Community Attitude Research on Alcohol and Other Drugs

Qualitative Research Report

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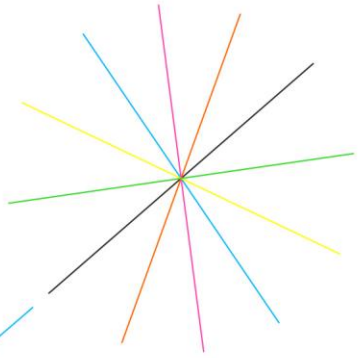

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1. EXECUTIVE SUMMARY

1.1 BACKGROUND

The aim of the National Drug Strategy 2010-2015 is to build safe, healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities. Research commissioned by the Department of Health (the Department) has shown that the drugs landscape is constantly changing. It is important to continually review the field of drugs, and to understand the latest trends and community perceptions, in order to stay abreast of the situation and to be able to develop targeted, informed and effective initiatives.

The Department sought to conduct a further phase of community attitude research to make direct comparisons between research conducted in 2012 and the situation as it stands in 2016. This research was designed to build upon learnings from 2012, and update findings within community perceptions and the cultural context of drug use, attitudes and awareness.

The qualitative research program Snapcracker have conducted to date has focused on young people aged 12 to 24, and has also included parents, older young people and a cohort of ice users. This report details the findings from the qualitative stages of this research.

1.2 RESEARCH METHODOLOGY

Snapcracker Research developed a multi-faceted program of research to comprehensively meet the research objectives which included:

- Phase 1: Gathering expert perspectives (Qualitative)
- Phase 2: Diving into youth culture (Qualitative)
- Phase 3: In-depth examination of drugs (Qualitative)
- Phase 4: Quantifying our learning (Quantitative)

Detailed information on the research methodology is provided in Section 4.

1.3 YOUNG PEOPLE IN 2016

Please note that general findings in this section are based upon the range of activities undertaken during the 'diving into youth culture' stage. Any findings that are based on broader evidence are referenced.

It appears that the period of 'adolescence' per se is becoming longer. Childhood and psychology experts now talk about it starting as young as nine years old and lasting up to the age of twenty-five[1][2]. 'Youth' can be a time of excitement and fun, as well as a time of increasing pressure and worry. Many young people have very busy lives, which involve a range of activities, including sport and employment. As such, they often have a range of friendship groups, particularly as they get older.

Many young people appear to have a strong sense of responsibility, and an awareness that the things they want from life (such as owning their own homes) will not simply be served to them but that they must work hard for them.

Young people can also have extremely high expectations of themselves, and measure themselves against unrealistic expectations. The 'perfectionism' that can be evident across social media can, in some cases, be internalised by young people and result in diminished feelings of self-worth.

Across young people of all ages, it appears that social values are clear and consistent. Many are aware that they are growing up in times of economic and cultural change, where traditional social structures are being replaced and claim they are unwilling to conform to what they see as being

[1] *http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_includes/_pre-redesign/Interactive%20Guide.pdf*

[2] *https://www.psychologytoday.com/blog/surviving-your-childs-adolescence/200902/early-adolescence-9-13-change-the-worse*

outdated social ideals. The key issues that tend to be most often mentioned are equality, flexibility, authenticity, being socially-minded and individuality.

Social media can be viewed by young people as a double edged sword. On one hand it can clearly help foster strong connections and create a sense of shared experiences with others. Conversely, however, many also believe that social media can be a brutal environment where they can be exposed to 'trolls' and this can contribute to the mental health issues many young people face, especially with perfectionism, body image pressure and bullying.

1.4 PARENTS IN 2016

Parents of young people can vary significantly in confidence levels. In this context, 'confidence' relates to the amount of influence parents feel they credibly have over their children, and the extent to which parents feel able to have successful conversations with their children about more difficult or sensitive issues such as drugs, alcohol, sex and violence.

We observed a range of levels of parental confidence. It seems that the majority of parents sit somewhere in the middle of the confidence spectrum and claim to be happy to talk to their children, but often feel that they don't know as much about some 'difficult 'topics (such as drugs) as they could and lack some confidence in their own influence. There are also smaller groups of parents with lower and higher levels of confidence. At the lower end of the spectrum, parents may avoid talking about more difficult topics with their children, and at the higher end, a minority of parents claim to proactively and confidently talk to their children about these topics and to set aside time to do so.

Some parents in our qualitative sample had taken drugs themselves as teenagers, to very varying degrees, from one-off use of marijuana to regular ecstasy consumption to more habitual consumption of a range of drugs. These parents often claim to feel unsure as to whether they should divulge their usage to their children – not doing so could seem hypocritical, but doing so could provide a sense of permission to their children and in fact encourage them to experiment with drugs.

Parents often claim that they believe their children know more about drugs than they do. They are aware that their children are taught about drugs at school, and in some cases may rely on school-based alcohol and drug education to inform their children. In many cases, parents assume that the information their children receive is more up to date than the drugs information they may have been exposed to.

1.5 THE DRUGS LANDSCAPE IN 2016

It must be noted that for the most part, there is a significant difference between the views of young people and parents towards 'alcohol' and 'drugs'. While specific attitudes towards alcohol are discussed in greater detail below, in general alcohol is viewed as a less controversial substance which is highly permissible within the wider community. Given the illicit nature of the majority of drugs explored in the research, attitudes towards them are often quite distinct. Unless alcohol is specifically mentioned, this report deals predominantly with drugs.

There is a huge difference in perspective around drugs according to a person's level of experience of them. This can markedly affect how drugs are perceived, as well as levels of awareness of drugs. Young people with little or no experience of drug taking and most parents tend to perceive different drugs according to how they have been taught or informed about them. Conversely, those with either some or significant experience of drug-taking generally perceive drugs according to their own, personally lived knowledge of them. Perceptions of different drugs among this audience are often quite specific and detailed, and go far beyond the perceptions of those less informed. In some cases, their perceptions of drugs are the polar opposite of the perceptions of those less informed. For example, people with little or no experience of drug taking tend to map MDMA as dangerous, whereas those with more experience often map it as relatively safe.

Throughout this report, we reference the attitudes of 'less experienced young people and most parents'. While we acknowledge that parents have different levels of past personal experience of

drugs, the vast majority of parents in our sample exhibit highly similar attitudes towards and perceptions of drugs to those young people with less experience of drug taking.

When mapping a range of drugs on a two-spectrum scale (fun versus not fun and safe / soft versus hard / dangerous), less experienced youth and most parents tend to map most drugs such as alcohol, ecstasy and ice consistently. Those with more experience of drugs are far more exhaustive and nuanced in their mapping of them.

In terms of 'common-ness' of drugs, perceptions vary significantly across these different audiences. Among non-drug takers there can be a sense that drugs are invisible, especially among those in younger age groups and most parents. It is clear that as young people get older, drugs become far more visible, and they begin to see evidence of them when they are out. Among those beginning to take drugs, it can become obvious that drugs have always been around, but they had never noticed them. Most drug users claim to buy them from friends who operate as 'distributors' of certain drugs.

Cigarettes are widely perceived as harmful to health and highly addictive. Messages about the harms of smoking have cut through to the point that they are widely accepted and smoking is felt to have almost become outlawed. Among some current drug users, cigarettes are viewed as more harmful than illicit drugs. This negative perception may have affected perceptions of marijuana and the extent to which it may be the first illicit drug taken after alcohol.

Whereas in prior research perceptions of alcohol have been positive, it seems that they may have become more complex. Alcohol is perceived as highly socially acceptable, and an intrinsic element of social culture, strongly associated with positive occasions. However, it seems that there are also more negative perceptions of alcohol than in the past and it is now linked to issues such as violence.

Among drug users, a deliberate choice can be made between alcohol and drugs. Drugs can be selected for being cheaper and more convenient than drinking alcohol. Some also believe there is less risk of getting out of control and dangerously incapacitated drunk with some drugs than with alcohol.

Marijuana (most commonly referred to as 'weed') is widely felt to have been increasingly normalised as a drug. Given a more tarnished view of alcohol, it can seem safer, and less a source of societal problems. Weed tends to be positively associated with relaxation, helping with sleep and reducing stress. It also has more of a sense of permissiveness borne out of coverage of decriminalisation and medical marijuana. The majority of people in our sample have some level of exposure to it.

Among teens, weed is still perceived as the key illicit drug they are most likely to take first after alcohol. That said, there is evidence that many young people are increasingly put off by the idea of smoking it.

'Party drugs' (which is a term used by many young people to describe stimulant drugs that are perceived to be grounded in being very social and going out and having a good time either at licensed venues, festivals or parties, such as ecstasy and MDMA) is a category that appears to have changed significantly among regular drug users, for whom the term 'ecstasy' is seen as a thing of the past. To this audience, 'pills' have now become negatively associated with 'dirty', harmful ingredients and many claim to either no longer take pills, or to have restricted their use. The drug of choice within the party drug category is now firmly considered to be MDMA capsules, or as they are more often called, "MD' or 'caps', generally perceived among this audience as being far cleaner and purer than pills, and on a price parity. Among this audience, the perceived associations with MDMA (including its effect) are almost identical to the (largely positive) perceived associations with ecstasy in the past.

Among less experienced young people and most parents, there can be confusion about this category of drugs. None in these audiences feel confident that they know about these types of drugs at all.

Hallucinogenic drugs appear to be present on the drugs scene, taken by users as an alternative to party drugs, for more mind-altering experiences. They are positively associated among users with

spiritual, creative encounters. It seems that usage of hallucinogens overall is far more deliberate and less spontaneous than, for example, weed or MDMA, generally due to the length of the effects.

Ice remains one of the final frontiers of drugs – to all but those who take it. For most, the negative imagery from the National Drugs Campaign ice advertisements has been embedded into their minds. In addition, regular media coverage of ice addiction and horror stories keeps it top of mind. For the majority of people, ice is now firmly positioned as the heroin of this generation.

Among those who use ice or who have used it in the past, first time use of this drug can be claimed to have been either to do with curiosity or with a lack of availability of other drugs. For many ice users, a key reason to continue using ice is asserted to be its cheapness compared to other drugs.

Ice users tend to believe that there is a need to treat ice with a lot of respect. They are aware of how addictive ice can be, and most claim to control their usage of it. There are however some physical and behavioural indications among more frequent ice users that they may be on the verge of addiction, and may benefit from some kind of support or intervention.

Ice users claim they may be persecuted if it becomes known that they take it. Many tell us they worry that they would be negatively judged and ashamed if people found out. If any users feel they are losing control, there appears to be a lack of willingness to ask for help, for fear of judgement.

Many of our less experienced young people and most parents have never heard of synthetic cannabis, and are completely unable to comment on it. Among even the most experienced drug users, however, there is a real fear surrounding this due to a lack of predictability, extremely intense highs and almost psychotic episodes. Previous users of it often claim they will never take it again.

Cocaine continues to be perceived as the most glamorous of drugs, widely considered to be very expensive, often restricted to ‘special’ occasions. It is associated with high end bars and clubs, and is seen as the upmarket party drug, which many claim they would take more regularly if they could afford to.

Speed in its original powder form – appears to have almost vanished. Only a very small minority of people are believed to take it anymore, and if they do, it is often for functional use as opposed to recreational use. Functional use is defined in this context as usage that is intended to allow a user to continue the activities they would normally undertake in a typical day, rather than usage intended to create an altered experience for recreational purposes.

For most, heroin has disappeared from view and its media visibility has shrunk so much that some question whether it still exists. It seems that in 2016, heroin is almost outdated and irrelevant.

The only real evidence of ketamine in this qualitative research sample is in Melbourne. Among those who use it, it tends to be taken towards the end of a night out on party drugs, to bridge the gap and ‘smooth’ the transition between the effects of the party drugs and the period when they wear off.

Gamma-Hydroxybutyric acid, or GHB is felt to be only evident in very small pockets and very little evidence of it was found in our sample. It is now considered by most to be the drug that is used to spike drinks, or the ‘rape’ drug.

Prescription drugs tend to be categorised into a range of types, each of which appears to be used for quite different purposes: ‘study drugs’ for functional use such as Adderall, Ritalin and Dexamphetamine; ‘downers / looseners’ to ‘take the edge off’ such as Xanax, Valium and Benzodiazepines; and ‘opiates’ used less commonly for a ‘blissed out’ high, such as Endone, Oxycontin and Codeine.

Qualitatively, it seems that there is slightly more evidence of prescription drug use in 2016 than in previous years, particularly in the downer / loosener category – and almost always among those who are already firmly in the world of drugs. They appear to be being sourced in a range of ways, including from friends and online.

1.6 DRUG TAKING ATTITUDES AND BEHAVIOURS

There is a clear 'journey' from first time drug use to poly-drug usage, which some people will go on (while others will not). If we look at the journey of a young person, most will start with alcohol use for the first time. If they then take other drugs, it seems their first time use is still predominantly weed, although this may involve another drug, especially if a young person is put off by the idea of smoking. If drug use continues it tends to be fairly general, usually only involving weed and some party drugs. Beyond this, if further experimentation continues or if poly-drug use becomes habitual, it tends to become more specific and to involve a wider variety of drugs, including weed, MDMA, LSD or mushrooms, cocaine, and possibly into ketamine, GHB, ice and prescription drugs.

Young people may exit this journey at any stage. Some will take drugs once and never again, while those at the other end of the spectrum may form habitual usage and then decide to stop. Some may get to a point where drugs no longer have a place in their lives. One's mid-thirties appears to be the age at which continued heavy drug use can be viewed as a little 'sad' or 'desperate'.

Not all longer-term drug users become poly-drug users. Some will simply smoke weed or take the occasional pill, and not experiment with other drugs. That said, there are some qualitative indications that poly-drug use has grown, with more of those who continue to use drugs taking a range of substances, and choosing these substances quite deliberately, for particular occasions, to achieve certain experiences.

For most, there is a clear line they never want to cross when it comes to drug use. While many find the concept of 'recreational' drugs such as …acceptable, they draw the line of acceptability at what they see as harder, more addictive drugs such as …, as well as injecting drug use. This seems to be the point that many consider to be the line between a recreational user and a 'junkie'.

To all, the indicators of concern about someone's drug usage are clear, and most are able to cite a range of them. Indicators include when usage turns into a need, not a want, when a person will spend money on the drug rather than other necessities such as fuel, when people start to skip work or social events as a result of their drug use, when they start to look unwell, when they borrow money to buy their drugs, when they seem unable to stop, when they can talk about nothing else and when they are quick tempered for no apparent reason.

In summary, there appear to be four distinct cohorts within our audience:

- non-drug using young people with low awareness and experience of drugs who are currently low-risk but may need continued messaging to reinforce their perceptions;
- the majority of parents who have low awareness and experience of drugs who would benefit from being reminded about the dangers of drugs;
- shorter-term drug-using young people with high awareness and knowledge and growing experience of drugs, who are at significant risk of their drug use escalating; and
- longer-term drug-using young people with high awareness, knowledge and experience of drugs who are at risk of their drug usage becoming out of control.

1.7 PERCEPTIONS OF INFORMATION, SUPPORT AND TREATMENT

The extent to which drug information sources are trusted can vary significantly across different audiences. Among parents and younger teens with no experience of drugs, more 'traditional' sources of information (school, government sources) tend to be positively taken at face value. Conversely, among young people with even a small amount of awareness of and exposure to drugs, these traditional sources can be questioned and challenged for being overly biased, and failing to take into account the potential positives of taking drugs.

