YSAS
SEEING YOUTH IN A DIFFERENT LIGHT

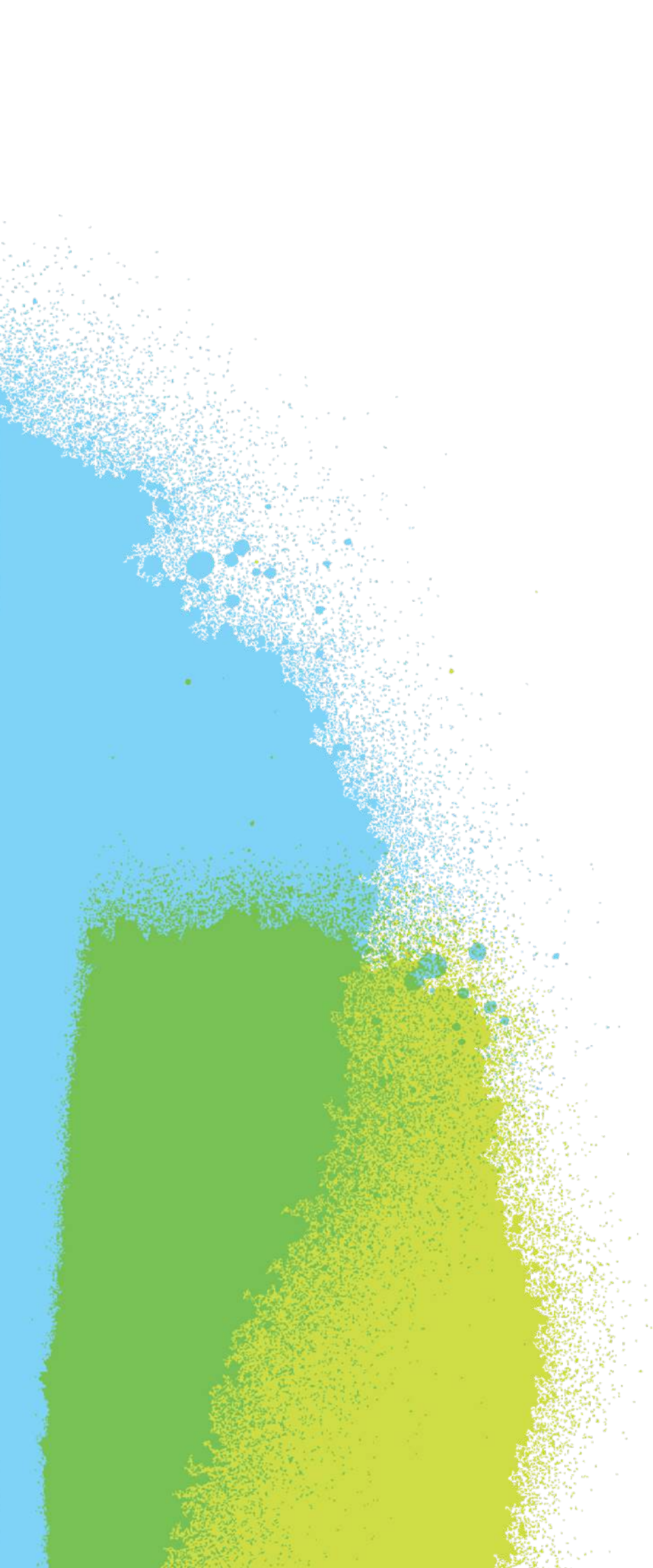
The Centre for YouthAOD Practice Development

YoDAA YOUTH DRUGS + ALCOHOL ADVICE

YOUTH ALCOHOL AND OTHER DRUG (AOD) TREATMENT IN VICTORIA

A TEN POINT PLAN FOR IMPROVING THE LIVES OF VICTORIAN YOUNG PEOPLE AND FAMILIES EXPERIENCING AOD-RELATED HARM

YOUTH SUPPORT + ADVOCACY SERVICE



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OVERVIEW

Why was the Victorian 'Youth AOD service system' established in 1998?

The Premier's Drug Advisory Council (PDAC) found adult-focused AOD treatment inaccessible, ineffective and potentially unsafe for young people aged up to 21 years of age, and particularly for those under 18.

Children and young people require specialist treatment that is developmentally appropriate[1]. This is universally agreed and is backed by strong evidence (See Fact Sheet 1).

The Victorian Drug Policy Expert Committee confirmed that placing young people in a drug treatment service targeted at adults can have a detrimental effect and put them at risk.

What does the funded 'Youth AOD service system' offer?

The system[2] includes:

- Place-based **Youth AOD Outreach** taking a range of effective interventions to young people and families
- Safe, age-appropriate **Residential Programs** facilitating withdrawal from substances and long-term, positive development (rehabilitation)
- Intensive **Therapeutic Day Programs** that provide primary health care and rehabilitation
- **Online and Telephone Counselling and Support** for young people and families providing links to more intensive support where appropriate.
- **Youth AOD nurses** providing **home-based withdrawal** and care

(For more detail see Fact Sheet 2)

The Youth AOD service system is effective

Since inception the Youth AOD service system has been reviewed or evaluated four times, including by the Premier's Victorian Drug Policy Expert Committee (See Fact Sheet 3). Youth AOD services:

- Enable an extremely complex client group to achieve positive changes overall in a range of markers of substance use severity and risk and in wider life domains[3]
- Were highly responsive and flexible, and created a rapid increase in the number of young people accessing AOD treatment[4]
- Were well-linked with other service systems and provided valuable secondary consultation
- Worked well with young people with complex co-existing problems, including:
  - High levels of substance dependence and poly-drug use
  - Psychiatric diagnoses (including histories of self-harm and suicide attempts)
  - Domestic stability and low levels of social and family engagement
  - Involvement with the Criminal Justice system

Recent State Government investment in AOD treatment did not provide for Victorian young people[5]

The current State government is to be commended for the $184 million Ice Action Plan and the $87 million Drug Rehabilitation Plan (including 100 new residential rehab beds in March 2018).

Neither of these plans, provided for investment in AOD services for young people. Further, none of the 100 new rehabilitation beds are suitable and safe for adolescents, particularly those who are minors.

This is difficult to justify, given the growing number[6] of Victorian children and young people combined with the prevalence of AOD use among this population and the associated risk of harm.

Currently, investment in the specialist youth AOD treatment system is near 5% of the overall investment made in AOD treatment in Victoria.

1 Developmentally appropriate service provision requires the deliberate use of strategies tailored to the requirements of young people at particular developmental stages. Merely agreeing to see young people does not guarantee Developmentally appropriateness.

2 The State also funds specialist services for Aboriginal and GLBTQI communities that also work with young people. Other services that aren't State funded include Pharmacotherapy peer-support programs such as AA and NA.

3 Best, D., Wilson, A., Reed, M., Harney, A., Pahoki, S., Kutin, J., Lubman, D. (2012). Youth Cohort Study: Young people's pathways through AOD treatment services. Melbourne: Turning Point Alcohol and Drug Centre.

