



Mental Health
Commission



Alcohol and drug trends in Western Australia

Australian Secondary Students Alcohol and Drug Survey (ASSAD) 2022-23



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Acknowledgements

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Commission wishes to pay its respects to Elders past, present and future.

The Mental Health Commission would like to acknowledge the valuable participation of all employees, as well all external stakeholders, who have contributed to the development of the Australian Secondary Students Alcohol and Drug Survey.

Accessibility

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Background

Secondary school students in Western Australia have been taking part in the Australian Secondary Students Alcohol and Drug Survey (ASSAD) since 1984.

The ASSAD is the largest national, longitudinal survey of adolescent substance use in Australia. The survey explores prevalence and trends of secondary student substance use, with students asked about their use and attitudes related to tobacco, electronic cigarettes, alcohol, licit (for non-medicinal purposes) and illicit drugs.

The survey is led nationally by Cancer Council Victoria's Centre for Behavioural Research in Cancer. The Western Australia arm of the survey is funded and co-ordinated by the Western Australian Mental Health Commission, System Development Division, and the Western Australian Department of Health, Chronic Disease Prevention Directorate.

Information collected from the survey is used by policy makers and researchers to better understand drug, alcohol, and tobacco related issues in schools. Results are also used to help inform the development and refinement of public health initiatives, identifying emerging issues of concern and identifying groups of young people for priority intervention.

The most recent ASSAD survey was the thirteenth in the series and conducted during the academic school year of 2022 and Semester One of 2023. The survey was originally postponed from 2020 due to the COVID-19 pandemic and consequent impact of the education sector.

Data collection

The survey uses a standard sampling procedure and core questionnaire in all state and territory jurisdictions to allow for national comparisons. Each jurisdiction has the option to include additional, supplementary questions unique to their jurisdiction and areas of interest.

A random sample of 182 Government, Catholic and Independent schools across Western Australia were contacted to participate. Of which 20 schools of 1,817 students aged 12 to 17 years participating in the 2022/2023 ASSAD.

The principals of each school, parents and students provided their consent to participate. Approval was received from Department of Education, Catholic Education WA and Association of Independent Schools WA to conduct the study. Ethics approval was provided by the Cancer Council Victoria Human Research Ethics Committee.

Data was cleaned and weighted by Cancer Council Victoria to reflect the distribution age, gender and school sectors, using data obtained from the Australian Bureau of Statistics (ABS).

Caveats and data limitations

Significant differences over time and between subgroups are included in this report and were conducted through various tests, such as binary logistic regression and independent samples t-tests. All analysis was conducted in SPSS.

Caution should be taken however when comparing 2022/23 results to previous years due to:

- ❑ The national methodology for data collection changed for the 2022/23 survey, from a paper-based survey to an online survey to improve administration and provide greater flexibility.
- ❑ Data collection was conducted over two academic years in 2022/23, due to COVID-19 factors affecting response rate (including exclusion of external visitors, curriculum pressure, school events and a high number of research participation requests), as opposed to a single academic school year for all previous survey rounds.
- ❑ There was an additional time lag between the most recent survey in 2022/23 to the previous ASSAD survey in 2017 (five years instead of three years).
- ❑ There is a smaller number of schools and students included in the final sample for 2022/23 which reduces the precision of the prevalence estimates (i.e., the confidence intervals around each estimate are larger).

- ❑ Only one regional school participated in the 2022/2023 ASSAD survey, therefore comparison between regional and metropolitan schools are not included in this report.

- ❑ The study is cross-sectional where different participants are sampled during each reporting period, limiting year-to-year comparisons.

When asked to identify their sex, an option for 'Other' was included for the first time in the 2022/23 survey. Responses selecting 'Other', along with any missed or not stated responses, were randomly assigned a sex for weighting purposes as per the approach adopted by the ABS.

The ASSAD is a self-report survey that is completed by students independently and anonymously on school premises (i.e. without parental involvement) to allow respondents the greatest level of privacy possible when answering sensitive questions. However, it is possible behaviours may be under or over-estimated in this report due to self-reports of certain health indicators being subject to social desirability bias, a term used to describe the tendency for people to present a favourable image of themselves when responding to surveys.

As in previous years, young people who were not at school in 2022/23 were not included in the school-based sample.

Acknowledgements

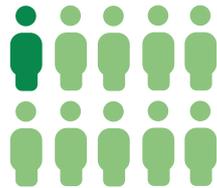
The Mental Health Commission values the vital contributions from all parties involved in the administration and participation of the ASSAD survey.

Key findings

Alcohol consumption has significantly declined since 2017



41.9% Western Australian secondary school students reported having never consumed even part of an alcoholic drink



Only 1 in 10 students (9.8%) reported consuming alcohol in the past week a significant decline since 2017 (14.7%)

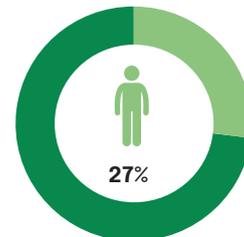
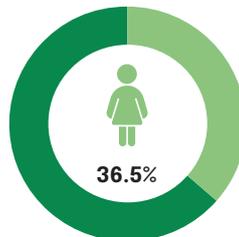


Reported alcohol consumption increased with age a pattern consistently observed over time

Risky alcohol consumption is increasing in female students



A significantly greater proportion of female students reported drinking in the past year (40.9%) compared to male students (33.8%)



Single occasion risky drinking is higher in female students compared to male students and rates among females have been rising since 2014 while declining among males

Parents are the most common source of alcohol



31.5% of students who drank in the past week **received the alcoholic drink from their parent**

Overall illicit drug use among WA students is higher than national proportions



In 2022/23, close to one in five Western Australian secondary school students (18.9%)

had used at least one illicit drug in their lifetime



10.2% of students in WA reported past month use of an illicit drug whilst nationally this figure was lower at 7.5%



Illicit drug use for female students has gradually increased since 2014 and is now higher than that in male students for the first time since reporting began

Cannabis and sedatives are the most common drug used



Cannabis was the most used illicit drug among students in 2022/23



Sedatives were the most common licit drug used for non-medical purposes

There has been a rise in the use of certain drugs



Out of all the drugs surveyed, **inhalants were the second most commonly used**, with significant increases in lifetime and past year use since 2017



Lifetime use of **hallucinogens** (e.g. LSD, acid, magic mushrooms) and **meth/amphetamine** (e.g. speed, meth, ice) has significantly increased since 2017

Trends in alcohol consumption



Fewer students are drinking alcohol

The number of students who reported consuming alcohol in the past week, month and year significantly decreased since 2017, continuing a downward trajectory since 1999. Conversely, there was a significant increase in the prevalence of students who reported having never consumed alcohol (from 37.8% in 2017 to 41.9% in 2022/23).

For the first time since reporting started in 1984, there are now more students who have never had a sip of alcohol (41.9%) than those who have consumed alcohol in the past year (37.3%).

Western Australian students' consumption was in line with national figures which reported 10.8% of students consuming alcohol in the past week, 22.2% in the past month and 43.7% in the past year.¹

41.9%
Western Australian secondary school students
 reported having never consumed alcohol

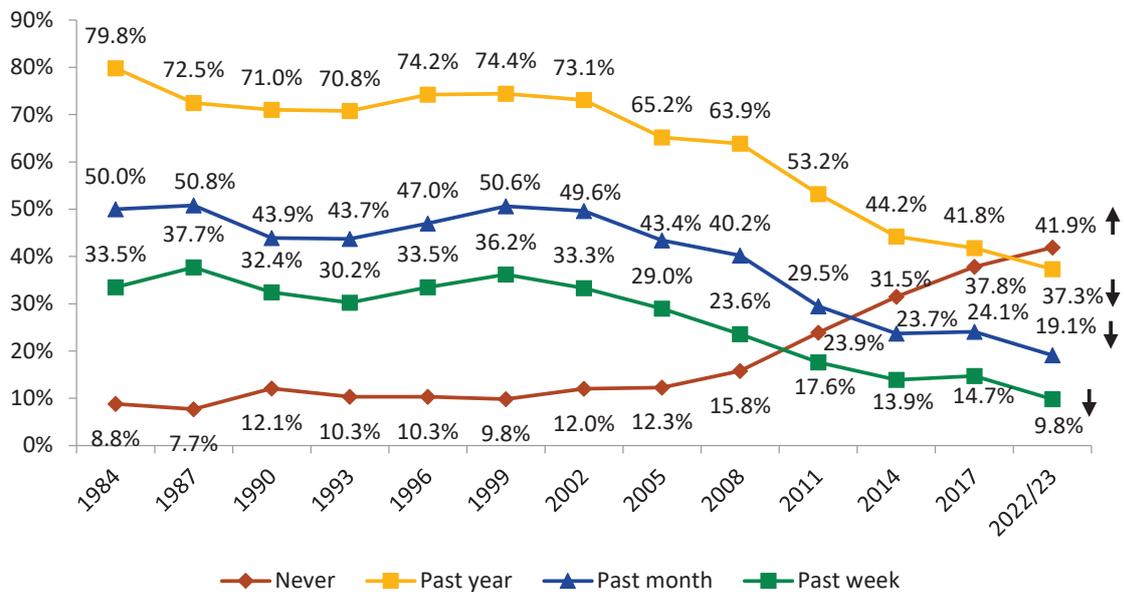



Figure 1: Prevalence and recency of alcohol consumption for students aged 12 to 17 years, 1984 to 2022/23.

SOURCE: Q12. Have you ever had even part of an alcoholic drink? Q13. Have you had an alcoholic drink in the last twelve months? Q14. Have you had an alcoholic drink in the last four weeks? Q15. This question is about the number of alcoholic drinks you had during the last seven days, including yesterday. In the spaces provided, enter the number of alcoholic drinks you had on that day for each day of the past week.

BASE: All respondents with valid alcohol prevalence data (no missing responses). 1984 (N=2785), 1987 (N=2808), 1990 (N=3636), 1993 (N=3390), 1996 (N=3307), 1999 (N=3424), 2002 (N=3272), 2005 (N=3291), 2008 (N=2709), 2011 (N=3725), 2014 (N=3279), 2017 (N=3326), 2022/23 (N=1802).

SIGNIFICANCE TESTING: Binary logistic regression with survey year as predictor. Upward arrow indicates a statistically significant increase since 2017, downward arrow indicates a statistically significant decrease since 2017. Statistical significance is determined by $p < 0.05$.

NOTE: 'Never' includes students who reported not having even a sip or few sips of alcohol.

¹ Secondary School Students' use of alcohol and other substances - 2022-23', [Australian Government Department of Health and Aged Care](#).

Consumption increases with age

Reported alcohol consumption increased with age; a pattern consistently observed over time.

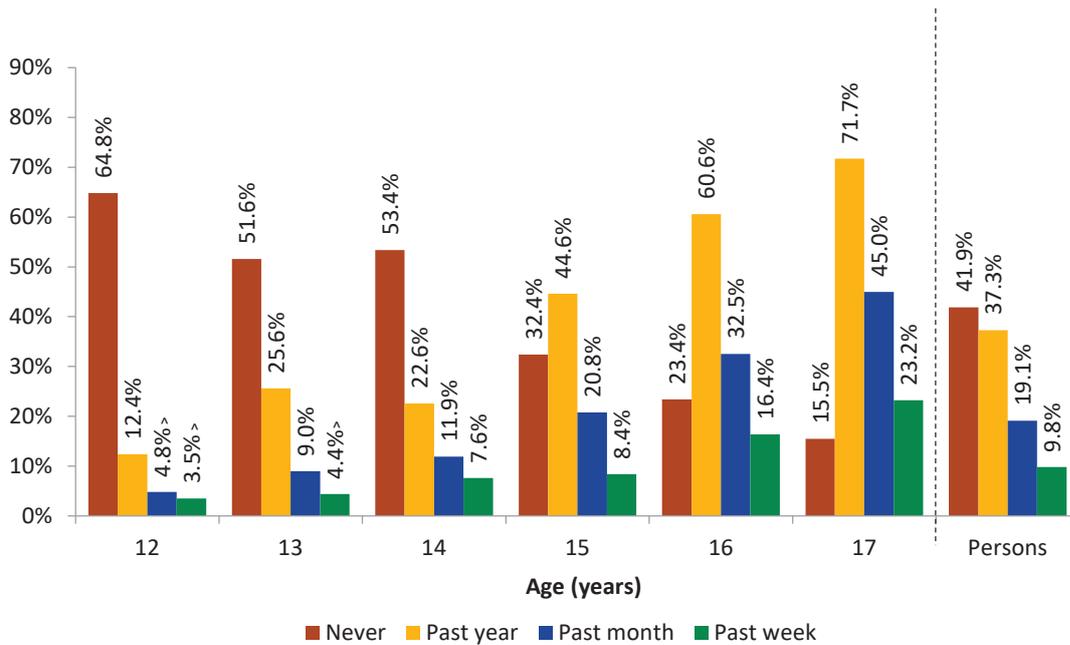


Figure 2: Prevalence and recency of alcohol consumption for students by age, 2022/23.

SOURCE: Q12. Have you ever had even part of an alcoholic drink? Q13. Have you had an alcoholic drink in the last twelve months? Q14. Have you had an alcoholic drink in the last four weeks? Q15. This question is about the number of alcoholic drinks you had during the last seven days, including yesterday. In the spaces provided, enter the number of alcoholic drinks you had on that day for each day of the past week.

BASE: All 2022/23 respondents with valid alcohol prevalence data (no missing responses). 2022/23 (N=1802). 12 (n=247), 13 (n=343), 14 (n=274), 15 (n=502), 16 (n=277), 17 (n=159).

NOTE^: Data should be interpreted with caution due to a relative standard error >25%.

Past year alcohol consumption was significantly higher in females

Consumption of alcohol both in the past week and past month was similar between male and female students. However, a significantly greater proportion of female students reported drinking in the past year (40.9%) compared to male students (33.9%).

