

**GEN
ERATION
NOW**



PROGRAM BRIEF



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Vision: To impart to young people the knowledge and revelation that they have been created with purpose and enable them to find, within themselves, the potential to live out their dreams.

Goals:

- To provide for young people a sense of self-worth and give them, through practical exercises, an understanding of how they have been created to succeed.
- To present different views on a range of topics, for them to realize that they are entitled to an opinion and a voice to stand up for what they believe in.
- To build self-awareness.
- To teach young people to set goals and steps to achieve them.
- To empower them to implement good decision-making skills to counteract current youth culture (*see appendix A*)
- To train them in leadership skills and public-speaking skills.

Background

GENeration NOW is a program that was birthed out of a passion to see young people empowered. This is the generation of now, who are making choices, developing values, creating cultures and developing worldviews. Because this is such a crucial time in a young person's life, GENeration NOW was developed to meet young people where they are and guide them through navigating their inner core values and belief systems as well as training them as leaders in the community.



International Youth Movement

International Youth Movement is a not-for-profit organisation founded by Andrew and Alison Stone who have worked intensively with youth on a local and global level. The vision of International Youth Movement is 'If you can save a Generation, you can save a Nation', meaning if you can impart wisdom, knowledge and understanding into young people, allowing them to fully experience hope for their future, society will benefit by having better students and citizens and, eventually, better parents, employees and spouses.

Founders

Andrew and Alison Stone have been involved in youth work for nearly 10 years and have served in many different capacities, including community development, partnering with high schools and community groups to run programs in high schools, social work, foster care, school chaplaincy and as youth and young adult pastors at the Worship Centre with Clark Taylor.

Andrew and Alison are both highly sought-after speakers nationally and internationally and specialise in empowering young people. From classrooms to conferences, their message inspires and gives vision to a younger generation and gives them hope to 'Live the Dream'.

'The look on a young person's face when they realize that they are bigger than their circumstances and that the dream in their heart is possible if they just believe...is truly priceless, that's what gets us up every morning , that's what we live for...to speak life to this generation.'

- Andrew Stone -

Andrew and Alison both have tertiary qualifications and call Brisbane, Australia their home.



Contributing Authors

GENERATION NOW was developed and written by Andrew Stone with contributions from International bestselling author Dr Bill Newman and Tony Scown, an accomplished physical trainer for the 2000 Olympic swimming team.

Bill Newman's Profile

Bill has been heard on more than 100 radio stations across Australia. In conjunction with television networks, he has produced many special TV programs and is also the author of a number of bestselling books which have been published in several different languages. He has contributed regularly to Australian newspapers under the heading 'Bill Newman Speaks'.

Bill has an earned doctorate on the subject of Leadership. His book 'The Ten Laws of Leadership' is an international best seller with over 100,000 copies in print. It has been translated into a number of foreign languages.

In his work with other leaders, Dr Newman has become a highly respected national statesman. He is honoured by the endorsement of Prime Ministers, government Leaders and civic authorities for his positive contribution to society.

Tony Scown's Profile

Tony Scown's passion is to help people be, do and have all that they were called for.

He is an accomplished goal setter, having spent 21 years working with some of Australia's best sporting teams such as the Australian Olympic team, Australian swimming squad, Queensland State of Origin, Brisbane Broncos and Brisbane Lions.

He has a passion for speaking life and hope into this generation. He makes it practical and achievable. He is also the Author of 'Ordinary People Extraordinary Lives'.



Target Profile

Primary Target Profile:

- Secondary School Students
- Grades 11-12

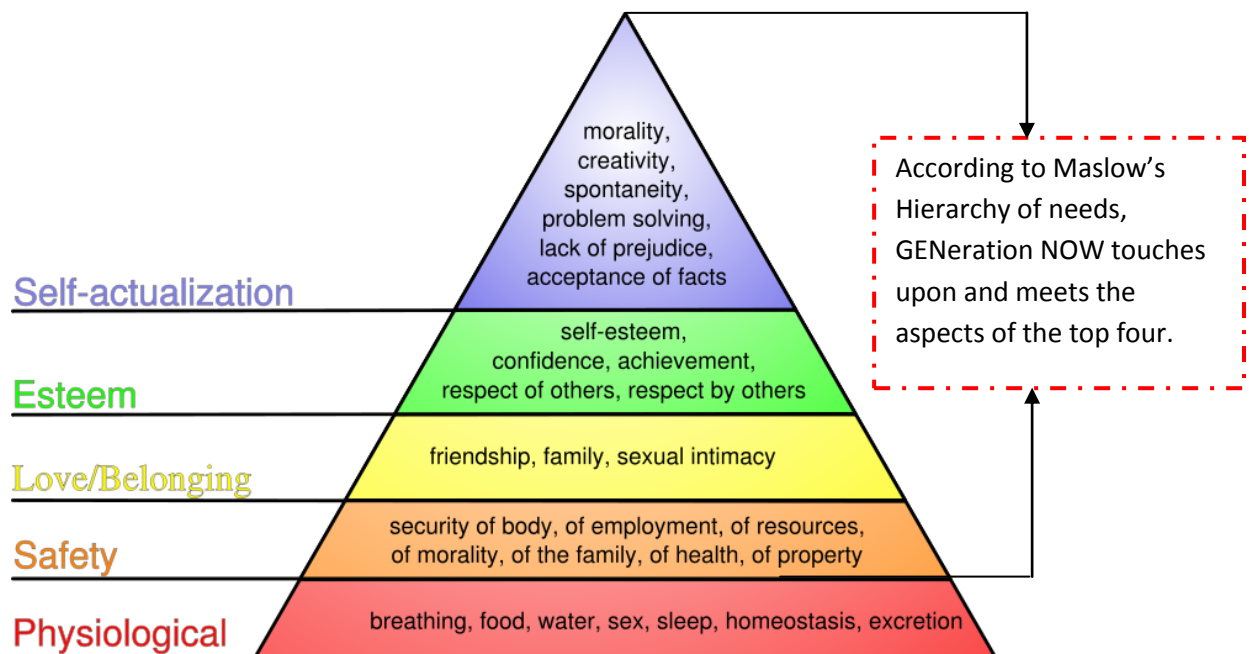
Secondary Target Profile:

- Secondary School Students
- Grades 8-10

This course is predominantly run for Secondary School students aged 15-18 as they are at a point in life where they are really discovering their independence. It's at approximately this age that they can apply for employment, obtain their driving licenses and make decisions about their education, career and relationships.

In addition, this course can be tailored to suit younger grades.

Meeting Basic Human Needs



GENERATION NOW is primarily run in a classroom setting and is extremely interactive teaching in a way that engages students' learning styles. We utilise the whiteboard, props, DVDs and guest speakers, and any other form of communication that will articulate the message effectively.

GENERATION NOW can also be run as a one-day intensive for leaders; although shorter, it is just as interactive and effective.

PLEASE NOTE: *We understand that all students learn differently and every class is different. Therefore courses are tailored to suit different learning styles.*

Course outline (based on the 8 session program)

Personal Development (first 4 chapters)

Week 1 – Introduction and Chapter 1: The POWER of PURPOSE

Breakdown: Students will learn that one can only give what one has...therefore it is what is within you that you give out. Find your purpose, because it's that purpose that will dictate your life, your choices and what you give to those around you.

Week 2 – Chapter 2: Living the DREAM

Breakdown: Students will discover that 'one' thing that they live for, the one dream that they are willing to do anything and everything to achieve, and how to set goals to achieve that dream.

This is an extremely practical session, which makes them put it all 'on paper'!

Week 3 – Chapter 3: What are YOU made of? (With Guest Speaker)

Breakdown: This session assists with articulating your purpose and your dream...what do you allow to define the person that you are and the person you will become? This is a reflective session where students get to look into themselves. This session also allows students to determine what their strengths and weaknesses are and how they can use them to achieve what they want.



Week 4 – Chapter 4: Defining your atmosphere

Breakdown: We explore the power of words, words that we use, words that we allow to affect us and words that we take on and allow to define our lives. In this session we take the students through what they say and how it affects who they are as well as the people around them. By the end of this session they will be realizing that positive declarations can change their lives.

Leadership Development (final 4 chapters)

Week 5 – Chapter 5: Unlock the leader within you

Breakdown: This is the session where students take their purpose, talents and their potential and discover how they can use ‘who they are’ to guide others to leading successful lives. It is in this session that they learn that, in order to be great, you must help others to become great.

We discuss the different styles of leadership and why these participants were created to lead.

Week 6 – Chapter 6: Leading through vision *(With Guest Speaker)*

Breakdown: The greatest gift is not sight, but vision! In this session we take students through the process of casting vision and articulating it so others can believe in it and support it. Leaders cannot lead others until they can lead themselves.

Week 7 – Chapter 7: Public speaking lesson

Breakdown: In this session students learn how to communicate their passion and transfer it to others. This also includes the different forms of communication and techniques of public speaking. Students will be given opportunities to speak about their passion and be provided with feedback.

Week 8 – Chapter 8: Passion is contagious *(also conclusion and reflection)*

In the last session of the course we ‘**Fire Up**’ their passion because one person with passion is a majority. We’ll also re-cap and reflect on the last eight weeks/sessions and release them to take all that they have learnt and implement it in their lives from now on.



One Voice MasterClass (one day intensive) – based on a school day (approx 5hrs)

This is specifically for leaders or students that are aspiring to leadership positions.