4 Victorian Drug Policy Expert Committee (2000) Drugs: Meeting the Challenge. Stage Two Report. http://www.dhs.vic.gov.au/phd/dpec/index.htm

5 It is acknowledged that in 2015, the State invested $1.9 million in youth outreach service provision and is about to fund 6 short term Youth AOD Outreach positions focussed on the South Sudanese communities in the Cities of Wyndam and Greater Dandenong

6 In 2016, there were 82,864 more Victorian young people (aged 10-19) than in 1996 when the original Youth AOD service system was planned - A 13% increase.

THE CASE FOR INVESTMENT IN YOUTH AOD

Current demand for Youth AOD treatment services is overwhelming

Youth AOD services in Victoria are overwhelmed with current demand. Every service operated by YSAS, the largest provider of youth AOD services in Victoria, is at full capacity and has a waiting list. For example:

YSAS has 30 outreach workers in teams across eight locations. If an additional 30 were employed, their caseloads would be full immediately.

YSAS operates four residential AOD programs. As at August 1, 2018, 135 young people were on the waiting list for 31 treatment beds. All have been assessed as suitable and needing the service.

Two year wait list data analysis for Birribi (Youth AOD Residential Rehab) reveals that:

- 273 were assessed as suitable and on the waiting list (average age 18.2 - 24% were in the 15-17 year age range)
- 76 days was the average wait for those who were admitted
- Only 35% on the waiting list transitioned into the program

Substance misuse and dependence continues to be a leading cause of harm for Victorian young people and their families.

- Among young people, overdoses of alcohol and other drugs compete with road crashes as leading causes of death, and the contribution of AOD intoxication and misuse to suicide, violence and other crime is well established.
- 37% of young people already engaged by the youth AOD treatment system in Victoria suffered one of the following substance related harms in the previous three months:
  - Hospital or ambulance attendance
  - Physical injuries or harm
  - Driving while substance affected
  - Having unprotected sex
  - Being the victim/or perpetrator of physical violence.

Adolescence is the key developmental period for the emergence of substance use disorders (SUD) and problems.

- While substance use disorders are rarely seen in children under 12, there is a sharp increase in prevalence from ages 12 to 18.
- Where AOD problems occur during adolescence (10-18 years of age) and are not addressed, there is a high risk that by young adulthood (21 -25 years of age) extremely poor health and social outcomes for individuals and families will result. This includes:
  - Transition to methamphetamine (ICE), opiates and injecting as a route of administration
  - Entrenched and dependent substance use patterns
  - Lower educational and occupational attainment
  - Higher levels of aggressive and violent behaviour
  - Increased engagement with the criminal justice system
  - Poor mental health and high rates of self-harm

Treatment works and early intervention is cost effective

A recent cost-benefit analysis commissioned by the Department of Education in the UK[7] found that specialist drug and alcohol services for young people are extremely cost-effective. Significant social and economic gains can be returned to society by prioritising early intervention.

> Frontier Economics calculated a **benefit of £4.66 - £8.38 for every £1 spent** on young people's drug and alcohol treatment.

The return on investment comprises:

- Savings in impact of crime and health costs
- Savings from reduction in cost associated with long-term AOD dependency
- Better education and employment outcomes

7 Frontier economics (2011) Specialist drug and alcohol services for young people – a cost benefit analysis. Department of Education UK

TEN POINT PLAN

1.

Prioritise young people who are most at risk

2.

Intervene early to prevent years of unnecessary harm and cost

3.

Focus on proactive engagement and treatment retention

4.

Invest in lasting results – interventions of sufficient intensity and duration

5.

Modify the existing youth AOD service system for greater performance

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Further integrate youth AOD services with other youth-specific service systems

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Systematic involvement of families and carers

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Expand the youth AOD service system to match population growth – targeting growth communities

9.

Address chronic under-servicing of young people living in rural and remote communities

10.

Improve service co-ordination and planning to meet the changing AOD-related needs of youth populations in Victorian communities

1.

Prioritise young people who are most at risk

Why

Young people who are most at risk experience the highest levels of substance use severity and psychosocial complexity. A strong correlation exists between the two.[8]

It is vital that co-existing issues are addressed simultaneously, if positive outcomes are to be achieved. This means addressing:

- Substance use and mental health problems
- Engagement in criminal behaviour
- Homelessness
- Limited social and economic participation

An effective Youth AOD service system, collaborating with other relevant youth services, can mitigate the extreme cost of the criminal activity and adverse health outcomes associated with problematic substance use in the short and long term.

The United Nations confirm that 'especially vulnerable' young people were greatly benefited from outreach, case management or more intensive treatment based on sound assessment[9].

There is an opportunity to build on the effectiveness of the current Youth AOD service system by engaging and enabling this most at risk population of young people to stabilise and make positive changes.

Recommended actions

1. Ensure that the Youth AOD service system in Victoria:
    - Retains sufficient capacity to simultaneously address substance use problems and the complex psychosocial issues that act as determinants for substance use problems.
    - Retains outreach as an effective method of delivering interventions and providing continuous care to youth AOD clients that are most at risk.
    - Retains unique, youth-specific residential programs and intensive programming that enable clients to create stable foundations to address complex problems.
    - Further integrates with other youth-focussed service systems capable of addressing complex psychosocial issues.
2. Invest in new Youth AOD Outreach practitioners across Victoria to respond to young people in local communities who are most at risk of serious AOD related harm
3. Increase Residential Youth AOD treatment capacity in Victoria

8 Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

9 U.N. (2004). World Youth Report 2003: The global situation of young people, Department of Economic and Social Affairs of the United Secretariat, United Nations, United Nations Publications.

2.

Intervene early to prevent years of unnecessary harm and cost

Why

Individuals who develop substance abuse disorders in adolescence are more likely to have those symptoms persist into adulthood[10]

The earliest possible intervention is imperative to prevent or restrict the negative impact of substance use on the developing adolescent brain.

The recent ThYNC study (2017)[11] findings point clearly to intervening early with young people up to the age of 17, who haven't yet moved from cannabis and alcohol to more impactful substances, such as methamphetamine. Also, in this age group schooling and employment that have not yet dropped off when compared to older Youth AOD service users.

There is strong evidence that an investment in AOD early intervention at the local level can modify the risks to young people and protect the health and wellbeing of families and communities.

Early intervention refers to interventions targeting people displaying emerging signs and symptoms of developing drug and alcohol problems. Early identification of these young people enables a timely, effective and appropriate response that prevents the problem from progressing and becoming entrenched.

The Centre for Mental Health at the University of Melbourne's School of Population and Global Health (the 'Centre') identifies that early intervention is necessary, and that all sectors need to work together to identify priority populations and common risk and protective factors that will be targeted in collaborative intervention programs[12].

Youth AOD services need to be delivered in settings where young people's substance use issues first become apparent. This involves establishing a mechanism to:

- Engage young people who have disconnected or are at risk of disconnecting from school
- Provide supports that retain or reconnect them with education or supported employment.
- Identify and support families under pressure
- Target and deliver AOD interventions for Victoria's most disadvantaged and vulnerable young people such as those in out-of-home care and Youth Justice settings.

10 Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. Human Genetics, 131(6), 779-789; p783.

11 Hallam, K. T., Landmann, O., Hall, K., Kutin, J., Bruun, A., & Ennis, D. (2018). The Victorian Youth Needs Census: Report on the Needs and Characteristics of Young People in the Youth Alcohol and Other Drug System in 2016-2017. Melbourne, Australia

12 Mitchell, P.F. (2014) Victoria's most disadvantaged and vulnerable young people: a fresh look at needs for health and social care services. The Centre for Mental Health: Melbourne School of Population and Global Health, University of Melbourne.

