Webinar: Substance use and mental health among rural youth

Speaker Key:

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HD	Dr. Hazel Dalton
NS	Nicole Snowdon
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00:00:05	LG	Good afternoon everybody, and welcome to the Positive Choices webinar series. Today's webinar will be focusing on substance use and mental health among rural young people. My name is Lucy Grummitt, and I'm a research assistant with the Positive Choices project. And I'll be chairing today's webinar session.
00:00:29		Currently, you're all in listen-only mode. This means your microphones are muted and we can't hear you. But at any time during the webinar, you can type in questions to the questions box in your control panel. And then at the end of the session, we will have a Q&A with the presenters. And do let me know if there is a specific presenter that you'd like to ask your question to. We do have three today. But otherwise, I'll just open the questions up to all three of them.
00:01:02		And the webinar is being recorded, so the video and the slides will be available later if you'd like to watch it again or share it with anyone in your networks. And so for those of you who aren't familiar with the Positive Choices project, our aim is to assist parents, teachers and students access up to date and evidence based information about alcohol and other drugs.
00:01:30		And this webinar series is really one way we try to achieve this aim. This will be the last webinar for the year, but we will be back in early 2019 with a webinar on the Health4Life project in schools. And Health4Life aims to reduce the risk of chronic disease by targeting six lifestyle risk factors in adolescence. These risk factors are physical inactivity, poor diet, risky alcohol use, smoking, recreational screen time and poor sleep.

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00:02:01		You can subscribe to the Positive Choices newsletter by going to our website, and you'll be notified when the registration is available for that webinar. And over this year so far, we've covered a number of topics such as how to reduce the risk of harm for young people at teenage parties. And if you did miss these sessions, you can catch up by watching the video via positivechoices.org.au.
00:02:27		And if you haven't already visited the Positive Choices website, I would encourage you to visit and take a look at the range of evidence based drug resources that are available. Positive Choices was developed in consultation with young people, teachers and parents. And we would really appreciate your feedback on anything additional that you'd like to see on the site. For example, if you'd like to suggest a future webinar topic, please email us on info@positivechoices.org.au.
00:02:58		And so now I'd like to introduce our speakers for today who are all joining us from their workplaces in Orange in New South Wales. Dr Georgina Luscombe is senior lecturer at the University of Sydney School of Rural Health. Her main areas of expertise are in research design and statistics. And main research interests are youth, rural health and Aboriginal health. Dr Hazel Dalton is a research leader and a senior research fellow at the University of Newcastle's Centre for Rural and Remote Mental Health.
00:03:31		She manages research across mental health promotion, innovation in mental health service provision, including integrated care, and rural suicide prevention. And finally, Nicole Snowdon has over ten years experience as a social worker, with frontline experience in drug and alcohol and child protection. Nicole is currently employed as a research project coordinator at Lives Lived Well, a drug and alcohol service in Queensland and New South Wales.
00:04:00		She is completing her research masters at the University of New South Wales, investigating drug and alcohol interventions in headspace centres. To start us off, I will hand us over to Georgina. Thanks very much, Georgina.
	GL	Thanks for that introduction, Lucy. I'll start once again. Good afternoon, everybody. Choking here.
00:04:29		I'd like to acknowledge the Wiradjuri people who are the traditional custodians of the land upon which the presenters, at least, are meeting today. And to pay my respects to elders, past,

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		present and emerging. And to extend that respect to any Aboriginal and Torres Strait Islander people joining the webinar. What I'm going to do today is give you a bit of a general background on rural health with a particular focus on youth health.
00:05:00		I think before we get started, I'm going to ask for an audience poll. A statistician can't help but try and collect some numbers. Lucy is going to open a poll for us. And hopefully, you're going to be able to see that soon. That poll is going to be asking you about what proportion of young people or how many young people you think live outside of major cities.
00:05:30		Lucy, I can't actually see the screen there.
	LG	That's okay. Georgina. It is open and we are having people answering. The question was exactly, approximately how many young Australians aged between ten and 24 live in rural or remote areas. I think we've probably got enough responses now.
00:05:59		Interestingly, 58% have selected 1.1 million. And can you give us some feedback on that answer, Georgina?
	GL	Sure. I'm trying to move my slide over. Here we go. Well guessed, everybody. Look, Australia's population hit 25 million a few months ago.
00:06:26		But the data that you can see up on the screen relating to the latest census figures, which was conducted in 2016. And back then, our record stated that we had just under 23 and a half million Australians. And of those, a bit over 4 million were young people aged between ten and 24 years. That's about 19% of young people or one in five Australians are young people. And most of them live outside of metropolitan areas, about three-quarters of them.
00:06:59		What that means is approximately 1.1 million young people are living outside of major cities, about 25% in what we refer to as inner or outer regional areas, and the remaining 2% in remote or very remote regions. And the graph you can see up there is really looking at the density of populations. And in particular, the darker colours indicate where most young people aged between ten and 24 live. You can see largely they're in the cities and on the coast.
00:07:31		I'm probably not surprising any of you by telling you that Australians living outside of major cities generally have poorer health and health outcomes than those in major cities. What we

