use and avoid involvement in illegal activities. One young person wanted adults to control her substance use by taking drugs from her. A few participants recommended more comprehensive AOD education in schools that addressed the realities of substance use in their lives. Young people valued connections with adults who had an empathic understanding of their lives and capacity to convey regard for and enjoyment of them as individuals.





PART FOUR: YDRS FINDINGS



12. Findings

In this chapter we present nine major findings of the YDRS studies and raise key questions about their implications for cross-government policy, service delivery and other forms of intervention. Emphasis is given to findings relating to vulnerable young people aged 13–15 years—as these young people have multiple and intersecting service needs but can fall between the gaps of education, justice, Child Protection, homelessness, mental health and drug and alcohol service systems (Department of Human Services, Department of Planning and Community Development and Department of Education and Early Childhood Development 2008).

Finding 1: Substance use played a central role in the lives of young people participating in the research

Substance use environments

Manyyoung people in the YDRS study were disconnected from school and were not participating in any formal, organised sport or leisure pursuits. The qualitative research participants, aged 13–15 years, were recruited to the study either from poor outer urban areas on the periphery of Melbourne where relatively few recreation options were available to them, or else through inner city programs. Participants spoke of substance use as commonplace within their friendship groups and, of participating in few meaningful recreational activities. Further, they saw regular and binge substance use (particularly involving alcohol and cannabis) as a relatively normal and a routine aspect of daily life, often involving their families, friends and wider communities. They described ready access to a range of substances and had relatively few meaningful connections with people and places which did not feature substance use.

Future substance use

The majority of young people in the YDRS qualitative study expected to continue using substances in the future (noting that they were existing users and were recruited through AOD services). Many indicated that they would like to reduce their use of one substance but did not envisage ceasing all substance use; indeed some anticipated trying new drugs as they grew older. Some young people indicated that they wished they had had access to more comprehensive information about drugs which were prevalent in their social networks prior to initiating use of these substances.

Substance use initiation

Early initiation into substance use was also a characteristic of all YDRS participants. These young people began using cannabis on average at a much earlier age than other cannabis users in the general Australian population. Furthermore, the average ages at which these young people commenced other illicit drug use (for instance methamphetamine, ecstasy or heroin) was considerably younger than for Australians who had used these drugs. The average age at which YDRS survey participants initiated injecting drug use was also younger than the average age at which Australians who had ever injected a drug initiated this practice. These findings are consistent with other studies of vulnerable populations of young people (Mallett et al. 2006).

Finding 2: Substance use was only one of many interlinked issues experienced by young people participating in the research

YDRS survey participants experienced problems across a range of life domains, differentiating them from the general population of young people. For example, they were far more likely to live with only one parent or out of home than the general population. Most were disengaged from education and/or employment. For example, over half were not participating in day programs such as work or school. Most had been suspended from school at some point, with almost two thirds of participants aged 18–24 reporting having been expelled. Involvement with the justice system was also significant; 60% had been charged with a crime during the previous six months. Approximately a third had been diagnosed with a mental illness. Approximately half had seriously considered suicide within the six months prior to survey completion and 14% felt they had no one to depend on in tough times.

YDRS survey data also indicates increasing levels of involvement in substance use, mental health diagnosis, incarceration, sense of social isolation and homelessness across participants in the age ranges of 13–15, 16–17 and 18–24. This suggests that for many vulnerable people marginality is exacerbated during their late teenage years and early twenties.

These findings are consistent with other research indicating that young people with serious substance use have multiple issues requiring a comprehensive range of interventions over a sustained period, with longer duration in treatment correlated with better outcomes (Berends et al. 2004).

Finding 3: Young people in the research lacked consistent caring and appropriate limit setting

It was evident from the 13–15-year-old young people's accounts of their lives and family relationships that many were living relatively independent of parents or caregivers, even when they lived at home. One of the young people quoted many times in this report is Owen (13 years). Owen provided an apt example of how his lifestyle was unregulated when he described getting drunk with friends and falling asleep in a park. He woke up at four in the morning and walked some kilometres home (where he was living with a parent). Some, like Owen, found the freedom associated with a less regulated lifestyle exhilarating, and reported that their parents had tried to curtail substance use without success. Others, however, also expressed a desire for a more structured and contained life.

