

Bridging the Gap

Young people and
substance use

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Disclaimer:

This guide is aimed at people working with young people across a range of environments. We trust this guideline will further contribute to the growing knowledge and skill-base for effective work with young people experiencing problematic substance use. It is not however intended to be a comprehensive training manual or systematic review of all of the available literature. Matua Raḱi will not be liable for any consequences resulting from reliance on statements made in this workbook. You should seek specialist advice if you have any queries in relation to issues raised in this resource.

This guide was developed in partnership with Werry Workforce Whāraurau.



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Introduction

“Mā te pai oneone, mā te wai, mā ngā taratara o te rā te māhuri tōtara e tū torotika mai ai.”

Only through fertile soil, ample water and the sun's rays does the sapling tōtara stand straight and tall.

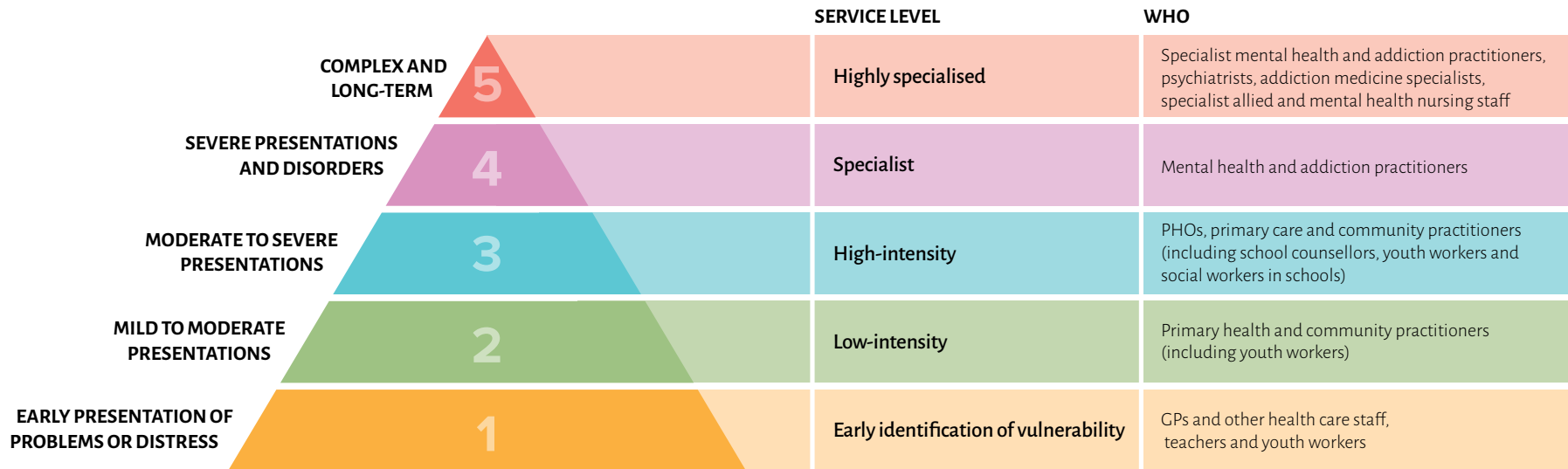
Every young person will decide whether or not to use substances; many try it, with some developing short term harms, and a few developing long term problems which may require a range of different interventions.

Young people's bodies are different to adults. In particular, substance use while the brain is developing can cause much more, longer term problems than substance use when the brain is more developed.

The aim of this resource is to increase the knowledge and confidence of those working alongside young people in the primary care environment (including youth workers, school counsellors and others in youth focussed practice) to address issues related to alcohol and other substance use. This resource may also be useful as a training tool for clinicians in specialist alcohol and other drug (AOD) services who provide training to youth workers in the primary care environment.

Figure 1 shows the likely model of stepped care for young people with mental health and or AOD problems in New Zealand. Who provides the care is also likely to depend on the availability of services in your area as well as the individual skill level of each professional. This resource is primarily for those working with the first three steps (from early identification to high intensity). It will be useful for you to think about where you see yourself in relation to this model, as you read through the resource.

FIGURE 1: YOUTH MENTAL HEALTH AND AOD POPULATION AND STEPPED CARE



Getting started

When working with young people, it is vital to have an understanding of youth development, as well as characteristics specific to young people. This section provides an overview of important information about this significant stage of change.

“Young people are resources to be developed and not problems to be solved,” (Pitman, 1996:4)

Young people in New Zealand are very diverse, and while there are some universal developmental transitions, there will also be unique socio-cultural factors to consider. Adolescence is a period of rapid and dramatic social, psychological and physical change, presenting many unique opportunities and challenges. Adolescent wellbeing allows for the safe navigation of the challenges young people may experience and the template for healthy living in adult life.

There are varied definitions and a range of terms that exist for this period. The World Health Organization (WHO) suggest the following:

TABLE 1: DEFINITIONS

ADOLESCENCE	10–19 years
YOUTH	15–24 years
YOUNG PEOPLE	10–24 years



For the purpose of this resource a 'young person' is defined as:

- › being in the developmental period between childhood and adulthood
- › beginning with changes of puberty
- › culminating in the assumption of adult roles.

(Werry Workforce Whāraurau, 2014)

A young person should not be defined by their age, but by their developmental stage.

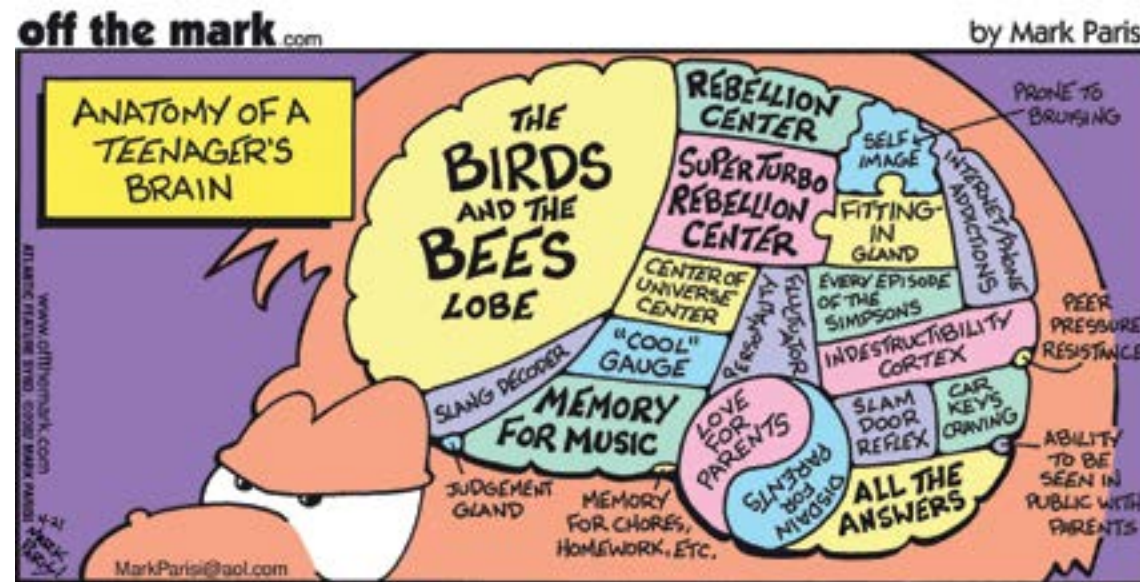
Youth development

“The adolescent brain is often likened to a car with a fully functioning gas pedal (the reward system) but weak brakes (the prefrontal cortex).”

(National Institute on Drug Abuse, 2014: 3)

Research suggests that the continued development of the brain impacts upon young people's decision making. Knowing how the brain develops provides some insight into how young people respond to different situations.

FIGURE 2: ANATOMY OF A TEENAGER'S BRAIN (PARISI, 2002)



Brain imaging scans (such as MRI) have shown that the teenage brain is not a finished product but is a work in progress. Between puberty and adulthood, the greatest change occurs in parts of the brain that are responsible for self-control, judgement, emotions and problem solving. The changes in these specific parts of the brain (particularly the prefrontal cortex) may help to explain certain teenage behaviours which adults may find mystifying; things like recklessness, impulsivity, emotional outbursts, lack of consequential thinking and moodiness. The prefrontal cortex regulates abstract thinking such as planning, setting priorities, organising thoughts, suppressing impulses and weighing the consequences of one's actions.

The limbic system is located in the middle of the brain and is sometimes called the centre of emotion. It contains the reward centres, which are highly sensitive during early and mid-adolescence and are not strongly wired to the parts for exercising judgement and impulse control in the prefrontal region (Springford & Wright, 2016). This sensitivity is also linked

to risk taking, particularly in the presence of peers (Gardner & Steinberg, 2005). Interestingly, adolescents are just as capable as adults in assessing risks (Reyna & Farley, 2006), however, their finely tuned reward centres, combined with the social influence of their peers, mean they get a bigger return for taking a risk compared with an adult.

- › When young people are engaging in planning, setting priorities and suppressing impulses, their decision-making is more likely to be occurring in the emotional centres of the brain (limbic system).
- › The younger the person, the more concrete their thinking is.
- › Concrete thinking is literal thinking that focuses on the physical world and on facts in the here and now, whilst abstract thinking is the ability to extend thinking to planning, consequences and past and future. Many young people don't have the ability to think abstractly. This can affect their ability to recognise how their 'here and now' behaviour may impact on the future.

Table 2 offers simple examples of alternative explanations that either adults (caregivers) or young people may use to explain typical adolescent behaviour.

TABLE 2: ADULT AND PEER PERSPECTIVE OF TYPICAL ADOLESCENT BEHAVIOUR

ADULT PERSPECTIVE	ADOLESCENT PERSPECTIVE
Stupid / foolish	Exciting / fun
Easily influenced	Sense of belonging
Acting without regard for consequence	Testing limits / not caring / gaining status
Dangerous	Thrilling / exciting
Withdrawn	Needing privacy

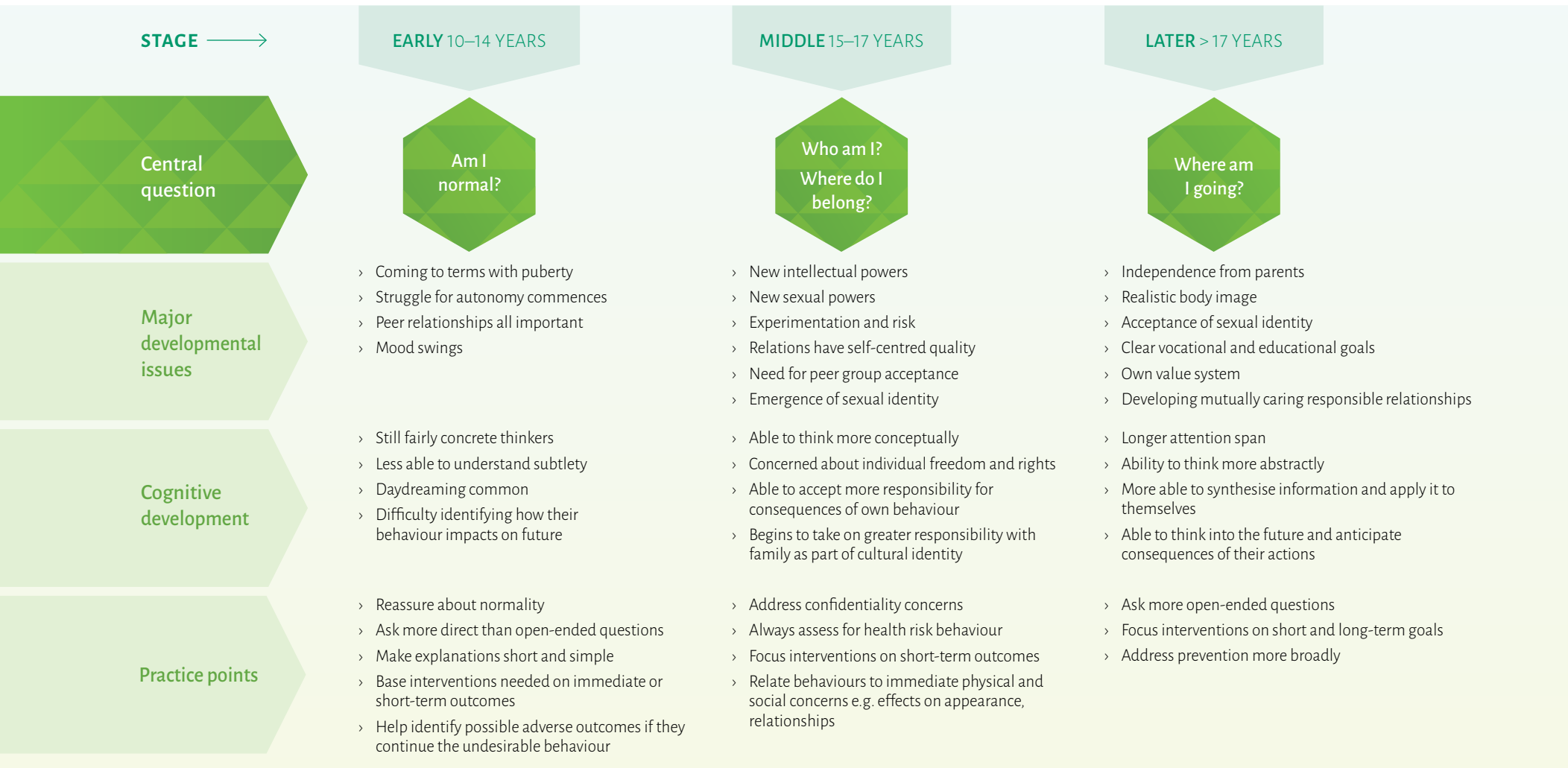
Source: Bruun and Palmer (1998)
 - www.youthadtoolbox.org/introduction-adolescent-development



"Young people need the space, support and experience to develop the necessary capabilities to eventually take responsibility for their own safety, health and well-being. Adolescent perspectives and motivations are likely to differ from adults" (Bruun & Mitchell, 2013).

Developmental stages

FIGURE 3: STAGES OF ADOLESCENT DEVELOPMENT AND PRACTICE TIPS



Source: The Collaborative for Research and Training in Youth Health and Development Trust, 2011: 26

Youth culture

Youth culture is a distinct, shared culture that sets young people apart from most adults. It is comprised of beliefs, behaviours, styles and interests that young people might share. Youth culture has a strong focus on music, clothes, language and digital activity such as social media. Within youth culture there are many diverse and changeable subcultures.

Youth 'subculture' is a term used to describe groups who make themselves different from mainstream society in some way, whether through their beliefs, the way they dress, what they do, the way they talk or the music they listen to.

Examples of subcultures include: music groups such as those who listen to hip hop or heavy metal, lesbian gay bisexual transgender intersex (LGBTI), gangs, 'emos', 'gamers' and 'skaters'.

Youth culture and subculture:

- › is a very important part of a young person's development
- › can help increase the sense of belonging to, and identity with, a peer group or other cultural group
- › is important in relation to mental health and substance use, especially as the specific problems of substance use, self-harm and aggression towards others can be a key part of some peer groups
- › can mean young people may experience negative labelling, stereotyping and discrimination from others in the community.



Key messages

- › A young person's brain is not a finished product, but is a work in progress. Understanding this process helps the way we can work with young people, particularly understanding their propensity for risk taking, impulsivity, emotional outbursts, lack of consequential thinking and moodiness.
- › Youth work needs to be tailored to the young person's developmental stage, rather than just their age.
- › Be aware of the young person's developmental stage when discussing substance use-what you say and how you say it will depend on where they are at in their adolescent development.
- › Some subcultures of young people are at higher risk for using substances than others.

Substances and young people

So far we have discussed that young people are 'biologically wired' to seek new experiences and take risks, as well as to carve out their own identity. Experimenting with substances may fulfil these normal developmental drives, however, it can have serious long term consequences for some young people.

It is important to have a good understanding about what substances are available, the effects and impact they can have and how this can affect a young person's development. This section will outline the most common substances used and the impact these can have on a young person's life.



A drug is any substance that affects the way we think, feel or act.

The drugs of most concern are those that affect a person's central nervous system (CNS). They act on the brain and can change the way a person thinks, feels or behaves. These are psychoactive substances.

Very simply, substances fall into three main categories, depending on their effects on the central nervous system. These three categories are stimulants, depressants and or hallucinogens. While this is a useful way of understanding the effect that substances can have on the central nervous system, be aware that some substances may have more than one effect (for example, cannabis). Also, recognise that each individual may react quite differently when using a substance. The following descriptions are generalisations only.



Stimulants (speedy)

These substances speed up the central nervous system and the messages going between the brain and the body, which can result in increased alertness, reduction in appetite, increase in blood pressure and pulse. At higher levels dehydration and overheating may occur, with the increased risk of seizure and stroke.

Examples include: amphetamine (speed), methamphetamine (P), caffeine, cocaine, methylphenidate (Ritalin) and ecstasy.

Depressants (sleepy)

These substances slow down the central nervous system and the messages going between the brain and body. The initial effects might include relaxation, reduced concentration and slower reflexes. At higher levels the use of depressants can lead to reduced breathing, loss of consciousness and death. Depressants can lead to fatal overdoses, especially if more than one type is taken.

Examples include: alcohol, minor tranquilisers (for example, benzodiazepines like Valium), opioids (codeine, morphine, heroin), cannabis, inhalants/volatile substances (aerosols, glues, petrol).

While cannabis does have depressant like effects on the CNS and is often described as a depressant, it can also have other effects (for example, a distortion of perceptions) and does not lead to fatal overdose.

Hallucinogens (trippy)


These substances affect the brain by distorting perceptions of reality, affecting the senses and often changing impressions of time and space. They commonly cause people to experience hallucinations, which are imagined experiences that seem real at the time. Use of these substances can result in anxiety, dizziness, convulsions, flashbacks and psychosis.



Table 3 provides detailed information about the common substances available to young people; what it does to the body; common short term effects and key tips for engaging in conversations with young people.