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		tend to see is people who live rurally have higher rates of what we call risky health behaviours. They've got higher levels of disease and injury, and they also tend to lead shorter lives.
00:08:00		Now, this data up on the screen now for adults, it's actually surprisingly difficult to get information on young rural people, and particularly when we're dividing up into smaller locations. But essentially what we see on this screen in terms of health risk behaviours, we can largely see amongst young people as well. The rows in this table is showing us data based on people who live in major cities, those who live in inner regional areas and those who live in outer regional or remote.
00:08:34		And you can see for each of those indicators, whether it be use of tobacco, whether it being outside of a healthy weight range, whether it be sedentary activity, risky drinking or high blood pressure, that the rates increase with increasing remoteness. But slightly contrary to that is when we look at health protective factors.
00:08:58		It seems like things don't defer terribly much between those young people who live in urban regions and those who live rurally. These data, I apologise, are from New South Wales. They're not national statistics. And they're taken from the Schools Physical Activity and Nutrition Study or the SPAN study from 2015. And this is looking at answers from secondary students. And you can see those green boxes there are showing that fruit and veggie intake are actually slightly better amongst rural young people.
00:09:28		And the rate of eating takeaway are a little bit lower. And otherwise, those indicators are fairly similar between urban and rural populations. Probably what's of interest to note here is that when we look by socio-economic status, so that's those next three columns, SES. We see that those young people who live with low or middle income families probably have slightly poorer rates of protective factors, so they're less likely to be eating breakfast daily.
00:10:00		More likely to be consuming discretionary foods, things like soft drinks, and less likely to be in a healthy fitness zone. Again, I apologise, these data are looking at adults and looking at health conditions. But really they demonstrate probably what we see in young people as well. The rates do tend to change a little bit, but the rates are subtle with increasing remoteness.

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00:10:27		If you look at those bottom two lines, we look at rates of diabetes, and that does increase with increasing remoteness. And heart disease or what we call cardiovascular disorders, again, we see an increase in rate with increasing remoteness. The data as I said before on young people in rural locations is a little bit harder to get. But again, what we're seeing is those rates of chronic health conditions don't really vary dramatically by place. The figure there is for cancer for young people aged 15 to 24.
00:11:00		While the rates are slightly higher, it's for inner and outer regional areas, slightly higher than major cities. In terms of actual health conditions, the differences are subtle. We've seen that the health protective factors are pretty good for rural people, the risk behaviours are a little bit poorer and health conditions are a little bit, there's not too much going on in terms of differences. How do we reconcile all of this?
00:11:28		Sadly, we know that there are similar health disparities in older rural people and younger rural people. And I think one of the most stark examples of this is when we turn to figures on youth mortality. This graph is showing the number of deaths of young people aged between 15 and 24, expressed as a rate per hundred thousand population for the years 2011 to 2015. And you can see quite clearly there that the rate of mortality amongst adolescents and young adults increases with increasing remoteness.
00:12:01		Again, when we're looking at outcomes of health issues as opposed to the actual health conditions themselves, we see changes with remoteness. Again, I apologise, these are New South Wales data. But if you look at the yellow bars there, this is looking at hospitalisations and rates again per hundred thousand population but by remoteness.
00:12:25		And we can see that young people being hospitalised for things relating to alcohol, which is the top figure there, or being hospitalised for something related to diabetes. Each of those things increases with increasing remoteness. So why might this be? What I've got up here is known as a social determinants of health rainbow. And social determinants of health are really things that we talk about that are factors outside that impact on people's health.
00:12:58		They're things like access to food and water, access to education, to employment, to good housing. We know each of these elements, and particularly for young people, have impact

