5.1 Holistic health

Before looking at specific youth health issues, it is important to place young people’s health within a holistic framework. As previously discussed young people are influenced by particular factors or ‘systems’ around them. Similarly, there are many aspects of life that influence young people’s health. Some of these include:

- family
- peers
- culture
- spirituality
- community
- society/politics
- environment.

These factors can influence young people’s physical, emotional, mental and social wellbeing.
Health and wellbeing

How would you define health and wellbeing? (Think holistically when making your definition.)

Think about some of the factors that influence young people’s health. What are some strategies your organisation could employ to encourage young people’s health and wellbeing?

AOD use – health and wellbeing

Why do you think young people use alcohol and other drugs? (Think about this issue broadly, particularly considering cultural, peer, emotional and psychological health issues.)
Choose a cultural group you are familiar with. What factors influence their drug use? What effect does this have on their health?

Do you think youth culture influences young people's AOD use? Explain your reasons.

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

There are many reasons why young people use alcohol or other drugs. For some it is recreational or subculture based (e.g. dance parties and raves). For others it might be used as a way of dulling emotional pain.

What are some of the health outcomes for young people who use AOD?
5.2 Some physical health issues for young people

The majority of young people in Australia have good health. The causes of poor health for most young people are social rather than physical. For example, the process of separating from parents and family is often associated with high-risk behaviours (e.g. drink driving, experimental drug use, unsafe sexual practices) which have the potential to cause disability, injury or even death.

Choices have consequences

Adolescence is a critical period in respect to health because the choices young people make during youth development can have a significant impact on their health as adults. For example:

- Research shows that the majority of people who smoke as adults began when they were young people.
- Nutrition and dietary patterns in adolescence have an influence on the risk of developing osteoporosis later in life.
- Poor sun protection can increase the risk of skin cancer later in life.
- Poor nutrition and low activity levels in adolescence are linked to the development of chronic conditions such as heart disease and obesity.

The Australian Institute of Health and Welfare published a report in 1999 that provided an extensive national review of the health of young people between 12-24 years of age. Key findings of the report are listed below.
National health statistics for young people

- More than two-thirds of Australia's young people believe they are in good health.

- The death rate has dropped by 29 percent in the past two decades, primarily as a result of a 60 percent reduction in motor vehicle accidents.

- Injury is the leading cause of death for young people, with two-thirds of deaths due to some form of injury such as accidents and suicide.

- Mental health issues account for more than half of the total youth health burden of the community.

- Between 1997-1999 there was a 71 percent increase in the rate of successful suicides for young males.

- Despite considerable health promotions that focus on the risks of tobacco smoking, 40 percent of 20-24 year olds smoke and 25 percent of 14-19 year olds smoke.

- One in five males and one in ten females between 18-24 years of age are dependent on alcohol and/or other drugs.

- The death rate for Aboriginal and Torres Strait Islander people is three times higher for young males and twice as high for young females when compared with non-Indigenous young people.

- New cases of HIV infection among young males declined from 11 per 100,000 population in 1998. HIV infection rates have consistently been much lower for young females (1 per 100,000).

- Chlamydia is the most common form of sexually transmitted disease among young females.

Most of the health problems highlighted in the above statistics are preventable. The ‘catch 22’ is that often the activities young people engage in as part of an otherwise normal, healthy development (e.g. driving) have risks attached to them which can lead to accidents, injury or death (e.g. high-speed driving) or increase the risk for future health problems (e.g. smoking, poor diet).
Those at most risk who require special attention are young people who are:

- Indigenous
- Living in rural or remote areas
- Involved in the juvenile justice system or in State care (e.g. wards of state)
- From different cultural and language backgrounds
- Chronically ill or have disabilities.

Comprehensive responses are needed including health promotion, early intervention and prevention strategies to address the preventable health concerns of young people (Australian Institute of Health and Welfare, 1999).