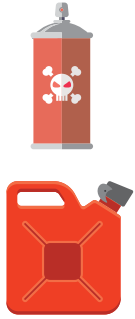





Substances



TABLE 3: COMMON SUBSTANCES OVERVIEW

	SUBSTANCE	WHAT IS IT	WHAT DOES IT DO TO THE BODY?	COMMON SHORT TERM EFFECTS			KEY TIPS FOR CONVERSATIONS
				UNPLEASANT EFFECTS	PLEASANT EFFECTS	SIGNS OF RECENT USE	
Depressants – Slow down body functions	<p>Alcohol</p>  <p>(taken orally)</p>	Ethanol or ethyl alcohol are formed when yeast ferments sugars.	<p>When consumed, alcohol is absorbed into the bloodstream through the stomach (about 20%) and small intestine (about 80%). Food makes this slower and steadier. It works on gamma-aminobutyric acid (GABA) receptors in the brain before being broken down by the liver. Each standard drink takes at least an hour to be broken down.</p> <p>Over time can cause damage to many parts of the body including: the nervous system, brain, heart, lungs, liver and pancreas.</p>	<p>Flushed</p> <p>More emotional</p> <p>Un-coordinated</p> <p>Memory loss</p> <p>Loss of judgement</p> <p>Nausea, vomiting</p>	<p>Energetic, talkative</p> <p>More confident</p>	<p>Alcohol smell</p> <p>Overfriendly</p> <p>Repetitive conversation</p> <p>Flushed skin</p> <p>Reactive behaviour</p> <p>Disinhibited</p> <p>Slurred speech</p> <p>Poor coordination</p>	<p>Eat before drinking.</p> <p>Count the standard drinks.</p> <p>Avoid drinking while pregnant.</p> <p>Young peoples' bodies do not show as many of the physical indicators that they have drunk too much as compared to adults. If a young person is slurring, unbalanced or passing out they are much drunker than an adult doing the same - monitor and get support.</p>

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Depressants – Slow down body functions	Cannabis  (smoked or taken orally)	Tetrahydrocannabinol (THC) comes from the cannabis sativa plant.	<p>When smoked, THC is absorbed into the bloodstream through the lungs and taken to the brain where it works on cannabinoid receptors.</p> <p>THC mixes with fat cells in the body. Metabolites can be detected in urine weeks afterwards.</p> <p>Over time can cause cancers of the respiratory system, and may lower motivation and concentration with greater long term impacts on young people than adults.</p>	Increased appetite Blood-shot eyes Impaired judgement and coordination Slowed perception of time Drowsiness Paranoia	Relaxation Laughter	Cannabis smell Very relaxed Red or heavy lidded eyes Finding things funny Increased appetite Talkative Distorted sense of time Difficulty focusing	<p>Smoking a lot of cannabis can affect health.</p> <p>Using cannabis while your brain is developing can cause problems.</p> <p>Stop if you start to feel unwell or uncomfortable.</p> <p>Don't smoke and drive.</p>
	Synthetic cannabis  (smoked or taken orally)	Chemicals created to copy how THC acts on the brain.	<p>When smoked, these chemicals are absorbed into the bloodstream through the lungs and taken to the brain where they work on cannabinoid receptors.</p> <p>While similar in structure, they are different to cannabis. Some bind stronger to the receptors than cannabis and cause different effects.</p>	Disorientation Head rush Anxiety Loss of coordination Nausea Vomiting	Relaxation	Signs vary a lot and can include: Disorientation Distorted sense of time Difficulty focusing Paranoia Poor coordination	<p>The amount of chemicals can differ between packets.</p> <p>We do not know long term effects.</p> <p>Using synthetic cannabis while your brain is developing can cause problems.</p> <p>Stop if you start to feel unwell or uncomfortable.</p> <p>Don't smoke and drive.</p>

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Depressants – Slow down body functions	Volatile substances  (inhaled, smoked or taken orally)	Substances produced from organic chemicals. When inhaled these chemicals are rapidly absorbed by the body and taken to the brain. They act in different ways, some causing acute poisoning. The effect is very short (around 1 minute) with a much longer lasting comedown.	Headache Nausea Loss of coordination Death Agitation of the mouth and nose	Relaxation	Strong smell of the substance Drowsy Stumbling and loss of balance Very similar appearance to high intoxication from alcohol	There is no safe level for inhaling solvents or volatile substances. They are highly flammable. The unpleasant comedown lasts much longer than the feeling while inhaling.
	Benzodiazepines  (taken orally, snorted or injected)	Medications that are prescribed for depression, anxiety and difficulty sleeping. These prescription medications act on the central nervous system, usually making people feel more confident, with less anxiety and better moods. For some people, they have the opposite effect – more anxiety and nightmares. When prescribed, a health professional monitors and changes doses to suit the person as the effects (and side effects) can differ from person to person. A person can become dependent on these drugs within a few weeks. Prescriptions are usually for small amounts with advice not to mix with alcohol or other medication.	Agitation Anxiety Difficulty remembering things Drowsiness	More confident Mellow feeling Release of anxiety	Drowsiness Headache Confusion Unsteady gait Dazed look Repetitive eye movements	Don't mix with alcohol or other medications, as it greatly increases the risk of overdose and death. If you feel like you need to take them more and more, you need to seek medical support. Withdrawal can be long and difficult after regular use.

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Stimulants — Speed up / stimulate body functions	<p>Benzyloperazine (BZP)</p>  <p>(taken orally or snorted)</p>	<p>Manufactured chemical that used to be sold as party pills and is now illegal in New Zealand.</p>	<p>BZP increases the activity of dopamine and serotonin in the brain (releasing more and preventing it from being taken back in so it keeps activating brain receptors) and has a stimulant effect.</p>	<p>Agitation Anxiety Vomiting Headache Insomnia Lack of appetite</p>	<p>Euphoric Energetic</p>	<p>Restless Lethargy Anxiety Headache Vomiting Sweating Confusion Irritability Mood swings</p>	<p>Keep within the guidelines on the packet (if stated). It takes time for the effects to be felt.</p> <p>Do not mix with other substances.</p>
	<p>Ecstasy/MDMA</p>  <p>(taken orally or snorted)</p>	<p>MDMA is the active ingredient in ecstasy but in New Zealand there are likely to be additional and unknown chemicals in a pill/dose of ecstasy.</p>	<p>Within 30-45 minutes of taking MDMA, the brain releases more serotonin and dopamine, usually making the person feel happier. When the effect of MDMA wears off, the natural pool of these chemicals is depleted and people commonly have a come down and can feel low.</p> <p>Frequent use can cause memory issues, difficulty sleeping and paranoia. Heavy or frequent use can damage the heart and cause cognitive impairment.</p> <p>Substances sold as ecstasy in New Zealand are often not pure MDMA, and can be a mix of MDMA or caffeine along with inactive ingredients. Sometimes they are completely different substances like para-Methoxyamphetamine (PMA) which is much more potent.</p>	<p>Dehydration Decreased appetite Disorientation Feeling hot Teeth grinding Rapid heartbeat Come down and feeling low</p>	<p>Increased mood Euphoric Energetic Feeling closer to other people Mild hallucination Enhanced sensation</p>	<p>Restless Fatigue Loss of appetite Very low mood Trouble concentrating</p>	<p>Drink water regularly (if dancing, drink more to keep hydrated and take breaks to cool down).</p> <p>Avoid using alcohol at the same time as it dehydrates you further.</p> <p>It takes an hour for the effects to happen. Wait for the effects to see how strong it is before deciding whether or not to take more.</p> <p>Use a drug checking service if it is available. MDMA in New Zealand is not usually pure.</p>

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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Stimulants — Speed up / stimulate body functions</p> <p>Methamphetamine</p>  <p>(smoked (pipe) or injected)</p>	<p>Manufactured chemical that is chemically similar to amphetamine.</p>	<p>Methamphetamine very quickly increases the release of dopamine in the brain where it acts to create feelings of pleasure. These are short lived and usually followed by more unpleasant feelings.</p> <p>Dopamine is part of the brain's reward system, and is why methamphetamine can be quickly addictive.</p>	<p>Agitation</p> <p>Paranoia</p> <p>Seeing, hearing or feeling things that other people don't</p> <p>Seizures</p> <p>Mood swings</p>	<p>For a short time:</p> <p>Increased mood</p> <p>Alert</p> <p>Highly concentrated</p> <p>Increased sexual drive</p>	<p>Enlarged pupils</p> <p>Increased energy</p> <p>No appetite</p> <p>Hyperactive</p> <p>Very talkative</p> <p>Can be aggressive</p>	<p>Take a break from using to give your body a chance to recover. Eat and sleep well during that time.</p> <p>If injecting make sure to use sterile equipment and not share needles.</p> <p>Practice safe sex.</p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Hallucinogens — Distort perceptions of reality</p> <p>Psilocybin mushrooms</p>  <p>(taken orally)</p>	<p>A plant that is commonly referred to as magic mushrooms</p>	<p>Psilocybin is the active ingredient that causes mind-altering effects when consumed.</p> <p>Most harm is from injury while having senses distorted and from not knowing how much chemical is in each mushroom. It takes an hour for effects to be felt and taking too much (overdose) to try feel an effect is possible in that time.</p> <p>Tolerance builds up extremely quickly.</p>	<p>Nausea</p> <p>Anxiety</p> <p>Disorientation</p> <p>Hallucination</p> <p>Paranoia</p>	<p>Distorted perception</p> <p>Quickly changing emotions</p>	<p>Lethargy and sleepiness</p> <p>Anxiety</p> <p>Paranoia</p> <p>Nausea</p> <p>Quickly changing emotions</p> <p>Hallucinations</p>	<p>Have someone sober to be able to help out if your trip goes bad.</p> <p>Use a small amount initially to see how strong it is.</p> <p>Make sure you are in a safe environment and not near water, roads or cliffs.</p> <p>Make sure they are not confused with similar looking poisonous mushrooms</p>

More information: www.trufflesandmushrooms.co.nz/poisonous%20mushrooms.html

Did you know?

New substances are regularly produced and used for recreational purposes. These are often called new psychoactive substances. These new synthetic drugs are chemically distinct from more traditional drugs, but in many cases are designed to mimic them. The long term effects, and in some cases, the short term effects, are not known for these substances and not using them is the safest option.

However, if someone chooses to use them they can take these precautions:

- › take a small amount initially
- › only use it in safe situations (for example with peers and not strangers)
- › have someone monitor them who is not under the influence of a substance
- › immediately seek medical assistance if they experience unexpected or serious unpleasant effects.

Alcohol

Alcohol is the most commonly used substance in adolescence. It also causes the most harm. The most common form of problematic substance use for young people is excessive drinking. This leads to more deaths and situations requiring hospital treatment than illicit drugs and tobacco combined, largely on account of intentional or unintentional injuries. Problematic alcohol use can contribute to the development of mental health problems such as depression (The Werry Centre, 2013).

Other harmful behaviors associated with alcohol use include:

- › risk of overdose (alcohol poisoning)
- › risky sexual activity and sexual exploitation
- › unplanned pregnancy and sexually transmitted infections

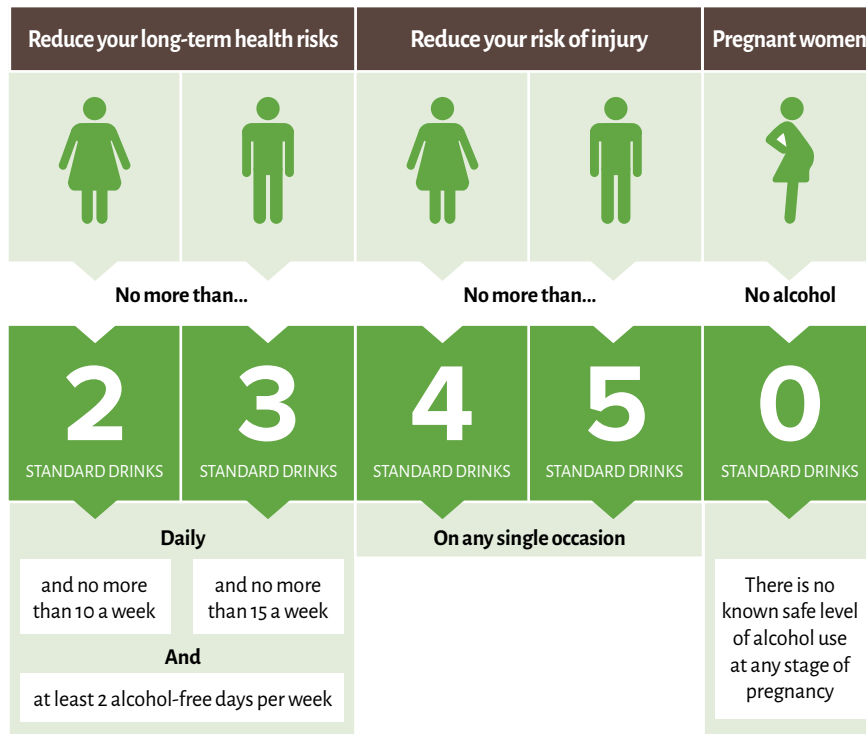


- › a higher risk of involvement in criminal activities
- › vulnerability to being either the victim or the perpetrator of street or domestic violence (Fergusson & Boden, 2011a).

Helpful things to know when talking about alcohol with young people:

The Health Promotion Agency (HPA) provides the following low-risk drinking advice for those over 18 years of age (Figure 4)

FIGURE 4: LOW RISK DRINKING ADVICE



www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice



There are also times and circumstances when it is advisable not to drink alcohol, including if you:

- › could be pregnant, are pregnant or trying to get pregnant
- › are on medication that interacts with alcohol
- › have a condition made worse by drinking alcohol
- › feel unwell, depressed, tired or cold
- › are about to operate machinery or a vehicle or do anything that is risky or requires skill.

Advice for children and young people:

According to the HPA not drinking alcohol is the safest option for children and young people under 18 years.

- › Those under 15 years of age are at the greatest risk of harm from drinking alcohol and not drinking in this age group is especially important.
- › For young people aged 15 to 17 years, the safest option is to delay drinking for as long as possible.
- › If 15 to 17 year olds do drink alcohol, they should be supervised, drink infrequently and at levels usually below and never exceeding the lower adult daily limits

There are a number of interactive tools that can provide more information on the effects of drinking, standard drinks and how to pour one on the HPA website

www.alcohol.org.nz/resources-research/alcohol-resources/interactive-tools

Understanding what a standard drink is:

- › It measures the amount of pure alcohol in a drink.
- › One standard drink equals 10 grams of pure alcohol.
- › All alcoholic beverages have the standard drink labelled on the back of the bottle (except glasses purchased from licensed premises).

It takes at least one hour for a typical adult body to process each standard drink, young people's bodies can take longer, and there is no way of speeding it up – sleeping or drinking coffee will not help.

FIGURE 5: STANDARD DRINK



Alcohol, the developing brain and the risks

Alcohol consumption can cause alterations in the structure and function of the developing brain, which continues to mature into a person's mid-20s.

Did you know?

- › There are changes in the prefrontal cortex in heavy drinking adolescents and young adults
- › Both males and females who drink alcohol demonstrate dose related changes in their brain. The more a young person drinks the greater the change in the brain
- › While there is potential for the brain to recover from these changes, this is unlikely to occur if excessive alcohol use is continued.
- › Females appear to be more vulnerable to the damaging effects of alcohol
- › Delaying the onset of drinking as long as possible, including when supervised by adults, reduces the risk of young people developing problems with their use of alcohol

(De Bellis, Narahimhan, Thatcher, Keshavan, Soloff, & Clark, 2005; Squeglia, 2014).



Cannabis

Cannabis is the most common illicit drug used amongst young people, but overall regular use is not common (Adolescent Health Research Group, 2013). Cannabis use, whilst the brain is still developing, can lead to greater chances of living with depression, anxiety and other mental health conditions that last for many years and can be lifelong. Furthermore there can be other significant implications as highlighted below.

Regular or heavy use of cannabis is linked to: (Fergusson & Boden, 2011b)

- › motor vehicle collisions and injuries
- › educational underachievement and school dropout
- › criminal behaviour such as vandalism, theft, burglary and dealing of drugs
- › occupational instability and fewer life opportunities
- › mental health problems including depression and psychotic symptoms
- › risks of other illicit drug use
- › impaired lung function

Recommended resources

The effects of drinking on specific brain activities can be examined in detail by accessing the following website www.toosmartostart.samhsa.gov/families/facts/brain.aspx.

The New Zealand Drug Foundation has information on cannabis www.drugfoundation.org.nz/cannabis

Under construction: alcohol/cannabis and the teenage brain produced by Professor Dan Lubman (2014), is a highly acclaimed four minute animation that discusses adolescent brain development and highlights the effects of alcohol and cannabis on different brain regions, as well as its impact on behaviour. It presents complex and up-to-date neurobiological research in a way that is engaging and relevant for teenagers.

Under construction: alcohol and the teenage brain: bit.ly/alcohol-effects

Under construction: cannabis and the teenage brain: bit.ly/cannabis-effects

The *Did you know?* series from the AOD Provider Collaborative, supported by Odyssey Auckland and the New Zealand Drug Foundation provides a useful series of short drug information videos. These are now available to help health professionals, youth workers and family members have conversations with young people about substance use and substance-related harm www.aodcollaborative.org.nz/didyouknow.

Key messages

- › The use of alcohol and cannabis by young people is likely to have a greater impact on brain development, compared to similar use in adulthood.
- › The longer alcohol and cannabis use can be delayed in young people the lower the risk of adverse outcomes.
- › Practice talking with young people about 'standard drinks' and what the recommended guidelines are, but remember that these guidelines are for those over 18 years old.
- › To assist you in talking with young people and their family and whānau about the effects of alcohol and cannabis on the developing brain, utilise the *Under construction* and *Did you know?* videos.



Why do young people use substances?

Young people use alcohol and other drugs for various reasons and more often than not this is related to the feelings they cause such as pleasure, or the relief from physical and emotional pain. Below are some of the reasons young people say they use substances. It is helpful when talking with young people about their substance use to explore what their reasons may be for using.

FIGURE 6: WHAT YOUNG PEOPLE SAY THEY LIKE ABOUT ALCOHOL AND OTHER DRUGS?



