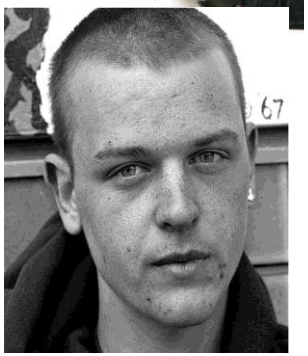
Cannabis and Vulnerable Young People

John Howard
NCPIC

ncpic
national cannabis
and
n centre



Overview:

ncpic
national cannabis prevention and information centre

- Young people with multiple and complex needs exhibit high levels of cannabis use-related morbidity
- Vulnerability Focus here:
  - Young offenders
  - Same Sex Attracted (SSA)
  - Culturally and Linguistically Diverse (CALD)
- What we think we know works
- Where to?

Reminder
Context of youth drug use

ncpic
national cannabis prevention and information centre

- A complex issue
- Most who begin use do not continue or develop significant problems
- Most use is functional
- Reasons for use of one substance may not be the same as for the use of another
- Reasons for initiation of use may not be the same as for continued use
- Use of one substance does not necessarily mean use of others
- All users are not the same - some more vulnerable than others, even among vulnerable groups/sub-populations

Meet Samir

ncpic
national cannabis prevention and information centre

- Samir - 15 year old from Western Sydney – Lebanese parents, Muslim
- Dependent of cannabis - drug of choice (started at age 12), and methamphetamine (started age 13)
- Crime - armed robbery, possess weapons, drugs
- Lived with mother and older brother, and, at times, in refuges and with mates
- Father history of substance use and mental health problems (? psychosis), but *'makes the best kebabs in Western Sydney'*
- Initial assessment - evidence of depression, anxiety, sleep difficulties, and, in past, auditory and visual hallucinations, but no prior mental health assessment or intervention

Samir cont.

ncpic
national cannabis prevention and information centre

- Soon after admission – found reading Machiavelli's 'The Prince', absorbed in tales of power and intrigue.
- Experiencing paranoia, erratic moods, vivid violent dreams, felt he could predict the future - if thought about someone could influence them for good/bad
- Settled into program well, but
  - Music in head he 'cannot turn down'
  - Photographs in head of his 'memories'
  - Visits from sister at night (did not happen)
  - Panic attacks and paranoia
  - Increased heart beat
  - Fear of waking in the morning as someone else
  - Trouble concentrating
  - Disclosed sexual assault, and some questioning of his sexuality

What to do?

ncpic
national cannabis prevention and information centre

- OK – a ‘complex’ scenario
- What do we know that could work well with this young person and his family and community?
- Family - mother poor English, house-bound, father probably psychotic, brother high level involvement in crime and drugs (incarcerated) - what evidence-based ‘family approach’ suitable?
- Role of religion - role for Imam?
- Issues with services from ‘within’ Arabic/Muslim community?
- Multiple agencies now involved

Layers of Vulnerability Determinants

ncpic
national cannabis prevention and information centre

- Individual
  - genetic
  - neurobiological (eg cortisol and cannabis)
  - stress diathesis
- Social - more local
  - familial
  - neigbourhood
  - acculturation stress
- Structural
  - broader environmental = economic, political, cultural
- Vulnerable young people in risky settings
- Young people in risky settings
- Stress diathesis/vulnerability models

ncpic
national cannabis prevention and information centre

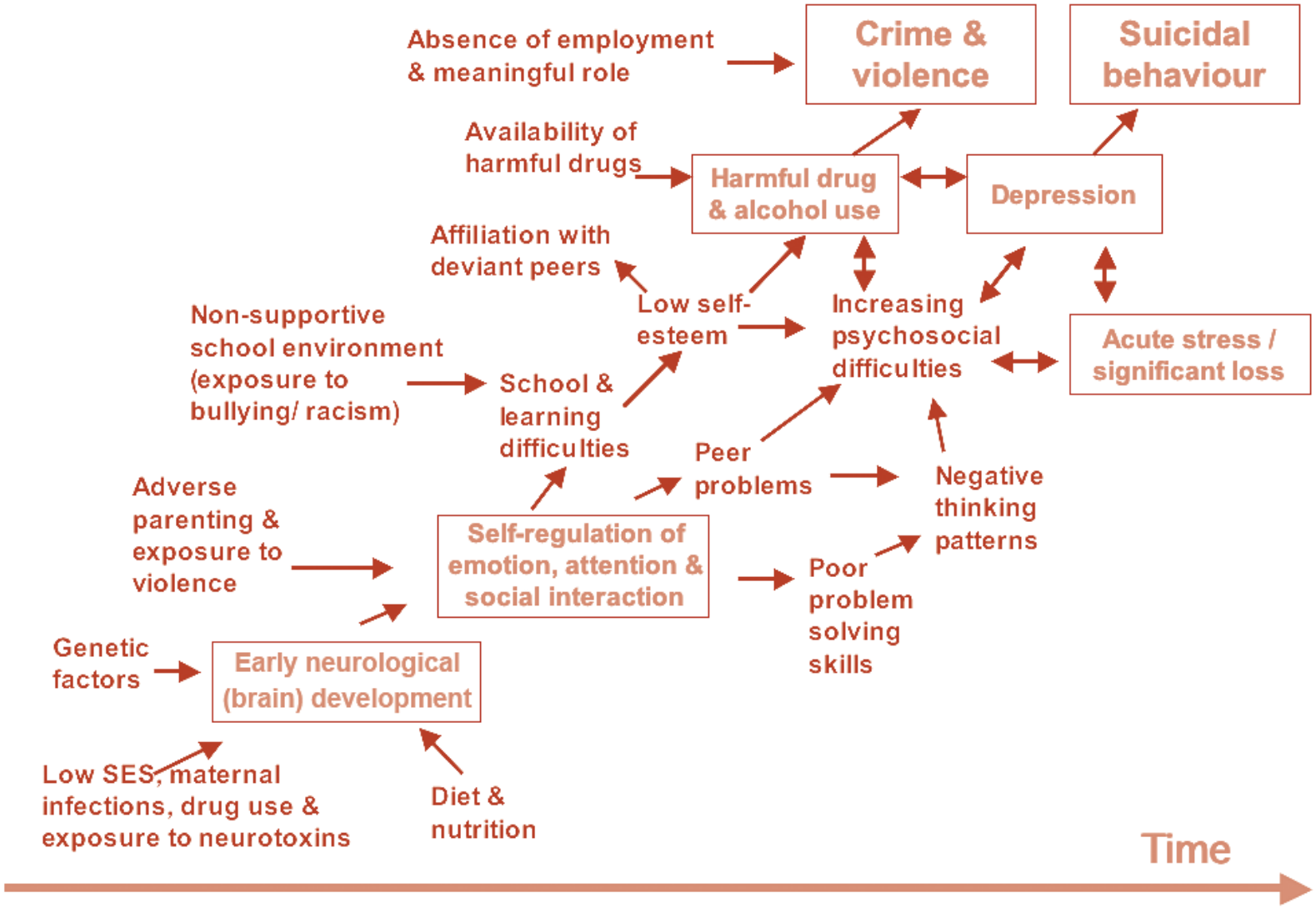
- Some models/ approaches

Stress diathesis/vulnerability models

ncpic
national cannabis prevention and information centre

- Enough negative ‘events’/’set of factors’ (proximal and distal) precipitate psychological disorders
- Vulnerability is regarded as a ‘trait’, ‘endogenous’, ‘latent’
- Particular stresses (eg neurobiological and social [(poverty, marginalisation, discrimination, bullying, etc…) wound/injure, reduce/obstruct coping
- ‘Kindling’ can occur – due to repeated exposure/ instances of disorder
- Vulnerability - a ‘subcategory’ of ‘risk’