Participants receive a One Voice MasterClass privileges pack. This includes a booklet which serves as a practical guide to goal-setting, a one-hour public speaking session with Andrew and Alison Stone, a goal-setting appointment with Tony Scown, and an array of leadership material from significant voices in this generation.

- 1st hour (*intro*) – Team Building Exercises (physical)
- 2nd Hour – Power of Purpose and Goal Setting (reflective)
- 3rd Hour – Guest Speaker (physical/reflective)
- 4th Hour – Debating (practical)
- 5th Hour (*close*)– The power of words (reflective)

Budget for GENeration NOW program

International Youth Movement has a passion to reach as many young people as possible therefore all courses and conferences are extremely cost-effective.

For the 8 session course: one hour sessions

Workbook: \$10 (one-off fee per student)

Per student: \$65 for the entire course

Time Frame: 8 weeks or 4 weeks if 2 sessions are run per week.

(Minimum 12 students)

This includes all facilitator, props, DVDs and guest speakers.

One Voice MasterClass (one day intensive) – based on a school day (approx 5hrs)

Minimum 10 students – Maximum 40 students

Per student: \$25 for the whole course

This includes all facilitation, props, DVDs, guest speaker and the One Voice MasterClass privileges pack.



GENERATION NOW Supporters and Partners

- The Leroy Loggins Foundation
- Relationships Australia
- Local chaplains
- Local churches

CONCLUSION

Most generations are defined by something that they do, not who they are. Imagine having a generation so secure in who they are they set a new standard in excellence, vision and integrity.

What if history doesn't dictate their future, yet serves as merely a background to a generation that actually stands up for themselves and the rights of others, not because that's what they do, but because it's an external manifestation of who they really are...I wonder what kind of world we'd live in.

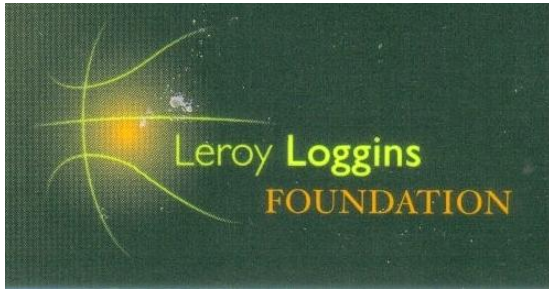
What would society look like...?

I wonder what the papers would write about then...

It won't just happen because we've put dreams on a page and hope somebody somewhere will pick them up and run with them; it will happen because people who believe in this generation will put their hearts and hands out to serve these young people and see them become all that they have been created to be.

NOW the only question is whose hearts and hands are willing...?





Leroy Loggins

Founder

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1st March, 2010

To whom it may concern

I am writing this letter in support of Andrew Stone who is involved in the Generation Now program.

The Leroy Loggins Foundation and International Youth Movement have been working together for the past two years and the foundation is pleased to be associated with Andrew Stone and his program.

Generation Now is a great program for guiding and supporting young people in becoming productive members of the community.

Generation Now has enabled the Leroy Loggins Foundation to expand locally as well as internationally through Andrew Stone's connections here and abroad.

We look forward to continuing our relationship as of present and future ventures.

Yours truly

Leroy Loggins

Founder

Leroy Loggins Foundation

TEACHING IS A JOURNEY INTO THE MIND THROUGH THE HEART



RISK TAKING BY YOUNG PEOPLE

ABSTRACT

Youth is a stage of life characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. Young people may be inclined to experiment and take risks that could impact on their own health and wellbeing and have consequences for others. This article examines behaviours such as risky drinking, illicit drug use and dangerous driving by people aged 15-24 years. It also looks at some of the potential consequences of these behaviours, including being charged with criminal offences, hospitalisation and death.

INTRODUCTION

Youth is a period characterised by rapid psychological and physical transition, where young people progress from being dependent children to independent adults. This transition period has been made more complex by the social, economic and technological changes that have occurred in Australia over recent decades. [1](#)

In this stage of life, people may be vulnerable to the influences of peer pressure and popular culture, and may be inclined to experiment, push boundaries and take risks that could impact on their immediate and longer term health and wellbeing. Patterns and levels of some risky behaviours differ between young men and young women, with prevalence often being higher among young men.

In 2007, there were 2.9 million people aged 15-24 years, making up 14% of the total population. This article examines the risky behaviours of this population, focusing on risks where the potential harm is immediate, such as short term risky or high risk drinking, illicit drug use and dangerous driving. While not all young people engage in these risky behaviours, the consequences for those who do, and for those around them, can be serious. This article also examines some of the potential consequences: being charged with criminal offences, hospitalisation and, in some cases, death.