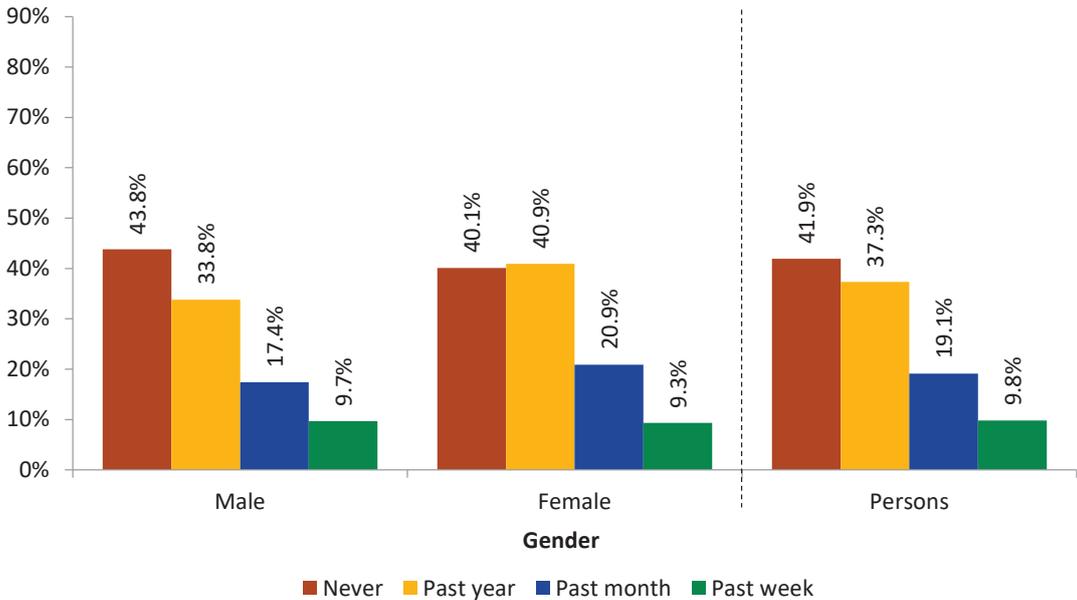


Figure 3: Prevalence and recency of alcohol consumption for students by gender, 2022/23.

SOURCE: Q12. Have you ever had even part of an alcoholic drink? Q13. Have you had an alcoholic drink in the last twelve months? Q14. Have you had an alcoholic drink in the last four weeks? Q15. This question is about the number of alcoholic drinks you had during the last seven days, including yesterday. In the spaces provided, enter the number of alcoholic drinks you had on that day for each day of the past week.

BASE: All 2022/23 respondents with valid alcohol prevalence data (no missing responses). 2022/23 (N=1802). Males (n=914), Females (n=844). Persons, including n=40 of 'Other' gender, and n=4 with no response for gender (n=1802).

More male students are abstaining from alcohol

Since 2014, more male students reported not ever having an alcoholic drink compared to female students, with this trend continuing in recent years.

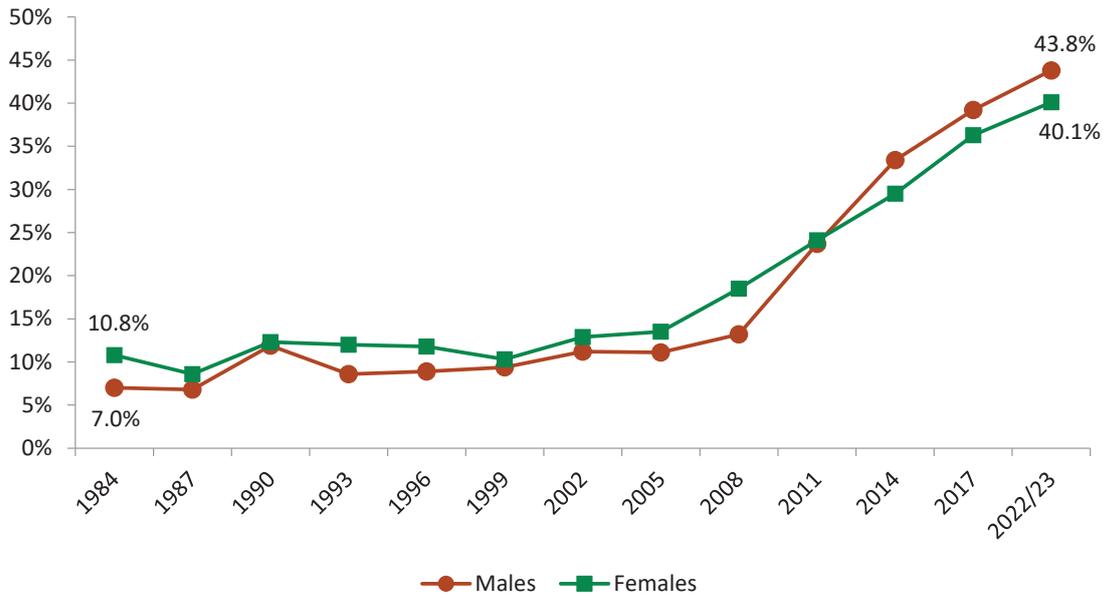


Figure 4: Students aged 12 to 17 years who have never consumed alcohol by gender, 1984 to 2022/23.

SOURCE: Q12. Have you ever had even part of an alcoholic drink?

BASE: All respondents with valid alcohol prevalence data (no missing responses). 1984 (Males n=1313; Female n=1472), 1987 (Males n=1373; Female n=1435), 1990 (Males n=1811; Female n=1825), 1993 (Males n=1737; Female n=1653), 1996 (Males n=1522; Female n=1785), 1999 (Males n=1713; Female n=1711), 2002 (Males n=1537; Female n=1735), 2005 (Males n=1616; Female n=1675), 2008 (Males n=1368; Female n=1341), 2011 (Males n=2079; Female n=1646), 2014 (Males n=1800; Female n=1479), 2017 (Males n=1547; Female n=1779), 2022/23 (Males n=914; Females n=844).

Prevalence of single occasion risky drinking is higher among female students

According to the 2020 National Health and Medical Research Council guidelines², to reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.

For adults, single occasion risky drinking (SORD) is defined as consuming more than four standard drinks on any one day.

Single occasion is the most common type of risky drinking for young people, as most students do not drink regularly.

Students who reported drinking alcohol in the past week were asked about the number of drinks consumed. If the student had consumed four or more drinks on any given day, they were classified as a single occasion risky drinker. Therefore, risky drinking for other periods, such as past month or year, cannot be calculated.

In 2022/23, over a third (36.5%) of female students and a quarter (27%) of male students who had consumed alcohol in the past week met the criteria for single occasion risky drinkers.

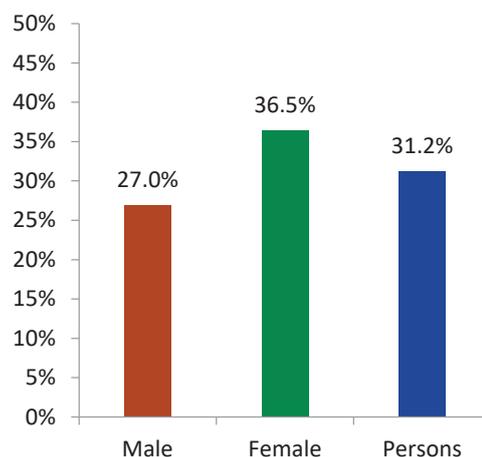


Figure 5: Prevalence of single occasion risky drinking for students who drank in the past week by gender, 12 to 17 years, 2022/23.

SOURCE: Q15. The number of alcoholic drinks you had during the last seven days.

BASE: All 2022/23 respondents with valid alcohol prevalence data (no missing responses) to Q15, past week consumption. 2022/23: Males (n=73), Females (n=82). Persons, including n=5 of 'Other' gender (n=161).

NOTE: Single occasion risky drinking is defined by the 2020 National Health and Medical Research Council alcohol consumption guidelines. The prevalence shown has been calculated based on the adult definition of drinking at risk of single occasion harm (e.g. injury) as having more than four standard drinks on any one day.

In 2022/23 single occasion risky drinking is higher in female students (36.5%) compared to male students (27%) and rates among females have been rising since 2014 while declining among males



² 'Australian guidelines to reduce health risks from drinking alcohol', [National Health and Medical Research Council](#)

Rates of single occasion risky drinking among female students are rising

Despite a general decrease in alcohol consumption, the rate of single occasion risky drinking among female students has consistently risen since 2014, reaching the highest reported level since 1984. Thus while females are drinking less overall, the amount of alcohol consumed on any one occasion has increased.

In contrast, rates of single occasion risky drinking among male students have been declining since 2011. As a result, in 2022/23, female students have higher rates of single occasion risky drinking than male students for the first time since reporting began.

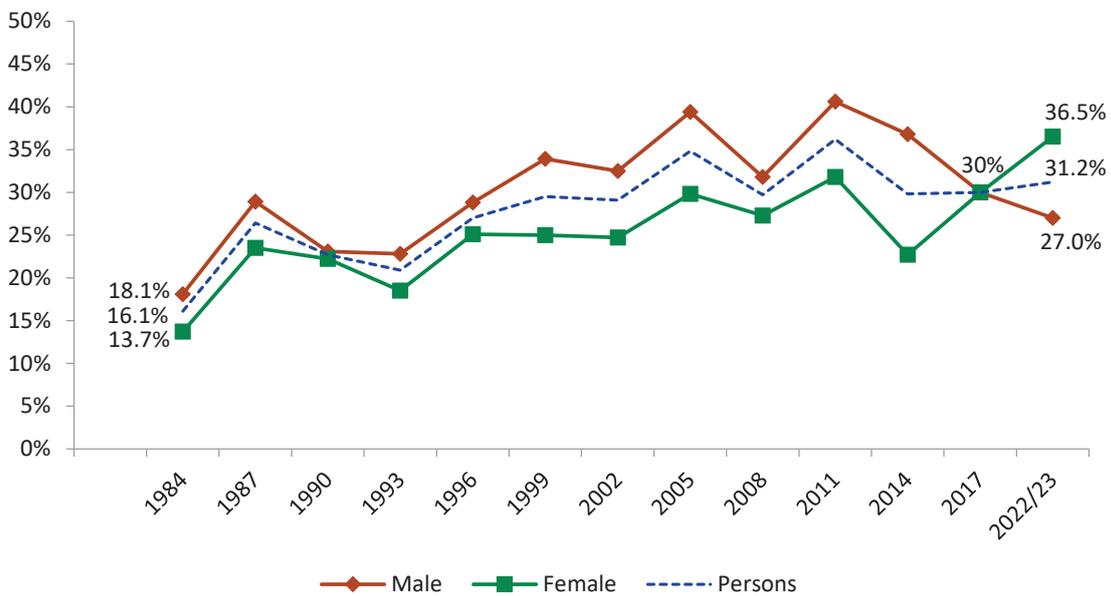


Figure 6: Trends in single occasion risky drinking for students who drank in the past week by gender, 12 to 17 years, 1984 to 2022/23.

SORD SOURCE: Q15. The number of alcoholic drinks you had during the last seven days.

BASE: All respondents with valid alcohol prevalence data (no missing responses) to Q15, past week consumption.

1987 (Males n=480, Females n=488), 2017 (Males n=185, Females n=231), 2022/23 (Males n=73, Females n=82).

NOTE: Single occasion risky drinking is defined by the 2020 National Health and Medical Research Council alcohol consumption guidelines. The prevalence shown has been calculated based on the adult definition of drinking at risk of single occasion harm (e.g. injury) as having more than four standard drinks on any one day.

Male students continue to drink at high quantities

The mean number of drinks consumed in the past week was calculated for the cohort of single occasion risky drinkers.

While more female students engaged in single occasion risky drinking compared to male students, overall male students consumed significantly more drinks per occasion than female students (15.9 mean standard drinks per week compared to 9.8 mean standard drinks for female students).

This suggests that, while lifetime alcohol consumption and single occasion risky drinking are decreasing among male students, those who do drink alcohol are consuming large amounts of alcohol.

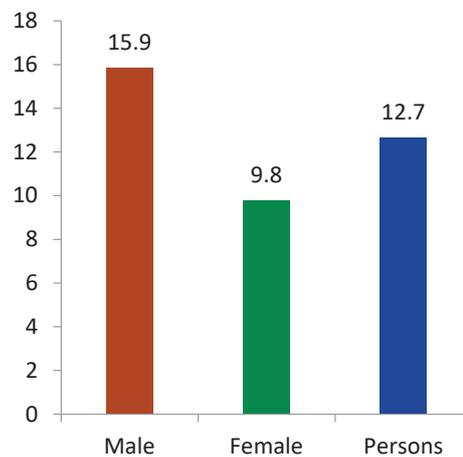


Figure 7: Mean drinks over the past week for those who drank at single occasion risk by gender, 12 to 17 years, 2022/23.

Mean drinks SOURCE: Q15. The number of alcoholic drinks you had during the last seven days.

BASE: All 2022/23 respondents with valid alcohol prevalence data (no missing responses) to Q15, past week consumption and have been categorised as a single occasion risky drinker. Males (n=21), Females (n=29). Persons, including n=2 of 'Other' gender (n=52).

Premixed spirits, spirits and beer are preferred

Premixed spirits were the preferred drinks among female students (53%). Male students reported a preference for spirits (34.4%) and ordinary beer (25%).

Students aged 16 to 17 years reported a preference for drinking premixed spirits (46.4%), whilst the younger cohort of students aged 12 to 15 years preferred spirits (37.8%), followed by premixed spirits (27.4%).

