



Drugs – a dangerous experiment

Drugs and alcohol are in the top 15 primary reasons that young people contact Kids Helpline

Drug and alcohol use often starts with a young person's natural curiosity, which leads to experimentation.

Unfortunately, for some, it develops into a serious habit that can impact on the long-term health and wellbeing of young people and those around them.

Alcohol and nicotine are the two substances most commonly used by young people in this country.

Research shows that one in five Australians aged 14 and over consume alcohol at least once a month. Of these, 35 per cent have used illicit drugs.¹

Between 2006 – 2010, Kids Helpline responded to nearly 5000 contacts where drugs or alcohol were the primary concern and drug use included a broad spectrum from nicotine, prescription or illegal drugs to petrol sniffing.

The impacts of drug and alcohol use can be significant and include risky sexual behaviour due to impaired judgement resulting in the risk of pregnancy, HIV or STDs;

assault or injury; relationship and family problems; poor school performance and psychological and behavioural problems such as self harm or talk of suicide. On average, one-in-four 15 – 24 year olds is hospitalised because of alcohol.²

Experts estimate the cost of alcohol misuse in Australia is between \$15 billion³ and \$36 billion⁴ annually and includes a broad spectrum of costs from lost productivity in the work place to medical and hospital costs, road crash injuries, assaults and deaths.

Kids Helpline plays a vital role in helping young people deal with drug and alcohol issues, providing a safe and confidential environment where counsellors can help them identify the consequences of drug and alcohol use and develop strategies for change.

For more information on how you can help a young person affected by drug and alcohol misuse turn to page 5.

About this edition

It will be a surprise to many that the most problematic substances are not illicit drugs but alcohol and nicotine. We delve into the issues of drug and alcohol use and their impact on young people.

In the wake of a string of natural disasters we also talk about vicarious trauma and its effects on young people.

We chat to a teacher who has trialled the Kids Helpline education packs about cyberbullying and the response the program received from Year 8 students.

Kids Helpline Case Studies – Drugs and alcohol



An 18 year-old girl phoned Kids Helpline to talk about the impacts of alcohol consumption on her life, relationships and school work.

Her voice was slurred when she discussed her problems coping with stress at school, and a diagnosis of Asperger's and mild Cerebral Palsy. She said drinking everyday helped her to cope as she didn't have close friends to provide support.

Initially she took alcohol to school, disguised in a water bottle, but eventually she would drink at home and when she wasn't stressed.

She wanted to make more friends but realised the more she drank, the more isolated she became. She acknowledged that she had begun to rely on alcohol and did not want it to control her life.

Kids Helpline counsellors helped her work towards a goal of reducing her alcohol intake. She learnt ways to tolerate her feelings and was eventually able to relax herself without as much alcohol. She increasingly did more of the things she enjoyed, which made her happier about her life.

She eventually sought face-to-face support, which she found easier due to the continued non-judgemental support of Kids Helpline.

A 23 year-old male called Kids Helpline, frustrated and angry because he believed services were not supporting him.

He was using speed and ecstasy regularly but described himself as a "chronic weed user".

He was angry because despite initially being accepted to programs, they refused him as he would not follow the organisation's rules.

The counsellor helped him to recognise that he used drugs to block out his feelings and forget bad experiences. While the drugs helped him in the moment they affected his behaviours and mood, resulting in negative reactions from people.

The young person was motivated to change because of the impacts on his physical and mental health, experiencing depression, anxiety and paranoia.

He began to come up with his own plans and strategies to manage his anger and was finally accepted into a program.

Once he finished the program, he followed up with his Kids Helpline counsellor and reflected on his changes. He was aware he would need to continue to work hard but was more hopeful for the future.



Breaking down barriers for Aboriginal youth

A Kids Helpline research document highlights significant barriers preventing Aboriginal young people from seeking help despite them being identified as a high-risk group.



Kids Helpline General Manager Wendy Protheroe said the report findings were a poignant reminder that schools, organisations and governments need to be doing more to encourage young Indigenous people to seek help.

"One of the biggest findings from the report is the lack of trust for service providers," Ms Protheroe said.

"The young Aboriginal people who took part in the research project expressed doubts about cultural competence and generally didn't believe the myriad of services out there would be able to help them.

"We know these young people are a high-risk group and it is disturbing that those who most need it don't recognise the value in seeking support."

The report identified a number of barriers preventing young Indigenous people from contacting government and community services.

Some expressed confidentiality concerns and were worried their issues and conversations would not remain private. Many others feared talking to a service would result in shame for themselves or their family and/or being judged, ridiculed or punished.