Indicators of problematic substance use

There can be a number of changes in a young person's presentation that may help identify problematic substance use. These can include:

- > a marked personality change
- > extreme mood swings
- > change in physical appearance
- > lethargy
- > minimal interaction with family
- > trouble with the police
- > changes in eating patterns
- > change in school/work performance and attendance
- > a sudden change of friends
- > unexplained need for money
- > impaired memory
- > decrease in activities that may have previously been important to the person
- > poor concentration
- > withdrawing socially
- > unexplained accidents.

Continuum of substance use

Experimentation is common during adolescence and differentiating between normal and problematic behaviour can be difficult. This is a time when risk taking and experimentation are common as the adolescent brain is going through a significant amount of change.

When working with youth, it is often useful to gauge the young person's pattern of alcohol and other drug use.

FIGURE 7: THE CONTINUUM OF SUBSTANCE USE (ADAPTED FROM WINCHESTER, KELLY & SANDER, 2004)



Non-use: a person does not use any substances, otherwise known as abstinent or substance free.

Experimental use: this may be a 'one off' use, or they may continue to use for a short period of time. Experimentation with a range of substances is common for young people.

Recreational use: this is when a young person makes a conscious decision to use a substance to enhance the experience of social or leisure activities they may be participating in. The young person will decide what they are using, where, when and how much. There may be consequences to their use such as intoxication or overdose but usually this does not create ongoing psychological or physical symptoms.

Regular use: at this stage the young person is using substances more frequently. This might be part of a coping mechanism for situations in their life (such as emotional distress, relationship problems, and school/work pressures), or because they really enjoy using substances and do not realise their use is becoming regular.

Dependent: when a young person is dependent on a substance they will have difficulty controlling their use. The substance use becomes the primary focus for the young person and will impact on a number of areas in their life. This may include relationships, school, work, physical and mental health, housing and legal aspects.

Support young people to reduce substance related harm by focussing on:

- › increasing engagement with supportive environments
- › strengthening connection to protective factors (see table 5)
- › exploring substance impaired decision making so unintended consequences of substance use, such as drink driving are reduced.

Substance use disorder, a clinical diagnosis commonly used by trained professionals in specialist mental health and addiction services refers to the more severe end of the substance use continuum. If you are concerned that substance use is severe please seek specialist advice and support.

Key points about the continuum

(Crane, Buckley & Francis, 2012)

- › A person can move either way along the continuum.
- › There is no evidence to show that one stage automatically leads to the next.
- › These levels apply to each substance being used e.g. dependent methamphetamine use and recreational alcohol use.
- › There are risks associated with all levels of use (except non-use). This is related to the amount used, the significance of the problems associated with its use and whether it is used in a pattern of dependence.



Managing intoxication and withdrawal

When working with young people it is important to understand the different ways in which they may present. This section highlights the risks of intoxication and how you might engage with a young person who is intoxicated. It also provides information on withdrawal and ways to support a young person who may be experiencing withdrawal.

Assessment and management of intoxication

Check your organisation's policy and procedures on how to manage intoxication.

Intoxication

Intoxication occurs when a person's intake of a substance exceeds their tolerance and produces behavioural and/or physical changes. While some levels of intoxication will not be concerning to you or the young person, intoxication can sometimes be difficult to deal with.

Intoxication may be concerning because:

- › psychoactive drugs affect mood, cognition, behaviour and physical functioning
- › severe intoxication can be life threatening
- › young people who are aggressive or disruptive because they are intoxicated can risk their own safety and/or the safety of others
- › intoxication can mimic or mask serious illness and injury

Young peoples' bodies are different from adults and usually don't show as many of the physical signs that they may have taken too much alcohol. If a young person is slurring their speech, unbalanced or passed out, they are more intoxicated than an adult doing the same thing. This is not the time to put them to bed to sleep it off. They need monitoring and maybe medical attention.

If you are in doubt about what a young person has taken and are concerned about their level of risk, seek medical assistance as soon as possible either by getting them seen by a GP or assisting the young person to the accident and emergency department.

Managing intoxicated behaviour

- › Approach the person in a friendly and respectful manner. Patronising and authoritarian attitudes can often evoke anger and may contribute to intoxicated people acting aggressively.
- › Use slow, distinct short speech and simple sentences and adjust speaking pace to match that of the young person.
- › Avoid emotional topics and involved discussions.
- › Maintain eye contact.
- › Use the person's name.
- › If you do not know the young person, introduce yourself to them, giving your name and role.
- › When possible, postpone questions or procedures that antagonise the person.
- › Avoid information overload and repeat information if necessary.
- › When instructing the person or seeking cooperation, give clear, concrete instructions. If necessary, guide them to and from their destination.
- › Reduce the possibility of accidents.
- › Contact a parent, caregiver, family or whānau member or friend to support them if required.
- › If the young person is at risk of driving a vehicle insist they leave their keys with you.

What is withdrawal?

Withdrawal is a series of symptoms that occur when a person who has developed tolerance to a substance (after long and/or high dose use) stops or reduces their use of the substance (including alcohol).

Whilst most young people who are dependent on substances will be able to stop their use without complications, there are a small number who may run into difficulty, such as developing physical and or psychological problems or becoming a safety risk to themselves or others. This may include self-harm, suicidal thinking and or aggressive behaviour.

Young people who have developed dependence to a substance may have an unpleasant 'withdrawal syndrome' in the days after stopping the substance, lasting one to two weeks depending on the substance. The symptoms of withdrawal can be difficult to distinguish from other mental or physical health problems and can make it difficult to be clear about what is happening for the young person.

Young people who have been using substances on a daily basis for six weeks or longer are more likely to have a period of withdrawal when they stop suddenly.

Common symptoms of withdrawal

Young people in withdrawal will complain of psychological symptoms more often than physical symptoms. For example anxiety is very common for those in withdrawal. The withdrawal syndrome usually peaks between days 2-7 when the worst symptoms occur.

TABLE 4: WITHDRAWAL SYMPTOMS (MATUA RAKI, 2012)

SEVERITY	COMMON	<ul style="list-style-type: none"> > restlessness > agitation > irritability > anxiety > disturbed sleep > intense dreams, nightmares > poor concentration > memory problems > cravings > aches and pains > nausea > no appetite
	LESS COMMON	<ul style="list-style-type: none"> > vomiting > diarrhoea > sensitive to sound, light and touch > low mood > suicidal thoughts > racing or irregular heart beat > heavy sweating / chills > shakes / tremor
	GET URGENT MEDICAL HELP	<ul style="list-style-type: none"> > high blood pressure > hallucinations (seeing, hearing things that aren't there) > delusions and psychosis (believing things that aren't true or not knowing what is true) > seizures > confusion > disorientation > loss of consciousness

During and following withdrawal, young people are likely to experience fluctuations in their mood. Although low mood, poor sleep and fatigue may persist for weeks as part of the withdrawal process, if people experience a prolonged period of low mood lasting over several weeks they may have (or be developing) depression.

Withdrawal symptom management

If you are concerned then seek medical assistance in the first instance from the young person's general practitioner (GP) and/or a youth alcohol and other drug service.

- › Provide personal support that has realistic expectations and offers reassurance and repeated encouragement.
- › Encourage a young person to have a quiet room or space, limiting noise and environmental stressors.
- › Having structured time and activities to help with relaxation, exercising and distraction will help the young person take the focus off the symptoms.
- › Provide them with information about the process of withdrawal.
- › Encourage them to eat healthy regular meals, drink plenty of water and do some gentle exercise such as walking.
- › Manage symptoms such as muscle cramps, headaches and insomnia.

Recommended reading

Matua Raki. (2012.) *A guide to managing your own withdrawal: A guide for people trying to stop using drugs and or alcohol* www.matuaraki.org.nz/uploads/files/resource-assets/managing-your-own-withdrawal-a-guide-for-people-trying-to-stop-using-drugs-and-or-alcohol.pdf



Working with young people

Effective interventions when working with young people need to be guided by evidence based practice. The following section outlines principles that underpin working with young people experiencing problematic substance use. This includes risk and protective factors, harm reduction and the stages of change model.

Risk and protective factors in relation to problematic substance use

“Risk factors increase the likelihood of difficulties in life and poor health and wellbeing. Whilst protective factors enhance life opportunities and promote good health and wellbeing, they can reduce the impact of unavoidable negative events and help young people resist risk-taking behaviours.” (Ministry of Youth Affairs, 2002: 20)

There are a wide range of risk factors than can contribute to some young people being vulnerable to harm from substance use. There are also protective factors that can buffer against this. Table 5 highlights some common risk and protective factors that have been identified as significant in relation to young people with problematic substance use.



TABLE 5: RISK AND PROTECTIVE FACTORS FOR ADOLESCENT SUBSTANCE USE (ADAPTED FROM FERGUS AND ZIMMERMAN, 2005; NATIONAL CRIME PREVENTION, 1999; BRUUN AND MITCHELL, 2012)

	RISK FACTORS	PROTECTIVE FACTORS
Individual factors	<ul style="list-style-type: none"> › Emotional distress › Problem behaviours › High levels of risk taking › Substance use/dependency › Low self-esteem › Poor social skills › History of abuse or neglect › Offending behaviour 	<ul style="list-style-type: none"> › Positive affect – feeling happy, interested, relaxed › Family connectedness, parental involvement with school › Planning to attend college › Self-control, academic achievement › Substance refusal skills › Competent social skills › Positive sense of identity and belonging › Regard of self and others › Self confidence
Peer factors	<ul style="list-style-type: none"> › Peer substance use/favourable attitudes to use › Peer pressure to use substances › Peers engaging in problem behaviour 	<ul style="list-style-type: none"> › Participation with hobbies and community activities › Decision making skills › Positive orientation toward school › Parental support › Pro social peers and peer connection
Family factors	<ul style="list-style-type: none"> › Parental substance use › Family history of substance use › Inconsistent parenting styles › Poor family relationships › Family violence › Neglect or abuse › Family poverty and isolation 	<ul style="list-style-type: none"> › A sense of belonging or connection to family and whānau › Nurturing, supportive attachments to family and whānau › Parental supervision and interest in development › Social competence › Religiosity › Parental authority

	RISK FACTORS	PROTECTIVE FACTORS
School factors	<ul style="list-style-type: none"> › Low school connectedness › Low academic achievement/ poor school performance › Low commitment to education › Truancy › Bullying › Ascertained learning difficulties › Peer rejection 	<ul style="list-style-type: none"> › A sense of belonging/connection to school › Family connectedness › Positive achievements/evaluations in school activities › A positive adult relationship outside the family with teachers, coaches and peers › Regular school attendance › Access to personal, interactional and academic support
Community factors	<ul style="list-style-type: none"> › Neighbourhood problems/ poverty › Lack of support services › Lack of training or employment › Non participation in sport or social/recreational clubs or activities 	<ul style="list-style-type: none"> › Parental support › Family income › Supportive cultures › Stable and affordable housing › Access to services › Participation in community activities such as sport and recreation

Note: This list is not comprehensive

Youth wellbeing

What do we mean by wellbeing?

Wellbeing means having a life that is flourishing, engaging and meaningful, with a fair degree of autonomy, and with balanced relationships. Working towards wellbeing should be a fundamental focus for all of those working alongside young people. For young people, the concept of wellbeing is linked to promoting resilience and positive youth development.

A wellbeing approach may include:

- › developing a vision of what wellbeing means for the young person and their family and whānau
- › helping to set goals using the young person's vision of wellbeing as a guide. This can be reviewed along the way as a tool for progress
- › taking an interest in the young person's hopes and aspirations for the future and not only in the problems they face
- › helping the young person to feel understood and engaged.

Figure 8 shows some areas of focus that help maintain wellness. It is worthwhile exploring these with young people to support them to develop balance and wellness in their life and give them healthy alternatives to substance use.

Recommended reading

Mental Health Foundation. (2015). *Five Ways to Wellbeing. A best practice guide*

www.mentalhealth.org.nz/assets/Five-Ways-downloads/mentalhealth-5waysBP-web-single-2015.pdf

FIGURE 8: COMPONENTS OF WELLBEING



Harm reduction

The New Zealand Government endorses the philosophy of harm minimisation and this underpins New Zealand's National Drug Policy: 2015-2020 (Inter-Agency Committee on Drugs, 2015) to address the negative impacts of legal and illicit substances on our society.

Harm reduction includes a wide range of strategies and information aimed at minimising the harmful effects of substance use on peoples' lives. Young people respond more positively to strategies that recognise and respect their ability to make their own decisions regarding their substance use. Harm reduction approaches provide practical information and strategies, without judgement, to help individuals and communities reduce harm associated with substance use.

If the young person is placing themselves or others in risky situations, it is important to provide strategies that aim to reduce or prevent this behaviour. This may include assessing the young person's knowledge and beliefs about what is risky, and providing corrected information and practical strategies to help reduce the level of risk.

On the next page is a summary of some harm reduction strategies you may consider using. Print it off and use it with the young person.

Harm reduction approaches:

- › encourage and facilitate connection to positive activities (e.g. sports, school)
- › encourage abstinence as well as the option of moderation/controlled use
- › provide relevant, non-judgmental and youth friendly information about substance use, including information about safer use as well as the harms associated with use
- › educate the young person about standard drinks and the low risk drinking guidelines
- › support young people to develop skills to plan for safe nights out if they intend to use alcohol or other drugs
- › provide information about nutrition and self-care.

According to research conducted by Auckland Council's Community Action Youth and Drugs team



Most young people described creating safe zones or strategies to keep themselves safe when drinking or using drugs. With continued and increased use however their perceptions of safety changed as their perceptions of risk lowered and this was when incidents of harm increased.

(Auckland Council, 2016: 26).

Medications and substance use

Young people are often prescribed medication by their GP, or other medical specialists, who may not be aware of the young person's substance use. There are a range of interactions that can occur between medications (including over the counter drugs) and other substances, including alcohol, so it is important that young people are supported to be honest with their GP or medical specialist. If in doubt about these potential interactions contact a specialist service (see page 47).

Recommended reading

For more information about harm reduction please refer to page 38 in *The Substances and Choices Scale Brief Intervention Manual*, by Dr. Grant Christie

www.werrycentre.org.nz/sites/default/files/sacs/SACSBImanualcom11.pdf

The Queensland Network of Alcohol and other Drug Agency (QNADA) has produced a number of harm reduction resources that provide information about interactions between commonly prescribed medication and other substances www.qnada.org.au/701/harm-reduction-resources

FIGURE 9: HARM REDUCTION STRATEGIES

Here are some ideas to reduce the harm your alcohol or other drug use might be causing. Choose the ones that you want to try or write some of your own.

<input type="checkbox"/>	Reduce the amount you drink or use by buying less, or taking less with you when you go to a party	<input type="checkbox"/>	Don't mix different substances-stick to one at a time
<input type="checkbox"/>	Drink or use less often	<input type="checkbox"/>	Always know what you are taking
<input type="checkbox"/>	Drink beer instead of spirits	<input type="checkbox"/>	Be careful when mixing substance use with prescribed or other the counter medications
<input type="checkbox"/>	Take your time and slow the pace of use	<input type="checkbox"/>	Look after yourself and each other-call for medical help if someone is unconscious
<input type="checkbox"/>	Have a non-alcoholic drink in between each alcoholic drink	<input type="checkbox"/>	Learn the recovery position
<input type="checkbox"/>	Eat before drinking	<input type="checkbox"/>	Practice safe sex
<input type="checkbox"/>	Use small amounts first and wait for the effects before taking more	<input type="checkbox"/>	Leave car keys at home
<input type="checkbox"/>	Drink one standard drink an hour	<input type="checkbox"/>	Think seriously about your personal reputation-will any of your behaviour while intoxicated end up online permanently?
<input type="checkbox"/>	Drink or use in a safe environment	<input type="checkbox"/>	
<input type="checkbox"/>	Plan our to get home safely	<input type="checkbox"/>	
<input type="checkbox"/>	Use clean needles	<input type="checkbox"/>	

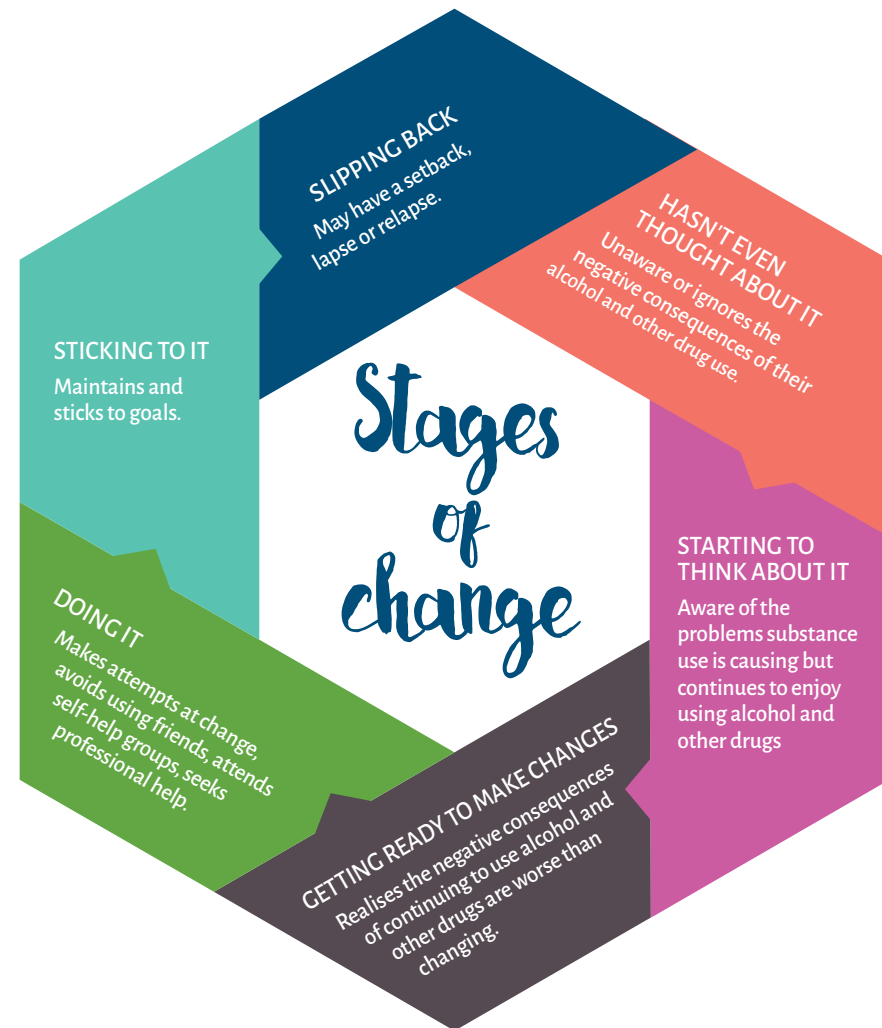
Stages of change

Being able to assess a young person's motivation to change can help guide the approach you take with them and assist with engagement, choice of intervention and intervention style. The 'Trans- theoretical Model of Change' (also referred to as the Stages of Change Model) was developed by Prochaska and DiClemente (1982). It has become a popular way to understand people's motivation about a particular issue or behaviour, and how it may change over time.