Clearly all these young people and their families were attempting to negotiate the balance between young people's need for protection and control against their increasing desire for autonomy and freedom to make decisions about their own lives. Most young people in the study implied that their families set few set limits on their behaviour. It seemed that this responsibility fell to a range of institutions including schools, police, the Justice and Child Protection systems.

Finding 4: Few young people in the study aged 13–15 years viewed their substance use as problematic

Attitudes to personal substance use

Consistent with other studies (United Nations 2004) YDRS participants did not view their substance use as causing problems for themselves or others. They described their use as neither dependent nor a response to hardship; rather, they chose to use substances because they enjoyed it.

Those who used substances frequently argued that substance use was not particularly important to them. A small proportion felt that one or more substances were very important to them (often cannabis which helped them sleep, feel calm or manage anger). All those in the qualitative study used cannabis, however few identified any associated problems. Alcohol, by contrast, was viewed by a small number of participants as linked with anger and violence.

Views on intoxication

While young people were generally critical of people who failed to use in a controlled way, many also enjoyed telling stories which equated intensive substance use with pleasurable experience. Young people frequently did not see episodic, intensive substance use as undermining their sense of self as responsible and in control. They attributed social status to the ability and capacity to drink high volumes of alcohol without getting sick.

Service use

Young people who did not perceive any problems associated with their substance use or acknowledge any level of dependency on substances, were reluctant to access or maintain involvement with AOD services. Some reported that they attend services because they are required to by parents, guardians or the justice system. They indicated that they were more likely to remain engaged in interventions which have a broad focus and offer practical assistance to address issues that are of most pressing concern for them.

Finding 5: Young people in the study aged 13-15 years wanted to be recognised as competent and in control of their lives

Young people participating in the YDRS qualitative study were strongly focussed on defining their own identities and did not wish to be portrayed as vulnerable or as victims. This is consistent with research conducted with a similar group (Bell, 2006). The desire to be seen as mature and in control of their lives was a constant theme throughout the interviews. Participants insisted that they were actively making choices about their substance use and their lives. They saw learning to manage drug use as part of growing up and control over intoxication as a way to demonstrate maturity. As such, they fiercely rejected interpretations of their drug use as a form of self-medication, self-destructive behaviour, or as a way of withdrawing from the world or dealing with difficult life circumstances.

As with other substance-using cohorts, they clearly distinguished between drug users and 'junkies'—the latter was equated with a loss of control and something that they distanced themselves from. Consistent with the emphasis on control, the two aspects of substance use they tended to dislike—besides unpleasant physical sensations—were losing control while they were substance-affected (for example becoming involved in violent incidents or arguments) and negative impacts on their reputation (such as being viewed by others as inexperienced or as using substances in an uncontrolled way).

Young people's desire to act and present as in control and competent was also evident in their ideas about their engagement with adults, especially service providers. Young people indicated that they wanted to form relationships with adults whom they believed had regard for them as people and who offered practical advice and strategies. Many felt discomfort with formal counselling interventions with a worker whom they did not already know, particularly when addressing very personal issues such as drug use, recovery from rape or mental health.

A number specifically mentioned how they liked talking with workers during social or activity-based encounters (walking on a beach, playing electronic games at arcades, etc.) and preferred these rather than formal settings.

Finding 6: Young people used substances as one of many ways to enjoy themselves and meet diverse needs

In both the YDRS survey and the YDRS qualitative studies young people identified far more aspects of substance use that they liked than disliked. Many of the 13–15-year-olds involved in the qualitative study could clearly articulate both the broad and specific benefits of using substances. For example, in broad terms, they reported that they used substances to facilitate greater engagement within their social worlds and to assist them in meeting their diverse needs. Substance use provided pleasurable sensations and was frequently used to enhance experiences, often with friends. Some said that they used drugs to feel normal, to enhance their personalities and social interactions and to help them get the most out of life.

