



Alcohol, drug and related health and wellbeing issues among young people completing an online screen.

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ABSTRACT

OBJECTIVE: Despite high levels of alcohol, drug use and risky behaviors, rates of help-seeking amongst young people are typically low. This study explored the profile of young people (under the age of 25) completing an online screen, assessing substance use problem severity and wellbeing in contrast with adults completing the same screen, so as to inform development of better targeted approaches for this in-need population.

METHOD: Between 2012 and 2014, an online alcohol and drug screen was promoted across Australia on a national online counseling service. The screen assessed severity of substance use, mental health and wellbeing.

RESULTS AND CONCLUSIONS: A total of 2939 screens were completed between December 2012 and May 2014, with 18% completed by young people. Young people reported a high severity of substance use problems (44% reported likely drug dependence) and reported significantly poorer mental health and wellbeing than adults completing the screen. This suggests that there is a population of young people in need of support who could be initially engaged through online screening. Online screening should be a key component of engagement strategies for adolescent and early adult help-seeking.

KEYWORDS: alcohol, drugs, internet, mental health, online screening, youth.

INTRODUCTION

Problematic substance use is widely reported among young people. Supporting international studies^{1,2}, a previous Australian study found that, amongst young people aged 16-24, 42% had engaged in high-level drinking and 26% had used illicit drugs in the past year³. However, rates of help-seeking among young people are typically low^{4,5}. The majority of young people who seek help from alcohol and other drug (AOD) treatment services have high levels of problem severity (54% dependent) and mental health problems (56%)⁶, suggesting a substantial unmet need for help amongst this group.

There is a need to engage young people at an earlier stage to minimize the negative impacts of substance misuse on their health and wellbeing, as well as the broader impacts on the community. Screening and brief interventions for young people have been shown to be effective at reducing harm from substance misuse⁷ and there may be opportunities to engage young people using online technologies that circumvent some of the factors hindering help-seeking. While studies have reported the effectiveness of online AOD screening for children and adolescents⁸, engagement in naturalistic settings (i.e., with no incentives for engagement and completion) has received limited attention.

This is the first Australian study of online help-seeking in real-world non-experimental conditions. This study explored the profile of young people (under the age of 25) completing an online screen, assessing substance use problem severity and wellbeing in contrast with adults completing the same screen, with the aim of informing the development of tailored approaches to better target this in-need population.

METHODS

An online screen was posted on the Turning Point website and promoted through Counselling Online [remove for blind review], a national AOD online counselling service from December 2012. The online screen integrated a range of well-established, standardized instruments that were selected on the basis of reliability, brevity, ease of use and ability to be used by a range of different population groups (namely, the Alcohol Use Disorders Identification Test [AUDIT], Drug Use Disorders Identification Test [DUDIT], Alcohol, Smoking, and Substance Involvement Screening Test [ASSIST], Kessler Psychological Distress Scale [K10], and Australian Treatment Outcomes Profile [ATOP]). Refer to Savic et al.⁹ for more detail about the screen. A subset of respondents provided additional information about previous AOD service use and help-seeking intentions (12.2% of youth and 14.8% of adults completed this section). The online screen provided immediate individualized feedback on severity of reported substance misuse and measures of wellbeing, recommendations and links to additional support. Approval for this project was obtained from the [removed for blind review] Human Research and Ethics Committee (LR85/1213). Participants for this study were not actively recruited, nor reimbursed for screen completion. Participation was voluntary and no identifying information was collected.

Analyses were stratified by age group (youth <25 years old)¹⁰ and tested using Pearson's chi-square tests for categorical variables and 2-tailed independent samples t-tests for continuous variables. Pearson correlation was used to evaluate relationships between continuous variables. The significance level was set at $p < 0.05$ and analyses were conducted using Stata 13.

RESULTS

A total of 2939 screens were completed between 10 December 2012 and 7 May 2014, with 18% completed by young people (ages 15 to 24), most of whom (67%) were aged 20 to 24, 55% were female and most were residents of Australia (91%; Table 1). Aboriginal and Torres Strait Islanders (ATSI) were slightly over-represented amongst youth (6.1% vs. 4.6% in general youth population)¹¹.