A young person's position on the model is likely to differ depending on their environment at the time, and may change quickly depending on their circumstances. For example, motivation to maintain abstinence is more likely to change as Friday night approaches. Likewise a person's motivation will vary across different problems (for example they may be highly motivated to address their feelings of depression but may not want to change their substance use).



FIGURE 10: STAGES OF CHANGE (ADAPTED FROM KINA, 2016)



Stage 1: Hasn't even thought about it

At this stage the young person doesn't see that they have a problem or is not concerned. Family, whānau, teachers and friends may be concerned about the young person.

Many young people are unlikely to have thought about their use of substances. They may have never considered the potentially harmful aspects of their substance use and are fairly happy with their level of use. They may see their use as not particularly different from that of their peers and are unconcerned by potential risky behaviour (Clark et al., 2013).

The task at this stage is to raise awareness of risks and consequences and explore reasons for changing/not changing.

- › telling young people to suddenly change what they are doing is likely to be ineffective.
- › provide information about potential risks and problems associated with the substance use in a non-judgmental manner
- › focus on getting to know them and understanding what really matters to them
- › listen to their story and why they have come to see you

Stage 2: Starting to think about it

Young people are beginning to recognise that their behaviour is leading to problems and are starting to look at the 'good' and 'not so good' of their substance use. They may be contemplating changing but are also still enjoying their use of substances.

The task at this stage is to develop discrepancy and tip the balance toward change.

- › provide factual information about substance related risks
- › working with ambivalence involves exploring the 'decisional balance'. Use the simple exercise in Figure 11 to evaluate the pros and cons of a behavior



Stage 3: Getting ready to make changes

Young people at this stage are ready to start taking action and may have made some initial steps.

They will be presenting as wanting to change and will be actively seeking help and assistance about how to achieve this. They may want to stop or cut down.

Remember that young people at this stage are still likely to feel somewhat ambivalent about changing, and will perhaps miss things about their substance use or regret some aspects of their decision. They will need lots of encouragement and support to maintain their decision to change.

The task at this stage is to cement the decision to change, assist in planning strategies for change and support self-efficacy.

- › help the young person cement the decision to change by reflecting positive change talk (see the motivational interviewing section)
- › set goals with the young person
- › help them prepare to change by exploring what makes them want to use, and what could get in the way of them changing
- › increase self-efficacy and support networks
- › explore suitable treatment programmes

Stage 4: Doing it

Young people at this stage are taking action and working on behaviour change.

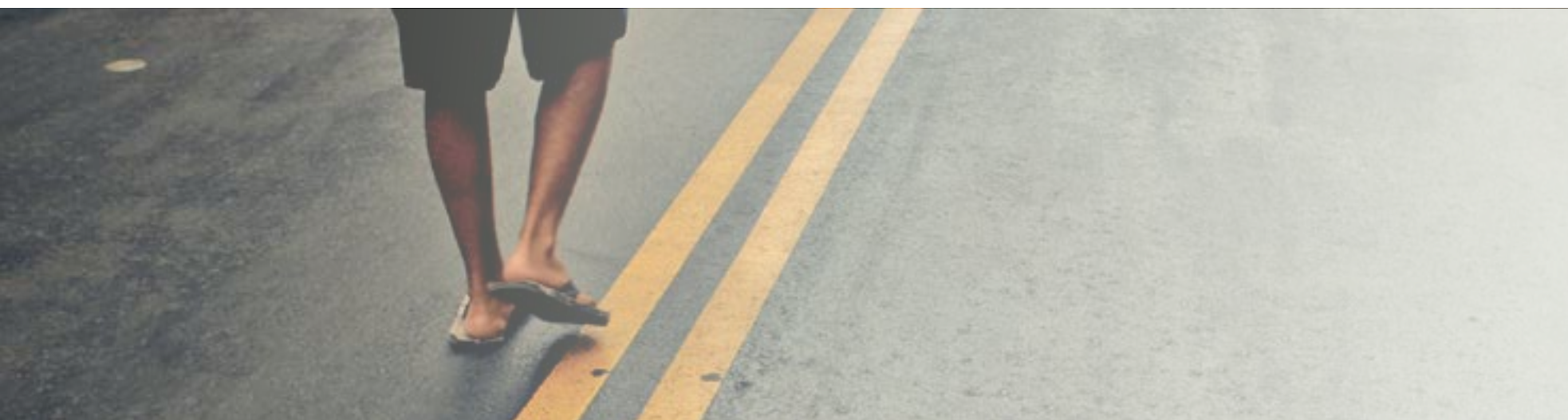
The task at this stage is to support change and to continue to support self-efficacy and the implementation of change.

- › provide psychoeducation
- › monitor behaviours (diary keeping and exploring ABC's - antecedents, behaviour, consequences)
- › strategise about cutting down (or abstaining from) substance use
- › identify cravings and ways of managing these
- › identify triggers or high risk situations and strategies to deal with these
- › plan goals around how to change risky behaviours
- › work with the young person to consider what is working well and not so well, looking at lifestyle balance and focus on strengths
- › identify ways to relax and reward themselves without using substances

FIGURE 11: DECISIONAL BALANCE SHEET (WERRY WORKFORCE WHĀRAURAU, 2015)

Decisional balance sheet

	Good	Not so good
No change		
Change		



Stage 5: Sticking with it

Young people are maintaining the changes they have made.

For young people who have been dependent on substances and are trying to stop using, this can be very difficult. Focusing on minimising harm in the first instance is recommended.

The task during this stage is relapse prevention.

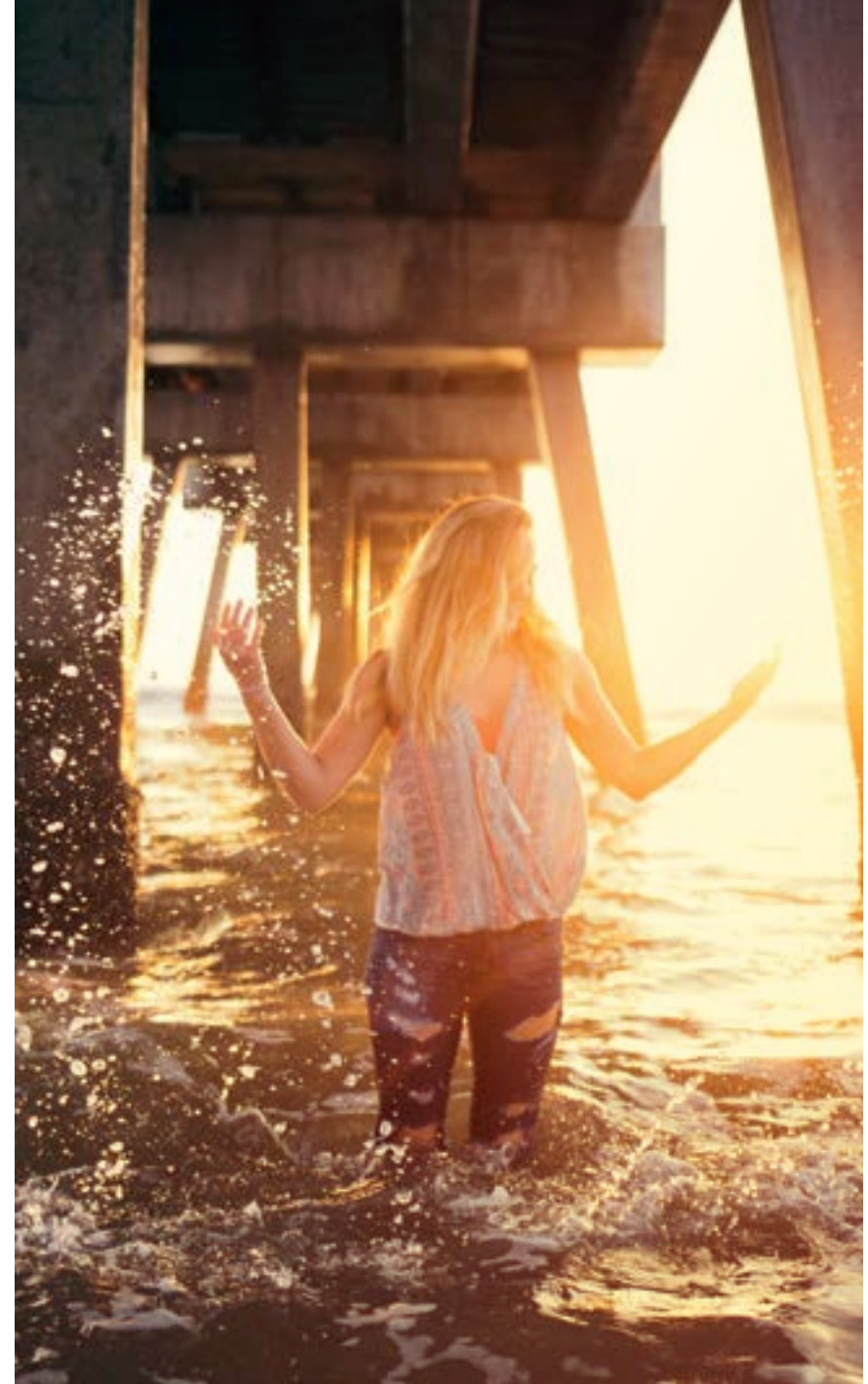
- › get the young person to identify situations where they might be at risk of relapse (a return to old behaviours) and strategise about how best to manage these situations safely
- › focus on maintaining the change by reviewing and planning
- › focus on lifestyle balance by increasing other life activities

Stage 6: Slipping back

At this stage the young person either uses substances again or doesn't achieve the goal they have set. A lapse is a one off slip up and a relapse is when the young person returns to old patterns of problematic substance use. Unfortunately this stage is often a part of the change process, however, people can learn a lot from past slip ups and do things differently next time.

The task at this stage is to get the young person back on track:

- › educate the person about how slip ups and relapse are part of the process of change
- › review goals and reasons for change
- › look at what happened, why and what could be done differently next time
- › increase self-efficacy



Engaging young people

“Youth can only be influenced by honest, direct, vulnerable dialogue. They will not listen, or be influenced by, defensive, hypercritical, uneducated or dishonest interaction” (Rachman & Raubolt, 1985: 365).

Engagement is the process of building a relationship and developing rapport. There are many factors that can affect how you may establish a good connection with a young person who is using substances. This section discusses some of the challenges faced when engaging with young people about substance use, and gives tips on what may help during this process. It also covers consideration of the values, beliefs and attitudes that you bring into your role, and some important personal attributes that can help when working in this area. Effective engagement is also about maintaining confidentiality, boundaries and an ethical way of working with young people.

A number of environmental factors can affect engagement with young people who experience problematic substance use. These can include:

- › physical barriers such as geographic location
- › transport options
- › the hours a service is open
- › worker characteristics relating to gender or ethnicity
- › whether services are culturally safe and appropriate for young people
- › the way the service looks and feels.

A number of other factors also affect engagement with young people who experience problematic substance use. These can include:

- › fears about being judged
- › fears about whether their information is confidential

- › fears they will be labelled
- › whether their concerns will be treated with sensitivity
- › the amount of time they are spending intoxicated
- › whether they recognise there is a problem
- › having an unstable living environment.

These are all challenges that can make it hard for young people to discuss any substance use, get to services or keep appointment times. Young people may also fear the legal consequences related to their use and criminal activity, or be experiencing co-existing mental health and addiction issues.



Engaging young people and understanding what is important to them is much more effective than solely focusing on substance use.



Tips for engaging young people

- › Most importantly – be yourself.
- › Be caring - show interest in the young person, be welcoming and respond to reactions and feelings expressed by the young person.
- › Be approachable - provide clear introductions and boundaries about yourself, your role, what you'll be doing and why.
- › Be genuine, use warmth.
- › Be open and honest.
- › Listen.
- › Ask.
- › Use a motivational approach.
- › Clearly explain confidentiality and how safety issues might affect this.
- › Be transparent about what information is shared with parents (and school).
- › Offer a drink or food.
- › Provide a safe space.
- › Use appropriate cultural protocol. For Māori people, this may involve offering karakia and kai with relevant cultural support if required.
- › Show respect.
- › Allow the young person to prioritise their own issues.
- › Be mindful of the effects of stigma and discrimination.
- › Have fun. Most young people like to engage over an activity or have a laugh.
- › Be flexible in your approaches.

Additional resources:

Werry Workforce Whāraurau. (2015). CEP E-Learning: Engagement
werryworkforce.org./elearning

How to create a safe environment for young people

Maintaining boundaries, confidentiality and ethics ensures that both you and the young people you are working with are kept safe, both professionally and culturally.

Careerforce (2013) provides courses in youth work and their website gives detailed information about legal responsibilities, boundaries, confidentiality and ethics which are summarised below.

ilearn.careerforce.org.nz/mod/page/view.php?id=688

Legal requirements

Youth workers and organisations need to be aware of legal responsibilities they have towards the young people they work with. Due to the variety of youth work across many different areas it is important to be aware of what laws and legislation apply.

For example, the Human Rights Act 1993 protects people from discrimination. The Privacy Act 1993 helps to keep people's information safe and the Official Information Act 1982 helps people access information about decisions made for them. Upholding legal responsibilities helps keep young people, youth workers, youth agencies and the community safe.

Laws that could be relevant include:

- › Children, Young Persons, and Their Families Act 1989
- › Crimes Act 1961
- › Human Rights Act 1993
- › Health and Safety in Employment Act 1992
- › Official Information Act 1982
- › Privacy Act 1993
- › The Vulnerable Children's Act 2014

You can access the detail of all of these laws from www.legislation.govt.nz

People who work with young people will be aware of custodial permission issues, however, different settings, services and organisations will have different ways of approaching this. Some

will have already gained parental approval through their own consent policies (for example, schools) whereas others may require you to seek parental permission before engaging with young people. The golden rule is, if they are 16 years or under you will probably need parental permission, however, some level of confidentiality can still be maintained for the young person.

Boundaries

Boundaries exist to provide clarity about what is acceptable, reasonable, and appropriate in your relationship with young people. Workers need to keep their relationship professional. This includes not forming any further relationships outside of this professional role, such as romantic relationships or friendships.

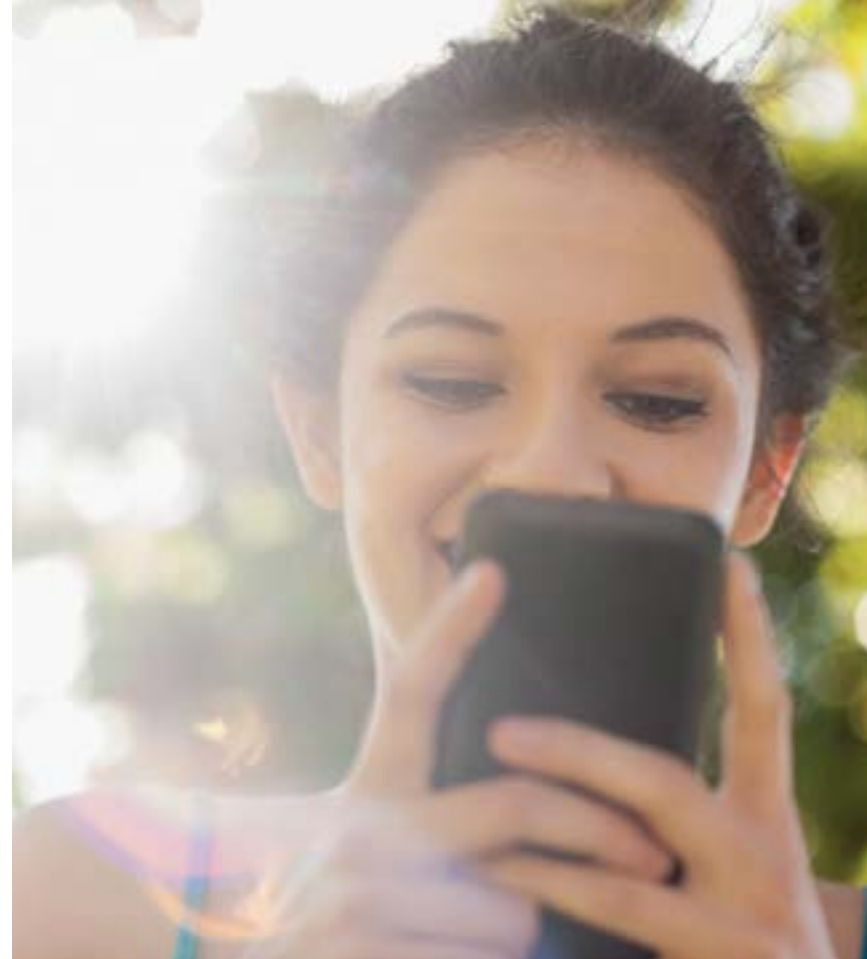
If you are not affiliated to a professional body or you don't have access to a Code of Ethics within your organisation, the following link to the code of ethics for youth workers in Aotearoa New Zealand provides further information and examples of boundaries in youth work.

www.arataiohi.org.nz/images/uploads/general/CoE2.pdf

When working with young people you will also need to be aware of your limitations; those of the role, and your own skills and knowledge. If the work is beyond your expertise you need to consider whether you take on a particular role or task.

Talk to your employer about boundaries within your role and organisation, and consider the following:

- › what boundaries are there in regards to working with young people?
- › how can you make sure young people clearly understand the boundaries of your relationship with them?
- › which other individuals or groups need to understand where boundaries exist?
- › what should you do if you see that boundaries are being crossed, or that someone is crossing a boundary with you?
- › what boundaries are in place regarding social media?



