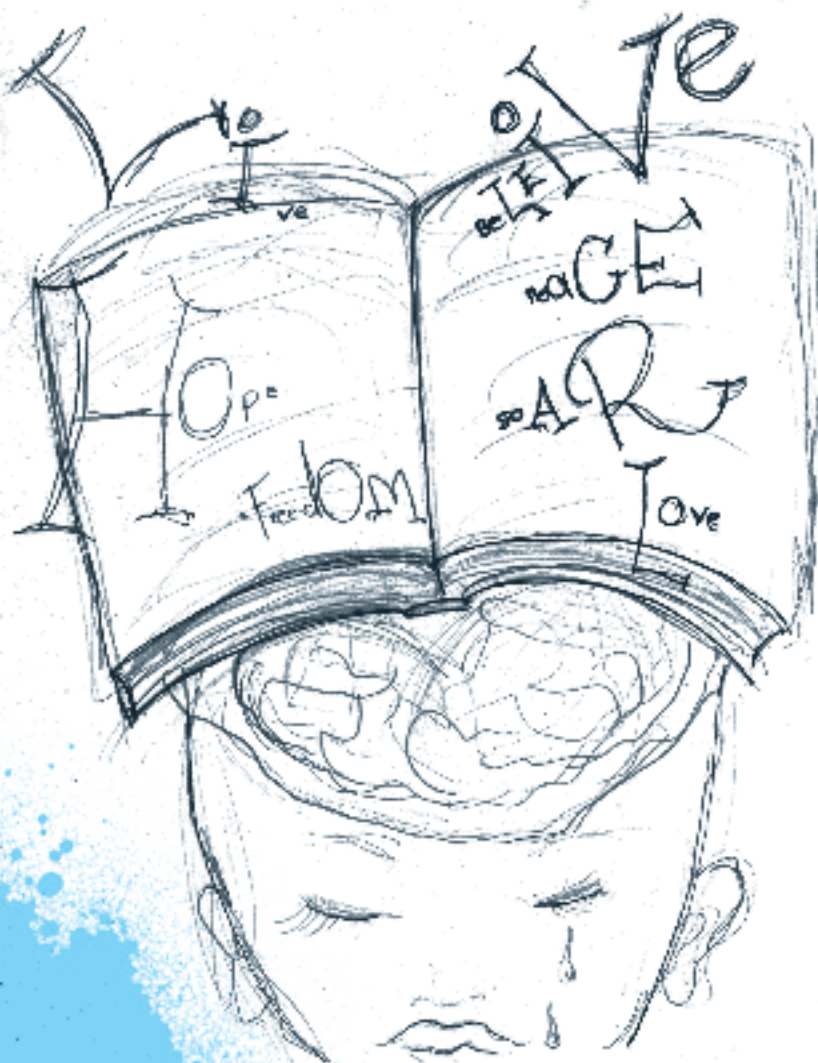




YSAS SNAPSHOT: FINDINGS FROM THE YSAS CLIENT CENSUS

October 2012



YOUTH
SUPPORT +
ADVOCACY
SERVICE

THE KEY FINDINGS DETAILED IN THIS SNAPSHOT ARE:

1. Extremely high levels of harmful substance use in the critical developmental period of adolescence
2. Multiple concurrent problems underlie substance misuse
3. Young women face greater challenges
4. Increase in young people from African backgrounds with alcohol abuse
5. Only 1 in 8 YSAS clients participate fully in education or employment

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ABOUT YSAS AND THE CENSUS

Substance misuse and dependence is the most prevalent and potentially harmful of all complex issues faced by our most vulnerable and at risk young Victorians. Substance use issues are typically symptomatic of underlying mental health problems and trauma stemming from a childhood of family violence, assault and sexual abuse.

Since it was established fourteen years ago as Victoria's statewide youth alcohol and other drug (AOD) treatment service, the Youth Support + Advocacy Service (YSAS) in partnership with Commonwealth and Victorian Governments, has assisted over 20,000 young Victorians, and their families, to address problems associated with substance abuse or dependence.