For the 13–15-year-olds in the qualitative study different substances were used to achieve specific effects. Alcohol was for having fun with other people. Cannabis was routinely used in order to calm down or to control anger. Ecstasy or methamphetamine enabled some young women to be gregarious and energetic in social situations.

Finding 7: 13–15-year-olds were optimistic and energetic, and wanted meaningful activity and experiences

Young people were keen to participate in activities that enabled them to express and define themselves. For example a number of young men spoke of tagging and graffiti as activities that enabled them to make a mark in a world where they felt largely invisible. Some also spoke about how they enjoyed opportunities that AOD residential services provided them to express themselves through creative activities such as painting.

Taking journeys and moving from one place to another (often involving travel on public transport) figured strongly in stories that young people told about their lives. Being mobile and feeling engaged in the flow of life were important in how they wanted to see themselves and to be seen. Information technologies were also important to study participants and were used to communicate with others and to engage with popular culture; however participants often had limited access to computing and information technology resources.

While young people displayed energy for life and a degree of optimism, many reported that they were often bored. This was especially true for those who were not in education, training or employment. These young people lacked day activities that might otherwise limit substance use. When asked what would help them in their lives, many argued that they required a job in order to control substance use and avoid involvement in illegal activities. Participants expressed a range of hopes and career goals but found it hard to imagine how these ambitions might be achieved.

Finding 8: Connections with family and friends were critical for young people

Young people in the qualitative study reported strong bonds between themselves and their families, regardless of how troublesome and problematic they found these relationships.

Friends clearly occupied a central place in the lives of these young people. Friends were valued as a source of entertainment and support and young people were reluctant to be separated from them. Nonetheless some also reported that their loyalty to friendship groups made it more difficult for them to return to school, refuse substance use or decline to participate in illegal activities.

Finding 9: Young people valued relationships with workers, agencies and schools that provided them with support and a sense of connection

Young people in the qualitative study spoke highly of connections with adults who had an empathic understanding of their lives and capacity to convey regard for them as individuals. Particularly where young people did not have reliable relationships with adults in their own families, caring and approachable workers were very important to them. Interestingly, what they often wanted from workers was something akin to a sense of friendship: being valued and appreciated outside a purely professional relationship. Young people spoke of the importance of liked workers in helping them manage difficulties in their lives and making them feel valued. Several found it painful when relationships with valued workers ended.

Compared to the general population of young people, vulnerable young people in the research had limited access to safe and controlled environments where they are not exposed to substance misuse. Day programs and activities arranged by workers provided valued settings where they could spend time with friends without using substances.

Findings

Because YDRS participants were frequently involved with multiple health, welfare and correction agencies some found it hard to understand the roles and responsibilities of various agencies and professional staff in their lives.

Schools are among the last mainstream institutions that some vulnerable young people are involved with. Leaving school early before the age of 16 is strongly associated with measures of long term socioeconomic marginality (Teese et al. 2006). The YDRS studies have highlighted that for these young people leaving school is a process rather than an event. Although the final trigger for expulsion or leaving school was often substance- or violence-related, many participants in both the qualitative and survey studies reported low levels of school attendance and general unhappiness at school prior to leaving. Despite their troubles at school, many regretted leaving early and expressed a desire for a fresh start without judgment. Young people who were not attending school spoke of anxiety about returning to education, particularly in relation to integrating into new peer groups.

13. Conclusion

YDRS research provides insights into the lives of an acutely marginalised and vulnerable group of young people in Melbourne who use substances regularly. This report highlights the meanings and contexts of substance use for young people aged 13-15, showing how substance use is embedded in familial and social interactions for some young people, as well as part of the social environments in which many of them live.

The study contributes not only an understanding of the difficulties associated with substance use that young people experience, but also reveals how young people deliberately use substances as part of managing their relations with families, friends and institutions. If we are to respond adequately to the needs of vulnerable young people we must understand and engage with the functions that substance use has in their lives, as well as the shifting problems it causes over time.