- Early interventions need to be timely and attractive to young people who do not yet see their substance use as a problem, or at least not one requiring treatment. Mobile practitioners who are experts at engaging and are qualified to work with young people and families are critical.

Recommended actions

1. Establish local Youth-Drug and Alcohol Response Teams (Y-DARTs) that provide targetted intervention for young substance users who are 17 years of age and under to:
    a. Prevent progression to methamphetamine and opiate use, multiple substance use and injecting.
    b. Strengthen and protect healthy connectedness with family/carers and to school, work or other meaningful activity.
2. Build the capacity of Youth AOD services to assist families, carers and school communities to identify and respond to young people with emerging substance use issues.
3. Maximise the use of outreach for:
    - Engaging younger clients and retaining them in treatment
    - Taking early intervention programming into schools, out-of-home-care and justice settings
4. Deliver activity-based programs that offer pro-social risk taking and connect young people to constructive activities and relationships, and that are not compatible with problematic substance use.

3.

Focus on proactive engagement and treatment retention

Why

Youth AOD treatment and early intervention services can only be effective if young people and families affected by substance use problems can be engaged and retained in treatment.[13][14]

This is critical for young people who are less proactive than adults in seeking treatment for health concerns and who are more difficult to engage.

The current Youth AOD service system has been effective in making treatment accessible by providing multiple and varied points of entry to services and maintaining strong links with potential referrers, such as Child Protection and Youth Justice.

Research into treatment effectiveness for adolescents produces clear findings:

- Young people want attractive, youth-friendly spaces in accessible central locations[15][16]
- Young people are sensitive to the potential for stigmatisation, so it is important that services are inclusive and do not make young people feel different from their peers[17]
- For young people experiencing instability in their lives, a space that is physically and emotionally safe and provides respite from violence at home or the dangers of street life is a critical starting point[18][19].
- Assertive outreach or mobile services in a wide variety of settings where vulnerable youth may be found facilitates better access to services,[20][21] as does providing a variety of different services in a single location[22]

13 Brannigan, R., Schackman, B. R., Falco, M., & Millman, R. B. (2004). The quality of highly regarded adolescent substance abuse treatment programs. Archives of Pediatric and Adolescent Medicine, 158, 904-909.

14 Henderson, C. E., Young, D. W., Jainchil, N., Hawke, J., Farkas, S., & Davis, R. M. (2007). Program use of effective drug abuse treatment practices for juvenile offenders. Journal of Substance Abuse Treatment, 32, 279-290.

15 Barry, P. L., Ensign, J., & Lippek, S. L. (2002). Embracing street culture: Fitting health care into the lives of street youth. Journal of Transcultural Nursing, 13(2), 145-152.

16 Crago, A., Wigg, C., & Stacey, K. (2004). Youth-friendly practice in mental health work. Youth Studies Australia, 23(2), 38-45.

17 Statham, J. (2004). Effective services to support children in special circumstances. Child: Care, Health & Development, 30(6), 589-598.

18 Karabanow, J., & Clement, P. (2004). Interventions with street youth: a commentary on the practice-based research literature. Brief Treatment and Crisis Intervention, 4(1), 93-108.

19 Meade, M. A., & Slesnick, N. (2002). Ethical considerations for research and treatment with runaway and homeless adolescents. The Journal of Psychology, 136(4), 449-463.

20 Busen, N. H., & Engebretson, J. C. (2008). Facilitating risk reduction among homeless and street-involved youth. Journal of the American Academy of Nurse Practitioners, 20, 567-575.

21 Ozechowski, T. J., & Waldron, H. B. (2010). Assertive outreach strategies for narrowing the adolescent substance abuse treatment gap: implications for research, practice and policy. The Journal of Behavioral Health Services & Research, 37(1), 40-63.

22 Meade, M. A., & Slesnick, N. (2002). Ethical considerations for research and treatment with runaway and homeless adolescents. The Journal of Psychology, 136(4), 449-463.

- Care coordination or case management is critical to the ongoing engagement of young people with complex needs[23]
- Strong referral networks, raising awareness, and collaborative links among gateway service systems (such as Youth Justice, mental health, child welfare, school counselling and homeless support) also help to identify and refer young people to AOD services[24].

Recommended actions

1. Further support the YoDAA[25] 'next step' intensive treatment connection service as a mechanism for linking young people and families to Youth AOD services in their communities
2. Make Youth AOD services more accessible through:
   - Having multiple access points
   - Limiting complex and impersonal intake systems and processes
   - Maintaining strong links with potential referrers, including the option of joint care planning.
3. Increase the number of Youth AOD outreach workers capable of taking services to young people and families
4. Develop more primary health and activity-based youth AOD day programs in local communities that give young people control over when they attend.

4.

Invest in lasting results – interventions of sufficient intensity and duration

Why

Evidence from research into treatment effectiveness makes it clear that:

- Young people need to be exposed to enough treatment and support for it to have an effect,[26] and for changes to endure over time[27].
- The length of treatment is directly linked to the reduction of drug use over time.[28]
- The intensity of an intervention and the duration of engagement with a service needs to match the severity of problems and the risks faced by the individual[29 30].
- Adolescents with complex needs and multiple developmental challenges require a much longer duration of treatment involvement[31]
- A multi-systemic approach is more effective than the use of singular treatments[32 33 34]
- The best results from treatment are achieved through continuity of care. Therapeutic relationships deliver the best results when they continue over the long term and focus on making the gains made by young people sustainable post-treatment. [35]

23 Schuetz, S., & Berry, M. (2009). Review of best practice around behaviour change in young offenders with alcohol and other drug issues. Melbourne: Caraniche for Australian Community Support Organisation.

24 Ozechowski, T. J., & Waldron, H. B. (2010). Assertive outreach strategies for narrowing the adolescent substance abuse treatment gap: implications for research, practice and policy. The Journal of Behavioral Health Services & Research, 37(1), 40-63.

25 YoDAA – next step

26 Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention - Principles of effective prevention programs. American Psychologist, 58(6-7), 449-456.

27 Small, S. A., Cooney, S. M., & O'Connor, C. (2009). Evidence-informed program improvement: using principles of effectiveness to enhance the quality and impact of family-based prevention programs. Family Relations, 58(1), 1-13.

28 Schuetz, S., & Berry, M. (2009). Review of best practice around behaviour change in young offenders with alcohol and other drug issues. Melbourne: Caraniche for Australian Community Support Organisation.

29 Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention - Principles of effective prevention programs. American Psychologist, 58(6-7), 449-456

30 Schuetz, S., & Berry, M. (2009). Ibid

31 Schuetz, S., & Berry, M. (2009). Ibid

32 Brannigan, R., Schackman, B. R., Falco, M., & Millman, R. B. (2004). The quality of highly regarded adolescent substance abuse treatment programs. Archives of Pediatric and Adolescent Medicine, 158, 904-909.