YSAS has enabled over half of these young people to cease or significantly reduce their substance use through the delivery of integrated therapeutic interventions and treatment services. The YSAS model is domestically and internationally recognized. It is based on providing continuous care and recovery for young people and families through assertive outreach, residential withdrawal and rehabilitation, supported accommodation and structured day programs.

Although the level of heroin use has fallen over this period to less than 10%, sharp rises in poly drug misuse, particularly involving meth/amphetamine use, means that the demand on YSAS' services continues to increase. This is further exacerbated by the growing life complexity of our clients, many of whom are involved with child protection and the criminal justice system. Rising family violence and assault, homelessness and early school leaving are serious issues and growing numbers of the young migrants/refugees who are settling in Victoria are requiring YSAS services.

This snapshot outlines the findings of an internal census carried out in September with 371 young people currently supported by YSAS, a response rate of 94%.

The front cover is an illustration from a YSAS client, September 2012. In her own words:

"The words are like what I've learnt on my journey. It's as if you [the viewer] were a mind reader. They are the thoughts I have about a world that would be cool to live in"

1. EXTREMELY HIGH LEVELS OF HARMFUL SUBSTANCE USE IN THE CRITICAL DEVELOPMENTAL PERIOD OF ADOLESCENCE

The prevalence of substance use among YSAS clients (Table 1) is extraordinarily high when compared to usage rates of typical young people at the same age and stage of development. A comparison between National Drug Strategy (NDS)¹ data with YSAS clients of the same age shows that young people supported by YSAS clients **are 43 times more likely to have used alcohol daily** and 15 times more likely to have used meth/amphetamines recently.

Table 1

Drugs used in the past 4 weeks	Drugs used daily or almost daily in the past 4 weeks
75% Cannabis	55% Cannabis
71% Alcohol	27% Alcohol
29% Meth/amphetamine	9% Methamphetamine
7.3% Heroin	3.5% Heroin
53% Tobacco	45% Tobacco

Researchers emphasise the vulnerability of the adolescent brain to substance use exposure.² Of particular concern is substance use that is intensive and persistent. This pattern of use during adolescence greatly increases the risk that the development of the neural networks responsible for memory, planning and the regulation of emotion and behaviour will be adversely affected.

Further, the emergence of problematic substance use patterns in adolescence is associated with lower educational and occupational attainment, greater likelihood of offending and the development of mental health problems.³

In particular, substance use dependence, unless dealt with early, is predictive of these problems persisting throughout the life course. The **62% of current YSAS clients that meet criteria for substance use dependence** are highly likely to have developed a physical tolerance to one or more substances and have been unable to change their pattern of use despite unwanted consequences.

Given the severity of the substance use problems faced by young people supported by YSAS, it is very pleasing to report that **56% were able to cease or significantly reduce their substance use.**

What are the implications?

On an annualised basis, YSAS is effective in engaging and supporting over 1,400 young Victorians whose substance use causes serious social, emotional and physical harm. This cohort of young substance users is referred to by the United Nations⁴ as an 'especially vulnerable' and 'hard to reach' population.

However, with the risk that substance abuse and dependence creates for young people's development and the growing demand for our services, we need to also invest in early intervention youth AOD services in Victoria that **respond at the earliest possible time.**

Currently only 10% of YSAS' clients are 15 and under. This younger group share the same level of daily alcohol and cannabis use as the 16 years and older group but have not yet progressed to regular use of substances such as methamphetamine, heroin and benzodiazapines. Preventing this transition is a priority as it is closely associated with the entrenching of substance use related problems and poorer health and behavioural outcomes.⁵

YSAS is currently developing and piloting a comprehensive AOD early intervention approach to be delivered in partnership with schools, local government, mental health services and out of home care providers, from evidence-based approaches that:

- **Connect young people with meaningful activity and social networks** that are incompatible with problematic substance use as young people 15 years and under seldom view their substance use as a problem, are energetic and more likely to learn and develop through guided experience⁶;
- **Create more cohesive family/care giver connections** capable of regulating substance use and other risk behaviours as prevalence of health risk behaviour substantially increases between 12 and 15⁷; and
- **Facilitate school retention or reconnection** (see section 5).