The YDRS survey indicates that vulnerable and marginalised young people become increasingly disengaged from mainstream social institutions such as education as they move through the age ranges of 13-15, 16-17 and 18-24. This often coincides with increasingly dependent substance use for the population concerned. A response to these young people must have a commensurate focus on early intervention. It must include a range of measures targeting families, schools and localities. Participants in the study, and others like them, require support in multiple dimensions of their lives to ensure that the range of opportunities and life pathways available to other young people are opened up for them too.

Key questions for future research

To enhance planning and implementation of interventions for this group, further research should address the following questions:

Duty of care

• What does duty of care mean for this population? What does it mean in relation to their drug and alcohol use? Who is responsible for the various aspects of these young people's health and well-being?

Service delivery

- Noting prior research indicating that young people are more likely to be able to moderate their own substance use when other aspects of their lives are relatively secure (Keys et al. 2006), how can interventions aimed at enabling vulnerable young people to stabilise their lives (for example, by forging connections with adults or finding accommodation) and prevent further marginalisation form an important part of the overall service response?
- Given the interlinked issues faced by this population, what should be the scope and focus of service delivery? Which government departments should be responsible for the various aspects of their care and support? Why? Which department should lead this response? On what criteria should this decision be based? What cross-department responses should be initiated? Why? Which issues should be prioritised? On what basis?

Conclusion

- What interventions can assist young people to find alternative means of meeting needs currently fulfilled by substance use? (or example, interventions might include teaching strategies and skills for relaxation and anger control to those who use cannabis for this purpose.
- How can service providers demonstrate that they recognise young people's capabilities and competencies? Could a strengths-based approach be effective in motivating young people to plan and enact drug use reduction and risk management? Should substance use be the primary focus of a service response?
- What activities could be developed to provide vulnerable young people with a sense of mobility, visibility and participation in their community? Would any of the following be useful: legal graffiti; art classes; opportunities to develop skills in new media and other information technologies (such as designing websites, working on radio programs or filming videos)?
- How can young people's attachments to friends and friendship groups be harnessed in order to improve service engagement and delivery?
- What opportunities exist to engage families and carers in interventions to help them better regulate the experiences of those in their care, including setting appropriate limits around substance-using behaviour?
- Where they are involved with multiple services, how could young people and their families be made aware of the roles and responsibilities of various workers and agencies?

Drug education and health promotion

- Given that drug education and health promotion strategies are shown to be less effective for highly vulnerable young people (Coggans 2006; Midford 2000), how can this group be targeted appropriately and effectively?
- Noting that most participants anticipate future substance use, to what degree should harm reduction and/or abstinence approaches be prioritised in interventions for this population? What is the evidence about the efficacy of these differing approaches with this population? How should these differ by age?

Prevention and early intervention

- Evidence indicates that indicated prevention-early intervention strategies may be valuable for highly vulnerable groups (Berends et al. 2004). What should be the scope and timing of such initiatives?
- What should be the scope and timing of preventative and indicative early intervention strategies for this population? Given that families and friends are implicated in these young people's drug use, should families and friendship networks also be a focus of these activities? Where and how should these interventions be delivered?

Limiting supply

- Given the easy access to substances reported by young people participating in the YDRS, are there additional supply-side measures that could be undertaken to limit the availability of alcohol and other drugs to young people—measures that would not contribute to further social exclusion or increased harms?
- What would be the relevance and/or effectiveness for this population over time, of interventions such as introducing penalties for secondary supply of alcohol to young people without parental consent or adequate supervision, or more severe penalties for selling or supplying illicit drugs to minors?

Enabling environments

- Does recent research on the importance of developing 'enabling environments' where people's individual decisions around moderating harmful substance use are encouraged and supported (Moore and Dietze, 2005) have relevance when formulating service responses for this population?
- In localities where regular or early substance use become to some degree normalised among disadvantaged and disengaged young people, does a place-based approach to intervention have merit? What would be the scope of this approach? For example, should it be confined to provision of substance-free activities, events and recreational opportunities? Is there any evidence for the efficacy of these approaches?
- Could the role of the functions, meanings and pleasures of particular substances for young people be acknowledged in work with this group, in order to enhance the meaningfulness of their engagement in services and to improve outcomes?