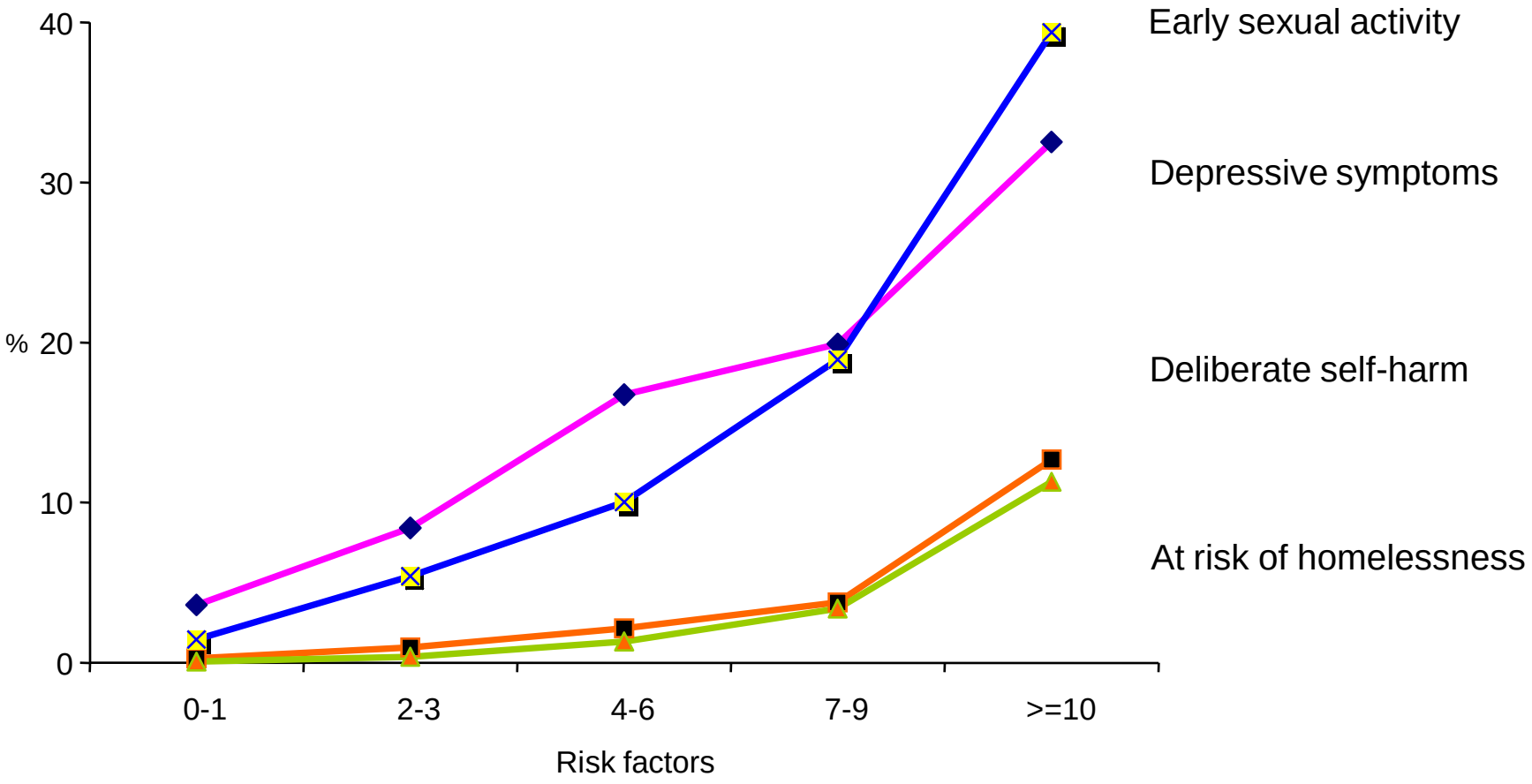
Understanding the causal pathways

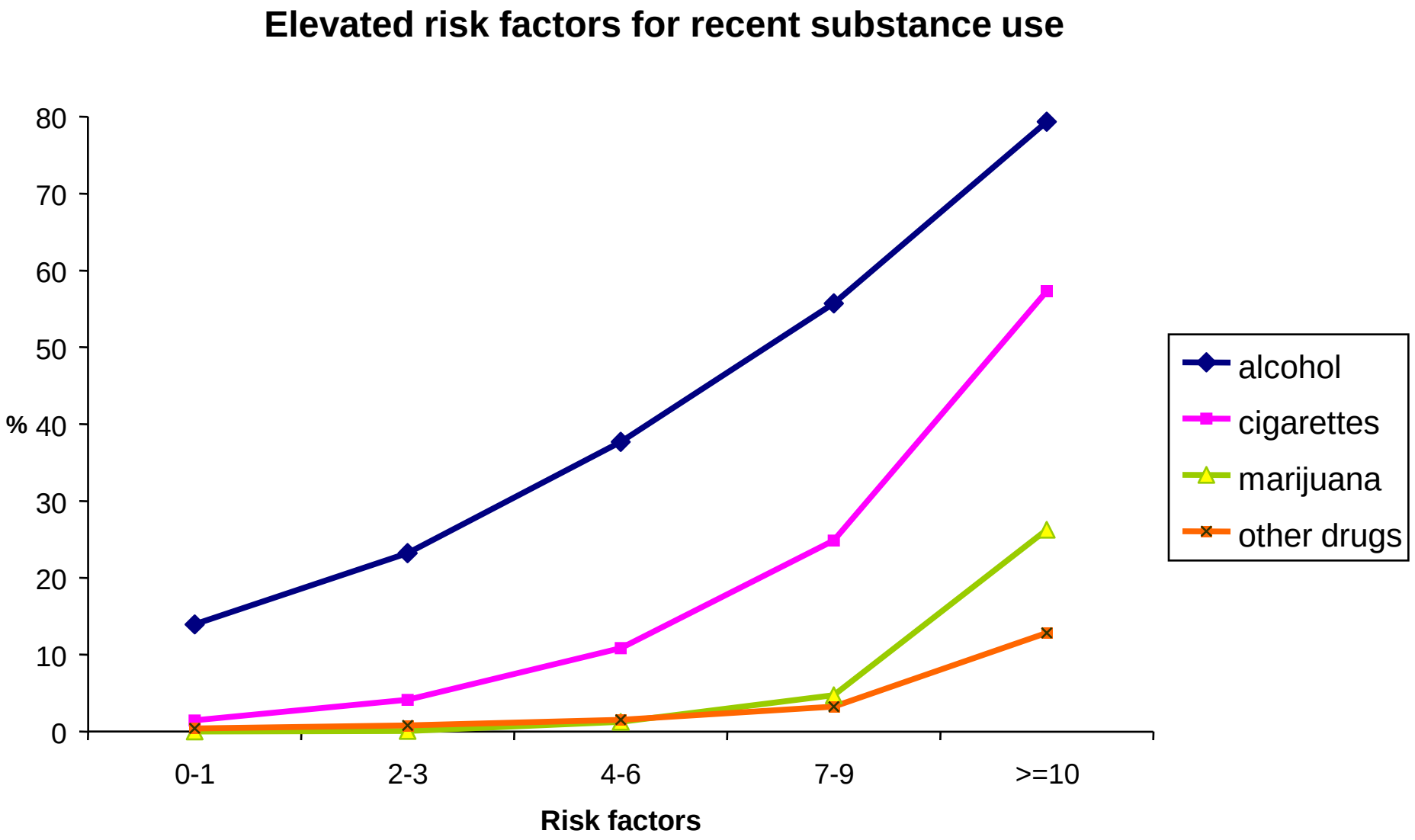


ncpic
national cannabis prevention and information centre

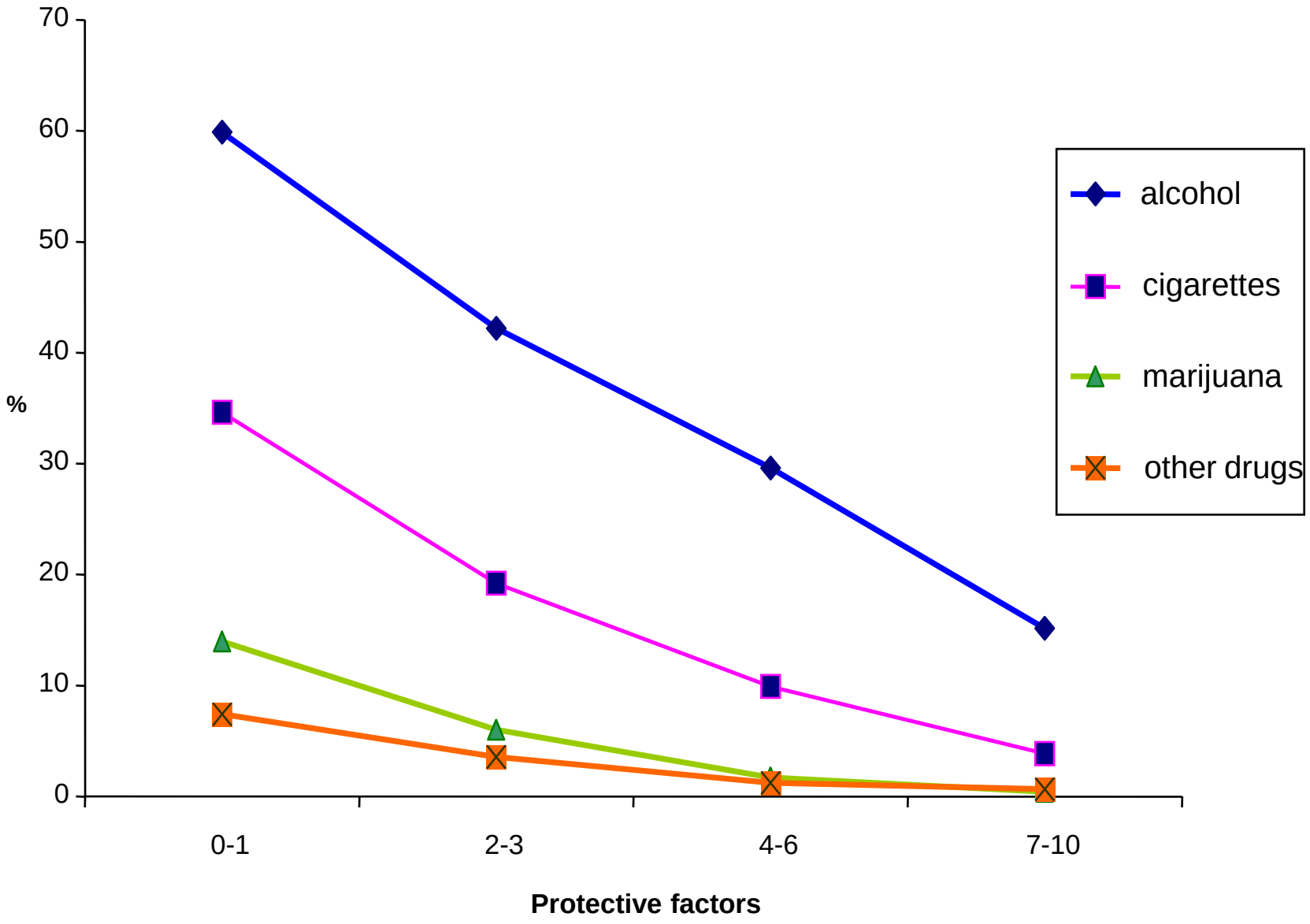
- Risk and Protection……

Elevated risk factors for mental health and social problems




Elevated risk factors for recent substance use
80
70
60
50
% 40
30
20
10
0
0-1
2-3
4-6
7-9
