Prevalence of substance abuse and use among Australian youth: A literature review

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The frequency of abusing substance and its use is a pervasive one. The study sought to ascertain the burden of using substance and abuse among the Australian youth. Secondary sources were employed, offering a vivid representation of the non-ending problem of using substance and abuse among the Australian youth. A literature review was conducted using the preferred reporting items for systematic reviews and meta-analyses guidelines to produce evidence from relevant referred publications, and other papers that focus on using substance and abuse among the Australian youth. The method used in looking for literature includes: Websites, databases, and keywords. A final list of six unique articles that satisfied the conditions was reviewed. Evidence suggests that substance used and abused is very prevalent among the youth of Australians and that there has been increase in use. Additional research is needed to comprehend the trends in the various substance uptakes and use pattern among Australian youth. Pragmatic interventions may have to be established and be made accessible to the youth group who are heavily using these substances.

Key words: Youth, substance use, substance abuse, prescription drug abuse, drug abuse treatment, substance abuse treatment.

INTRODUCTION

One of the main public health problem all over the world is the use of unsafe drugs (Corrao et al., 2000; WHO, 2014). Corrao et al. (2000) estimated that nearly 4 million deaths occur due to tobacco use worldwide, and according to a study conducted by the World Health Organization (WHO) and the World Bank, deaths resulting from alcohol and related ill-health account for an extensively higher costs to life and mortality (WHO, 2014). A previous research found that there is a lifelong impacts of using marijuana and it is related to selected injuries in cognitive working and respiratory problems similar to those linked with long-term use of tobacco (World Health Organization, 1997). A study conducted by et al. (2008) have also found out that unsafe alcohol and other substance use have a severe effect on the day-to-day life of persons, relations and societies, and is a rising worry in Australia and globally. The Australian Government’s response to Road to Recovery in 2006
revealed that problems emanating from abusing substance are multifaceted and of great concern to the public. To attend to the drug situation in the country, over $214 million budget support was delivered to further support drug prevention and management programs in Australia.

The American National Institute on Drug Abuse indicates that substance use begins at the age of 12 and above depending on the type of substance (Welty et al., 2019). It is estimated that in 2013, 9.4% of American population aged 12 years and older representing 24.6 million used illegal drug in the past month (Abuse and Administration, 2014). The Australian Drug Foundation (2012-13) reported that substance use begins at age 14 for most substances in Australia. Among the most frequently reported signs were shivers or tachycardia, shocks, quivering, agitation and restlessness (DrugInfo, 2012-13). There were also physical and health symptoms, behavioural signs and psychological symptoms of substance abuse and drug dependence or addiction (DrugInfo, 2012-13). Other common symptoms include withdrawals, loss of control, desire to stop but cannot, neglecting other activities, and continued use despite negative consequences (National Council on Alcoholism and Drug Dependence (NCADD), 2016).

Bertola (2015) indicates that more Australian than anywhere in the world use ice more frequently and more of it. The report further stated that, accidental deaths doubled 80-170 since 2011, methamphetamine users who use ice has doubled 21 to 50% since 2010, 61% of all drug users have used ice in the last 6 month, and that all current strategies to fight drug use have failed (Bertola, 2015). The patterns and prevalence of substance use are associated with a number factors such as age, sex, ethnic background, social and environmental context etc., and they differ for different types of drugs (The Australian Institute of Health and Welfare (AIHW), 2012).

There is no traceable date for the beginning of substance use and the phenomenon is not new. In history, psychoactive stuffs were used frequently and for different reasons; for significant services, ceremonies and for medicines (Lang, 2004). Moreover, “substance use is fundamentally a social act - we obtain, consume, and construct the experience of using alcohol or other drugs in relation to others” (Keenan, 2004). Substance abuse and drug addiction have caused harmful physical, psychological, social, financial, and legal issues, which are experienced by the individual consumer, their family members and friends, co-workers, and the wider public (Rickwood et al., 2008). According to Nock et al. (2008), the principal cause of death in Australia; suicide is highly associated to co-morbid substance use, particularly mental disorder and use of alcohol. Also, 70% of crime in Australia is linked to the use of substance (House of Representatives, 2003).