**What are some of the health issues that young people in your community experience?** (These issues might include mental health, suicidality, sexually transmitted diseases, alcohol and other drug use, Indigenous health, obesity or eating disorders etc.)
Take home exercise

Select one of the issues you have identified for further research. Look up the Internet to find any local services that might assist young people with this issue. Find out as much information as possible including whether any action has been taken in your local community to understand it more, or to address it.
5.3 A youth health issue in focus: young people, sex and pregnancy

Young people, sex and pregnancy – the myths

Lots of myths float around about sexual intercourse and contraception. Some have been made up because they appear to be based on ‘commonsense’ and therefore they must be true. Other myths have been handed down from other generations where ignorance of sex and health issues, for women in particular, was socially desirable. Ignorance may be ‘bliss’ but it can cause great harm when it comes to health and sexual issues.

Task

Write down as many myths that you can think of about how a girl can avoid falling pregnant after sexual intercourse.

A

(Write your answer here, then check the possible answers on the next page.)
Some common myths include:

A girl can avoid falling pregnant after sexual intercourse when:

- the guy and girl are both virgins
- the girl is having her period
- the guy pulls out before he ejaculates or if he doesn’t go all the way in
- they have sex in a pool or a hot tub
- the girl douches with coca cola after sex
- the girl douches with vinegar after sex
- both partners don’t orgasm at the same time
- the girl jumps up and down after sex (to get all the sperm out)
- the girl pushes really hard on her belly button after sex
- the girl takes a shower after sex
- the girl is on top during sex
- the girl takes aspirin and drinks a coke after sex
- the girl makes herself sneeze for 15 minutes after sex.

Write down as many myths that you can think of about contraception.

(Write your answer here, then check the possible answers on the next page.)
Some common myths include:

- having contraception readily available makes you a slut (girls) or makes it look like you are expecting sex (boys)
- if you use the contraceptive (birth control) pill you will have trouble having kids later
- it is OK to use your friend or sister’s birth control pills
- you can use plastic wrap if you don’t have a condom
- you only take birth control pills when you are going to have sex
- girls can get cancer if they are on the pill.

Write down as many myths as you can think of about sexual health and relationships.

(Write your answer here, then check the possible answers on the next page.)
Some common myths include:

- Sex equals love and commitment
- People cannot get sexually transmitted diseases from having oral sex
- If you use a tampon (before you have had sex), you are not a virgin anymore
- A guy/girl will know if you are a virgin
- If you stop having sex with a guy once he’s aroused, he will be in serious pain.

Sexual behaviour of young people

Even though in many places birth rates are dropping among young women as they marry later, having sexual relations prior to marriage is on the rise. As a consequence young people face an excessive risk of unintended pregnancy and STD’s because of their sexual behaviour, lack of information or little or no access to sexual and reproductive health services. Studies show, for instance, that women delay about one year on average between starting sexual activity and first using contraception (WHO, 1997).

Teenage pregnancy

The United States has the highest rates of teen pregnancy in the Western industrialised world but has seen a reduction in the rate over the last five to ten years. Australia’s statistics reflect the US trend on teen pregnancy. The actual number of teenage pregnancies in Australia declined from 13,373 in 1996 to 12,983 in 1999. The proportion of teenage pregnancies was 5.1 percent nationally (Nassar & Sullivan, 2001).

Indigenous women begin childbearing at younger ages, have higher birth rates in their teenage years and early 20’s, and tend to have more children than non-Indigenous women. More than one in five (22 percent) Indigenous mothers are under the age of 20 (Nassar & Sullivan, 2001).
Consequences of teenage pregnancy

Teenage mothers are more likely to drop out of high school than girls who delay childbearing (ACOG, 1998). With her education cut short, a teenage mother may lack job skills, making it hard for her to find and keep a job. A teenage mother may become financially dependent on her family or on welfare. They are more likely to live in poverty than women who delay childbearing, and nearly 75 percent of all unmarried teenage mothers go on welfare within five years of the birth of their first child (Annie Casey Foundation, 1999).