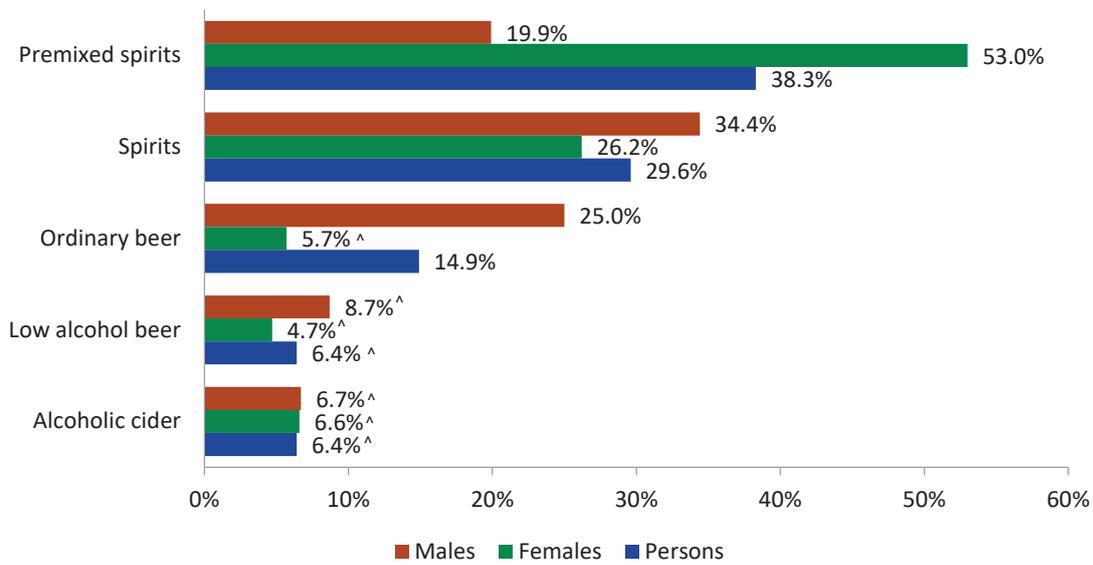


Figure 8: Top five usual alcoholic drinks for students who drank in the past week, 12 to 17 years, 2022/23.

SOURCE: Q16. What alcoholic drink do you usually have?

BASE: 2022/23 respondents who consumed alcohol in past week (Males n=78, Females n=85, Total N=170).

NOTE^: Relative standard error greater than 25% and value should be interpreted with caution.

Parents are the most common source of alcohol

In 2022/23, parents were the most common source of alcohol for students who drank in the past week (31.5%). This was consistent for all ages and both male and female students.

The 2022/23 results reflect a change in how students obtain their alcohol. There has been an increase in the proportion of students receiving alcohol from their parents (from 24.4% in 2017 to 31.5% in 2022/23) and a decline in having a friend over the age of 18 buy it for them (from 34.4% in 2017 to 14.8% in 2022/23).

The second most common source of alcohol in 2022/23 differed between age groups and sexes. Students aged 12 to 15 years reported taking alcohol from home without permission (18%), whereas students aged 16 to 17 had someone to buy alcohol for them (26.2%). More female students (20.7%) reported getting alcohol from a friend over 18 years old, whereas male students (18.3%) more commonly reported asking someone to buy it for them.

Students reported most recently drinking at home (39.2%), at a party (30.8%), or at a friend's house (15.1%). Over half of students (53.8%) claim they were supervised by an adult when consuming their last drink. The number of students reporting adult supervision was higher (76%) when parents were reported as the source of their last alcoholic drink.

31.5% of students who drank in the past week **received their alcoholic drink from parents**



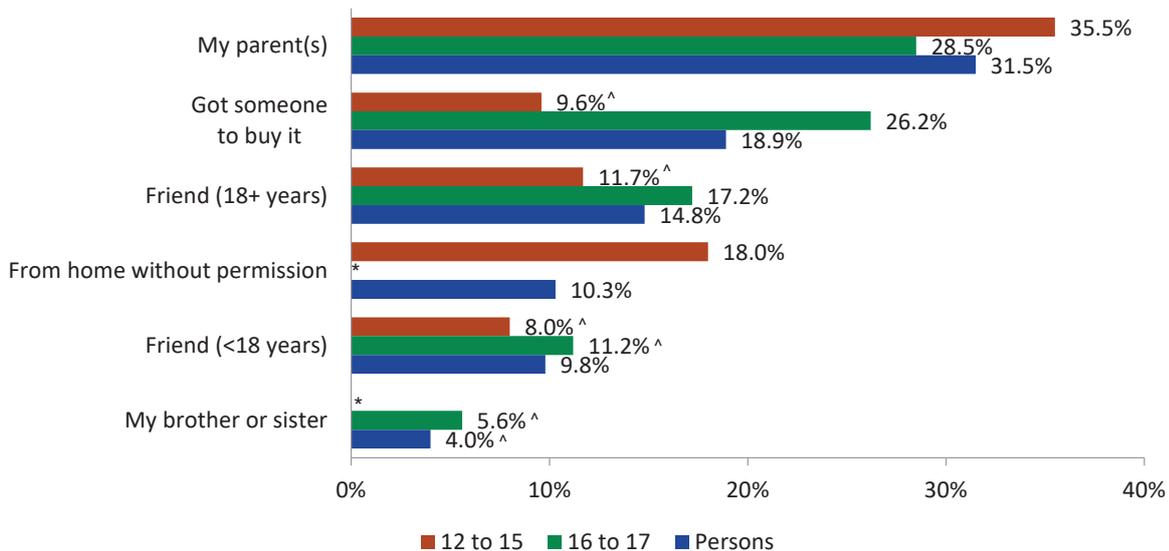


Figure 9: Top five sources of last alcoholic drink for students who drank in the past week, 12 to 17 years, 2022/23.

SOURCE: Q17a. Where, or from whom, did you get your last alcoholic drink?

BASE: 2022/23 respondents who consume alcohol in past week (12- to 15-year-olds n=85, 16- to 17-year-olds n=85, Total N=170).

NOTE^: Relative standard error greater than 25% and value should be interpreted with caution.

NOTE*: Relative standard error greater than 50% and value has been omitted as is unreliable for majority of practical purposes.

Trends in use of illicit drugs



Overall illicit drug use appears to remain stable over time, yet shifts in specific drug use emerged

In 2022/23, close to one in five students (18.9%) had used at least one illicit drug in their lifetime, and one in twenty (6%) used an illicit drug in the past week.

The proportion of students using at least one illicit drug in 2022/23 was not significantly different to 2017.

The 2017 and 2022/23 figures for overall illicit drug use exclude non-medical use of dexamphetamine and other opioids. Consequently, a modest decrease in illicit drug use was anticipated for these years. However, the absence of such a decline highlights the substantial rise in usage of certain specific illicit drugs during these period.

Western Australian students have a higher prevalence of illicit drug use compared to national prevalence (7.5% of students reporting using at least one illicit drug past month use and 15.4% in their lifetime)³.

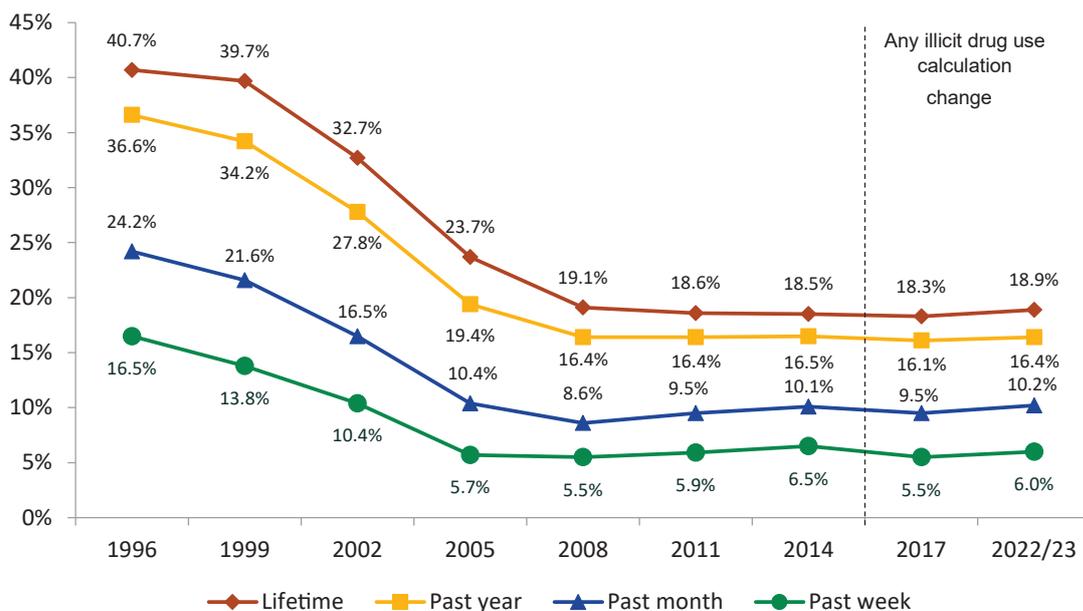


Figure 10: Trends in use of at least one illicit drug, 12 to 17 years, 1996 to 2022/23

SOURCE: Illicit drug use in last week, last four weeks, last year and in your lifetime.

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

NOTE 1: Any illicit drug use is a measure of the percentage who used at least one type of illicit drug (cannabis, hallucinogens, ecstasy, methamphetamine, cocaine, heroin).

NOTE 2: Any illicit drug figures from 1996 to 2014 include the use of dexamphetamine and opioids. From 2017, students were asked different questions about their use of amphetamines and opiates, with the use of dexamphetamines and methamphetamines measured separately, and the use of heroin and other opiates measured separately. In 2017 and 2022/23 any illicit drug use excludes dexamphetamine and opioid. This difference therefore may affect the measure of use of any illicit drug and a small reduction in illicit drug use should be expected across all recencies of use periods (i.e., lifetime, past year, past month, and past week) for 2017 and 2022/23.

³ Secondary School Students' use of alcohol and other substances – 2022-23', [Australian Government Department of Health and Aged Care](#).

Illicit drug use increases with age

Prevalence of illicit drug use was significantly higher in older students (16 to 17 years) compared to younger students (12 to 15 years).

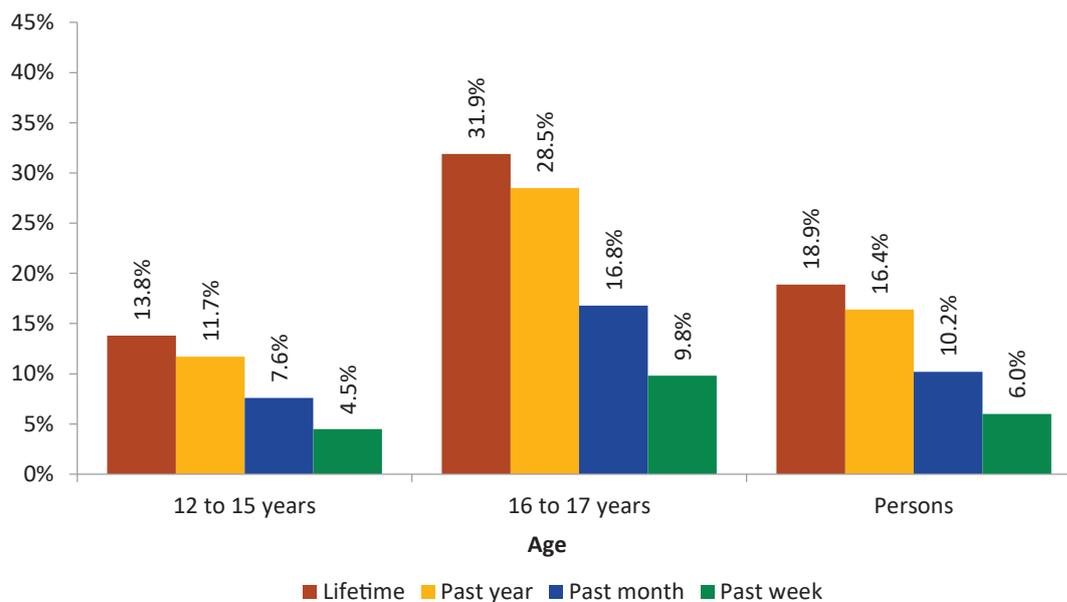


Figure 11: Prevalence and recency of any illicit drug use for students by age group, 2022/23

SOURCE: Illicit drug use in last week, last four weeks, last year and in your lifetime.

BASE: All 2022/23 respondents with valid drug prevalence data (12 to 15 years n=1259, 16 to 17 years n=399, Total N=1658).

NOTE 1: Any illicit drug use is a measure of the percentage who used at least one type of illicit drug (cannabis, hallucinogens, ecstasy, methamphetamine, cocaine, heroin).

Illicit drug use is similar between genders

While prevalence of lifetime illicit drug use was similar between male and female students in 2022/23 (17.7% and 19.0%, respectively), lifetime use for female students has gradually increased since 2014 and is now higher than that in male students for the first time since reporting began.

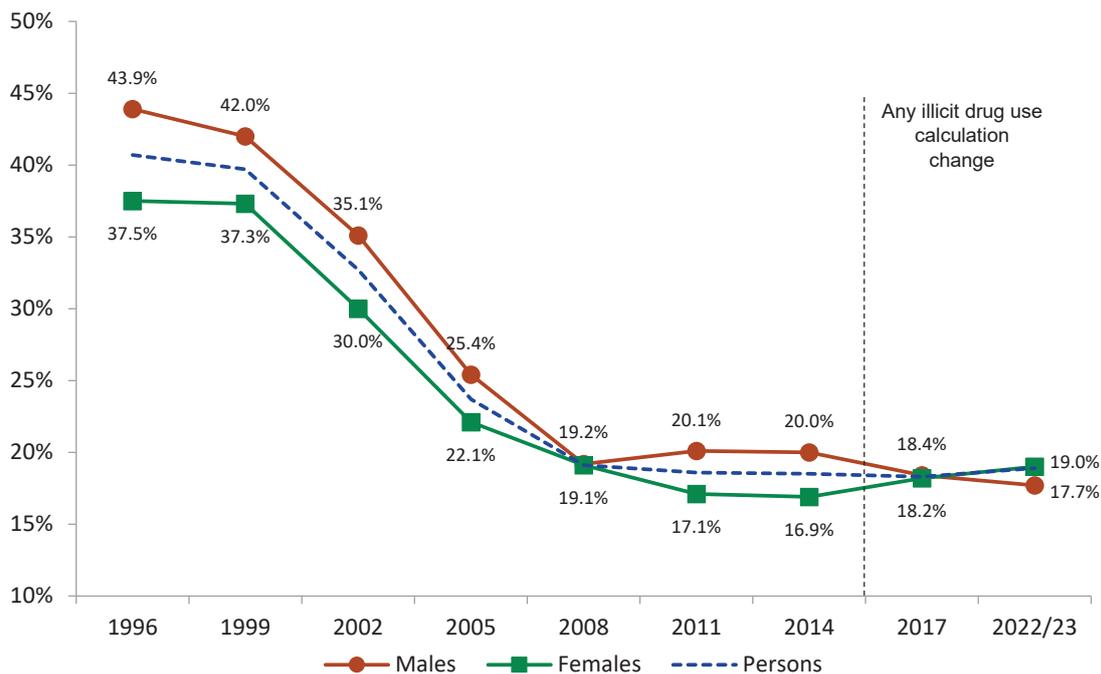


Figure 12: Prevalence of lifetime use of any illicit drugs for students by gender, 1996 to 2022/23

SOURCE: Illicit drug use in last week, last four weeks, last year and in your lifetime.

