FACT SHEET

FOR FAMILY AND FRIENDS OF YOUNG PEOPLE

ALCOHOL AND OTHER DRUG USE IN YOUNG PEOPLE – FOR FAMILY AND FRIENDS

THIS RESOURCE AIMS TO

- **answer common questions about alcohol and other drugs (AOD);**
- **provide practical information about what you can do if you are worried about your young person using AOD; and**
- **provide tips on how to support a young person who is experiencing problems related to AOD.**

For the purpose of this resource, 'adolescents' refers to young people aged 12–17 years and 'young adults' refers to those aged 18–25 years.

Adolescence and young adulthood is an exciting time of change in all aspects of life: the body, thoughts, feelings and relationships with others. Some changes to the brain that occur during adolescence lead young people to do things that feel good or exciting. At the same time, there are areas of the brain that are still developing. These areas play a role planning ahead, managing emotions and resisting peer pressure.(1) This means that young people are more likely than children or older adults, to try new experiences and take risks, especially when they have strong feelings or when they are with their friends.(2, 3)

Taking risks is a normal part of growing up. It can be part of a young person forming their own identity, practicing making decisions, developing new skills, learning the consequences of their actions, and becoming more independent.(4) However, risk-taking can sometimes lead young people to situations that are unsafe as well.

Drugs, including alcohol, are substances that can quickly change how someone thinks, feels or behaves. Drugs can be legal, for example, alcohol or tobacco, or illegal, for example, cannabis or cocaine. Illicit drug use means:

- using illegal drugs;
- using pharmaceuticals for non-medical purposes, such as, using prescription drugs without a prescription, or using them in an amount or for a reason for which they aren't intended to be used; and
- using certain substances inappropriately, such as sniffing petrol.(5)

Drugs are grouped by the types of effect they have on the brain. To learn more about drug categories, their effects and examples, go to: adf.org.au/drug-facts/#wheel.

WHY DO PEOPLE USE ALCOHOL AND OTHER DRUGS?

People use alcohol and other drugs for many different reasons. The most common reasons people first decide to try AOD are curiosity, because their friends or family offered it or were using it, or to do something exciting.(5) Other reasons why people use AOD include:

- to relax;
- for enjoyment or pleasure;
- to be part of a group;
- to avoid physical and/or psychological pain;
- to rebel;
- to cope with problems;
- to feel more confident;
- to manage aspects of living, such as to stay awake at work or for study;
- to relieve stress; and
- to relieve boredom.(6, 7)

The reasons for trying AOD may be different to the reasons someone continues to use.(8)

There are several factors that make it more or less likely that a young person will try or use AOD, or develop problematic AOD use. These are known as risk and protective factors.(9) For example, growing up within a family whose members are heavy drinkers may be a risk factor, while being close to family might be a protective factor.(10) Genetics, and factors related to family, community, school, friends and life experiences all have a role to play.(9, 11-13) Usually, it is multiple factors, and rarely a single factor that leads to problematic AOD use. Understanding and addressing the reasons why someone uses AOD can have an impact on making changes to AOD use.(14)

HOW MANY YOUNG PEOPLE USE ALCOHOL AND OTHER DRUGS?

It's not unusual for young people to experiment with alcohol and other drugs. Alcohol, cannabis and tobacco are the most commonly used substances among young people in Australia.(5)

- One in eight adolescents and almost half of young adults have tried an illicit drug at some stage.(15)
- In the past year, about one third of adolescents have consumed alcohol, compared to 81 per cent of young adults.(16)

Whether or not your young person has tried AOD, chances are they will have the opportunity to do so at some point.

ALCOHOL AND OTHER DRUG USE AND MENTAL HEALTH

A person is most likely to experience mental ill-health during adolescence and early adulthood.(17) It is also the time when many people try AOD for the first time.(18, 19) It is common for young people who experience mental ill-health to also use AOD, and vice versa.(20-22) It can sometimes be difficult to tell the difference between changes in your young person because of mental ill-health or AOD use, or due to other factors like stress.

There are different ways in which AOD use and mental ill-health can be linked. AOD use can be a consequence of mental ill-health, for example a person may use AOD to 'self-medicate' or cope with the symptoms of mental-ill health.(23) Conversely, some mental health disorders may result in someone being more likely to experiment with AOD.(24)

On the other hand, AOD use can also lead to, or worsen, mental-ill health, with the effects of AOD intoxication, withdrawal, or long-term use triggering changes in thoughts, feelings, actions and ultimately mental illness.(25) This does not necessarily mean that AOD use causes mental ill-health or vice versa, but each one can increase the likelihood of the other occurring, or one could make the symptoms of the other worse.