One of the biggest barriers for those living in rural and remote areas was a lack of access due to limited internet connections and high mobile phone charges to a 1800 number.

"This really is a stark reminder that all mobile phone calls to Kids Helpline should be free and the 1800 number should

not show up in any phone records to ensure total access and absolute discretion for all young people," Ms Protheroe said.

She noted that service providers also needed to recognise the importance of yarning – a form of conversation popular among Aboriginal people and often used to test the waters.

"Yarning represents an important part of help-seeking behaviour. It allows Aboriginal young people to get a feel for the service and build trust in it," she said.

"Kids Helpline data shows that young Aboriginal people appear more likely to engage in the process of yarning before seeking explicit help."

Ms Protheroe said it was abundantly clear governments, schools and community services could do much more to ensure young Aboriginal people were able to seek help and feel comfortable doing so.

"We need to ensure there are more Aboriginal counsellors in schools and services and that all counsellors have a better cultural awareness and understanding," she said.

"Service providers also need to raise awareness among young Aboriginal people about the type of issues they can respond to and instigate initiatives to instil trust and advocate cultural awareness.

"There is value in using cultural and sporting role models as advocates.

"There is value in building rapport. "These things take time."

FROM THE COUNSELLOR'S DESK

Out and about with
a BoysTown AOD
counsellor



If you had three wishes, what would you change about your life?

There is no genie in this scenario – just Suzie, a BoysTown Alcohol and Other Drug Counsellor (AOD), and a young person tangled in the judicial system as a result of continued drug use.

The drugs have impacted on the young person's life and things are spiralling out of control – relationships at home and school are breaking down, school attendance has dropped off and the police seem to be constant visitors to the home.

Three wishes makes the young person think about the changes they would like to see. Identifying those changes brings them a step closer to making it happen.

"Seeking support for AOD issues can be daunting, particularly for those young people who have been referred to me, but may not believe they have a problem with drugs or alcohol," Suzie said.

"It shows strength of character just to be sitting here and talking with me.

"Making that decision is one hurdle down and it is that little bit easier to address the others."

"Suzie helps them to identify their strengths then encourages them to use those strengths to overcome challenges and make life changes.

She guides the young person so they are able to see the impacts of drug use on their lives.

"I challenge denial and the 'don't care' attitude to help them see the consequences, then I guide them towards exploring how they can make positive

changes and the impacts those changes could have on their lives," Suzie said.

Offering an outreach service is a big plus for Suzie. It makes her more accessible to the people who need to see her.

"I don't just sit in an office, which can be an intimidating environment for young people, I go to them," she said.

"I might meet them in a park or a café; sometimes I visit them with their families or at government services such as Juvenile Justice.

"Then I use motivational interviewing to help them identify the changes they want to make and what they would be prepared to do to make those changes happen.

"Together, we set goals to put those changes in place."

Sometimes the challenges are huge. This can be the case when the young person resides with parents, a partner or flat mates who use and abstinence is not supported.

But the BoysTown outreach service is a form of support they can readily access.

All the young people Suzie engaged with are provided with the BoysTown counselling line 1800 009 068 and the Kids Helpline number 1800 55 1800. Some have used these numbers on weekends when they can't get access to other outreach services.

Drugs – concocting a recipe for disaster

Some substances are used so commonly
within our society that it is easy to forget
they are a drug and can be addictive.

Drugs include any natural or synthetic substance used to treat illness or to enhance or alter the physical or psychological state. They include:⁵

- everyday substances such as coffee or prescription medication
- legal recreational drugs such as cigarettes and alcohol
- illegal drugs like marijuana or ecstasy

Social drinking, smoking and medical treatments are part and parcel of life for many Australians and most young people grow up aware of these substances. Many experiment with them and, unfortunately, some develop dependencies. The most common substances used by young Australians include nicotine, alcohol, marijuana, ecstasy, non-medical use of prescription drugs and crystal meth/amphetamines (including ice).

Young people contact Kids Helpline about a range of concerns relating to alcohol and other drugs. Some feel they need to use drugs to cope with difficult things that have happened in their lives. Some are concerned about their own or another's drug use and are looking for help to cut back, give up or offer support, while others are considering trying drugs or have just started using them.

Impacts of drug and alcohol use

The effects of drugs vary from person to person and can be influenced by factors such as the type of drug, the quantities used, an individual's size, weight and health and whether a combination of drugs is used⁶. Impacts include⁷:

- Breakdown in relationships with friends and family
- Skipping classes, drop in grades, unable to manage study load
- Reduced ability to work and retain employment
- Increased violence
- Organ damage – liver, brains, lungs, throat, stomach
- Risk of infectious disease – HIV, hepatitis B or C through shared needles
- Sexually transmitted infections or unwanted pregnancy
- Increased stress, anxiety and paranoia
- Mental health problems such as psychosis or depression



- Financial pressures, which can lead to crime or gambling
- Homelessness

Kids Helpline counsellors work with young people dealing with drug and alcohol concerns every day. They believe it is important for young people to be able to talk about their concerns without feeling they are being judged.