>=10
Risk factors
alcohol
cigarettes
marijuana
other drugs

Elevated protective factors for recent substance use (past 30 days)



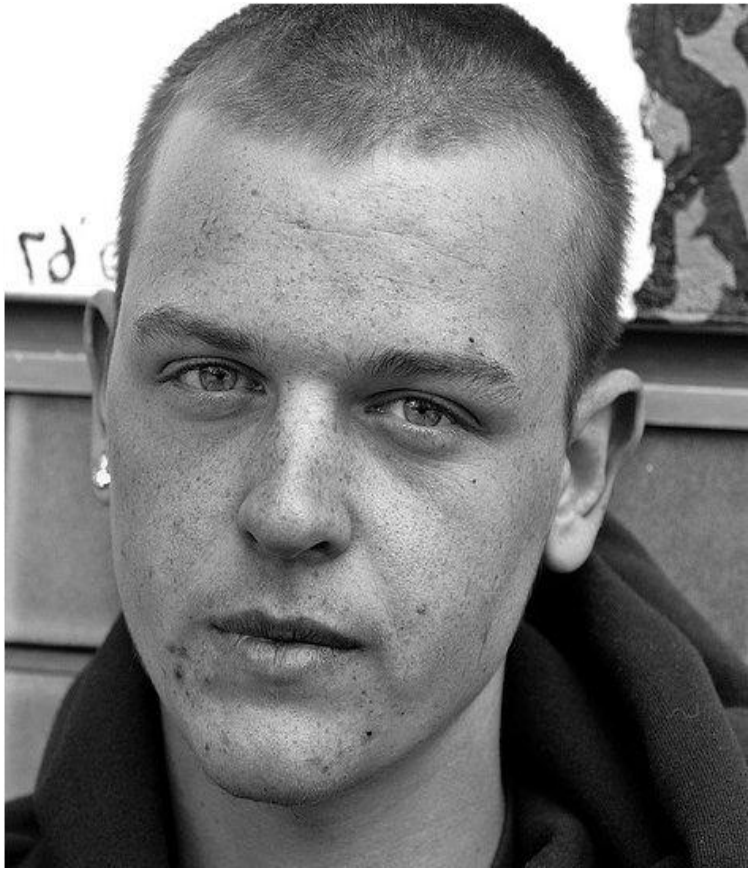
What do we know about -

ncpic
national cannabis prevention and information centre

- Prevalence among some vulnerable and/or marginalised groups of young people, for example:
  - Young Offenders
  - Same sex-attracted
  - CALD