AOD use and mental ill-health may also co-occur because there may be common factors that increase the likelihood that they will occur.(26) For example, genetics and trauma play a role in the development of both AOD and mental health conditions.(27) It is important to recognise that substance use disorders are also a type of mental health disorder in their own right.

AOD use may make the symptoms of mental ill-health, like depression anxiety and psychosis, worse by making it harder to manage work, relationships, health and safety.(5) Mental ill-health can also make recovery from substance use disorders more complicated.(28-30) If a young person is taking medication as part of treatment for a mental illness and is using AOD, they may impact upon each other – by making the effects of the medication and/or the substance stronger or weaker or have unexpected negative effects on the body.(31) Some substance use disorders involve medication as part of their treatment. Therefore, it's important to talk about any AOD use with a health professional who is prescribing medication.

Considering that AOD usage and mental-ill health can be intertwined, if your young person is using AOD and is experiencing mental-ill health, it's best to find a service that can work with both, or two services that can work closely together.(32) If this isn't happening it's worth you or your young person having a chat with someone involved in their care to find a way that services can work together.

NEGATIVE CONSEQUENCES OF ALCOHOL AND OTHER DRUGS

Simply telling people that something is bad for them isn't an effective way to stop them from doing it.(33) Try to avoid telling your young person about the negative aspects of AOD use without having a two-way conversation with them. The conversation may be more helpful if it is focused on the 'why' of using AOD rather than educating on the negatives of AOD. However, when they are ready, this information could be part of talking with your young person about ways they can minimise their risk of harm if they do use AOD.

There is no 100 per cent safe or 'risk-free' level of AOD use. Use of any substance always carries some risk. When it comes to alcohol, Australian guidelines recommend that to reduce the risk of injury and other harms to health, people under 18 years of age should not drink alcohol. For those aged 18 and over, it is recommended to consume no more than ten standard drinks per week, and no more than four in one day.(34)

AOD use poses both short-term and long-term risk of harm to young people. Some potential harms are related to drinking or using too much on one occasion, while others are related to regular use. About one-third of 15-25-year-old Australians drink at 'risky' levels – more than four standard drinks on one occasion on a monthly basis.(35)

Short-term or immediate risks of AOD use in young people include:

- a heightened risk of experiencing an accident, injury, or death. For example, from alcohol poisoning, road traffic accidents, suicide and self-harm, falls, and drowning;(36-38)
- an increased likelihood of risky sexual behaviour, such as unsafe sex (resulting in sexually transmitted infections or unintentional pregnancy).(36) Also, an increased risk of non-consensual sex, either as a victim or perpetrator;(39, 40) and
- an increased risk of experiencing violence such as being a victim of assault or getting into fights.(36)

Longer-term risks of AOD use in young people include:

- potential negative effects on the brain's structure and function. Adolescence is an important time for brain development, and it continues to develop into a young person's mid-twenties. This means that young people's brains are particularly vulnerable to the effects of AOD;(41, 42)
- physical health problems including liver and cardiovascular disease, cancers, and obesity;(36) and
- higher levels of use later in life and increased risk of AOD-related problems later in life, including developing a substance use disorder (SUD).(43, 44) Approximately half of the people who develop a SUD do so before the age of 20.(17)

For more information about specific drugs and their short and long-term effects, go to: **adf.org.au/drug-facts/#list**.

> "Simply telling people that something is bad for them isn't an effective way to stop them from doing it."

SIGNS THAT ALCOHOL AND OTHER DRUG USE IS PROBLEMATIC

The majority of people who use AOD will not experience problems relating to their use, but some people do.

Broadly, AOD use is considered to be a problem when a person has developed a SUD, for example alcohol use disorder, opioid use disorder etc. A SUD is a mental illness diagnosed by a health professional. A person's AOD use needs to meet certain criteria for them to be diagnosed with a SUD. A SUD can be mild, moderate or severe. A person may have a SUD when:

- their AOD use has frequent harmful effects on health and wellbeing. For example, using in situations that are physically risky, or continuing to use despite experiencing physical or mental health problems that are caused by the substance or made worse by it;
- they have less control over their AOD use than they would like. For example, using more of the substance/s or using over a longer time period than originally planned, not being able to cut down despite wanting or trying to, spending a lot of time getting the substance, using it and recovering from its effects;
- they experience cravings. This can happen at any time but particularly in situations where the substance was previously obtained or used. For example, at parties;
- AOD interferes with important activities like school, work, hobbies and/or relationships with family and friends; and
- they need to increase how much of the substance is used to get the same effects, or there is a reduced effect when the usual amount is used, known as 'tolerance'. The person may also develop withdrawal symptoms, which means experiencing unpleasant physical or mental symptoms after using less of a substance or not having it.(45)