DRINKING AT RISKY LEVELS

Youth is often the stage of life when people begin to experiment with alcohol and other drugs. Although it is illegal to sell alcohol to people under 18 years of age, many young people have access to alcohol before they turn 18. In 2007, the average age at which young men aged 15-24 years said they first consumed alcohol was around 15 years. For young women, the average age for first use of alcohol was around 17 years.

Short term risky/high risk drinking - often referred to as binge drinking - leads to immediate and severe intoxication. In addition to its potential health consequences, risky/high risk drinking can increase the likelihood of a person falling, or being involved in an accident or violence. [2](#)

In the 2007 National Drug Strategy Household Survey, 19% of young men aged 18-24 years reported that they had engaged in risky/high risk drinking at least once a week during the last 12 months. This

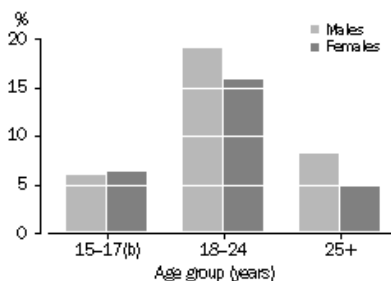


was double the comparable rate of regular risky/high risk drinking among men aged 25 years and over (8%). Among young women, 16% reported risky/high risk drinking on a regular basis, around three times as high as the proportion of women aged 25 years and over (5%).

Based on information from the National Hospital Morbidity Database, there were almost 3,000 hospital separations among young people aged 15-24 years due to acute intoxication with alcohol in 2005-06. For young men, the hospital separation rate for acute alcohol intoxication increased from 66 to 107 per 100,000 from 1998-99 to 2005-06. For young women, the rate doubled over this time from 46 to 99 separations per 100,000.

In 2005-06, male and female teenagers aged 15-19 years had the highest hospital separation rates for acute intoxication from alcohol among all age groups (124 and 126 per 100,000). Men and women aged 20-24 years had the next highest rates (89 and 74 per 100,000).

RISKY/HIGH RISK DRINKING(a) AT LEAST ONCE A WEEK - 2007

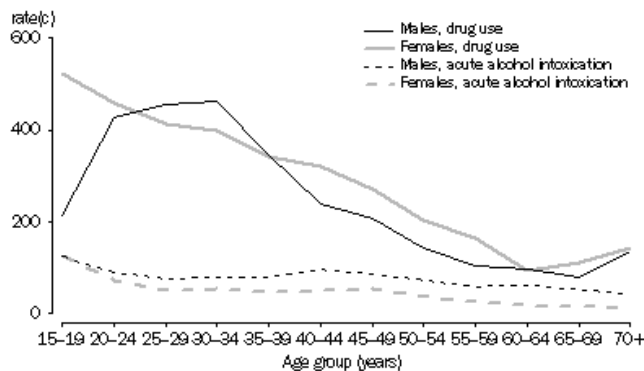


(a) Risk of harm over the short term. 'Risky drinking' is seven or more standard drinks in one day for males and five or more for females. 'High risk drinking' is eleven or more standard drinks in one day for males and seven or more for females.

(b) Estimate for males has a relative standard error of 25% to 50% and should be used with caution.

Source: ABS Criminal Courts Collection.

HOSPITALISATION DUE TO DRUG USE(a) AND ACUTE ALCOHOL INTOXICATION(b) - 2005-06



(a) Includes a combination of principal diagnosis codes from Chapter V and external causes codes from Chapter XX of the 10th Revision of the International Classification of Diseases, Australian modification



(ICD-10-AM).

(b) Principal diagnosis.

(c) Hospital separations per 100,000 population.

Source: AIHW National Hospital Morbidity Database.

USE OF ILLICIT DRUGS

Substances other than alcohol that can have harmful effects are illicit drugs such as amphetamines, and legal drugs such as pain-killers that are used inappropriately. Drug-related health problems vary according to the type of drug, how much is used and the duration of use. These problems range from psychological and behavioural effects such as delusions, hallucinations, and aggressive or erratic behaviour, to high blood pressure, respiratory problems and kidney, liver and brain damage. [1](#)

The 2007 National Drug Strategy Household Survey found that 23% of people aged 15-24 years reported using illicit drugs during the last 12 months, around twice as high as the proportion of people aged 25 years and over (11%). Marijuana/cannabis was the most common drug used by 15-24 year olds (18%). Ecstasy (9%), meth/amphetamines and pharmaceuticals (both 4%) were the next most common drugs used by this age group during the last 12 months.

Young people who use drugs may begin their experimentation with substances such as alcohol or marijuana, then move on to use harder drugs such as meth/amphetamines. [4](#) In 2007, the average age among 15-24 year olds for first use of marijuana/cannabis was around 19 years. The average age of first use of meth/amphetamines was around 21 years, and for ecstasy was around 23 years.