Young offenders

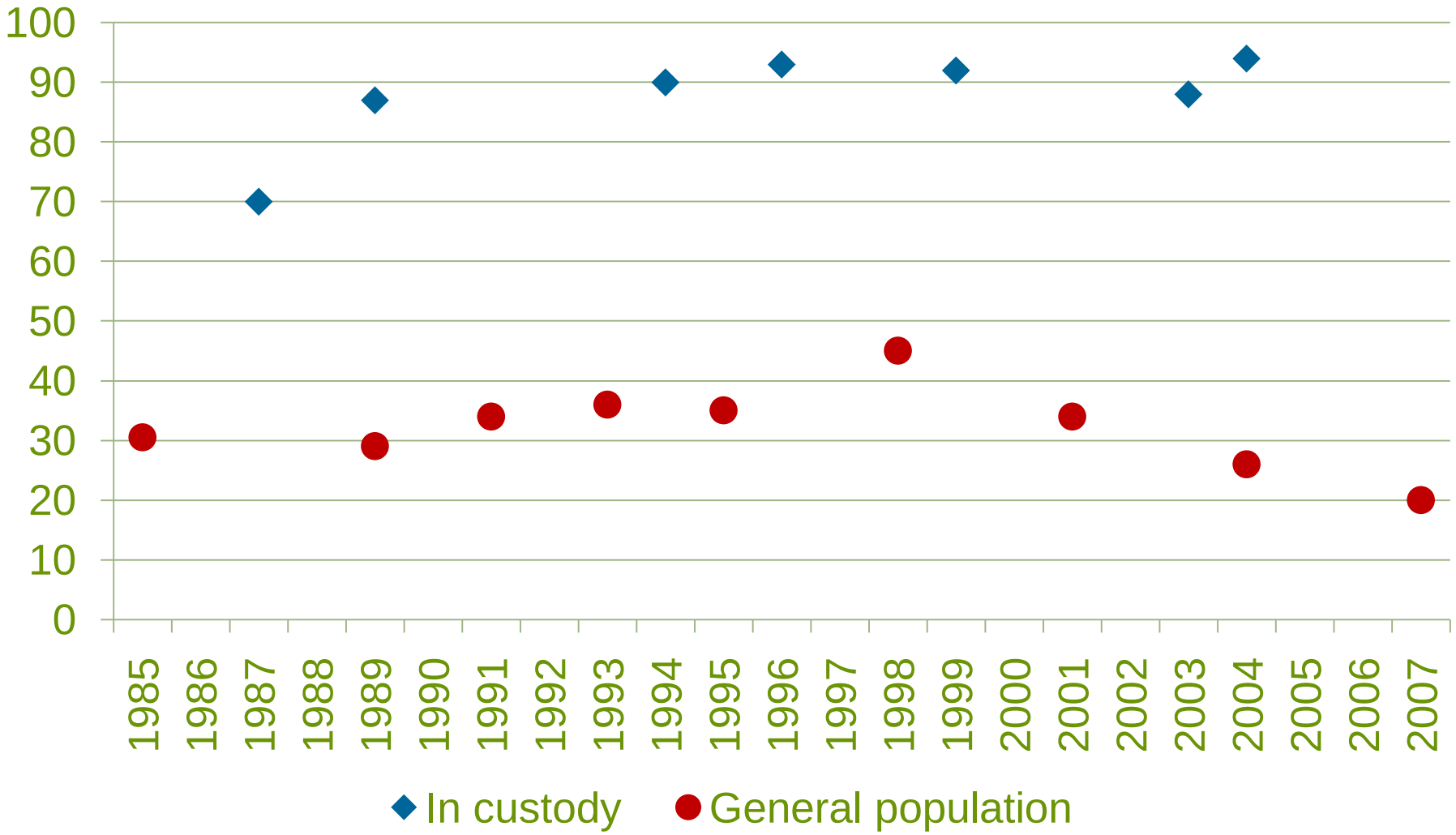
ncpic
national cannabis prevention and information centre



Ever used cannabis

Australian studies

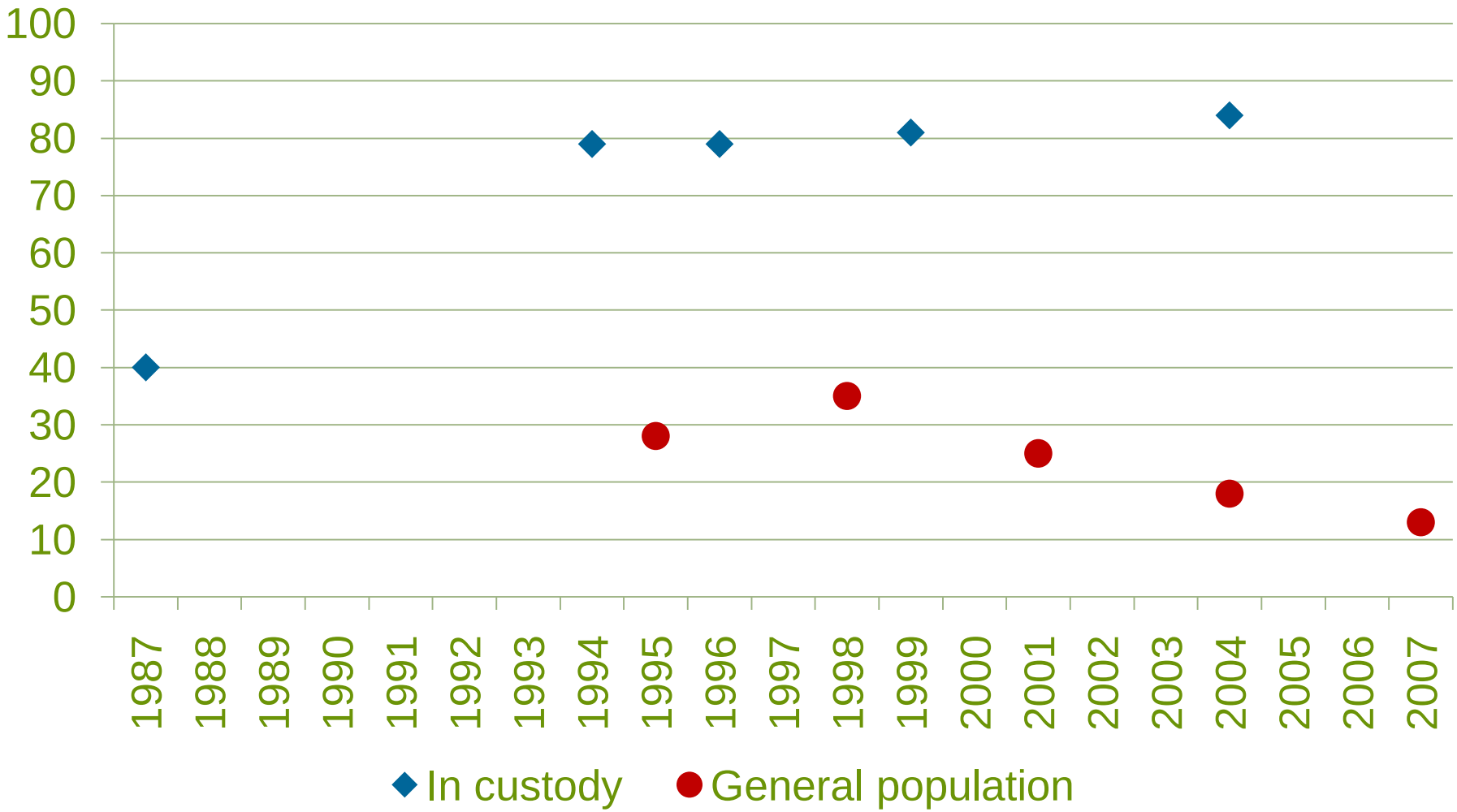
ncpic
national cannabis prevention and information centre