Most young people will be exposed to issues relating to alcohol and drug use at some stage and need to make decisions about these matters.

What you can do:

You can help by providing young people with accurate information about drugs and alcohol and the harmful impacts these substances can have on health and wellbeing in a safe and supportive environment.

Avoid the temptation to exaggerate the dangers of drugs and alcohol but use examples, such as an elite athlete caught using performance-enhancing drugs, to educate students about why the athlete might have been tempted to use them and the potential consequences.

Help young people build resilience by giving them resources to deal with stress, cope with difficult times and withstand peer pressure. Help them build self-esteem so they are less likely to use drugs or alcohol to feel better about themselves.⁸

Kids Helpline counsellors can be contacted 24/7 on **1800 55 1800** for advice and support. They can also use the web or email counselling service by visiting www.kidshelp.com.au/teens and clicking on the **get help** icon.



We care.
We listen.

Support

Risking everything

Hormones in turmoil, changes to the body, new friends, changing perceptions and emotional roller-coasters – welcome to the teenage years

It is one of the most confusing and complicated stages of life with significant physical, mental and emotional development amid changing family and social relationships.⁹

New hair styles, loud music and different clothes are all part of the process of experimenting to find independence and self-identity.

It is a time when young people are vulnerable to the influences of peer pressure and popular culture and may be inclined to experiment, push boundaries and take risks.¹⁰

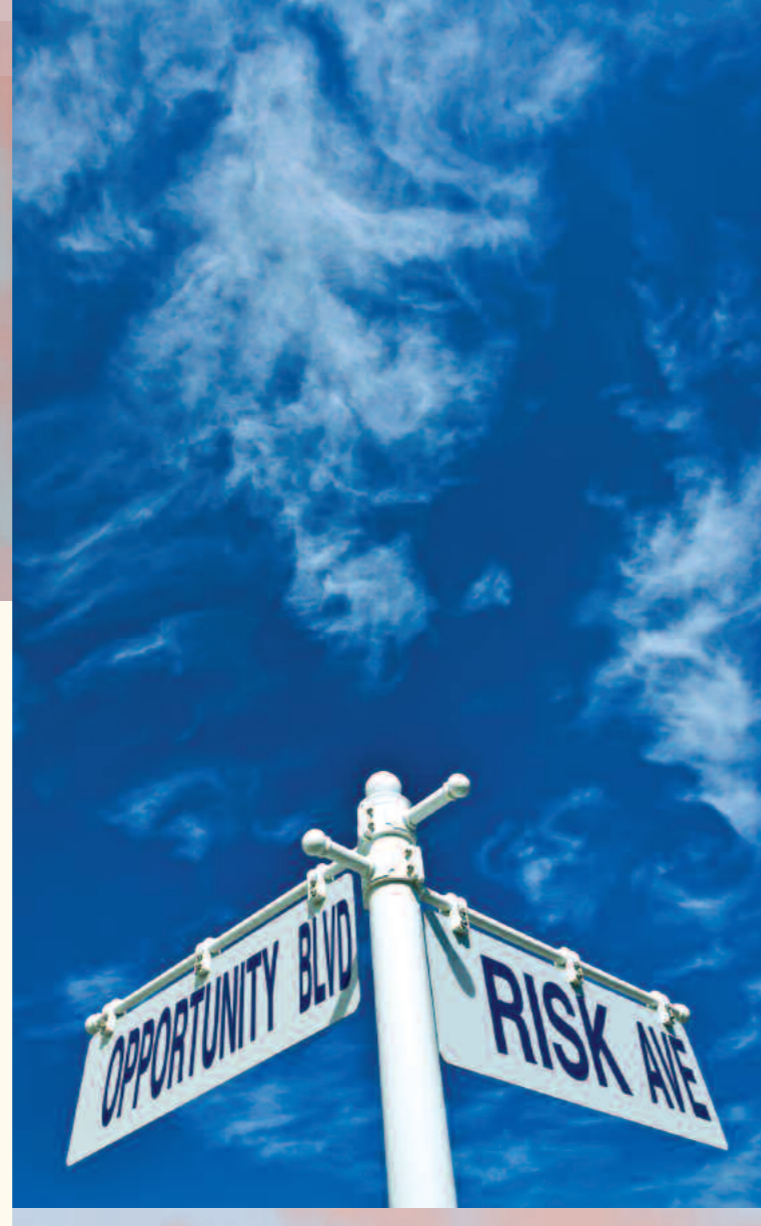
Sometimes they under-estimate how serious their actions are and those risks can impact on their own health and wellbeing or have consequences for others.