BASE: All 2022/23 respondents with valid drug prevalence data (Males n=831, Females n=787, Other gender n=36, Total N=1658).

NOTE 1: Any illicit drug use is a measure of the percentage who used at least one type of illicit drug (cannabis, hallucinogens, ecstasy, methamphetamine, cocaine, heroin).

NOTE 2: Any illicit drug figures from 1996 to 2014 include the use of dexamphetamine and opioids. From 2017, students were asked different questions about their use of amphetamines and opiates, with the use of dexamphetamines and methamphetamines measured separately, and the use of heroin and other opiates measured separately. In 2017 and 2022/23 any illicit drug use excludes dexamphetamine and opioid. This difference therefore may affect the measure of use of any illicit drug and a small reduction in illicit drug use should be expected across all recencies of use periods (i.e., lifetime, past year, past month, and past week) for 2017 and 2022/23.

Cannabis, hallucinogens, and ecstasy were the most common illicit drugs used in 2022/23

Cannabis was the most used illicit drug among students in 2022/23. One in six (16.5%) students reported using cannabis in their lifetime, and one in twenty (5%) used cannabis in the last week.

The use of hallucinogens, such as LSD, acid, and magic mushrooms, significantly increased in 2022/23, with 4.9% of secondary students reporting having ever used hallucinogens compared to 3.4% in 2017. Consequently, since 2017, use of hallucinogens surpassed use of ecstasy in lifetime, past year and past month and is the second most used illicit drug among Western Australian students.

Methamphetamine use has also significantly increased in 2022/23 compared to 2017.

Cannabis was the most used illicit drug 

among students in 2022/23

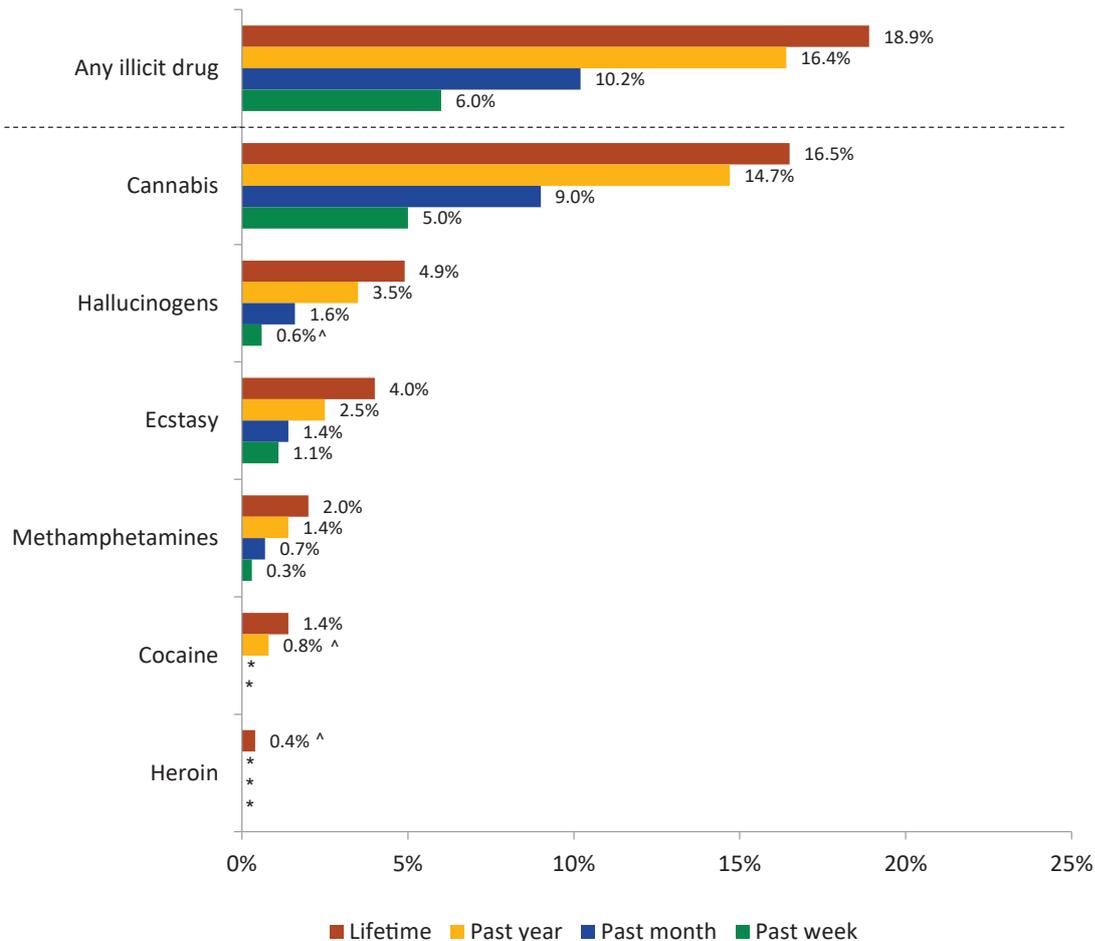


Figure 13: Prevalence and recency of illicit drug use for students, 12 to 17 years, 2022/23

SOURCE: Drug use in last week, last four weeks, last year and in your lifetime.

BASE: All respondents in 2022/23 with valid drug prevalence data (no missing responses), N=1658.

NOTE[^]: Relative standard error greater than 25% and value should be interpreted with caution.

NOTE*: Relative standard error greater than 50% and value has been omitted as is unreliable for majority of practical purposes.

Cannabis remains the most common illicit drug used over time

The proportion of students that reported ever using cannabis has been consistent since 2008, with a slight decline in lifetime use between 2017 and 2022/23 (from 17.1% to 16.5%).

Cannabis use in the past week was similar between male and female students (5.9% and 4.2% respectively), however, use was significantly higher in students aged 16 to 17 years compared to those aged 12 to 15 years (9.3% and 3.4% respectively).

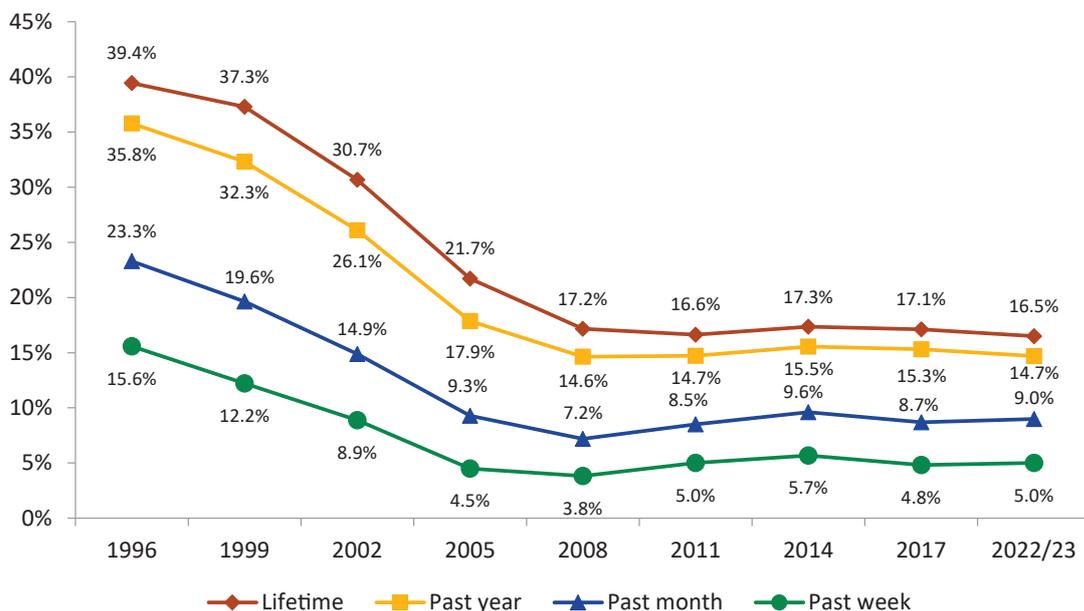


Figure 14: Trends in the prevalence and recency of cannabis use, 12 to 17 years, 1996 to 2022/23

SOURCE: Q47a. How many times, if ever, have you smoked or used marijuana/cannabis (grass, hash, dope, weed, mull, yarndi, gunja, pot, a bong, a joint): last week; last four weeks; last year; in your lifetime?

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

Hallucinogen use increased in 2022/23

There was a significant increase in the proportion of students reporting having ever taken a hallucinogen such as LSD, acid, or magic mushrooms in 2022/23, compared to 2017.

This significant increase in lifetime use was also observed in students aged 12 to 15 years, increasing from 2.2% to 3.5%. While lifetime use in students aged 16 to 17 years old was not statistically significant.

The proportion of female students reporting having ever used hallucinogens in 2022/23 increased significantly since 2017, from 2.7% to 4.4%. Use among male students during this period was not significant.

Although there was an increase in the number of students who reported taking hallucinogens in their lifetime, the frequency of use in the past week, month, or year among students remained stable since 2017. This suggests that while more students are experimenting with hallucinogens, it may not translate into sustained or regular use.

Lifetime use of **hallucinogens** (e.g. LSD, acid, magic mushrooms) significantly increased in 2022/23

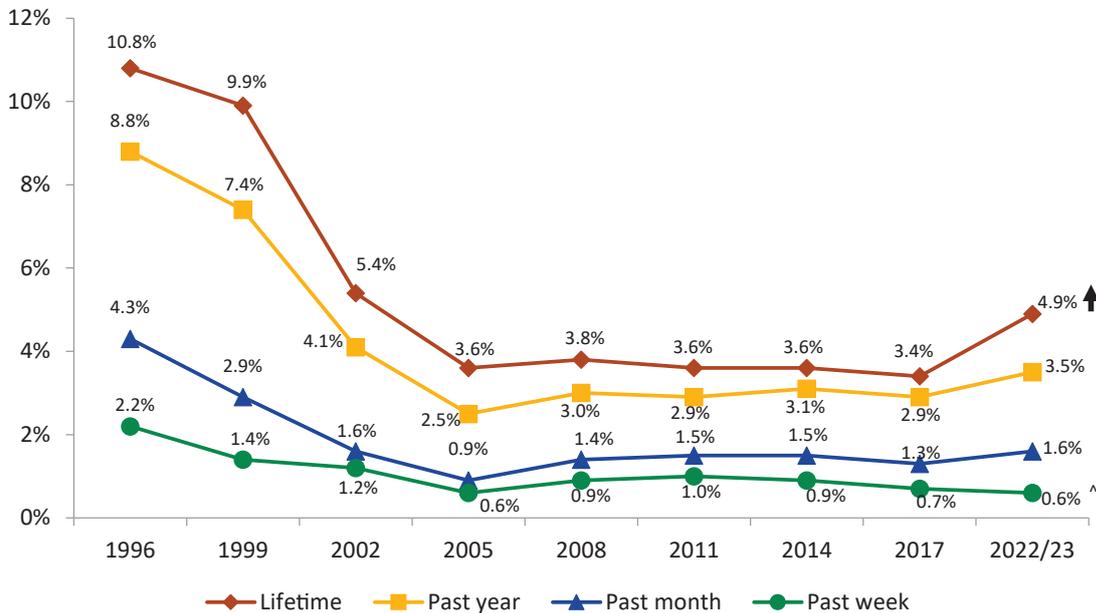



Figure 15: Trends in the prevalence and recency of hallucinogens use, 12 to 17 years, 1996 to 2022/23.

SOURCE: Q54a. How many times, if ever, have you used or taken hallucinogens (eg LSD, acid, trips, magic mushrooms, datura, angel's trumpet): last week; last four weeks; last year; in your lifetime?

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

SIGNIFICANCE TESTING: Binary logistic regression comparing years. Upward arrow indicates a statistically significant increase since 2017. Statistical significance is determined by $p < 0.05$.

NOTE[^]: Relative standard error greater than 25% and value should be interpreted with caution.

Meth/amphetamine use increased in 2022/23

Lifetime use of meth/amphetamine (e.g., speed, meth, ice) significantly increased from 1.1% in 2017 to 2.0% in 2022/23.

The proportion of female students that reported having ever used meth/amphetamine in 2022/23 increased significantly from 1.0% to 2.4%, while the proportion of male students remained stable.

Reported use in all recency periods (i.e., lifetime, past year, past month, and past week) was similar between age groups.