In 2005-06, there were 11,700 hospital separations related to drug use for young people aged 15-24 years. [5](#) Nearly 60% of the hospital separations were for young women. Intentional self-harm by drugs or medications was involved in three out of five hospital separations for young women.

The drug-related hospitalisation rate for young men in 2005-06 was 324 separations per 100,000, lower than in 1998-99 (465 per 100,000). For young women, the rate was also slightly lower in 2005-06 than in 1998-99 (491 compared with 531 per 100,000).

In 2005-06, male teenagers aged 15-19 years had one of the lowest drug-related hospitalisation rates among all male age groups (216 separations per 100,000), while men aged 20-24 years had one of the highest rates (428 per 100,000). For women, those aged 15-19 and 20-24 years had the highest drug-related hospital separation rates among all age groups (523 and 460 per 100,000 respectively). This reflects young women's relatively high rates of drug-related intentional self-harm and accidental poisoning (294 and 56 per 100,000 women aged 15-24 years).

In a small number of cases, drug use leads to death. Based on information from the Causes of Death collection, in the three year period of 2004-2006 the annual average number of drug-induced deaths



was 78. [6](#) This accounted for 6% of all deaths among young people aged 15-24 years.

The drug-induced death rate for men aged 20-24 years was double that for women in this age group (6 compared with 3 per 100,000). Rates for male and female teenagers aged 15-19 years were lower (1 per 100,000). The rate of drug-induced deaths was 12 per 100,000 for men aged 30-34 years, and 6 per 100,000 for women aged 40-44 and 45-49 years.

USE OF SELECTED ILLICIT DRUGS(a) - 2007

Type of drug	Age group (years)	
	15-24 %	25 and over %
Marijuana/cannabis	18	7
Ecstasy	9	2
Meth/amphetamines	4	2
Pharmaceuticals(b)	4	4
Cocaine	3	1
Heroin, methadone and other opioids(c)	*1	-
Use of any illicit drug(d)	23	11
	'000	'000
Use of any illicit drug	683.5	1 595.9

(a) In the last 12 months.

(b) Use of pain-killers, tranquillisers, barbiturates and/or steroids for non-medical purposes.

(c) Refers to non-maintenance use of methadone.

(d) Also includes LSD/synthetic hallucinogens; natural hallucinogens; ketamine; GHB and any



injected drugs that were not medically prescribed. Components do not add to total as respondents may have used more than one illicit drug.

Source: AIHW 2007 National Drug Strategy Household Survey.

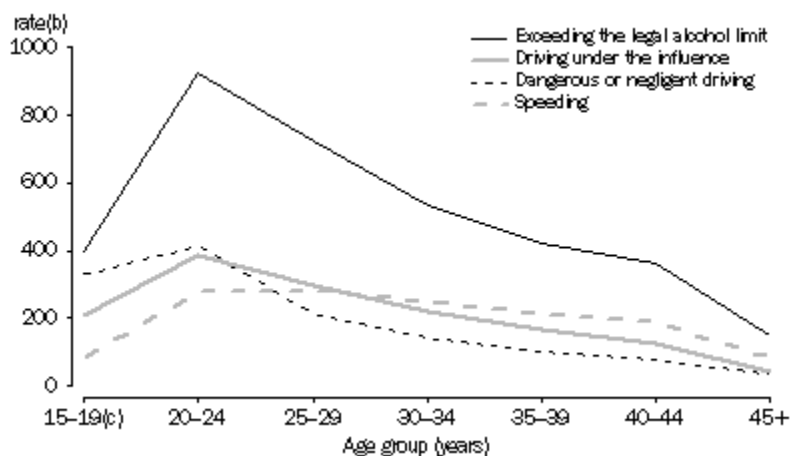
DANGEROUS DRIVING

Driving under the influence of alcohol or other drugs, driving when fatigued and speeding are often implicated in transport accidents involving young people. ⁷ Based on information from the Criminal Courts collection, young people aged 20-24 years were more likely than people in the other age groups to appear in court in 2006-07 charged with driving under the influence of alcohol and/or drugs. This offence refers to cases where the driver of a vehicle is under the influence of alcohol and/or drugs and their driving is impaired. There were 626 adjudications per 100,000 men and 134 per 100,000 women aged 20-24 years. Adjudications for the less serious offence of exceeding the legal alcohol limit followed similar age and sex patterns but were far more common.

People aged 20-24 years also had the highest adjudication rate of all age groups for dangerous or negligent driving. The rate for men of this age (712 adjudications per 100,000) was about seven times higher than that for women (97 per 100,000).

The likelihood of being adjudicated for exceeding the legal speed limit was more evenly spread across age groups. For this offence there were 412 adjudications per 100,000 men and 136 per 100,000 women aged 20-24 years.

ADJUDICATIONS FOR DANGEROUS DRIVING RELATED OFFENCES(a) - 2006-07



(a) Principal offence.