Young people with some awareness of drugs often seek the views of those with experience, and claim to be most trusting of information and advice from those with first-hand experience of drugs, who offer a realistic view of drugs, highlighting both the positives and negatives of taking them, rather than having a particular agenda either for or against them. To them, the ideal source of information about drugs balances a factual approach with a comprehensive approach.

Parents are often prompted to seek information about drugs once they think about the subject in any depth. Spontaneously, many initially claim they don't necessarily need information about drugs. However, during the course of discussions, many begin to realise the extent of what they don't know, and concur that they would benefit from being armed with more information and tips to help them have conversations with their children about drugs.

'Support and treatment' for drugs is relatively unclear. Few young people or parents are able to definitively describe what is available in these areas. In relation to support, some mention counselling or helplines and organisations such as Lifeline and Beyond Blue. In relation to treatment, most are only able to suggest residential rehabilitation facilities as an option. Beyond mental health organisations, very few suggestions emerged. Despite this, many articulate what they would like to see available, including tools and tips as to what to do in certain situations (such as friends causing concern, children in trouble).

A real stigma appears to exist around the area of treatment. For many, there is a general impression that it is a last resort, which relates to the most addictive, scary drugs only. As a result, there is a sense that those who are in trouble may be less likely to feel confident asking for help. There is no widespread sense of 'normalisation' or permission about seeking support or treatment for drugs, and an apparent lack of awareness on the range of treatment options that are available, ranging from brief interventions such as online counselling, through to residential rehabilitation programs.

1.8 RECOMMENDATIONS FOR MOVING FORWARD

From this qualitative research, there appears to be an opportunity for a three-pronged strategy, aimed at different audiences who have differing levels of experience and awareness of drugs.

Firstly, there is still a clear role for a prevention approach for non-users, which highlights the dangers of drugs to a younger cohort who have not yet begun to think about using drugs.

Alongside this, there is potential to re-activate parents in relation to drugs and their children, as they vary in levels of confidence when talking to their children about more difficult issues such as drugs and many would benefit from greater information and tips about what to do if a problem arises.

Secondly, there is a real opportunity to reinforce the risks of drug taking among young people who are dabbling with drugs but have not yet developed habitual behaviour. This approach would aim to try to stem the flow of their drug use and prevent it developing into longer-term, habitual drug use. A significant caveat here is that it is vital that this is done in a manner that is perceived as credible. If it is not, it is likely to be dismissed outright by this audience.

Thirdly, holding a mirror to heavier drug users may help them slow down. Providing reminders about the well-recognised indicators of concern could encourage heavier users to re-assess their behaviour. While this approach is unlikely to result in drug use stopping altogether, it may encourage users to be more measured in their usage, or concerned friends to speak up about it. There may also be an opportunity to provide education about the range of treatment options available beyond rehabilitation services. Many see rehab as the key form of treatment available, and are unaware of services available for less acute scenarios.

At the heavy end of the drug using spectrum, it is clear that some require permission to ask for help as they may be on the verge of losing control and becoming addicted however, they can feel that there is a stigma around asking for help. Ideally, messaging around support and treatment would focus on confidentiality as well as the benefits of seeking help, and would reassure this audience about a lack of negative judgement when seeking help.

In the quantitative stage, there is a need to measure a range of issues. Clearly, this stage will identify the dimensions by which to define a segmentation of young people in relation to drugs, as well as the sizes of each of the segments and the extent to which the segments are similar or different to 2012.

In addition to this, some changes appear to have occurred since 2012, which merit measurement, to understand how prevalent they are. In no particular order, these are: the extent to which

parental confidence levels vary; the extent to which deliberate, poly-drug use is on the rise; the extent to which weed is still the first drug ever taken; the extent to which prescribed drug usage for recreational purposes is growing; the extent to which the perception of ‘pills’ and ‘ecstasy’ has changed; and the extent to which perceptions of alcohol have been tainted.

From a communications perspective, certain messages and approaches appear to work consistently well to attract the attention of each audience attention, and have resonance and impact:

- among less aware young people, real stories, especially of those who have had negative experiences of drugs can work well to raise awareness of the specific harms and risk (including health, social and legal) associated with particular drugs to encourage and support decisions not to use;
- among parents, stark reminders of the dangers of drugs (such as the old National Drugs Campaign advert aimed at parents called ‘Lost Dreams’ where we hear the voiceover of a young child telling us their dreams, contrasted with negative imagery of young girls prostituting themselves, children fighting with their parents, and a young person being zipped into a body bag) work well to activate them on the issue and clearly have very strong resonance among parents.; and
- factual and impartial drugs information can work well for those seeking ‘the truth’ about drugs.

2. BACKGROUND

2.1 OVERVIEW

The illicit drugs landscape is constantly changing. For a long period, 'ecstasy' – which in its original form contained MDMA - was perceived as a comparatively 'clean' or 'pure' party drug of consistent quality. In recent research, it has become clear that the term 'Ecstasy' has often been seen by young people as old-fashioned, having been replaced with 'pills'. Equally, research has shown that pills are generally believed to vary significantly in terms of quality and ingredients, and in some cases to be relatively 'dirty', as it can be difficult to determine what the ingredients are (and therefore what the drug taking experience and consequences will be). Equally, while heroin used to be seen as the most 'scary' drug, widely associated with 'junkies' - but by 2013 its position was firmly replaced by ice.

It is therefore of vital importance to continually review the field of drugs, and to understand the most up-to-date trends, developments and community perceptions, in order for the Government to stay abreast of the situation and to be able to develop targeted, informed and effective initiatives accordingly. In this respect, being able to make direct comparisons between the status quo a few years ago and the current situation is essential.

Research for the Department of Health ('the Department') among young people and their parents which seeks to understand knowledge, attitudes and behaviours as they relate to alcohol and other drugs has been fundamental in informing policy and program development, including previous phases of the National Drugs Campaign. An initial suite of research was conducted in 1999 / 2000, which identified a range of psychographic segments among young people relating to their attitudes and motivations towards, and usage of, illicit drugs. This research was repeated in 2012 and revealed the changing landscape of alcohol and drugs as well as changes that had occurred in psychographic segments over time.

The 2012 qualitative developmental and qualitative and quantitative segmentation research[3] indicated that the idea of 'Thrill Seekers' had become slightly out-dated. Among young people, the research showed that illicit drug use had become somewhat more 'normalised' and therefore did not bring with it the level of thrill or excitement that it had once done. Rather, the underlying motivation among this segment was more about regular 'fun' than a thrill.

This research also indicated that as a result of the absence of MDMA in ecstasy or pills, young people were beginning to look elsewhere for their 'party drug' experiences. A 'gap' appeared to have been created for affordable party drugs, and there were signs of increased experimentation among young people to find them, including hallucinogenic and some pharmaceutical drugs.

The 2012 research also identified the group who are most at risk of future drug use – those who may currently reject drugs but who enjoy new experiences and are generally positive about life.

Previous research[4] for the Department has revealed that communications ideally need to strike an overall balance between the perceptions of those who are more informed and less informed about the subject of drugs, as well as those who have more and less experience with drugs. Without this balance, there is a risk of communications seeming overly serious (and not highly credible) to the more informed and experienced with regards drugs, or insufficiently serious to the less informed and experienced. In this respect, it can be important to explore the views of those at both ends of the spectrum, to ensure that any initiatives developed are credible, and to reflect the current status quo as accurately as possible.

Research has also highlighted that the 'scariness' of ice has increased over time[5], and that it is possible that including ice within a communications campaign aimed at other (possibly more

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[3] *http://www.drugs.health.gov.au/internet/drugs/publishing.nsf/content/EC943BDB34BC2EF7CA257E7E0004BB51/$File/Developmental%20Research%20for%20the%20National%20Drugs%20Campaign%202012-14-Qual.pdf*

[4] *Concept Testing research for NDC 2015*

[5] *Concept Testing research for NDC 2015*

commonly used) drugs may risk the communications either not being perceived as entirely credible, or potentially giving the impression of ice not being as 'scary' as people perceived it to be.

Throughout all of the research conducted in this area for the Department to date, it has been abundantly clear that illicit drugs (and alcohol) are not used in isolation – but rather, their usage is inherently tied to the social and cultural context within which young people live their lives. Friendship circles, music, television programs, social media, the 'cool kids' and a whole host of other factors play a critical role in framing drug use for young people – and interventions which acknowledge this and seek to leverage it tend to be more likely to be seen as credible and relevant by young people.

2.2 THE NEED FOR RESEARCH

The Department sought to conduct a further phase of community attitude research to make direct comparisons between the 2012 research and the situation as it stands in 2016. This research was designed to build upon learnings from 2012, and update findings within community perceptions and the cultural context of drug use, attitudes and awareness. In this respect, it will inform future alcohol and other drugs policy and planning to support the NIAS, including but certainly not limited to informing potential future activities within the NDC. Unlike previous research, parents and CALD and Indigenous populations were included in the study, and the focus of the study is broader than in the past, where it was solely focused on informing NDC activity.

The qualitative research program Snapcracker have conducted to date has focused on young people aged 12 to 24, and has also included parents, older young people and a cohort of ice users. This report details the findings from the qualitative stage of this research.

3. RESEARCH OBJECTIVES

The overarching objective of the research was to update and refresh the Department's understanding of current factors influencing community attitudes and behaviour when it comes to illicit drug use - to inform future alcohol and other drugs policy and planning, and to support measures being progressed under the NIAS, including potential future activities under the NDC. A core element of this overall objective was to provide an analysis of consistencies and changes that have occurred over time, by referring back to previous work that has been conducted in this area.

Specific research objectives are outlined below. For the sake of simplicity, these objectives refer to 'individual drugs' – this refers to a wide range of substances including alcohol, cannabis, amphetamines (including ice as a distinct substance), pills (including ecstasy), MDMA, LSD and other hallucinogens, cocaine, heroin, pharmaceuticals (for non-medical purposes), other illicit drugs including ketamine, GHB, 'synthetics' and any other emerging illicit drugs identified.

The specific objectives of the research as they relate to **young people** were to:

- examine the cultural context of drug taking behaviour;
- examine drug-taking behaviour, including poly-drug usage;
- understand perceptions around drug-taking behaviour among young people overall, including the extent to which it is perceived to be normalised;
- explore attitudes toward, and perceptions of illicit drugs at both a general and specific level, both in terms of positive and negative perceptions;
- examine awareness and attitudes toward the potential consequences associated with drug use;
- explore in detail drivers and barriers to drug-taking behaviour – in terms of both trial and ongoing usage as they apply to individual drugs;
- review awareness and attitudes toward different modes of ingesting illicit drugs;
- understand current sources of information about drugs, including the extent to which various sources are seen to be reliable and credible;
- determine any gaps in knowledge and identify the potential role for communications;
- explore knowledge, awareness and perceptions of treatment options available;
- develop a psychographic segmentation of young people that will allow the Department to best target interventions, including any communication activity; and
- identify the types of messages and other interventions that are likely to be most effective in discouraging and minimising drug use for each segment.

The specific objectives as they relate to **parents of young people** were to:

- explore knowledge, attitudes and perceptions with regard to drug use among young people;
- examine attitudes toward drugs at both a general and specific level;
- understand perceived parental influence over drivers and barriers to drug-taking behaviour – in terms of trial and ongoing usage as they apply to individual drugs;
- determine current sources of information and support that parents are aware of, the extent to which these are utilised and perceptions around their relevance, credibility and usefulness; and
- identify the types of information and support that could be useful for parents in influencing the choices their children make when it comes to drugs and alcohol.

4. OVERVIEW OF RESEARCH APPROACH

4.1 RESEARCH INCLUSIONS

Snapcracker Research developed a multi-faceted program of research that allowed us to comprehensively meet the objectives outlined in the brief. A broad outline of our proposed approach can be seen below.

Phase 1: Gathering expert perspectives (Qualitative)

> A half-day workshop in Canberra with key Departmental stakeholders; and
> 9 x external stakeholder expert interviews (1 hour).

Phase 2: Diving into youth culture (Qualitative)

> 20 x online 'auto-ethnographies' with young people (running for one week each); and
> 2 x days of 'online listening' to young people online and on social media.

Phase 3: In-depth examination of drugs (Qualitative)

> 35 x full group discussions with young people aged 12-24 years (6-8 participants, 1 ¾ hours);
> 10 x full group discussions with parents of 12-17 years (6-8 participants, 1 ¾ hours);
> 6 x mini-group discussions with ice users aged 18-30 years (4-5 participants, 1 ¾ hours);
> 1 x triad discussion with injecting drug users aged 18-30 years (3 participants, 1 ½ hours);
> 2 x mini-group discussions with Aboriginal and Torres Strait Islander parents of young people aged 12-17 years (4-5 participants, 1 ½ hours);
> 10 x individual interviews with youth workers who work in Aboriginal and Torres Strait Islander settings (1 hour);
> 3 x mini-group discussions in-language with Culturally and Linguistically Diverse parents of young people aged 12-17 years, including those who speak Chinese, Arabic and Vietnamese (4-5 participants, 1 ½ hours); and
> 6 x individual interviews with youth workers who work in culturally and Linguistically Diverse settings, including those who speak Chinese, Arabic and Vietnamese (1 hour).

Please note: Our original intention among Aboriginal and Torres Strait Islander young people aged 12-24 years had been to conduct 10 x paired-depth interviews among this audience. Upon further discussion, our specialist fieldwork partner in this area raised some concerns around the potential ethical implications of engaging directly with young people from an Aboriginal and Torres Strait Islander background without specific approval from a Human Research Ethics Committee, despite the exemption that is currently in place for campaign research. As an alternative, it was decided to instead consult with a range of organisations those who work with young people on this area (mirroring the approach used for young people in Culturally and Linguistically Diverse settings), which it was agreed would lead to a similar level of information being provided and enable research to progress within the required timeframe.

Phase 4: Quantifying our learning (Quantitative)

> 20-minute online survey amongst 12-24 year olds
  - sample size (n=1,710)
  - to include a statistical segmentation based on current category behaviour and attitudes of 12-24 year olds; and
> 15-minute online survey amongst parents of 12-17 year olds
  - sample size (n=450).

This quantitative stage will be conducted after the qualitative stages of research.

Each of these qualitative phases is described in greater detail below.

4.2 PHASE ONE: GATHERING EXPERT PERSPECTIVES

Overview

We began the qualitative research by refreshing and updating our understanding of the topic by consulting with a range of experts in the field. Specifically, we conducted a half-day workshop with key internal Departmental stakeholders; and nine interviews with key external stakeholders.

Workshop with Departmental stakeholders

During this session, we sought to learn as much as possible about the current state of play in the drugs space, examined any hypotheses that the Department would like to test during the research, and delved into current activities undertaken by the Government in the alcohol and other drugs space.

Interviews with key expert external stakeholders

We originally proposed to conduct eight interviews with stakeholders, but instead conducted nine interviews. These stakeholders included members of the following organisations:

- the Australian National Advisory Council on Alcohol and Drugs;
- Turning Point Alcohol and Drug Centre;
- the Alcohol and Drug Indigenous Knowledge Centre;
- the National Drug and Alcohol Research Centre;
- Drug Free Australia;
- community support services such as Hello Sunday Morning;
- FARE – the Foundation for Alcohol Research and Education; and
- Central Australian Aboriginal Congress Aboriginal Corporation.

Please note: it was never intended to report on any of the findings we gathered from this stage of research. Rather, it provided the research team with valuable context for our approach to the remainder of the research.

