

# YOUTH IN CRISIS

## A PROFILE OF DRUG-RELATED TELEPHONE COUNSELLING CALLS IN BRISBANE

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### ABSTRACT

*Examination of telephone counselling records from a youth centre revealed that parents are particularly concerned about their children's drug taking. Other frequent crisis situations such as overdoses, the type of drugs being used, and information on family and personal circumstances were assessed to provide a profile of those people seeking help. While the success of crisis counselling centres is difficult to evaluate, the community has an obvious need for such services.*

### INTRODUCTION

Drug use and misuse have always been emotional topics. Often the mention of 'drugs' immediately raises concerns about the illegal or prohibited drugs. Many studies, however, have also highlighted the widespread abuse in this country of legal recreational drugs such as alcohol and tobacco, and the non-medical use of substances available on prescription (Rankin, 1971: Senate Standing Committee on Social Welfare, 1977; Whitlock, 1980; Drew, 1982). As noted by Rankin (1971):

"In Australia, as in other Western cultures, the illicit use of hallucinogens, stimulants and narcotic analgesics by the young is the popular concept of drug misuse and the drug problem with which law enforcement agencies, politicians and the news media appear to be most concerned" (p.16).

While adolescence, or specifically the teenage years, is a time of change and increased stress for many young people (Conger, 1979) the majority make the transition from childhood to adult status and responsibility without relying on chemical substances. Indeed, American high school students' ratings of 14 uncommonly cited problem areas for adolescents revealed that drug problems (either their own or someone else's) were rated as least serious compared to other problems (Eme, Maisiak and Goodale, 1979). In that study physical

appearance, careers, grades, parents, peers and sexual impulses were all rated as more serious than alcohol, smoking or drug problems. On the other hand a recent Gallop Poll found that a sample of Australian adults rated drug taking as the second biggest problem in this country after youth unemployment (Courier-Mail, 1984).

In response to the needs of young people with drug-related problems one agency in Brisbane, 'The Haven', has attempted to meet some of these needs. Operated by the Salvation Army in conjunction with the State Health Department, The Haven was a multi-faceted agency with services that included 24-hour crisis telephone counselling, 'out-patient' counselling which may involve the family of the identified client, and a therapeutic community of up to eight residents. The development and work of The Haven from 1972 - 1981 has been described in an earlier paper (Brown and Brunt, 1982). However no formal evaluation of the services offered was included in that report.

Due to the very small numbers of clients seeking a residential program or non-resident counselling during 1983 a decision was made to close The Haven in January of this year. While this particular centre may have ceased operating the community needs for the services it was providing, particularly in the form of a 24-hour crisis telephone counselling service, will continue to exist. These needs will have to be met by other agencies to fill the gap.

This report examines the telephone counselling records from The Haven Youth Counselling Centre in order to provide a profile of drug-related users versus the parents of users made calls to the counselling centre, personal characteristics of the callers, and the type of drug use about which they were concerned.

### METHOD AND PROCEDURES

Records of telephone crisis counselling during 1981 and 1982 which were drug-related were included in the final sample. Other crisis situations such as marital disputes, missing persons, homelessness, sexual problems and child

abuse which were not drug-related are excluded for the purpose of this report. In addition, calls received regarding the use of medication prescribed by a medical practitioner are not included. In these cases the counsellors usually suggest that the caller discusses the medication with his or her doctor or seeks other medical advice.

From the telephone records it was possible to gain information on the type of call received, sex of caller, relationship to the person in crisis (if other than the caller), the drugs involved and other details of the crisis situation. Other information on the telephone records was incomplete and could not be included in the sample. This was the case for a number of calls during busy periods where one counsellor was attending to both crisis lines, and also for calls received in the early hours of the morning.

### RESULTS

#### SELECTED CHARACTERISTICS OF THE SAMPLE

In total, 366 counselling records from the 1981-82 period are analysed in this study. This represents 204 calls from 1981 and 162 calls received during 1982. As can be seen from Table 1 a significantly greater number of calls were made by females (63%) than males (37%). See Table 1.

Most callers did not give either their own names or the name of the person about whom they were calling. The person about whom the call was made was most likely to be the male (63%), with the largest group of calls being those from parents concerned about their sons. Calls ranged from concern about a ten year old boy who had been 'sniffing' glue, to 60 year old males with alcohol problems. While there was missing information about specific ages on some of the counselling record forms, most calls were made about teenagers or young adults, especially the 16-19 year old group.