¹ National Drug Strategy Household Survey 2010.

² Hanson, K. L., Medina, K. L., Padula, C. B., Tapert, S. F., & Brown, S. A. (2011). Impact of Adolescent Alcohol and Drug Use on Neuropsychological Functioning in Young Adulthood: 10-Year Outcomes. *Journal of Child & Adolescent Substance Abuse*, 20(2), 135-154.

³ Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human Genetics*, 131(6), 779-789.
Broman, C. L. (2009). The Longitudinal Impact of Adolescent Drug Use on Socioeconomic Outcomes in Young Adulthood. *Journal of Child & Adolescent Substance Abuse*, 18(2), 131-143.
Chen, C.-Y., Storr, C. L., & Anthony, J. C. (2009). Early-onset drug use and risk for drug dependence problems. *Addictive Behaviors*, 34(3), 319-322. doi: 10.1016/j.addbeh.2008.10.021.

⁴ United Nations (2004). *World Youth Report: The global situation of young people*. Department of Economic and Social Affairs of the United Nations Secretariat, United Nations Publications.

⁵ Mayock, P. (2002) Drug pathways, transitions and decisions: the experiences of young people in an inner-city Dublin community. *Contemporary Drug Problems*, 29, 117-156.

⁶ Maclean, S., Bruun, A., Mallett, S. & Green, R. (2009) Social contexts of substance use for vulnerable 13-15 year olds in Melbourne: Youth Drug Reporting System. In Premier's Drug Prevention Council (Ed.), Melbourne, Turningpoint Alcohol and Drug Centre, Youth Substance Abuse Service (YSAS), Keys Centre for Women's Health.

⁷ Leslie, L. K., James, S., Monn, A., Kauten, M. C., Zhang, J. J., & Aarons, G. (2010). Health-risk behaviors in young adolescents in the child welfare system. *Journal of Adolescent Health*, 47(1), 26-34.

2. MULTIPLE CONCURRENT PROBLEMS UNDERLIE SUBSTANCE MISUSE

YSAS' census findings are consistent with a large body of international epidemiological research that mental health problems, family conflict, offending behaviour, homelessness, disrupted education and unemployment all contribute to and exacerbate substance use problems.⁸ Exposure to multiple risk factors and the amount of exposure over time is associated with the development of substance use problems and a range of other problematic outcomes.

It is well established that populations of young people involved in AOD treatment, child welfare, youth justice and mental health services experience difficulties in one or more of the other domains.

Multiple concurrent problems

71% have had involvement in the criminal justice system

45% have ever had a diagnosed mental health condition (34% have a current diagnosed mental health condition)

26% experienced recent homelessness

28% have attempted suicide

43% have self-injured

57% experiencing family conflict (36% currently disconnected)

60% not at school or work

These health compromising issues and behaviours tend to cluster together and create a degree of complexity that can be overwhelming for young people and their caregivers. Without access to timely and responsive resources that support healthy coping and adaptation, young people become extremely vulnerable. It is unsurprising that only **16%** of YSAS clients have **not been involved in child protection or criminal justice**.

What are the implications?

YSAS supports the Victorian Government's current reform agenda to enable a client-centred, place-based, integrated service system through Services Connect, AOD Treatment Reform, and Victoria's Vulnerable Children – Our Shared Responsibility.

We know that young people find the current service system fractured and difficult to navigate, with little continuity. As substance use problems are associated with social disconnection and transience, the engagement and building of trust, usually through assertive outreach, can require years. It is critical that this relationship facilitates a continuity of care for clients. This requires appropriate and consistent therapeutic interventions combined with timely coordination and access to service systems including housing, out of home care, mental health, primary health, youth justice, education, training and employment.

Such a system also includes a focus on **preventing or ameliorating the consequences of exposure to common risk factors for substance use** and other health and behavioural issues.

Example: The 'Alcohol and Drug Youth Consultant' (ADY-C) program'.