Confidentiality

Confidentiality is often very important for young people. Young people are unlikely to share matters with you if they believe that you are going to retell this in detail to their family, whānau, friends, teachers and others. Discuss these issues at an early stage in the engagement process. There are times and situations when sharing information is unavoidable. Court directed interventions often fall into this category, but there are still opportunities to negotiate confidentiality in these situations. If young people feel you will pass on every piece of information, you will lose their trust and it may be difficult to engage with them. The best approach is to be open and honest about what information you are sharing and with whom.

Consider the following:

- › People's personal information is protected under the Privacy Act 1993. There are clear principles that govern the collection, use and sharing of health information that is given to you as a professional which you can read about here www.privacy.org.nz/the-privacy-act-and-codes/privacy-principles
- › Safety and risk issues will limit your ability to maintain confidentiality. These include concerns about:
 - › harm to self
 - › harm to others
 - › others harming the young person.

Tips on expanding the limits of a confidentiality agreement with a young person

1. You need to explain that confidentiality limits may need to be expanded if safety is an issue.
2. Discuss with the young person that if confidentiality limits are expanded it will be done in the most sensitive and least disruptive way.
3. If you have to expand the limits of confidentiality then it is best to inform the young person of your intentions, even if they may not always be happy about this.
4. Be very clear about the reasons why you are going to be sharing the information and who you will be sharing this with.
5. Expanding the limits of confidentiality can be a difficult decision to make. Think about the way this is done in order to have the least impact on the relationship you have with the young person.
6. If you are concerned about making the right decision about expanding the limits of confidentiality, you can confer with a supervisor or colleague.

An example of how you might approach this conversation:

'You know Justine, this is one of those serious situations I was telling you about when we first met, and I need to expand the limits of our confidentiality agreement to keep you safe. It is really important that we involve another adult that you trust. Who else would you like to talk to about this?'

(Werry Workforce Whāraurau, 2014)



Values, beliefs and attitudes

Understanding how your personal values, beliefs, and attitudes shape your work can enhance your practice and ensure you work from a place of authenticity and integrity.

The following values and attitudes are taken from the Ministry of Health's *Let's get real* framework (Ministry of Health, 2008: 3-4). While these were originally developed for people working in the adult mental health and addiction sectors they are also relevant for working with young people.

TABLE 6: VALUES AND ATTITUDES

VALUES	ATTITUDES
<ul style="list-style-type: none"> › Respect › Human rights › Service › Recovery › Communities › Relationships 	<ul style="list-style-type: none"> › Compassionate and caring › Genuine › Honest › Non-judgemental › Open-minded › Optimistic

Our own values, beliefs and attitudes

It can be difficult to put these core values and attitudes into practice, especially if we are not comfortable with particular 'problems' or have not challenged the beliefs and attitudes that we have picked up from our families and whānau, society, the media and our own experiences.



Be aware of your own personal values and beliefs, and how these might influence how you perceive or act towards a young person. Young people tend to be very vigilant for signs they are being judged, which can get in the way of engagement. Rather than adopting a moral stance, focus on pursuing good health and wellbeing for the person.

Some things to think about

- › Our beliefs and attitudes are affected by our own experiences; both positive and negative.
- › Negative or judgemental beliefs and attitudes about alcohol and other drugs tend to be a response to our own experiences, and or media reports that tend to focus on the negative effects of severe addiction.
- › Positive beliefs and attitudes about substance use also tend to be a response to our own experiences and current substance use.
- › Reflecting on your own attitudes and beliefs will help you be more aware of how you can respond effectively to young people experiencing problematic substance use.

Miller's personal values card sort to explore values

A useful resource for exploring values when working with older adolescents is Miller's personal values card sort (Miller, 2001). This can be a fun way of helping young people discover what is important to them and often helps put cultural, family and whānau issues in perspective. It is a great tool to engage young people and build motivation.

The values cards can be found online, as can the values cards specifically for teens. It is recommended that you complete the values cards yourself before attempting this exercise with a young person.

www.motivationalinterviewing.org/personal-values-card-sort

Key messages

- › Your values and beliefs influence how you interact with young people. Explore your own beliefs about people who use substances and reflect on how this may have an impact on the way you approach a young person's disclosure of substance use.
- › The values cards exercise can help you to also explore the values of the young people you work with.



Professional communication

Use of cell phones

Many organisations use phone calls or text messages to keep in touch with young people. It is important to check the policy in your organisation relating to this. The use of mobile technology, particularly SMS (short message service/text), may assist workers to communicate and engage better with some young people.

Benefits of SMS texting:

- › comfortable, legitimate form of communication for young people
- › embraces rapid advances in technology
- › can be a useful tool as part of the therapeutic relationship for maintaining communication with young people.

Despite these benefits, it is also important to note that SMS communication does carry a variety of risks which need to be considered, including:

- › the SMS may not be received and you may not know if this is the case
- › the SMS may be delayed
- › the SMS may be misunderstood
- › the young person may not have credit on their phone to respond
- › there are risks associated with acute situations such as if a young person in crisis texts the worker out of hours- this can be a safety issue if the message isn't received
- › the worker may not know the location of the young person
- › someone else (e.g. friend or parent) may have the phone when the message is received.

Some important points to consider in regards to SMS messaging

- › Seek permission from the young person to receive SMS messages.
- › Clearly inform the young person of the acceptable use of SMS messaging within your organisation such as confining SMS to the following uses:
 - › to inform the young person of reminders for appointment times
 - › clarifying/rescheduling appointments
 - › cancelling appointments.

Be clear with the young person when you are available via SMS and advise them of the best contacts if they feel unsafe or have an emergency. It is not appropriate to use SMS messaging on your private cell phone, either during or outside of work hours, nor is it acceptable to give young people your personal cell phone details.

Social media

Social media has become an important tool for young people accessing social networks, resources and even options for wellbeing such as e-counselling. But there are limitations to the use of social media within your role.

The following are some important core ethical principles in regards to the use of social media within your work:

- › maintain professional boundaries when using social media
- › keep your personal and professional lives separate as far as possible
- › avoid online relationships with current or former young people you have worked with
- › do not use social media or electronic communication to build or pursue relationships with young people.

Social media and young people

There are a number of risks related to the majority of young people now accessing social media. These include; cyber bullying, lack of sleep, personal boundaries and safety. Cyber bullying has become more common for young people and can lead to a variety of problems that can have an impact on mental health and substance use.

“For young people today online bullying is a significant problem that creates a depth of despair not experienced by other generations of children and young people. Young people could often find sanctuary at home from school bullying but with smart phones today there is no break from online bullying.” (McKay, P. in Handover, 2016: 28)

Discuss the following with young people:

- › Stranger danger – potential dangers of forming relationships with strangers online.
- › Sharing information – revealing too much information online, possibly whilst intoxicated, that can leave young people vulnerable and can have short and long term effects.
- › Impact on the future – what gets posted online may be accessible by employers and others into the future.
- › Cyberbullying – can lead to significant risks such as self-harm and suicidal ideation.
- › Privacy settings – knowing how to use the privacy settings on social media accounts.

You might find the following video useful when talking to young people about cyber safety wakahourua.co.nz/news/techtikanga



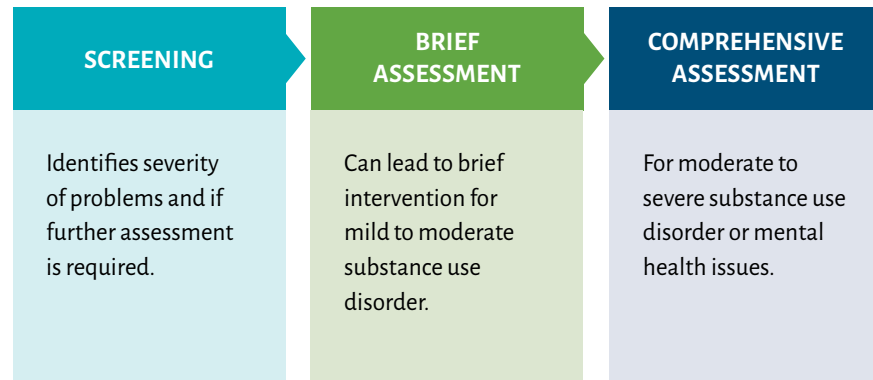
Key messages

- › When working with young people be aware of your legal responsibilities in relation to conduct, ethics, privacy and confidentiality. If you are unsure about these important areas, find out what is expected of you in your organisation.
- › Be clear about your role and the boundaries that you need to keep in that role. Relationships with young people need to be kept professional at all times.
- › Be aware of the risks associated with social media and discuss these with young people.
- › Always discuss confidentiality and its limits with young people from the outset.

Screening and assessment

This section provides information on appropriate AOD screening tools used for young people in New Zealand and the HEEADSSS assessment.

FIGURE 12: THE THREE LEVELS OF ASSESSMENT



Screening

Screening usually involves administering a brief questionnaire or set of questions. The object of screening is to identify potential areas for further assessment. It is often the starting point for further work relating to substance use and or mental health issues and should be part of any response offered by youth services.

For more information about screening tools please see:

Matua Raki's *Mental Health and Addiction Screening and Assessment Guidelines* www.matuaraki.org.nz/resources/mental-health-and-addiction-screening-and-assessment-guideline/363

The **Low down** website has self-screening tools for depression and anxiety thelowdown.co.nz

Werry Workforce Whāraurau. (2015). CEP E-learning Screening and Brief Interventions module www.werryworkforce.org/elearning

Substance and Choices scale (SACS)

For young people experiencing problematic substance use, it is recommended that the Substances and Choices Scale (SACS) is used throughout their contact with services.

Even if a young person is accessing a service for reasons other than for substance use issues (for example, diabetes or depression), it is still recommended that a screening instrument such as the SACS be used. Because young people access services so rarely (and even more rarely for substance related problems), use any opportunity to screen for problematic substance use.

Screening can enhance engagement by providing young people with personal feedback about their symptoms or behaviour and can help motivate them to make changes. A score on a screening test provides a benchmark against which a young person and their worker can measure themselves against their peers (usually a strong motivating factor in young people), and then plan change.

Some facts about the SACS:

- › It was developed in New Zealand by Dr. Grant Christie and validated for use with adolescents aged 13-18 years.
- › It is a one-page pencil and paper self-report questionnaire designed to be administered by those who are working with young people
- › It records the number of times a substance has been used over the previous month and rates substance use related symptoms and harm, yielding a difficulties score out of 20. It has excellent psychometric properties and is sensitive and specific.

- › It is highly acceptable to young people and can be used sequentially to measure progress and outcome.
- › It takes about 5 minutes to complete. It is free of charge.
- › It was designed to be used in conjunction with the Strengths and Difficulties Questionnaire (SDQ). The two instruments combine to provide a snapshot of a young person's wider psychosocial functioning.
- › Together the SDQ and the SACS will assist in identifying young people at risk and help to determine the best intervention(s). Most importantly, the combination of tools can measure outcomes as young people progress through the process.

The SACS instrument and associated resources are available free of charge and can be found at www.werryworkforce.org/sacs

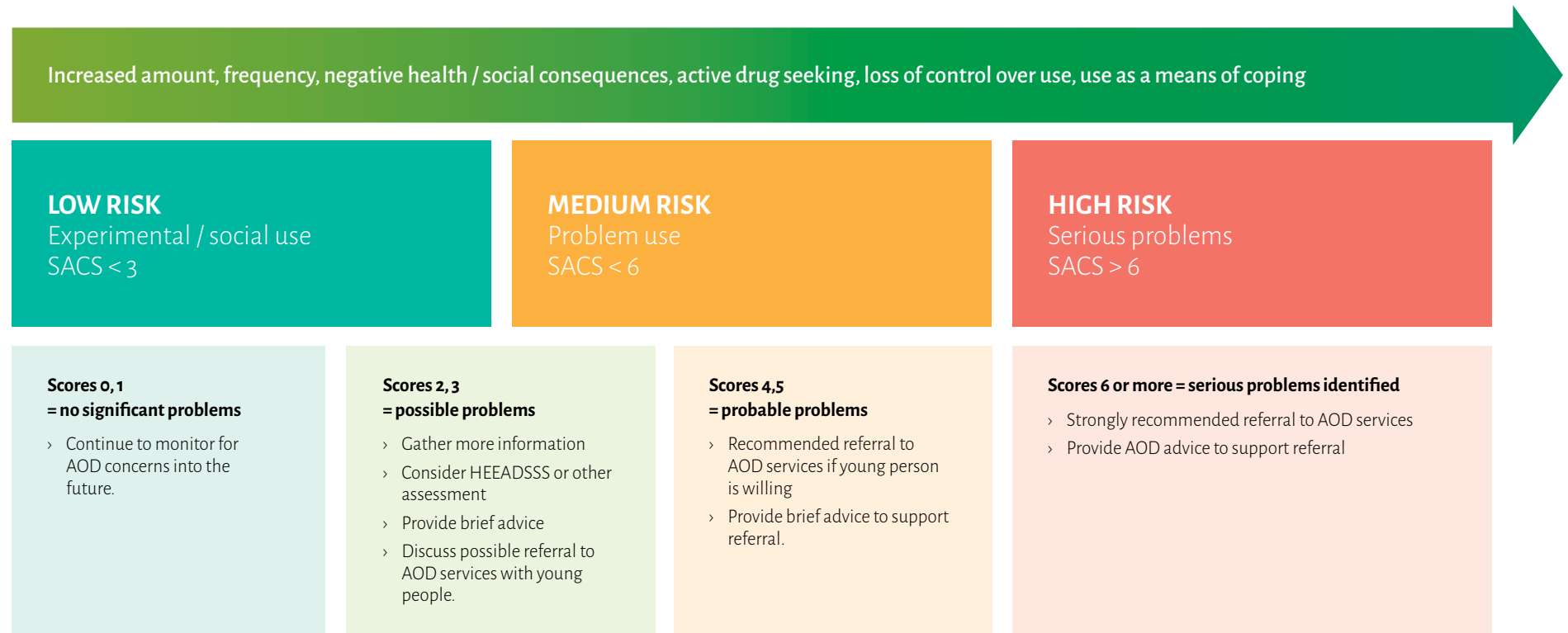
Young people can access a self-help version of the SACS on the Low Down website thelowdown.co.nz/mood-self-test/sacs

Strengths and Difficulties Questionnaire (SDQ)

This is designed to screen for conduct problems, hyperactivity, emotional symptoms, peer problems and pro-social behaviour amongst young people. A copy can be found at www.sdqinfo.org.

Figure 13 matches the SACS score to suggested interventions (adapted from McLachlan, 2015).

FIGURE 13: SACS BRIEF INTERVENTION (BI) SCORING AND RECOMMENDATIONS



Brief assessment

THE HEEADSSS ASSESSMENT (Home, Education, Eating, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety)

For those working in primary care and youth health settings the HEEADSSS assessment may be useful. It is recommended as a simple but thorough framework around which a brief assessment can be structured. It allows for early identification of mental health, alcohol and other drug issues and gathers other information to assist young people in their development.

An introduction to the HEEADSSS assessment framework and further information can be accessed at www.werryworkforce.org/elearning.

Assessing high risk issues

As part of an initial assessment and for all ongoing contact with a young person, high risk issues need to be considered. It is critical that we look for, recognise and act on signals that a child or young person may be at risk of harm from others, self-harm, suicide, problematic substance use or psychological distress.

TABLE 7: HIGH RISK INDICATORS

RISK TO SELF	RISK TO OTHERS	RISK FROM OTHERS
<ul style="list-style-type: none"> › Safety, (deliberate self-harm, suicide) › Health (including problematic substance use, physical harm, psychological harm) › Self-neglect › Risky behaviour › Unintended risks while intoxicated 	<ul style="list-style-type: none"> › Violence (including emotional, sexual and physical violence) › Intimidation / threats/ harassment › Reckless behaviour (driving or public nuisance) 	<ul style="list-style-type: none"> › Vulnerability › Emotional, physical or sexual abuse from others

Part of assessing risk is enquiring about whether young people are at risk of self-harm and suicide.

Assessing risk of suicide is never easy. Knowing the following risk factors can be helpful.

- › Men are more likely to commit suicide than women. Whilst women make more attempts, males are four times more likely to kill themselves
- › Age is a predictor of risk. Individuals aged 15-24 years have an elevated risk and suicide is the third leading cause of death in this age group.
- › The suicide rate for those who experience clinical depression is about 20 times greater than for the general population. Hopelessness and depression are the strongest predictors of suicide.
- › 80 per cent of completed suicides are preceded by a prior attempt.
- › Alcohol and other drug use increases risk.
- › Psychosis increases risk of suicide.
- › Relationship breakups and other kinds of loss are common triggers. Lack of support to deal with this increases risk.
- › Having an organised plan and a means to suicide, elevates risk significantly.

(Juhnke, 2006).

Seek immediate assistance from a youth mental health service or an emergency psychiatric service that is attached to your local hospital or district health board (DHB) if you are unsure of a young person's ability to maintain their own safety. Make sure the young person gets support. If you are not qualified to deal with this issue then refer the young person to someone who is.

Recommended resources

Te Pou o te Whakaaro Nui. (2013). *Updated evidence and guidance supporting suicide prevention activity in New Zealand Schools, 2003-2012*. www.tepou.co.nz/uploads/files/resource-assets/updated-evidence-and-guidance-supporting-suicide-prevention-activity-in-New-Zealand-schools-2003-2012.pdf

Also see wakahourua.co.nz for Māori and Pasifika suicide prevention

When to refer on

The decision to refer on to specialist services can be difficult, particularly in the primary care environment where young people may take some time to recognise, disclose or display any problem they may be experiencing. This decision requires careful consideration of the needs of the young person, your own skill level and confidence, and the quality of the relationship between the young person and yourself. Generally speaking, most workers have the skills to provide initial help and intervention for a young person experiencing problematic substance use.

Consult or liaise with a specialist service if you are unsure about whether or not to refer on. This may involve a short phone call, or may extend to a consultation meeting with the family and whānau.