A summary of the types of telephone calls received is also shown in Table 1. Again, most calls can be classified as counselling and support for parents, other family members or

friends. The second largest group (15%) were self-referrals received from people seeking help for their own drug problems. Emergency drug crises or overdoses comprised 12% of calls received. An overdose here refers to an excessive amount of either legal or illegal drugs. It includes instances of overdoses on prescription medication, bad trips on LSD or 'magic' mushrooms, heroin overdoses, excessive drinking and adverse physical reactions to the inhalation of solvents. However, it is difficult to determine whether such overdoses were accidental or intentional. Twelve calls where there was no doubt about intention are categorized under attempted suicide. Nine percent or 34 calls were received from people who were lonely or depressed, any of whom were under the influence of a drug when they telephoned. Some of these people may have been potential suicidal. However the callers were not requesting help with their drug problem, but rather wanted to talk to someone. Most calls lasted between five and ten minutes (52%) with an additional 20% being of 11-15 minutes duration. In counselling suicidal callers or 'talking down' a client who is stoned or high when calling, longer periods are often spent on the telephone. Most calls were registered between 81.m. - 4p.m. and 4p.m. to 12 midnight (42%).

#### NUMBER AND TYPE OF DRUGS USED

Most calls received report only one drug (72%) as the presenting problem (see Table 2). Reported multiple drug abuse was more often associated with drug overdoses or attempted suicides, or was reported by callers who have a history of poly-drug use.

It should be stressed that the number of drugs are those reported in counselling and the widespread use of alcohol, tobacco and legally prescribed medication, while they may be used, are probably not mentioned by clients unless they are perceived as a problem. Cannabis, either as marihuana or hashish, was the most frequently reported drug used, followed by alcohol and then narcotics. Of the 73 calls in the narcotics category, heroin (58 calls) was reported more frequently than methadone (9calls), pethadine (4 calls) or morphine (2 calls). Tranquillisers and sedative-hypnotics (both barbiturate & non-barbiturate) were more often mentioned than were illicit hallucinogens (LSD and mushrooms) or inhalants such as glue (17 calls), petrol (4 calls) or other solvents (3 calls). A number of callers, particularly parents, knew that 'drugs' or 'pills' were being abused but could not specify exactly what they were. Cocaine, according to its pharma-

**TABLE 1: SELECTED CHARACTERISTICS OF THE SAMPLE**

CHARACTERISTIC	%
Sex of Caller	
male	37
female	63
Gave their name	40
Gave name of person calling about	34
Person calling about	
son	27
daughter	8
self (male)	16
self (female)	15
friend (male)	11
friend (female)	8
other family member (male)	7
other family member (female)	5
client (male and female)	3
	(n = 366)
	100
Age of person calling about (years)	
up to 15	12
16 - 19	42
20 - 23	19
24 - 27	11
28 - 31	12
over 31	12
	(n = 303)
	100
Type of drug - related call	
Counselling and support for	
family and friends	52
self-referral for drug problem	15
emergency drug crisis or overdose	12
loneliness and general counselling/support	9
attempted suicide	3
referral or professional enquiry	3
general information on drugs	3
legal advice (drug-related)	3
	(n = 366)
	100
Duration of call (minutes)	
up to 5	7
5 - 10	52
11 - 15	20
over 15	21
	(n = 366)
	100

cological properties, was included as a stimulant along with amphetamines and 'pep pills'. Similar to the use of tobacco and alagesics, fewer calls were received concerning the abuse of stimulants. Finally, the sundry category of other drugs used included antihistimine and asthma medications (7 calls), antidepressants (2 calls), antiepileptics (2 calls) and antibiotics (2 calls). Frequently those who intend to overdose will use any medications they can find, often in conjunction with alcohol.

As noted earlier, alcohol was the second most common drug referred to in the telephone counselling. Of the 97 calls reporting alcohol use, 43% were self-referrals. Males (62%) were more likely than females (38%) to be experiencing difficulties with alcohol. 13% of

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**TABLE 2: NUMBER AND TYPES OF DRUGS USED**

	%
<b>Number of drugs used</b>	
One	72
Two	20
Three	7
Four or more	1
(n = 366)	100
<b>Types of drugs used</b>	
Cannabis	26
Alcohol	19
Narcotics	14
Tranquillisers	11
Sedative-hypnotics	7
Hallucinogens	5
Inhalants	5
Drugs and Pills (unspecified)	5
Stimulants	3
Tobacco	1
Analgesics	1
Others	3
(n = 506)	100

calls or persons talked about during counselling were under 18 years, 32% were 18-30 years old, and 33% were over 31 years of age. Of the 21 calls where specific ages were not available, counsellors had noted that 18 of those calls concerned 'adults'. Alcohol was often reported as being used in conjunction with one or two other drugs, especially tranquilisers. Most alcohol-related calls (51%) were received at night (4p.m. - 12 midnight) or in the early hours of the morning (21%).