The signs of problematic AOD use in your young person could be social, psychological or physical. You might see:

- changes in eating habits or weight;
- changes in sleeping patterns;
- sudden or frequent changes in mood or behaviour;
- fluctuating energy levels, for example, hyperactivity and feeling agitated/fatigued and sullen;
- changes in performance or attendance at school, work or other activities;
- loss of interest in hobbies;
- money problems or a need for money; and
- changes in friendships, whether it be new friends or seeing friends less often.

Each of these signs could also be explained by something else such as stress, mental health problems or just normal changes as part of adolescence. If you are noticing changes in your young person, open and supportive communication is the most important way to find out what is happening for them.

> "There is no 100 per cent safe or 'risk-free' level of AOD use. Use of any substance always carries some risk."

HOW YOU CAN SUPPORT YOUR YOUNG PERSON

PRACTICAL TIPS

There is no guaranteed way to prevent your young person from experimenting with AOD. People from any background or families use AOD or can experience problems relating to their use. However, family and friends can play an influential role when it comes to AOD use in their young person. There are a number of things you can do that can help prevent harmful use and also to support a young person who is engaging in problematic use.(46)

ROLE MODEL RESPONSIBLE BEHAVIOUR WITH ALCOHOL AND OTHER DRUGS

Your opinions and behaviours towards alcohol and other drugs have an influence on your young person.(46) Demonstrate a healthy approach to AOD by doing things like:

- drinking in moderation if you drink alcohol – following the Australian guidelines found here: nhmrc.gov.au/health-advice/alcohol
- showing that you can still socialise and have fun without always involving AOD;
- modelling ways to relax or cope with stress that don't include AOD, for example, meditation, exercise, talking to a friend, getting enough sleep and eating well. This includes being mindful of commonly used phrases that unintentionally role model that AOD is needed to cope in certain situations, such as "I need a drink";
- demonstrating ways in real life of saying no to AOD when you don't want to have any or have had enough;
- never driving or operating machinery while under the influence of AOD, for example drinking and driving; and
- using medications as directed.(47, 48)

MANAGE ACCESS TO ALCOHOL AND OTHER DRUGS

Avoid giving any alcohol to young people under the age of 18. Young people whose parents give them alcohol – whole drinks or a sip/taste – are more likely to start drinking at an earlier age drink at risky levels later in life, and experience alcohol-related harms. Examples of these harms are getting sick from drinking, being in a fight, damaging property, getting in trouble with friends, parents, teachers or the police.(46, 49) Providing alcohol can been seen by children and adolescents as 'approval' and contributes to family examples of drinking.(50, 51) Similarly, make sure that prescription medications are stored securely, used only as directed and only by the person that they are prescribed for.

STAY CONNECTED

Having a good relationship with your young person is protective against drinking. (46, 52) Building a good relationship involves doing activities together, whether it be hobbies, chores, watching TV or eating dinner together regularly. Encourage your young person to communicate with you about where they are, what they are doing and who they're with.(46) This is not the same as strict control or harsh discipline, which does not protect against AOD use.(53)

SUPPORT OPPORTUNITIES FOR BELONGING

Having a sense of belonging or 'being part' of a school or community is protective against AOD use.(11, 12) This means the young person having the opportunity to get involved in activities they enjoy at school or within the community, like sports or organised groups.

More information about different influences on young people's AOD use can be found at: adf.org.au/talking-about-drugs/parenting/influencers/

STARTING A CONVERSATION ABOUT ALCOHOL AND OTHER DRUGS

Some things are tricky to talk about, including AOD. It can be helpful to approach these conversations as a two-way street, where you listen, hear and validate your young person's experience. Creating an environment where your young person feels safe approaching you is a protective factor against AOD use.(46) If you haven't talked about AOD with your young person before, it's not too late to start.

Before you raise the issue of AOD with your young person, it can be helpful to get some support and advice specific to your circumstances to help you feel calm and prepared to talk about your concerns. See the resources for family and friends section.

GET THE FACTS

It can be helpful to have the right information about alcohol and other drugs. There is a lot of misinformation and opinions about AOD, but if you can focus on the facts, the conversation will be more successful. You can find some reliable sources in the helpful resources section.