Risky behaviour can include drug and alcohol use; inappropriate and unsafe sexual activity; shoplifting, truancy and vandalism; unlicensed or dangerous driving; violence and aggression; or self- injury.

Signs of serious risk-taking among young people

Research has identified young people experimenting with risky activities might exhibit some of the following behaviours:

- Lying or being secretive about where they have been, what they have been doing and who they have been with
- Rudeness, disobedience or resentment at school and/or home
- Regularly needing money without explaining why
- Sudden drop in school grades or marks
- Sudden change in peer group with no interest in old friends
- Significant and/or sudden weight loss
- Cuts and/or bruises
- Excessive tattoos and piercings
- Significant changes to personal style and clothing



What parents and teachers can do

- Be clear and consistent about what you will and will not permit
- Accept explanations. Show that disagreements do not break relationships and you can respect different opinions and reflect on your mistakes, failures and success
- Remind young people you are there to help even if they ignore you or get angry
- Change your parenting style – what works for children might not be effective with teenagers
- If the young person is unwilling to talk with you, encourage them to talk with a trusted adult or a service such as Kids Helpline.

Parents can access support through Parentline, www.parentline.com.au or Raising Children, www.raisingchildren.net.au.

Kids Helpline provides counselling to young people presenting a range of risky behaviour issues. Counsellors work with young people to help them identify the risks and the potential impacts then work through strategies to help them take safer actions.

Dealing with second-hand shock



What a year. One disaster has followed another.

If we weren't shocked enough by the devastating floods that swept through eastern Australia, we were left reeling when they were followed by bushfires, a cyclone, devastating earthquakes, a tsunami, tornadoes and volcanoes around the globe.

Added to that have been the threat of nuclear fallout from damaged reactors in Japan; the death of Osama bin Laden and potential terrorist retaliation; and predictions the world was ending.

It's a lot to take in and there is a growing realisation that witnessing these events personally or through the media causes stress and can lead to vicarious trauma.

Sometimes referred to as second-hand shock, vicarious trauma is the result of cumulative exposure to traumatic material¹¹ and can result in increased fear for the safety of one's self or loved ones.¹²

It is traditionally an issue associated with professionals such as psychologists, care givers, soldiers and emergency service workers regularly confronted with traumatic scenes and stories.

The changing face of the media and its increased accessibility has brought events into the homes and lives of people often far removed from the scenes.

Opening up emotionally to the experiences of victims of extreme trauma can sometimes cause people to have psychological reactions similar to the actual victims.¹³

Vicarious trauma is increasingly recognised for its emotional and psychological impact on children and its effect on behavioural and learning issues.^{14,15,16}

Many of the symptoms include increased crying, difficulty managing emotions, withdrawal and physical problems such as aches, pains and illnesses.

Kids Helpline General Manager Wendy Protheroe said getting young people involved in supporting disaster-affected people was important.

"Many young Australians have experienced disaster first-hand this year and some are experiencing vicarious trauma as a result of saturation media coverage," Ms Protheroe said.

"Getting involved in supporting others gives them a positive outlook and a focus on achieving results.

What you can do

Children and young people are likely to be affected by disaster at some level. However, there are ways you can help minimise the impact of vicarious trauma.

- Provide unconditional support, nurture and encouragement
- Allow them to talk about their thoughts, feelings and experiences
- Ask how they feel when they see traumatic events on TV
- Consider how much exposure to news and current affairs is appropriate to their age and development
- Help young people practice calming strategies
- Encourage independent thought and action
- Build an emotional vocabulary and label feelings
- Help young people overcome feelings of failure
- Encourage community participation

Some signs of vicarious trauma include increased crying, withdrawal and unusual play behaviour.

Seek help if you are concerned a young person is affected by vicarious trauma.

For more information visit kidshelp.com.au.



Kids Helpline

- making cyberspace a better place



Kids Helpline's mandate to give a voice to children and young people remains stronger than ever 20 years on

Students at Oakhill College in Sydney learnt some ground-breaking lessons about cyberbullying when they trialed the Kids Helpline Optus education pack earlier this year.

Oakhill College teacher Daniel Valencic said the pack was introduced to the school's Year 8 leaders, who were impressed by the character and the message being conveyed.