(b) Higher, Magistrates and Childrens Courts adjudications per 100,000 people.

(c) May include some Queensland Magistrates Courts defendants aged less than 15 years.

Source: ABS Criminal Courts Collection.

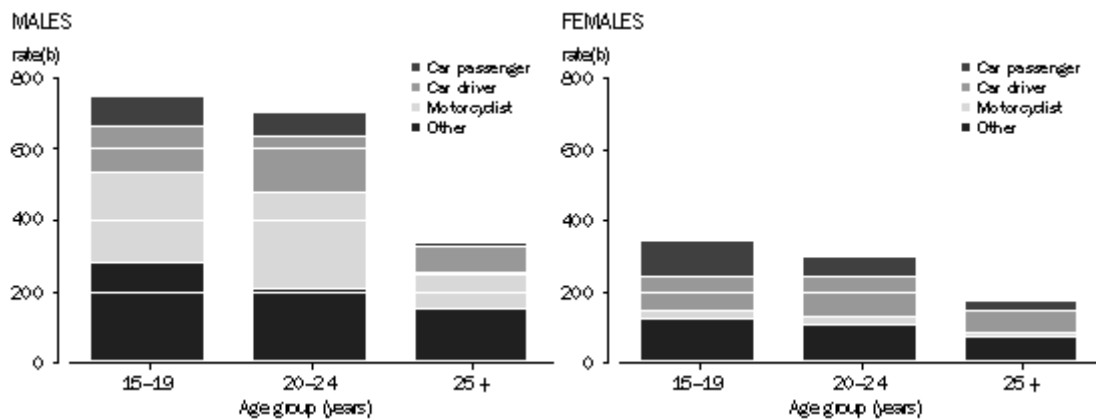
Injury and death from transport accidents

In 2005-06, there were 15,100 hospital separations for transport accidents among young people (aged 15-24 years). Young men had a transport accident hospital separation rate (720 per 100,000) that was over twice as high as that for young women (318 per 100,000). The 2005-06 separation rate was similar to the 1998-99 rate for both young men and women (707 and 295 per 100,000).

Over one-third (36%) of transport accident hospitalisations among 15-24 year old men in 2005-06 were for motorcyclists while 20% were for car drivers and 11% were for car passengers. For young women in this age group the leading accident groups were car drivers (33%) and car passengers (25%). Among all age groups, male and female teenagers aged 15-19 years had the highest car passenger hospital separation rates and 20-24 year old men and women had the highest car driver hospitalisation rates.

Over the period 2004-2006, the average number of transport accident deaths of young people aged 15-24 years was 418 per year. Transport accidents made up a much higher proportion of all deaths among young people (31%) than among people aged 25 years and over (1% of deaths). For male teenagers aged 15-19 years the rate was 19 deaths per 100,000 and for men aged 20-24 years it was 25 deaths per 100,000. For female teenagers aged 15-19 years, the death rate for all transport accidents was 8 per 100,000, similar to that for 20-24 year old women (7 per 100,000).

HOSPITALISATION DUE TO TRANSPORT ACCIDENTS(a) - 2005-06



(a) External causes codes from Chapter XX of the 10th Revision of the International Classification of Diseases, Australian modification (ICD-10-AM).

(b) Hospital separations per 100,000 population.

Source: AIHW National Hospital Morbidity Database.

VIOLENCE

Young people, especially young men, are at a greater risk than other age groups of experiencing violence ([see Australian Social Trends 2007, Interpersonal violence](#)). In the 2005 Personal Safety Survey, 12% of people aged 18-24 years reported being physically assaulted by a man during the last 12 months, and 3% reported physical assault by a woman. The proportion of men aged 18-24 years (19%) who reported experiencing physical assault by a male was almost five times as high as the rate for men aged 25 years and over (4%). A higher proportion of men aged 18-19 years reported this type of violence than did men aged 20-24 years (29% and 15% respectively). Overall, the proportion of young women who were physically assaulted by a man was smaller (5%) and similar for the 18-19 years and 20-24 years age groups.

Of men aged 18-24 years who were physically assaulted by a male, most (77%) reported being attacked by a stranger. In contrast, women in this age group who were physically assaulted by a male were likely to be assaulted by a man known to them (82%).

Young men (aged 18-24 years) most frequently reported that the physical assault occurred at licensed premises (44%) or in the open (34%). For young women, the most common location of physical assault was in their or another person's home (49%).

The majority (79%) of 18-24 year old men who were physically assaulted by another male said that the perpetrator had been drinking alcohol or taking drugs. Just over one-third (34%) also said that they themselves had been drinking or taking drugs. Alcohol and drugs were less frequently reported by women as involved in the assault. Nevertheless, a considerable proportion (37%) of women aged 18-24 years who had been physically assaulted by a man reported that the perpetrator's consumption of alcohol or drugs had contributed to the incident.