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		on health. We also know that rural young people have limited access to education, much less likely to attend university. That there's difficulties in terms of employment, limited recreational activities, opportunities. And each of these things we think might contribute to those higher rates of risk-taking behaviours.
00:13:30		And just to highlight one of those social determinants of health, this figure is showing hotspots of youth unemployment across Australia. And you can see over half of those are outside of major cities. One of the social determinants of health was access to healthcare. And the figure I've got here is from a 2016 study conducted by the Australian Bureau of Statistics. It was a survey of households.
00:13:59		And it asked people whether they'd experienced barriers in accessing healthcare when they needed it. And again, you can see those rates increase with increasing remoteness. Part of that puzzle is not only physical barriers to attending health services, so it might be what we call the tyranny of distance in a rural setting, but it's also workforce issues. I'll just highlight for you that these data are looking at fulltime equivalent rates for different health professionals.
00:14:28		And the third one from the bottom there are general practitioners or GPs, family doctors. And the interesting thing you can see there is that the rates don't really differ terribly much between major cities and inner and outer regional areas. And they're actually much better in terms of these kind of data for remote or very remote. I think this stands in stark contrast to all of the other figures. Where you see, for instance, the rate for psychologist decreases dramatically with increasing remoteness.
00:14:58		You can see occupational therapists, medical specialists, dentists, pretty much everybody outside of GPs, the rates dropped dramatically with increasing remoteness. What this tells us is that the further out of major cities you go, the more GPs are relied upon to give a really broad service, to be everything for everybody. And I think this recent report that was released in June this year by ReachOut Australia, Mission Australia really highlights that.
00:15:31		One of the quotes in this report says, young people living in regional and remote Australia are being let down by lack of support services to tackle their mental health needs. And really, they're being exposed to a unique set of structural economic and social factors. And they're really resulting in poorer mental health outcomes. While the rates of diseases or health conditions might

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		be quite similar, it's the outcomes of those conditions where we're seeing dramatic differences for rural young people.
00:16:02		When we think about young people and we think of barriers to access, we think E-health and E-technologies, these have been put forward as an opportunity for people to overcome maybe some of those physical barriers. But we also need to remember that in Australia, there's what we call a digital divide. These data are looking at the proportion of households who have home internet access.
00:16:28		And while it's better for those households with younger children, you can see that when we get down to remote or very remote areas, it's only just above three-quarters of the households that have internet access. I was involved in a study called the Access 3 project that was funded by New South Wales health, and used to inform the youth health policy that was released last year. And part of this project was a survey of over 1,400 young people. And we asked them about their experience accessing the New South Wales health system.
00:17:00		We asked them to identify barriers to healthcare. And the top three that were reported were cost by just under half of the sample, opening hours and also being embarrassed. And obviously, the internet provides a way of getting around that face to face embarrassment. But one thing that really shocked us was that even though 58% of young people had said that they searched the internet to find out about health problems that they've been experiencing, that rate was much, much higher amongst metropolitan respondents than in rural respondents.
00:17:31		And you can also see that reflected in the rates of internet access there. 93% of rural respondents said that they had really adequate internet access. In summary, rural health is really characterised by disadvantage, by diversity, places we go to outside of major cities are quite diverse. We see higher risk factors for disease. We also need to be mindful that there's much higher proportion of Aboriginal and Torres Strait Islander people.
00:18:02		We have fewer services. There's difficulty in accessing those services. And there's also different models of care with a heavy reliance on general practitioners. But as I don't want to end there, I prefer to end on a more positive note. I want to point out that rural communities are really resilient. There's a very strong sense of community. Communities are much better defined. There's great knowledge of place. People who live in smaller towns know

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		their town really well.
00:18:30		They know their health needs and they know the health solutions that have worked in that setting. There's also a really well developed sense of self-sufficiency and independence and resourcefulness, and that gives me great hope for the future. And finally, if we're talking about young people's health and health issues, we need to think about asking young people about their experience, about their solutions, about what they need. In other words, nothing about us, without us. Thank you.
00:19:00	LG	I'm just going to hand over now, and apologies, to Hazel.
00:19:30	HD	I'd like to thank Georgie for covering over some of my territory, which is fabulous. I'd like to start by saying I'm from the Centre for Rural and Remote Mental Health. And we were founded in 2001 by New South Wales Health, and we're administered by the University of Newcastle. I guess what I'm trying to say is we're based rurally. We're based in Orange.
00:20:00		Our purpose is actually to build the evidence base and conduct research and training and programmes in rural areas around mental health. As Georgie so elegantly showed us, rural residents have a similar prevalence of mental health problems, but they have poorer outcomes, and it's part of the broader inequity in healthcare provision and outcomes.
00:20:25		Just a short note on mental health and the special factors to consider, is that the age of onset for serious mental illness is often in the youth years. And that has a high burden across the lifetime for both individuals, families and communities. There's a higher amount of stigma, and as I said, community and family impact as well as economic impacts for the individuals, families and communities. What we do at the centre, we have three areas of focus. We're broadly about improving mental health and wellbeing in individuals, families and communities.
00:21:01		We also are seeking to improve services for those experiencing mental health problems. And we are interested in doing work in rural suicide prevention. The way we work is we do research via a variety of methods with a translational focus. We design and deliver and evaluate programmes. We provide a lot of information via our websites and our programmes. And we do our best work in partnerships. We work across academia, government, industry and the community.
00:21:33		I'll skip past, and I think I've covered over. I don't want to focus