Young people may not have good parenting skills, or have the social support systems to help them deal with the stress of raising an infant.

Children whose mothers were aged 17 or younger when they were born tend to have more school difficulties and poorer health than children whose mothers were 20-21 when they were born. (Child Trends Inc. 1996).

Encouraging contraception use among sexually active young people

Our first priority should always be to encourage young people to protect themselves during sexual activity. Should they choose to engage in sexual activity prior to the age of legal consent, it is important that we make them aware of all the risk factors and provide them with relevant education and information. Although it is against the law for young people under the age of consent to engage in sexual activity we must take into account that many will still become sexually active during this time. Here are some of the most compelling issues in our challenge to convince sexually active young people to use contraception.

- Many sexually active young people use contraception inconsistently or not at all. Some 31 percent of teen girls were completely unprotected the last time they had sex, and 33 percent of sexually active young people who do use contraception use it inconsistently (Hutchins, 2000).

- Contraception use at first sex has increased. In 1998, 65 percent of females aged 15-19 reported using some method of contraception the first time they had sex. By 1995, 76 percent of this group reported using contraception at first sex (Terry & Manlove, 2000).
• Contraception use at time of most recent sex has decreased. In 1988 77 percent of females aged 15-19 used contraception the most recent time they had sex. By 1995, only 69 percent reported using contraception at most recent sex (Terry & Manlove, 2000).

• Decisions about contraception happen within relationships. More than one-half of young people (51.7 percent) surveyed recently said that one of the main reasons that they did not use birth control is because their partners did not want to (NCPTP, 2000).

• Teaching young people about contraception does not encourage them have sex. Research is clear on this point; sex education does not increase sexual activity. In fact, in some cases, teaching young people about contraception seems to delay their sexual activity. Teaching young people the facts about contraception is not necessarily inconsistent with a strong abstinence message (Hutchins, 2000).

• Access to contraception is necessary but not sufficient. Restricting sexually active young people from having access to contraception would be a mistake, but simply making contraception methods available to young people is not enough to motivate them to protect themselves. Research suggests that making contraceptives available to young people in schools does not increase their sexual activity, but it also does not seem to markedly increase sexually active young people’s use of contraception either (Hutchins, 2000).

• One of the most significant reasons for not using contraception is that young people are much more likely to have unplanned and unprotected sex when they are intoxicated after using alcohol or drugs. More than one-half of young people (53.3 percent) say the main reason they do not use contraception is because of drinking or using drugs (NCPTP, 2000).

• The younger the person, the less likely he or she will be to use contraception or to use it effectively (Moore et al. 1997). Of particular concern is that while sexual activity is down (or has levelled off) among most young people, it has risen slightly among those younger than 15, the group least likely to use contraception (Hutchins, 2000).
5.4 A youth health issue in focus: Indigenous youth health

The holistic model of youth health discussed earlier in this module can also be used to highlight the broad range of factors influencing the health of Indigenous young people. For Indigenous people the effects of colonisation have had a profound effect on their health outcomes.

List some of the factors that influence the health of Indigenous young people. Consider the factors identified in the holistic model of youth health.

The health of Indigenous young people

Many Indigenous adults despair over the abandonment of culture and family ties. The latest consensus (Brady, 1992) estimates that there are 83,427 young Indigenous people in Australia aged between 10 and 24 years. This topic gives a brief overview of Indigenous youth with emphasis on physical and psychological health issues. All of the problems surrounding drugs, sex, getting along with family and school problems are also common to the non-Indigenous population; however there are issues, because of white settlement of Australia, that have impacted especially upon Indigenous culture.
From 1788 the Indigenous population lost control of their health and wellbeing as white colonisation removed their existing traditional ways of nutrition, medical care and appropriate lifestyles (Sargent et al. 1997). It cannot be said that even today Indigenous people have been given the opportunity to regain control of their health and lifestyle (Sargent et al). For many their place of living, hygiene, water supply, diet and housing are still largely determined by politicians, administrators and others not necessarily informed about their culture.