RAISING YOUR CONCERNS

Organise a time to talk in a private place where you both feel comfortable. Sitting directly across from your young person may feel confronting or too formal for some people. Sometimes it's easier to talk while doing something side-by-side, like sitting on the couch, walking the dog or driving in the car together. Ensure you have enough time. It's also best to have conversations when your young person is not affected by AOD (or experiencing comedown/withdrawal) or if they are tired or stressed.

Begin with general and open-ended questions about how things are going - questions that have an answer longer than 'yes' or 'no'. An example could be "I've noticed you don't seem like yourself lately and I'm worried. What's going on for you right now?"

If you do ask directly about using AOD, try not to make assumptions or accusations. Give specific examples about things you are concerned about without blaming, such as "I've noticed you're missing school/work more often and I'm concerned about you, is there anything you want to talk about, or something I could do to support you?" It's also OK to be honest and say "I'm worried that you might be drinking too much, but I could be wrong".

Be prepared that your young person may not have all the answers or be able to explain. They may not want to talk to you about it at all. This can be due to lots of different things, they might not know why they use or find it hard to put things into words. They could also be afraid of your response or of getting others into trouble.

WHEN YOUR YOUNG PERSON ISN'T WORRIED ABOUT THEIR AOD USE OR DOESN'T WANT TO SEEK HELP

It is common for young people to not be concerned about their AOD use, or to not want to stop or cut back.(54) This can be difficult for those around them. Young people and their family and friends are often not on the same page about whether or not AOD use is something to be concerned about. There is also a lot of stigma connected with substance use disorders.

People can be at different stages of readiness for any type of behaviour change.(55) If they aren't ready, trying to push your young person to seek help or convince them to change may not be a good idea. It could make them feel pressured and pull away, or be more secretive. It could also make them resist reducing or stopping their AOD use. However, it's also important to think about the individual circumstances of your young person if you have noticed problematic AOD use; for example, if they are a younger adolescent, their pattern of use is more severe or there are safety concerns related to AOD use, for example risk of overdose, driving under the influence, self-harm or suicide etc. It's OK to voice your concerns. If you're unsure of what to do, reach out to a service in the **resources for family and friends section**, your GP, or a mental health clinician if your young person is linked in with one.

Try to talk with your young person about how they would like things to be different and what they want for the future, and reflect on AOD use in this context. Having someone think about their own reasons for making changes and coming to the decision themselves is more likely to make them want to take the next step. Let your young person know you will be there when they are ready. The good news is that health professionals have different techniques for working with young people at different levels of readiness and with different goals for AOD use.

TRY TO STAY CALM AND LISTEN TO YOUR YOUNG PERSON

It's important to try and stay calm when talking about difficult things, including AOD. If the conversation gets heated or turns into a lecture, your young person may get defensive or shut down and refuse to talk. Try to come from a place of curiosity rather than judgement and understand why your young person has used AOD and what function it serves for them. For example, all their social events may centre around AOD use and they might worry that they won't fit in and will lose friends if they reduce or stop AOD use. Give them a chance to speak. This doesn't mean you have to agree with their actions. Having their story heard can mean your young person knows you care about them and makes them feel they can talk to you. If things get off track it might be a good idea to pause the conversation and come back to it another time. Even if things go well it can be a continuing conversation, not everything has to be said in one go.

NAVIGATING TALKING ABOUT YOUR OWN EXPERIENCES

Your young person may ask you about your own past experiences with AOD. Evidence suggests that parents sharing information about their own use of alcohol and/or marijuana might come across as approval of AOD, and has been linked with higher levels of use and with more negative consequences of use in their young people.(56, 57) On the other hand, being honest may build trust and closeness between you and your young person.(56) If you do choose to talk about it, keep it brief and factual. It's not necessarily about what you did or didn't do, but it can be a way to talk about why you made the choices that you did and what the consequences were.

LET THEM KNOW YOU'RE ALWAYS HERE TO HELP

It is OK to be clear that you don't agree with AOD use, while acknowledging that your young person may choose to do it anyway. This might mean talking about ways they can keep themselves safe – things like deciding how they will get home before they go out, only taking a set number of drinks to a party or telling someone what they are taking in case anything goes wrong. If they do choose to use AOD, tips on how to lower the risk of harm can be found here: **hrvic.org.au/**

Let your young person know that you love them and that they can call you anytime if they are in trouble and that you won't be angry – their safety is the most important thing. If this isn't an option then talk about who they could call if they needed help.