According to WHO (2014), substance abuse “refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. The use of psychoactive can be a source of addiction - a collection of behavioural, cognitive, and physiological occurrences that develop after repeated use of substance and that usually include a strong wish to take the drug, difficulties in controlling its use, continuing in its use despite destructive consequences, an upper priority given to drug use than to other events and obligations, increased acceptance, and sometimes a physical withdrawal state” (WHO, 2014).

**Definition of terms**

**Drug**

Drug includes alcohol, tobacco, illegal/illicit drugs, pharmaceuticals and other substances that alter brain functions, and cause changes in perception, mood, consciousness, cognition and behaviour.

**Illegal/illicit Drug**

Any drug prohibited or forbidden from manufacture, possession or sale. For example cannabis cocaine, heroin, amphetamines, methamphetamine etc.

**Pharmaceuticals**

Drugs that are available in the pharmacy, over the counter or prescribed, subject to misuse such as opioid-based painkiller, codeine and steroids, benzodiazepines, etc.

**Other substances**

Legal or illegal psychoactive substances potentially used in harmful way. For example inhalants such as petrol, paint or glue etc (The National Drug Strategy, 2010-2015).

For the purpose of this review, the author define substance abuse “as any involvement with illegal drugs, the use of illegal drugs (such as alcohol or prescribed medication), drug use associated with other criminal activities or requiring treatment. This means a person involved with illegal drugs such as cocaine, heroin, marijuana or methamphetamines in any way is considered a substance abuser. The illegal use of legal drugs such as alcohol and prescription medication is also classified as substance abuse; for instance when a person drives under the influence of alcohol, drinks while under age, or obtains prescription drugs under false identity. When a
person commits an act such as domestic violence while under the influence or medical care for alcohol dependency or overdose on inhalants, it is considered substance abuse. Alcohol is considered substance abuse in this review only when it is illegally used or when it causes issues for the user. Non-problematic alcohol use and data on legal use of alcohol would not be included in this literature review.

Defining youth

The United Nations, for statistical purposes, define those persons between the ages of 15 and 24 as youth without prejudice to other definitions by Member States (UN). The Australian Bureau of Statistics defines youth within the parameters defined by the United Nations. Others like McCrindle Research (2013) on the demographic analysis of youth in Australia used age 12 to 25 years. AIHW (2007) on a report of young Australians defines young people as people aged 12-24 years. For the purpose of this article, the author defines youth to be from ages 12 to 25. This is to allow any considerable transitioning period captured in the review.

MATERIALS AND METHODS

A review based on systematic approach was used to produce proof on the occurrence of substance abuse and use among the youth of Australia using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2010). The Electronic databases that were used to identify literature include PubMed, MEDLINE, Australian Public Affairs Full Text (APAFT), EBSCOhost, and Google Scholar. Key words used in the search included youth, substance use, substance abuse, prescription drug abuse, drug abuse treatment, and substance abuse treatment, and combinations of these terms. The literature search was restricted to English-language journals released between 2000 and 2015.

The key words used, identified after discussion with a qualified librarian, were “epidemiology” OR “prevalence” AND “substance-related disorders” OR “substance-related” AND “disorders” OR “substance-related disorders” OR “substance” AND “abuse” OR “substance abuse” AND Australian AND “adolescent” OR “adolescent” OR “youth”. The method to probing the literature included databases and Websites searched keywords, and the criteria for inclusion/exclusion of documents. The following sources were searched for: Journal articles describing quantitative studies identified by a search of electronic databases; Drug scope library; Australian Government publications (http://www.drugs.gov.au/information-and-services/health/drug-and-alcohol-use-and-Qualitative-European-drug-research-network http://qed.emcdda.eu.int). The study was conducted between January and December 2015. The data searches and entry into a Reference Manager were done in December 2015. The papers were reviewed between January February 2016 and the analysis took place from March to June 2016.

Two main purposes were served during the recognition and choice of appropriate literature: the growth of a literature review and the production of a companion document, the prevalent abuse of substance among the Australian youth: An Annotated Bibliography (Feidler et al., 2002). The marked bibliography offers a more wide-range of relevant journals as well as accessible data sources applicable to substance abuse among the youth in Australia.


Articles and reports published by authorities in the field of substance abuse and drug addiction were reviewed as well. About 600 articles, books, and reports on the topic of substance abuse among aging adults were produced from the search.