Lifetime use of **meth/amphetamine** (e.g. speed, meth, ice) significantly increased in 2022/23

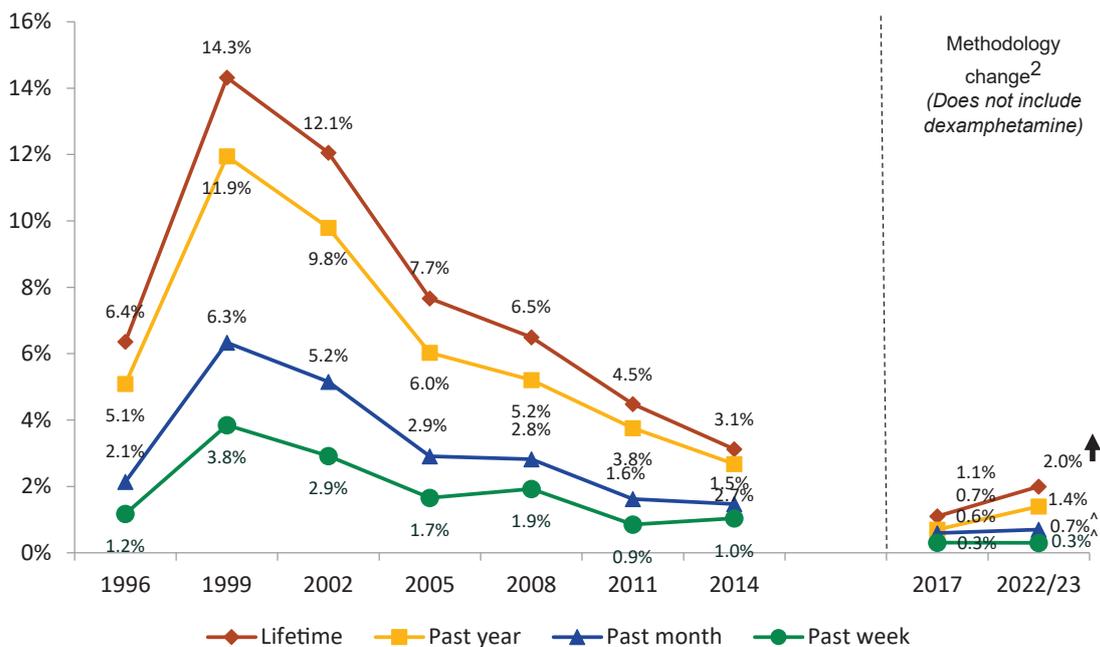


Figure 16: Trends in the prevalence and recency of meth/amphetamine² use, 12 to 17 years, 1996 to 2022/23.

SOURCE: Q49a. How many times, if ever, have you used or taken meth/amphetamines (eg speed, meth, ice): last week; last four weeks; last year; in your lifetime?

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

SIGNIFICANCE TESTING: Binary logistic regression comparing years. Upward arrow indicates a statistically significant increase since 2017. Statistical significance is determined by $p < 0.05$.

NOTE: Prior to 2017, the survey asked students one question about amphetamine use, which included the illicit drugs amphetamines and methamphetamines (e.g., speed, meth, ice) and non-medical use of amphetamines, such as dexamphetamine. In 2017, this question was split into two, one asking about use of the illicit amphetamines and methamphetamines, and the other about non-medical use of dexamphetamine. As such, a reduction in the reported use of meth/amphetamine should be expected across all recency of use periods for 2017 and 2022/23.

NOTE[^]: Relative standard error greater than 25% and value should be interpreted with caution.

Trends in non-medical use of licit drugs



Sedatives and inhalants were the most common licit drugs used in 2022/23

In addition to illicit drugs, the survey also asked students about their use of licit or legal substances for non-medical purposes.

Out of all the drugs surveyed, including illicit drugs, lifetime use of sedatives (such as sleeping tablets, tranquillisers, or benzodiazepines), was the highest proportion reported, closely followed by inhalants (such as glue, petrol or nitrous oxide).

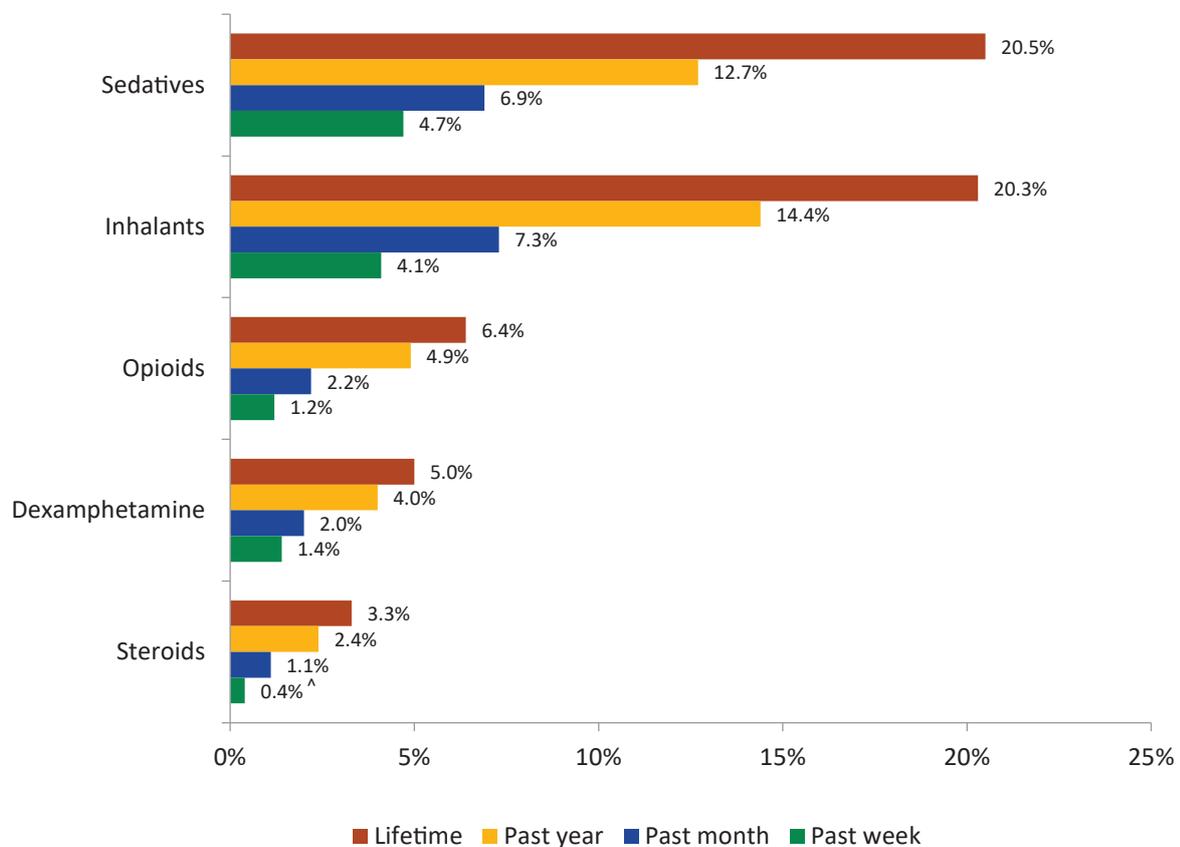


Figure 17: Prevalence and recency of non-medical use of licit drugs for students, 12 to 17 years, 2022/23.

SOURCE: Drug use in last week, last four weeks, last year and in your lifetime.

BASE: All respondents in 2022/23 with valid drug prevalence data (no missing responses), N=1658.

NOTE[^]: Relative standard error greater than 25% and value should be interpreted with caution.

Sedatives remain the most common licit drug used for non-medical purposes

One in five students (20.5%) have used sedatives, including sleeping tablets, tranquillisers, or benzodiazepines, for non-medical reasons in their lifetime. The proportion of students who reported use in the past week was the highest since the study began, significantly increasing from 3.2% in 2017 to 4.7% in 2022/23. Use of sedatives was similar across age groups and gender.

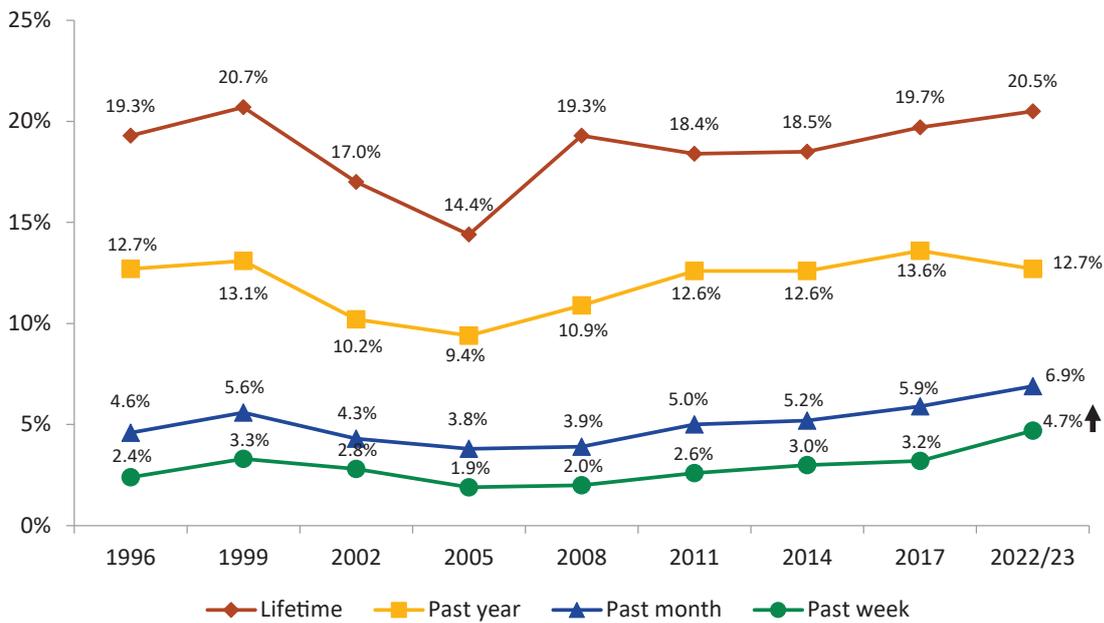


Figure 18: Trends in the prevalence and recency of sedative use, 12 to 17 years, 1996 to 2022/23.

SOURCE: Q46a. How many times, if ever, have you used or taken sleeping tablets, tranquillisers, sedatives or benzodiazepines, such as Valium, alprazolam (Xanax), Mogadon, Diazepam, Temazepam (Mazzies, Vallies, Moggies, Jellies), Serepax (Serries) or Rohypnol (Rohies, Barbs) other than for medical reasons? We are not asking you about times you have used them for medical reasons: last week; last four weeks; last year; in your lifetime?

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

SIGNIFICANCE TESTING: Binary logistic regression comparing years. Upward arrow indicates a statistically significant increase since 2017. Statistical significance is determined by $p < 0.05$.

Inhalant use is trending upwards

In 2022/23, one in five students (20.3%) reported ever deliberately sniffing from spray cans, glue, paint, petrol, thinners, nitrous oxide, nangs, amyl nitrite, jungle juice or poppers to get high or to alter the way they feel. Out of all the drugs surveyed, inhalants were the second highest drug used, following sedatives, with significant increases in lifetime and past year use since 2017.

Lifetime use of inhalants was similar between age groups, with 20.1% of students aged 12 to 15 years and 20.6% of students aged 16 to 17 years having deliberately sniffed a substance in their lifetime. However, a significantly greater proportion of students aged 12 to 15 years reported using inhalants in the past week (4.8%), compared to students aged 16 to 17 years (2.2%).

Lifetime use of inhalants was similar between male and female students in 2022/23 (20.1% and 20.5% respectively), with an increase observed for both genders since 2017.

In 2022/23 petrol was the most frequent substance that students reported deliberately inhaling (39.1%), followed by glue (26%) and paint (25.2%). Most students reported last using inhalants at their home (27%), with one in ten (11%) reporting use at school. Close to half (48.3%) stated that they usually use inhalants by themselves, with a third (34.9%) using inhalants with others.

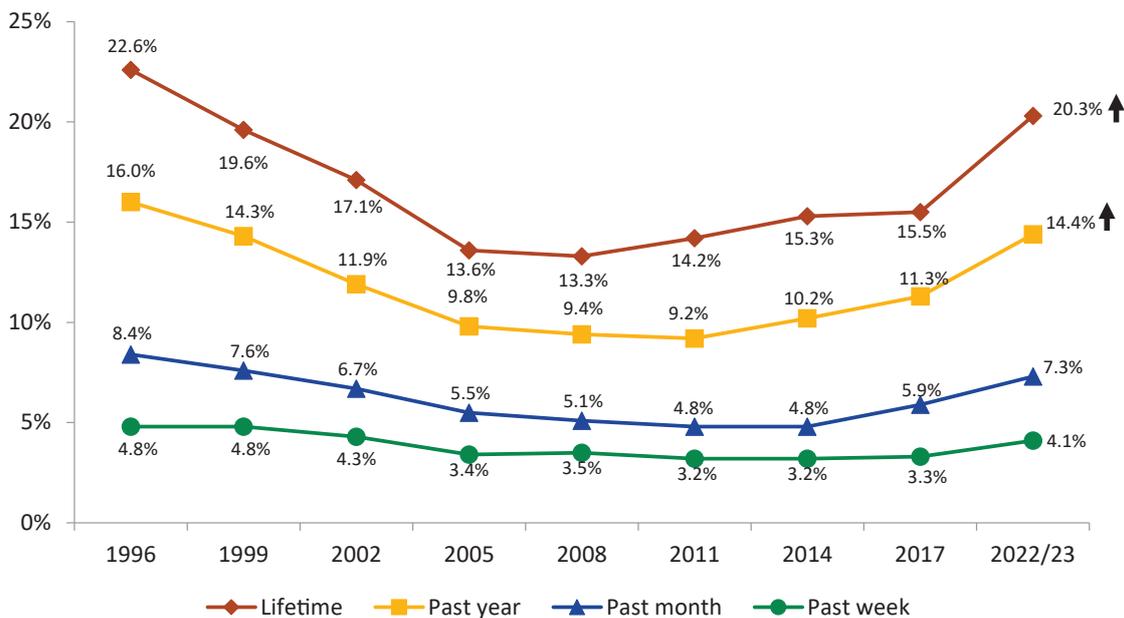


Figure 19: Trends in the prevalence and recency of inhalants use, 12 to 17 years, 1996 to 2022/23.

SOURCE: Q54a. How many times, if ever, have you deliberately sniffed (inhaled) from spray cans or deliberately sniffed things like glue, paint, petrol, thinners, nitrous oxide, nangs, amyl nitrate, jungle juice, or poppers in order to get high or for the way it makes you feel (This does not include sniffing white-out, liquid paper, textas, pens, nasal sprays or puffers used for asthma.): last week; last four weeks; last year; in your lifetime?

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

SIGNIFICANCE TESTING: Binary logistic regression with survey year as predictor. Upward arrow indicates a statistically significant increase since 2017. Statistical significance is determined by $p < 0.05$.

Dexamphetamine use has increased

In 2022/23 there was an increase in the use of dexamphetamines for non-medical reasons among students, with past year and week use significantly increasing from 0.6% in 2017 to 1.4%.