'Acts intended to cause injury' are a set of offences (excluding murder and those resulting in death) where there has been an intention to cause non-fatal injury or harm to another person and where there is no sexual or acquisitive element. Among 20-24 year olds in 2006-07, the adjudication rate for acts intended to cause injury was higher than for all other age groups, with the next highest rate being for 25-29 year olds. Men aged 20-24 years were around five times as likely as women in this age group to be adjudicated for this offence (1,034 compared with 225 adjudications per 100,000).

Homicide and related offences refers to killing, trying to kill or conspiracy to kill another person. Compared with most other criminal offences, these offences are relatively rare. In 2006-07, the rate of adjudication for homicide among young people aged 20-24 years was 8 per 100,000.



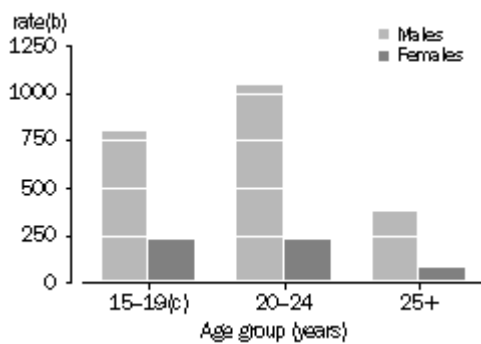
EXPERIENCE OF PHYSICAL ASSAULT BY A MALE PERPETRATOR(a) - 2005

	Males		Females	
	'000	%	'000	%
18-19	82.1	29.5	*18.1	*6.3
20-24	109.1	15.5	29.7	4.5
25 and over	238.7	3.7	147.4	2.2
Total persons aged 18 years and over	429.9	5.7	195.3	2.5

(a) During the last 12 months.

Source: ABS 2005 Personal Safety Survey.

ADJUDICATIONS FOR ACTS INTENDED TO CAUSE INJURY(a) - 2006-07



(a) Principal offence.

(b) Higher, Magistrates and Children's Courts adjudications per 100,000 population.

(c) May include some Queensland Magistrates Courts defendants aged less than 15 years.

Source: ABS Criminal Courts Collection.

OTHER INFORMATION

Data sources and definitions

This article draws on data from a number of ABS sources, including: the Criminal Courts collection; the 2005 Personal Safety Survey; the Causes of Death collection; and the 2004-05 National Health Survey. Also used are data from the AIHW 2007 National Drug Strategy Household Survey (NDSHS) and the AIHW National Hospital Morbidity Database.

While data from different sources have been drawn together to paint a picture of young people and risk taking behaviour, it is not advisable to compare directly between these collections. The different collection methods used mean that the data are not necessarily comparable. Data on use of alcohol and other drugs may be affected by under-reporting, as respondents may be uncomfortable answering questions on this topic, or may not accurately recall their levels of consumption. The response rate for the 2007 NDSHS was 49%.

Young people for the purposes of this article (where data sources permit) are those aged between 15 and 24 years.

Risky/high risk drinking is a term used to describe consumption of alcohol over a short period of time (for example on any one occasion) at levels for which the risk of harm over the short term is considered 'risky' or 'high risk'. These levels of drinking are based on guidelines set by the National Health and Medical Research Council (NHMRC) in 2001. In the 2007 NDSHS, respondents were asked how often in the last 12 months they had consumed certain numbers of standard drinks. Risky drinking refers to seven or more standard drinks in one day for males, or five or more standard drinks in one day for females. High risk drinking refers to eleven or more standard drinks in one day for males, or seven or more standard drinks in one day for females. The 2001 NHMRC guidelines are currently under review to take account of current research. It is anticipated that revised guidelines will be released in July 2008.

Adjudication is a case where the defendant has been found guilty or innocent of at least one of the charges laid against them. Multiple charges relating to the same criminal incident are usually heard together as one case. However, a person involved in more than one criminal incident during the reference period may be adjudicated more than once that year.

Hospital separations

'Separation' is the term used in hospitals to refer to the process by which an episode of care for an admitted patient ends. An episode of care can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of type of care (for example, moving from intensive care to rehabilitation). The same person may undergo more than one separation during the reference period.



Separations data used throughout this article exclude those separations which resulted in death and those where the mode of admission was transfer from another acute-care hospital.