33 Chassin, L. (2008). Juvenile Justice and Substance Use. Future of Children, 18(2), 165-183.

34 Kidd, S. A. (2003). Street youth: coping and interventions. Child and Adolescent Social Work Journal, 20(4), 235-261.

35 Slesnick, N., Kang, M. J., Bonomi, A. E., & Prestopnik, J. L. (2007). Six- and twelve-month outcomes among homeless youth accessing therapy and case management services through an urban drop-in center. Health Services Research, 43(1), 211-229.

5.

Modify the existing youth AOD service system for greater performance

Why

Since inception in 1998, there has been no systematic planning applied to the Youth AOD Service system in Victoria .

While there is a strong case for increased investment into current service types and new service offerings, modifications can be made to the existing service system that will improve performance and benefit young people and families experiencing AOD-related harm. These modifications will require some investment but they will be extremely cost effective.

Recommended actions

1. Create more appropriate and better targeted treatment pathways into and through Youth Residential AOD treatment in Victoria
2. Create effective, joined-up responses to the AOD-related issues of young people who are also clients of other service systems, such as Child Protection and Family Violence
3. Create greater efficiencies and enhance connectivity between clients and services and also between services through applying technology-based solutions

Recommended actions

1. Fund Youth AOD treatment on the attainment of sustainable and measurable outcomes, not just activity.
2. Ensure that assessment and Youth AOD care planning identifies:
   a. The required intensity and duration of treatment
   b. A plan for how positive treatment outcomes will be sustained in the community post treatment
3. Enable Youth AOD outreach workers to co-ordinate continuous care for young people that is of a sufficient duration
4. Ensure that the programming for Residential Youth AOD treatment continues into the community post-residential component of the program.
5. Include programming and integrate Youth AOD services with agencies that facilitate the connection of young people to employment, education and training.

6.

Further integrate youth AOD services with other youth-specific service systems

Why

Youth AOD clients with serious substance use problems also experience co-occurring psychosocial issues that create life complexity[36].

Responding effectively to the range of issues and risks with which Youth AOD clients are contending requires integration with other youth and health service systems, including: youth homelessness; youth justice; child protection; out-of-home-care; education; and mental and primary health.

Within the current Youth AOD system, the flexibility and mobility of outreach enables effective collaboration and care co-ordination. Also, fixed-site services such as day and residential programs operate as part of the broader youth sector and the local communities in which they are based. These offerings all invite participation from external health, recreation, education and community service providers in order to implement a well-rounded program for their clients. From these fixed-site services, programming is also conducted in the community and with other organisations.

Work at the systems level and within peak bodies and service networks provides an opportunity for vital collaboration to succeed.

Recommended actions

1. Ensure that the assertive linkage aspect of outreach-based youth AOD treatment continues to:
    - Increase options for collaborative care planning
    - Maximise the efficiency of other services and treatments provided within other sectors
    - Reduce the exclusion from services
2. Develop formal protocols that articulate how day programs and residential treatment services (as fixed-site services) can function as step-up / step-down options from programs in other sectors.
3. Encourage Youth AOD services to be located or have a presence in local and multiple service hubs, such as the Orange Door (Support and Safety Hubs)[37]
4. Develop the leadership within organisations to work at the systems level with peak bodies and service networks to:
    - Support effective frontline collaboration; and
    - Identify and correct service gaps or overlaps.

7.

Systematic involvement of families and carers

Why

Many families are under-recognised and under-utilised resources that can provide helpful support for young people.

Families are a vital source of protection and care for young people with AOD problems, but they can also be a key source of stress and risk. Primarily, domestic instability and family conflict need to be addressed as they are factors most strongly predictive of intractable substance-related and wider life problems [38]

Youth AOD services across a range of service types seek to collaborate with families and carers on the common goals of protecting their child's safety, health and wellbeing, and future prospects. The goals of family-focused interventions are to:

- Engage families in the care and support process as much as possible
- Motivate and enable family members to provide emotional and practical support that assists the young person along a positive developmental pathway

Family members include caregivers who may not be kin, such as foster parents. Young people who are parents are also a group that requires proactive engagement and specialist assistance.

Not all young people will want to directly involve family members. Sometimes family involvement is inappropriate, and sometimes the young person will benefit from working individually for a period of time and become open to family involvement at a later stage.

There is now a large evidence base for the effectiveness of specially designed, culturally sensitive strategies to achieve high rates of family engagement and better outcomes for highly marginalised and vulnerable young people[39]

36 Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

37 Victorian Government Support and Safety Hubs: Orange Door https://www.vic.gov.au/familyviolence/the-orange-door.html

38 Best, D., Wilson, A., Reed, M., Harney, A., Pahoki, S., Kutin, J., et al. (2012). Youth Cohort Study: Young people's pathways through AOD treatment services. Melbourne: Turning Point Alcohol and Drug Centre.

39 Bruun, A., & Mitchell, P. F. (2012). A resource for strengthening therapeutic practice frameworks in youth AOD services. Melbourne: YSAS Pty Ltd.

Recommended actions

1. Enable all Youth AOD services and practitioners to provide family work
2. Ensure that contracts for youth AOD services include working with families and carers as a standard activity, even when the young person is not involved.
3. Increase support for YoDAA to deliver telephone or web-based services that support families and carers seeking help.
4. Empower YoDAA to develop and facilitate a 'community of practice' among Victorian youth AOD service providers that focuses on effective intervention and support for families and carers.
5. Ensure that youth AOD practitioners have access to secondary consultation and professional development on effectively supporting and involving families and carers
6. Build the capacity of community-based family therapists to understand and respond effectively to the needs of young people and families with AOD issues.

8.

Expand the youth AOD service system to match population growth – targeting growth communities

Why

Since 1996, when the implementation of the Youth AOD Service System was being planned, the number of Victorian young people (aged 10-19) has increased by 82,864 (13.48%):

- 1996 - 614,539
- 2016 - 697,403

There has not been a commensurate increase in the number of youth AOD outreach workers servicing Victorian communities.

Further, the population of young people residing in Melbourne's interface municipalities is set to increase markedly over the next ten years. There is already a severe lack of youth AOD services for young people and families in these communities.

Table 1: Increase in 10-18 year old population in Melbourne's interface municipalities (in growth corridors)[40]

Municipality	Additional number of 10-18 year olds in 2018	Percentage 10-18 year old Increase by 2028
City of Casey	12,315	30.5%
Cardinia Shire	7,649	57.8%
City of Whittlesea	10,373	43.9%
Hume City	8,921	32.7%
City of Melton	10,117	51.6%
City of Wyndham	16,383	57.4%

Recommended actions

1. Create an evidence-informed plan for reinvestment in Victoria's Youth AOD service system
2. Establish Youth-Drug and Alcohol Response Teams (Y-DARTs - see below) in each of Melbourne's interface municipalities and other key locations across Victoria

40 Australian Bureau of Statistics http://www.abs.gov.au/census

9.

Address chronic under-servicing of young people living in rural and remote communities

Why

Rural and regional areas of Australia experience greater disadvantage and poorer socioeconomic circumstances when compared with metropolitan areas[41].

The National Rural Health Alliance (2015) reports that:

- The proportion of the population consuming illicit drugs increases with remoteness,from 14.8% of the population in major cities to 18.8% of the population in remote and/or very remote areas.
- The proportion of the population in remote and/or very remote areas who consume amphetamine-type substances is double that of major cities.