Engagement with school

• How can the school-based programs and supports currently offered to vulnerable young people be enhanced in order to improve their engagement in education? What strategies could be considered to improve access of this population to alternative schooling programs?





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No No pocket money No No No No No Left in year 8 Finished year 7 year 7	Extended family members	A friend	Parent	Parent and step-family	Other children	Parent and sibling	Parents and sibling	Sibling and grandparents
No No No No <		No	No	No	part- time work	Occasional part-time	No	pocket money
.LED IN OR Left in year 8 Finished year 9 Finished Finished year 7 year 7		No	No	TAFE	No	Community school	Yes-	Yes
	Finished year 9	Finished year 7	Finished year 9	Finished year 8	Year 10	Year 9	Doing Year 10	Doing Year 9
EMPLOYMENT No No Not working No		Not working	No	No	Part-time work	Part-time in op shop	No	No

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APPENDIX 1: YDRS QUALITATIVE INTERVIEW PARTICIPANTS: DEMOGRAPHIC INFORMATION

FALSE NAME	Kane	Linda	Mark	Neil	Owen	Peter	Sally	Ross	Siena	Ĩ
AGE	14	15	13	15	13	15	15	15	15	15
GENDER	Z	ш	Z	×	Σ	Σ	ш	×	ш	×
COUNTRY OF BIRTH	ZN	Australia	Australia	Australia	Australia	Australia	Australia	Australia	Australia	Australia
LANGUAGE SPOKEN IN FAMILY HOME	English & Samoan	English	English	English	English	English	English	English & Indig-enous	English	English
ABORIGINAL OR TORRES STRAIT ISLANDER	No	No	No	No	Yes	No	Yes	Yes	No	No
WHERE LIVING	Residential care	Residential unit	Family home	Foster care	Family home	Family home	In and out of family home	Drug rehab service	Family home	Family home
WHO LIVING WITH	Other children	Other children	Parent and two siblings	Carer and children	Parent and sibling	Parent	Parent and friends	Parent and step-parent	Parent and sibling	Parent and siblings
INCOME	Pocket money	No	Pocket money	No	Pocket money Just lost job		benefits	ABS study	No	No
SCHOOL OR TRAINING ENROLMENT	Yes	No	No	Yes	No	No	No	Enrolled at TAFE	Yes	TAFE
YEAR ENROLLED IN OR LASTYEAR OF SCHOOL COMPLETED	Year 10	Year 7	Year ó	Doing year 9	Left in year 7	Year 8	Year 11	Year 9	Year 9	Year 10
EMPLOYMENT	No	No	No	No	No	No	No	No	Volunteer work	No