Keep in mind the option of referral. A referral should be considered if:

- › issues presented are particularly complex
- › the young person has moderate to severe symptoms that are having a significant impact on their functioning at school and at home
- › the young person is having extreme difficulty or inability to control their substance use
- › the person is a danger to themselves and others, this includes self-harming behaviour
- › there is a lack of response to brief primary level interventions
- › the young person is experiencing paranoia, hallucinations, changes in mood
- › pharmacotherapy (for example, methadone) may be required.

(Werry Workforce Whāraurau, 2015).

Who to refer to?

Alcohol drug helpline

The Alcohol Drug Helpline is a 24 hour telephone service that can provide information on current resources and services across New Zealand for alcohol and other drug concerns. There is also a service directory on their website. All calls are free and confidential.

Alcohol Drug Helpline: **0800 787 797** | alcoholdrughelp.org.nz

Youth alcohol and other drugs services

Many cities in New Zealand have specialist youth alcohol and other drug services that can offer a range of services for youth and their family and whānau, including counselling, group programmes, support and referral. The Alcohol Drug Helpline will be able to let you know if these services are available in your area.

Community alcohol and drug services/addiction services

Based throughout New Zealand, these specialist services provide a range of free and confidential interventions including counselling, group programmes, pharmacotherapy, support and referral. The Alcohol Drug Helpline will be able to let you know where these specialist services are in your area.

Child and youth mental health services (CAMHS)

CAMHS is a specialist mental health service for young people under the age of 18. They provide a range of psychiatric, medical and counselling treatment including case management, psychological input and family therapy. A referral to CAMHS is appropriate for young people who present with moderate to severe mental health and or co-existing problems.

Adult mental health services

Adult mental health services can provide the same care as CAMHS, however, this is for young people over the age of 18 years.

Residential services

Residential services can provide more intensive in house accommodation and support when a young person is struggling significantly with problematic substance use and community interventions are less successful or not an option. This may include young people who have unsafe home environments or where the substance use is unmanageable. Alcohol Drug Helpline will be able to tell you what residential services there are in your area and how to access them.

General Practitioners (GP)

GPs can provide a range of services for withdrawal management and general health and wellbeing. This can include general health checks, blood screening, prescribing and monitoring medication and ongoing support in the management of mental health concerns. They can also assist with psychiatric and addiction service referrals.

Accident and emergency departments

A medical assessment is essential in crisis situations such as injury, overdose, extreme intoxication or other concerns about physical wellbeing. Ambulances can be contacted if necessary to support this referral.

Police

In situations where there is extreme aggression or violence, contacting the police is recommended.

Support for concerned others, family and whānau

The Alcohol Drug Helpline can provide information about what support services are available for concerned others in your area. Specialist services often provide support for family and whānau members or can suggest places of support. Kina Trust provide a useful website for family and whānau of people who experience addiction related problems www.kina.org.nz.

Key messages

- › Screening is a useful tool to help understand a young person's substance use. This can determine whether you provide a brief intervention or a referral onto specialist services.
- › Use of the SACS is recommended for all young people
- › A SACS score of 4 and above warrants a referral to specialist services.
- › If further assessment is required, the HEEADSSS will provide further insight and a more holistic view of the young person.
- › Always assess a young person for risks and be aware that substance use carries its own significant cause for concern. Be aware of what these risks are.
- › There are a number of different services available to help young people. Make an effort to learn about what services are available in your area. It can be helpful to ring services and visit them so you know where you are sending a referral to. Always follow up with referrals and aim to work in a collaborative manner.



Interventions

There are a variety of evidence based interventions for supporting young people who experience problematic substance use. The following section discusses two interventions that are very useful when working with young people.

Brief interventions

In the early stages of substance use, a brief conversation, advice and encouragement are often enough to enable young people to adjust their drinking or drug use (Kaner, Dickinson, Beyer, Campbell, Schlesinger, Heather, Saunders, and Pienaar, 2007)

Using the SACS will often be enough for some young people to reflect on their substance use, and alongside relevant feedback and advice, may be all they need to effect behaviour change.

Some of the common elements of a brief intervention are highlighted by the FRAMES acronym (Bien, Miller & Tonnigan, 1993).

FEEDBACK	Provide personalised feedback about risks associated with the behaviours based on patterns, problem indicators and health status.
RESPONSIBILITY	Emphasise the individual's responsibility and choice to abstain/reduce use.
ADVICE	Provide clear advice about the importance of changing behaviours.
MENU	Offer a menu of alternative change options.
EMPATHY	A warm, reflective and understanding approach is more effective than an aggressive, confrontational or a coercive style.
SELF-EFFICACY	Instill optimism in the young person that goals can be achieved. Utilise motivational techniques. This can aid in developing, implementing and committing to make changes.

Self-help materials

Provision of written educational materials is a key part of effective brief interventions and if performing them, do your best to have something on hand to provide for young people to read and take away. You need educational materials that have been designed for young people and generally it is useful if they are pocket/wallet sized, as young people are unlikely to carry around large sheets of paper for any length of time. Be careful not to give young people information about drugs that they have not used as this could potentially increase their interest. (Christie, 2008: 42)

The SACS Brief Intervention (SACSBI)

During the development of the SACS instrument, young people in New Zealand said that just completing the SACS questionnaire made them consider their own AOD behaviour in more depth. Undertaking a brief intervention provides further opportunity to explore substance use and plan goals around minimising substance related harm.

The SACSBI is summarised in Table 8. Training in the SACSBI has been evaluated with New Zealand CAMHS and child, youth and family (CYF) workers, and has been shown to increase the confidence of workers who may feel uncertain about their ability to provide an AOD intervention. Cultural services and workers also support its use with young Māori people.

Core components of SACSBI

Below are ten steps that can be used with a young person to perform a brief intervention using the SACS screening instrument. They can be adapted to suit various situations.

TABLE 8: CORE COMPONENTS OF SACSBI

1	Do the SACS	Ask the young person if they'd like to do a quick questionnaire that looks at their substance use. Reiterate issues of confidentiality. Offer to answer any questions they might have.
2	Check in	When they have completed the SACS, check in. Tell them that you will score the SACS quickly, discuss this and then go over any particular items or questions in more detail.
3	Score the SACS	Explain how the scoring system works and then get them to score it (with your help if necessary). A SACS difficulties score above two usually means further assessment and intervention is required, scores above four usually indicate difficulties that are serious enough to warrant specialist intervention.
	Review and discuss	Review the first section of the SACS. Ask whether the last month's use was typical. Any response indicating use 'nearly every day' needs to be explored in detail. When looking at the responses to the alcohol question, make sure you ask about how much they use on each occasion. Move on to the SACS difficulties scale and discuss any positive responses. Are they concerned or do they want to change? If there is a number of scoring items, concentrate on the ones that the young person seems most concerned about.
5	Positive feedback	Provide some positive feedback for the young person. Focus briefly on something that they are not doing, or doing well or praise them for their honesty in answering the questions. Review the young person's strengths with them. Don't let the discussion become too problem saturated as this runs the risk of making the interaction a negative one.

6	Choose one thing to change	Suggest the young person chooses one of the SACS items, or another topic of discussion, to change. It should be their concern rather than yours as trying to influence a behaviour that they are not concerned about is unlikely to be successful.
7	Brainstorm strategies for change	Explore different ways the young person might achieve change. The most successful strategies are likely to be the ones that the young person thinks of or agrees with. Having a 'menu' of options for change has been shown to be a key part of successful brief interventions.
8	Choose the strategy for change	Ask the young person to decide on which strategies would suit them best, and which they would most likely be able to achieve. Explore the pros and cons of the chosen strategy and examine the factors that are likely to increase the chances of it being successful (or increase the risk of it not being successful). Make a plan.
9	Agree and commit	Revisit the initial thing that the young person wanted to change and connect it to the strategy that the young person chose. Reformulate this as a specific goal and discuss how the young person might measure their success or otherwise. Try to put the goal down on paper if possible and give it to the young person to take away.
10	Emphasise self-efficacy	Although this should have been occurring throughout the brief intervention, this is an excellent way to wrap things up. Express your confidence in the young person achieving the goal that you have just set and also in the other challenges that they are likely to face.

(Werry Workforce Whāraurau, 2015)

Resources and further training information is available on the SACS website www.sacsinfo.com

The Motivational Approach

“People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the mind of others.

(Blaise Pascal, Pensées, 1670)

Motivational interviewing (MI) is an effective way to build motivation for people who are ambivalent about change (Miller and Rollnick, 2013).

Young people can often be ambivalent about change, as change happens all the time for them, and part of this life-stage is learning that they can have influence over their own lives (developing the internal locus of control).

Why it works

1. Ambivalence normally precedes change.
2. Using direct confrontation when someone is ambivalent usually creates discord (defensiveness, resistance, or denial) which predicts a lack of behaviour change.
3. If we represent one side of an internal argument, we elicit the other side of the argument from them. It doesn't matter if we are stating the best argument, if they are responding with the reasons they can't change, we are missing the mark.
4. We progressively become more committed to the things we say. More 'non-change statements' means less likelihood of change.
5. We can use a 'motivational approach' to strongly influence which side of the argument they focus on.



Using a 'Motivational Approach'

The core skill is to look out for 'change talk'. These are the statements that indicate someone has the DARN CAT:

- D** Desire to change
- A** Ability to change
- R** Reasons to change
- N** Need to change
- C** Commitment to change
- A** Activation to change
- T** Taking steps to change

(Miller and Rollnick, 2013)



Picture you are walking through a field with a young person, and they stop to pick flowers (change talk – DARN CAT) and weeds (sustain talk – reasons not to change). Acknowledge the weeds as they talk to you, but pay attention to the flowers and store them. Regularly in the conversation, reflect back to them the bouquet of flowers that you are collecting (*adapted from Rollnick, Miller & Butler, 2008*).

It's really common to hear change talk in the same sentence as sustain talk. We can help young people by being able to identify the two types of talk, and reflecting the change talk to help the young person say more. Sustain talk is normal and part of weighing up options honestly. Try not to label a young person as 'resistant to change' when they use sustain talk.

TABLE 9: CHECKLIST – AM I USING A PRESCRIPTIVE APPROACH OR A MOTIVATIONAL APPROACH?

A PRESCRIPTIVE APPROACH	A MOTIVATIONAL APPROACH
<p>Am I</p> <ul style="list-style-type: none"> › Explaining why they should change? › Teaching or giving advice? › Describing specific benefits that would result from changing? › Emphasising how important it is for the young person to change? › Telling or trying to inspire the young person to change? 	<p>Am I</p> <ul style="list-style-type: none"> › Listening with the goal of understanding why they have trouble changing? › Asking what they already know, asking permission to provide information or advice, and then asking how that fits with his/her life? › Asking what might be the benefit of changing? › Asking what they are already doing that would make it possible for them to change? › Asking why it is important to them to think about change?



FIGURE 14: THE FLOW OF MOTIVATIONAL INTERVIEWING (ADAPTED FROM PORTER, 2012)

SPIRIT	Partnership Acceptance Compassion Evoking curiosity
STRATEGIES	<p>Develop discrepancy: help the young person to keep talking and describing what they think. With the non-judgemental spirit of conversation used in this approach, any holes in their thinking will come to the surface, and the young person can realise this themselves.</p> <p>Decisional balancing: help the young person to identify what the change is they are thinking about making and explore the pros and cons of changing or not.</p> <p>Interacting with change: a motivational approach is about being actively engaged with the young person, and adaptable as they contemplate change. Look out for the change talk (DARN CAT), reflect it back to them, and get excited with them as they express more change talk. Change is dynamic. Sometimes people can suddenly doubt their abilities once they have made a decision. Be ready to move with the young person, actively listening for this and putting words to what they are experiencing.</p> <p>Importance and confidence: look out for whether the young person thinks it is important to change and is confident to make that change if they wanted to. Reflect this back to them (e.g. "It sounds like you are confident in your skills and could change if you wanted to, you're just not sure if you do want to?")</p> <p>Provide information: part of this approach is providing information when needed. This is best after you have heard what the young person thinks.</p> <p>Responding to discord: discord is when the relationship between you and the young person is challenged. This could be expressed through things like defensiveness, denial and disengagement. See it as a signal that the approach you are using might be too confrontational, or the young person doesn't see it as relevant. You can acknowledge that and try a different approach. This is a good time to summarise the change talk that you have noticed.</p>
SKILLS	<p>Open-ended questions "What would you like to be different?" "What will happen if things don't change?"</p> <p>Affirmations "It sounds like you have learnt some great skills already."</p> <p>Reflection "It sounds like..."</p> <p>Summarising "It seems like you want to change, you have good reasons to, but you're not sure if you know how to?"</p>
CHANGE TALK	Together, this spirit along with the strategies and skills lead to more change talk being spoken - building motivation to change and resolving the young person's ambivalence about change.

Training

It is a good idea to undertake training to understand more about using a motivational approach. Look for training opportunities through workforce centres and tertiary establishments.

Recommended resources

- › Britt, E., Gregory, D., Tohiariki, T., and Huriwai, T. (2014). *Takitaki mai: A guide to Motivational Interviewing for Māori*. Wellington: Matua Raki. www.matuaraki.org.nz/resources/takitaki-mai-a-guide-to-motivational-interviewing-for-mori/537
- › Miller, W.R., Rollnick, S. (2013). *Motivational Interviewing: Helping People Change*. 3rd ed. New York: Guilford Press.
- › Rosengren, D. (2009). *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: The Guilford Press.
- › Motivational Interviewing DVD. (2012). This DVD has been produced here in New Zealand and is an excellent MI learning resource. It provides an introduction to motivational interviewing. Copies of this DVD are available from Hall McMaster and Associates (HMA) www.hma.co.nz/product/motivational-interviewing-dvd.

Use of modern technology

Websites, Facebook and other social media can all play a role in assisting young people with mild to moderate AOD or mental health problems. For young people this may be an ideal way to get them thinking about their AOD use.

The following are some examples of websites where resources and support can be accessed.

TABLE 10: USEFUL WEBSITES AND RESOURCES

Youth line www.youthline.co.nz	For drugs and alcohol help, mind and body information, advice and more.
Pot help www.pothelp.org.nz	A self-help website for people wanting to cut back or quit using cannabis.

The lowdown thelowdown.co.nz	Helping youth who experience depression. Free text 5626.
Amplify www.amplify.org.nz	Offers school based support to empower young people whose lives are influenced by alcohol and other drugs to make positive choices for their lives.
Depression New Zealand www.depression.org.nz	This website is part of the National Depression Initiative.
Like Minds Like Mine www.likeminds.org.nz	Like Minds, Like Mine is a public education programme aimed at reducing the stigma and discrimination faced by people with experience of mental illness.
Mental Health Foundation www.mentalhealth.org.nz	Provides information and training, and advocates for policies and services that support people with experience of mental health problems, and also their families, whānau and friends.
Kina Trust kina.org.nz/	Helping family and whānau understand the impact of addiction on their life.
Aunty Dee www.auntydee.co.nz	Free wellbeing tool for young people to access help with problem solving. The target population is Pasifika and Māori young people aged 14-25 years, but is free for all to use.
SPARX www.sparx.org.nz	A unique award-winning computer program that helps young people learn skills to deal with feeling down, depressed or stressed.
Smiling Mind smilingmind.com.au	Free web and app based mindfulness program for children and young people
Skylight skylight.org.nz/	A Wellington-based national charity helping children, young people and their families through tough times, especially grief.

Supporting parents, families and whānau

“Families are the foundation for us all, and they have more power than any other relationships to hurt or heal, to stress or strengthen individuals” (Henderson, 1997)

Everybody has an understanding that family and whānau are important. Connections, a sense of belonging and attachment to at least one supportive relationship with an adult are all protective factors for young people with problematic substance use. Even if family relationships with parents and loved ones are conflicted, family remains important to young people. This section explores the benefits of including parents, family and whānau in a young person's journey with substance use and includes family inclusive practice principles. It also addresses key ideas to help support families and whānau and provides you with a summary of the 5-Step Method for family members that you can use within your own work.

Family inclusive practice

Family and whānau inclusion is the practice of collaborating with families and whānau and involving them in the work you do with a young person.

Werry Workforce Whāraurau (2015) highlights that while the young person's needs are the primary focus, positive behavior change is related to the involvement of family and whānau, even if the young person is no longer living at home. If the young person agrees, involve family and whānau as soon as practicable. Ensure the young person is engaged and that you have spoken with him/her about what information can be shared with whom.

For some young people, particularly those on the experimental side of the continuum, the presence of their parents or caregivers may initially be a barrier. Even if you don't directly work with family members when supporting a young person, always help them to explore their life and relationships in the context of their family and whānau.

From your perspective, you need to maintain a flexible approach and:

- › ensure confidence and trust of the young person and parents or caregivers during the engagement process
- › have some time alone with the young person if parents or caregivers attend

Accessing support or facilitating change within the family can enhance treatment. Simply involving families and whānau (without specifically providing interventions) has been shown to improve outcomes, so include them in treatment, even if interventions aren't focused on them. Family and whānau involvement not only secures early changes in substance use and behaviour but assists with enhancing engagement in later treatment.

Family inclusive practice involves the following principles: (Crane, Moore, O'Regan, Davidson, Francis, & Davis, 2016: 13)

- › recognising the role that families and whānau play in the lives of young people
- › appreciating a young person's understanding of family and whānau
- › respecting the role of culture in family identity
- › supporting the young person's needs and rights to connect with family and whānau
- › seeking out opportunities to build on the strengths of family and whānau
- › a commitment to assist young people in developing supportive social connections now and into the future
- › the development of a supportive relationship between the worker and young person which strengthens the young person's family and whānau relationships and supports
- › directly engaging family, whānau and significant others in the practice process
- › a reflective approach to practice that acknowledges diverse and complex relationships
- › supporting the development of family responsive policy and practices in organisations and service systems.

How do we support families and whānau?

To feel more confident in your ability to support parents or families and whānau, take time to understand how the family are feeling, coping or responding to their young person's substance use.

Many families and whānau speak about feeling lonely, worried and emotionally exhausted. These are all natural emotions, and they are what we expect most families and whānau will be experiencing when they walk through our door.

Many families and whānau have worries and, unfortunately, many slowly become disconnected from people around them before they reach out for help. Families and whānau may also often believe some things that aren't necessarily true. Here are some common examples.