VAADA Sector Priorities Survey (2016) and 'Catchment Based Planning' across Victoria has identified significant gaps in service capacity in a number of rural and regional areas of Victoria. These gaps in capacity are more extreme for young people and families endeavouring to access Victorian Youth AOD services.

YoDAA (Youth Drug & Alcohol Advice) connects all Victorian youth AOD services and assists young people and families to access the most suitable AOD treatment service for them. The YoDAA team report that:

- There are large tracts of Victoria that currently have no dedicated Youth AOD service coverage (e.g. Swan Hill to Echuca)
- Dedicated youth AOD positions have been absorbed into adult AOD services since recommissioning

A case example – request to YoDAA for assistance:

- The escalating substance use of a 15 year-old from Swan Hill led to disengagement from school. His stepfather, his only support, had recently suicided. The school phoned with concern. After numerous phone calls from YoDAA trying to find a service, a retired policeman known to the family agreed to see the young person to provide secondary consultation from the closest AOD service.

Recommended actions

1. Create equitable access to treatment for all Victorian young people
2. Ensure that there is one or more Youth AOD outreach workers within range of every location in Victoria
3. Enhance YoDAA's capacity to provide Youth AOD services and workers in rural and remote communities with practice development resources, secondary consultation and linkages
4. Invest in technology to increase the connectivity of rural and remote AOD services and workers and to augment treatment

41 National Rural Health Alliance (2012).

10.

Improve service co-ordination and planning to meet the changing AOD-related needs of youth populations in Victorian communities

Why

The Youth AOD service system has within it a diverse range of programs and initiatives that are offered across the State.

Statewide planning and co-ordination of this system would:

- Improve the consistency and quality of Victorian Youth AOD services wherever they are delivered (e.g. through joined-up policy development, secondary consultation, professional development, and online learning)
- Improve access for young people, families and referring workers and sectors (such as schools)
- Ensure that youth AOD services and workers in different locations can identify and respond to emerging need within diverse communities (see below)
- Act as an early warning system, identifying AOD issues that impact on young people, families and communities so that government and relevant stakeholders, such as the police, can be proactive in their response
- Drive innovation in Youth AOD services through sharing new evidence on what works and best practice from inside and outside of Victoria
- Facilitate more active and meaningful participation of young people and families in designing effective services to meet their needs and to provide quality assurance
- Provide a mechanism for government policies and initiatives to be implemented within Victorian AOD services and for linkages with other sectors

Planning and co-ordination creates efficiencies and capitalises on synergies but does not involve management and decision making for organizations operating Youth AOD services.

There are not enough services in each of the 17 DHHS catchments to warrant catchment-specific co-ordination and planning function as provided for Adult AOD services in Victoria. Further, the Youth AOD field is specialised. Statewide planning and co-ordination is therefore the most appropriate solution and it can be linked with and support the adult AOD catchment-based planning to apply a appropriately a youth AOD lens.

There is also a great opportunity to bring expert practitioners and service providers together with researchers and policy-makers to develop an evidence-base that can inform the design of effective treatment, early intervention and heath-promotion initiatives for young people and families affected by substance use problems.

YoDAA (Youth Drug and Alcohol Advice) is an ideal structure to build on for the purpose of youth AOD sector planning, co-ordination and development.

YoDAA (Youth Drug and Alcohol Advice) YoDAA represents the thirty-six partner organisations that provide Youth AOD Services in Victoria (see Fact Sheet 4 - YoDAA partners).

- YoDAA is staffed by a dedicated team of experienced youth AOD professionals
- YoDAA provides online content, a phone line, live webchat and email services all of which contribute to a more accessible, coordinated and navigable youth AOD service system in Victoria.
- For practitioners, YoDAA offers secondary consultation on care planning and navigation of youth-specific and AOD service systems.
- YoDAA is a platform to share innovative practices and useful resources together with news, events and information on emerging research.

YoDAA is already formally linked with all relevant peak bodies (Victorian Alcohol and Drug Association (VAADA), Youth Affairs Council Victoria (YACVic) and The Centre for Excellence in Child and Family Welfare) and organisations representing diverse populations such as Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Victorian Aids Council (VAC) and The Centre for Multicultural Youth (CMY).

Young people from diverse communities also require specialised services and initiatives, but the youth AOD service system in general also requires a capability to work effectively with:

- Aboriginal young people
- Young people from culturally and linguistically diverse (CALD) backgrounds
- Young people who are refugees and unaccompanied minors
- Young women
- Lesbian, gay, bi, trans, intersex and queer young people
- Young parents
- Young people in Out of Home Care

Recommended actions

1. Build YoDAA's capacity to provide formal planning and co-ordination for the youth AOD service system in Victoria. This includes:
    - Identifying emerging needs in diverse populations, and changing substance use patterns and trends in Victoria
    - Developing the capacity of youth AOD services to implement effective responses to the identified need
    - Establish best practice guidelines for client participation and facilitate their implementation and continued development

NEW INVESTMENT REQUIRED IN YOUTH AOD TREATMENT IN VICTORIA

- Government has an opportunity enact the 10 point plan by investing in the following programs and services
- Summaries of each program type are provided with an indicative costing
- Full proposals with detailed costings can be provided on request – **reception@ysas.org.au**
- Capital Expenditure for establishment of new residential Youth AOD treatment is not included

Place-based responses for Victorian communities

30 Enhanced Youth AOD Outreach Practitioners Throughout Victoria - $4.2 million

- Youth AOD Outreach practitioners are experts at engaging young people with AOD problems and delivering evidence-based interventions to improve safety, health and future prospects
- Youth AOD Outreach is a critical mechanism for linking and coordinating activities across related services and sectors, including youth homelessness, criminal justice, Child Protection, education and employment, and mental health
- Enhanced practitioners would have a formal role in treatment preparation and transition planning with Victoria's youth AOD Residential treatment programs
- An additional 1,650 young people will receive treatment

12 Early Intervention Youth-Drug & Alcohol Response Teams - $9 million

Youth-Drug & Alcohol Response Teams (Y-DARTS) are positioned within local communities to provide young people and families with effective programs and services when substance use issues first become apparent.

Y-DARTS are required urgently in Melbourne's growth communities and municipalities experiencing high levels of disengagement as per the Australian Bureau of Statistics Census, 2016.

Each Y-DART team comprises three Youth AOD practitioners with family work expertise and one AOD Nurse. Resilience-based treatment and a range targeted interventions are delivered to:

- Prevent an entrenched and dependent pattern of substance use developing
- Prevent progression to methamphetamine and opiate use, multiple substance use and injecting.
- Strengthen and protect healthy connectedness with family/carers and to school, work or other meaningful activity.

Y-DARTS engage families as a vital part of the solution to prevent early substance use problems from resulting in long term developmental harm.

Each Y-DARTS would develop formal links with school communities, the Police, Support and Safety Hubs (Orange Doors) and key service providers (particularly Out of Home Care and Youth Justice) to identify priority populations and local risk and protective factors that will be targeted through joined up programming.

Y-DARTS also provide structured, evidence informed, therapeutic AOD programs that equip young people with the skills and motivation to pursue life opportunities that are not compatible with problematic substance use. Depending on local need, this can include Regen's Catylyst or YSAS programs such as SHERPA (Supporting Health, Education, Recreation and Personal Autonomy) or the 'Level Up - Skills for Life' program.