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References

- Allen, D 2002, 'Research involving vulnerable young people: a discussion involving ethical and methodological concerns', *Drugs: Education, Prevention and Policy*, vol. 9, pp. 275–283.
- Australian Institute of Health and Welfare 2005a, 2004 National Drug Strategy Household Survey: Detailed Findings. Drug Statistic Series No. 16.
- Australian Institute of Health and Welfare 2005b, *National Drug Strategy Household Survey, 2004* [computer file]. Canberra: Social Science Data Archives, The Australian National University.
- Australian Institute of Health and Welfare 2007, Young Australians: their health and wellbeing 2007. Cat. no. PHE 87.
- Banwell, C. L & Young, D 1993, 'Rites of passage: smoking and the construction of social identity', *Drug and Alcohol Review*, vol. 12, pp. 377–385.
- Bell, E 2006, 'Self, meaning and culture in service design: using a hermeneutic technique to design a residential service for adolescents with drug issues', *International Journal of Drug Policy*, vol. 17, pp. 425-435.
- Berends, L., Devaney, M., Norman, J., Ritter, A., Swan, A., Clemens, S. & Gardiner, P. (2004) Youth Service System Review: A review of the Victorian youth drug treatment service system, Final Report, September 2004. Melbourne, Turning Point Drug and Alcohol Centre.
- Bonomo, Y 2003, 'Adolescent substance use', in M. Hamilton, T. King, & A. Ritter, (Eds) Drug Use in Australia: Preventing Harm, 2nd edn., Cambridge University Press, Melbourne.
- Boys, A, Marsden, J & Strang, J 2001, 'Understanding the reasons for drug use amongst young people: a functional perspective' in *Health Education Research*, vol. 16, pp. 457–469.
- Brain, K J 2001, 'Youth, alcohol, and the emergence of the post-modern alcohol order', *Occasional Paper No. 1,* Institute of Alcohol Studies, London.
- Coggans, N 2006, 'Drug education and prevention: has progress been made?' *Drugs: Education Prevention and Policy,* vol. 13, pp. 417–422.
- Coleman, L & Cater, S 2005, 'Underage "binge" drinking: a qualitative study into motivations and outcomes', in *Drugs: Education, Prevention and Policy*, vol. 12, pp. 125–136.
- Denscombe, M 2001a, 'Critical incidents and the perception of health risks: the experiences of young people in relation to their use of drug and alcohol', in *Health, Risk and Society*, vol. 3, pp. 293–306.
- Denscombe, M 2001b, 'Uncertain identities and health-risk taking behaviour: the case of young people and smoking in late modernity', in *British Journal of Sociology*, vol. 52, pp. 157–177.
- Department of Education and Early Childhood Development & Department of Planning and Community Development 2007, *The State of Victoria's Young People: a report on how Victorian young people aged 12–24 are faring,* State of Victoria, Melbourne.
- Ezzy, D 2001, 'Are qualitative methods misunderstood?' in *Australian and New Zealand Journal of Public Health,* vol. 25, pp. 294–297.

- Fitzgerald, J. L, Louie, R, Rosenthal, D & Crofts, N 2000, 'The meaning of the rush for initiates to injecting drug use', in *Contemporary Drug Problems*, vol. 26, 481–504.
- Fountain, J & Howes, S 2002, *Home and dry? Homelessness and substance use in London*, National Addiction Centre, Vision 21 and Crisis, London.
- Furlong, A & Cartmel, F 1997, Young People and Social Change: Individualisation and Risk in Late Modernity, Open University Press, Buckingham.
- Giddens, A 1991, *Modernity and Self-Identity: Self and Society in the Late Modern Age,* Polity Press, Cambridge.
- Gossop, M, Darke, S, Griffiths, P, Hando, J, Powis, B, Hall, W & Strang, J 1995, 'The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users', *Addiction*, vol. 90, pp. 607–14.
- Gutiérrez, R & Vega, L 2003, 'Psychosocial research on street living children developed by the INP during the last 25 years', in *Salud Mental*, vol. 26, pp. 27–34.
- Guttierrez, B. L. N & Palacios, F. F 2004, 'A search for a different world. Social representation that determines decision-making by Mexican adolescent users of illegal drugs', in *Salud Mental*, vol. 27, pp. 26–34.
- Hawkins, J. D, Catalano, R. F & Miller, J. Y 1992, 'Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood', in *Psychological Bulletin*, vol. 122, pp. 64–105.
- Holt, M 2005, 'Young People and Illicit Drug Use in Australia', *Issues Paper*, National Centre in HIV Social Research, Sydney.
- Huberman, A. M & Miles, M. B 1994, 'Data management and analysis methods', in N. K Denzin, & Y. S Lincoln, (Eds) *Handbook of Qualitative Inquiry*, Sage, Thousand Oaks.
- Israel, B. A, Schultz, A. J & Parker, E. A 1998, 'Review of community-based research: assessing partnership approaches to improve public health', in *Annual Review of Public Health*, vol. 19, pp. 173–202.
- Kelly, P 2006, 'The entrepreneurial self and "youth at risk": exploring the horizons of identity in the twenty-first century', in *Journal of Youth Studies*, vol. 9, pp. 17–32.
- Keys, D, Mallett, S & Rosenthal, D 2006, 'Giving up on drugs: homeless young people and self-reported problematic drug use', in *Contemporary Drug Problems*, vol. 33, pp. 63–98.
- Lindsay, J, Smith, A. M. A & Rosenthal, D 1997, *Secondary students, HIV/AIDS and sexual health,* Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne.
- Loxley, W, Tombourou, T, Stockwell, T, Haines, B, Scott, K, Godfrey, C, Gray, D, Marshall, J, Ryder, D, Saggers, S, Sanci, L & Williams, J 2004, *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence,* Ministerial Council on Drug Strategy, Canberra.
- Lupton, D & Tulloch, J 2002, "Life would be pretty dull without risk": voluntary risk-taking and its pleasures', in *Health, Risk and Society,* vol. 4, pp. 113–24.