An applicable standard concerning inclusion and exclusion criteria for the literature review was used (Mertens, 1998). These standards were further used to inquire questions concerning the purpose of the literature review, the form of the literature cited, if the review is free from biases, whether the assessment establishes a need for the study, the hypothetical background of the literature review and the research questions, whether a satisfactory amount of material is provided within the study to guide an appropriate studies, the practicality of the study, and if disregarded expressions were included (Mertens, 1998).

A total of 2,445 articles were firstly collected. The PRISMA model was used to classify them (Figure 1). After care examinations 1,845 duplicates and journals that felt short of the initial eligibility screening were removed; 339 journals failed to meet initial eligibility screening, while 261 articles were reviewed manually based on the titles and abstracts to decide if they met the research inclusion criteria. Finally, 6 referred journals satisfied the inclusion criteria (Figure 1).

RESULTS

Our search of databases identified 600 peer-reviewed articles of which 6 met the inclusion criteria. The study data on frequency of substance use and abuse is listed in Table 1. Table 1 shows the summary of the findings of individual studies identified from the systematic review. The study done by Beyers et al. (2004) compared the threat and shielding factors that impact the youths of Australia and USA to use substance. The study used cross-sectional design to collect data from 32403 USA and 8442 Australians participants respectively. The study revealed that a high number of youngsters in Victoria testified using cigarettes and alcohol regularly. cigarettes used among early adolescents were 6.2% as compared encouraging drug use, perceived accessibility of drugs, parental attitudes favourable to drug use, inadequate
<table>
<thead>
<tr>
<th>S/N</th>
<th>Authors</th>
<th>Study location</th>
<th>Sample size</th>
<th>Study design</th>
<th>Outcome of interest</th>
<th>Key findings</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Degenhardt, L., Hall, W., and Lynskey, M. (2001). Alcohol, cannabis and tobacco use among Australians: a comparison of their associations with other drug use and use disorders, affective and anxiety disorders, and psychosis. Addiction, 96(11), 1603-1614.</td>
<td>Australia</td>
<td>10,641</td>
<td>Cross-sectional survey using complex survey designs</td>
<td>Prevalence of alcohol, cannabis and tobacco (DSM-IV affective disorder)</td>
<td>Prevalence of alcohol, cannabis and tobacco use among the Australian adults were 5.5%, 12.1% and 10.9% respectively. The study further shows that the prevalence of affective disorders was increased among those who met criteria for alcohol dependence as compared to non-drinkers. Alcohol-dependent people were 4.5 times more likely to meet criteria for an affective disorder than non-drinkers (24% vs. 7%, respectively).</td>
<td>Degenhardt et al. (2001a)</td>
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<td>3</td>
<td>Kinner, S. A., Dietze, P. M., Gouillou, M., and Alati, R. (2012). Prevalence and correlates of alcohol dependence in adult prisoners vary according to Indigenous status. Australian and New Zealand Journal of Public Health, 36(4), 329-334.</td>
<td>Queensland</td>
<td>1,155</td>
<td>Cross-sectional survey</td>
<td>Prevalence of alcohol dependence among adult prisoners in Queensland</td>
<td>The study found out that, 21% of non-Indigenous participants reported consuming no alcohol in the year before incarceration but 22% were classified as dependent using the Alcohol Use Disorders Identification Test (AUDIT). 12% of Indigenous participants reported abstinence in the year before incarceration and 45% were classified as dependent using the AUDIT.</td>
<td>Kinner et al. (2012)</td>
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<td>5</td>
<td>Reid, A., Lynskey, M., and Copeland, J. (2000). Cannabis use among Australian adolescents: findings of the 1998 national drug strategy household survey. Australian and New Zealand Journal of Public Health, 24(6), 596-602.</td>
<td>Australia</td>
<td>1,581</td>
<td>Cross-sectional survey</td>
<td>Prevalence of substance use and abuse</td>
<td>The study shows that almost half (47.8%) of the 14-19 year old population offered cannabis or given the opportunity to use it in the preceding year. The analyses also revealed that cannabis availability in the past year did not significantly differ among males (48.3%) and females (47.2%), [OR=1.03 (0.74-1.44)]. Also, access to cannabis increased significantly with age [OR=1.23 (1.10–1.36), p&lt; 0.001] from 35% of 14-15 year olds to 54% of 16-19 year olds.</td>
<td>Reid et al. (2000)</td>
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</table>
Adjei and Wilhite          5