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		too much on the research we've done because I'd like to get through to things that might be of practical help for the group. But in those three things that I outlined below, we've got some current work going on community wellbeing collaboratives. We do a number of health service type evaluations, and particularly looking at different models of care.
00:21:59		Because the rural and remote service provision landscape is inadequate, and city based models really don't fit with what we can do. We can only spread resources so thin, therefore, we've got to come up with better ways to do mental health service provision in rural areas. And as Georgie said, communities know better what suits their communities and it's best to work with them. And lastly, we do active work in rural suicide prevention. I think I'll skip over that and that.
00:22:30		Publishing a lot of journals, they can be accessed from our website. I'd like to talk briefly about one thing is we've recently put out a position paper on rural suicide and its prevention. And the reason why I'm flagging it is that we suggest five areas of focus. I'll go past this step because we covered a lot of that. We suggest five areas of focus for rural suicide preventions.
00:23:00		We think you need to focus on those that are suicidal, those that are affected by suicide. Vulnerable sub-populations are more at risk. But more importantly for this webinar, we wish there needs to be a great focus on children and young adults, and also in building healthy and resilient communities. The much longer term, medium to long term view about making a difference. And that's a schematic on building protective factors in children and youth, so starting right across that spectrum.
00:23:31		And in terms of improving things for people and communities, we think that the approach needs to be two-way. In that we build the mental health and wellbeing in rural communities, but also build the resilience edging into those social determinants. It's not simply about the health service or the individual, there needs to be a bigger focus. In terms of work we've been doing in terms of building healthy and resilient people in communities, there are two activities that we've been involved in that may be of interest.
00:24:05		From a community perspective, we've been working on community wellbeing collaboratives. And this is working with communities to see what they want to do in order to push their wellbeing agenda forward and helping them with expertise, and bringing across some objective information. One of those projects that has gone really well, and in fact got a New South Wales

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		Premiers Award last week was Our Healthy Clarence.
00:24:30		A few years ago the Clarence Valley wasn't doing so well, and they were grappling with an increase in suicides including youth. And they were very anxious about how they would go going forward. Many people have been involved in it and the community is really drawing that forward. And a couple of years down the track, that community has led its wellbeing agenda very strongly.
00:24:56		And I would have to acknowledge that the schools in the Clarence Valley have been incredibly proactive and are now very cohesive in how they respond to youth mental health and suicide issues, as well as risk factors and they communicate in a much more timely fashion. There's a lot of good lessons to learn from Our Healthy Clarence. The other one I'd like to highlight is the Act-Belong-Commit initiative. We've had a number of different projects that have incorporated this campaign.
00:25:30		And I'll just like to highlight a few. I'll first acknowledge that the Act-Belong-Commit campaign has come out of Western Australia through Curtin University and Rob Donovan's group. They have a pretty big programme going on in Western Australia. But basically the premise of it is, is to keep, and this was based on community consultation too. The way to keep well is to keep active, have a sense of belonging and having purpose and meaning in life. And so that, do something with someone that's worth doing.
00:26:01		And because it's such a simple call to action, it doesn't require necessarily a whole load of resourcing to do it. Rather you can recognise the things in your life or in your community that already fit that bill and bring it into a campaign of driving wellbeing forward. In fact, locally, one of our schools, the Anson Street School, has taken it wholeheartedly into its curricula.
00:26:28		And the thing I really like about it and I appreciate is that it has a focus on the children, but also the staff. It's the whole school, therefore, the self-care aspect, particularly for teachers, is really drawn in how are you taking care of yourself, how are you taking care of your colleagues and things like that. And so they have a whole host of great initiatives and ways of incorporating that into the way they work.
00:26:58		The other thing I thought I'd highlight, I've gone way too fast for me now, is things that may be of practical uses. One of the things in our centre is we try to translate good research into helpful tools and tips and tricks. One thing that started off as a very small

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		initiative for us was we turned what is termed the mental health continuum into a poster called how are you going, which is the one on the left.
00:27:30		And that was actually for a mining company some years ago, but it's had tremendous legs. And we have a lot of demand for it. It's a way of checking how are you going, are you well or unwell and it kind of stretches out that concept of your mental health as being multi-dimensional. You're neither never fully 100% in wellbeing nor are you 100% in illness.
00:27:58		And having the poster, it stretches out your concepts of all those dimensions that are going to feed into your health and wellbeing. Are you sleeping well? What's your energy like? Are you stressed? Are you connected with your family and things like that? As we've been going along, this has been very successful. But we teamed up with ReachOut to produce a youth version, which you can see in the middle. And the youth version, again, it went out to a youth advisory group to help us with the language and checking out what was a good fit.
00:28:30		And we've rationalised that a little bit. And we've, of course, tailored the advice of what you can do to a youth audience. And we actually made it into a quiz as well, which is available online, both through ReachOut and through ourselves. And it's just a way of self-checking. There's no collection rounded. It's something people can do as they like. But we've had tremendously positive feedback on how these things can be really helpful to stop and think. And to challenge people to really stretch out their notion of how well they are.
00:29:01		You can actually be having a bad day, but understand that your foundations are really quite good. Other resources and tools that we have are available on our website. But a couple I'd like to highlight for the group. And that is, we have now two podcast series with the ABC Radio, and they cover across a whole host of rural mental health issues.
00:29:28		There's some current ones on the drought and rural suicide prevention as you can see on the screen. And there's ones that dispel, try to cover across what the health service landscape looks like. And we've also got some print resources that you can look at, how to talk to your GP, what do all the health professionals do in the health service landscape and that kind of thing. To try and make things as accessible as possible and use from there.