4.3 PHASE TWO: DIVING INTO YOUTH CULTURE

Online auto-ethnography

Twenty young people were recruited to take part in this element of the research. Each participant was provided with a login to a digital research platform designed by researchers. This platform is a specialised qualitative tool that allows researchers to collect videos and photos, conduct diary exercises and use a range of different projective techniques.

We set a series of activities, designed to uncover insight about the broad 'life context' of our audience. These were provided to participants over the course of the week (a new activity was launched each day or so), and researchers engaged with participants daily, posting follow-up questions and reviewing responses to ensure the necessary depth of insight was captured.

Below is a list of the activities used:

- photo introduction;
- 'Instagram your life';
- video profile of you;
- 'picture collage about being a young person in 2016';

- ‘my idols’;
- ‘trials and tribulations’;
- ‘a profile of my media’;
- my social media world;
- ‘show us around your place’;
- ‘the big issues I face’; and
- ‘drugs and alcohol in 2016’.

Our sample for the auto-ethnography can be seen in the table below:

Ethno	School Year / Age	Drug Experience	Gender	Location	State
1	Year 7 & 8	None	Male	Metro	NSW
2	Year 7 & 8	None	Female	Regional	VIC
3	Year 7 & 8	Alcohol / tobacco	Male	Metro	SA
4	Year 7 & 8	Alcohol / tobacco	Female	Metro	WA
5	Year 9 & 10	Alcohol / tobacco	Male	Metro	QLD
6	Year 9 & 10	Alcohol / tobacco	Female	Metro	NSW
7	Year 9 & 10	Some cannabis / other drugs	Male	Regional	WA
8	Year 9 & 10	Some cannabis / other drugs	Female	Metro	VIC
9	Year 11 & 12	Alcohol / tobacco	Male	Regional	SA
10	Year 11 & 12	Alcohol / tobacco	Female	Metro	QLD
11	Year 11 & 12	Some cannabis / other drugs	Male	Metro	VIC
12	Year 11 & 12	Some cannabis / other drugs	Female	Metro	WA
13	18 – 20 years	Alcohol / tobacco	Female	Metro	SA
14	18 – 20 years	Occasional cannabis / other drugs	Male	Metro	NSW
15	18 – 20 years	Regular cannabis / other drugs	Male	Regional	QLD
16	18 – 20 years	Regular cannabis / other drugs	Female	Metro	SA
17	21 – 24 years	Alcohol / tobacco	Male	Metro	WA
18	21 – 24 years	Occasional cannabis / other drugs	Female	Regional	NSW
19	21 – 24 years	Regular cannabis / other drugs	Male	Metro	QLD
20	21 – 24 years	Regular cannabis / other drugs	Female	Metro	VIC

Online listening

This activity involved the research team observing youth culture directly, as it occurs online. This included social media monitoring, as well as reviewing a range of different websites that play a role

in influencing youth culture. This stage also involved a review of research and academic literature on youth development and culture, research into drug and alcohol use and news media sources.

Reporting of Phase Two: Diving into youth culture

Detailed findings from this stage of the research can be found within the section 'Young People in 2016'.

4.4 PHASE THREE: IN-DEPTH EXAMINATION OF DRUGS

Overall approach

To recap, this stage included the following:

- 35 x full group discussions with young people aged 12-24 years (6-8 participants, 1 ¾ hours);
- 10 x full group discussions with parents of 12-17 years (6-8 participants, 1 ¾ hours);
- 6 x mini-group discussions with ice users aged 18-30 years (4-5 participants, 1 ¾ hours);
- 1 x triad discussion with injecting drug users aged 18-30 years (3 participants, 1 ½ hours);
- 2 x mini-group discussions with Aboriginal and Torres Strait Islander parents of young people aged 12-17 years (4-5 participants, 1 ½ hours);
- 10 x individual interviews with youth workers who work in Aboriginal and Torres Strait Islander settings (1 hour);
- 3 x mini-group discussions in-language with Culturally and Linguistically Diverse parents of young people aged 12-17 years, including those who speak Chinese, Arabic and Vietnamese (4-5 participants, 1 ½ hours); and
- 6 x individual interviews with youth workers who work in culturally and Linguistically Diverse settings, including those who speak Chinese, Arabic and Vietnamese (1 hour).

Qualitative research sample – young people

Grp	School Year / Age	Drug Experience	Gender	SEG	Location	State
1	Years 7 & 8	None	Male	Blue	Metro	NSW
2	Years 7 & 8	None	Female	White	Metro	VIC
3	Years 7 & 8	Alcohol or tobacco	Male	Mix	Regional	QLD
4	Years 7 & 8	Alcohol or tobacco	Female	Blue	Metro	WA
5	Years 9 & 10	None	Male	Mix	Regional	NSW
6	Years 9 & 10	None	Female	White	Metro	SA
7	Years 9 & 10	Alcohol or tobacco	Male	White	Metro	QLD
8	Years 9 & 10	Alcohol or tobacco	Female	Mix	Regional	VIC
9	Years 9 & 10	'Some' cannabis / other drugs	Male	Blue	Metro	WA
10	Years 9 & 10	'Some' cannabis / other drugs	Female	Mix	Metro	NSW
11	Years 11 & 12	None	Male	White	Regional	QLD
12	Years 11 & 12	None	Female	Blue	Metro	WA
13	Years 11 & 12	Alcohol or tobacco	Male	Mix	Metro	QLD
14	Years 11 & 12	Alcohol or tobacco	Female	Blue	Metro	NSW
15	Years 11 & 12	'Some' cannabis / other drugs	Male	Mix	Regional	SA

Grp	School Year / Age	Drug Experience	Gender	SEG	Location	State
16	Years 11 & 12	Some' cannabis / other drugs	Female	White	Metro	SA
17	Years 11 & 12	'Regular' cannabis / other drugs	Male	Blue	Metro	VIC
18	Years 11 & 12	'Regular' cannabis / other drugs	Female	Mix	Regional	QLD
19	18 - 20 years old	Alcohol or tobacco / None	Male	White	Metro	QLD
20	18 - 20 years old	Alcohol or tobacco / None	Female	Mix	Regional	WA
21	18 - 20 years old	'Occasional' cannabis / other drugs	Male	Blue	Metro	NSW
22	18 - 20 years old	'Occasional' cannabis / other drugs	Female	White	Metro	SA
23	18 - 20 years old	'Regular' cannabis use / some other drugs	Male	Mix	Regional	NSW
24	18 - 20 years old	'Regular' cannabis use / some other drugs	Female	Blue	Metro	VIC
25	18 - 20 years old	'Regular' use other drugs / less or no cannabis use	Male	White	Metro	SA
26	18 - 20 years old	'Regular' use other drugs / less or no cannabis use	Female	Blue	Regional	WA
27	21 - 24 years old	Alcohol or tobacco / None	Male	White	Metro	NSW
28	21 - 24 years old	Alcohol or tobacco / None	Female	Mix	Regional	SA
29	21 - 24 years old	'Occasional' cannabis / other drugs	Male	Mix	Metro	VIC
30	21 - 24 years old	'Occasional' cannabis /	Female	Blue	Regional	NSW
31	21 - 24 years old	'Regular' cannabis use / some other drugs	Male	Blue	Metro	SA
32	21 - 24 years old	'Regular' cannabis use / some other drugs	Female	Mix	Metro	WA
33	21 - 24 years old	'Regular' use other drugs / less or no cannabis use	Male	White	Regional	VIC
34	21 - 24 years old	'Regular' use other drugs / less or no cannabis use	Female	Blue	Metro	QLD
35	21 - 24 years old	'Regular' use other drugs / less or no cannabis use	Mixed	White	Metro	NSW

Qualitative research sample - Ice users and injecting drug users

Grp	School Year / Age	Drug Experience	Gender	SEG	Location	State
36	18 – 30 years	Ice users	Male	Mix	Metro	NSW
37	18 – 30 years	Ice users	Male	Mix	Regional	SA
38	18 – 30 years	Ice users	Female	Mix	Metro	QLD
39	18 – 30 years	Ice users	Female	Mix	Regional	VIC
40	18 – 30 years	Ice users	Male	Mix	Metro	NSW
41	18 – 30 years	Ice users	Female	Mix	Metro	VIC
42	18 – 30 years	Injecting drug users	Mix	Mix	Metro	VIC

Qualitative research sample - parents

Grp	Segment	Experience	Gender	SEG	Location	State
43	Parents of children aged 12 – 14 years	More experience	Mix	White	Regional	NSW
44	Parents of children aged 12 – 14 years	More experience	Mix	Blue	Metro	SA
45	Parents of children aged 12 – 14 years	Mix of experience	Mix	Mix	Regional	QLD
46	Parents of children aged 12 – 14 years	Less experience	Mix	White	Metro	VIC
47	Parents of children aged 12 – 14 years	Less experience	Mix	Blue	Metro	WA
48	Parents of children aged 15 – 17 years	More experience	Mix	White	Metro	WA
49	Parents of children aged 15 – 17 years	More experience	Mix	Blue	Metro	NSW
50	Parents of children aged 15 – 17 years	Mix of experience	Mix	Mix	Regional	SA
51	Parents of children aged 15 – 17 years	Less experience	Mix	White	Metro	QLD
52	Parents of children aged 15 – 17 years	Less experience	Mix	Blue	Regional	VIC

Qualitative research sample - Aboriginal and Torres Strait Islander parents

Grp	Segment	Age of children	Gender	SEG	Location	State
53	Parents	Children aged 12 – 17 years	Mix	N/A	Regional	NSW
54	Parents	Children aged 12 – 17 years	Mix	N/A	Metro	QLD

Qualitative research sample - CALD parents

Grp	Segment	Language	Gender	SEG	Location	State
55	Parents of children aged 12 – 17 years	Chinese	Mix	N/A	Metro	NSW
56	Parents of children aged 12 – 17 years	Arabic	Mix	N/A	Metro	VIC
57	Parents of children aged 12 – 17 years	Vietnamese	Mix	N/A	Metro	NSW

Qualitative research sample - Aboriginal and Torres Strait Islander youth workers

Depth	Segment	Specific role	Gender	SEG	Location	State
1	ATSI youth workers	AOD worker	N/A	N/A	Regional	NSW
2	ATSI youth workers	AOD worker	N/A	N/A	Regional	NSW
3	ATSI youth workers	Youth Minister	N/A	N/A	Metro	NSW
4	ATSI youth workers	Youth worker	N/A	N/A	Metro	VIC

Depth	Segment	Specific role	Gender	SEG	Location	State
5	ATSI youth workers	Youth worker	N/A	N/A	Metro	NSW
6	ATSI youth workers	Youth worker	N/A	N/A	Metro	NSW
7	ATSI youth workers	Program officer			Metro	NSW
8	ATSI youth workers	AOD worker			Metro	QLD
9	ATSI youth workers	AOD worker			Regional	VIC
10	ATSI youth workers	AOD worker			Metro	VIC

Qualitative research sample - CALD youth workers

Depth	Segment	Specific role	Gender	SEG	Location	State
11	CALD youth workers	Case worker	N/A	N/A	Metro	NSW
12	CALD youth workers	Youth worker	N/A	N/A	Metro	SA
13	CALD youth workers	Case work manager	N/A	N/A	Metro	QLD
14	CALD youth workers	Case work manager	N/A	N/A	Metro	NSW
15	CALD youth workers	Youth worker	N/A	N/A	Metro	NSW
16	CALD youth workers	Youth worker	N/A	N/A	Metro	NSW

Recruitment of participants and research team

All participants were recruited by accredited, experienced recruitment agencies using databases of people who have signed up to participate in paid market research. Screening questionnaires were used to ensure that participants fit the necessary specifications for each session.

Parental or guardian permission was gained for participation in the research for all respondents under the age of 16 years. This consent was provided in writing as per the AMSRS guidelines.

All members of the Snapcracker team are full members of the Australian Market and Social Research Society, and are bound to comply in full by its Code of Professional Behaviour. All members of the qualitative team have also been cleared by the NSW Government's working with children check.

Research venues

In metropolitan areas groups were held in dedicated group research facilities. Groups in regional locations were conducted in local conference room/hotel facilities.

Discussion guides and research stimulus

Detailed discussion guides were designed in collaboration with the Department for use during the group discussions and interviews (see Appendix 11.3 and 11.4). A range of communication materials was also tested in the sessions to gauge responses to their different messages, formats, style and tone.

In discussions, drugs that were examined varied according to participants' levels of knowledge and awareness of them. Across all discussions however, the drugs that were discussed included cigarettes, alcohol, 'weed' (young people's terminology for marijuana or cannabis), 'party drugs' such as ecstasy, MDMA and pills, ice, cocaine, speed, 'hallucinogenic' drugs such as LSD / acid and mushrooms, heroin, ketamine, GHB, synthetic cannabis and prescription drugs such as Codeine and Ritalin.

DETAILED FINDINGS

5. YOUNG PEOPLE IN 2016

Please note that general findings in this section are based upon the range of activities undertaken during the 'diving into youth culture' stage. Any findings that are based on broader evidence are referenced.

5.1 THE LENGTH OF ADOLESCENCE

It appears that the period of 'adolescence' per se is becoming longer. Childhood and psychology experts now talk about adolescence or pre-adolescence starting as young as nine or ten years old. Equally, this audience can assert that adolescence can last until the age of twenty-five years old[6][7], particularly as many get jobs later than before, spend time deciding what they want to do with their lives, and live in their childhood homes until up to their late twenties or thirties. In this respect, it is clear that this cohort is bigger than ever.

5.2 EXPERIENCING YOUTH

'Youth' is clearly a time for seeking fun, constant stimulation and socialising. Adolescence is the brain's last period of heightened malleability after the period between birth and three years old. The brain's reward system is heightened, but the self-control system does not mature until a person's late twenties. The brain of a young person is therefore 'hard-wired' to seek out risk-taking, excitement and new experiences. Among teenagers and young people, there is also often an increase in sensation-seeking. Many begin to take part in impulsive and risk-taking behaviour. There can be a preference for high excitement, low effort activities in addition to high attentiveness to social information[8]. Amongst all this, elements such as music, gaming, alcohol and drugs often become increasingly prevalent.

Youth can, however, also be a time of increasing pressure and worry. Many report that their lives are becoming increasingly complicated, and that they feel overwhelmed by changes that are occurring, which can feel as if they are happening at breakneck speed.

Many young people have lives that are full of activities, and are constantly busy. Their lives involve a range of activities and commitments, from studying to extracurricular activities to jobs. As a result, young people often 'exist' in a range of spheres, and have various roles to play, from student to friend to employee, sports player and co-worker. Lives can be organised around a relatively tight, full schedule during the day and into the evenings. Those who are still at school in particular tend to be well-supported and receive assistance (often involving being driven) from family members to help them manage this range of activities.

School tends to play a major role in the lives of twelve to eighteen year olds. It tends to be a pivotal part of teen lives, where a great deal of socialising occurs and identity is being shaped. It appears that school can positively or negatively affect an adolescent's sense of self, both in terms of the academic self and the social self. The social groups adolescents fall into at school can have a significant influence on the choices they make around a range of things, including drugs and alcohol. Many teens report that they can feel significant pressure at school, especially among those in later school years, due to homework, tests and exams.