Residential Youth AOD treatment beds and improved system capacity

Application of a systemic approach to the delivery of Residential Youth AOD treatment in Victoria will result in the best return on new investment and significant productivity improvements from existing services. The benefits include:

- More young people with access to the type of Residential AOD treatment matched to their needs and higher bed occupancy rates
- Faster access to bed-based services and greater continuity of care
- Better coordinated and streamlined transitions between and through bed based services and community programs, including aftercare and follow up

This can be achieved by:

- Centralised co-ordination of access to all Residential Youth AOD treatment beds (intake would still be the responsibility of each program)
- Integrating the new enhanced youth AOD Outreach practitioners to provide a treatment preparation and transition planning function (in community)
- Incorporating two new Residential Rehabilitation program types into the system (intensive 'short stay rehabilitation' and 'rehab transition programs')
- Building long-term transition planning and aftercare into all residential rehabilitation programs

30 New Residential Rehabilitation Beds - $7.5 million

- Service system planning will determine the allocation of beds to intensive 'short stay rehabilitation', 'rehab transition' or traditional youth AOD Residential Rehabilitation programs
- Intensive 'short stay' (28 day) rehabilitation' - a medium term hybrid option (includes some withdrawal capacity) for young people not needing a long term residential program but who need more than 6-7 day acute withdrawal stay. This type of rehabilitation can also prepare young people for a 'step up' into a long-term program. This option is particularly suitable for methamphetamine users and young people attempting to stabilise on pharmacotherapies.
- 'Rehab transition' programs are a step-through option with full focus on preparation for return to community life and maintenance of treatment outcomes. Program features include high levels of family/community engagement and connection to an enhanced youth AOD practitioner (in community). Rehab transition programs create an option for young people to move from long-term residential rehab to more suitable services geared to transition, and will free up occupancy in long-term residential rehabilitation by shortening length of stay.

Co-ordinated Access and Transition Service (CATS) - $240,000

- Centralised co-ordination of access to programs (residential beds) and transition to community
- Pro-active care planning for those waiting on entry to programs or transitioning from them (including co-ordinated involvement of enhanced youth AOD Outreach practitioners in local communities)
- Real time reporting on critical data, such as client characteristics and issues, demand for services, conversion from waiting list, etc.
- Capability to facilitate performance improvement and service development initiatives

Statewide and Inter-Sector Initiatives

Statewide Planning and Co-ordination of the Youth AOD Service System - $210,000

YoDAA is an ideal structure to build on for the purpose of youth AOD sector planning, co-ordination and development. Critical functions would include:

- Improving access and service system navigability
- Identifying emerging needs and changing substance use patterns and trends that impact on young people and families in Victoria
- Improving the consistency and quality of services through joined-up policy development, secondary consultation, professional development, and online learning
- Facilitating more active and meaningful participation of young people and families in designing effective services to meet their needs and to provide quality assurance
- Providing a mechanism for government policies and initiatives to be implemented within Victorian AOD services, and for linkages with other sectors
- Bringing expert practitioners and service providers together with researchers and policy-makers to develop an evidence base that can inform the design of effective treatment, early intervention and heath-promotion initiatives for young people and families affected by substance use problems
- To undertake effective service co-ordination and development capital investment is required.

Investment in Technology Enabled Advice and Intensive Treatment Connection - $250,000

To undertake effective service co-ordination and the efficient delivery of the advice and intensive treatment connection service YoDAA requires:

- A website upgrade, an integrated call centre phone system and improved data management technology
- An upgrade of the VicHealth award winning "Working it out with YoDAA" on-line advice and access tool. This interactive online AOD tool enables young people to self-assess and connect directly online to YoDAA for further support or connection to treatment. Families, teachers and workers from different fields can also facilitate help seeking by guiding a young person through using the tool.
- These upgrades seamlessly link online, regardless of location, to learning platforms, practice tools and online specialist advice or communities of practice.

Secure Welfare Assessment and Care-Co-ordination - $280,000

- Almost all Victorian young people in Secure Welfare are substance users and experience heightened levels of associated risk.
- The short term period of stability that Secure Welfare provides is ideal for specialist AOD assessment and care-coordination that engages community-based care teams and is geared to supporting long term intervention and change. Brief interventions can also be delivered and the YoDAA 'next step' intensive treatment connection service can be applied to link young people properly with community-based AOD service providers.
- Two specialist Secure Welfare youth AOD care-coordinator is required to provide this service.

Family Violence Advisor for the Youth AOD Sector - $140,000

- The Royal Commission into Family Violence recommended that specialist family violence advisor positions to be located in major mental health and drug and alcohol services
- Specialist Family Violence Advisors for the adult AOD treatment system have been funded in every DHHS catchment across the State.
- Given the specialist nature of Youth AOD treatment and the unique developmental issues involved, a Specialist Family Violence Advisor for the Youth AOD service system is required.
- A Youth AOD Specialist Family Violence Advisor can be located within YoDAA. With an extensive network of partners and linking technology, YoDAA can ensure direct connection to all youth AOD services and practitioners throughout the State.

Principal AOD Practitioners (Out of Home Care, Child Protection and Justice) – $1.4 million

- The Youth AOD Principal Practitioner has a key role in the provision of specialist AOD consultancy advice and lead co-ordination across multiple services and government agencies within a region.
- The priority client focus is high-risk young people engaged in the Child Protection, Out of Home Care and Youth Justice systems. Young people with the most complex case presentations have access to specialist AOD care co-ordination
- The Principle Practitioner model has been piloted and evaluated in Melbourne's Eastern region and has been highly successful
- Two Principle Practitioners are required in each DHHS division, along with one Co-ordinator

Development of the next generation Youth AOD work force - - $250,000

- Young people or their supporters will increasingly choose the online medium as their preferred option of communication or support. Right now, most Youth AOD practitioners are fully mobile, smart-device and web-enabled. With the right training and development these workers can incorporate the use of technology into their practice, enabling them to:
    - Work with equal efficiency and effectiveness face-to-face, via outreach or completely online
    - Be seamlessly linked online, regardless of location, to learning platforms, practice tools and online specialist advice or communities of practice.
- The incorporation of new Youth AOD Practitioners requires investment in their development
- There are also opportunities and a need to develop the existing Youth AOD work force

'What Can be Done' Mandatory Therapeutic Treatment

Mandated therapeutic treatment for young people appearing before the Children's Court who are severely affected by AOD dependence but who have not engaged voluntarily in treatment is also required. The model put forward by Magistrate and Churchill Fellow, Jennifer Bowles and supported by the 'What Can Be Done' group is a credible and ethical therapeutic alternative to custody or Secure Welfare that can be fully integrated within the current youth AOD system. The 'What Can Be Done' model steps out rigorous controls to mitigate the risk that any young person's liberty might be deprived in a way that is inappropriate and unjust.

Summary of investment required

- 30 enhanced Youth AOD Outreach practitioners throughout Victoria - $4.2 million
- 12 Early Intervention Youth-Drug & Alcohol Response Teams - $9 million
- 30 new Residential Rehabilitation beds - $7.5 million
- Co-ordinated Access and Transition Service (CATS) - $240,000
- Statewide planning and co-ordination of the Youth AOD service system - $210,000
- Technology enabled advice and intensive treatment connection service - $250,000
- Secure Welfare assessment and care-coordination - $280,000
- Family violence advisor for the Youth AOD sector - $140,000
- Principal AOD practitioners (Out of Home Care, Child Protection) - $1.4 million
- Development of the next generation Youth AOD work force - $250,000Why is there a need for youth specific AOD treatment services?

