



Policy Platform: Alcohol, Tobacco and Other Drugs Youth Coalition of the ACT

In recognition of the local Alcohol, Tobacco and Other Drug Sector's response to tobacco use, the growing evidence and concern nationally over the burdens of harm and the implications for young people's health and well being, the Youth Coalition includes tobacco in this policy.

For more information on alcohol, tobacco and other drugs, refer also to the Comorbidity Policy Platform.

Alcohol, tobacco and other drug (ATOD) use is a serious issue for many young people in Australia, with 15.6% of young people aged 12 to 17 years reporting in 2011 ever having used an illicit substance.¹ Whilst this indicates a reduction from 2005 levels, it is still a significant number. The impacts of substance use on health (physical and mental), social ties, educational achievement and engagement, and contact with law enforcement have been well researched and widely reported on. Of the total social cost of drug abuse in 2004/05 of \$55.2 billion, tobacco accounted for \$31.5 billion (56.2%), alcohol for \$15.3 billion (27.3% of the unadjusted total), and illicit drugs \$8.2 billion (14.6%). Alcohol and illicit drugs acting together accounted for another \$1.1 billion (1.9%).²

Alcohol

The social, physical and economic impacts on Australian society are diverse and problematic, not just for those who misuse alcohol, but family, friends and the wider community as well. The Foundation for Alcohol Research and Education (FARE)'s 2012 Annual Alcohol Poll: *Community Attitudes and Behaviours*³ found that 76% of Australians believed Australia has a problem with excess drinking or alcohol abuse, and 75% believe that more needs to be done to reduce the harm caused by alcohol-related illness, injury, death or related issues.

In 2005, more than 70,000 Australians were victims of alcohol-related assault, with many of the victims and perpetrators being young people. Victims of alcohol-related domestic violence account for 24,000 people within that figure. Alarming, almost 20,000 children across Australia were victims of substantiated alcohol-related child abuse.⁴ Alcohol misuse also affects the user, with alcohol being directly responsible for around 3,100 deaths and 72,000 hospitalisations per year in Australia.⁵ A 2004 study found that for those 15-24 years of age alcohol causes 250 deaths and 11,000 hospitalisations.⁶

Tobacco

Research suggests that smoking is decreasing among young people at school.⁷ However, smoking remains a leading cause of preventable death in Australia. Each year about 15,000 Australians die from smoking related causes.⁸ This exceeds the combined number of deaths caused by AIDS, suicide, breast cancer, homicide, falls, illicit drug use and motor vehicle accidents. One half of all long-term smokers will die due to smoking.⁹ Research also tells us that vulnerable people are much more likely

to smoke. Estimates of smoking rates for people with severe mental illness, people experiencing homelessness and those with substance abuse problems all exceed 70%. Anecdotal evidence also suggests high smoking rates among vulnerable young people including those in out-of-home care.¹⁰

Other Drugs

Most young people do not use illicit substances. Of those that do, not all will identify as experiencing negative psychological, social or physical effects. Young people have reported taking substances for many reasons, including curiosity, to ease boredom, to assist with emotional pain, and for fun. It is important not to stereotype young people's substance use, but rather to engage with them around their unique personal and environmental circumstances.

It is clear that the effects of and responses to substance use over this spectrum of a 12- 25 years age range will have differing implications, not only for young people's physical development, but also their psychosocial development. The unique social, physiological and developmental stages for young people need to be considered when looking at prevention, education and intervention programs. The Youth Coalition supports engagement with young people, wherever possible, to participate in research and consultation regarding these programs, and strongly believes young people have much to offer in positively shaping these programs.

Support Services

It is important that a holistic approach is taken when working with young people seeking assistance for ATOD use, rather than the sole factor needing support. Young people need services that are responsive to a range of issues; that can include gender identity, homelessness, or mental health, for example. It is also vital that health education programs and ATOD treatment programs in the ACT are responsive to children, young people and their families' needs, and work on a strengths-based model that recognises the unique social factors a young person may present with.