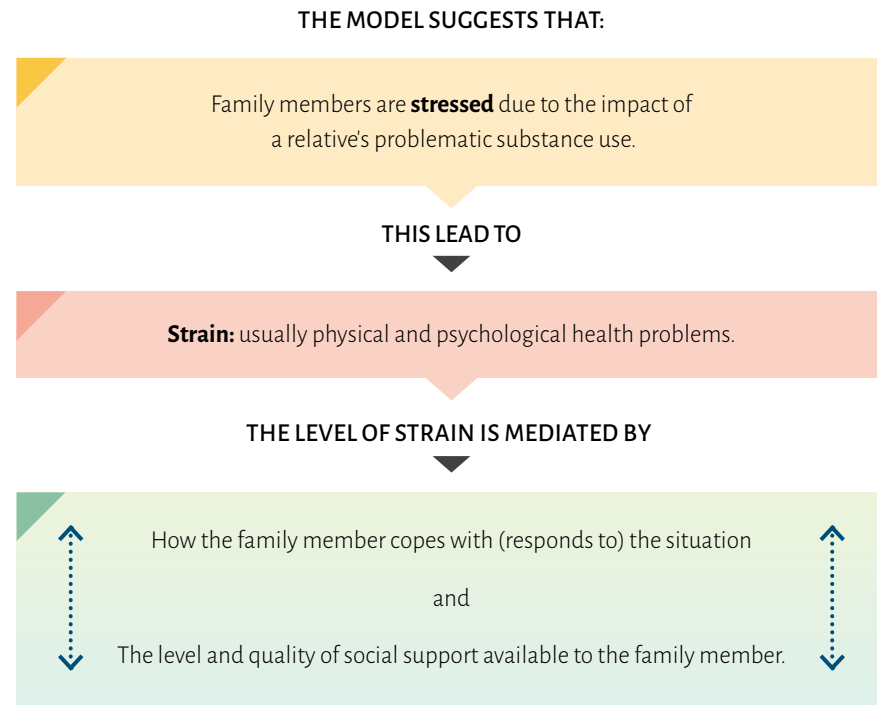
TABLE 11: REALITY CHECK THOSE FEARS (ADAPTED FROM ODYSSEY HOUSE, 2015)

THE MYTH	THE REALITY
My young person's AOD use is my fault	You didn't cause your young person to use AOD.
I have to control everything	You can set boundaries and limits, but you can't control your young person's AOD use.
I have to appear like I am completely ok, or my family will fall apart	Your feelings are ok. Try and find some support for yourself where you can let these feelings out. Your family still need you, but you can't be there for them if you are emotionally exhausted.
My young person needs me to be their friend	You can be friendly, but your young person needs you more as a parent than a friend.

The 5 Step-Method

The 5-Step Method is based on the stress-strain-coping-support model of understanding family members' experiences of addiction (Orford, Velleman, Natera, Templeton, Velleman, Copello, 2013) that has been extensively researched over a number of years.

FIGURE 15: THE STRESS-STRAIN-COPING-SUPPORT MODEL (ADAPTED FROM ORFORD ET AL., 2103)



The 5-Step Method is for family and whānau specifically and does not require the attendance of the person with problematic substance use. It focuses on exploring how the family and whānau cope and are supported, as opposed to focusing on the things that cause stress and strain. This helps the discussion to stay solution focused, and reduces the chance that family and whānau feel blamed.

The five steps are outlined below.

STEP 1	<p>Listen, reassure and explore concerns</p> <p>Allow family members to describe situation</p> <p>Identify need for further information</p> <p>Communicate realistic optimism</p> <p>Identify need for future contacts</p>
STEP 2	<p>Provide relevant, specific and targeted information</p> <p>Increase knowledge and understanding</p> <p>Reduce stress arising from lack of knowledge or misconceptions</p>
STEP 3	<p>Explore coping responses</p> <p>Identify current coping responses</p> <p>Explore advantages and disadvantages of current coping responses</p> <p>Explore alternative coping responses</p> <p>Explore advantages and disadvantages of alternative ways of coping</p>
STEP 4	<p>Discuss social support</p> <p>Draw a social network diagram</p> <p>Aim to improve communication within the family</p> <p>Aim for a unified and coherent approach</p> <p>Explore potential new sources of support</p>
STEP 5	<p>Discuss and explore further needs</p> <p>Is there a need for further help?</p> <p>Discuss possible options with family member</p> <p>Facilitate contact between family member and other sources of specialist help</p>

(Copello, Templeton, Orford, and Velleman, 2010:87)

Below is some helpful advice for parents, developed by Odyssey House (2016), that you can also provide as part of the intervention.

Top tips for parenting a young person through problematic substance use

- › The best and most important thing you can do is **spend time with them**. Pretty much every young person we have supported has told us they want a better relationship with their family and whānau (even though they may not have shown it). They just didn't know how. The first step towards a better relationship is spending more time together.
- › **Listen** to what they are saying. Try not to interrupt them and check that you have understood them properly before you speak.
- › Try to **have fun with them without drugs or alcohol**. Many young people use drugs and alcohol to relax, reward themselves, or avoid feelings. Having fun with them without alcohol or drugs will help them to learn drug-free ways to do this.
- › Have a **drug and alcohol-free house**. Your young person is making changes and seeing drugs or alcohol around would make it much harder.
- › Give **clear and encouraging messages**.
- › **Be honest**. Try to be honest with them about how you feel and what is happening.
- › **Set clear expectations and keep them**. Don't give excuses or cover up if they slip up. Slip ups will happen and when they do, acknowledge them and remind them of the clear and consistent expectations that you hold. Remember, these expectations apply to everyone in the family and whānau. They are there to help the family work together, not to punish or shame others.
- › **Try not to give them money**. If they need something, buy it for them.
- › **Talk to your young person when they are clear headed**, not when they are under the influence of drugs and alcohol.
- › **Get support for yourself**. It is hard to stay focused all the time. Try not to blame yourself. Reflecting and learning is helpful, but beating yourself up doesn't help. Getting professional support can help.

(Odyssey House, 2016)

Whānau ora

“*Whānau Ora, at its heart, is about whānau, aiga or families coming together to support each other through building shared aspirations, and working together to achieve those aspirations,*” (Tariana Turia, 2012).

Whānau ora is a philosophy, an outcome, and a model of practice for achieving whānau wellbeing (Te Puni Kōkiri, 2015). Whānau ora is a whānau-centred approach to empowering whānau to achieve better health, education, housing, skills development and economic outcomes. In simpler terms ‘whānau ora’ relates to the wellbeing of whānau.

McLachlan (2015) highlights that whānau ora is the collective aspirations of rangatahi (young people) and their whānau in seeking a stable and prosperous foundation for development. *The Report of the Taskforce on Whānau-centred Initiatives* outlines seven key principles that underpin a whānau Ora framework.

Seven key principles

1. Ngā Kaupapa Tuku Iho: the ways in which Māori values, beliefs, obligations and responsibilities are available to guide whānau in their day-to-day lives.
2. Whānau opportunity: all whānau will have chances in life that will enable them to reach new heights, do the best for their people, engage with their communities and foster a strong sense of whanaungatanga – connectedness.
3. Best whānau outcomes: the success of whānau ora interventions is measured by increases in whānau capacities to undertake those functions that are necessary for healthy living, and shared contributions to the wellbeing of the whānau as a whole, as well as the wellbeing of whānau members.
4. Coherent service delivery: recognises a unified type of intervention so that distinctions between services provided by health, welfare, education and housing, for example, are not allowed to overshadow wider whānau needs.
5. Whānau integrity: acknowledges whānau accountability, whānau innovation and whānau dignity. This principle assumes that a code of responsibility is present in all

whānau, though it may sometimes be masked by events or circumstances that propel whānau into survival mode or trigger a defensive reaction.

6. Effective resourcing: underlines two important aspects of services to whānau. First, the level of resourcing should match the size of the task – whānau-centred approaches may initially be time intensive. Second, resourcing should be tied to results. Effective resourcing means allocating resources to attain the best results and an intervention plan should include a set of indicators that can measure successful outcomes.
7. Competent and innovative provision: recognises a need for skilled practitioners who are able to go beyond crisis intervention to build skills and strategies that will contribute to whānau empowerment and positive outcomes (Te Puni Kōkiri, 2015: 103).

Recommended reading:

Te Rau Matatini. (2014). *A Mental Health and Addiction Framework: A Whānau Ora Approach*. teraumatatini.com/sites/default/files/Wh%C4%81nau%20Ora%20Approach.pdf

Key messages

- › Family and whānau relationships are very important for young people.
- › Involving family and whānau can have positive outcomes for young people.
- › When supporting the families and whānau of a young person who is experiencing problematic substance use, acknowledge and understand the various feelings, thoughts and reactions they may go through on this journey.
- › To improve your skills with supporting family and whānau, practice the 5-Step Method of family intervention.
- › Provide families and whānau with tips on how to support their young person with change.
- › Whānau ora is a philosophy, an outcome and a model of practice for achieving whānau wellbeing.

Cultural considerations

“E te taiohi, whāia ake te ara tūpuna rangatira e!”

May the youth follow the pathway laid down by noble ancestors

This section discusses significant issues to be aware of when working with Māori and Pasifika youth. Engaging with young Māori and Pasifika people and their families and whānau may require that you do things a little differently in order to appropriately respect the cultural values, beliefs, roles and responsibilities that the young person and their family and whānau observe. These may be very different to your own.

Census data identifies both Māori and Pasifika communities as having an increasingly young population. According to the 2013 census, children and young people comprised 52.1 per cent of the Māori population, while 46.1 per cent of the New Zealand Pasifika population were less than 20 years old (Statistics New Zealand, 2015). Māori and Pasifika people have poorer health outcomes across a wide range of health status indicators compared with the overall population (Ministry of Health, 2009). There are disparities both in health outcomes and in the exposure to risk and health behaviours between Māori and non-Māori children and young people, and between Pasifika and non-Pasifika children and young people. There are also differences in the access to and use of both primary health and oral health services (Ministry of Health, 2009).

Important factors to consider when working with Māori and Pasifika youth

- › Problematic alcohol use affects all New Zealanders, however there are three identified population groups that suffer the most harm – youth, Pasifika and Māori people (Alcohol Advisory Council of New Zealand, 2009).
- › Rates of suicide amongst Māori youth are 2.8 times higher than the non-Māori youth rate (Ministry of Health, 2012a).
- › Suicide is the leading cause of death among Pasifika young people aged 15-24 (Ministry of Health, 2012b).

Engaging with young Māori people: mental health and AOD

The Youth '12 (Clark et al., 2013) study has shown some positive changes for young Māori people in regards to a decrease in suicide attempts, a reduction in depressive symptoms and substance use. However, despite improvements, Māori youth continue to be disproportionately affected by poor wellbeing outcomes in comparison to their Pākehā peers. Suicide attempts and problematic substance use remain unacceptably high. This is also made more difficult when access to primary and specialist services remains a significant barrier for many.

Māori people have diverse realities with respect to upbringing, knowledge of Māori culture, language, custom and history, connection to tribal land, access to education, and place within whānau and home. A significant reality within New Zealand's history is the removal of Māori from their culture through the initial impact of, and the subsequent outcomes of, colonisation. Although traditionally there are similarities in origin, values, beliefs and customs throughout iwi Māori, individually the impact of the colonial experience has meant different realities for Māori people across Aotearoa. The breakdown of culture and identity, difficulties coping in western institutions, the widespread alienation of land, the weakening of iwi structures, and the loss of language and customs have affected the health and development of indigenous young people (Ware & Walsh-Tapiata, 2010; Ministry of Health, 2002).



There are those few who remain strongly connected to traditional custom, values and practices; there are those many that have not had the opportunity to do so. There are those who have managed well the shift to the urban context; there are many who have not.

(Te Pou o te Whakaaro Nui, 2009: 6).

In this context whanaungatanga (family connectedness) is seen as fundamental to many Māori people. Whakawhanaungatanga, the process of building relationships and making connections, has been promoted in Māori centred approaches to enhance engagement with Māori people (Pomare, 2015). Thinking about and connecting with Māori people given this historic reality, with a focus on building the relationship with them and their whānau is vital. Te Whare Tapa Whā (Durie, 1998) provides a framework to further support a holistic approach to working with young Māori people once this relationship has been established.

Te Whare Tapa Whā

Te Whare Tapa Whā embraces the four principal cornerstones of health and wellbeing and is depicted by a whare (house) with four walls, each representing an important element: te taha wairua, te taha hinengaro, te taha tinana and te taha whānau. The framework assumes that all four walls of the whare need to be strong and in harmony to ensure positive health and wellbeing (Ihimaera & MacDonald, 2009). Attention to each of the four walls of Te Whare Tapa Whā can assist in identifying any areas that need to be addressed to restore life balance (Durie, 1998). The concepts and ideas (table 12) are aligned to each of the four walls of the house. The use of Te Whare Tapa Whā is inherently flexible to ensure that the choice and need of the whānau and/or whānau member are realised.

TABLE 12: TE WHARE TAPA WHĀ (ADAPTED FROM BEST PRACTICE, 2010)

WAIKUA (SPIRITUAL)	HINENGARO (PSYCHOLOGICAL)	TINANA (PHYSICAL)	WHĀNAU (FAMILY)
Assist in the development of a strong and positive cultural identity	Help the young person recognise their strengths and encourage effective coping strategies and problem solving techniques	Encourage good nutrition, rest, recreation and exercise	Encourage reconnection with whānau to ensure a sense of belonging

At a minimum whakawhanaungatanga and Te Whare Tapa Whā should be considered and incorporated when engaging and working with young people and their whānau.

If you feel that the young person and their whānau may be better served by seeing someone different, or being referred to a more culturally appropriate service, you could refer the young person and their whānau to a more appropriate person or place, or access cultural support within your organisation if it is available. Get to know the culturally appropriate services in your community who work with young people.

Recommended resources

For more information to support you to develop and maintain effective relationships with young Māori people and their whānau, and to enhance the engagement process refer to:

- › Mauri Ora's foundation course in cultural competency mauriora.co.nz/cultural-competency-maori
- › Te Whare Tapa Whā www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha
- › Te Pou o te Whakaaro Nui. (2010). *Talking Therapies for Māori - He Rongoa Kei te Korero* www.tepou.co.nz/uploads/files/resource-assets/Talking-Therapies-for-Maori.pdf
- › Te Pou o te Whakaaro Nui (2009). *Let's get real: working with Māori* – essential level learning module. A framework that guides practitioners in their professional capacity, capability and personal competency to work with Māori people www.tepou.co.nz/uploads/files/resource-assets/Lets-Get-Real-Working-with-Maori-Essential-Level-Learning-Module.pdf
- › Werry Workforce Whāraurau. (2015). CEP E-learning: Ethnicity and Culture. www.werryworkforce.org/elearning

Engaging with young Pasifika¹: mental health and AOD

“O le tele o sulu e maua ai se fagota, e mama se avega pe a ta amo fa'atasi”

My strength does not come from me alone, but from many.

The Youth 12' study (Clark et al, 2013) highlights that young Pasifika people are making great progress in many areas. Results show clear evidence of improved family and school relationships, significant reductions in substance use and improved educational aspirations. However, there are still persisting areas of concerns for their wellbeing such as high rates of family violence, suicide attempts and unhealthy eating. Unfortunately suicide is the leading cause of death for Pasifika youth aged 15-24 (Ministry of Health, 2012b). Prioritising the wellbeing of young Pasifika people remains a high priority.

Pacific youth face more challenges to achieving and maintaining good health and wellbeing than most other young New Zealanders. The majority demonstrate considerable resiliency and where possible the health system should be looking to support and strengthen protective factors for all young Pacific people. Continuing to address risk factors and develop effective interventions for Pacific youth at risk of poor health outcomes needs to be considered a worthwhile investment in the future of the nation. (Ministry of Health, 2008: vii)

Young Pasifika peoples' behaviour is often influenced by their environment; family, school, churches, communities and the wider political environment. When working with Pasifika young people and their families, consideration should be given to this complex set of inter-relationships that exists between Pasifika communities, and to the important role that

spirituality and religion is likely to play in their lives. There is a high affiliation to the Christian faith (predominantly Catholic and Protestant traditions) and to beliefs that provide supernatural and cosmological explanations. What these have in common is a view of the person as sacred.

As with all population groups, stigma about mental health and problematic substance use does exist within Pasifika communities. It is important to recognise this and help support a more positive way of understanding these issues, alongside ways of supporting young people who may present with these concerns.

While we may be able to generalise about some things that relate across several Pasifika cultures, it is really important to remember that there are a number of different Pacific Islands and that each has its own language, traditions and beliefs. Being clear about where the young person and their family are from is important because it is likely to be a very significant part of their identity.

It is also important to acknowledge the cultural and intergenerational diversity that exists among Pasifika young people. The emerging literature identifies intergenerational challenges for Pasifika young people born and raised in New Zealand who are part of the contemporary youth culture. The literature clearly identifies that developing a secure identity is much broader than just ethnic association. Further, many first, second and third generation Pasifika peoples are also of mixed-ethnic heritage (Siataga, 2011: 157).

Each family will be unique, and families will vary in their level of acculturation. This may depend on whether the Pasifika young person or their parents are born and or raised in New Zealand or in one of the Pacific Islands. Young Pasifika people are predominantly raised in at least two cultures, or within multicultural environments. This offers both benefits and challenges. New Zealand's intermarriage landscape is also changing significantly. Pasifika young people are negotiating diverse social dynamics which can strengthen resiliency or create difficulties in psychological security and identity. Table 13 (cited in Siataga, 2011: 160) provides an overview of different levels of acculturation that Pasifika young people and their families may experience.

¹ Pasifika (Pasifiki) is a term used to describe South Pacific people living in New Zealand. Their ancestral homes are located in the Polynesia, Melanesia, and Micronesia groups. These are people from the island nations of Samoa, Cook Islands, Tonga, Niue, Fiji, Tokelau, Tuvalu, Kiribati, Vanuatu, Solomon Islands and Papua New Guinea.