> *"It affects the rest of our lives and isn't easy for anyone. This is a very stressful time for everyone and in my opinion it's a young age to make decisions that will affect the rest of your life"*

Among those over eighteen, influence and pressure tends to come from broader spheres. University and commencing 'adult' jobs can feel stressful and demanding, and trying to lead more adult lives, often with less support than they had at school, can feel daunting. Many believe they are ill-equipped for this stage of their lives, and that school either could or should have helped

[6] *http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_includes/_pre-redesign/Interactive%20Guide.pdf*

[7] *https://www.psychologytoday.com/blog/surviving-your-childs-adolescence/200902/early-adolescence-9-13-change-the-worse*

[8] *http://raisingchildren.net.au/articles/brain_development_teenagers.html*

them to prepare. As young people move into their early twenties, concerns can begin to occur about issues such as housing affordability and getting jobs / starting careers given a widespread perception of a sharp increase in competition in these areas. Equally, more macro issues such as the economy, terrorism and the environment can become of greater importance and concern.

> *"Coming out of high school and possibly going into uni or work something we should've been taught to get us through are basic life skills. How to budget efficiently; Bills, food, rent, insurance etc. Not once did we get taught how to manage these things while trying to study and work straight out of school. Now people like me are burning themselves out and struggling to get by week by week"*

5.3 RESPONSIBILITY, VALUES, RELATIONSHIPS, ROLE MODELS AND ISSUES

Many young people appear to have a strong sense of responsibility, and tell us that they know that things won't be 'served to them' on a platter, that they will have to work hard for what they want. Even if they have firm life goals, many are realistic and are unsure if they will be able to afford the things (such as houses) their parents were able to. As a result, there is often a sense of duty and obligation to do well in school or tertiary study in order to secure positive future employment, and many claim to have no choice but to respect their school, study and work commitments.

> *"I feel like it's harder than ever before for my generation. There is so much competition out there for everything. If you want to have a good life, you really need to work for it"*

In addition to this, youth can also have extremely high expectations of themselves. It seems that many young people measure themselves against unrealistic standards, especially given that perfectionism is often felt to be a growing trait due to societal pressure to 'be the best', 'look the best' or 'have the best'. This perfectionism that is evident across social media, as well as the pressure that can be felt to achieve academic success can, in some cases, be internalised by young people and result in diminished feelings of confidence and self-worth.

The relationships young people have with family and friends can be extremely close. In relationships many claim to search for depth, meaning and connection. It is clear that there is often a significant capacity for young people to open themselves up and to wholeheartedly love other people.

> *"My boyfriend – my best friend, constant trust and openness about our feelings. He is the grounding force in my life"*

> *"My mum. She is always there for me and is someone I can go to for anything"*

Many young people look up to those who have made what they see as meaningful achievements. This can be people who they see as having accomplished great things, or who have helped them in their lives, and are often family members, teachers, famous sportspeople and notable people in their aspiring field of work. Young people's role models are generally far less of the populist celebrities than may have been expected, but tend to be those who they see as having real substance.

> *"Ellyse Perry. She is my idol and someone I look up to because she not only plays Cricket but Soccer as well. She inspires me as she shows that anyone can do whatever they want whenever they want. And she is the youngest woman to be selected in the Australian National Women's Cricket Team."*

> *"My mum. I admire her strength and kind heart. She's been torn down over and over but she always manages to get up and overcome anything. I wish to be as understanding and strong as she is."*

As young people get older (generally beyond fifteen years old), it seems to become more common to socialise across a range of friendship groups and to have a variety of friends from different places, such as school, sports and work. This cohort tend to be socialising everywhere and all the time, whether at school, online, at activities or at weekends. In general, there appears to be an openness to making friends and establishing bonds with new people.

> *"I spend more time with the tennis group who are always going to places like the beach, river and mostly out to bars these days. The cricket group are a little more party animals and love their sport and drinking at each other's houses."*

Young people also often talk about their positive relationships with family members, and the importance of family in their lives. Often to them, there is a sense that they have a strong line of communication with at least one parent, with whom they feel they can talk about anything if needed.

> *"I love my mum – she listens to me in a way that makes me really feel as if I'm being heard. I can ask her about anything and she'll tell me"*

Across young people of all ages, it appears that social values are clear and consistent. Many are aware that they are growing up in times of economic and cultural change, where traditional social structures are breaking down, and claim they are unwilling to conform to what they see as being outdated social ideals. The key issues that tend to be most often mentioned are:

- equality, in all aspects of life from gender to marriage and cultural equality;
- flexibility and openness to a range of ideas, rather than rigidity;
- authenticity, whereby people display their true selves, rather than playing roles that may be expected of them;
- being socially-minded, and focusing on the community at large in addition to the individual; and
- individuality, whereby people can feel free and comfortable to express their authentic selves.

There appears to be an increased focus on health and wellbeing among young people, and many talk about this as being an important issue for them. Most claim to keep physically active, not simply for weight loss or self-image (although these things are clearly priorities), but also for overall wellbeing and self-confidence, so as to lead happier, more fulfilled lives.

Increased stress is also felt to be a growing problem. The 2015 Mission Australia Annual youth Survey study[9] found that young people report that growing stress is a top issue of concern. This could be due to the pressures that young people experience in the last years of school as nearly two-thirds say they want to attend university. Young women are twice as likely as men to feel stressed, with nearly two-thirds saying they feel stressed often or all the time.

5.4 MEDIA AND SOCIAL MEDIA

Young people today are a generation with a strong appetite for immediacy. They tend to be extremely well-informed and are a fast-paced group who devour news and information and quickly share it with others. Many claim to want instant gratification, want things 'in the moment', and are often unhappy to wait for them. Equally, they tend to desire constant stimulation, and can be highly impatient, wanting to feel challenged and receive instant feedback.

Peer acceptance tends to be one of the most sought after types of reward. Young people tend to be highly attuned to what their peers think of them, especially as their peers take on a more significant role in their lives. Sensitivity to social feedback can clearly drive any risk taking behaviour and choices across a range of areas. This appears to be less about young people

[9] *Cave, L., Fildes, J., Luckett, G. and Wearring, A. 2015, Mission Australia's 2015 Youth Survey Report, Mission Australia.*

experiencing overt peer pressure, and more about what individuals are feeling in certain situations. The nature of social feedback can have a significant effect on how young people feel about themselves. In this context, 'likes' on social media are clearly of high importance.

Social media can be viewed by young people as a double edged sword. On one hand it can clearly help foster strong connections and create a sense of shared experiences with others. Conversely, however, many also believe that social media can be a brutal environment where they can be exposed to 'trolls' and this can contribute to the mental health issues many young people face, especially with perfectionism, body image pressure and bullying.

> *"Like with memes, I feel that more and more young people feel as if they're sort of in on a common joke in many ways"*

> *"So many people my age face cyber bullying every day. Many people hear of stories where it all gets too much and it ends tragically. It is so easy to access social media so the issue is harder to fix"*

Among young people, screen time can be an activity that they participate in twenty-four hours a day, seven days a week. Some claim to feel pressure to make themselves available all day and night and to become anxious if they don't respond immediately to texts or posts on social media. The desire to stay constantly connected can result in chronic sleep deprivation among young people.

> *"I find it annoying if I am not able to respond to messages quickly, because not only do I sometimes forget but it means I am leaving my friends hanging on a question, whether important or not. I feel like a day, like 6-8 hours is too long to respond on a school day or school week, or if on holidays I feel like 24 hours or so is a bit too long between responses."*

Despite this, many are clearly able to see the dangers in too much screen time, and acknowledge there is a tension between wanting to be connected all the time and these dangers.

> *"We live in such a social media and technological age that we tend to forget to actually go out and interact with people face to face"*

> *"Young Australians should be exploring and loving their native land and appreciating their environment"*

> *"Teenagers always feel the need to be on their phones. Even on a night out they are wrapped up in their phone"*

It appears that social media can blur the lines between the online and offline selves of young people. It can be used as a platform for young people to express possible identities for themselves, and even to craft their ideal 'branded' selves. The online environment can be a place where young people mask their emotions, shape themselves in line with social expectations and play with alternative personalities. Equally, social media can be used as a tool for genuine self-expression and a way through which to communicate one's true feelings. When these two worlds or selves become confused, it seems possible for young people to almost 'lose' their authentic selves.

Most tend to share the more positive events in their lives, such as graduations, holidays, sporting achievements and positive shared experiences. However, some also use social media as a place to share their internal struggles. Young people shared some of their social media posts with us, some of which included messages such as 'You hate me? I hate me too' and 'I was broken but now I'm shattered'.

5.5 INDIGENOUS YOUNG PEOPLE

Aboriginal and Torres Strait Islander youth workers often believe that Indigenous youth are more exposed to grief and abuse than other young people. Many may have had to deal with the trauma of, for example losing family members in a way that other young people have not, and they are also believed to be more likely to be victims of abuse in general.

5.6 CALD YOUNG PEOPLE

Youth workers in culturally and linguistically diverse settings see a significant difference between young people in emerging and established communities. In emerging communities, if young people had arrived in Australia as refugees, they may be experiencing trauma from their own country as well as the stress associated with migration. This is felt to be made worse by the fact that emerging communities can be subject to greater social isolation, leading to lower levels of wellbeing. In more well-established communities, there is a sense that young people can be experiencing youth in the same way as other young Australians, and that they tend to be far more integrated into the wider community.

6. PARENTS IN 2016

6.1 VARYING LEVELS OF PARENTAL CONFIDENCE

Parents of young people can vary significantly in confidence levels. In this context, 'confidence' relates to the amount of influence parents feel they credibly have over their children. It also relates to the extent to which parents feel able to have successful conversations with their children about more difficult or sensitive issues such as drugs, alcohol, sex and violence. To a degree, confidence can be determined by a parent's level of experience of parenting in general (how many children they have and how old they are), but it also relates to individual attitudes and approaches to parenting overall. Some parents are generally far more 'hands off' when it comes to this kind of thing, whereas others report being highly proactive. Confidence levels can also depend on the nature of parents' relationships with their children. Generally, if the relationship is not strong, parents report lower levels of confidence.

Parents are often keenly aware of the range of influences upon their children, especially as they get older and their circles of friends increase and diversify, to the point they include other adults, especially if children have jobs. Parents also know that their children are connected to many people on social media or the internet in general, and claim that this can feel like a 'world of mystery' to them, one they do not truly understand. In this context, some parents can feel as if they have less singular influence on their children than they would like.

Given this, we observed a range of levels of parental confidence. If we consider a spectrum, whereby the two extremes are very low confidence levels and very high confidence levels, it seems that the majority of parents sit somewhere in the middle. These parents will talk to their children about difficult topics, but this is often done in a relatively incidental way, and is rarely done very deliberately or on specific occasions. Broadly, this group of parents claim to be generally happy to talk to their children, but often feel that they don't necessarily know as much about these topics as they could and lack some confidence in their own influence.

If we look at parents at these two extremes, there are smaller groups of parents with lower and higher levels of confidence. At the lower end of the confidence spectrum, parents may avoid talking about the more difficult topics with their children overall, and in some cases they express a hope or belief that these topics are dealt with at school, so they don't need to get involved. At the higher end of the spectrum, parents claim to proactively talk to their children about these topics and to set aside time to do so. These parents often claim to feel very confident that they can openly talk to their kids about these topics, that kids will listen to them and pay attention.

6.2 PARENTS' EXPERIENCE AND KNOWLEDGE OF DRUGS

Some parents in our qualitative sample had taken drugs themselves as teenagers. This was to very varying degrees, from one-off use of marijuana to regular ecstasy consumption to more habitual consumption of a range of drugs. These parents often claim to feel unsure as to whether they should divulge their usage to their children – not doing so could seem hypocritical, but doing so could provide a sense of permission to their children and in fact encourage them to experiment with drugs. In some cases, their own past drug usage has made parents passively accept that their kids may experiment, and simply hope it will pass, whereas in others, parents who took drugs as teens (more often those who report problem drug taking behaviour), report being highly vigilant about the issue of drugs and their children.

> *"I'm really torn. If I don't tell her am I just an a**hole, but if I do tell her, does she think it's totally ok to go and take something"*

Parents often claim that they believe their children know more about drugs than they do. They are fully aware that their children are taught about drugs at school (although are often unaware as to what extent this occurs), and in many cases can assume that the information they receive is more up to date than the drugs information they are aware of (or took in their youth). This can make

some parents feel slightly on the outer about drugs and their children overall, which can also affect the extent to which they feel confident talking to their children about the issue.

> *"They have access to so much more information than I do – how can they not know more than me?"*

Parents claim to start to deal with issues such as drugs at the ages of fourteen or fifteen. This is generally felt to be the age at which young people may begin to see drugs and alcohol around. Children aged twelve to thirteen are often seen as being too young to talk to at this point, as they are still seen as children, not yet teenagers (even though parents know they may be learning about drugs at school). Equally, by the time someone is seventeen, many parents feel it is too late as their children will have greater freedom (and will be likely to be driving) and may also have already experimented with drugs.

6.3 INDIGENOUS AND CALD PARENTS

Indigenous and CALD parents also have varied confidence levels, and many report similar issues with regard to talking to their children. Among CALD parents, this can be exacerbated by a perception that their children are not only of a different generation but also of a different culture than them. In both types of community, there can be community-wide shame and stigma relating to young people 'in trouble', which can be a greater source of anxiety for parents.

7. THE DRUGS LANDSCAPE IN 2016

7.1 OVERVIEW

There is a huge difference in perspective around drugs according to a person's level of experience of them in general. This can markedly affect how drugs are perceived, as well as levels of awareness of drugs themselves.

It must be noted that for the most part, there is a significant difference between the views of young people and parents towards 'alcohol' and 'drugs'. While specific attitudes towards alcohol are discussed in greater detail below, in general alcohol is viewed as a less controversial substance which is highly permissible within the wider community. Given the illicit nature of the majority of drugs explored in the research, attitudes towards them are often quite distinct. Unless alcohol is specifically mentioned, this report deals predominantly with drugs.

Throughout this report, we reference the attitudes of 'less experienced young people and most parents'. While we acknowledge that parents have different levels of past personal experience of drugs, the vast majority of parents in our sample exhibit highly similar attitudes towards and perceptions of drugs to those young people with less experience of drug taking.

Young people with little or no experience of drug taking and most parents tend to perceive different drugs in a relatively stereotypical way, generally according to how they have been taught or informed about them. Given a lack of experience with drugs in general, many in this audience struggle to have clear perceptions of drugs they either have not heard of, or know little about.

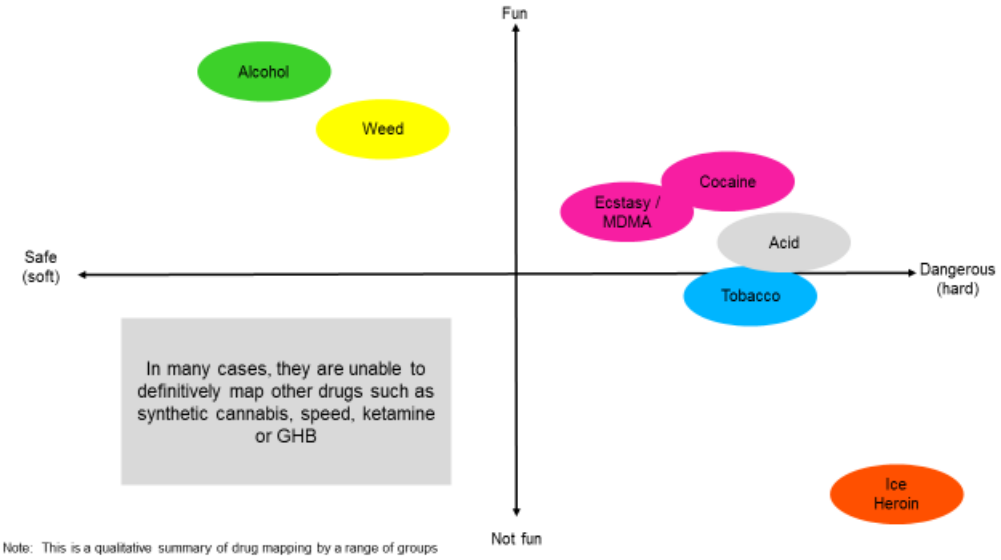
Conversely, those with either some or significant experience of drug-taking generally perceive drugs according to their own, personally lived knowledge of them. While some who are most interested in the specifics of drugs and deliberately want to be highly drug-literate may seek information about drugs from sources they view as valid (which generally reflect the perceptions of those with experience of drug taking, such as erowid.org), for the most part this group's own experiences shape their perceptions. Perceptions of different drugs among this audience are often quite specific and detailed, and go far beyond the perceptions of those less informed. In some cases, their perceptions of drugs are the polar opposite of the perceptions of those less informed. For example, people with little or no experience of drug taking tend to map MDMA as dangerous, whereas those with more experience often map it as relatively safe. This group often have far more confidence in their own understanding and knowledge around different drugs.