Increases from 2017 were observed in both genders and age groups across all recency of use periods.

Students aged 16 to 17 years were significantly more likely to report lifetime use (9.3%), compared to those aged 12 to 15 years (3.3%). However past week use was similar, with 2.0% of 16 to 17 years and 1.2% of 12 to 15 years reporting taking dexamphetamines.

Due to changes to survey questions, comparisons prior to 2017 are not available.

In 2022/23 there was an increase in the use of dexamphetamines for non-medical reasons among students

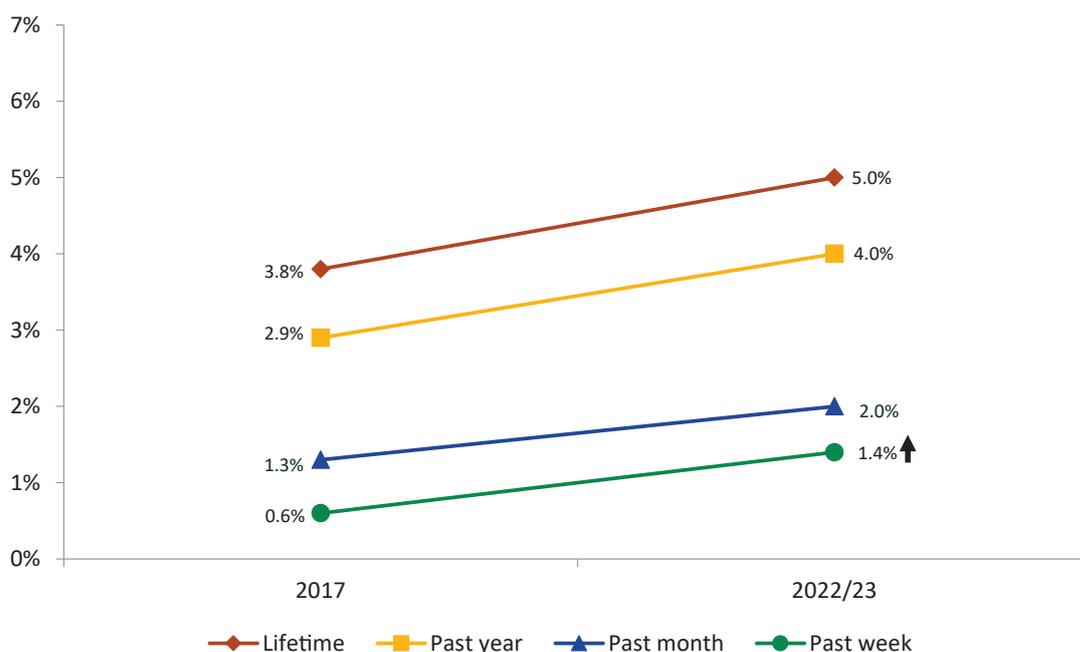



Figure 20: Trends in the prevalence and recency of dexamphetamines use, 12 to 17 years, 2017 to 2022/23.

SOURCE: Q50a. How many times, if ever, have you used or taken dexamphetamines (e.g., dex, dexies)? other than for medical reasons (i.e., we are not asking you about times you have used them for medical reasons):

BASE: All respondents with valid drug prevalence data (no missing responses). 1996 (N=3178), 1999 (N=3115), 2002 (N=2981), 2005 (N=2965), 2008 (N=2164), 2011 (N=2610), 2014 (N=2297), 2017 (N=2191), 2022/23 (N=1658).

SIGNIFICANCE TESTING: Binary logistic regression with survey year as predictor. Upward arrow indicates a statistically significant increase since 2017. Statistical significance is determined by $p < 0.05$.

2022/23 Landscape

The survey captured students' attitudes towards alcohol, other drugs, and alcohol advertising, adverse behaviours after alcohol consumption and drug use, perceived harm of alcohol and other drugs, substance education, and use of health services. The following findings represent attitudes, beliefs and behaviours reported by young people in 2022/23.



Attitudes

Most students self-identified as a 'non-drinker' (76.7%), while one in ten stated they were an 'occasional drinker' (11.2%) or 'party drinker' (9.3%). Only a small proportion of students considered themselves a 'heavy drinker' (0.5%).

Students aged 12 to 15 years were more likely to self-identify as a 'non-drinker' than students aged 16 to 17 years (86.3% vs 52.5%). Those aged 16 to 17 years were more likely to report being an 'occasional drinker' (19.9%) or a 'party drinker' (22.3%).

A greater proportion of female students identified as 'party drinkers' (12.4%) compared to male students (7.0%). In line with the alcohol consumption findings, males were more likely than females to indicate they were a 'non-drinker' (79.6% vs 73.6%).

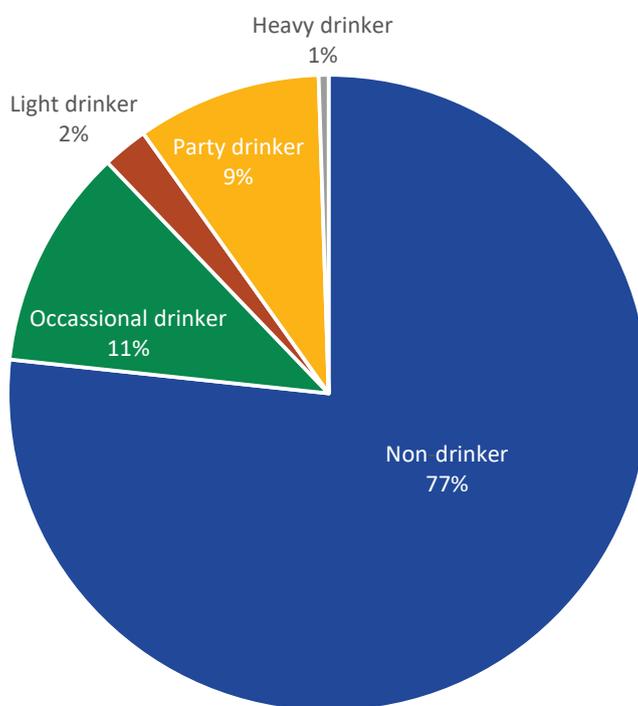


Figure 21: Self-reported drinker status, 2022/23.

SOURCE: Q11. At the present time, do you consider yourself:

BASE: All 2022/23 respondents (N=1802).

Close to three quarters of students (71.3%) reported they either 'agreed' or 'strongly agreed' that alcohol can harm their health. There was also high agreement that getting drunk was acceptable if they remained in control (41.8%).

For students who reported ever consuming alcohol, over half (57.6%) felt more confident after drinking, and over one in three stated they drink with the purpose of getting drunk (34.3%).

Statements measuring social pressure such as difficulty saying no when offered alcohol by friends and being excluded from a group for not drinking alcohol received low agreement (16.0% and 5.5% respectively). Coupled with decreasing prevalence of alcohol consumption, these findings suggest that drinking alcohol may not be perceived as a social norm among young people.

Female students were more likely than male students to report feeling confident after having a few drinks (64.0%), consuming alcohol to get drunk (39.3%), and that getting drunk and losing control was good fun (27.2%).

Students aged 12 to 15 years had higher proportions of 'don't know' responses to the statements compared to students aged 16 to 17 years, likely driven by their lower consumption and experience with alcohol.

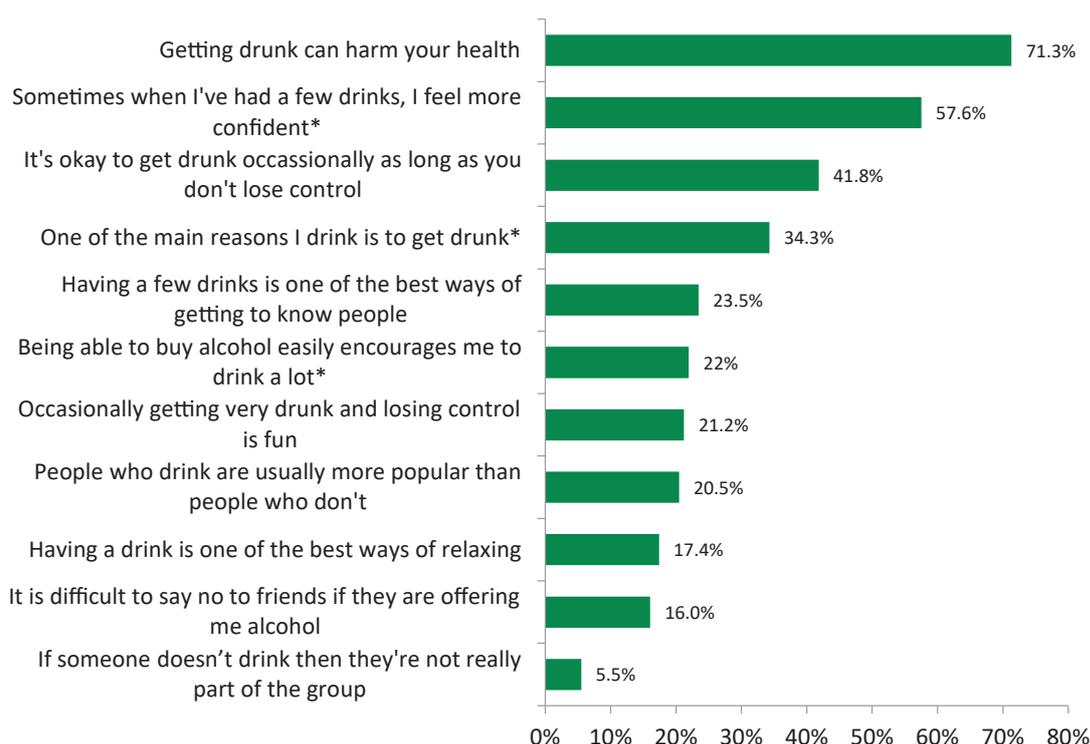


Figure 22: Student attitudes toward drinking alcohol (nett: Agree and Strongly agree), 2022/23.

SOURCE: Q88. The following are statements about drinking alcohol. Please select the box that best describes what you think about each statement.

BASE: All respondents in 2022/23 (N=666-1617). Bases vary for each statement due to missing responses.

NOTE: *Question only asked to those who have ever consumed alcohol and statements rebased to remove those who don't drink alcohol.

In contrast to students' general attitudes toward alcohol, alcohol advertising received higher agreement on social norm statements. Specifically, over half of students agreed that adverts for alcohol make it seem like everyone drinks (57.2%) and makes drinking look like a normal way of life (51.2%). Such attitudes are concerning, as reinforcing the idea of drinking alcohol as a social norm for young people can encourage acceptance of this behaviour, particularly among young people who are who easily influenced. Alcohol advertising also seemed to successfully appeal to students' emotions, with a moderate proportion of students agreeing that adverts for alcohol make it seem like drinkers are popular (46.2%), drinkers are more popular than non-drinkers (36.8%), drinking looks fun (35.8%), and drinking looks attractive (32.4%).

One in five students (21.3%) agreed that seeing adverts for alcohol make it more likely that they will drink.

More female students agreed that adverts for alcohol make it seem like everyone drinks (60.2%), and make drinking look dangerous (35.2%), compared to male students (54.8% and 27.8%). Students aged 12 to 15 years had higher proportions of 'don't know' responses to the statements compared to older students.

There was widespread uncertainty among students as to whether adverts for alcohol were targeted at them and their peers, with high proportions of both age groups and genders indicating they 'don't know'.

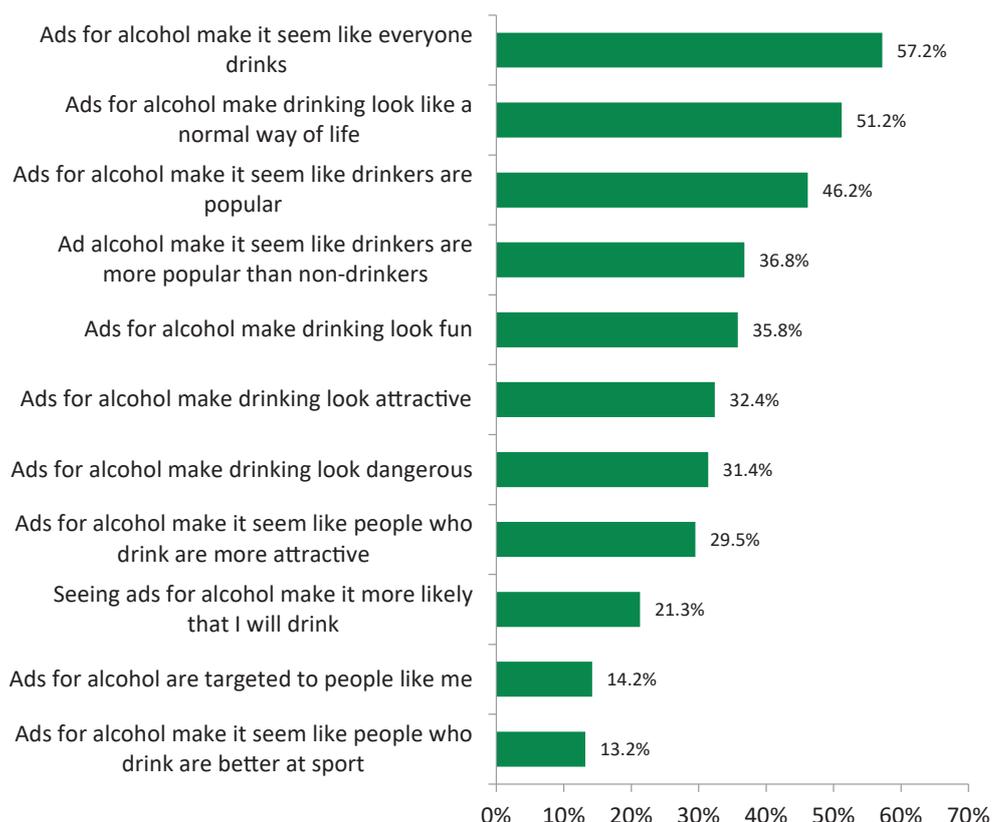


Figure 23: Attitudes toward alcohol advertising (nett: Agree and Strongly agree), 2022/23.