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00:29:57		The other thing we have which is for our rural audience, which was in partnership with the Land newspaper, is the Glove Box Guide to Mental Health. And this one now it's, I think, seventh edition. And what it does is it pairs people's stories lived experience of mental health problems and recovery with good quality mental health advice, where to get services and that kind of thing.
00:30:25		And it can be a tremendously helpful adjunct as it's not a dry pamphlet or this is our service, we're really good. But it's rather the human stories of, I've lived with depression. This is how I dealt with it. This was my path to recovery. This is what I feel now. We found it has tremendous reach in the rural areas where we've used it. I just thought I'd highlight those out to you. And the other thing, and I apologise because this is a New South Wales programme, one thing that we do, do is we run the rural adversity mental health programme.
00:30:58		And at present there are 14 staff, soon to be 19 in rural areas. You can see them flagged in the little windmills on the New South Wales map. And if you're looking to access direct help or want to connect in other ways, those RAMHP coordinators are there to be contacted on the ground. Whether you live in Murray, Grafton, Walgett, Ivanhoe, there are people you can connect with. And you can find that on our website.
00:31:30		And their role in the community is what's highlighted above. They have four areas of work. They're there to link people to services and care. And that doesn't have to be direct. It can be, I'm worried about my mate, Fred. It can also be, I just want some information. And so the RAMHP coordinators do training in community. They do things like mental health first aid. But they also do shorter courses because not everyone can commit two days of their life to training, nor do you need to diagnose someone's mental illness.
00:32:03		You just need to know if you're worried about a friend, how to get them to care. And also, they're there to inform, so they have a suite of resources up their sleeve. And they have access to staff at the centre in terms of providing information, tailored advice, that kind of thing. The other thing they do is partnered work with community groups, other government departments, all sorts of things, whatever it is to reach their target audience in their patch.
00:32:32		Because what Mary Kelly does in Ivanhoe is very different from what Steve Carey does up in Lismore. We know that rural areas

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		are not homogenous and that they need to have that local knowledge in order to broker what's locally useful, so that's why the programme runs the way it does. But I thought I'd share that with you, for those in New South Wales if you're thinking you'd like to know more and you want to reach out for information in that space.
00:33:00		Most of these workers will work in this space. Some may not fully because they're good schooling coordinators, but they will certainly be around to give that advice as well. I think that takes me to a thank you. I may have gone faster than I would have liked, but I'm happy to take questions.
	LG	Thanks, Hazel. I'm just sharing the screen with Nicole to be able to take it from here.
00:33:32	HD	Thank you.
	NS	Thank you, that was great value. I'm just going to bring up my PowerPoint. What I'm going to discuss with you guys today is rural youth substance use issues.
00:33:55		The problem when discussing rural Aboriginal substance use issues is that we don't have particularly clean data on what young people are doing in terms of substance use. I'll present some of the data that we do have and we can make some inferences on that. We'll go over the risk factors associated with substance related harms. Protective behaviour is known to reduce harms associated with substance use. And then I'll go on to discuss on how you can have a conversation with the young person you might be concerned about and where to get some help.
00:34:30		When we're talking about alcohol and drug use, there’s a whole spectrum of substance use behaviours. And it's typical that we see experimental drug use during adolescence. But it is important to highlight that just because a young person experiments with a substance, doesn't necessarily mean that they'll go on to dependence.
00:34:55		With the substance use disorder, and it's classified in the DSM, and it's characterised by compulsive pattern of use despite significant life difficulties due to the use. It's also marked by the experience of an increased physical tolerance to the substance, where we see a diminished effect of the drug with continued use of the same amount. Physical withdrawal symptoms is also a common characteristic of substance dependence. It's estimated that around 5% of the Australian population meets the criteria for

