



Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 2

The problem of overmedicalisation for young people with multiple disadvantage

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Authors: Joanne Bryant, Gabriel Caluzzi, Andrew Bruun, Jacqui Sundbery, Mark Ferry, Rebecca Gray, Jen Skattebol, Joanne Neale, Sarah MacLean

In this research, we discuss and analyse the challenges faced by young people with multiple disadvantages in accessing appropriate alcohol and other drug (AOD) treatment services in Australia. While there is some research focussed on the specific needs and experiences of young people in AOD care, it tends to draw on predominant 'disease' models of treatment. We suggest treatment responses need more holistic approaches that address the unique material needs and social contexts of young people's lives.

In this paper we identify the compounding issues faced by many young people with substance use problems, such as poverty, unstable family backgrounds, mental health issues, and unemployment, which make their experiences with AOD treatment more challenging. We criticise the overemphasis on individual-focused disease models within AOD treatment systems, arguing that such models are less effective for young people with multiple disadvantages and can perpetuate inequities in treatment access and outcomes.

Furthermore, it discusses how these disease models tend to focus on individual pathology, overlooking the importance of addressing social and material conditions that contribute to substance use issues. This reductionist approach neglects the unique meanings that young people attribute to their substance use and creates a new form of stigma, which can deter them from engaging with treatment services.

The paper suggests that models of care should focus on promoting overall well-being rather than just addressing substance use. This means taking account of the social, emotional, and cultural needs of young people with multiple disadvantages. It highlights the importance of safe relationships, access to basic material needs, and opportunities for education and employment in supporting these individuals.

Additionally, the paper discusses existing models of care, such as First Nations approaches, that prioritise cultural connections and holistic well-being. However, it acknowledges the challenges of implementing such models within a healthcare system that is primarily driven by biomedical frameworks and managerialist approaches.

In conclusion, the paper emphasises the need for a shift away from overly medicalised approaches to AOD treatment towards more holistic, person-centered models that address the complex needs of young people with multiple disadvantages. It calls for greater recognition and support for these models within policy and funding frameworks to reduce inequities and improve outcomes for marginalised populations.

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For the full paper:

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For more information about this project, please visit: : <https://www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/engagement-impact/our-projects/resource-landscapes-young-people-leaving-residential-drug-alcohol-services>