Table 1. Cont’d

| Rey, J. M., Sawyer, M. G., Raphael, B., Patton, G. C., and Lynskey, M. (2002). Mental health of teenagers who use cannabis: results of an Australian survey. The British Journal of Psychiatry, 180(3), 216-221. | Secondary data on Child and Adolescents from National Survey of Mental Health and Wellbeing conducted in Australia, 1998 (Sawyer et al., 2000) was used to conduct a study on the prevalence of cannabis use among Australian adolescents. The overall prevalence among male and female adolescents aged 13-17 years old was 25%. The study also found that cannabis use increased rapidly with age with an average of 1.6 per year (95% CI: 1.49 – 1.83). | Australia 1490 |

school assurance for cigarettes and marijuana only, friends’ drug use, sensation seeking, favourable attitudes toward antisocial behaviour, favourable attitudes toward drug use, perceived risk of drug use for cigarettes and marijuana only, interaction with antisocial peers for cigarettes and marijuana only, and antisocial behaviour. The study also mentioned that shielding factors, communal skills and belief in the moral order were also highly linked to lower risk for use of substance in Australia.

Second study carried out by Degenhardt et al. (2001a) revealed that alcohol is highly used, with 68% of adults in the Australian population reporting they ever used alcohol in the past year without following the laid down protocol and 6% satisfying the protocol for alcohol abuse (1.9%) and dependence (4.1%). Degenhardt et al. (2001a) indicated that a quarter representing 25% of Australian adults indicated the use of tobacco. Also, 5% also reported they have used cannabis for at least five times in the past year without satisfying the protocol for a use disorder, while 2.2% indicated they satisfied the criteria for cannabis abuse (0.7%) or dependence (1.5%) in the past years. The study further indicated that cannabis use was related to a higher occurrence of sedatives use, stimulants or opiates (cannabis use 14%, cannabis abuse 12%, and cannabis dependence 27%) than non-users (3%) (Degenhardt et al., 2001a).

The study done by Kinner et al. (2012) revealed that 21% of non-Indigenous Australian partakers of the study indicated that they did not consume alcohol in the year before imprisonment but 22% of them were categorised as dependent using the Alcohol Use Disorders Identification Test (AUDIT). Also, 12% of Native participants reported abstinence in the year before imprisonment and 45% of them were categorised as dependent using the AUDIT. Kinner et al. (2012) indicated that there was a statistically significant association between AUDIT score group and Native status. Further analysis showed that among the non-indigenous participants, the odds of being categorised as depending on alcohol were greater for those with a history of diagnosed psychological illness or self-harm/suicide attempts, than those who reported daily consumption of tobacco and cannabis in the 3 months before imprisonment after adjusting for the remaining variables captured in the model. It was also found that older age group and daily consumption of heroin before imprisonment were protective (kinner et al., 2012).

According to Prichard and Payne (2005), the fourth study reviewed revealed that the Australian teenagers interrogated in this study indicated that they have substantially involved in the use of alcohol and all kinds of illegal drugs. The study found out that 71% of youths used one type of substance regularly six months prior going into custody, and 29% used more than one type of substance regularly. Prichard and Payne (2005), indicated that cannabis, alcohol, amphetamines, ecstasy and inhalants were used regularly (63, 46, 20, 8 and 7% respectively). The study further indicated that non-natives adolescents were more likely than indigenous adolescents to have tried amphetamines and ecstasy. The study also revealed that there was a link between drugs and crime. This is an indication the more the youth are dependent on drugs abuse the more crimes would be committed. For example, Prichard and Payne (2005) revealed that 70% of youths were drunk at the time of their last offence, 48% were using

DSM-IV, Diagnostic and Statistical Manual of Mental Disorders; CI, Confidence Interval.
drugs, and 46% were using alcohol. Furthermore, among those who were reported to be using drugs, 75% said they were drunk by cannabis and 39% by amphetamines. Some of the risk factors for drug use and offending were youths not staying with their families at the time of their last offence (42%), two thirds youths indicated that their relations were abusing substances, while they were growing up, one out of ten youths ended their education, 75% of the youths ended their education in grades 7, 8 and 9 and 60% of the youths were expelled from school (Prichard and Payne, 2005).