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		substance use disorder at any one time.
00:35:31		And we have alcohol is the most prevalent. With 2.9% of all substance use dependence being attributable to alcohol. Also men are more likely to meet the criteria for a substance use disorder. In terms of the impact of alcohol and other drugs in regards to mortality associated…
00:35:58		Sorry, so alcohol is, in terms of mortality associated with alcohol, alcohol is the most commonly cited contributing factor to deaths due to injury, such as suicide, transport accidents and falls. Across the population, younger Australians are more likely to have alcohol as an associated factor to death. And this is usually due to a risky drinking episode. And this is compared to the older population and they're more likely to have concerns with a chronic condition such as liver disease.
00:36:31		In terms of substances other than alcohol and tobacco with mortality rates, we have benzodiazepines otherwise known as sleeping pills such as valium. In other words [inaudible] drug-induced deaths in 2016. And they were identified in 36.7 of all drug related deaths.
00:36:59		Benzodiazepines are associated with both accidental and intentional overdoses, and the most common drug in both unintentional and suicidal drug deaths in 2016. The second most common substance present in drug-induced deaths was prescription opioids, such as oxycodone, morphine and codeine. And they were present in over 30% of drug-induced deaths in 2016.
00:37:27		Even for myself, reviewing these stats, I was actually quite surprised. I knew that alcohol was up there. I wasn't entirely up to date with the stats. And was surprised that it was prescription medication that was one of the leading causes of mortality with substance use. The third and fourth most common substance found within drug-induced deaths were methamphetamines and heroin. This is a particular concern when we consider that adolescents are in the developmentally vulnerable period of time, and they’re really primed for risk-taking behaviour.
00:38:05		Substance use among young people is a major public health concern. To contextualise that, we've got some data by regions. We've done some [inaudible] regional rural, it doesn't separate out regional rural Australia.
00:38:32		But we do tend to see similar patterns with regional rural

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		Australia. And as we can see here, people living in remote Australia are substantially more likely to use illicit substances daily and drink at risky levels. And people living in remote areas are over represented in each of these categories.
00:38:57		They're more likely to smoke and drink at risky levels, and use cannabis and methamphetamines. But interestingly, they're less likely to use illicit drugs such as cocaine and ecstasy compared to those in major cities. It'd be interesting to see the age categories of people using cocaine, ecstasy in major cities. This is from a survey data of Australian high school students in 2014.
00:39:31		This is, I think, is actual data on young people substance using behaviours. As we can see, around 85% of young people have tried alcohol by the age of 17, and 35% have tried tobacco. You might note there that the use of inhalants drops between the ages of 12 to 17. Now, I would have a guess that young people who have tried inhalants might be more likely to drop out of school.
00:40:03		Not sure that’s the answer. This is an indication of the average age of substance use initiation. This is from the National Drug Strategy Household Survey. It shows us the average age of young people to have tried alcohol is 16.
00:40:30		Likely that's due to cultural norms, particularly in comparison to [inaudible]. Over the last 3 years we’ve found a trend that young people are likely to have never smoked. And the number of young people who identify as daily smokers has also significantly decreased. That's good news.
00:41:00		In terms of illicit substances between 2001 and 2016, and the researchers noted that cannabis use declined by half, cocaine declined by one-third and methamphetamine also dropped significantly. Over the longer term, daily smoking, risky drinking, and recent use of cannabis and ecstasy were all significantly and considerably lower than for previous generations.
00:41:28		This is positive, and young people in this age range are still more likely to drink alcohol in risky quantities and use cannabis, ecstasy and cocaine than any other age group. While it's decreasing, it's still a major concern. When we're thinking about how [inaudible] will prevent young people from the associated harms.
00:41:58		We can consider quite a seminal research study from the 1970s by a guy by the name of Bruce Alexander. What he did was he

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		took two groups of rats and placed them into two separate enclosures. In one-half the rats were in a standard enclosure and were isolated from one another. And the other half were placed in specifically built environments aimed at providing stimulation to play with each other.
00:42:31		That was named the rat park. They provided morphine to both sets of rats. And what they found was the rats in the isolated cages were quicker to start drinking the morphine water and consumed it at much higher volumes. The caged consumption of the morphine water was 19 times higher than that of the park rats.
00:42:59		[Inaudible] freely available, the morphine water went largely untouched within the rat park as the rats prefer their social life engagement to the drugs' effects. And then they went and moved on to a second stage of the experiment. And the researchers provided morphine water for 9 days straight to the rats in both groups. After which the rats were given a free day and they could choose between morphine water or regular water.
00:43:29		Sorry, excuse me. What happened? Of the two groups, the rats that were kept in the isolated cage not only continued drinking the morphine water but increased their intake. While the park rats drank significantly less of morphine water and actively attempted to resist consuming the drug even when they were experiencing withdrawal.
00:43:58		What this tells us is substance abuse is associated with isolation and deprivation. [Inaudible] Hazel and Georgie were talking about. You can see that really substance use in regional and remote Australia, young people are more likely to experience isolation and social deprivation. That's concerning. If you like the information about the rat park study, there's a TED talk by Johann Hari. And I'll pop that onto the information that's put on the website.
00:44:32		Now, how to talk to a young person if you're concerned about them. Generally, try to pick a good time to have a conversation. Perhaps when they're not intoxicated or when they're hangover. And saying something along the lines of, we're really worried about you lately. I have noticed you seem a bit off. And can we sit down and have a chat.
00:45:00		Trying to be non-judgmental and try and hold off on advice as much as you would like to give. I've just got a quick video to