Indigenous health is often dealt with by trying to 'fix' social problems with medical solutions. The most common diseases do not have a single cause and are often the results of an interaction of the psycho-social environment and practices relating to diet and exercise.

Health issues

It is probably true that many of the health issues affecting mature Indigenous people started to take effect by the time they reached adolescence (Brady, 1992). In childhood, particularly in remote areas, the individual has often been bombarded with infections affecting the respiratory and digestive organs. These repeated infections may damage the lungs in conjunction with smoking. (Chronic respiratory disease is the leading cause of death among middle-aged Indigenous people).

A South Australian report found the leading cause of hospital admissions for 0-4 year olds was respiratory disease with 43 percent of these patients being admitted more than once (Hart as cited in Brady, 1992). Other infections such as gastroenteritis with resulting malnutrition and anaemia, repeated streptococcal throat infections and rheumatic fever was also a cause of life threatening illness. Death from accidents was 2.2 times higher in the Indigenous population in children under the age of 14 years.

The same report found that suicide accounted for virtually all the increase in deaths among 15–19-year-old Indigenous and non-Indigenous males (hanging being the method used in the majority of cases).
Barrett and Scrimgeour (1989) found the following diseases are related to the physical environment, social and mental conditions, poor nutrition and exercise habits.

<table>
<thead>
<tr>
<th>Physical environment</th>
<th>Diarrhoeal disease</th>
<th>Respiratory infection</th>
<th>Eye and ear infections</th>
<th>Skin infections</th>
<th>Rheumatic fever</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<td>0-20 years</td>
</tr>
<tr>
<td>Social/mental environment</td>
<td>Alcohol/substance use</td>
<td>STDs</td>
<td>Trauma</td>
<td>Mental illness</td>
<td>Stress related problems</td>
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<td></td>
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<td></td>
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<td></td>
<td>15-50 years</td>
</tr>
<tr>
<td>Nutrition/exercise</td>
<td>Diabetes</td>
<td>Hyperlipidaemia</td>
<td>Hypertension</td>
<td>Ischaemic heart disease</td>
<td>Renal disease</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>30+ years</td>
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</tbody>
</table>

Bartlett & Scrimgeour, 1989

**Alcohol and other drugs**

Like other young Australians, Aboriginal and Torres Strait Islander people are experiencing problems surrounding drug use. Patterns of use alter with geography. For example, an Indigenous youth living in Sydney or Melbourne is more likely to experiment with illicit drugs such as cannabis or heroin. His/her counterpart in the Northern Territory will more likely be drinking alcohol. Alcohol is easier to obtain in cities and towns. Kava is primarily available and used in northern coastal communities in the Northern Territory. Analgesics are more easily available in urban areas and local clinics where there are more chemists.

**Nutrition and eating**

Indigenous children in remote areas are lighter and shorter than children who live in towns (Brady, 1992). This unsatisfactory growth is related to nutritional deficiencies, which are made worse by repeated infections (Gracey & Spargo; Ceek, et al. cited in Brady, 1992). On the other hand, Indigenous youth (for example, in Alice Springs) are now suffering from obesity and related diabetes.
As a worker you are encouraged to understand Indigenous culture. An effective worker should at least partly be able to 'walk in their shoes'. As Seneca once said: 'If you would judge – understand'. An appropriate amendment would be: 'If you would help – first understand.'

Summary

- Youth health issues are influenced by a range of factors related to the individual, family, peers, culture, spirituality, community, society/politics and environment
- Many illnesses affecting young people are preventable
- Many issues uniquely impact on Indigenous Australians. These include nutrition, drug and alcohol use
- To reduce harm, frontline workers have a responsibility to provide information on health issues to young people particularly in relation to drug use and sexual behaviour.

Distance learners should take time now to reflect on their learning, check in with their facilitator and determine their progress.
In many ways young people are not treated fairly in society. Young people can feel excluded from the employment, political, health, housing, financial and legal systems, through lack of understanding, limited experience in dealing with these systems and often a feeling of not being heard.