The burden of disease and injury

Levels of death and disability from diseases, injuries and risks to health (known as the burden of disease and injury) are measured using disability-adjusted life years (DALYs). The potential years of life lost due to premature death are combined with the potential years of 'healthy life' lost due to disease, disability or injury - one DALY is equal to one lost year of healthy life. In 2003, the total burden of disease and injury among young people aged 15-24 years was an estimated 197,000 DALYs. Illicit drugs and alcohol were the largest individual contributing risk factors for young males (12% and 11% of these DALYs). For young women, illicit drugs accounted for 5% of the burden, and alcohol 2%. [1](#), [3](#)

Mental health and psychological distress

Young people who experience mental health problems and disorders are at a greater risk of poor health and wellbeing outcomes than other young people. [1](#) Mental health problems and disorders may lead to increased substance use and antisocial behaviours.

The 2004-05 National Health Survey collected information on mental health from people aged 18 years and over using the Kessler-10 Scale, a 10 item scale of current psychological distress. Respondents were asked about negative emotional states in the five weeks prior to interview. The proportion of young women aged 18-24 years who reported high to very high levels of psychological distress (19%) was higher than the comparable proportion of men in this age group (12%). The prevalence of risky/high risk drinking (at least once a week during the 12 months prior to interview) among young women who had reported high to very high levels of psychological distress was significantly higher than among those who reported low to moderate levels (18% compared with 9%). Among young men, the prevalence of risky/high risk drinking was the same (19%) for those who reported high to very high levels of psychological distress and those who reported low to moderate levels.

Causes of death

Over the period 2004-2006, the average number of deaths registered of young men (aged 15-24 years) was 955 per year, and of young women was 389 (equivalent to rates of 66 and 28 deaths per 100,000). 'External causes' was the main underlying cause of death for young people, and was much more common (70% of all deaths in this age group) than among people aged 25 years and over (5%).



PEOPLE AGED 15-24 YEARS: UNDERLYING CAUSES OF DEATH - 2004-2006

	Males	Females
	%	%
External causes		
Transport accidents	33.5	25.2
Intentional self-harm	21.6	15.4
Accidental poisoning	5.0	5.0
Accidental drowning and submersion	2.0	0.6
Assault	1.8	2.3
Falls	1.4	0.6
Other external cause	10.0	9.1
All external causes	75.4	58.1
Drug-induced deaths(a)	5.3	7.2
Neoplasms	6.6	12.9
Other	18.0	28.9
All causes of death	100.0	100.0
	<i>no.</i>	<i>no.</i>
All causes of death(b)	955	389

(a) Proportion excluded from total as includes codes from multiple chapters of the 10th Revision of the International Classification of Diseases (ICD-10).

(b) Three year average.

Source: ABS Causes of Death Collection.



Intentional self-harm and suicide

Intentional self-harm refers to a range of behaviours including cutting, poisoning and attempted suicide. It is likely that only a small number of young people who harm themselves will seek medical treatment.

1 In 2005-06, there were 8,040 hospital separations for intentional self-harm among people aged 15-24 years. The 2005-06 hospital separation rate for young women (392 per 100,000) was higher than in 1998-99 (294 per 100,000). The rate for young men was similar in both 2005-06 (171) and 1998-99 (165).

In 2005-06, female teenagers aged 15-19 years had the highest hospital separation rate for intentional self-harm of all age groups (481 per 100,000), three times that of 15-19 year old teenage males (148 per 100,000). Women aged 20-24 years had the next highest rate with 307 hospital separations per 100,000, while the rate for men in this age group was lower (193 per 100,000).

ENDNOTES

1 Australian Institute of Health and Welfare 2007, [Young Australians: their health and wellbeing 2007](#), cat. no. PHE 87, AIHW, Canberra.

2 National Health & Medical Research Council 2001, [Australian Alcohol Guidelines: Health Risks and Benefits](#), NHMRC, Canberra.

3 Begg, S Vos, T Barker, B Stevenson, C Stanley, L and Lopez, A D, 2007 [The burden of disease and injury in Australia 2003](#), cat. no. PHE 82, AIHW, Canberra.

4 Kandel, D Yamaguchi, K and Chen, K 1992, 'Stages of progression in drug involvement from adolescence to adulthood: Further evidence for the gateway theory', *Journal of Alcohol Studies*, Sep. 1992, pp. 447-457.

5 Hospital separations due to drug use include cases where the person was hospitalised due to an accidental or intentional overdose of illicit drugs or medications; an acute episode of poisoning or toxicity due to drugs, or an acute condition caused by drug use where the hospitalised person was identified as drug dependent.

6 Drug-induced deaths include accidental overdoses of illicit drugs or medications, suicide, assault and deaths of undetermined intent. (Deaths from alcohol, tobacco and volatile solvents like petrol are excluded, as are deaths from accidents involving drug-affected people.)

7 Smart, D and Vassallo, S 2005, [In the driver's seat: understanding young adults' driving behaviour](#), Australian Institute of Family Studies, Melbourne.



8 Australian Bureau of Statistics 2007, [Information Paper: External Causes of Death, Data Quality](#), 2005, cat. no. 3317.0.55.001, ABS, Canberra.

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