References

- MacLean, S 2005, "It might be a scummy-arsed drug but it's a sick buzz": chroming and pleasure', in *Contemporary Drug Problems*, vol. 32, pp. 295–318.
- MacLean, S 2006, *Chrome world, chrome magic: inhalant use and public policy in an Australian context*, University of Melbourne.
- MacLean, S 2007, 'Global selves: aesthetic reflexivity in marginalised young people's inhalant drug use', in *Journal of Youth Studies*, vol. 10, pp. 399–418.
- MacLean, S 2008, 'Volatile bodies: stories of pleasure and bodily damage in marginalised young people's drug use', in *International Journal of Drug Policy*, vol. 19, pp. 375–383.
- Mallett, S, Edwards, J, Keys, D, Myers, P & Rosenthal, D 2003, *Disrupting Stereotypes: Young People, Drug Use and Homelessness,* The Key Centre for Women's Health in Society, Melbourne.
- Mallett, S, Rosenthal, D & Keys, D 2005, 'Young people, drug use and family conflicts: pathways into homelessness, in *Journal of Adolescence*, vol. 28, pp. 185–199
- Mayock, P 2002, 'Drug pathways, transitions and decisions: the experiences of young people in an inner-city Dublin community', in *Contemporary Drug Problems*, vol. 29, pp. 117–56.
- McKeganey, N 1995, 'Quantitative and qualitative research in the addictions: an unhelpful divide', in *Addiction*, vol. 90, pp. 749–751.
- Measham, F (2004) The decline of ecstacy, the rise of 'binge' drinking and the persistence of pleasure. *Probation Journal*, 51, 309-326.
- Measham, F & Brain, K 2005, 'Binge' drinking, British alcohol policy and the new culture of intoxication, in *Crime Media Culture*, vol. 1, pp. 262–283.
- Measham, F, Parker, H & Aldridge, J 1998, *Starting, Switching, Slowing and Stopping: Report for the Drugs Prevention Initiative Integrated Programme,* Home Office, London.
- Melucci, A 1996, *The Playing Self: Person and Meaning in a Planetary Society*, Cambridge University Press, Cambridge.
- Midford, R 2000, 'Does drug education work?' in *Drug and Alcohol Review*, vol. 19, pp. 441–6.
- Mooney, G 2005, 'Addictions and social compassion', in *Drug and Alcohol Review*, March, pp. 137–41.
- Moore, D & Dietze, P 2005, 'Enabling environments and the reduction of drug-related harm: re-framing Australian policy and practice', in *Drug and Alcohol Review*, vol. 24, pp. 275-284.
- Myers, P 2006, *Hepatitis C Testing Among Young People who Experience Homelessness in Melbourne*, Key Centre for Women's Health, University of Melbourne.
- National Health and Medical Research Council 2007, *National Statement on Ethical Conduct in Human Research*, Australian Government, Canberra.
- Parker, H 2003, 'Pathology or modernity? Rethinking risk factor analysis of young drug users', in *Addiction Research and Theory*, vol. 11, pp. 141–4.
- Parker, H, Aldridge, J & Measham, F 1998, Illegal Leisure: The Normalisation of Adolescent

Drug Use, Routledge, London.