As people working with young people, we need to be aware of some basic social justice principles that should guide our individual, organisational and systemic work with young people.
These basic principles are:

- **Access**  
  equality of access to goods and services

- **Equity**  
  overcoming unfairness caused by unequal access to economic resources and power

- **Rights**  
  equal effective legal, industrial and political rights

- **Participation**  
  expanded opportunities for real participation in the decisions which govern young people’s lives.

**How does your organisation apply social justice principles in their work with young people?**

**How could you increase social justice for the young people you work with?**

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

*Increasing social justice for young people might be achieved in a number of ways. For example, think about how you could increase access to your service, equity and rights issues, as well as increasing young people's participation. Skills such as advocacy are central to this process.*
6.2 Why young people need advocacy

In 1995 the Australian Law Reform Commission and the Human Rights and Equal Opportunity Commission (ALRC, 1997) conducted an inquiry into ‘children’ (aged 12-25 years) and the legal process. A significant finding of the inquiry was that ‘children’ do not have political power. They have limited say in decisions affecting their lives and are generally unable to have input when decisions are made against their best interests. The National Children’s and Youth Law Centre submission clearly summed it up by stating:

Children and young people are a relatively powerless group in society. Adults very often make significant decisions about children without consulting them or seeking to involve their participation in the decision making process. They are rarely informed or consulted about new laws and policies which will impact upon them. They are frequently denied rights and opportunities that other members of the community take for granted. Many laws treat children and young people not as people but as the property of their parents or as objects of concern. Many protectionist laws and policies are based on outdated paternalistic notions. There is a considerable imbalance between children and young people and government agencies such as the police and schools.

In a similar vein Cashmore et al. (1994), (cited by ALRC) stated:

Decisions are often made by professionals with children’s views not being sought or, if ascertained being ignored or discounted. Children are the passive recipients of decisions made on their behalf by powerful adults. This has been described by Michael Freeman as ‘entrenched processes of domination’ and by Penelope Leach as ‘benevolent authoritarianism’ but, more simply, it is a modern day manifestation of the old adage ‘Children should be seen and not heard’.
As a consequence young people need to rely to a large extent on adults to speak on their behalf and protect their rights. The vulnerability of children tends to be reinforced by the attitudes of adults in society and the legal processes. As a consequence there is a need for young people’s rights to be advocated for them. Moira Rayner eloquently stated this by saying:

… children are grossly disadvantaged in protecting their interests, rights and freedoms. Our legal system denies them a voice – bullied into silence as witnesses, lost in care, expelled without recourse from schools, exploited and abused on the streets and in the systems designed to protect them. In principle children, as people, have the legal rights and interest in having a say in decisions that are likely to affect them; children, as citizens, should have better access to the processes of government that directly affect them; children as human beings with social rights, ought to have equal access to the law, and that the community has a duty to take their rights, and children seriously (Rayner, 1997 cited in ALRC, 1997).

High rates of unemployment, homelessness and mental health problems (including suicide) reinforces the critical need for young people to be advocated for strongly across government and non-government departments. This is often a ‘mine field’ for workers to manoeuvre in, let alone a vulnerable young person trying to master the ‘system’ from the outside.

The Law Reform Commission found that many young people do not feel that they have a voice in the legal processes affecting them. For example, 70 percent who had experience in the juvenile justice system stated that the magistrate or the judge did not let them have a say in their case. Of those who had been involved in welfare proceedings, 62 percent did not know what was happening and 78 percent believed they did not have enough say in decisions made about them.

These findings highlight the crucial need to provide a strong advocacy role for young people and their families in bureaucratic systems, in order to meet the goals and needs of the young person.