SOURCE: Q86. Thinking about ads you have seen that sell or promote alcohol (such as on TV, in newspapers or when watching sport on TV) – how strongly do you agree or disagree with the following statements?

BASE: All respondents in 2022/23 (N=1629-1640). Bases vary for each statement due to missing responses.

Adverse experiences

One in five students (20.1%) reported being sick after consuming alcohol. Students also commonly reported doing something they later regretted, trying drugs, smoking, or getting into an argument after consuming alcohol.

One in ten (11.1%) reported missing school or work as a consequence of drinking.

Compared to male students, female students were more likely to report being sick after consuming alcohol (22.9%), doing something they later regretted (19.8%), smoking (16.3%), missing school (12.4%), losing money or other items (9.3%), and verbally abusing someone (7.4%).

A higher proportion of male students reported causing damage to property (5.5%) and stealing something (4.8%) after consuming alcohol compared to females.

Older students were more likely to report experiencing a negative consequence after alcohol consumption, compared to younger students. This is in accordance with the greater proportion of older students who report drinking alcohol.

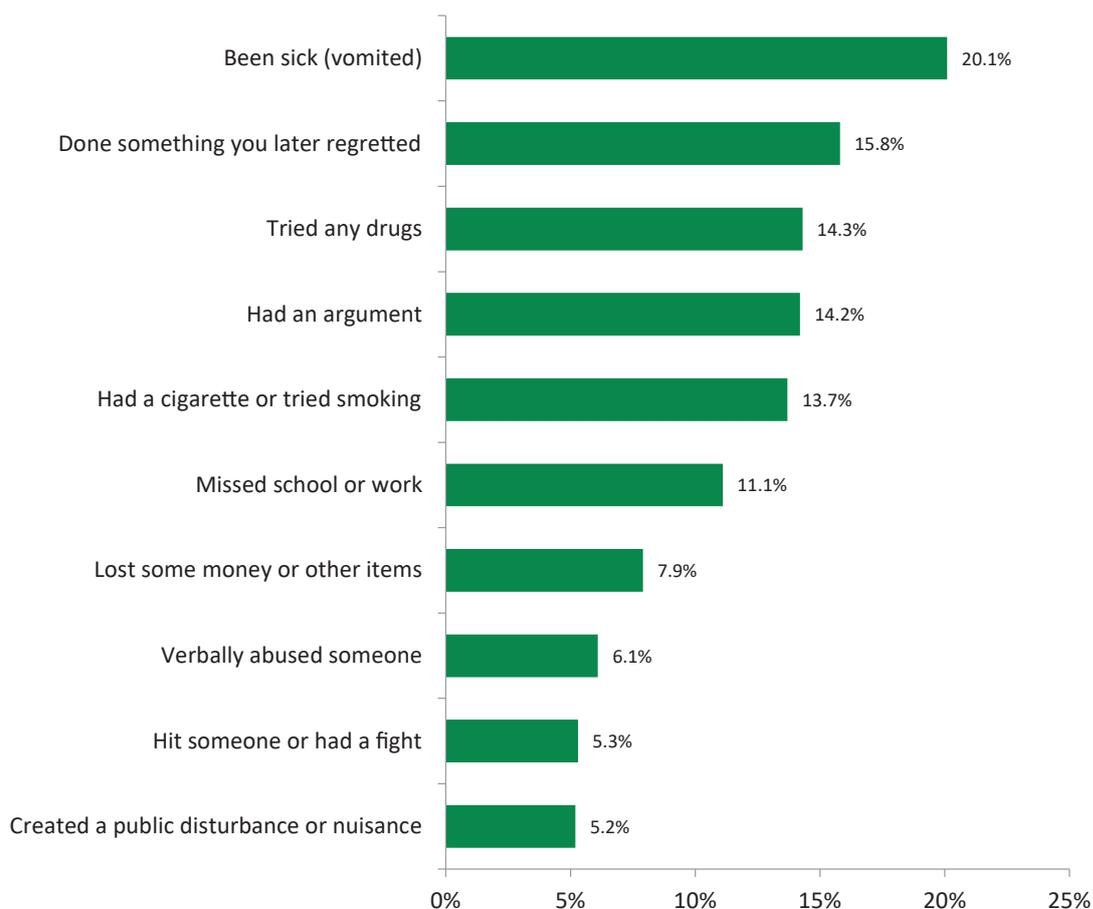


Figure 24: Top adverse experiences after alcohol consumption, 2022/23.

SOURCE: Q21. In the past 12 months, after drinking alcohol, have you?

BASE: All respondents who had consumed alcohol in the past year in 2022/23 (N=656).

NOTE: Only statements with responses over 5% have been shown.

Students were most likely to report being sick (12.9%) and experiencing adverse side-effects (12.5%) after using an illicit drug and/or licit drug for non-medical purposes.

Some students reported attending school while coming down from drugs (9.1%) or missing school completely after using drugs (8.5%).

In line with their greater drug use, more female students compared to male students reported being sick after using drugs (19.1%), experiencing anxiety, hallucinations, or paranoia (16.9%), doing something they later regretted (15.2%), having an argument (13%), attending school or work while coming down (12.9%), missing school or work (12.6%), and trying another drug/substance (8.4%). Females also reported having an injury that needed to be seen by a doctor (6.4%) and having to go to hospital emergency department (5.6%) after using drugs.

Older students were also more likely to report experiencing negative consequences after drug use compared to younger students. This finding is consistent with the greater number of older students reporting using drugs.

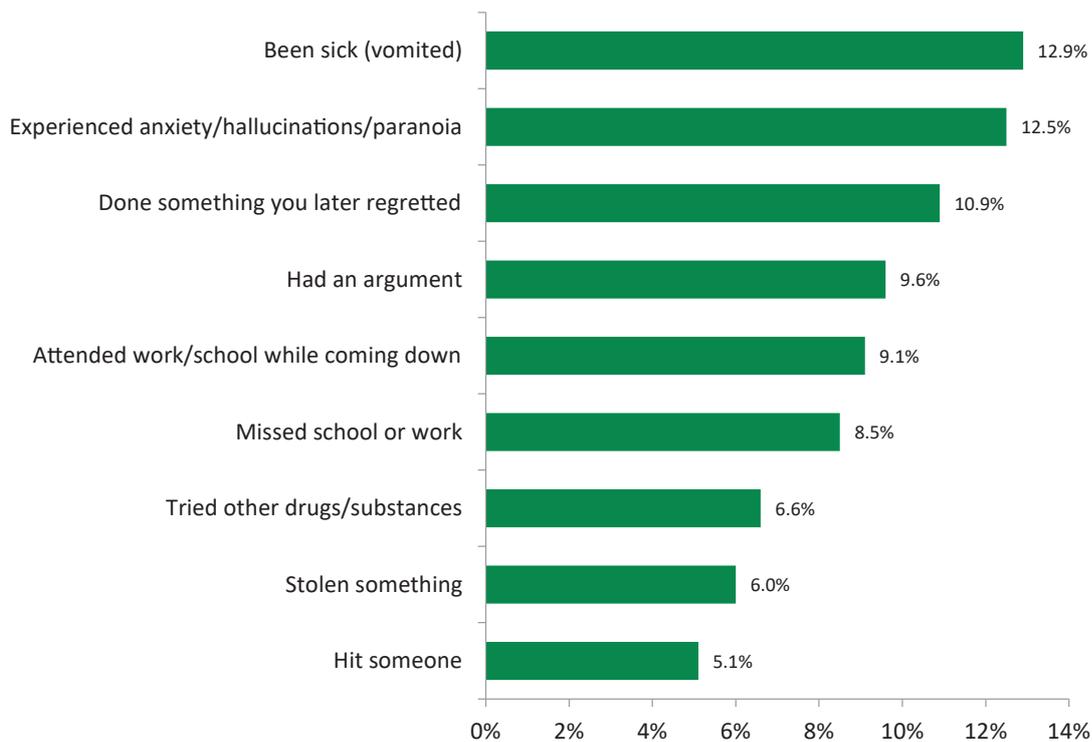


Figure 25: Top adverse experiences after drug use, 2022/23.

SOURCE: Q68. In the past 12 months, after using an illicit drug or licit drug for non-medical purposes, have you?

BASE: All respondents who had ever used an illicit or licit drug in 2022/23 (N=723).

NOTE: Only statements with responses over 5% have been shown.

Poly drug use, defined as the use of more than one drug or type of drug at the same time, was viewed by students as being the most dangerous drug use behaviour, with 63.3% stating it was 'very dangerous'.

Smoking marijuana/cannabis regularly was viewed as the least dangerous substance, with 26.4% stating it was 'not dangerous'. Use of inhalants was also perceived by students as one of the least dangerous substances, with just under a quarter (23.4%) stating it was 'not dangerous', and the smallest proportion of students selecting it as 'very dangerous' (38.2%). These findings are consistent with the increasing use of inhalants and stable use of cannabis seen in 2022/23, and signifies a need for education into the effects of such substance use.

A substantial proportion of students reported not knowing (i.e., response of 'don't know') about the dangers of using specific drugs. This was particularly high for opioids, dexamphetamines, and shisha/hookah, and among the younger cohort of students aged 12 to 15 years.

Of concern is the proportion of students who perceived several drug-taking behaviours as 'not dangerous'. While 'trying two or more drugs regularly' was viewed as the most dangerous behaviour, there were still 14.4% of students who stated that it was 'not dangerous'. This perception of little danger was consistent across other behaviour-related statements, illustrating a general lack of perceived danger or harm of alcohol and other drug use among students.

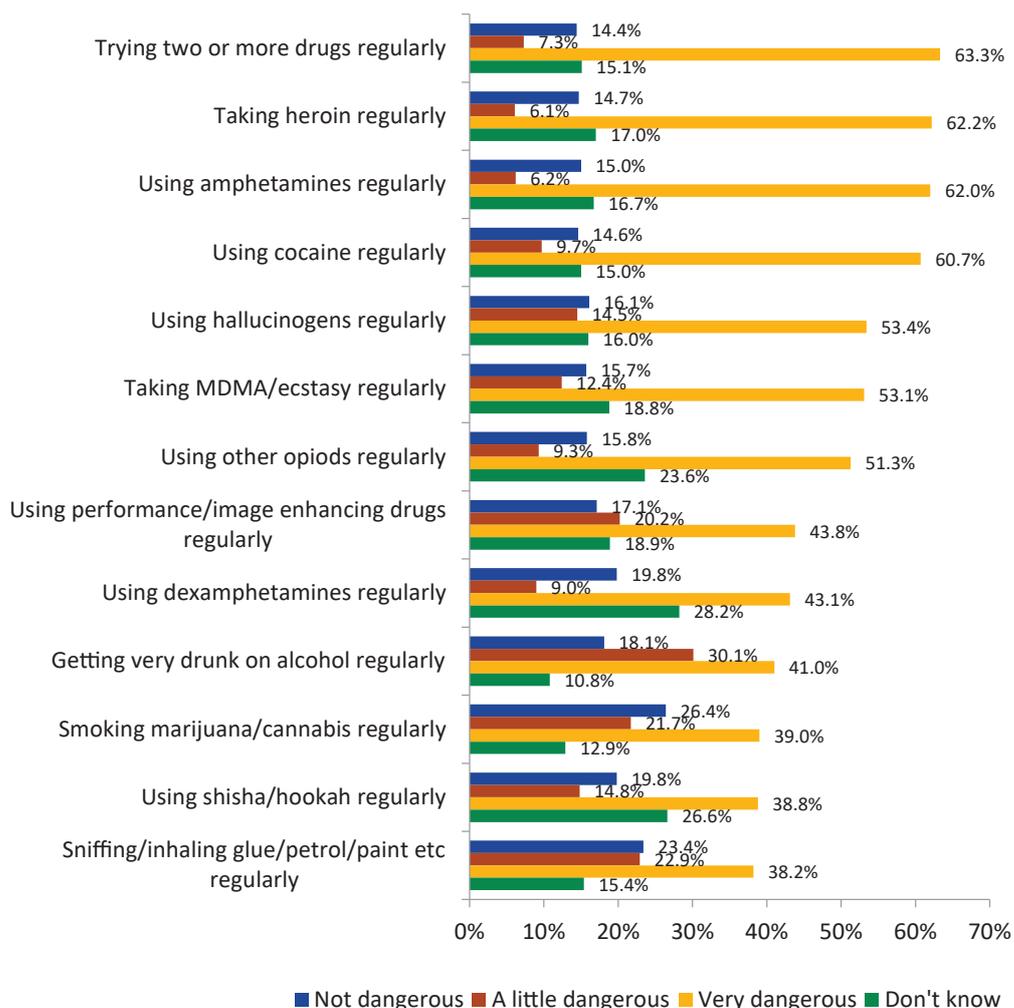


Figure 26: Perceived dangers of drug use, 2022/23.

SOURCE: Q69. How much danger would you see for yourself in doing the following regularly?

BASE: All respondents in 2022/23 (N=1693-1714). Bases vary for each statement due to missing responses.

Substance use education

Over half of students (57.3%) recalled receiving multiple alcohol education lessons in the previous 2021 academic year, a significantly greater number than those who recalled having multiple lessons on illicit drugs (43.0%).

Over a quarter of students (28.6%) did not believe they had received even part of a lesson on illicit drugs during the previous 2021 academic year. There were also a substantial number of students who did not recall any alcohol education lesson (16.4%).

A higher proportion of students aged 12 to 15 years had not received a lesson on drinking (18.7%) or illicit drugs (32.8%) during the last year, compared to students aged 16 to 17 years (10.7% and 17.5%, respectively).