FACT SHEET 1

Substance misuse and dependence is the most common and potentially harmful of all complex issues faced by young people in Victoria. There is strong evidence that an investment in alcohol and drug prevention, early intervention and treatment at the local level can modify the risks to young people and protect the health and wellbeing of families and communities.

There is also strong evidence that tailoring services to meet individual needs or subgroup characteristics not only positively influences treatment outcomes but also increases the likelihood of treatment involvement and retention[42]. The Victorian Drug Policy Expert Committee (2004) and the State Government commissioned *Youth Service System Review*[43] both endorsed the continued need for a specialised and discrete youth AOD service system response for Victorian young people and their families. This is in line with research confirming that adolescents with AOD and other psychosocial difficulties are best served by services that are developmentally appropriate.[44 45 46 47]

Merely being 'adolescent -specific' does not guarantee developmentally appropriate service provision. A sophisticated approach demands the deliberate use of strategies that are tailored to the requirements of young people at particular developmental stages. It also takes into account the changing needs of young people as they develop over time.

The fundamental differences between youth-specific AOD services and adult AOD services are:

1. Youth AOD services have more of a multi-systemic focus, endeavouring to create healthy connections for young people within families, schools and communities that are vital to promoting constructive development. Disruption or disturbance of processes that link individuals into these systems is actively addressed so as to prevent progression of AOD related problems
2. Youth AOD services are embedded within youth-specific service systems, including Youth Justice, youth homelessness, youth mental health, Child Protection and Secure Welfare, local government youth services, and the Primary and Secondary school systems. Specific knowledge of how different youth-specific programs and services operate and establishing networks within them plays a vital role in supporting young people to achieve their treatment goals.
3. Youth AOD services are focused entirely on being appealing to and accessible for young people promoting the potential for treatment engagement and retention. This includes:
    - Setting up youth friendly waiting areas and program spaces
    - Proactive collaboration with referring agencies and practitioners from the youth health and community services
    - Limiting complex intake processes and being able to make a useful response to issues of most pressing concern for the young person and/or their family (including responding to crisis in a timely way)
    - Having the flexibility to engage young people in the places that they congregate and feel comfortable
    - Outreach has a far greater capacity for assertive follow up and to be able to deliver services to young people in a range of contexts, including other agencies, within their home or in a range of community settings
4. Youth AOD services are sensitive to the developmental needs of clients. This includes:
    - Taking account of the unique statutory provisions that apply to children and young people (i.e. duty of care and consent)
    - An active approach that is behavioural and experiential rather than being based on counselling
    - Combining treatment with experiences that promote young peoples' progress towards achieving developmental tasks, such as exploring their social and vocational identity, developing life skills, and learning to make mature judgments
    - Undertaking developmentally-targeted risk assessment and management

42 Colby, S. M., Lee, C. S., Lewis-Esquerre, J., Eposito-Smythers, C. & Monti, M. M. (2004) Adolescent Alcohol Misuse: Methodological issues for enhancing treatment research. Addiction, 99, 47-62.

43 Berends, L., Devaney, M., Norman, J., Ritter, A., Swan, A., Clemens, S., & Gardiner, P. (2004). Youth Service System Review: A review of the Victorian youth drug treatment service system, Final Report, September 2004. Melbourne: Turning Point Drug and Alcohol Centre.

44 Brannigan, R., Schackman, B. R., Falco, M., & Millman, R. B. (2004). The quality of highly regarded adolescent substance abuse treatment programs. Archives of Pediatric and Adolescent Medicine, 158, 904-909.

45 Barry, P. L., Ensign, J., & Lippek, S. L. (2002). Embracing street culture: Fitting health care into the lives of street youth. Journal of Transcultural Nursing, 13(2), 145-152.

46 Henderson, C. E., Taxman, F. S., & Young, D. W. (2008). A Rasch model analysis of evidence-based treatment practices used in the criminal justice system. Drug and Alcohol Dependence, 93(1-2), 163-175.

47 Henderson, C. E., Young, D. W., Jainchil, N., Hawke, J., Farkas, S., & Davis, R. M. (2007). Program use of effective drug abuse treatment practices for juvenile offenders. Journal of Substance Abuse Treatment, 32, 279-290.

FACT SHEET 2

What services are available under the current system?

The youth AOD service system is multifaceted, and the diverse range of services mean clients can be offered continuity of care.

The current, state-funded youth AOD system in Victoria comprises a range of integrated service types, including:

1. **Outreach** as a flexible and responsive medium to connect with and deliver evidence-based interventions and broader support to hard-to-reach groups. Outreach also constitutes a critical mechanism for linking and coordinating activities across related services and sectors, including youth homelessness, criminal justice, Child Protection, education and employment, and mental health.
2. **Counselling, consultancy and continuing care** services for young people that provide them with evidence-based therapeutic interventions in a clinical setting. Counselling is generally provided on a weekly basis to young people and families where appropriate. AOD-related secondary consultation and support is provided to non-specialist services encountering AOD related issues.
3. **Community Youth Residential Withdrawal Services and Home-Based Withdrawal** as viable options that allow young people to access medically supervised withdrawal, to stabilise, and to connect with a range of pro-social and helpful others, including community services and health professionals.
4. **Day programs** that provide safe, stimulating and flexible environments that young people may access in their own time and to the extent that they desire. Day programs boost the capacity of outreach services to attract young people provide primary health care, and offer programs and social enterprises that facilitate greater social and economic participation.
5. **Residential Rehabilitation and Supported Accommodation** that provides a 'step up' option from both outreach and CYRWS to provide the youth AOD service system with the capacity to offer better continuity of care for clients. Supported accommodation provides rehabilitation in the community, or a 'step-down' from residential rehabilitation into a less structured, community-based setting.
6. **Online and telephone counselling and support** that increases the accessibility and efficiency of the service system to reach and support young people who are concerned about their own or someone else's substance use. Young people can be linked to more intensive support if appropriate.
7. **A range of Specialist Youth AOD programs** that are targeted at particular groups of young people in order to meet needs that are specific and unique to those groups, or as a means of delivering specialist interventions provided by practitioners with specific expertise not possessed by the mainstream workforce (e.g. medical care, specialist mental health nursing). Not all specialist programs are provided systematically across Victoria, and not all are state government funded.

Examples of Innovative Specialist Youth AOD programs

- Alcohol and Drug Youth Consultants working with State Out of Home Care services
- Rural outreach diversion services
- Programs for young parents with AOD problems
- Outdoor adventure therapy programs
- Dual diagnosis programs focussing on young people with coexisting mental health and drug and alcohol problems
- Family Alcohol and Other Drug counselling programs
- The Building Resilience in Community Schools program, which provides a range of AOD services for students and families, as well as secondary consultation and staff professional development
- Assertive Outreach programs targeting refugees and newly arrived communities

While all of these service types are available for young people and families, there is a discrete, specifically designed service system in place for young people and families from Aboriginal and Torres Strait Islander backgrounds (ATSI).