Recent use of cannabis

Australian studies

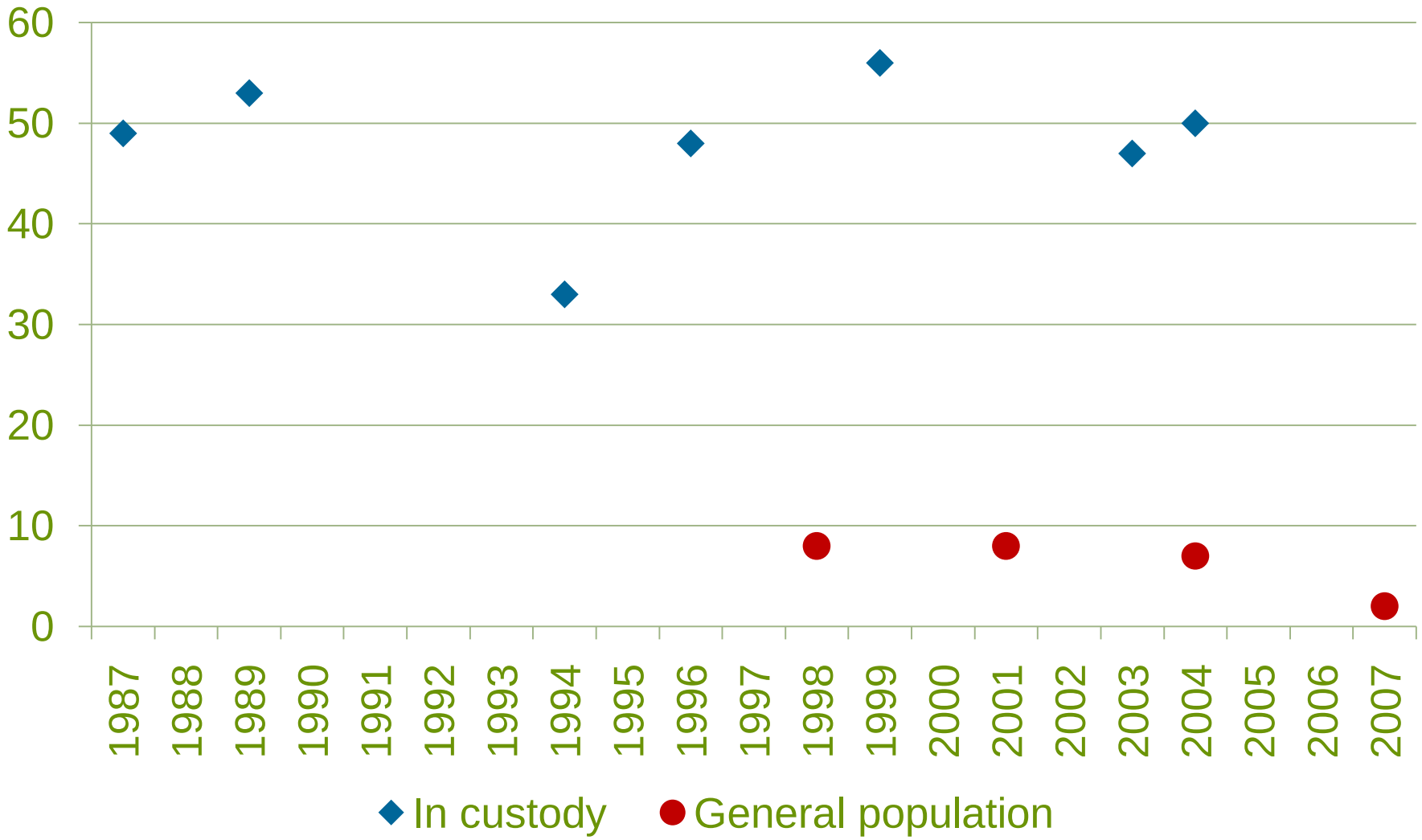
ncpic
national cannabis prevention and information centre



Ever used of amphetamines

Australian studies

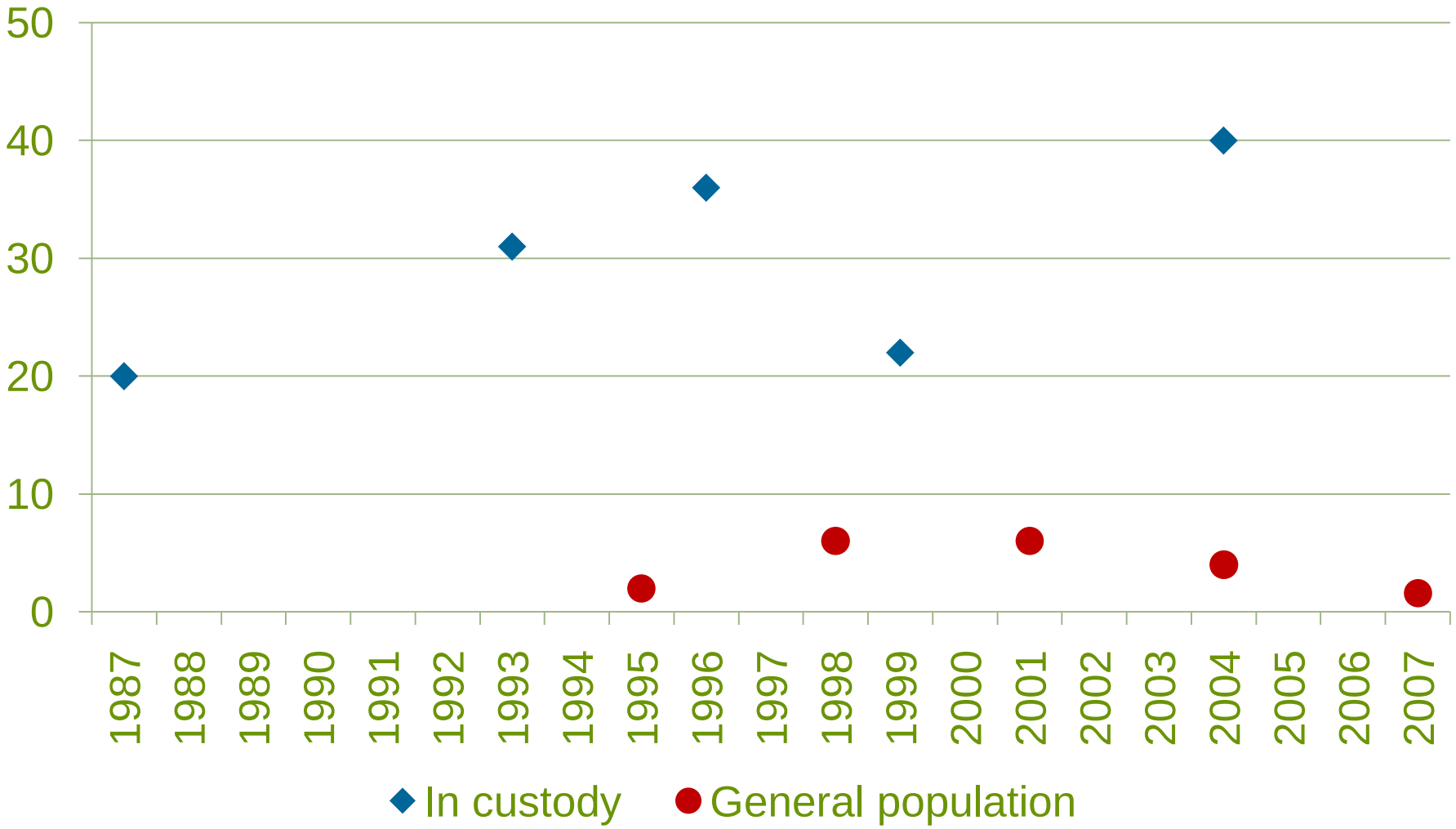
ncpic
national cannabis prevention and information centre



Recent use of amphetamines

Australian studies

ncpic
national cannabis prevention and information centre



Young SSA

ncpic
national cannabis prevention and information centre

Substance use and SSA

- Increased substance use by SSA young people has been related to:
  - Self-medicating negative affect
  - Alienation and harassment
  - Celebrations of ‘coming out’ and SSA community events
  - Bars being common venues for use