The ADY-C program, funded by the Department of Health, is an example of one joined up service response. An expert AOD practitioner partners with child protection 'out of home care' residential services and intensive case management services to promote more effective screening/assessment, early intervention and treatment linkages for young people in care who are developing substance use problems.

The program combines secondary consultation and joint care planning with direct care and collaborative service development. The work is localised and conducted on-site.

⁸ Loxley, W., Tombourou, T., Stockwell, T., Haines, B., Scott, K., Godfrey, C., Williams, J. (2004). The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence. Canberra: Ministerial Council on Drug Strategy.
Nation, M., & Heflinger, C. A. (2006). Risk Factors for Serious Alcohol and Drug Use: The Role of Psychosocial Variables in Predicting the Frequency of Substance Use Among Adolescents. American Journal of Drug & Alcohol Abuse 32 Issue, p(3): 415-433.

3. YOUNG WOMEN FACE GREATER CHALLENGES

Of all clients in the census 36% were female.

The YSAS census data is corroborated by recent findings from published research confirming that young women using AOD services:

- Tend to experience higher levels of complexity and emotional distress;⁹
- Report significantly higher rates of sexual abuse, physical abuse and psychological maltreatment than young males.¹⁰

Significant differences by gender

A higher proportion of females (82%) than males (66%) experienced emotional distress in the past 4 weeks

More females (59%) than males (35%) have ever harmed themselves

More females (38%) than males (22%) have ever attempted suicide

More females (69%) than males (50%) were experiencing conflict with family or relatives

More females (61%) than males (40%) were dissatisfied with their physical health

Females (68%) were more likely than males (56%) to report a lack of involvement in meaningful activity (education or work)

65% of females and 33% of males have ever been involved with child protection services

What are the implications?

The census indicates that YSAS is engaging effectively with young women who, along with substance use problems, have experienced abuse and other forms of maltreatment. This suggests that YSAS should:

- Continue to build capacity to provide trauma-focused therapeutic interventions, specifically tailored to the needs of young women
- Enhance methods of screening and assessment for maltreatment, including emotional abuse and neglect
- Focus on health risk behaviours related to substance use, particularly sexual risk behaviours
- Ensure that AOD early intervention targeting girls and young women integrates emotional wellbeing and focuses more directly on those who have been maltreated, particularly emotional abuse and neglect
- Increase the opportunities for social and economic participation of female clients

⁹ & ¹² Rosenkranz, S. E., Muller, R. T., & Henderson, J. L. (2012). Psychological maltreatment in relation to substance use problem severity among youth. *Child Abuse & Neglect*, 36(5), 438-448.

¹⁰ Edokpolo, O., James, P., Kearns, C., Campbell, A., & Smyth, B. P. (2010). Gender Differences in Psychiatric Symptomatology in Adolescents Attending a Community Drug and Alcohol Treatment Program. *Journal of Psychoactive Drugs*, 42(1), 31-36.

4. INCREASE IN YOUNG PEOPLE FROM AFRICAN BACKGROUNDS WITH ALCOHOL ABUSE

The majority of clients identify as 'Australian' (66%) in the census. The four most common groups of young people reported from other cultural backgrounds are identified in Table 2 below.

When data from the YSAS client database dating back to 2006 is positioned alongside census data, a significant increase in the number of clients from African backgrounds can be observed along with a decrease in those from South-East Asian cultures. This trend reflects the influx of Horn of Africa migrants/refugees and subsequent resettlement difficulties and recent trauma, in particular, unaccompanied minors.

To respond to this emerging need, YSAS has kindly received funds from febfast to establish an assertive outreach program specifically for young people from African backgrounds in western and south-east metro Melbourne. YSAS outreach workers engaging this cohort report levels of alcohol and cannabis misuse that are even more extreme than that of other young people supported by YSAS. At the same time, these young people are struggling with serious trauma related mental health issues, high levels of homelessness, poverty and justice system involvement.

The program is conducted in partnership with the Centre for Multicultural Youth, Victoria Police, local Government and local education and training providers.