Equally, the way that different drugs tend to be classified also varies significantly according to a person's experience of them. Those with little or no experience of, or exposure to drugs tend to classify drugs relatively simply, according to broad criteria such as 'safe' versus 'dangerous' drugs, 'fun' versus 'not fun' drugs and 'soft' versus 'hard' drugs. Those with significant experience of drugs are often far more detailed in their classification of them, and tend to use distinctions such as 'enhancement' versus 'hallucinogenic' drugs, or 'illicit' versus 'prescription' drugs. This group also often classify drugs according to the effect that they can have, such as 'relaxing' versus 'party' versus 'speedy' drugs. Those with moderate experience of drugs tend to use distinctions such as 'natural' versus 'man-made' drugs, and 'relaxants' versus 'stimulants'.

When we ask people to map a range of drugs on a two-spectrum scale (fun versus not fun and safe / soft versus hard / dangerous), the less experienced youth and most parents tend to map certain drugs consistently. To them, alcohol and marijuana are generally mapped in the fun and safe quadrant, and ice and heroin are almost exclusively mapped in the not fun and dangerous quadrant. Ecstasy, cocaine and acid tend to be mapped just within the fun spectrum, but at the more dangerous end of the scale. Tobacco is often mapped as dangerous and not fun. Notably, in many cases this audience are unable to definitively map other drugs such as synthetic cannabis, speed, ketamine or GHB as they simply do not know enough about them.

snapcracker

Figure 1: Drug mapping by less experienced youth & most parents

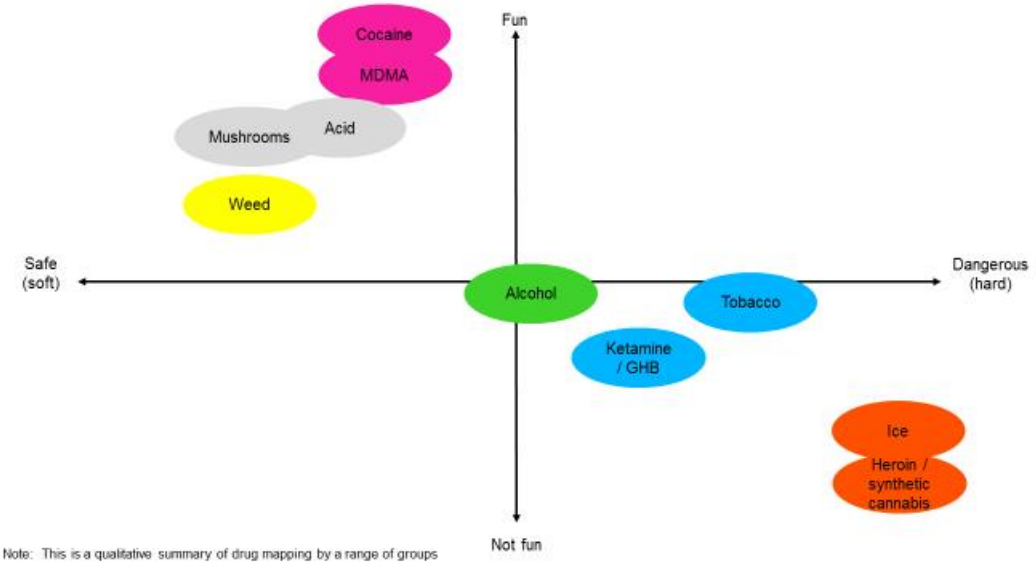


Note: This is a qualitative summary of drug mapping by a range of groups

Those with greater experience of drugs tend to be far more exhaustive and nuanced in their mapping of them. Many more drugs tend to be placed in the fun and safe quadrant, including cocaine, MDMA, mushrooms, acid and marijuana. Conversely, alcohol is often mapped in the middle of the scale, neither safe nor dangerous, and neither fun nor not fun. Heroin and synthetic cannabis tend to be mapped definitively in the not fun and dangerous quadrant, with ice slightly above them. Tobacco is generally mapped in the same way – dangerous and not fun, with Ketamine and GHB positioned as slightly less fun and slightly less dangerous.

snapcracker

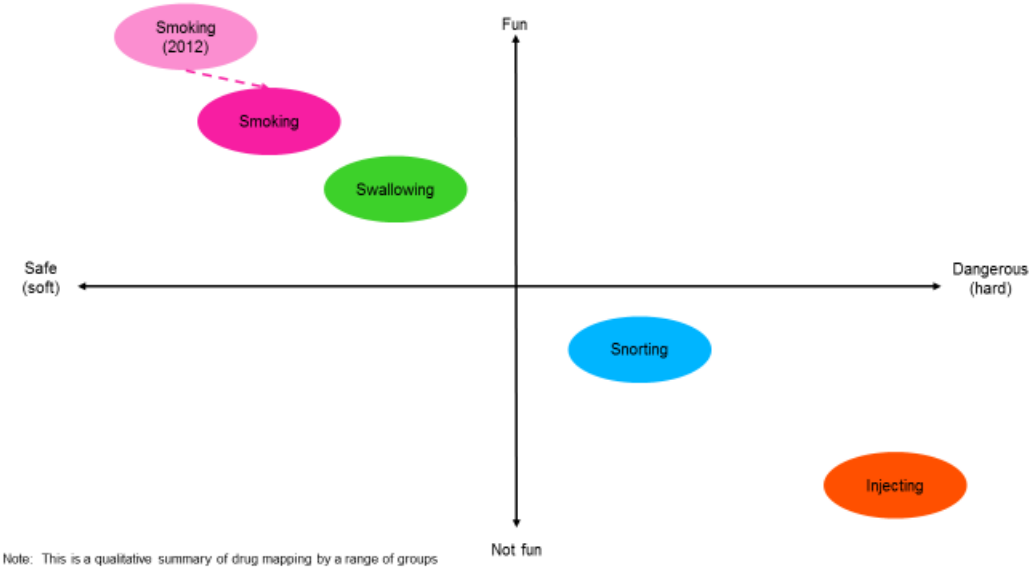
Figure 2: Drug mapping by more experienced users



Note: This is a qualitative summary of drug mapping by a range of groups

In terms of modes of ingestion of drugs, little has changed since the 2012 research. Injecting is almost exclusively mapped in the dangerous and not fun quadrant, with snorting slightly more fun and less dangerous. Swallowing and smoking tend to be mapped in the safe and fun quadrant, although there are some indications that smoking is now perceived as less fun and safe than in 2012.

Figure 3: The mode of ingestion map



Note: This is a qualitative summary of drug mapping by a range of groups

In terms of 'common-ness' of drugs, perceptions vary significantly across different audiences. Among non-drug takers, there can be a sense that drugs are largely invisible, especially among those in younger age groups with less experience of drugs and most parents. To these audiences, physical exposure to drugs is rare, if at all. However, it is clear that as young people get older, drugs become far more visible, and they begin to see evidence of them at parties and when they are out at night. In some cases, friends and peers begin to take them. Among those who are beginning to take drugs, it can become obvious that drugs have always been around, but they had never noticed them before, or known the signs of them.

> *"It's like a thin veil is lifted and you suddenly see what was always around but you just never saw it before because you didn't know what to look for"*

7.2 PURCHASING DRUGS

The vast majority of drug users claim to buy them from friends who operate as 'distributors' of certain drugs. There seems to be little evidence nowadays of lone drug 'dealers' per se (who more traditionally loitered on street corners), but rather, more of an impression that a wider range of young people now have access to drugs which they distribute among their networks of friends as and when requested to. First use of a drug is more often than not believed to be due to being offered it by someone known to the user, or someone in their circle of friends.

The role of the internet in making drugs available to purchase is also felt to have grown. This includes popular social media sites such as Instagram, Snapchat, Facebook and Tinder. While many of our young people are not necessarily sourcing drugs in this way, they may have seen them on these popular sites.

There is also qualitative evidence of drug purchase and distribution through the 'dark web'. The dark web is a term that refers specifically to a collection of websites that are publicly visible, but hide the IP addresses of the servers that run them. Thus they can be visited by any web user, but it is very difficult to work out who is behind the sites. Although drug users in our sample had rarely used this themselves to buy drugs, they are able to talk about connections they know who have done so.

7.3 CIGARETTES / TOBACCO

As indicated, cigarettes are most often mapped by all audiences as dangerous and not fun. Even among those who smoke, there is a widespread perception that cigarettes are harmful to health and extremely addictive. It is clear that messages about the harms of smoking have successfully cut through to the point that they are widely accepted as truth. Among some current drug users, cigarettes can be perceived as being more harmful than some illicit drugs, including MDMA and acid. Their positive experiences of these drugs have generally contributed to this perception. Although it is clear that some in the younger age groups may still experiment with tobacco at some point, there is a general sense that smoking is something that has almost become outlawed in the greater community. In later sections, we will explain how this has potentially affected perceptions of marijuana, and the extent to which it may be the first drug that is taken by young people.

7.4 ALCOHOL

Whereas in previous research perceptions of alcohol have generally been very positive, it seems that in 2016, this has become far more complex and diverse. Many still talk about alcohol being highly socially acceptable, and an intrinsic element of Australian social culture. It is also strongly associated with positive occasions such as celebrations and nights out with friends.

However, it appears that there are also many more negative perceptions of alcohol than in the past. It is now linked very closely to issues such as violence and street brawling, and many report seeing widespread media coverage of aggression and destruction as a result of alcohol misuse. Alcohol is also attributed to high profile legal changes at a broader societal level, such as the Sydney lock-out laws due to several one-punch attacks on people in the inner city. This media coverage has clearly had quite a significant impact on perceptions of alcohol, particularly among a more regular drug-taking cohort, who again can in some cases view alcohol as more dangerous than illicit drugs.

> *"It's just poison. It makes people do really dumb things. That kind of violence never happens if everyone has dropped MD (MDMA)"*

Among those who take drugs, a deliberate choice can be made between alcohol and other drugs. While the two can go hand in hand and are often mixed, a conscious decision can be made as to whether an occasion is predominantly about drinking or about drugs. While some alcohol may be drunk prior to going out, to 'set a night up', whether it is then continued to be drunk throughout the night or another substance is taken seems to be an intentional decision. In some cases, drugs can be selected for being cheaper than drinking alcohol, as well as more convenient as there is no need to make frequent trips to the bar to buy drinks, and there is only a need to ingest one substance. In addition to this, some also believe there is less risk of getting out of control and dangerously incapacitated with some drugs than with alcohol.

> *"You make a decision as to whether to invest in a night with alcohol – whether it's worth it"*

> *"Alcohol just makes me messy, in a way that nothing else does"*

In our qualitative sample, there is very little evidence of teen alcohol abstention. Most young people claim to have had their first taste of alcohol in their early to mid-teens, either accompanied by their parents or not. That said, many are able to offer suggestions as to why statistics indicate growing teen abstention. Alcohol is widely felt to be very expensive, and often punitively so to teenagers who claim they simply cannot afford it. Equally, many young people have significant weekend duties, activities or employment, and these could be compromised by feeling tired or hungover. There also seems to have been a significant growth in young people's concerns about their risky or 'silly' behaviour being documented on social media for all to see, including potential future employers who may be seeking information about an individual and be unimpressed by what

they find. There is some evidence that a number of young people have simply been put off the idea of alcohol by their parents, who they perceive as drinking too much.

The alcohol that is first drunk at an early age can vary significantly. Generally, if a parent is present, it tends to be their drink of choice. If young teens drink alcohol unsupervised, there is evidence of the alcohol of choice being cask wine (or 'goon bags' / 'goon sacks') being selected for its relative cheapness.

The role of parents in the purchase of alcohol for their children is a complex one. Some parents claim they would never purchase alcohol for underage teenagers while others believe that if they do, and if their children's drinking is then supervised, they are at least ensuring that no one is in danger. Many parents report their teenage children having been to friends' houses where the friends' parents had purchased alcohol for the young people, and expressed anger and concern that they had not been consulted in advance. Some parents also talk of a fear of their children missing out on occasions among their friends (FOMO) if they do not purchase alcohol for them, and can feel pressured into doing so.

7.5 MARIJUANA / WEED

The vast majority of young people and parents in our sample use the term 'weed' for this drug. 'Weed' is clearly far more often used in regular language than 'marijuana' or 'cannabis'. For that reason, we have used the term 'weed' in this report where relevant from now on.

Weed is widely felt to have been increasingly normalised and sanctioned as a drug. In the context of a more tarnished view of alcohol than in previous research, it can seem like a very safe drug, and one which does not cause the same level of societal problems. Weed tends to be positively associated with relaxation and calmness, helping users with sleep and reducing stress. The vast majority of people in our sample (apart from the youngest teens) have had some level of exposure to this drug, whether first or second hand.

A key factor which has contributed to the increasingly normalised perception of weed is the widespread media coverage of 'medical marijuana' and of legalisation / decriminalisation of weed in some places. This appears to have lent the drug a far more permissive stance than possibly ever before. Many claim to struggle with the apparent contradiction between a substance that can be used to help people who are unwell, and it being illegal.

Among teens, weed is still firmly perceived as the key illegal drug they are most likely to take first after alcohol. Many now call it the 'gateway drug'. That said, there is increasing evidence that many young people are increasingly put off by the idea of smoking it. This does not appear to have resulted in changes in how it is ingested, but rather, may have resulted in greater consideration of other drugs at first use.

There is a clear, widespread link made between long-term weed use and psychosis / mental health issues. Most are aware of - and can talk about - 'stoners' who have turned to the drug to the detriment of everything, and completely lost motivation. Equally, all cite the risk of psychotic episodes among this type of user (who may be predisposed to psychosis). There is however little evidence that young teens are actively concerned about this being a risk to them (unless there is a known family history of psychosis), as they firmly associate it with long-term, heavy and frequent use of weed.

7.6 ECSTASY / MDMA / PILLS

'Party drugs' (which is a term used by many young people to describe stimulant drugs that are perceived to be grounded in being very social and going out and having a good time either at licensed venues, festivals or parties, such as ecstasy and MDMA) is a category that appears to have changed significantly since 2012. It is also a category that is viewed quite differently between those who take these drugs and those who do not.

Among regular drug users, the term 'ecstasy' is very much a thing of the past, and is almost never used in conversation any longer. To them, ecstasy represents something that used to exist, but no longer does in its original form.

Equally, to this audience, 'pills' have now become very negatively associated with 'dirty' ingredients which could be harmful. Many claim to either no longer take pills, or to have restricted their use of them.

