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Resource landscapes for young people leaving residential alcohol and drug services: Research Summary 3

Young people, hope and residential AOD settings: Reimagining futures without AOD problems

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Overview

Feelings and experiences of hope are considered important in young people's lives – it can shape actions in the present and direction for the future. Hope is also integrated into AOD narratives (i.e., the idea that people can 'recover' from AOD problems) and is central to young people's plans for reducing or stopping their AOD use. For example, young people might hope to get a job, have stable housing, save money, or improve their mental and physical health – all of which might require them to manage their substance use. However, not everyone has the resources and support systems to turn their hopes into actionable plans. Hopes can also be dashed by setbacks in AOD use, housing instability, poor employment prospects and financial problems, producing uncertainty and anxieties about the future.

Residential AOD services can be an environment in which hope is cultivated for young people. These services provide practical support, as well as new ways for young people to understand themselves and their substance use. In this research, we aimed to better understand where and how hope is generated for young people in residential AOD services.

How we did the research

This paper draws on interviews with 20 young people aged 17 to 23 who were either currently engaged in, or had recently left, residential drug and alcohol services in Victoria, Australia. This included young people in residential rehabilitation centres, detoxification units, and supported accommodation. The sample included 11 women, six men and three non-binary people. All interviews were conducted between July 2021 and February 2022. In this research we focused on the different ways young people discussed hope, and the most prominent ways hope was generated in relation to their engagement with AOD services.

What did we find: Locating hope

We found three prominent locations where hope was generated in relation to young people's engagement with residential AOD services. This included:

Hope cultivated in relationships

Discussions of hope and the future were often made in reference to relationships with partners, friends, family, children and workers, and the hope to improve these relationships through reduced substance use. Friends, partners or family members could also actively encourage young people to engage with AOD services.

And even my girlfriend, I was on the waitlist for here [residential rehabilitation service] before I met her but then I was really scared. And I was like, "I'm just gonna back out," and all that. But then she just made me believe that I could do it and gave me a bit of hope for myself. Not to say she's the reason I'm doing it but just she gave me that bit of hope and made me believe that I can actually be that person. (Alex, 20, non-binary)

However, relationships could also encourage substance use and act as a barrier to engaging with services, particularly if substance use was part of the relationship or if there was a breakdown in the relationship. Therefore, relationships could have both positive and negative effects on hope.

AOD and peer support workers also instilled a sense of hope for young people – especially when they were people with lived experience of stopping AOD use. Young people talked about how good relationships with AOD workers could help them with practical and emotional support, but also allowed them to imagine futures without substance use problems.

Hope cultivated in ideas of self-improvement

Young people also talked about their hopes to reduce AOD use as part of wanting to improve their lives, and to be healthy and productive. For example, they talked about hoping for 'normality' or 'stability' through work, education, housing and reduced substance use. Several young people also talked about drawing on their youth to support their hope i.e., they were still young enough to turn their futures around.

Some young people were able to take advantage of the resources they already had (e.g., support from families and workers, stable housing) to set clear plans for self-improvement. For example, for some young people, participating in residential AOD services was part of clearer plans or intentions for the future, such as setting routines, re-engaging with education and/or finding work:

When I come out, I wanna have that routine of being able to go to work each day, getting up in the morning, not thinking of a bong straight away. Getting up, eating. I like working out so I'll work out in the morning. Go to work. And, in the future, I just wanna be happy and like how I've said, like socially use. (Roman, 17, man)

For other young people who didn't have social and material support, their hopes were vaguer. They didn't know exactly what they wanted to do in the future, and their focus was more on managing life in the present than thinking about the future. Even though they wanted to improve their lives, these hopes tended to be concerned with wanting general change rather than clear plans for the future.

Hope cultivated in AOD service engagement

Residential AOD spaces were important sites of hope for young people; they were environments that provided material support like access to phones, computers, exercise equipment and creative spaces for art and music. These allowed young people to build structure and routines. Residential services also

provided young people safe, judgement-free spaces that made them feel positive about themselves and their futures. This allowed young people to make practical plans and provided a sense of optimism.

Just from the information that they [residential AOD service] taught me, it just opened my mind into something else that like there was more to life, I guess. And I didn't have to be like how I was anymore. There was help out there. They were the first kind of service that really, really helped me realise that there was more to life than addiction and pain. (Carmen, 17, woman)

For some young people, attending residential AOD services had a profound impact on how they understood themselves, their substance use, and their potential futures.

However, for other young people residential services were less about wanting a different future, and more about escaping the instability of daily life in the present. For example, several young people attending detox services talked about them being a 'break' from the challenges they were facing. For these young people who face poverty and marginalisation, residential AOD services could be more about gaining an immediate sense of safety than engaging with AOD hopes and goals.

Conclusion

Young people's stays at residential AOD services necessarily represent an engagement with hope, a way to reimagine futures without substance use problems. However, hope had to compete with the everyday struggles young people faced, which is why it can be difficult for young people to imagine better futures or have clear goals for the future. Supporting young people to feel hopeful for the future is an integral part of maintaining engagement with AOD services and goals.

Services can play an important role in steering young people's hopes and plans by offering safe and judgement-free space, opportunities to establish or improve relationships with loved ones, and pathways to employment, housing and other life opportunities.

Recommendations: What does the research tell us we need to do

- Consider young people's plans for the future as *intervenable* and thereby an object of service provision since services are a place where hope is cultivated.
- Engage and assist young people to think about longer-term hopes and develop AOD goals around these. This includes helping young people plan their futures in particular ways and within the scope of the resources available to them.
- Accompany positive narratives of hope with practical plans and resources. This could include helping young people to build routines and skills that align with their goals.
- (Re)connect young people with positive family and personal relationships, and supportive networks and professionals such as AOD workers. These relationships provide emotional and practical support around which young people can plan positive futures.
- Provide continued support after young people depart from residential settings so as to assist them maintaining long-term substance use goals.

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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>



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