Table 2: Percentage of clients from different cultural backgrounds

4 most represented cultural groups	YSAS Census	YSAS database 2011/2012	YSAS database 2006-2011
Aboriginal and Torres Strait Islanders	6.8%	6.7%	6.7%
Maori and Pacific Islander	7.0%	7.3%	6.4%
African (mainly Sudanese)	4.3%	3.6%	1.9%
South-East Asian	0.8%	0.9%	2.0%

What are the implications?

It is critical that YSAS and other Youth AOD services continue to ensure that clients from different backgrounds feel **culturally safe** when accessing treatment. This is enhanced when organisational decision makers and practitioners are committed to continually developing **cultural competence**. Robust relationships with culturally specific organisations and practitioners and an openness to be guided in learning from the experience of working with clients from different backgrounds builds cultural competence. YSAS has benefitted strongly from such relationships with Aboriginal and Torres Strait Islander community organisations, practitioners and clients.

Most recently, the relationships that YSAS has formed with Maori and Pacific Islander community members and South Sudanese community members have been particularly valuable.

Example: African week at the 'Gertrude St Youth Residential Withdrawal Unit'.

On three occasions over the last year YSAS, has made the entire Gertrude St residential unit available for a group of African (mainly South Sudanese) young people to undertake AOD withdrawal and complete the program at the same time. Each time the unit was filled to capacity. Each of these clients when interviewed expressed the view that without trust in the outreach workers and the 'African week', they would not have even attempted to access the program. Subsequently, young people from African descent are continuing to use the program.

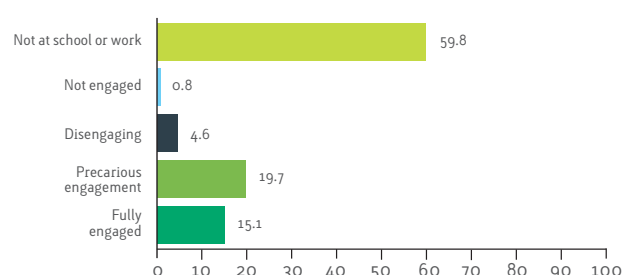
Many of the clients had not previously tried to live without substance use and came to realise the extent to which they were both physically and psychologically dependant on either alcohol or cannabis. For some, this 'break' from substance use provided motivation to start on the pathway to recovery. For others, being substance free for 2 weeks offered an opportunity to begin addressing the underlying issues.

5. ONLY 1 IN 8 YSAS CLIENTS PARTICIPATE FULLY IN EDUCATION OR EMPLOYMENT

There is strong evidence that identifies involvement in meaningful activity as a protective factor that reduces the likelihood that substance use problems will develop. Meaningful activity is also recognised as a key element of recovery. Conversely, problematic substance use tends to undermine engagement in meaningful and constructive activity, thus narrowing options for social and emotional participation.

YSAS clients' level of engagement with education, training or their employment is represented in Figure 1. For a client group aged between 12 and 21 years this is an extremely low level of participation. Only 15% of YSAS clients are fully engaged in school, work or other forms of constructive activity. YSAS' workers report increasing number of young people being asked to leave school, or being suspended or expelled due to alcohol and drug issues.

Figure 1: Percentage of client's level of engagement with education, training or their employment



School disengagement is also now well established as a dominant risk factor for a broad range of emotional and behaviour problems.¹¹ Recent research modelling longitudinal data suggest that declining academic performance and disengagement from school tend to precede and predict outcomes such as substance misuse, involvement in crime and running away from home rather than the other way around.¹²

Further, disconnection from social institutions such as schools, workplaces and sporting clubs means missing crucial development experiences and opportunities to develop new social connections and networks, which are vital for recovery and healthy development.¹³ A large body of evidence shows that young people who engage in adult-organised activities are less

likely to engage in risky behaviours like substance use than their non-participating peers.¹⁴

YSAS operates a residential rehabilitation service at Eltham that enables young people to complete education and accredited training on and off site. YSAS also operates two day programs, one in Melbourne's South East and the other in Melbourne's North, that offer both drop in and structured re-engagement with education and training. Art and music therapy combined with adventure learning are activities offered to create and support pathways to further participation.