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		share with you. I just have to remember how to share it.
00:45:30		Sorry, alright share screen. Here we go.
00:46:00	VI	I'm a bit worried about you, Jason. Last week at uncle Dennis's party, you were talking non-stop and laughing at things that nobody else felt was funny. Dennis said he's seen you like that a couple of times now. What's going on?
00:46:30		Nothing at all. It's just me in party mood. You know me, I like to have a laugh.
		Well I think your party might have some chemical assistance. You know me, I've been around for a while and I've seen a few things. Tell me what's going on.
		Nothing much. Just a bit of pot. I had a few pingers at uncle's party, but it was a bit stronger than I thought. But Rachel was on them too. Was she a bit weird?
00:47:00		No, I didn't notice Rach. I only noticed you. Everybody did. So you're taking drugs every now and then, but sometimes it's not exactly what you expected?
		Yes, now and then. Just at parties just for fun. It's not like I'm using it all the time.
		At least you're keeping it to a minimum, I guess.
		It's a bit shame though, everyone knowing. It's just the dealers around here.
00:47:30		Sometimes you get bad stuff.
		You've had some bad experiences?
		Yes, there's a few times I felt a bit wrong I feel like people were out to get me. A couple of times I felt a bit sick, like spewing and stuff.
		Let me get this right. You don't do drugs all the time, only on the weekends at parties and there have been times where you haven't felt so good after taking them?
		Yes, that's it. I don't want to end up sick or addicted to anything. I just want to have fun.

Time code	Speaker	Text
00:48:01		How about we talk to somebody about it? There's a guy down at the health centre who can help. What do you reckon?
		No, I'm good. It's not like it's out of control or anything. I'll just be a bit more careful.
		Have a think about it, at least. You know I'm always here for you. And I'll be back next week to drop your sisters off, so I'll check in on you then.
00:48:30	NS	I'll just go back to my slides.
00:48:56		As we can see there, the auntie, she really demonstrated that non-judgmental approach and just let him have a talk basically, and that's what we're looking for. If you have a young person you're concerned about and you're looking to get more information, the ADIS is a really great resource just for general drug and alcohol. You can ring them up ask about any type of substance.
00:49:26		You can ask where treatment facilities and placed within your area. And they may invite a range of professional psychologists and counsellors. And then you've got the ADF. That's a good resource just for general information. There's also a Dovetail which is an awesome resource for youth drug and alcohol information. They have training packages and tool kits and a good array of fact sheets for dissemination.
00:49:59		We also have particularly to youth mental health is the ReachOut, and that's got some good variety of topics such as bullying and school concerns for young people. And then finally we've got Eheadspace and they provide online counselling that young people can access anywhere from Australia. Okay, thanks very much.
	LG	Thanks, Nicole.
00:50:29		And I just want to direct anyone who feels they might need some help on any of the issues raised in the webinar today to contact one of the numbers or websites that you can see on the right of your screen. Thanks very much, Georgina, Hazel and Nicole. And now I'd like to encourage anyone in the audience who has a question to type it in the questions box in your control panel.
00:50:59		And I might just get us starting off with one of the questions that came through earlier. This one, whoever feels like they can answer it, feel free to jump in. Do any of you have any

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		information about the prevalence of homelessness in rural areas, and maybe particularly homelessness due to alcohol and other drugs, and whether this might be different to rates of homelessness in metropolitan areas?
00:51:31	GL	The only experience I have is in having great difficulty in finding any of that data. Nicole alluded to it. We all get frustrated by the same thing that very frequently when population health surveys are conducted, unless they oversample in rural areas, we find that the number of respondents is very, very low.
00:51:58		I've had local organisations contact me and ask for information on data about homelessness, and it's very difficult to find. I'm sorry, that's not a satisfying answer. Right [inaudible].
	HD	Not so much about the numbers, but we've done some work with Barnardo’s locally around temporary housing, homelessness as a result of domestic violence and the like.
00:52:27		And I know that in our region and West that the short term housing services are operating well and above capacity. There's an incredible demand for services. That would give you an indication that is an issue in rural areas.
	LG	Yes, definitely. Thanks, guys. It's very telling. I'm sure it's very frustrating the lack of data available in a lot of these issues in rural areas. Thanks for that.
00:52:59		We'll have another one. This is directed at you, Georgina. And in particular, the slide looking at the different rates of health professionals that you showed. This person's asked whether the rates of general practitioners are pretty comparable across the regions for Metro and rural. But like you pointed out for psychologists, this isn't the case.
00:53:31		And this person's wondering if you know of any initiatives that are in place to try and encourage psychologists or other health professionals to do some training or work in rural areas.
	GL	Yes, it's a very complex area. I work for what's known as a rural clinical school, and they're established by the federal government to try and encourage more general practitioners to have a rural experience.
00:54:01		And the idea being that if they had a long term rural placement, that they would be more inclined to practice in a rural location. And we've got some pretty good evidence that that is the case.