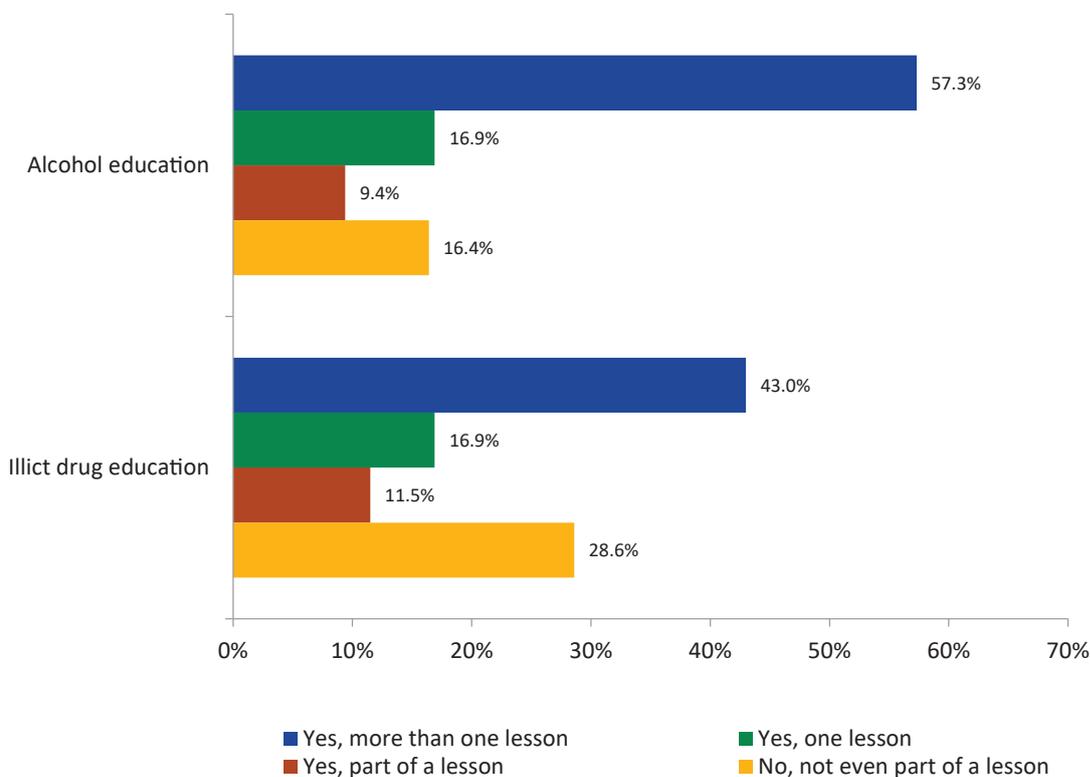


Figure 27: Students recollection of education classes in the 2021 academic year, 2022/23.

SOURCE: Q64. During 2021 (last year), did you have any lessons or parts of lessons at school that were about drinking alcohol? Q65. During 2021 (last year), did you have any lessons or parts of lessons at school that were about illicit drugs such as marijuana/cannabis, ecstasy, heroin, amphetamines (e.g. speed, dexies, meth, ice), hallucinogens, cocaine, or synthetic substances?

BASE: All respondents in 2022/23 (N=1716-1751). Bases vary for each statement due to missing responses.

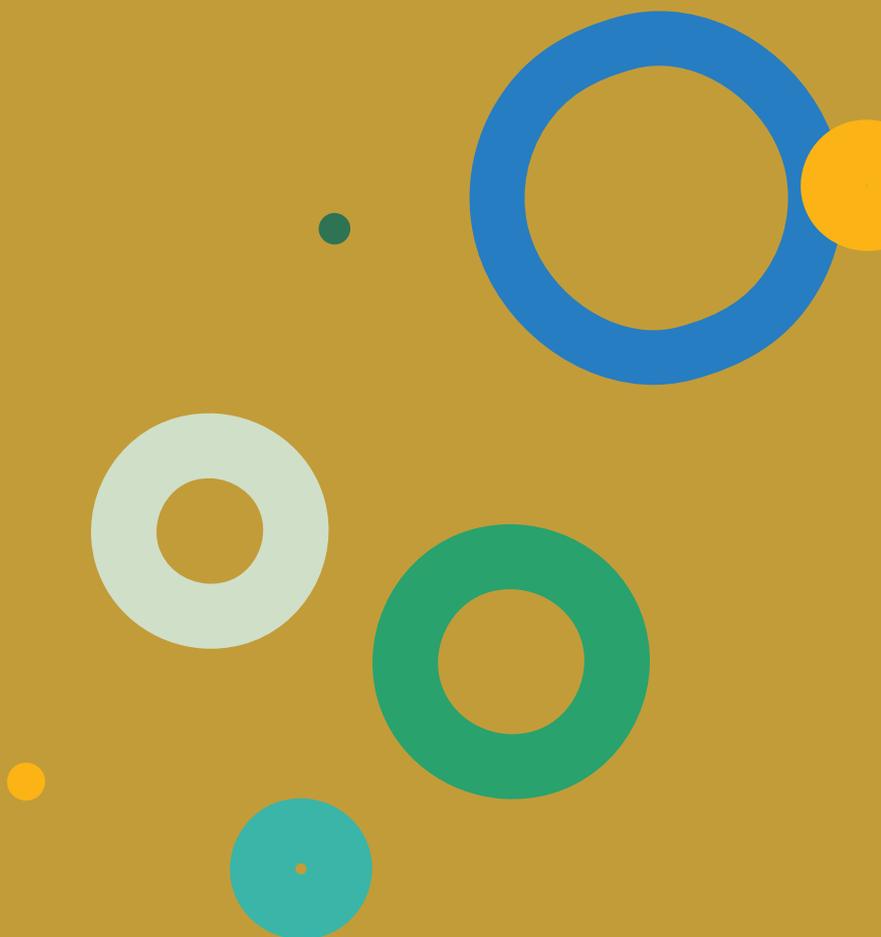
Mental health and use of health services

In 2022/23, almost one in four (22.0%) students reported having a diagnosed mental health condition.

This was higher among students aged 16 to 17 years (28%) and female students (26.8%), compared to students aged 12 to 15 years (19.8%) and male students (16.1%).

A small proportion of students (2.2%) had seen a health professional in the last year for drug related problems. This was more prominent in males (2.7%) and students aged 16 to 17 years (2.9%).

One in five (21.3%) students had sought help for emotional or behavioural issues, with female students more likely than male students to have reached out for help (25.9% vs 16.3%).



Summary

The Australian Secondary Students Alcohol and Drug Survey collects national, longitudinal data on adolescent substance use in Australia. The survey explores prevalence and trends of secondary student substance use, with students asked about their use and attitudes related to tobacco, electronic cigarettes, alcohol, licit (for non-medical purposes) and illicit drugs.

In 2022/23, alcohol consumption continued to decline among Western Australian secondary students to its lowest rate since 1984.

Despite a general decrease in alcohol consumption, the rate of single occasion risky drinking among female students has risen, reaching the highest level since 1984. For male students, although lifetime alcohol use and single occasion risky drinking has decreased, those who did report drinking alcohol are consuming large amounts of alcohol.

In 2022/23, parents were the primary source of alcohol for students.

The prevalence of lifetime illicit drug use amongst females has increased and is now higher than male students for the first time since 1984.

Cannabis remains the most common illicit drug used amongst students, while sedatives are the top licit drug used for non-medical purposes.

Use of hallucinogens, meth/amphetamine, and non-medical use of inhalants in their lifetime significantly increased amongst Western Australian secondary students. However, the proportion of students using such drugs in the past week did not significantly increase, suggesting that while more students are experimenting with these drugs, it may not translate into sustained or regular use.

Almost three quarters of students were aware of the harms drinking alcohol can cause to their health. However, alcohol advertising did impact students' perception of alcohol, with students reporting advertising lead them to believe consuming alcohol is a normal part of life and something that everyone does. One in five students reported that seeing advertising for alcohol made it more likely that they would drink alcohol in the future.

Most students believed that using multiple drugs frequently was dangerous for their health. However, the perception of frequency use of certain drugs as dangerous was low. Almost one quarter of students believed frequent use of inhalants was not dangerous and similar proportion believed the same for frequent use of cannabis.

State Government initiatives

The use of alcohol, licit and illicit drugs can cause serious harm for young people, their families and community. Preventing this harm by supporting and educating students to make safe choices is a priority for the Western Australian State Government.

In the 2023-24 budget, the Western Australian Government committed \$151.5 million to alcohol and other drug initiatives. In the most recent 2022-23 financial year, the Mental Health Commission has invested \$122.1 million into alcohol and other drug initiatives. Within this commitment and investments are initiatives, programs and campaigns that are dedicated to preventing the use of alcohol and other drugs and preventing and reducing alcohol and other-drug related harms for young people in Western Australia.

Prevention, education, and awareness

The Mental Health Commission provides several initiatives targeted to young people, their families and communities that provide education and raise awareness of the harms of alcohol and other drug use, including:

- A new Drug Aware website which will expand on specific drug information, including new evidence-based content on hallucinogens as well as additional information about the harms associated with nitrous oxide use for intoxication.
- Drug Aware's **'Party Smarter'** campaign targeted at young adults who attend high-risk events. The campaign uses a combination of targeted digital and social media strategies, out of home and in-venue messaging to increase awareness of the potential harms of drug use at events, what individuals can do to reduce the potential of harm occurring and what signs they should look out for to know if they need help, and how to seek help.
- Launching the new Drug Aware's state-wide cannabis campaign, titled **'The Growing Brain'**. This campaign aims to prevent and delay cannabis use among 14 to 24 year olds, by providing evidence-based information to help young people make informed decisions about illicit drugs, decrease the belief that cannabis is harmless and increase awareness of the harms of cannabis on the developing brain, learning, memory and mental health.
- Launching a new Alcohol. Think Again campaign titled **'What's your poison?'**, aiming to prevent and reduce harm by raising awareness about how alcohol causes harm to health and encouraging actions to reduce drinking.

State Government initiatives

- Commissioning **Regional Alcohol and Other Drug Alcohol Prevention coordinators** based in Community Alcohol and Drug Services to deliver prevention activities in alcohol and other drug annual Prevention Plans and develop and chair Alcohol and Other Drug Management Plans in the regions.
- Commissioning the Department Education to implement the **School Drug Education and Road Aware (SDERA) program**, working with public and private schools, and the wider community in the provision of best practice resilience, alcohol and other drug and road safety education to keep young people safe from AOD related harm.
- Delivering **Strong Spirit Strong Mind Youth Project**, that aims to raise awareness of the harms associated with alcohol and other drug issues and improve social and emotional wellbeing among young Aboriginal and Torres Strait Islander people aged 12 to 25 and their families and communities across Western Australia. The Project also includes Community Grants for Aboriginal Community Controlled Organisations and Aboriginal businesses throughout Western Australia to increase young Aboriginal peoples' awareness of harms associated with alcohol and other drugs (AOD).
- Launching a new **Social Emotional and Wellbeing campaign**, titled 'Stronger You, Stronger Mob'. The campaign targets Aboriginal youth aged 12 to 25 years and provides strategies to improve and maintain their social and emotional wellbeing and prevent early uptake of alcohol and support drugs for young people in our community.
- The Cook Government has implemented the toughest regulations in the country to protect young people from the misuse of nitrous oxide gas or 'nangs'. From the second half of 2024, supply of 'nangs' will be restricted to registered food and beverage businesses.

Reducing harms for young people and creating safe environments

In addition to preventing early uptake of alcohol and other drugs, the Mental Health Commission is dedicated to supporting the Western Australian community to provide safe environment for children and young people, and reduce the potential harms caused by alcohol and drug use. Such initiatives include:

- Providing ongoing support of the **Leavers WA Strategy**, a collaboration with WA Police Force and other key stakeholders to keep school students safe during WA Leavers in the South West.
- Partnerships between **Drug Aware and event organisers** to implement evidence-based environmental strategies to reduce harm from illicit drug use at high-risk events.
- Launching the advertising campaign '**We all need to say no**' to empower parents to say no to their children drinking alcohol before the age of 18. By increasing parents' confidence to say no, we can prevent harm to young people from alcohol. The campaign was seen by over 170,000 individuals across Western Australia who attended the cinema, and 700,000 users were reached through YouTube.
- Expanding the **WA Naloxone Program** to include youth outreach services and community based mental health services targeting young people to reduce harms related to opioid use and opioid overdose.
- Amending the Medicines and Poisons Regulations 2016 to **ban the sale of nitrous oxide cannisters to consumers**, amid growing concerns over misuse by children and young people. The new regulations aim to reduce recreational use and abuse of nitrous oxide which poses significant health risks including permanent brain and spinal cord damage.

- Collaborate with the Chief Health Officer to support 13 submissions on **license applications** that include a child focus, aiming to prevent risks to safety of children interacting with adults who are consuming alcohol, reduce exposure to alcohol promotions, use, and prevent circumstances where a child's positive feelings about an activity are associated with alcohol.

Accessing treatment and support to address alcohol and drug use

The Mental Health Commission provides several **treatment and support services** for young people and their families to address their alcohol and other drug use:

- The **Alcohol and Drug Support Line** that provides 24 hour telephone counselling, information and referrals.
- **Here For You**, a statewide telephone mental health, alcohol, and other drug support line. Here For You provided over 3,000 instances of one to one support in the 22/23 financial year.
- Extension of the **Acute Care and Response Teams**, who provide rapid response and support mobile outreach and crisis support services for children and adolescents up to the age of 17 years experiencing a mental health crisis, as well as their families and carers. They aim to provide greater connection between hospitals, emergency departments and community services to ensure young people are provided care close to home.
- The **Drug and Alcohol Youth Service (DAYS)**, which provides young people aged 12 to 21 and their families with access to a comprehensive range of alcohol and other drug services, such as outpatient counselling and support, case management, an eight residential Youth Withdrawal and Respite Service, a ten-bed residential treatment service and supported accommodation for young people transitioning from the residential program back to the community.
- **Specialist Youth Workers** at Roebourne and South East Metro health service.
- **Face to face counselling** and community capacity development supporting LGBTIQ+ youth in Kalgoorlie, Bunbury and Geraldton.
- The **Community Alcohol and Drug Services** provide outpatient counselling for young people aged from 14 years and their families in the metropolitan area and from 12 years in regional Western Australia.
- Implementing the **Youth Alcohol and Other Drug Education and Support Program** in 17 youth crisis and transitional accommodation services across Western Australia, delivered by on-site Drug Education and Support Service workers to support young people who are homeless or at risk of homelessness to address their alcohol and drug use in a safe and supportive environment.



**Mental Health
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