As workers in the youth field it is important to advocate for young people’s rights on an individual and systemic basis. Advocacy for an individual at a time of need is vital. However, if change to our system is the ultimate goal, workers need to be more aware and responsive to young people’s needs. There is an ongoing need for workers to network and monitor government services and programs, lobby government on behalf of young people and ensure fairness, accountability and transparency in decision-making (ALRC, 1997).
In order to be a strong advocate for young people you are working with it is important to have access to good legal information. It is impossible to keep up with legislation related to young people because it frequently changes and varies from state to state. However, there are now a number of ways to access good information quickly. The Internet, for example, provides comprehensive information covering each state.

Log on to Lawstuff at www.lawstuff.org and summarise the results of your research into two areas of law related to young people in your state (e.g. homosexuality or private rental).

What other sources are available to assist you in your work with young people?
IT IS VERY IMPORTANT NOT TO GIVE LEGAL ADVICE TO A YOUNG PERSON. You can provide them with general information and act as an advocate BUT never give legal information. If a young person needs legal advice you can help them find a lawyer (preferably one that is youth-friendly).

Most states in Australia have youth legal services. Where could you refer a young people for legal advice?

Summary

- The basic principles of social justice are:
  - access
  - equity
  - rights
  - participation

- Advocacy is one strategy for helping to achieve these principles.
Topic 7

Developing working relationships with young people

7.1 Basic guidelines for developing working relationships with young people

What are some basic principles that should underlie strategies used by workers and organisations to engage with young people? (Base your answer on what you have learned about young people.)

(Write your answer here, then check the possible answers on the next page.)
Some of the basic principles in engaging with young people include:

- understanding the factors that influence young people’s lives
- being aware of young people’s rights and responsibilities
- referring to your organisation’s code of ethics that guides workers’ practice
- adhering to confidentiality and duty of care principles (refer to the module ‘Young People and Drugs – Issues for Workers’ for more information)
- respecting young people’s identities, culture and diversity
- understanding the developmental issues that young people face
- remaining curious about young people’s experiences
- using creative and innovative approaches in dealing with issues young people face
- creating a service that is youth friendly by including young people in the organisation and developing systems and environments that meet the needs of young people
- being genuine and honest in your dealings with young people
- understanding your role and the role of your agency – do not cross boundaries.

It is important to understand the interplay between the different systems influencing young people. By doing so workers can develop a wide range of strategies and interventions in working with young people.
What is an AOD issue facing young people in your community? List a range of individual, family, peer, school, community, societal and political interventions that you could use to tackle this issue? (Think about the possible cause or source of the AOD issue for young people before answering.)

Summary

- It is important to work systemically with young people.
- Individual workers and organisations need to develop a code of ethics as well as policies and practices that guide their work with young people.
- Creativity, youth participation and sound ethical practice help create good working relationships with young people.
8.1

When you have completed this module you will be able to:

- Review adolescent development as a stage of lifespan development
- Discuss the role of families and peers in young people’s development
- Discuss the impact of socio-cultural, economic and political factors on young people and their development
- Relate social justice principles to working with young people
- Apply a systems model to working with young people.

If you have any concerns about meeting these learning outcomes you should speak with your facilitator. Before you contact your facilitator, complete the Reflection Activity in this topic.

Remember that if you want to know more about any of the topics covered in this module, a range of references are provided at the end of this module.

You could also contact your local health service or youth service for further information.
8.2 Summary of contents

Young people in Australia are growing up in an environment of considerable uncertainty. There are important changes in the structure of the family and the place of cultural identity. There have also been rapid and dramatic changes in the labour market and employment prospects.

Where and how young people grow up, their family formation and circumstances, cultural background and influences, goals and aspirations, all influence the adolescent transition making it a very different experience for different individuals. It is therefore important that young people are not viewed as a homogeneous group. While there is some similarity in the pathways they navigate between childhood and adulthood, there are enormous differences in their experiences and circumstances. These experiences and circumstances not only shape their individuality but also influence how they respond to the range of societal impacts discussed in this module.
8.3 Self-reflection activity

Take some time to reflect on what you have gained from your learning. You may wish to share your insights with the other learners or colleagues.

**Question:***

Can you identify some new concepts that you have learnt in this module which will help you understand young people?