Time code	Speaker	Text
		One of the strongest factors is having a rural background themselves. Even if they'd studied in a metropolitan setting, are more likely to come back if they have a rural background. But an additive effect if they've been trained rurally.
00:54:29		I'm not sure that I'm best placed to talk about any other professions. I know that it has been talked about a lot in psychology, and that there's a lot of encouragement. I know with dentistry, that there are rural schools in terms of training for dentistry as well. Hazel, are you aware of any other initiatives with any other allied health professionals?
	HD	No, I could probably tell you some more not so great news. We also have psychology rurally as well.
00:54:57		One of the things that is an issue with the thin resources that happen as you go rural and remote, is that the general health workforce is difficult to maintain to build capacity. You have turnover. You often have the new grad who's sent off to some remote locale and they're not supported well enough and they're inexperienced. There's a bit of a cycle of turnover and churn and not being able to get things better done.
00:55:26		The work Cath Cosgrave has shown that you end up with disgruntled labours and disgruntled stayers. It's a work in progress, I think, in this stage.
	LG	Yes, definitely. Thank you. And we're running out of time, so I might just finish up with one last question. And this one's actually directed to each of you separately. But what do you think is the next step for increasing the wellbeing of rural young people? Maybe we'll start with you, Nicole, and then Hazel and then Georgie.
00:56:01	NS	I think it's multi-dimensional. I think, firstly, improving those elements of the social determinants of mental health and drug and alcohol use. That's going to be around living conditions, that's employment, that's education. As I said, multipronged, we also need to be offering adequate improved medical care, healthcare.
00:56:31		And particularly for Aboriginal and Torres Strait Islanders, ensuring that their access is appropriate and culturally safe. There's no easy fix.
	LG	Yes, of course. Over to you, Hazel.

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	HD	Yes, I would fully concur with what Nicole has said. I would also add a parody for mental health service provision in rural areas.
00:57:00		We need to spend as much as we do in Metro. And we simply don't. You can see that from the health professional numbers. I think the other thing is to recognise the rural strengths and connections and connectivity, so leveraging off community and family. And one of the things I'd highlight is that from that Mission Australia ReachOut report on rural youth is that in the city kids tend to worry, they will confine in their friends and reach to their friends as their first choice of advice and support.
00:57:32		In the country, it's family. And in the city kids are worried about getting the right job. And in the country they're worried about getting a job. There are things that are different for youth in rural, and moving away is a significant stressor. Family is a tremendous reach point and protective factor. And obviously, if there's family breakdown, that's an incredible stressor. But I think there's tremendous work to be done in that community space and family space with youth.
00:57:59	GL	If there's anything else I can add to those and I agree wholeheartedly, it would be around health literacy as well. With thinking that in terms of perhaps access via digital health or E-health, that it's not necessarily all down to that lack of infrastructure, even though that is a huge problem. And touch wood, our internet's been fine today, but it can be quite difficult. But yes, around teaching health literacy in terms of knowing when to seek help, where to seek help and how to seek help.
00:58:33		I think whilst there's difficulties with E-technologies I think, particularly for young people, there's great advantage in terms of cost or lack thereof, and also in terms of that anonymity. Being able to direct young people to reliable sources of information will be a great advantage.
	LG	Fantastic.
00:58:58		Thank you all so much, Georgina, Hazel and Nicole, for presenting on this topic. That was just a wealth of information there for everyone listening. And thanks to everyone in the audience for being a part of the Positive Choices webinar series. Like I said earlier, the recording will be available on our website along with a copy of the slides so you can watch back or share with other people in your networks that might be interested.

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00:59:27		And as I mentioned earlier, we'd love to hear what topics you'd like to see in our upcoming webinars. Please get in touch at info@positivechoices.org.au. Thanks very much, Georgina, Hazel and Nicole and everyone in the audience, and goodbye.
	GL	Thank you and goodbye.
	HD	Thank you.
	NS	Bye.