Few are able to confidently state what these dirty ingredients are in pills. Rather, there can be a general impression that some pills are laced with speed, while others may even be laced with ice, and that there is likely to be a range of other potentially harmful ingredients (including rat poison) in pills.

Drug users often spontaneously assert that they wish to see pill testing becoming something that is widely available for young people. To them, this is a solution that could help significantly with identifying dirty pills, so that young people can be more informed as to which ones to avoid. Many are also often highly and negatively vocal about 'sniffer dogs' that are used at festivals, as their presence can result in young people dangerously swallowing a number of pills at a time to avoid detection.

> *"They're going to take drugs no matter what you do, so at least let them take them safely – that's the sensible thing to do"*

The drug of choice within the party drug category is now firmly considered to be MDMA capsules, or as they are more often called, "MD' or 'caps'. These drugs are generally perceived among this audience as being far cleaner and purer than pills. This seems to be partly attributed to the fact that the crystals are visible in the capsules, but also due to an impression that the drugs have not been 'tainted' by dirty ingredients such as those found in pills.

The perceived cost of MDMA has also changed since 2012. Whereas it was previously considered to be very expensive, the cost is believed to have come down to being roughly on a par with pills. The actual cost varies significantly according to location, but in Sydney, there is a general impression that pills currently cost roughly $25, and MDMA capsules currently cost between $35 and $40.

The perceived effects of MDMA are almost identical to the perceived effects of ecstasy in the past. There tends to be a lot of positivity associated with this drug overall among those who have taken it, or who take it regularly. To them, it is taken to 'feel great' about everything and everyone around them, it is associated with everyone feeling happy, and high, and positive energy. Many clearly associate it with music festivals and believe that MDMA can help make the music sound better. Given the positive feelings it can evoke, MDMA is often felt to facilitate 'big D & Ms' (big deep and meaningful discussions) with friends.

While users report negative experiences of comedowns with MDMA, many claim that they are 'worth it', given the experiences of taking the drug are felt to be so positive.

Among less experienced young people and most parents, there can be a great deal of confusion about this category of drugs. Younger teens often still refer to them as 'pingers', but when pressed are often unable to describe specifically what this refers to, beyond drugs which exist in pill form. Many parents still refer to 'ecstasy pills' when they talk about these drugs. Overall, none in these audiences feel confident that they know about these types of drugs at all. Clearly, the changes that have occurred have simply passed them by.

7.7 LSD / ACID AND MUSHROOMS

Hallucinogenic drugs appear to be very much present on the drugs scene. They are often taken by users as an alternative to party drugs, for those seeking more mind-altering experiences. Broadly, hallucinogens remain positively associated among users with spiritual, creative encounters which can help them see things differently. Most who use these drugs claim to prefer the encounter to take place outside, in natural settings such as fields or remote beaches, so as to feel 'connected' with nature and the planet. The effects are felt to involve seeing different shapes and colours and hearing different sounds.

> *"It just makes everything so much more beautiful and magical"*

"It's like a rest or a flush, when I need to detox the spirit and feel human again. It's a real break from reality"

Users often assert that they need to be in a positive frame of mind prior to taking these drugs. Given their mind-altering effects, they are aware that if they are feeling depressed or paranoid prior to a hallucinogenic experience, this could result in a 'bad trip' which they cannot escape from. Equally, there is a general preference to take these drugs with trusted friends who will be able to help them if this occurs.

It seems that usage of hallucinogens overall is far more deliberate and less spontaneous than, for example, weed or MDMA, particularly because of the length of the effects, which can be up to eight hours.

"It's a big commitment - it can last all day, so you need to be ready"

7.8 ICE

Ice remains one of the final frontiers of drugs – to all but those who take it. For the vast majority, the negative imagery from the National Drugs Campaign ice advertisements (a sense of a complete loss of control, disgusting imagery such as scratching at sores, hurting those closest to you) has been well and truly embedded into their minds. In addition, regular, frequent media coverage of ice addiction and horror stories, as well as uncovering of 'ice labs' compounds this perception and keeps it top of mind. Essentially, for the majority of people, ice is now firmly positioned as the heroin of this generation.

Among those who use ice or have used it in the past, first time use of this drug can be claimed to have been either to do with curiosity or with a lack of availability of other drugs. Some simply want to know what the 'fuss' of ice is all about as it has garnered so much attention. Or, others who prefer to take other drugs have perhaps been hoping to buy their drug of choice but are offered ice as an alternative. For many ice users, a key reason to continue using ice is often asserted to be its relative cheapness compared to other drugs.

"It's a lot cheaper than MD and lasts longer – you can get a point for $20"

Ice users tend to believe that there is a need to treat ice with a lot of respect. All are acutely aware of how addictive ice can be, and as a result, most claim to control their usage of it, or at least keep an eye on it by taking it with other drugs, or taking it in small amounts to boost the effects of alcohol. That said, there are some physical and behavioural indications among some more frequent ice users in our sample that suggest they may be on the verge of addiction at this point, and that they may benefit from some kind of support or intervention to help avoid this.

The typical 'ice occasion' seems to be small groups of friends together at someone's home, either drinking alcohol or taking another drug, with ice being used to heighten the effects of the other drugs taken.

Ice users often claim to feel they may be persecuted and marginalised if it becomes common knowledge that they take the drug. Many are unwilling to let friends and family know they take it because they feel that ice has been so thoroughly demonised throughout broader society, and they tell us they worry that they would be very negatively judged and extremely ashamed if people found out. Certainly, if any users feel they are losing control, there appears to be a strong lack of willingness to ask for or seek help, for fear of judgement.

To this audience, the National Drugs Campaign ice advertising represents the very dramatic extremes of ice use, and not their own circumstances and scenarios.

"Whenever you hear about ice it's in the context of 'epidemic' or 'addiction'. That's just not how it is for me"

7.9 SYNTHETIC CANNABIS

Many of our less experienced young people and parents have never heard of synthetic cannabis, and are completely unable to comment on it.

Among even the most experienced drug users, however, there is a real fear surrounding synthetic cannabis. Many who have used it or are aware of its effects talk about a lack of predictability, extremely intense highs and almost psychotic episodes. Previous users of it often claim they will never take it again.

> *"I felt like my mind shot off into the cosmos and left my body disabled. I was stuck in a void limbo stage for what felt like forever. It was horrible"*

Among those aware, there is an impression that while synthetic cannabis had been legal, there have been crackdowns. It was originally thought to be a good alternative to weed among those who are frequently subjected to drug testing, as it was not detectable.

7.10 COCAINE

Cocaine remains to be perceived as the most glamorous and aspirational of drugs. It is widely considered to be very expensive, so it can be restricted to 'special' occasions. As a result, it is widely viewed as an adult drug, not 'for kids'. It tends to be very much associated with high end bars and clubs, and is seen as the upmarket party drug, which many claim they would take more regularly if they could afford to. Users of cocaine often appreciate the fact that its effects are not always noticeable to others, and the fact that while it is often consumed with alcohol, cocaine use rarely results in hangovers.

> *"It is the Louis Vuitton of drugs!"*

The only perceived downside to cocaine is the frequency with which a user needs to take the drug to maintain its effects.

> *"It's not like a cap where you just take one or two – you have to keep going back all the time"*

7.11 SPEED

Speed- in its original powder form – appears to have almost vanished. Only a very small minority of people are believed to take it anymore, and if they do, it is often for purely functional use. Functional use is defined in this context as usage that is intended to allow a user to continue the activities they would normally undertake in a typical day, rather than usage intended to create an altered experience for recreational purposes.

As indicated, there is a latent expectation that speed appears in some dirtier pills. There is a general sense of connection between speed and ice, but by and large, ice is widely perceived to be purer.

7.12 HEROIN

For most people, heroin has all but disappeared from view. Its visibility in the media has shrunk to such a degree that some question whether it still exists, as it is known to be almost never mentioned in the media nowadays, especially compared to ice. It seems that in 2016, heroin is almost outdated and irrelevant, a drug of the past.

> *"You used to hear about heroin all the time. Now it's just never mentioned"*

7.13 KETAMINE

The only real evidence of ketamine in this qualitative research sample is in Melbourne, where it is referred to as “ket’ ‘keta’ or ‘k’. Among those who use it, it tends to be taken towards the end of a night out on party drugs, to bridge the gap and ‘smooth’ the transition between the effects of the drug and the period when they wear off.

Among the remainder of young people and parents, there is an impression that ketamine is not a widely available or visible drug.

7.14 GHB

GHB is felt to be only evident in very small pockets and very little evidence of it was found in our sample. It is very much now considered by most to be the drug that is used to spike drinks, or the ‘rape’ drug.

7.15 PRESCRIPTION DRUGS

Prescription drugs tend to be categorised into a range of types, each of which appears to be used for quite different purposes:

- ‘study drugs’, such as Adderall, Ritalin and Dexamphetamine;
- ‘downers / looseners’, such as Xanax, Valium and Benzodiazepines; and
- ‘opiates’, such as Endone, Oxycontin and Codeine.

Study drug use is almost exclusively functional, when there is an assignment to write and the deadline is looming, users take this kind of drug to stay awake and to keep going.

Usage of downers / looseners tends to be either alone, when a user is seeking to ‘take the edge off’ things, or when drinking alcohol, to get more ‘sloppy’.

Opiate usage seems to be less common than other drugs, and is felt to be more about chasing and achieving a ‘blissed out’ high.

Qualitatively, it seems that there is slightly more evidence of prescription drug use in 2016 than in previous years, particularly in the downer / loosener category – and almost always among those who are already firmly in the world of drugs. Arguably, however, study drugs have been used in this way for some time.

7.16 INDIGENOUS YOUTH WORKERS AND PARENTS

Indigenous youth workers and parents perceive some differences to the above findings. Many of them believe that speed is still very much around, and is extremely cheap. In addition, ice is viewed as a widespread problem in Indigenous communities, which is far more prevalent than in others. Finally paint sniffing (or ‘chroming) is believed to have reduced in popularity, but is now becoming visible again.

7.17 CALD PARENTS

CALD parents report very limited awareness of different drugs. Many see ‘drugs’ as one big issue rather than perceiving any significant differences between them. That said, CALD young people’s awareness and knowledge is believed to mirror that of young people in the broader community.

8. DRUG TAKING ATTITUDES AND BEHAVIOURS

8.1 DIFFERENT TYPES OF DRUG TAKING BEHAVIOUR AND ATTITUDES

Overall, there is a clear 'journey' from first time drug use to poly-drug usage, which some people will go on (while others will not). If we look at the journey of a young person, most will start with alcohol use for the first time. If they then do take drugs, it seems their first time use is still predominantly weed, although as indicated it may involve another drug, especially if a young person is completely put off by the idea of smoking. If drug use then continues it tends to be fairly general, usually only involving weed and some party drugs. Beyond this, if further experimentation continues or if poly-drug use becomes habitual, it tends to become more specific and to involve a wider variety of drugs, including weed, MDMA, LSD or mushrooms, cocaine, and possibly into ketamine, GHB, ice and prescription drugs. Each of these 'stages' of drug taking is described in greater detail in sections below.

It is important to note that young people will 'exit this journey at any stage. Some will take drugs once and never again, while those at the other end of the spectrum may form habitual usage and then decide to stop. Some of those who reach the experimentation stage may simply lose interest once they feel they have experienced a range of different drugs. Others may simply get to a point where drugs no longer have a place in their lives, as they have more serious jobs, adopt healthier lifestyles or develop new relationships. Broadly, one's mid-thirties appears to be the age at which continued heavy drug use can be viewed as a little 'sad' or 'desperate'.

> *"If you're still on it at 35, you're a loser'*

Certainly, not all longer-term drug users become poly-drug users. Some will simply smoke weed or take the occasional pill, and not experiment with other drugs. That said, there are some qualitative indications that poly-drug use has grown, with more of those who continue to use drugs taking a range of substances, and choosing these substances quite deliberately, to achieve certain experiences, and to complement or enhance particular activities or events.

8.2 FIRST-TIME DRUG USE

First-time drug use tends to be with others who have used before. Often the first drug experience is with older siblings or friends- who have already tried drugs, who can act as 'mentors', showing the first-time user what to do, and keeping an eye on them. For the most part, indications are that weed is the first drug taken, but there is some evidence of other drugs being chosen at this point, including pills, MDMA and LSD - especially if the user does not want to smoke.

8.3 CONTINUED DRUG USE

Beyond first-time use, some may continue with the same drug, or will experiment. At this point, they are essentially beginning to establish their drug taking behaviour, which tends to still be within a fairly limited range of drugs (most are unlikely, for example, to go straight to ice at this point). Party drugs are often the main focus of interest in this stage, although there is qualitative evidence of some others - such as LSD – being taken.

8.4 HIGHLY EXPERIMENTAL DRUG USE

Some young people will then go through a period of intense experimentation of drugs - once they are definitively 'in the world of drugs', there can be a time when young people simply want to try everything. This phase generally tends to be post-high school, often when greater freedom is experienced. It is also often highly opportunistic – the drugs taken tend to depend on what is available or offered at the time.

> *"I went through a time when I was about 19 and I just took everything I could get my hands on – I just wanted to know what it was all like"*

8.5 HABITUAL POLY-DRUG USE

Habitual poly-drug usage appears to be much more deliberate, and users claim to actively select drugs according to who they will be with, as well as the particular types of occasions / experiences they are seeking. Some users may have specific friendship groups they associate with certain drugs, as well as other friends to whom they may not even admit using certain drugs. Decisions also tend to be made according to the price of drugs, their availability and a user's mental state or the extent to which they feel they can 'handle' certain drugs.

> *"I smoke ice at home with my housemate, but I'd never tell my friends – even though they do coke all the time, they wouldn't like it"*

> *"If I'm not in the right headspace, I won't drop acid because I'd just have a bad time"*

8.6 LIMITS OF DRUG USE

For most, there is a clear line they never want to cross when it comes to drug use. While many find the concept of 'recreational' drugs acceptable, they draw the line of acceptability at what they see as harder, more addictive drugs, as well as injecting as a mode of ingestion. This seems to be the point that many consider to be the line between a recreational user and a 'junkie'.

Injectors are largely those who had simply 'fallen' into friendship groups with people who inject drugs. This audience may have previously viewed injecting drugs as a line they were unwilling to cross, but had subsequently developed relationships with people who do inject. In doing so, injectors had begun to see injecting as increasingly normal, so the idea of it had become less horrifying overall.

To all, the indicators of concern about someone's drug usage are clear and consistent, and most are readily able to cite a range of them. Indicators include when usage turns into a need, not a want, when a user will spend money on the drug rather than other necessities such as fuel, when users start to skip work or social events as a result of their drug use, when they start to look unwell, when they borrow money to buy their drugs, when they see unable to stop, when they can talk about nothing else and when they are quick tempered for no apparent reason.

8.7 FOUR DISTINCT COHORTS

In summary, there are four distinct cohorts within our audience:

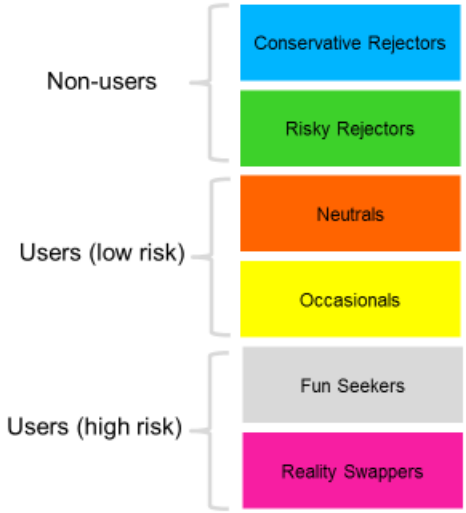
- non-drug using young people who are currently low-risk but may need continued messaging about drugs to reinforce their perceptions;
- the majority of parents who have relatively low awareness, knowledge and experience of drugs who would benefit from being reminded about the dangers of drugs;
- shorter-term drug-using young people with high awareness and knowledge and growing experience of drugs, who are at significant risk of their drug use escalating; and
- longer-term drug-using young people with high awareness, knowledge and experience of drugs who are at risk of their drug usage becoming out of control.