The fifth article done by Reid, Lynskey, and Copeland (2000) revealed that almost half (48.9%) of the youths aged 14 to 19 years were presented cannabis or were offered the opportunity to use cannabis in the following year. The study also discovered that the accessibility of cannabis among the youths aged 14 to 19 old population in the past year did not show any difference among males (48.3%) and females (47.2%). Though, there was a significant increase in access with age from 35% of youths aged 14 to 15 year to 54% of 16 to 19 year olds (Reid et al., 2000). The study further indicated that almost 45% of youths aged 14 to 19 year olds have used cannabis for more than once in their life and 78% of that group also used it in the past year. It also interesting to note that access to cannabis among female adolescents had increased from 39.4 to 47.2% and among the male adolescents it increased from 43.6 to 48.3% (Reid et al., 2000). Reid et al. (2000) indicated that the most common way of obtaining the cannabis among the Australian adolescents was through a friend or colleague. They also revealed only a small fraction (3%) obtained cannabis from a street dealer or sexual partner. The study revealed that a greater number of Australian adolescents who ever used cannabis in the previous year also commonly smoked it from bong or pipe (77.5%) whilst 21.6% used
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consisted of alcohol by adults is satisfactory to three out of four as compared to consistent use of tobacco by two out of five Australians adults. Alcohol is consumed on a weekly basis by 41% of people aged 14 years and over and daily by 9 and 17% use tobacco on a daily basis (Australian Institute of Health and Welfare (AIHW), 2005, 2007). The findings from the reviews are in line with those of previous studies indicating a high occurrence of risky drinking among both indigenous and non-indigenous prisoners in Australia (Gately et al., 2016; Lukasiewicz et al., 2007; Maggia et al., 2004). Steps are needed to remedy the risky alcohol use and alcohol-related harm in this disadvantaged population. Evidence from research suggests that to be effective, such interventions should not be limited to abstinence-oriented education programs in prisons and the communities, but should involve individualised support and for prisoners the support should continue after they have returned to the community (Clifford et al., 2011; MacGowan et al., 2003). Considering the larger community, Native people are more likely than non-Native Australians to abstain from alcohol altogether but those who do drink are more likely to do so disproportionately (Gartner et al., 2009).
Research shows that multiple drug use was common among young people, often including alcohol and multiple other drugs. Australian Institute of Health and Welfare (2014) revealed that the most common drugs used by young people include; Marijuana, Nicotine, Prescription drugs (e.g. Valium, Xanax, Panadeine Forte), Heroin, Ecstasy, Ice (crystal meth) and Speed. Other reports of drug use included ‘chroming’ (that is sniffing paint), lysergic acid diethylamide (LSD) and cocaine. Australian Institute of Health and Welfare (2014) revealed that two in five people aged 14 years or older in Australia smoked tobacco, took in alcohol at risky levels or used an illicit drug. In a study by Australian Institute of Health and Welfare, National Drug Strategy Household Survey shows that the majority of the youths (37.6%) had consumed more than a full glass of alcohol in the 12 months prior to the survey (Australian Institute of Health and Welfare (AIHW), 2005). Another widely used drug was Cannabis accounting for 13.5% among the 12 to 19 year olds though it was not as widely used as alcohol. Ecstasy and amphetamines had similar rates of use, with just over three per cent of adolescents having used them in the year prior to the survey (Australian Institute of

**DISCUSSION**

Having knowledge about the prevalence of substance use and abuse can lead to putting policies and resources in place which can lead to a quantifiable reduction in substance use and abuse. Thomson (2012) indicated that access to the best and current knowledge and information is highly seen as a critical step to bridging the gap between what is known and what is actually not known. The main objective of this systematic review was analysing the bulk of published journals that documents the findings of prevalence of substance use and abuse among the Australian youths.