A rugby program run with the Melbourne Rebels this year for young people from South Pacific Island backgrounds was effective for the young women in particular in enabling engagement, fitness, nutrition and completion of education and training.

What are the implications?

The educational needs and vocational pathways of young people with substance use issues are critical for effective AOD treatment and their recovery.

More systematic and targeted early intervention and prevention of school disengagement for young people with substance use issues is a priority as is school re-engagement and retention. YSAS welcomes the Department of Education and Early Childhood Development's commitment for schools to re-engage students, including with the development of its Re-Engagement Programs for education in alternative settings.

However, as YSAS supports young people who have typically left school before year 9, basic literacy, numeracy and language are barriers to any re-engagement with education and training, including those from non-English speaking backgrounds.

Young people consistently cite the lack of pathways and work experience options as a barrier to moving from often short term training courses to employment.¹⁵ The transitions to work programs previously funded by the Victorian Government that assisted both agencies and employers to support vulnerable young people into work have all but ceased as employment services are viewed as a Commonwealth Government responsibility by successive Treasuries. However, as the Brotherhood of St Laurence has pointed out in relation to the Job Services Australia system, "assistance to highly disadvantaged job seekers who are not 'job ready' and face multiple barriers to open employment remains poor".¹⁶

¹¹ Maynard, B. R., McCrea, K. T., Pigott, T. D., & Kelly, M. S. (2012). Indicated truancy interventions: Effects on school attendance among chronic truant students. *Campbell Systematic Reviews*, 10. doi:10.4073/csr.2012.10.

¹² Henry, K. L. (2010). Academic achievement and adolescent drug use: an examination of reciprocal effects and correlated growth trajectories. *Journal of School Health*, 80(1), 38-43.

¹³ Prichard, J., & Payne, J. (2005). Alcohol, drugs and crime: a study of juveniles in detention. Canberra: Australian Institute of Criminology.

¹⁴ Moos, R.H. (2008) Active ingredients of substance use-focused self-help groups. *Addiction*, 103 (3): 387-96.

¹⁵ Masten, A. (2009) Ordinary magic: Lessons from research on resilience in human development.

¹⁶ Tibbits, M. K., Caldwell, L. L., Smith, E. A., & Wegner, L. (2009). The relation between profiles of leisure activity participation and substance use among South African youth. *World Leisure Journal*, 51, 150-159.

¹⁷ YSAS Client perspectives study data (2010) and Youth Participation Report (2012).

¹⁸ Brotherhood of St Laurence, Line of sight: better tailored services for highly disadvantaged job seekers, Jan 2011.

In addition, the recent cessation of community service programs such as the Commonwealth Government's National Green Jobs Corps, further reduces the opportunities for community and economic participation for young people recovering, or who have recovered, from substance use dependence.

Building the life skills and employability of these young people will require education and training provided in alternative settings, options for community service and work experience and to be involved in social enterprises.

Conclusion

If we don't assist young people to break the cycle of substance misuse and dependence they will continue to suffer developmental delay, diminished life skills, low educational attainment, and possibly mental illness. This can result in homelessness, incarceration and a life on social benefits which can entrench substance use problems as an intergenerational issue.

YSAS' youth alcohol and other drug services are effective in engaging and enabling young Victorians with substance abuse dependence issues to gain more control over their health and well being. Critical to this success is the availability of a key worker providing therapeutic interventions and case management that links young people to a comprehensive and integrated range of treatment and support options.

The current State Government service system reforms provide an unprecedented opportunity to enable more young people into care and recovery and break the cycle through:

- intervening earlier, including in school and other settings;
- responding to complexity of trauma, mental illness and other issues by integrating systems in a continuum of care;
- tailoring responses to specific cohorts, such as young African migrants/refugees and young women;
- providing timely, safe and affordable housing, especially for young people seeking to escape violent and abusive relationships; and
- enabling community and economic participation through re-engagement with education, completion of relevant training and pathways to employment through community service, work experience, social enterprise and transitions to work opportunities.

YSAS looks forward to the challenge.

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