8.8 YOUNG PEOPLE'S SEGMENTS AND DIMENSIONS FOR SEGMENTATION

In 2012, six segments were identified by quantitative research, according to usage and risk. Among non-users of drugs, two segments emerged – 'Conservative Rejectors' and 'Risky Rejectors'. Among lower-risk users, two segments emerged – 'Neutrals' and 'Occasionals'. Among high-risk users, two segments emerged – 'Fun Seekers' and 'Reality Swappers'. Due to a broader population sample in the quantitative stage, these were slightly (but only marginally) different to the segments that emerged from the qualitative stage that can be seen in Figure 4 below.

snapcracker

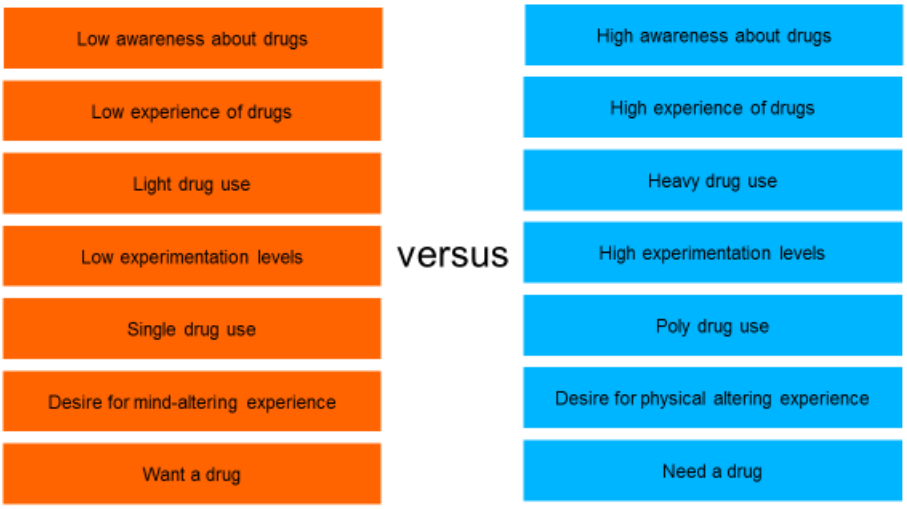
Figure 4: The 2012 segments



In 2016, the attitudes and motivations that form these segments are highly similar. Some young people are fearful of drugs, some are ambivalent towards drugs, some want drugs to help them have fun, some want drugs to change their perceptions of reality and some want drugs to alter their physical capabilities. Figure 5 below illustrates these dimensions.

snapcracker

Figure 5: Dimensions segmenting the audiences



It also appears that the dimensions segmenting the audiences are the same. There are clearly varying levels of awareness and experience of drugs from very low to very high. Light drug use exists, as does heavy drug use. Some young people hardly experiment with drugs, while others experiment with every drug they can. Some will only use a single drug while others use multiple drugs. Some drugs can be taken to induce a mind altering experience while others are taken due to a desire for a physical altering experience. Finally, some take drugs because they want to and others take drugs because they need to.

At this stage, the indications are that the 2016 segmentation will be fairly similar to 2012. Qualitatively, we have observed relatively familiar archetypes, both in terms of attitude and behaviour. The quantitative stage of research will determine the extent to which segments exist, and the most impactful dimensions that separate them.

9. PERCEPTIONS OF INFORMATION, SUPPORT AND TREATMENT

9.1 PERCEPTIONS OF INFORMATION

Young people

The extent to which drugs information sources are trusted can vary significantly across different audiences. Among parents and younger teens with no experience of drugs, more 'traditional' sources of information (school, government sources) tend to be positively taken at face value and are largely believed to be truthful and accurate. Conversely, among young people with even a small amount of awareness of and exposure to drugs, these traditional sources can be questioned and challenged for being overly biased, and failing to take into account the perceived positives of taking drugs.

Young people with some awareness of drugs often seek the views of those with experience. Many in this group claim to be most trusting of information and advice from those with first-hand experience of drugs. This information seeking tends to be either in person via older siblings or more experienced friends, or online through different forums and websites (such as reddit, pillreports, erowid) where people post about their experiences of drugs. Essentially, these sources are felt to offer a more realistic view of drugs, highlighting both the positives and negatives of taking them, rather than having a particular agenda either for or against them.

Ultimately, this group are looking to inform their own decisions about what they may or may not do. Many are seeking to become more familiar with various drugs so as to help them make their own judgements about whether to take them, or what to take. Specific information that tends to be sought in this context tends to include the effects of drugs, their potential harms, legal implications and language surrounding them.

> *"When I'm going to a party and I know there will be something there, I want to check it out to see what I think"*

In this context, the ideal source of information about drugs balances a factual approach with a comprehensive approach. In terms of fact, information seekers are seeking the positives and negatives of drugs, delivered in an impartial way that is not felt to be overly dramatic or persuasive. Ideally it will be pragmatic and considered in tone, non-judgemental and come across as coming from a highly informed perspective.

In terms of a comprehensive approach, information seekers hope for a 'hub' or an 'oracle' of all the facts about drugs, that essentially provides an encyclopedia or one-stop shop and becomes *the* place to seek information about drugs.

Those with greater experience of drugs rarely seek information about the subject. Their own lived experiences of drugs are generally felt to be sufficient for them to feel confident about their own knowledge. This cohort tend to be the most disparaging about more traditional information sources which they see as overly dramatic, depicting worst-case scenarios (and in some cases, offering information which may not reflect their own experiences).

As indicated, while some who are most interested in the specifics of drugs and deliberately want to be highly drug-literate may seek information about drugs from sources they view as valid (which generally reflect the perceptions of those with experience of drug taking, such as erowid.org), for the most part this group's own experiences tend to be seen as sufficient information.

Parents

Parents are often prompted to seek information about drugs once they think about the subject in any depth. Spontaneously, many initially claim they don't necessarily need information about drugs. However, during the course of discussions, many begin to realise the extent of what they

don't know, and concur that they would benefit from being armed with more information to help them have conversations with their children about drugs.

> *"That's made me think actually – I probably do need more information on this. I haven't heard of half these things"*

Parents generally seek a combination of information and tips. They would often like to know what the more relevant drugs are and the issues related to them, what these drugs are called and what they look like. They also seek tips such as what the things are they need to look out for in their children, and how to deal with drug-related issues and recommended strategies. Parents often cite government sources as their most likely place to seek information, as they expect it will be accurate and trustworthy.

9.2 PERCEPTIONS OF SUPPORT AND TREATMENT

As a notion, 'support and treatment' for drugs is relatively unclear for many. Few are able to definitively describe what each of these elements constitute beyond a vague sense that support may be most relevant if someone thinks they need help and treatment may be most appropriate if someone knows they need help. In relation to support, some mention counselling or helplines and organisations such as Lifeline, Headspace and Beyond Blue. In relation to treatment, most are only able to suggest rehabilitation facilities as an option. Overall, there appears to be a general vagueness around the area.

In terms of support, there appears to be a perceived lack of a natural place to go. Beyond mental health organisations, very few suggestions emerged. Despite this, many are able to articulate what they would like to see available. Tools and tips as to what to do in certain situations (such as friends causing concern, children in trouble) are suggested. Given a lack of clarity, many request specific information as to the types of support and treatment that are available. As with information about drugs, the ideal is felt for this to be available in one definitive place, dealt with in a cohesive, consistent way.

> *"I'm really not sure what is available but I'd love to know in case I ever need it myself or for someone else"*

A real stigma appears to exist around the area of treatment. For many, there is a general impression that it is a last resort, which relates to the most addictive, scary drugs only. This can be compounded by the fact that these drugs are felt to have been widely demonised by the media and given criminal associations. As a result, there is a sense that those who are in trouble may be less likely to feel confident asking for help. Certainly, there is no widespread sense of 'normalisation' or permission about seeking support or treatment for drugs.

There is also an apparent lack of awareness regarding the range of treatment options that are available, ranging from brief interventions such as online counselling, through to residential rehabilitation programs.

9.3 INDIGENOUS ATTITUDES TO SUPPORT

Indigenous audiences expressed concern about accessing services. There is a general dislike in these communities of seeking help from 'the establishment' as it tends to involve police and the authorities.

Youth and health workers also believe there is a lack of culturally appropriate services for the Indigenous population in relation to treatment around drugs.

10. COMMUNICATIONS APPROACHES

10.1 OVERVIEW

Of the materials shown to participants, certain communications messages and approaches appear to work consistently well:

- among less aware young people, real stories can work well in terms of prevention and risk management approaches;
- among parents, stark reminders of the dangers of drugs work well to activate them on the issue; and
- factual and impartial drugs information can work well for those seeking 'the truth' about drugs.

10.2 REAL STORIES

Real stories about people's experiences have clear power and resonance among teenagers, who often talk about being highly impacted by the actual experiences of others, especially those who may have 'lost their way' or had negative experiences. This approach could have potential to raise awareness of the specific harms and risk (including health, social and legal) associated with particular drugs to encourage and support decisions not to use, to reinforce both prevention and risk management messages about drugs, and can be a strong, impactful way to capture their attention.

10.3 REMINDERS FOR PARENTS

Reminders of the dangers of drugs can have significant impact among parents. The old National Drugs Campaign ad aimed at parents called 'Lost Dreams' where we hear the voiceover of a young child telling us their dreams, contrasted with negative imagery of young girls prostituting themselves, children fighting with their parents, and a young person being zipped into a body bag clearly still has very strong resonance among parents. Messages aimed at parents are not felt to have been 'out there' for some time, and targeting them can lend the subject of drugs renewed relevance and encourage parents to talk to their children. It seems there is a potential role for communications to 're-activate' parents, especially if paired with information on where to go to seek further advice.

10.4 FACTUAL, IMPARTIAL DRUG INFORMATION

Factual, honest approaches to information delivery such as the British 'Talk to Frank' website (Visit talk to Frank) are often well received. They are considered to be a refreshing break with what is expected from the 'establishment', and seem positively targeted at young people themselves, rather than traditional government websites. Overall in this kind of approach, the information delivered is considered to be credible, impartial and 'the truth'. This particularly appeals to young people who are considering taking certain drugs and are seeking information about the experiences they may have, as well as those who have already begun to take drugs.

The Positive Choices web portal (Visit positive choices) tends to be highly appreciated by parents in this way. For most parents, the information found there reflects the information they would seek. Parents often welcome the fact that there is a dedicated section on the site that is aimed at them, as well as the hints and tips included regarding how to talk to their children. Many parents claim they would use this website and find real value in it. A key issue is of awareness however, as most parents had never heard of Positive Choices before. Many parents suggested raising awareness of it as a portal where they can find the information about drugs that they need.

> *"I feel as if I should know that that website exists but I had no idea"*

Among young people, however, there can be a strong impression that this is a school-based website, which comes across as being more aimed at teachers and parents than at them specifically. The section 'Student Resources' is often expected to contain one-sided information

about drugs which is aimed at an early teenage audience, rather than ‘the truth about drugs’. The homepage can feel highly focused on school projects and resources, potentially exacerbated by the fact that there are dedicated sections ‘Teacher Resources’ and ‘Student Resources’.

11. RECOMMENDATIONS FOR MOVING FORWARD

11.1 THREE-PRONGED STRATEGY

From this qualitative research, there appears to be an opportunity for a three-pronged communications and initiative strategy, aimed at different audiences who have differing levels of experience and awareness of drugs. These three potential strategies are described below.

11.2 PREVENTION

There is still a clear role for a prevention approach for non-users, which highlights the dangers of drugs to a younger cohort who have not yet begun to think about using drugs, and inI doing so, is aimed at the wider, non-drug taking population in general. Ultimately this strategy would be designed to reinforce widely held beliefs about the negatives of drugs use.

In addition to this, it also seems timely to re-activate parents in relation to drugs and their children. Parents clearly vary in levels of confidence when talking to their children about more difficult or sensitive issues such as drugs. Many would undoubtedly benefit from greater information and tips about what to do if a problem arises. In addition, it is clear that communications that remind them about the risks of drug taking among their children has a clear and powerful impact on them, and can help to galvanise them into being more proactive about drugs with their children. Pairing these communications with advice on where to access further information would be important so that the tools to assist with future action are readily accessible.

11.3 REINFORCING RISKS TO SHORT-TERM DRUG USERS

In addition to this, there is a real opportunity to reinforce the risks of drug taking among young people who are currently dabbling with drugs but have not yet developed habitual behaviour – the shorter-term drug users. This approach would have the aim of trying to stem the flow of their drug use and prevent it developing into longer-term, habitual drug use.

However, a significant caveat here is that it is vital that this is done in a manner that is perceived as credible, delivering factual information that recognises both the perceived positives and negatives of drug taking. Ideally it would be crisp and pragmatic in tone, not overly dramatic, emotional or persuasive. This approach could potentially allow young people to understand the 'truth' about drugs, and to inform their own decisions. If this approach is not perceived as credible, it is likely to be dismissed outright by this audience.

11.4 'HOLDING A MIRROR' AND OFFERING PERMISSION TO SEEK HELP FOR HEAVY DRUG USERS

Holding a mirror to heavier drug users may help them slow down – particularly those whose drug usage is clearly becoming a cause for concern, either to them or those around them. Essentially, providing reminders about the well-recognised 'tipping points' or indicators of concern that can denote that someone's drug use has become a problem could encourage heavier users to re-assess their behaviour. While this approach is unlikely to result in drug use stopping altogether, it may encourage users to be more measured in their usage, or concerned friends to speak up about it.

At the heavy, regular end of the drug using spectrum, it is clear that some require greater permission to ask for help. Some in this group are clearly on the verge of losing control and potentially becoming addicted (and may have already recognised this). However, they can feel that there is a real stigma around asking for help, particularly if the drugs they take are felt to have been very negatively portrayed. Ideally, messaging around support and treatment would focus on confidentiality as well as the benefits of seeking help, the range of treatment options available and crucially, would reassure this audience about a lack of negative judgement when seeking help.

There may also be an opportunity to provide education about the range of treatment options available beyond rehabilitation services. Many see rehabilitation as the key form of treatment

available, and are unaware of services available for less acute scenarios, such as brief interventions and online counselling.

11.5 SUBSEQUENT QUANTITATIVE STAGE OF RESEARCH

In the quantitative stage, there is a need to measure a range of issues. Clearly, this stage will identify the dimensions by which to define a segmentation of young people in relation to drugs, as well as the sizes of each of the segments and the extent to which the segments are similar or different to 2012.

In addition to this, some changes appear to have occurred since 2012, which merit measurement, to understand how prevalent they are. In no particular order, these are:

- the extent to which parental confidence levels vary;
- the extent to which deliberate, poly-drug use is on the rise;
- the extent to which weed is still the first drug ever taken;
- the extent to which prescribed drug usage for recreational purposes is growing;
- the extent to which the perception of ‘pills’ and ‘ecstasy’ has changed; and
- the extent to which perceptions of alcohol have been tainted.