SSA youth (Hillier et al.,1998 and 2005)

ncpic
national cannabis prevention and information centre

1998

750 SSA 14-21 (mean age 18)

- More substance use than same age peers in general population
- 11% IDU
- Rural SSA youth more likely to be IDU and share
- 30% used 'party drugs'
- 7% daily *cannabis* users
- 6% had used heroin

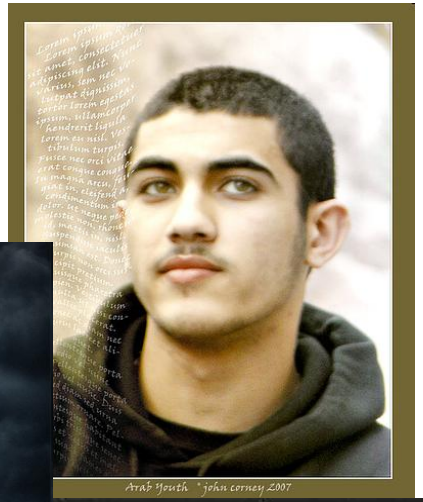
2005

1749 SSA 14-21 (mean age 18)

- More substance use than same age peers in general population
- 4% IDU
- Rural SSA youth more likely to be IDU and share
- 25% used 'party drugs'
- 10% daily *cannabis* users
- 2% had used heroin

CALD

ncpic
national cannabis prevention and information centre



Ever used any illicit drug by age group Arabic community in Sydney v. NSW

ncpic
national cannabis prevention and information centre

Age	Ever used %	
	Arabic	NSW
14 to 19 years	5.9*	28.0
20 to 29 years	22.2	51.8
30 to 39 years	10.9*	56.7
40 to 49 years	6.1*	45.0
50 to 59 years	1.0*	25.6
60 years and older	1.9*	9.9
Total	**10.1**	**36.1**

* Number less than 10

What do we offer?

ncpic
national cannabis prevention and information centre

- Young people with multiple and complex needs are often attempting to exist in wastelands devoid of hope, where they 'participate' when a victim, or when they participate in or witness some public drama, atrocity or disturbance
  - Media attention
  - Political posturing
  - Dénouement
  - Repetition of mess
- What do we offer?
  - If no **hope** in a future that is liveable, no skills to negotiate difficult times, no sense of inclusion, if … then why change, and why care if you live or die?
- The tattoo – live fast, die young, be a good looking corpse makes sense!

What do we know about what does NOT work well or at all for most young people?

ncpic
national cannabis prevention and information centre

- Punishment
- Imprisonment
- Short, sharp shocks
- Boot camps
- Just say 'No' *alone*
- Scare campaigns
- Mass media approaches *alone*
- NA/AA *alone*
- Medical approaches *alone*
- Psychotherapeutic approaches *alone*
  - The *'alone'* part is important –as substance use is multi-determined and needs to be contexualised

Why don't they work?

ncpic
national cannabis prevention and information centre

- Ignore 'why' young people use drugs
- Assume that reasons for use of any drug are the same
- Ignore 'loss and grief' issues in cessation of drug use
- Target too broad or too narrow
- Are delivered by inappropriate people
- Use inappropriate language/style/media
- Do not involve target young people
- 'Abstinence' based
- Ignore some significant vulnerabilities
- Ignore that 'we' create the mess, and 'we' not only 'they' need to be part of the solution

What seems to work better?

ncpic
national cannabis prevention and information centre

- Interventions based on best available evidence
- Interventions that target both risk and protective factors
- Early life-stage interventions – eg home visiting, parent education, child health services
- Multi-modal interventions that involve the young person, family, school, peers and community
- Cognitive behavioural approaches +
- Mutli-system and family approaches +
- Remember ***PharmaCOtherapy***?
- Some school located programs, especially those with skills development
- Participatory approaches
- Attention to social determinants
- Changing 'cultures' – eg around drinking (eg sport)

What we know about approaches that attempt to deal with 'complexity'?

ncpic
national cannabis prevention and information centre

- It is clear that substance use is not 'context free'
- Some approaches recognise this better than others, for example:
  - *"Communities that Care"* (John Toumbourou, et al. in Victoria and Western Australia)
  - *"Community Drug Action Teams"* (in NSW)
  - *"Pathways to Prevention"* Ross Homel's work in Queensland
  - The *"Assets Approach"* (MSU)
  - *"Vulnerable Youth Framework"* – Victorian Government

Victorian approach
- the state that is

ncpic
national cannabis prevention and information centre

”Vulnerable Youth Framework”

1. All young people (10 up to 25 years)

Vulnerability managed through family, recreation, social and cultural support

Risk factors:

- Traumatic life events (death of family/friend)
- Difficulty with peers

2. Experiencing additional problems

Vulnerability requires early interventions

Risk factors:

- Low level truancy
- First contact with police
- Emerging mental health issues
- Experimental alcohol or other drug use
- Family conflict
- Unstable peer group
- Isolated pregnant /teenage parent

3. Highly vulnerable

Requires comprehensive, coordinated interventions

Risk factors:

- Left home / homelesness
- Disengaged from family
- Significant alcohol or other drug use
- Not working or enrolled in education
- Mental health
- Frequent truancy
- Family violence
- Sexual abuse

4. High risk

Requires intensive interventions

Risk factors:

- Co-occuring chronic problems (such as alcohol or other drug and mental health)
- Criminal Children's or Adult Court orders
- Out of home care
- Multiple high risk behaviours

Victorian Government's proposals (2008)

ncpic
national cannabis prevention and information centre

1. Prevention and early identification
2. Local planning for youth services
3. Engagement in education, training and employment
4. Tailored responses to particular groups
5. Effective services, capable people

Prevention and early identification

ncpic
national cannabis prevention and information centre

This is imperative because:

- Prevention and intervention early in the onset of a problem is effective.
- Intervening with younger adolescents, where behaviour has not become entrenched, is especially effective.
- Adolescence provides opportunities for targeted interventions to improve life outcomes.
- A focus on strengthening families and communities is needed.
- More intervention strategies are required at the earlier end of the youth service continuum.

Actions for change:

Ensure that existing prevention strategies available at the local level are coordinated and are easily accessible for vulnerable young people.	Develop mechanisms for identifying vulnerability early.	Families and communities are provided with support in their care of young people (for example, mediation services and parenting skills).	Establish a continuum of youth-focused services that support prevention and effective early intervention.

Tailored responses to particular groups

ncpic
national cannabis prevention and information centre

This is imperative because:

- Some families and young people from particular groups require specific consideration because of their history, circumstances and the additional difficulties they face.
- Services that are inclusive but also recognise and value diversity are required.

Actions for change:

Identify the needs of particular groups (Indigenous, CALD, young people with a disability) as relevant to local areas through local planning mechanisms and coordinate appropriate responses.	Identify the needs of other groups of vulnerable young people as relevant to local areas through local planning mechanisms and coordinate appropriate responses.	Monitor the outcomes that particular groups of young people are achieving.	Develop and implement individual and group responses that recognise and value diversity.

ncpic
national cannabis prevention and information centre

- These types of approaches (eg mapping risk and protective factors) can identify sites/populations for comprehensive, co-created interventions

Some more examples:

ncpic
national cannabis prevention and information centre

- Multisystemic Therapy (MST) - based on a social ecology view
  - attention to - school, employment, peers, neighbourhood, etc.
- Multidimensional Family Therapy (MDFT) – especially as developed further in Europe - attention to various 'alliances':
  - Family:Therapist
  - YP:Therapist
  - Parents:Therapist
  - YP's Peer Group:Therapist
- **Family inclusive approaches** yield robust outcome - with young people from CALD and offending backgrounds (eg work of Liddle, et al.)