SET BOUNDARIES

Family and friends can worry that setting boundaries will make things worse, but there are ways to do so while maintaining your relationship with your young person. It's a good idea to get your own support to help you to do this. You might want to work on setting boundaries around things like using AOD in your home, who comes to the house, or ways to protect other young people living with you. You'll also need to consider the consequences of breaking the rules, and making sure that other important adults in the young person's life are on the same page. A good place to start is: **fds.org.au/setting-boundaries**.

ENCOURAGE HELP-SEEKING

Support your young person to reach out if they need to, even if they don't feel like they are able to talk to you.

Some more tips for talking to your young person about AOD use can be found at: **positivechoices.org.au/parents/starting-the-conversation-about-drug-use**

GETTING SUPPORT FOR ALCOHOL AND OTHER DRUG USE WHEN YOU'RE WORRIED

Learning that your young person has tried or uses AOD does not mean they have a substance use problem or need treatment. Many people can stop on their own, or with support from their family, friends or doctor. However, if you are worried that their AOD use is problematic, or your young person feels like their use is out of their control or they want to work on having a healthier relationship with AOD, it's a good idea to reach out early.

The first step is to contact your local headspace centre or **eheadspace.org.au**, General Practitioner (GP), or your state's alcohol and drug information service. See **adf.org.au/resources/help-support-state/** for specific help and support services, or call 1300 85 85 84 to find out what is available locally and receive free and confidential advice. If your young person is already engaged in mental health care, speak to their mental clinician about your concerns with your young person's consent, or discuss with your young person speaking to their mental health worker.

There are specialist AOD treatment services that work to help people with problems related to AOD use. The goal is to support the person to reduce or stop AOD use, or to work with them to reduce harm to themselves, their family and the community when they do use AOD.

There are many different options available to support people to change their AOD use, including some specifically for young people. See **adf.org.au/talking-about-drugs/seeking-help/** for more information. Many specialist AOD services do not need a doctor's referral.

Treating problematic AOD use is not as simple as just stopping. Completely stopping AOD use suddenly often isn't realistic or safe.

CONFIDENTIALITY

You or your young person may want to reach out for help but be worried about the potential consequences, like school finding out or the police being informed. It is against the law for health services to share information without the client's permission, unless they are worried about someone's immediate safety. This should be explained in the first meeting with a health service.

LOOKING AFTER YOURSELF

Supporting a young person who experiences problems with AOD can be challenging. When travelling on a plane, in the event of an emergency passengers are advised to put on their own oxygen mask first so that they can assist a fellow passenger. Looking after yourself is an important part of being able to support others. For more information and ideas about self-care go to: **headspace.org.au/friends-and-family/self-care-for-family-and-friends/**

There are services especially for family and friends of people who use AOD. See the **resources for family and friends section**.

Sometimes people can use threatening, abusive or violent behaviour when under the influence of AOD, or as a way to get others to help them access AOD. This could be physical violence, property damage, verbal abuse, controlling behaviour or financial abuse. Violence is never OK. Contact 1800 RESPECT or **1800respect.org.au** for confidential information and support. If someone is at immediate risk of harm to themselves or others, call 000.

RESOURCES FOR FAMILY AND FRIENDS:

- Counselling Online: a free, confidential, 24/7 online text-based counselling service for people across Australia concerned about their drinking or drug use, or the use of a family member or friend **counsellingonline.org.au**
- eheadspace: free online and telephone support and counselling to young people 12 - 25 and their families and friends **headspace.org.au/eheadspace/**
- Family and Friend Support Program: a free online program designed for people supporting a loved one who uses alcohol and/or other drugs **aod.ffsp.com.au**
- Family Drug Support: Australia-wide support for families and friends of people using drugs and alcohol, including a 24/7 telephone support line, support groups, education programs and counselling for families **fds.org.au/**

HELPFUL RESOURCES

- Alcohol and Drug Foundation: **adf.org.au**
- Australian Government: **health.gov.au/health-topics/drugs** and **www.health.gov.au/health-topics/alcohol**
- Your Room: **yourroom.health.nsw.gov.au/Pages/home.aspx**

CULTURALLY SPECIFIC SERVICES:

- Australian Indigenous Health Infonet: Alcohol and other drugs knowledge centre **aodknowledgecentre.ecu.edu.au**
- YourRoom: written resources in a number of languages other than English, select 'filter by > languages': **yourroom.health.nsw.gov.au/resources/publications/pages/publications.aspx**

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