Prevalence of using substance and abuse among the youths were identified using our search terms as having been published in the past 15 years. The occurrence and forms of using substance are strongly linked to a number of factors such as age, sex, cultural background, and social and environmental setting. These factors vary for different types of drugs abused. Australian Institute of Health and Welfare (AIHW) monitors trends in the population and the following information comes from their most recent data collections for Australians aged 14 years and over (Australian Institute of Health and Welfare (AIHW), 2005, 2007). From the systematic review, alcohol, cannabis and tobacco use were all considered to be linked with an increased likelihood of using all other drug types considered in the studies. Among Australian youths, cannabis use dependence was the strongest marker for other drug abuse or dependence (Degenhardt and Lynskey, 2001). Cannabis use and abuse were also highly related to other drug use and drug use problems. However, the studies also have shown that relationship between cannabis, alcohol and tobacco use existed (Degenhardt et al., 2001, 2001a).

The illegal use of substances is the most dominant type of substance use in most part of Australian and other western societies. The vast majority of Australians use alcohol, cannabis and tobacco. The consistent use of alcohol by adults is satisfactory to three out of four as compared to consistent use of tobacco by two out of five Australians adults. Alcohol is consumed on a weekly basis by 41% of people aged 14 years and over and daily by 9 and 17% use tobacco on a daily basis (Australian Institute of Health and Welfare (AIHW), 2005, 2007). The findings from the reviews are in line with those of previous studies indicating a high occurrence of risky drinking among both indigenous and non-indigenous prisoners in Australia (Gately et al., 2016; Lukasiewicz et al., 2007; Maggia et al., 2004). Steps are needed to remedy the risky alcohol use and alcohol-related harm in this disadvantaged population. Evidence from research suggests that to be effective, such interventions should not be limited to abstinence-oriented education programs in prisons and the communities, but should involve individualised support and for prisoners the support should continue after they have returned to the community (Clifford et al., 2011; MacGowan et al., 2003). Considering the larger community, Native people are more likely than non-Native Australians to abstain from alcohol altogether but those who do drink are more likely to do so disproportionately (Gartner et al., 2009).
Health and Welfare (AIHW), 2005). According to the Drug Strategy Branch of the Australian Government Department of Health and Ageing, secondary students use over-the-counter and illegal substance (White and Hayman 2004). The report was founded on data collected in 2002 from 23,417 students aged 12 to 17 years in 363 schools across Australia. Although, these studies are similar to the National Drug Strategy Household Survey, they show diverse forms of drug abuse amongst age groups 12 to 13 years, 14 to 15 years and 16 to 17 years (White and Hayman 2004).

CONCLUSION

The burden of substance abuse and use among Australian youth may help Australian Government to develop prevention programs and policy that is targeted at reducing the menace. This study found out that there is a huge evidence of the presence of substance abuse and use among Australian youth despite the availability of policy programs. The study revealed a number of numbers such as alcohol, cannabis and cigarette or tobacco are abused and used by the Australian youth. As noted throughout this article, substance use and abuse is a continual challenge the youth in Australia faces. Most of the literature that is available on this issue does not focus on a youth perspective. Further research in this area is therefore needed to ascertain what literature is available on the youth perspective and the issues and challenges of youth substance use and/or abuse in Australia. A continued research and the implementation of effective prevention, treatment, and harm-reduction programs; the youth will be better equipped to overcome this challenge, possibly limiting the harmful effects that these substances can have on our youth.

LIMITATIONS OF THE LITERATURE REVIEW

This literature review has some limitations. The first limitation is the availability of the research itself. To start with, there was ample information available; however this was not all applicable to the topic and needed to be excluded due to size limitations, time constraints, and information either being out of date, or inappropriate for the focus of this study. In addition, the main criticism of the currently available literature is that youth have not been included in many of the research studies and their thoughts, ideas, and feelings towards the topic of substance use and abuse has not been captured thoroughly.

Another main limitation to this research is the fact that some of the available literature have come from secondary sources, such as literature reviews and opinion papers, and has therefore already been deduced and described by numerous other individuals. This may in fact have had an impact on the accuracy of the information and it would have been extremely helpful to being able to have found more studies that included youth themselves. By conducting future research with youth themselves, more categories could be created that do not view youth as a homogenous group, but rather takes into account ethnic, cultural, religious, monetary, and age differences.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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Commonwealth of Australia.