Three quarters of young people reported drug problems, with 29% reporting high risk use and 44% likely drug dependence (Table 2). Alcohol issues were less prevalent; 29% reported drinking at levels indicative of likely dependence and 63% reported problematic drinking (AUDIT ≥ 8). Two thirds of young people reported daily substance use during the past 3 months (50% if tobacco was excluded) and daily or weekly drug use was highly prevalent with 58% using alcohol, 57% tobacco, 37% cannabis, 30% amphetamines, 15% sedatives, 10% opioids, 7% cocaine, 4% hallucinogens and 3% using inhalants. Young people reported using an average of 4.3 drugs in the past 3 months, with 76% using three or more.

52% of young people reported high levels of psychological distress (K10 ≥ 30) and mean scores for all three measures of wellbeing were low. There was a significant ($p < 0.001$) positive relationship between high psychological distress and problematic substance use, particularly drug use, with a moderate correlation between K10 and DUDIT scores (Pearson $r = 0.43$). In fact, youth who reported likely dependence were significantly ($p < 0.001$) more likely to have high levels of psychological distress (69%) than those with low risk (32%) or problematic substance use (23%).

Compared to adults, young people were more likely to be female and to report ATSI status. In general, drug problems were more prevalent among young people with significantly higher DUDIT scores than adults (19.6 vs. 10.4; $p < 0.001$). Alcohol issues were greater amongst adults, with 42% likely dependent compared to 29% of young people, and AUDIT scores were significantly higher (16.0 vs. 13.3; $p < 0.001$). Nearly half of the young people had both drug and alcohol problems (48%), compared to 29% of adults, while similar rates of likely dependence were reported for both youth and adults (62% vs. 58%). Significantly ($p < 0.001$) more young people (12%) were likely dependent on both alcohol and drugs than adults (6%).

Young people had poorer physical and mental health than adults. High psychological distress was more common amongst young people compared to adults (52% vs. 33%) and youth reported significantly higher K10 scores and significantly lower mean scores for all three measures of wellbeing.

Despite the high levels of problematic substance use reported, only 17% of young people had previously accessed AOD services. However, after receiving feedback on their screening results, the majority of those reporting substance use problems indicated they intended to seek help either online (49%), face-to-face (15%), over the phone (7%) or other (12%).

DISCUSSION

In general, young people reported concerning levels of substance misuse (particularly drugs), high levels of psychological distress, and poor wellbeing, and were remarkably similar to treatment-seeking populations of young people⁶, despite the fact that only 15% reported previous AOD service use. More than half (62%) reported likely substance dependence, which is higher than a previous survey of in-

treatment youth⁶, and rates of psychological distress were similar to rates of mental health issues among young treatment seekers (38%¹², 50%¹³ and 56%⁶). All three measures of wellbeing were low among the online cohort, and substantially lower than mean scores reported in a recent census of youth in AOD treatment⁶. These rates are much worse than general population rates (9% of young people aged 16–24 years report high psychological distress¹⁴), and illustrate the likely high levels of comorbid mental health and problematic substance use among this population. The results of this study indicate that, not only do young people access online tools, they have a significant unmet need for help with the majority never having previously sought treatment. Further, this highlights that support for mental health issues, in addition to substance use problems, is critical. Early engagement, intervention and appropriate referral mechanisms for this in-need population is critical to minimizing harm.

An online tool, such as a screen, is an effective way to identify and engage help-seekers who are in need of AOD support and treatment, and can be a basis for accessing hidden populations and both raising their awareness and providing them with suitable pathways to support either online or in other forms. This work helps to fill the knowledge gap about levels of AOD problem severity and mental health issues among online youth help-seekers. Further, it highlights the importance of providing online pathways, particularly for young people, both for engagement at the point of help-seeking, early interventions and referrals through to treatment. Further research is required to assess the specific needs of this cohort and to establish the most appropriate treatment options and support pathways; however, this work provides a solid basis upon which to explore opportunities for the development of such pathways.

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DECLARATION OF CONFLICTING INTERESTS

The Authors declare that there is no conflict of interest.

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Table 1. Associations between demographics of online screen respondents and age^a.