TABLE 13: ACCULTURATION CONCEPTS (ADAPTED FROM COWLEY-MALCOLM, FAIRBAIRN-DUNLOP, PATERSON, GAO AND WILLIAMS, 2009)

<p>Separation</p> <p><i>High Pacific/Low New Zealand identification</i></p> <p>Separation refers to self-imposed withdrawal from the larger society.</p>	<p>Integrationist</p> <p><i>High Pacific/High New Zealand identification</i></p> <p>Integration involves maintenance of cultural integrity, but also the movement towards becoming an integral part of the larger society.</p>
<p>Assimilation</p> <p><i>Low Pacific identification/High New Zealand</i></p> <p>Assimilation is where cultural identity is relinquished and the individual moves into the larger society.</p>	<p>Marginalisation</p> <p><i>Low Pacific/Low New Zealand identification</i></p> <p>Marginalisation refers to losing the essential features of one's culture, but not replacing them by entering the larger society.</p>

When engaging and working with Pasifika peoples, considerable significance is also placed on developing and maintaining relationships, and the importance of taking time to do this cannot be underestimated (Te Pou o te Whakaaro Nui, 2010b: 4). Le Va's Engaging Pasifika Cultural Competency Programme is an evidence-informed programme that equips the workforce to connect culture and care. Participants learn the foundation attitudes, knowledge and skills to safely engage with, and effectively deliver quality services for, Pasifika people and their families: www.leva.co.nz/training-education/engaging-pasifika.

Working respectfully across cultures does not mean that knowledge of every nuance and specific protocol is needed. However, it is advisable to learn what protocols are important for the context you are in, and seeking the cultural advice of Matua or a Pasifika person is important. These Pacific Cultural Guidelines from Central PHO are a useful guide: [www.centralpho.org.nz/Portals/o/Publications/Health%20Services/Pacific%20Cultural%20Guidelines%20\(Central%20PHO\).pdf](http://www.centralpho.org.nz/Portals/o/Publications/Health%20Services/Pacific%20Cultural%20Guidelines%20(Central%20PHO).pdf).

Learning to greet in a number of different languages can help with initial engagement because it demonstrates a respectful politeness:

Talofa lava - Samoan

Malo e lelei - Tongan

Bula vinaka - Fijian

Fakaalofa lahi atu - Niuean

Kia orana - Cook Islands

Fakatalofa atu - Tuvaluan

Malo ni - Tokelauan

Mauri - Kiribati

Worldviews and beliefs

Similar to Māori, Pasifika world views and identities are based on a collective approach, with health and well-being relying on safe and balanced relationships.

Pasifika peoples' well-being is defined by the equilibrium of mind, body, spirituality, family and environment. To capture this holistic view of health and well-being, various ethnic-specific Pasifika frameworks have been developed. These metaphoric frameworks capture a holistic view of health and well-being and can also assist in the process of developing meaningful dialogue with the young people and their families (Te Pou o te Whakaaro Nui, 2010b).

Three commonly referred to models are:

- › the Samoan Fonofale model created by Fuimaono Karl Pulotu-Endemann
- › the Tongan Kakala model developed by Konai Helu Thaman
- › the Cook Island Tivaevae model by Teremoana Maua-Hodge.

More information about these models can be found in the recommended reading section.

The Fonofale model

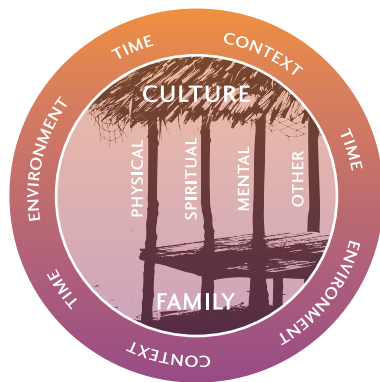
The Fonofale model is a Pasifika model of health for use in the Aotearoa/New Zealand context and depicts a visual representation of a fale (a traditional Samoan meeting house) with four main posts (pou-tu). The model essentially identifies six dimensions of health. The foundation (fa'avae) that the fale is built upon represents the nuclear and extended family

(aiga) and forms the fundamental basis of social organisation. The pou-tu represent four further dimensions of health, namely:

- › fa'aleagaga (the spiritual dimension) – the sense of inner well-being, encompassing beliefs around Christianity, traditional spirits and nature
- › fa'aletino (the physical dimension) – the well-being of the body, which is measured by the absence of illness and pain
- › mafaufau (the mental dimension) – the well-being of the mind
- › isi mea (the dimension of other) – encompasses variables such as finance, gender, age, education and sexual orientation.

Above the pou-tu, the roof (falealuga) symbolises the sixth dimension of culture (aganu'u), the values, attitudes and beliefs of Pasifika culture. Surrounding these six dimensions of health is the environment, context and time relevant to the individual, which have either a direct or indirect influence upon one another. As with Te Whare Tapa Wha, the dimensions are interwoven and interdependent, so that altered states of wellness only occur when one or more of the dimensions are out of balance (Te Pou o te Whakaaro Nui, 2010b: 16).

FIGURE 17: FONOFALE MODEL



Source: Le Va

If you feel that the young person and their family may be better served by seeing someone different, or being referred to a more culturally appropriate service, you could refer the young person and their family on to a more appropriate person or place, or access cultural support within your organisation if it is available.

Recommended Resources

Le Va is a national hub for Pasifika mental health and addiction workforce development. www.leva.co.nz

To learn more about working with Pacific People: *Let's get real/Real Skills plus seitapu*. www.tepou.co.nz/uploads/files/resource-assets/Lets-Get-Real-Real-Skills-Plus-Seitapu-Working-with-Pacific-Peoples.pdf

I am: A guide for nurturing hope, resilience and happiness Pasifika style by Phil Siataga. www.leva.co.nz/uploads/files/resources/I-AM-A-Guide-for-Nuturing-Hope-Resilience-and-Happiness-Pasifika-Style.pdf

For further information on ways of working with Pasifika individuals and their families. www.leva.co.nz/library/leva/talking-therapies-for-pasifika-peoples

Nga Vaka o kāiga tapu (2012) *A Pacific Conceptual Framework to address family violence in New Zealand*. www.ppdvp.org.nz/wp-content/media/2014/04/pacific-framework-faz.pdf

'Polycultural' capital and educational achievement among NZ-born Pacific peoples by Karlo Mila-Schaaf and Elizabeth Robinson. www.review.mai.ac.nz/index.php/MR/article/view/307/378

Key messages

- › Pasifika and Māori have a large youth population, which has a higher prevalence of substance use and mental health issues, and lower treatment access rates compared to other ethnicities. It is highly recommended that you undertake appropriate cultural training to support your ability to address these issues.
- › A good place to begin thinking about the values of young people and those from other cultures is to think about your own.
- › Māori and Pasifika models of health, such as Te Whare Tapa Wha and Fonofale models, can help you to support a young person holistically.
- › It is important to consult and collaborate with cultural services or advisors, even when the young person doesn't specifically identify with his/her culture. Working across cultures is a life-long learning process.

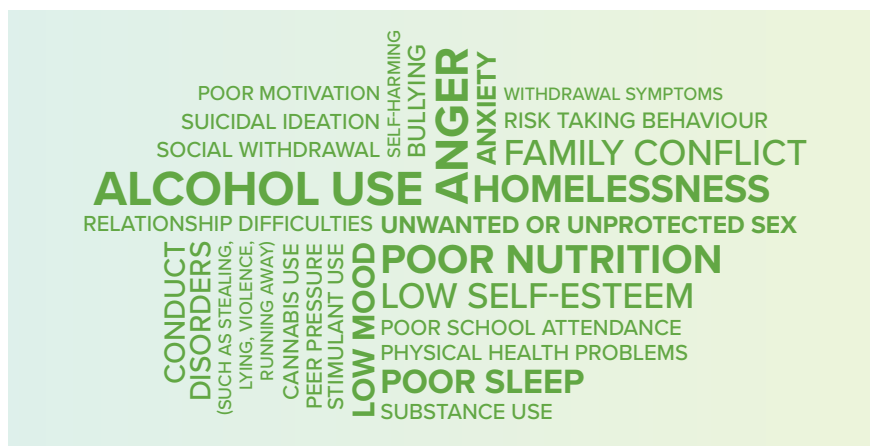
Co-existing mental health problems

The term co-existing problem or CEP is used to describe the interaction between mental health and substance use problems that occur together or concurrently. This can also be co-existing with other factors such as physical health or social problems (Todd, 2010).

Co-existing mental health problems is an increasing issue for young people and often remains unidentified. This leads to poor outcomes for the young person which can have long term impacts for their future and wellbeing. Mental health and problematic substance use are significantly high for young people and access rates for treatment is low.

With high levels of CEP and poor access rates, there is a need to improve CEP interventions. The philosophy that "any door is the right door" puts the young person, not the system, at the centre of the intervention and requires services, whatever their specialty, to be able to screen for both mental health and problematic substance use to ensure the person gets the right support (please see screening information on page 44).

For young people the variety of problems that may co-exist or co-occur include:



There are many different presentations of CEP. For young people, the most common presentations are anxiety, depression, conduct disorder, and attention deficit hyperactivity disorder (ADHD). Some examples are below.

- › A young person with low mood is smoking cannabis. This can lead to symptoms of poor motivation, disengaging with peers and family and whānau, poor school attendance, poor self-care and hygiene. It can also lead to the low mood worsening over time.
- › A young person who drinks excessively because they are uncomfortable in social circumstances. This leads to black outs, disinhibited behaviour and an increase in risk taking. This can cause anxiety to worsen due to the effects of the alcohol and also the embarrassment of their behaviour whilst intoxicated.
- › A young person who is drinking heavily and regularly may experience issues with finances, trouble with the law, risk taking behaviour and poor school attendance. This may also cause low mood and/or anxiety.
- › A young person using stimulants leading to crime, relationship difficulties, mood issues and/or psychosis.

Source: Werry Workforce Whāraurau. (2015). CEP and Youth E-learning module www.werryworkforce.org/elearning

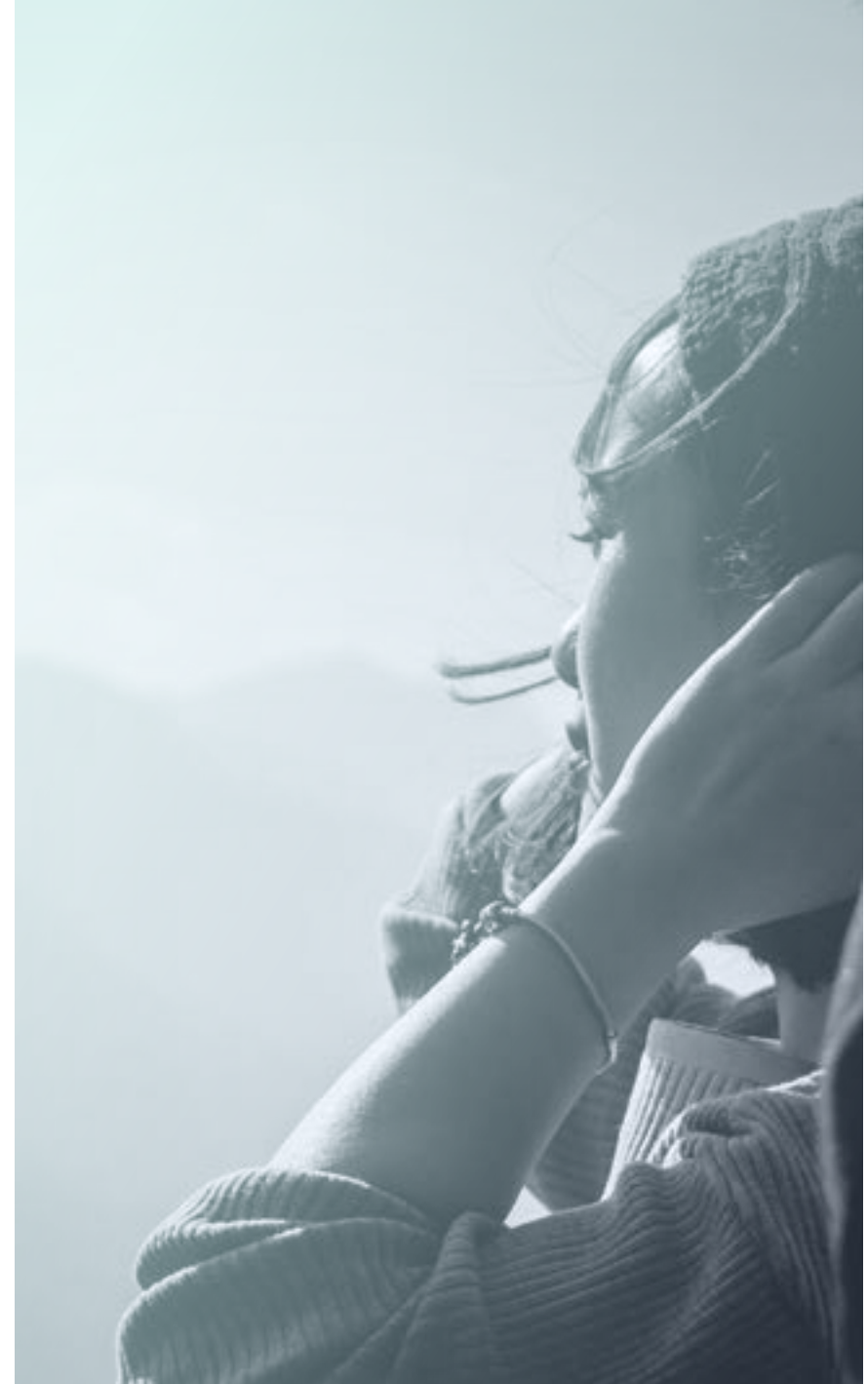
If a young person presents with CEP, make an appropriate referral to specialist services that are able to offer assessment and treatment. For example, your local youth alcohol and other drug service, community alcohol and drug service/addiction service, child and adolescent mental health service (CAMHS) or adult community mental health service. These can be found by contacting your local hospital or district health board (DHB), or by calling the Alcohol Drug Helpline **0800 787 797**.

Recommended resources:

- › Todd, F.(2010). *Te Ariari o te Oranga: the assessment and management of people with co-existing Mental Health and Substance Use Problems* www.health.govt.nz/system/files/documents/publications/te-ariari-o-te-orang-teariari-13-04-10.pdf
- › Werry Workforce Whāraurau. (2015). CEP E-learning: Introduction to CEP. www.werryworkforce.org/elearning
- › Werry Workforce Whāraurau. (2015). Foundation in ICAMH 3: Adolescent Mental Health www.werryworkforce.org/elearning

Key messages

- › Remember that CEP are likely to be evident when you are seeing a young person.
- › Adolescence is a time when mental health problems and substance use problems begin to emerge.
- › Young people who experience mental health problems and problematic substance use have higher rates of suicidal behaviour.



Further resources

A guide to managing your own withdrawal www.matuaraki.org.nz/uploads/files/resource-assets/managing-your-own-withdrawal-a-guide-for-people-trying-to-stop-using-drugs-and-or-alcohol.pdf

Buzzed: internet site that aims to raise awareness of alcohol and other drug related harm by providing factual information for young people www.buzzed.co.nz

Brainwave contains a wealth of reading and links to articles related to brain development and effects of substance use on the brain www.brainwave.org.nz.

Did you know series: a series of short drug information videos (alcohol, cannabis and volatile substances) are available to help health professionals, youth workers and family and whānau members have conversations with young people about substance use and substance-related harm www.aodcollaborative.org.nz/didyouknow

Health Promotion Agency: The HPA alcohol website provides helpful advice as well as interactive tools that young people can use www.alcohol.org.nz/resources-research/alcohol-resources/interactive-tools

Kina Trust: a service and website aimed at supporting family involvement in alcohol and drug treatment. Available for health professionals and families to access kina.org.nz

Motivational interviewing website: provides resources for those seeking information on motivational interviewing www.motivationalinterviewing.org

National cannabis prevention and information centre: provides free resources for professionals, parents and caregivers, and young people including fact sheets and a quitting app ncpic.org.au

Time for a change series: Odyssey House has four workbooks to help young people and their family and whānau make changes.

Workbook 1: Preparing for residential treatment www.odyssey.org.nz/media/1132/final-time-for-a-change-workbook-1.pdf

Workbook 2: Home detox –contact Odyssey Youth team to access this resource www.odyssey.org.nz/our-services/youth/

Workbook 3: Supporting your young person (A workbook for families) www.odyssey.org.nz/media/1129/time-for-a-change-workbook-3-lr.pdf

Workbook 4: Going home www.odyssey.org.nz/media/1130/final-time-for-a-change-workbook-4.pdf

E-learning in New Zealand

Ministry of Health e-learning resource 'ABC for Alcohol': information and training about how to do screening and brief interventions learnonline.health.nz

Mauri Ora provide a foundation course in cultural competency mauriora.co.nz/cultural-competency-maori/

Le Va provide a number of options for learning about engaging with Pasifika people www.leva.co.nz/training-careers/engaging-pasifika

Werry Workforce Whāraurau provides a number of different e-learning courses that can be used alongside this resource and are helpful for gaining further information www.werryworkforce.org/elearning

These include:

HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) Assessment

The short course provides an introduction to the HEEADSSS assessment framework and other key information to support professionals working with young people. The resource is designed for professionals working in primary care including school nurses, school counsellors, youth workers, practice nurses, general practitioners, primary mental health and AOD professionals and social workers.

Foundations in Infant Child and Adolescent Mental Health

This is an online education course for primary care practitioners and comprises four modules relating to infancy, childhood, and adolescence

Co-Existing Problems (CEP) and Youth: E-learning resource for enhancing practice and service delivery

These courses provide an overview of current treatment recommendations for youth with co-existing (mental health and substance use) problems (CEP) and present a practical guide for clinicians working with youth with CEP. It is written for primary care and specialist mental health and alcohol and other drug (AOD) services.

Australian E-learning resources

Out of Home Care toolbox (OoHC): provides easily accessible and effective information for the supporters and carers of young people (12–18 years) in out of home care. From the Centre for Youth AOD Practice Development oohctoolbox.org.au

Youth AOD toolbox: takes the vast range of evidence and literature that supports youth alcohol and other drugs (AOD) work, and presents it for practitioners assisting young people to develop resilience and achieve their goals www.youthaodtoolbox.org.au

An Introduction to youth AOD: designed to give workers, services and communities who engage with young people an overview of the youth AOD field dovetail.org.au/youthaod.aspx.



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