ncpic
national cannabis prevention and information centre

- While no intervention makes a difference for all ‘at-risk’ children/children living in risky situations, each can substantially change outcomes for an appreciable percentage
  - They reinforce:
    - relationships and
    - opportunities
  - They strengthen:
    - links/connections
- Effective interventions support, provide boundaries and expectations, develop social competencies. They do not replace risk-reduction information and service provision

Connections that matter:

ncpic
national cannabis prevention and information centre

- We know that significant ‘connections’ can be protective for young people (to family, other adults, education and spirituality)
- The therapist as variable - rarely reported, or is ‘controlled for’ let alone therapists being subjected to the same psychopathology scales used during studies
- Even with ‘manualised’ treatment, cannot really assume all variation in intervention is controlled for
- What of our ‘quirkiness’ and ‘humanity’ – so vital in the engagement and motivation of young people

Challenges

ncpic
national cannabis prevention and information centre

- Not easy to undo what we do….
- It is complex to do what we might need to do - studies of young people with multiple and complex needs
- Don’t fit neatly into most grants, academic cycles, student availability?
- We need political will *AND* academic will - not just to get elected or published, but to *make a difference* being the primary intent, but both can go hand in hand
- Need long-term, ongoing projects where data comes as it comes and analyses are sophisticated enough to cope with the ‘complex mess’….
- What is our role in ensuring that child, health and human rights are met and not ignored or merely ‘controlled for’?

So…
where does NCPIC fit in to this?

ncpic
national cannabis prevention and information centre

What are we doing at NCPIC

ncpic
national cannabis prevention and information centre

- **Young Offenders:**
  - Promoting the need for routine monitoring of substance use, mental health and other relevant variables (eg CALD and sexuality) - with Melanie Simpson, Ana Rodas and AIC
  - Exploring meanings and motivations for cannabis use - with Melanie Simpson and Ana Rodas
  - with NSW DJJ developing a ‘pathways’ program for both closed facilities and community programs to better identify, assess, provide harm reduction, life skill development and family work to young offenders with significant substance use - Laura Vogl and Sia Karageorge

What we are doing - cont.

ncpic
national cannabis prevention and information centre

- SSA
  - Analysing NDHS data by sexual orientation (with Amanda Roxbrough and Louisa Degenhardt)
  - with ACON - exploring comorbidity and SSA (with Amanda Roxbrough and Louisa Degenhardt)
  - Exploring sexuality, substance use, comorbidity and suicidality among young SSA (ILP project for 2010)
- CALD
  - with DAMEC exploring comorbidity and responses in particular CALD communities (with Anthony Arcuri and Peter Gates)

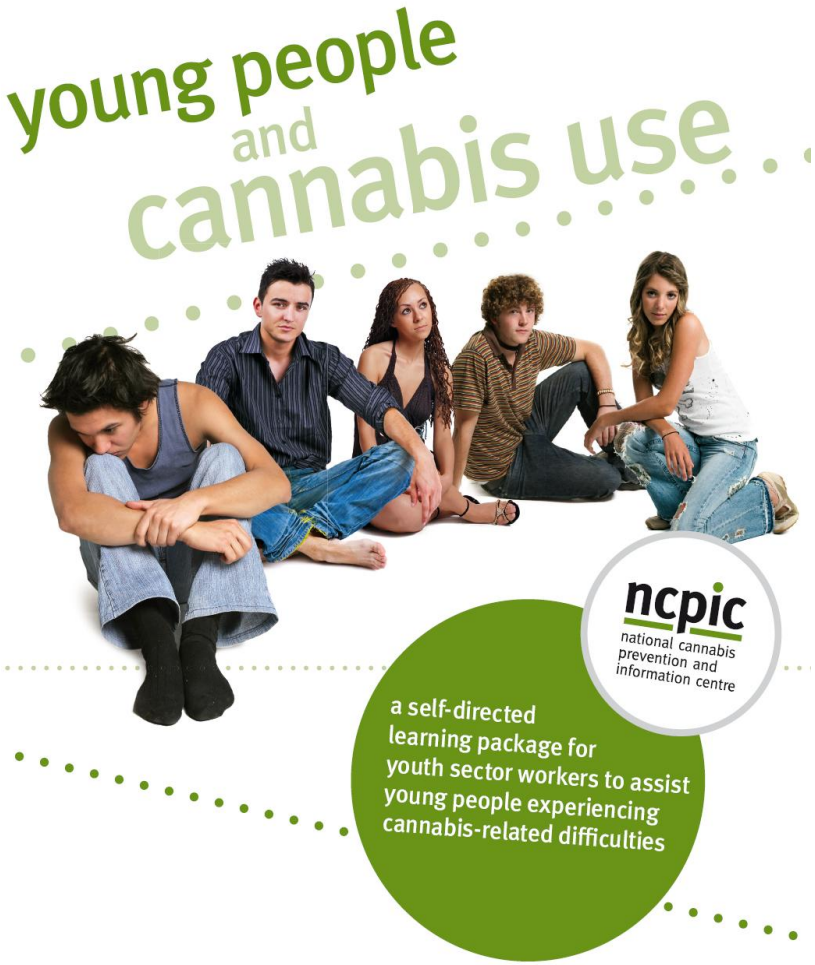
What we are doing - cont.

ncpic
national cannabis prevention and information centre

- With **NGOs** providing services to young people with multiple and complex needs, mostly out of education, employment and home
  - Better recognition of and addressing substance use and mental health concerns (***comorbidity***)
  - Developing a ***resource for quitting/reducing cannabis use*** that is acceptable to such populations
  - Producing a short ***training video on motivational enhancement*** in relation to quitting or reducing cannabis use for youth workers
  - Exploring ways of increasing skills of generalist youth workers in ***engaging and support families***
  - Assisting in improving ***data collection*** and evaluation of a youth cannabis clinic, and case work interventions (with Melanie Simpson and Ana Rodas)

Web-based self-directed learning package:

ncpic
national cannabis prevention and information centre



What we are doing - cont.

ncpic
national cannabis prevention and information centre

- Complexity…..
  - With colleagues in Victoria, attempting to design a study that attempts to address many of the above concerns… a ‘complex’ task – see what follows….