Variables ^b	Total (n=2939)		
	Youth (<25)	Adult (25+)	
n=	542 (18%)	2397 (82%)	
Gender			+
Male (n=1471)	245 (45%)	1224 (51%)	
Female (n=1462)	295 (55%)	1167 (49%)	
Age			
15-17	78 (14%)		
18-19	101 (19%)		
20-24	363 (67%)		
Country (% Australia from postcode)	492 (91%)	2295 (96%)	+++
Cultural background (Australian)	380 (70%)	1765 (74%)	
Aboriginal and Torres Strait Islander status (% yes)	33 (6%)	45 (2%)	+++

^a Statistical significance between age group (youth vs. adult) indicated by: + p<0.05, ++ p<0.01, +++ p<0.001 in the column to the right.

^b % missing: gender (8, <1%), age (2, <1%), postcode (6, <1%).

Table 2. Associations between substance use and wellbeing of online screen respondents with age^a

Variables ^b	Total (n=2939)		
	Youth (<25)	Adult (25+)	
AUDIT – mean (including abstainers)	13.3	16.0	+++
Abstainers (AUDIT=0)	60 (11%)	190 (8%)	+++
Low risk (AUDIT=1-7)	143 (26%)	473 (20%)	
Moderate risk (AUDIT=8-15)	132 (24%)	445 (19%)	
High risk (AUDIT=16-19)	49 (9%)	279 (12%)	
Likely dependence (AUDIT≥20)	158 (29%)	1010 (42%)	
DUDIT – mean (including abstainers)	19.6	10.4	+++
Abstainers (DUDIT=0)	131 (24%)	1254 (52%)	+++
Potentially harmful ≤ 1/5 (female/male)	15 (3%)	109 (5%)	
High risk (DUDIT>1/5 AND <25)	157 (29%)	501 (21%)	
Likely dependence (DUDIT>24)	239 (44%)	532 (22%)	
K10 – mean	29.9	25.1	+++
10-19 low	93 (17%)	799 (33%)	+++
20-24	68 (13%)	419 (17%)	
25-29	98 (18%)	379 (16%)	
≥30 (high psychological distress)	283 (52%)	800 (33%)	
ATOP – psychological	3.9	4.7	+++
ATOP – physical	5.0	5.6	+++
ATOP – quality of life	4.2	5.0	+++

Total number of drugs– mean	4.3	2.9	+++
SU problems			+++
Alcohol only	77 (14%)	1046 (44%)	
Drugs only	134 (25%)	346 (14%)	
Both	262 (48%)	687 (29%)	
Neither	69 (13%)	317 (13%)	
SU severity			
Low risk	69 (13%)	317 (13%)	
Possible problematic use	139 (26%)	693 (29%)	
Dependent	334 (62%)	1387 (58%)	
Comorbidity	229 (42%)	660 (28%)	+++

^a Statistical significance between age group (youth vs. adult) indicated by + ($p < 0.05$), ++ ($p < 0.01$), +++ ($p < 0.001$) in the column to the right.

^b Variables defined as follows: Abstainers were identified as score of 0; SU problems defined as “Alcohol only”=respondents with AUDIT ≥ 8 and DUDIT $\leq 1/5$ (female/male), “Drugs only”=respondents with AUDIT < 8 and DUDIT $\geq 1/5$ (female/male), “Both”=respondents with AUDIT ≥ 8 and DUDIT $\geq 1/5$ (female/male), and “Neither”=respondents with AUDIT < 8 and DUDIT $\leq 1/5$ (female/male); SU severity defined as “Low risk”= AUDIT ≤ 7 and DUDIT $\leq 1/5$ (female/male); “Possible problematic use”= 1) AUDIT > 7 and AUDIT < 20 and DUDIT $\leq 1/5$ (female/male), 2) AUDIT ≤ 7 and DUDIT $\geq 1/5$ (female/male) and DUDIT ≤ 24 , or 3) AUDIT > 7 and AUDIT < 20 and DUDIT $\geq 1/5$ (female/male) and DUDIT ≤ 24 ; “Dependent”= 1) AUDIT ≥ 20 and DUDIT ≤ 24 , 2) AUDIT < 20 and DUDIT > 24 , or 3) AUDIT ≥ 20 and DUDIT > 24 ; Comorbidity defined as substance dependence (AUDIT ≥ 20 and/or DUDIT > 24) and high psychological distress

(K10 \geq 30). % missing: ATOP – psychological (6, <1%), ATOP – physical (7, <1%), ATOP – quality of life (7, <1%), Total number of drugs (3, <1%), SU problems (1, <1%).