12. APPENDICES

12.1 RECRUITMENT SCREENER – YOUNG PEOPLE

GENERAL BACKGROUND QUESTIONS

1. Do you or any of your family or friends work in any of the following industries?

Market research/Data collection	1	**TERMINATE**
Advertising, marketing, public relations	2	**TERMINATE**
Journalism or media	3	**TERMINATE**
Health-related industries	4	**TERMINATE**

2. When was the last time you took part in market research? **WRITE IN**
   _____**TERMINATE IF LESS THAN 6 MONTHS AGO**
3. And what was the topic of your last market research? **WRITE IN**
   _____**TERMINATE IF ANYTHING HEALTH RELATED**

We are conducting research that looks into issues affecting teens and young adults. All responses are completely private and confidential.

- Record age and school year where relevant:_____
- Record gender: _____
- Record SEG: _____
- Record living arrangements (e.g. with parents)_____
- Record educational/employment status_____

We would like to find out a little bit about you. Remember, all of your answers are totally confidential.

ASK YEARS 7 AND 8

4. Which of the following have you ever tried, even once?

	YES	NO
Smoking cigarettes or other types of tobacco		
Drinking alcohol		

ASK ONLY YEARS 9 AND 10

5. Which of the following have you ever tried, even once?

	YES	NO
Smoking cigarettes or other types of tobacco		
Drinking alcohol		
Marijuana / cannabis or any other type of drug		

ASK ONLY THOSE IN YEARS 11 AND 12 AND OLDER

6. Which of the following have you ever tried?

	YES	NO
Cigarettes or other types of tobacco		
Alcohol		
Marijuana / cannabis		
Pills		
Ecstasy / MDMA		
Speed		
LSD / ACID		
Cocaine		
Ice / Crystal Meth		
G / GHB / GBH		
Ketamine		
Heroin		
Other (please capture)		

7. And how often, on average over the year, would you use (name of drug)?

	Once / Twice a year	Less than once a month	About once every couple of weeks	Once a week or more	Every day
Cigarettes or other tobacco					
Alcohol					
Marijuana / cannabis					
Pills					
Ecstasy / MDMA					
Speed					
LSD / ACID					
Cocaine					
Ice / Crystal Meth					
G / GHB / GBH					
Ketamine					
Heroin					
Other (please capture)					

8. And of these, which would you say is your drug of choice? _____

9. For those drugs that you do use, how have you consumed them? For this question, answer yes for any method you have used more than once in the past

	YES	NO
Smoking		
Swallowing		
Snorting		
Injecting		

DETERMINING USER STATUS BASED ON THIS QUESTIONNAIRE
YEARS 7 + 8

- None = To answer no to both at Q4
- Alcohol or Tobacco = To answer yes to either at Q4

YEARS 9 + 10

- None = To answer no to all items at Q5
- Alcohol or Tobacco = To answer yes to either at Q5
- Some cannabis/other drugs = To answer yes to this item at Q5 (could also answer to alcohol/tobacco)

YEARS 11 + 12 OR OLDER

- None = To answer no to all items at Q6
- Alcohol or Tobacco = To answer yes to ONLY these items at Q6
- Occasional users = To use cannabis less than once a week on average AND other drugs less than once a month at Q7
- Regular cannabis users = Those who use cannabis at least weekly or more frequently with other drugs used less frequently (up to once a fortnight or monthly). They may use other drugs, but cannabis would be their drug of choice at Q8
- Regular users of other drugs = Those who use other drugs, on average, every two to three weeks (or even once a month for younger age groups). They may use cannabis, but should nominate a different drug of choice at Q8
- Injectors = To use injecting as a means of administration at Q9

OTHER SPECIFICATIONS

- Please ensure a mix of the following across all groups where relevant
    - A range of living situations (with parents, sharing etc)

- A range of educational attainment (school, TAFE, university etc)
- A range of employment status and types (employed, unemployed etc)

- For years 9 + 10 groups and older, it will be okay to include 2 per group who are no longer at school but are 18 or under. This is not necessary (or desirable) for all groups but in groups where these are included, please include at least 2 to ensure that group dynamics are not unduly impacted.
- Please check schedule to determine number of participants required for each group
- Regional groups – please include a small number of those who live in rural areas

12.2 RECRUITMENT SCREENER - PARENTS

GENERAL BACKGROUND QUESTIONS

10. Do you or any of your family or friends work in any of the following industries?

Market research / data collection	1	**TERMINATE**
Advertising, marketing, public relations	2	**TERMINATE**
Journalism or media	3	**TERMINATE**
Health-related industries	4	**TERMINATE**

11. When was the last time you took part in market research? **WRITE IN**
_____**TERMINATE IF LESS THAN 6 MONTHS AGO**
12. And what was the topic of your last market research? **WRITE IN**
_____**TERMINATE IF ANYTHING HEALTH RELATED**

SCREENING QUESTIONS – PARENTS

Record Gender _____

1. How would you best describe your household situation?

I live alone or with my partner and we don't have any children	1	**TERMINATE**
I live with my partner and our children	2	**CONTINUE, ENSURE A MIX**
I live with my children and partner (my children's step-parent)	3	**CONTINUE, ENSURE A MIX**
I live alone (no partner) with my children	4	**CONTINUE, ENSURE A MIX**
I live with my partner and their children (my step-children)	5	**CONTINUE, ENSURE A MIX**
I live alone, my children live with me part-time	6	**CONTINUE, ENSURE A MIX**
I live with my partner, my children live with me part-time	7	**CONTINUE, ENSURE A MIX**

2. How many children do you have?

One	1	**CONTINUE – ENSURE A MIX**
Two	2	**CONTINUE – ENSURE A MIX**
Three	3	**CONTINUE – ENSURE A MIX**
Four	4	**CONTINUE – ENSURE A MIX**
More than four	5	**CONTINUE – ENSURE A MIX**
None	6	**TERMINATE**

3. And at their last birthday, how old were each of these children (record)?

	Child 1	Child 2	Child 3, etc
Under 5 years			
5 – 8 years			
9 -11 years			
12 – 17 years			
18 or more years			

SAMPLE SPECIFICATIONS

- **Age of children**
  - All to have at least one child in the relevant age range of either 12-14 or 15-17 (the reference child)
- **Parental experience**
  - **LESS experienced** to have no children older than the reference child
  - **MORE experienced** to have at least one child older than the reference child
  - **MIX of experience** to include an equal mix of LESS and MORE experienced
- All groups to have 6-8 respondents and last for 1 ¾ hours
- Regional groups – please include a small number of those who live in rural areas

12.3 DISCUSSION GUIDE – YOUNG PEOPLE

Welcome and intros - 10 mins

> Explain research - conducting research among young people, very large, national study
> Going to be talking about attitudes towards various drugs as well as look at some materials
> We talk to people about this subject a lot - there is not much that can shock / surprise us, so please be as open and honest as you feel comfortable doing
> Everything you tell us is completely confidential – no police, parents etc
> Respondents intros - name, age, who they live with, school / work

Exploration of the drugs landscape - 15 mins

> When you think about 'drugs', what immediately springs to mind?
> What about alcohol? How does it compare to drugs?
> How much do you feel like you know about drugs? What about alcohol?
> What information about drugs / alcohol do you think you are missing?
> What do you see as being the main differences between drugs?
> How visible / common are drugs in your friendship groups? What about alcohol?

Put cards with drug names on the table, one by one (alcohol, cannabis, pills, ecstasy / MDMA, speed, ice / crystal meth, cocaine, heroin, LSD / Acid, Ketamine, G / GHB / GBH – moderator to use discretion as to whether all or some are covered).

> Self-complete: Map these drugs on the positioning map (fun vs not fun, hard vs soft).
    - Why have you mapped these the way you have?
    - What are the factors that make drugs different from one another?
    - Are there some drugs that more naturally group together? Which ones and why?
    - Are there some that would never group together? Probe fully.
> Now map the different modes of administration on the same scale (smoking, swallowing, snorting, injecting)
    - Why have you mapped these the way you have?
> Would you have mapped any of these differently in the past? Why?

4 Exploration of specific drugs - 50 mins

Work through the section in its entirety for each drug and then repeat. Use discretion – there will be many groups where it is not necessary work through the entire list of drugs:

Explore:

> What do you know about this drug? What does it do?
> What do you see as the good / bad things about this drug?
> On what types of occasions do you think this drug is used?
> Why do you think people use this drug? What types of people do you think use it?
> How common do you think it is? Among people your age?

Explore the 'planet' of each drug:

> What is the planet like?

> What does it look like there? What does it feel like?
> What are the other people like? What do they talk about? Listen to? Post online?
> What are the good things about this world?
> What are the bad things?
> How do you feel about the world?
> Would you like to live there? Why/why not?
> Repeat the 'world' exercise for the 'world of no drugs'

Ask them to imagine a character that broadly reflects the characteristics of the people in the group (age, gender etc). Explain that last weekend the character took the drug and explore:

> What situation was xx in? Who was xx with? Where was xx?
> What made xx decide to take the drug? (Explore fully)
> How did xx feel when they took it?
> What did xx like about taking the drug?
> What did xx not like so much about taking the drug?
> How did xx feel the next day?
> Did xx experience any consequences? What were they?
> What consequences might xx experience in the future from taking this drug?
> What would people think / say about xx if they knew they took the drug?
> Would xx do it again? What might encourage / discourage xx doing it more regularly?
> Imagine that xx decided not to take the drug. What happened?
> What might have stopped xx from taking it?
> Tell me about xx – what are they like?
> Would they have posted their experience on social media? How? Why / why not?

Sources of information about drugs and alcohol - 10 mins

> How do you know the things you know about drugs and alcohol?
> Who do you trust most to tell you the truth about these things? (Probe parents)
> Who don't you trust to tell you the truth? Why?
> Where would you go if you had questions (Probe people vs online, helplines etc)
> If you would go online, where would you go? What types of search terms would you use?
> How do you feel about the idea of information coming from the government?
> What kind of information could be provided by the government?
> Where / how could they provide it so that it feels trustworthy?
> When might people seek information from the government? Under what circumstances?

Support and treatment services - 10 mins

*Introduce the idea of **services designed to support young people** around drugs, and explore the questions below. Then reframe it in terms of **treatment services**, and repeat:*

> For each:
    - How much do you know about these services?

- What do you think these services offer? What should they offer?
- What do you see as being the advantages / drawbacks of these services?
- How do you think people find out about / get access to them?
- Who do you think these services are designed for? People like you?
- How might these services be improved?

> What could the government do that might be helpful in this area for young people?

> How do you feel about the idea of a government campaign?

Responses to drug related stimulus - 10 mins

Show a range of visual stimulus (advertising, YouTube videos, social media examples)

> Spontaneous responses?

> How do you feel about this material?

> What is this material telling you?

> How credible / believable is this material?

> How do you feel about way this information has been presented?

> How likely would this be to get your attention?

> How memorable is it?

12.4 DISCUSSION GUIDE - PARENTS

Welcome and intros - 10 mins

> Explain research - conducting research among young people and their parents, very large, national study

> Going to be talking about attitudes towards various drugs as well as look at some materials

> We talk to people about this subject a lot - there is not much that can shock / surprise us, so please be as open and honest as you feel comfortable doing

> Confidentiality, viewing etc

> Respondents intros - name, age, who they live with, a bit about their kids

Relationships with kids - 10 mins

Explain you would like to start by talking broadly about their kids, and that you would like them to focus on the relevant kid as per the group specs.

> What types of things are happening in the lives of your kids today?

> What sorts of things excite your kids?

> What are the challenges and pressures they face?

> What are the types of things your kids want to talk to you about?

> What are the topics they prefer to avoid?

> What are the things you want to talk to your kids about? Is there overlap, gaps?

> How do you go about a serious conversation with your kids? How do you prepare?

> How confident do you feel about broaching the serious conversations with your kids?

> What are your realistic expectations about the influence you have over your kids?

Broad exploration of drugs and alcohol - 15 mins

> When you think about 'drugs', what immediately springs to mind?
> What about alcohol? How does it compare to drugs?
> How much do you feel like you know about drugs? What about alcohol?
> What information about drugs / alcohol do you feel like you are missing?
> What types of things are you concerned about as a parent re drugs / alcohol?
> What do you see as being the main differences between drugs?
> How visible / common do you think drugs are in your kids' schools, social groups etc
> What about alcohol?
> How do you feel about your kids when it comes to drugs and alcohol?
> Do you feel like you would know if your child was exposed to drugs / alcohol?
> How would you feel if you kids were exposed to drugs? Would it matter which ones?
> How do you feel about having conversations with your kids about these topics?
> To what extent are you open with your kids about any experiences you might have had?
> Do you think your kids would ask you for help about drugs? Where else might they go?
> What experiences have you had in having these conversations?

Put cards with drug names on the table, one by one – moderator to use discretion as to whether all or some are covered).

> Self-complete: Map these drugs on the positioning map (fun vs not fun, hard vs soft) according to how you (not your kids) see them.
    - Why have you mapped these the way you have?
    - What are the factors that make drugs different from one another?
    - Are there some drugs that more naturally group together? Which ones and why?
    - Are there some that would never group together? Probe fully.
> Now map the different modes of administration (smoking, swallowing, snorting, injecting)
    - Why have you mapped these the way you have?
> Would you have mapped any of these differently in the past? Why?

4 Exploration of specific drugs - 40 mins

Explain that we are interested in talking about each of the different drugs in detail. Work through the section in its entirety for each drug and then repeat. Use discretion – there will be many groups where it is not necessary work through the entire list of drugs here:

Explore:

> What do you know about this drug?
> On what types of occasions do you think this drug is used in?
> What type of people do you think use this drug?
> How common do you think it is? Among people your kids' age?
> How do you perceive this drug?
> How do you think people your kids' age perceive this drug?
> What do you see as being the appeal of this drug for young people?

> What do you see as being the main drawbacks from their perspective?
> What are the reasons young people decide to use this drug?
> What are the reasons young people choose not to?
> What encourages / discourages young people from using it more regularly?
> What concerns do you have about this drug in terms of its consequences?
> How confident do you think you would be talking to your kids about this drug?

Sources of information about drugs and alcohol - 10 mins

> How do you know the things you know about drugs and alcohol?
> Who do you see as trustworthy / untrustworthy to provide you with information?
> Who do you think your kids would see as trustworthy and untrustworthy?
> Where would you go if you had questions (Probe people vs online, helplines etc)
> If you would go online, where would you go? What types of search terms would you use?
> What kind of information could be provided by the government?
> Where / how could they provide it so that it feels trustworthy?
> When might people seek information from the government? Under what circumstances?

Drug treatment and support services - 15 mins

*Introduce the idea of **services designed to support young people** around drugs, and explore the questions below. Then reframe it in terms of **services designed to support parents**, and repeat. Then reframe it in terms of **drug treatment services** and repeat.*

> For each:
    - How much do you know about these services?
    - What do you think these services offer? What should they offer?
    - What do you see as being the advantages / drawbacks of these services?
    - How do you think people find out about / get access to them?
    - Who do you think these services are designed for? People like you?
    - How might these services be improved?
> What could the government do that might be helpful in this area for young people?
> What could the government do that might be helpful for parents?
> How do you feel about the idea of a government campaign?

Responses to drug related stimulus - 10 mins

Show a range of visual stimulus (advertising, YouTube videos, social media examples)

> Spontaneous responses?
> How do you feel about this material?
> What is this material telling you?
> How credible / believable is this material?
> How do you feel about way this information has been presented?
> How likely would this be to get your attention?

> How memorable is it?