- Parker, H & Egginton, R 2002, 'Adolescent recreational alcohol and drug careers gone wrong: developing a strategy for reducing risks and harms', in *International Journal of Drug Policy*, vol. 13, pp. 419–32.
- Parker, H & Measham, F 1994, 'Pick 'n' mix: changing patterns of illicit drug use amongst 1990s adolescents', in *Drugs: Education, Prevention and Policy*, vol. 1, pp. 5–13.
- Parker, H & Williams, L 2003, 'Intoxicated weekends: young adults' work hard-play hard lifestyles, public health and public disorder', in *Drugs: Education, Prevention and Policy*, vol. 10, pp. 345–67.
- Pavis, S, Cunningham-Burley, S & Amos, A 1998, 'Health related behavioural change in context: young people in transition', in *Social Science & Medicine*, vol. 47, pp. 1407–18.
- Pilkington, H 2007, 'In good company: risk, security and choice in young people's drug decisions', in *The Sociological Review*, vol. 55, pp. 373-292.
- Rehm, J, Fischer, B, Graham, K, Haydon, E, Mann, R. E & Room, R 2004, 'The importance of environmental modifiers in the relationship between substance use and harm', in *Addiction*, vol. 99, pp. 663–6.
- Rhodes, T, Lilly, R, Fernandez, C, Giorgino, E, Kemmesis, U. E & Spannow, K. E 2003, 'Risk factors associated with drug use: the importance of "risk environment", in *Drugs: Education, Prevention and Policy,* vol. 10, pp. 303–29.
- Rosenthal, D, Mallett, S, Milburn, N & Rotheram-Borus, M. J 2008, 'Drug use among homeless young people in Los Angeles and Melbourne', in *Journal of Adolescent Health*, vol. 43, pp. 296–305.
- Sedgwick, E. K 1992 'Epidemics of the will', in J. Crary & K. Winter, (Eds) Incorporations, Zone Books, New York.
- Sheehan, M & Ridge, D 2001, "You become really close… you talk about the silly things you did and we laugh": the role of binge drinking in female secondary students' lives', in *Substance Use & Misuse*, vol. 36, pp. 347–372.
- Sifaneck, S. J & Neaigus, A 2001, 'The ethnographic accessing, sampling and screening of hidden populations: heroin sniffers in New York City', in *Addiction Research and Theory*, vol. 9, pp. 519–43.
- Smith, A, Agius, P, Dyson, S, Mitchell, A & Pitts, M 2003, *Results of the Third National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health,* La Trobe University, Melbourne.
- Spooner, C 1999, 'Causes and correlates of adolescent drug abuse and implications for treatment', in *Drug and Alcohol Review*, vol. 18, pp. 453–475.
- Spooner, C, Hall, W & Lynskey, M 2001, *Structural determinants of youth drug use*, Australian National Council on Drugs, Canberra.
- State Government of Victoria 2008, *Vulnerable Youth Framework Discussion Paper*, Victorian Government Department of Human Services, Melbourne.
- Stokes, S 2000, *Out of Education: A Report for the Victorian Full Service Schools Program,* Department of Education, Employment and Training Melbourne.

References

- Strunin, L 1999, 'Drinking perceptions and drinking behaviours among urban black adolescents', in *Journal of Adolescent Health*, vol. 25, pp. 264–275.
- Sutherland, I & Shepherd, J. P 2001, 'Social dimensions of adolescent substance use', in *Addiction*, vol. 96, pp. 445–458.
- Teese, R, Robinson, L, Lamb, S & Mason, K 2006, *The 2005 On Track Longitudinal Survey*. *The Destinations of 2003 School Leavers in Victoria Two Years On*, Office of Learning and Teaching, Department of Education and Training, Melbourne.
- United Nations (2004) *World Youth Report 2003: The global situation of young people.* Department of Economic and Social Affairs of the United Nations Secretariat, United Nations Publications.
- Valverde, M 1998, *Diseases of the Will: Alcohol and the Dilemmas of Freedom*, Cambridge University Press.
- Weinberg, D 2002, 'On the embodiment of addiction', in *Body and Society*, vol. 8, pp. 1–19.
- Wu, L, Pilowsky, D & Schlenger, W 2004, 'Inhalant abuse and dependence among adolescents in the United States', in *Journal of American Academic Child and Adolescent Psychiatry*, vol. 43, pp. 1206–14.
- Wyn, J & White, R 1997, Rethinking Youth, Allen & Unwin, St Leonards, NSW.