Pharmacotherapy is also available for young people where appropriate, but is not a youth-specific service. Further, formal and structured peer-support and self-help programs such as Alcoholics Anonymous, Narcotics Anonymous and NarcAnon (for the partners, families and friends of substance users) are available. These options are not government funded but provide high levels of mutual support, social contact and understanding between members.

FACT SHEET 3

How has the current Victoria Youth AOD system been evaluated?

Three reviews have been conducted on behalf of the State Government to evaluate the youth AOD service system since its inception in 1998. More recently, the previous State Government commissioned a Youth Cohort study[48]. This study investigated young people's pathways through and experience of youth AOD treatment services. An overview and the key findings of the three reviews and the Youth Cohort study are provided below.

1. Youth AOD Outreach in Victoria (1999)

The first review was of the then newly-established 'Youth AOD Outreach' service type.[49] Outreach services were the first to become operational, and represented an innovative response to young people's AOD issues. The State Government wanted this approach better articulated and tested for effectiveness.

Key Findings

- Relationships with youth, welfare and accommodation services were of high quality
- Service delivery was highly responsive and flexible
- The management of confidentiality and family tensions was especially valued
- Professional advice and secondary consultation by the services was valued by a wide range of other service providers
- Some services were taking a lead in establishing recreation and other youth program activities for young people, particularly in areas that lacked these programs
- The services had articulated and developed effective strategies for pre- and post-withdrawal support to young people

2. Victorian Drug Policy Expert Committee (2001)

The second review conducted by the Victorian Drug Policy Expect Committee was part of a broader evaluation into the effectiveness of the reforms based on the recommendations of PDAC from five years earlier. The Victorian Drug Policy Expect Committee reported[50] that other State jurisdictions were emulating innovative, youth-specific models of practice developed in Victoria, and recommended that an expert group be convened to continue the development of the best model of care for young problematic substance users, and set criteria to assess the relevance of services to the target group. This recommendation was not implemented.

Key findings pertaining to Youth AOD clients and services

- There was a rapid increase in the number of young people accessing AOD treatment
- The degree of dependence among a significant number of young people was underestimated. The severity of dependence, the involvement of family and the need for time away from a set of particular social or geographic settings were flagged in consultations
- For some young people, it may be important to keep them outside the drug treatment service system, which can further expose them to drugs and drug-using careers
- Young people have particular needs that often mean placing them in adult-targeted drug treatment services can have detrimental effects. The danger of exposing young people to more entrenched drug use was identified
- Many young people who are using drugs will need other services and might not identify themselves as having a drug problem
- Youth AOD outreach is accessible and has an important referral and linkage role as workers connect with young people with a range of problems
- The model of care for young people with problematic substance use should be integrated with other youth focussed services and systems such as generic youth Outreach services, youth suicide prevention, mental health, crime prevention and education (school nurse programs and student welfare)
- Sources of funding should be explored with an eye to shared arrangements with other youth- focussed service systems

3. Victorian Youth AOD Service System Review (2004)

The 'Youth Service System Review'[51], conducted by Turning Point Alcohol and Drug Centre is the most comprehensive and rigorous analysis of the youth AOD service system in Victoria.

48 Best, D., Wilson, A., Reed, M., Harney, A., Pahoki, S., Kutin, J., Lubman, D. (2012). Youth Cohort Study: Young people's pathways through AOD treatment services. Melbourne: Turning Point Alcohol and Drug Centre.

49 Pead, J., Virins, I., & Morton, J. (1999). Evaluation of the Youth Alcohol and Drug Outreach Services. Melbourne: Drug & Health Protection Services, Public Health Division, Department of Human Services Victoria.

50 Victoria: Drug Policy Expert Committee Drugs: Meeting the Challenge Stage Two Report: November 2000

51 Berends, L., Devaney, M., Norman, J., Ritter, A., Swan, A., Clemens, S., & Gardiner, P. (2004). Youth Service System Review: A review of the Victorian youth drug treatment service system, Final Report, September 2004. Melbourne: Turning Point Drug and Alcohol Centre.

Key findings

- The need for a discrete, youth-specific AOD treatment response to the needs of Victorian young people and families was confirmed
- More investment could be made in 'indicated prevention,' targeted at young people who are at risk of developing, but have not yet developed AOD problems
- The key features of the youth-specific AOD treatment response in Victoria that could be improved were:
  - Relationship-based service delivery
  - Treatment flexibility and responsiveness according to the ongoing needs of young people
  - Harm minimisation/reduction approach
  - A "youth friendly" environment
  - A holistic response/continuity of care
  - Core business covers indicated prevention and treatment
  - Outreach as unique service type

4. The Youth Cohort Study (2012)

The Victorian Department of Health (DOH) commissioned Turning Point Alcohol and Drug Centre to undertake a cohort study based on the experiences of young people engaging in AOD treatment in Melbourne, Victoria[52].

Overall, the aims of the study were to outline the profile of young people accessing specialist AOD youth services and to assess the configuration of services that they accessed in and out of the AOD system. Their service experiences were mapped over time and their treatment pathways linked to changes both in AOD use and wider measures of wellbeing and life functioning. This involved observing indicators of psychological, behavioural and environmental change over time in relation to patterns of substance use.

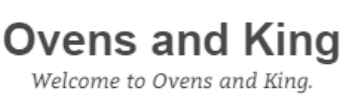
Key findings

- The study confirmed that young people in Youth AOD treatment services typically experienced a wide range of problems, with high levels of substance dependence, poly-drug use, psychiatric diagnoses (including histories of self-harm and suicide attempts), low levels of social and family engagement, involvement with the criminal justice system and considerable domestic stability
- The study found that this group:
  - Engaged well in specialist youth AOD treatment services
  - Highly valued their relationships with youth AOD workers
  - Achieved overall positive changes in a range of markers of substance use severity and risk and in wider life domains over the 18 months of the study
  - While the majority of young people benefited and made positive changes, close to one in eight did not improve or substance use problems continued to escalate. This group, among them entrenched injectors, had ongoing issues with social functioning and family relationships, as well as low levels of engagement in meaningful activities
- Young people were found to develop strong meaningful relationships with AOD workers and their commitment to these relationships is evidenced by their dissatisfaction when the therapeutic alliance is ended by the worker
- Relatively few 'desisters' stopped all substance use and risk behaviours over the window of the study. This is attributed to the complexities of the population who invariably had a troubled history and multiple disadvantage and pathology at the start of the process
- Resolution or amelioration of problems rest with creating the stability and foundations for addressing complex issues and problems. CRYWS (identified in the study as inpatient detoxification) is seen as valuable and to be recommended, not least because it provides the respite and space young people may feel they need
- The study also found that there is considerable evidence for the need of differentiated screening and assessment processes, as well as more effective joint working and continuity of care across service domains

52 Best, D., Wilson, A., Reed, M., Harney, A., Pahoki, S., Kutin, J., et al. (2012). Youth Cohort Study: Young people's pathways through AOD treatment services. Melbourne: Turning Point Alcohol and Drug Centre.

FACT SHEET 4

YoDAA Partners



YOUTH ALCOHOL AND OTHER DRUG (AOD) TREATMENT IN VICTORIA

A ten point plan for improving the lives of Victorian young people and families experiencing AOD-related harm

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