**CIRCUMSTANCES AND TYPE OF HELP GIVEN**

A summary of circumstances related to the presenting drug problem is shown in Table 3. While the misuse of drugs would probably disrupt most families, many callers suggested that other problems were also occurring in their family situations.

Again the nature of the call, the amount of information the caller was prepared to give and the specific details recorded by individual counsellors, determines the information which can be presented. That people seek help when the crisis situation is already upon them is supported by the number of callers (themselves or those they were calling about) who were under the influence of a drug when the telephone call was made. Similarly, contact with police and often a forthcoming court appearance preceded the call for help. Marital problems, divorce or a recent break-up in a relationship, as well as unemployment, were often given by callers as reasons for their drug taking. Problems at school and at work were cited both as reasons for drug use and also as difficulties experienced because of drugs.

Information on action taken reveals that most callers (69%) were offered an appointment or further assistance from The Haven. However, only 15% of callers chose to make a firm appointment to come into the centre. Other actions included referrals to other agencies (20%), to a hospital (9%) or local medical practitioner (2%).

**DISCUSSION**

The importance of providing a professional 24-hour counselling service for drug-related crisis situations is high-

lighted in this study. As discussed by Stuart (1982), the initial contact over the telephone allows people the chance to talk about their concerns and may also encourage face-to-face contact. While professional assistance in response to an overdose or attempted suicide are possibly the accepted functions of a drug crisis centre, no less important is the supportive counselling of concerned parents, other family members and friends. The results of this study emphasize the concern of parents, other family members and friends. The results of this study emphasize the concern of parents particularly about the drug taking of their children, especially their sons. Unfortunately reports of the telephone counselling revealed little about the circumstances in many homes or the relationships between parents and the child. An earlier study of drug use by Queensland school children, found that 84% believed that their parents did not know they were using cannabis (Turner and McClure, 1975). Many of the calls received at The Haven were made after the initial discovery that drugs were being used. Cannabis was also the most frequently reported drug of concern. However, expectations that use of illicit drugs would be reported more often than legal substances were not fully supported due to greater use of alcohol by older age groups and the use of alcohol in conjunction with other drugs.

Analysis of the circumstances surrounding the crisis calls revealed that a substantial number of callers, or the people they were calling about, were

**TABLE 3: OTHER REPORTED CIRCUMSTANCES\***

Circumstance	%
Caller or person calling about was high, drunk or stoned	22
General disruptions in family	17
Caller or person calling about was sick or withdrawing	14
Problem with police or court appearance	11
Marital problem, divorce or break-up	9
General depression/loneliness	8
Problem with work or school	6
Unemployment	4
Identification of drugs or instruments	4
Violence	2
Stealing	2
Pregnancy	1
(n = 369)	100

\*Up to two responses were coded in this category.

under the influence of a drug at the time of the call. Although offers were made by counsellors for an appointment or further assistance, relatively few clients chose to commit themselves to an appointment. However, this particular centre's policy required that the person who is actually experiencing the drug-related difficulties had to make the appointment rather than the caller. Taking personal responsibility for seeking help is viewed as the first step in achieving a drug-free lifestyle, and it has been suggested that professionals may often underestimate people's ability to sort things out for themselves (Stuart, 1982).

Examination of the duration of the calls reveals that most lasted between five and ten minutes. The counselling and support received in that short time may have given many clients the initial confidence and direction they needed to cope with the problem themselves.

Unlike formal drug rehabilitation programs or therapeutic communities, where efforts at helping a person remain drug-free can be readily evaluated, the positive outcomes of crisis counselling are more difficult to assess. Calls are often received from people who are either considering trying a drug or have just experimented. The immediate needs of the often confused caller are to receive support and non-judgemental assistance. If such professional help can be

obtained in times of crisis, possibly further drug taking may be deterred.

In this study of The Haven, two significant points emerge. First, parents themselves are often placed in a crisis situation through their children's experimentation with chemical substances. Those parents who find that a child is using drugs frequently report feelings of anger, helplessness and guilt. Many parents seek professional counselling and support at such times of crisis. Second, many calls (in the present study 36%) are received when the caller or person calling about is under the influence of a drug. These crisis situations will continue to exist and the community needs must now be met by other agencies. Where the callers will turn is at present unknown. Future studies should examine the services provided by other agencies, especially comparisons of government services with those offered by church and community centres.

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