**Answer:**

In what way will these new concepts influence your approaches to working with young people?

**Question:***

Do you feel more confident in understanding young people’s developmental, social and systemic influences? Which of these has struck you as important in your work?
Do you understand the main frameworks and models described in this module (e.g. youth focused systems approach, social justice principles and the holistic health model)? Are you interested in learning more about these models? How will you go about doing this?

What are the main issues that this module raised for you?
References


**Websites**

Drug Info Clearinghouse – The drug prevention network
http://druginfo.adf.org.au

The Australian Drug Foundation (ADF):

Within the ADF is the Centre for Youth Drug Studies:

*The Alcohol and Other Drug Council of Australia (ADCA):*
www.adca.org.au/

The National Drug and Alcohol Research Centre (NDARC):
www.med.unsw.edu.au/ndarc/

The Centre for Education and Information on Drugs and Alcohol (CEIDA): www.ceida.net.au/

The Network of Alcohol and Drug Agencies (NADA):
www.nada.org.au

Drug Arm (This site is particularly focused on youth issues):
www.drugarm.org.au

The Australian Drug Information Network:
www.adin.com.au
**Key terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Abstinence</td>
<td>Refraining from drug use.</td>
</tr>
<tr>
<td>Adolescence</td>
<td>The transition period between puberty and adulthood, i.e. youth.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Process of addressing the power imbalances within society</td>
</tr>
<tr>
<td>Alienation</td>
<td>A social process that creates a feeling of separation between the individual and other members of the community and/or hinders the building of this relationship between the individual and members of the community.</td>
</tr>
<tr>
<td>AOD</td>
<td>Alcohol and/or other drug(s)</td>
</tr>
<tr>
<td>Attachment</td>
<td>Attachment refers to a strong emotional relationship. Usually this attachment is between people but it can also exist between a young person and their school or community. Attachment is more likely to occur if the young person performs well in this group and is rewarded for their contributions to the relationship.</td>
</tr>
<tr>
<td>Autonomous/autonomy</td>
<td>Independence, self-sufficiency</td>
</tr>
<tr>
<td>Community</td>
<td>A broad group of people (who may live close together, but do not necessarily live in the same area), who share common social structures and goals and engage in a wide range of activities in an interdependent, mutually advantageous, and empowering manner.</td>
</tr>
<tr>
<td>Community disorganisation</td>
<td>A breakdown in normal community structures characterised by low neighbourhood attachment.</td>
</tr>
<tr>
<td>Contract</td>
<td>A tool that can be helpful in reinforcing an agreed plan of action between workers and young people. Can be informal (verbal) or formal (written).</td>
</tr>
<tr>
<td>Depressant</td>
<td>Drugs that slow down the brain and central nervous system.</td>
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<tr>
<td>Developmental stage</td>
<td>A stage of growth.</td>
</tr>
<tr>
<td><strong>Key terms (continued)</strong></td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
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<tr>
<td><strong>Drug</strong></td>
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<tr>
<td>In the context of this course, a drug is a substance that produces a psycho-active effect which involves changes in mood or behaviour due to alterations in brain function.</td>
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<tr>
<td><strong>Drug dependence</strong></td>
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<tr>
<td>Anyone who relies on and regularly seeks out effects of a drug can be considered to be dependent on that drug to some degree. Drug dependence occurs when a drug becomes central to a person’s thoughts, emotions and activities. A dependent person finds it difficult to stop using the drug or even to cut down on the amount used. Dependence has physiological and psychological elements.</td>
<td></td>
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<tr>
<td><strong>Dysfunction</strong></td>
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<tr>
<td>Not working in a healthy way. Failure to function normally.</td>
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<tr>
<td><strong>External locus of control</strong></td>
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<td>A person with an external locus of control believes that their fate is determined by factors beyond their control (e.g. chance). This approach can be healthy when dealing with failure or disaster. It can also be harmful in that it can lead to feelings of helplessness and loss of personal control.</td>
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<tr>
<td><strong>Family</strong></td>
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<tr>
<td>Any related (by any bond or role) group of people who share interdependently in the daily tasks of living.</td>
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<tr>
<td><strong>Hallucinogens</strong></td>
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<tr>
<td>Drugs that act on the brain to distort perception, i.e. sight, taste, touch, sound, smell.</td>
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<tr>
<td><strong>Harm minimisation</strong></td>
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<tr>
<td>Harm minimisation is the primary principle underpinning the National Drug Strategy and refers to policies and programs aimed at reducing drug-related harm. It encompasses a wide range of approaches including abstinence-oriented strategies. Both legal and illegal drugs are the focus of Australia’s harm minimisation strategy. Harm minimisation includes preventing anticipated harm and reducing actual harm.</td>
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<tr>
<td><strong>Harm reduction</strong></td>
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<tr>
<td>Harm reduction aims to reduce the impact of drug related harm on individuals and communities. It includes those strategies designed to reduce the harm associated with drug use without necessarily reducing or stopping use.</td>
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<tr>
<td><strong>Health promotion</strong></td>
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<tr>
<td>The process of enabling people to improve their health. It involves a range of activities that are focused on building health public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health issues.</td>
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</tbody>
</table>
### Key terms (continued)