The Youth Coalition believes that youth workers and services can be a crucial link for engaging with vulnerable young people, and recognises that the ACT has limited services that specifically address young people's substance use.

The Youth Coalition supports the opening of a Sobering-Up Shelter service for young people under 18 years, in order to partially address this gap in service. This would ensure that young people who are intoxicated are provided with a health intervention, and not detained in the Police watch house or Bimberi Youth Justice Centre.

The Youth Coalition believes that there needs to be more supported housing for young people completing residential and day ATOD programs. It is essential to have a continuity of support from the good clinical work young people complete in residential programs through into being part of a healthy community. Transitional supported accommodation needs to be provided for young people starting back to school, traineeships and or work.

The limited ATOD service options available for young people means that general youth workers must have a solid understanding of the ATOD sector and related issues.¹¹ In order for the youth sector to do this in a meaningful manner, more training and recognition of service gaps need to be identified and resourced by the ACT Government. The youth and ATOD sector also have a responsibility to work in collaboration to improve linkages, maintain best practice and actively seek out training and development opportunities.

Workers have been given subsidised access to Nicotine Replacement Therapy as part of the Workplace Tobacco Management Project in the ACT. This initiative aims to increase awareness and support the implementation of workplace tobacco management policies and reduce the impact of smoking behaviours for the staff in nine programs within the mental health, alcohol, tobacco and other drug (ATOD) and youth sectors. This initiative is a useful first step for workers to in turn be able to address the smoking behaviours of young people.

Harm Minimisation

Harm minimisation has been the stated Australian Government substance policy since 1985.¹² It aims to:

- Reduce the harm associated with ATOD use, such as providing information to young people about the effects of alcohol;
- Reduce the demand for substances, by discouraging people from using substances, and actively encouraging users to stop or reduce; and,
- Reduce the supply, through law enforcement and other avenues.

In accordance with the harm minimisation approach, the Youth Coalition supports the ACT Government's *Blood Borne Virus Management Strategy for the Alexander Maconochie Centre (AMC)*, which seeks to introduce a Needle and Syringe Program on a trial basis. This policy would affect all detainees between the ages of 18-25 in the AMC.

Education Programs

The Youth Coalition supports policy that does not seek to make moral judgments of young people who have, do, or will use substances, but rather engages in meaningful debate and scientific research. It is vital that the developmental stages of young people are taken into consideration in the assessment and implementation of education programs.

Schools and education providers have a unique opportunity to engage with young people over many years and life changes. The Youth Coalition supports the increased provision of drug education in schools, and strongly believes that all education must be factual, evidence based, and age appropriate.

The Youth Coalition acknowledges that not all young people will have positive engagement with education or treatment service providers. In response to this, the Youth Coalition recognises the need for evidence based and evaluated outreach education models. These flexible and responsive programs can assist to inform choices made by a small group of young people who may have the least supports, and are therefore often most vulnerable to ill health and poor well being.

Media

ATOD use in the media is often sensationalised, and can lead to erroneous information and lost education opportunities for young people; or potentially creates discriminatory and emotive discussions that distract or impede constructive debate.¹³ There is currently little recognition within the media or ATOD sector of the Australian Press Council (APC) Guidelines on alcohol, drugs and drug addiction reporting. The Youth Coalition advocates for the media, in all its formats, to adhere to the guidelines set out by the APC, which include: 'Responsibly reporting public debate about drug use and addiction', and in particular: 'The harmful effects of any particular drug should not be exaggerated or minimised'.¹⁴

Commitments

1. Advocating for evidence based approaches to harm minimisation education, including abstinence when appropriate.
2. Advocating for increased funding for age appropriate and innovative education, prevention and treatment programs for young people that rely on evidence-based models, and for these programs to undergo periodic review and evaluation.
3. Advocating for a Sobering Up Shelter for young people under the age of 18.
4. Advocating for young people to have access to free, non-discriminatory, quality services in the ACT.
5. Advocating for tobacco use in young people to be addressed as part of a whole of sector response.
6. Advocating for families to be recognised as having a need for support and information services, as well as having an important role in developing policies and frameworks that respond to ATOD use.
7. Advocating for ATOD issues to be taken into consideration as a factor in criminal behaviour.
8. Advocating for ATOD issues to be viewed as requiring a whole of community response.
9. Advocating for ATOD law reform that reflects international evidence on best practice in treatment, deterrence and education.
10. Advocating for the active involvement of young people in designing, planning and evaluating youth ATOD policy and service delivery frameworks.
11. Advocating for the active and supported participation of young people in their individual care planning and case management around ATOD.