Figure 1: Core ideas and how they link together

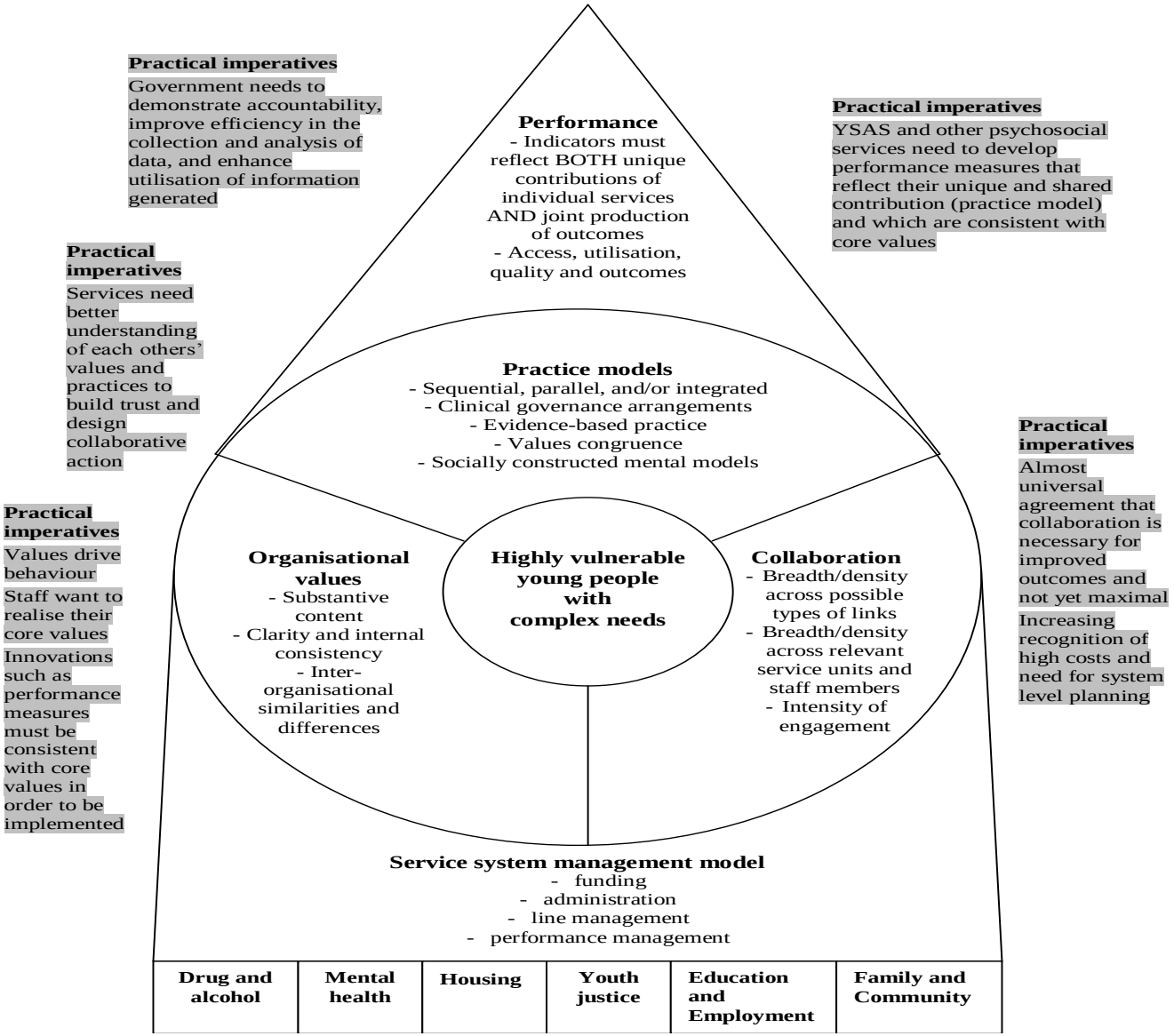
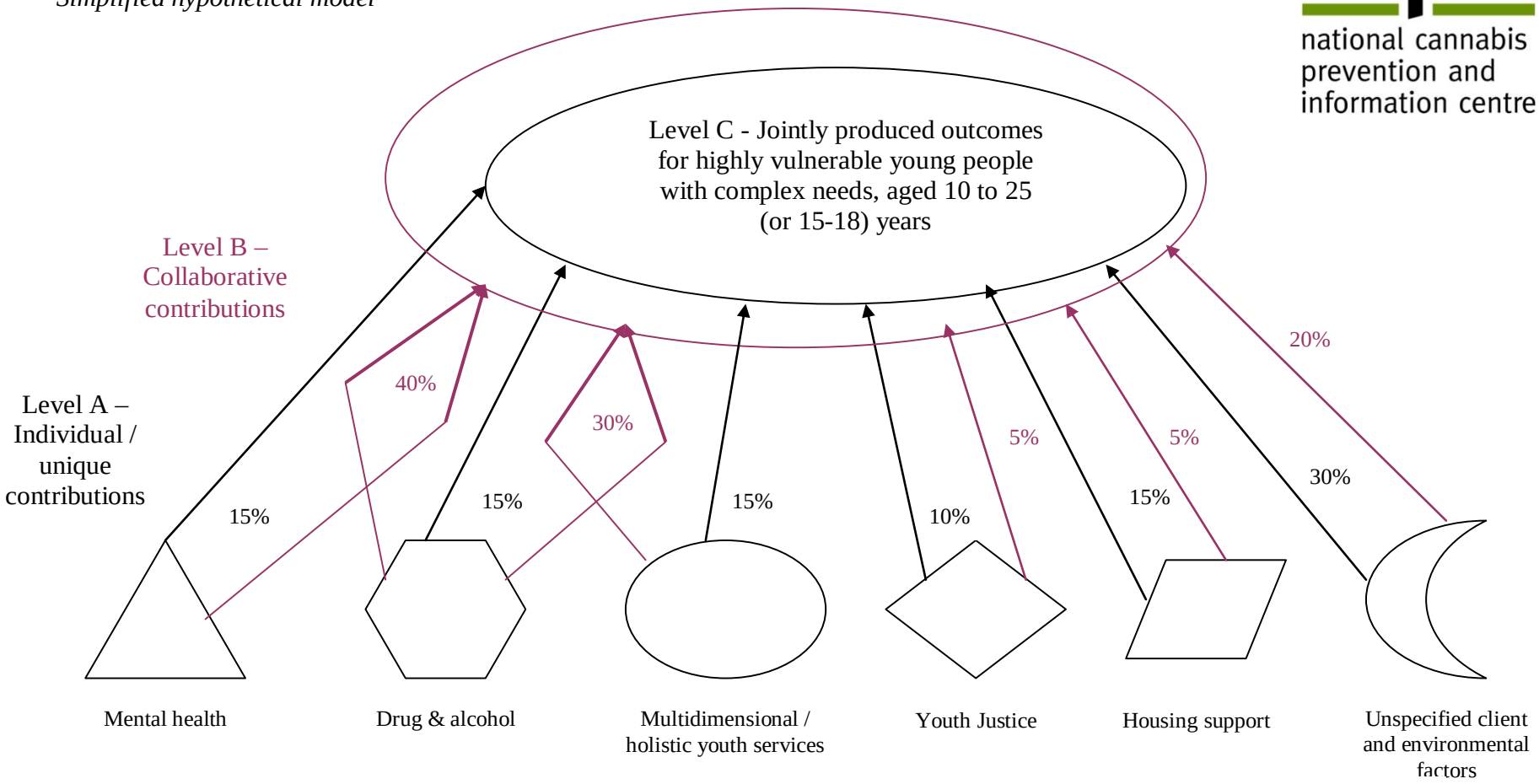


Figure 2: Performance as a configural emergence process

Simplified hypothetical model



Key assumptions of this model

1. Effective collaboration anywhere in the system increases the total or average effect size (plum oval)
2. Effective collaboration between any two participating agencies will increase the effect size contributed by each, and their combined impact relative to non-collaborating agencies
3. Effective collaboration between agencies with more divergent unique contributions (e.g. Mental Health & Drug and Alcohol) will add greater value than collaboration between services with more similar contributions (e.g. Drug and Alcohol & Multidimensional Youth Services)
4. Percentages (%) refer to the proportion of variance in the outcome variable (Level C) that is explained by the unique (Level A) and collaborative (Level B) inputs by participating services and other factors

Why invest in such research?

ncpic
national cannabis prevention and information centre

- There have been changes - eg reductions in cannabis use among young people - but mostly for more experimental and irregular, and ? 'better connected' individuals?
- Not much change in the heavier end? Same for alcohol? Like psychiatric nurses and patients and prisoners and tobacco?
- The huge costs to community (and individuals concerned) can be reduced if we can more effectively engage with and provide appropriate interventions for young people with multiple and complex needs
- The 'Savings'
  - morbidity and mortality- eg mental health, acute (eg trauma related) and chronic health conditions
  - juvenile and adult justice - policing, incarceration, recidivism, …
  - 'productivity' from participation and inclusion - and paying taxes
  - production of 'hope'

Thanks……

ncpic
national cannabis prevention and information centre

- For more info:

  john.howard@unsw.edu.au