Mr Valencic said many of the students were unaware that it was inappropriate to pass on information they recorded on their phones and cameras just because they thought it was funny.

He said the students very quickly identified with the character in the video, who was essentially a nice guy making a mistake, and made them think about their actions from a different perspective.

"They were under the impression bullying was an intentional act," he said.



The video made them realise you don't have to be malicious to be involved in an act of bullying.

"The boys pointed out there is a very fine line between what is *The Funniest Home Video Show* and what is making someone's life miserable," Mr Valencic said.

Oakhill College Student Counsellor Cay Camden recommended the package as a useful tool for schools.

"Presenting this package to our students has opened up

conversations about cyber bullying and sexting that students have not felt comfortable sharing with their family or peers," Ms Camden said.

"Giving students the facts has meant transparency about bullying issues are out in the open."

The *Make Cyberspace a Better Place* initiative is a partnership between Kids Helpline and Optus, featuring a number of lesson plans for Years 3 to 12.

Kids Helpline General Manager Wendy Protheroe said growing community concern about the online safety of children and young people had sparked the campaign.

"Australian students live in a digital world and while this world is an amazing source of entertainment, information and connection, they need to learn how to avoid the dangers of its misuse," she said.

"Along with our partner Optus, we developed lesson plans to help teachers educate students on how to make better, safer choices online and how to identify the signs of cyberbullying and to speak up if they experience it or witness it."

The education packs have been delivered to all Australian primary and secondary schools and contain two lesson plans targeted at each of the three age groups – years 3-6, 7-9 and 10-12.

The education packs can be accessed online at kidshelp.com.au/grownups/getting-help/cyberspace.

1. Australian Institute of Health and Welfare (2008). 2007 National drug strategy household survey: detailed findings. Drug statistics series No 22. Cat. No. PHE 107. Canberra: AIHW.
2. Alcohol Policy Coalition (2010, March 14). New national alliance formed to reduce harm from alcohol (press release). Retrieved from <http://alcoholpolicycoalition.org.au/http://alcoholpolicycoalition.org.au/wp-content/uploads/2010/03/NAAA-Media-Release-final-14-3-10.pdf>.
3. Collins, DJ and Lapsley HM (2008). The Costs of Tobacco, Alcohol and Illicit Drug Abuse to Australian Society in 2004/05. Retrieved from: [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf).
4. Laslett, A-M et al (2010). The Range and Magnitude of Alcohol's Harm to Others. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.
5. Kids Helpline, Alcohol and Other Drugs. Accessed July 4 2011. <http://www.kidshelp.com.au/teens/get-info/hot-topics/alcohol-and-other-drugs.php>.
6. Australian Drug Foundation, Drug Info. Drugs: The Facts. <http://www.druginfo.adf.org.au/drug-facts/drugs-the-facts#effects>.
7. Australian Government. Department of Health and Ageing. National Drugs Campaign. How drug use can impact your life. Accessed July 4, 2011. [http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/\\$file/How%20drug%20use%20can%20impact%20your%20life.pdf](http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/campaign/$file/How%20drug%20use%20can%20impact%20your%20life.pdf).
8. Kids Helpline, Alcohol and Other Drugs. Accessed July 4, 2011. www.kidshelp.com.au/grownups/news-research/hot-topics/alcohol-and-other-drugs.php.
9. Robinson, E (2006). Young people and their parents: Supporting families through changes that occur in adolescence. Australian Family Relationships Clearing-house. Retrieved (June 15, 2011) from: <http://www.aifs.gov.au>.
10. ABS 4102.0 Australian Social Trends (2008). Risk Taking by Young People. Retrieved (July 5, 2011) from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter5002008>.
11. Hudek, C. Dealing With Vicarious Traumatization in the Context of Global Fear. Retrieved (July 5) from http://www.focusing.org/folio/Vol20No12007/12_DealingWith_R.pdf.
12. What-When-How In Depth Information. Vicarious Traumatization. Retrieved (July 5, 2011) from: <http://what-when-how.com/interpersonal-violence/vicarious-traumatization/>.
13. Bryant, J and Zillmann, D (2003). *Annals of Clinical Psychiatry*, Vol 15, No 1, March 2003.
14. Lang PJ (1979) A bio-informational theory of emotional imagery. *Psychophysiology*, 16 495-512.
15. Steele W & Raider M (2001). *Structured Sensory Interventions for Children, Adolescents and Parents (SITCAP)*. New York, Edwin Mellen Press.
16. Rothchild B (2001). *The Body Remembers: The Psychophysiology of Trauma and Trauma Treatment*. New York, WW Norton



BoysTown