¹ Cancer Council Victoria (December 2012) Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011, Centre for Behavioural Research in Cancer The Cancer Council Victoria, p. 86 <http://www.ancd.org.au/Drugs-in-Australia/national-data.html#Aust%20Secondary%20drugs>

² National Drug Strategy (Accessed 2010) The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05, Australian Government, Canberra

³ Foundation for Alcohol Research and Education (2012) Annual Alcohol Poll: Community Attitudes and Behaviours, Canberra, ACT.

⁴ Laslett, A-M, Catalano, P, Chikritzhs, Y, Dale, C., Doran, C, Ferris, J, Jainullabudeen, T, Livingston, M, Matthews, S, Mugavin, J, Room, R, Schlotterlein, M. and Wilkinson, C. (2010) The Range and Magnitude of Alcohol's Harm to Others. AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health, Victoria.

⁵ Roche, A.M, Bywood, P.T, Borlagdan, J, Lunnay, B, Freeman, T, Lawton, L, Tovell, A & Nicholas, R. (2007). Young People and Alcohol: The Role of Cultural Influences, National Centre for Education and Training on Addiction, South Australia.

⁶ Chikritzhs T and Pascal R (2004) Trends in Youth Alcohol Consumption and Related Harms in Australian Jurisdictions, 1990-2002. National Alcohol Indicators, Bulletin No. 6. Perth: National Drug Research Institute, Curtin University of Technology cited in Richard Pascal, Wenbin Liang, William Gilmore and Tanya Chikritzhs (2013) Risks of alcohol-attributable hospitalisation and death in Australia over time: Evidence of divergence by region, age and sex. Australasian Medical Journal Volume 6 Issue

3 p. 134-151 at p. 134-135 <online> <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3626029/pdf/AMJ-06-134.pdf>

⁷ National Tobacco Strategy 2012-2018 , Australian Government, Canberra, p. 6 Accessed 10 July 2013 <online>

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/\\$File/National%20Tobacco%20Strategy%202012-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/$File/National%20Tobacco%20Strategy%202012-2018.pdf)

⁸ Begg S, Vos T, Barker B, Stevenson C, Stanley L and Lopez AD. The Burden of Disease and Injury in Australia 2003, cat. no. PHE 82. 2007, Australian Institute of Health and Welfare: Canberra cited in Intergovernmental Committee on Drugs (2012) National Tobacco Strategy 2012-2018 , Australian Government, Canberra Accessed 10 July 2013 <online>

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/\\$File/National%20Tobacco%20Strategy%202012-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/D4E3727950BDBAE4CA257AE70003730C/$File/National%20Tobacco%20Strategy%202012-2018.pdf)

⁹ World Health Organisation (2013) Tobacco Factsheet Number 339 Accessed 18 June 2013 <online> <http://www.who.int/mediacentre/factsheets/fs339/en/>.

¹⁰ The Cancer Council NSW (2008) The Relationship between Smoking and Disadvantage and what Community Services Can Do, NSW

¹¹ Youth Coalition of the ACT (2004) Building our Capacity: Young People, Youth Work and Alcohol and Other Drugs, Canberra

¹² Australian Drug Foundation (2003) Harm Minimisation Fact sheet for Workers, DrugInfo Clearinghouse

¹³ Lawrence, G; Bammer, G, Chapman, S (2000) Sending the wrong signal: Analysis of print media reportage of the ACT heroin prescription trial, Australian and New Zealand Journal of Public Health, vol.24, no.3, pp.254-264.

¹⁴ Australian Press Council (2001) Reporting Guidelines, General Press Release No 246, Drugs and Drug Addiction