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Heterogeneous</td>
<td>Groups that can encompass a range of differences.</td>
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<tr>
<td>Homogeneous</td>
<td>Group composed of similar individuals.</td>
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<tr>
<td>Impulsiveness</td>
<td>Someone who is impulsive is said to be unable to resist an impulse, drive or temptation to perform certain acts.</td>
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<tr>
<td>Interdependence</td>
<td>Mutual contribution to a relationship with shared responsibilities. Interdependence fosters a sense of individuality and creativity and allows risk-taking, but provides a 'safety net' of support.</td>
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<tr>
<td>Internal locus of control</td>
<td>If a person believes that they control their own destiny and behaviours, then they are said to have an internal locus of control. This concept is quite important when people make attributions for their behaviours.</td>
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<tr>
<td>Intersectoral collaboration</td>
<td>Coordination of interventions by agencies from different sectors or industries</td>
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<tr>
<td>Intervention</td>
<td>A purposeful activity designed to prevent, reduce or eliminate AOD use at an individual, family or community level</td>
</tr>
<tr>
<td>Intoxication</td>
<td>Any change in our perception, mood, thinking processes and motor skills as a result of the impact of a drug(s) on our central nervous system.</td>
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<tr>
<td>Marital discord</td>
<td>Characterised by high levels of disagreement between couples often culminating in depression and/or violence and aggression between couples. This impacts on others in the family unit.</td>
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<tr>
<td>Negative communication patterns</td>
<td>This is where families or people in relationships get stuck in a cycle of using ineffective communication styles that stifle exchange of information between parties. They often use methods that block communication, such as blaming, criticising, interrogating, judging and bringing up past issues.</td>
</tr>
<tr>
<td>Overdose</td>
<td>The use of a drug in an amount that causes acute adverse physical or mental effects. Overdose may produce transient or lasting effects and can sometimes be fatal.</td>
</tr>
</tbody>
</table>
Population-based interventions (universal)  
Interventions aimed at particular groups of the population, for example youth.

Protective factors  
Protective factors are those factors that enhance the coping abilities of a young person thus increasing active participation in community activities and decreasing susceptibility to adverse consequences.

Resilience  
Ability of an individual to face particular difficulties (such as abusive situations, living in poor conditions and having a non supportive family), yet not necessarily go on to develop problem/risk behaviours. It describes the capacity of a person to respond in a positive way to the risks, stresses, and adversities of life.

Risk factors  
Factors that hinder adolescent development, limit coping abilities thus increasing susceptibility to social, behavioural and health problems.

Stimulants  
Drugs that speed up the brain and nervous system

Withdrawal symptoms  
Symptoms that can occur when a person using a drug over a prolonged period reduces or ceases use.