

A snapshot of findings from the 2025 Youth AOD Census

YSAS

**Insights into the needs
and characteristics of
young people using
YSAS Youth AOD Services**

**YOUTH
SUPPORT +
ADVOCACY
SERVICE**

Providing services that matter
for young people and families

YSAS acknowledges Victorian Aboriginal people as the First Peoples and Traditional Owners of the lands and waterways that sustain our lives. Aboriginal and Torres Strait Islander peoples were the first to establish sovereign Nations in this country, and that sovereignty has never been ceded.

We are enriched by the continuing cultural practices of Aboriginal and Torres Strait Islander peoples and their vast experience in caring for the social and emotional wellbeing of their community. We pay respect to their Elders past, present and future.

We are committed to Aboriginal and Torres Strait Islander self-determination. We are open to listening and learning from Aboriginal Community Controlled Organisations (ACCOs) about how best to support them in fighting for justice and creating better futures for First Nations communities.

We accept the truth of this country's colonial past and recognise that Aboriginal and Torres Strait Islander peoples continue to experience systemic racism in Australia today. We remember that the authorities in Australia used force to steal Aboriginal and Torres Strait Islander children from their families, inflicting an overwhelming trauma that current and future generations must find ways to live with.

When we confront this shameful truth and listen to the stories of Aboriginal and Torres Strait Islander peoples, we can start to comprehend how devastating it is for them to witness the over-representation of their children and young people in the Out of Home Care and justice systems across the country. Even with the hardships endured and the sacrifices involved, we are inspired by the ongoing strength and resilience of Aboriginal and Torres Strait Islander people in sustaining the world's oldest living cultures.

We thank our Aboriginal and Torres Strait Islander staff, partners and friends for helping us learn how best to walk alongside and support First Nations peoples.



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Introduction

This report is based on a preliminary analysis of data from the 2025 Youth AOD Census that relates to young people who use YSAS Youth AOD Services. The report draws on Census data to create a more detailed understanding of the needs and characteristics of YSAS clients and considers implications for YSAS practice.

Substance use in the general population of young people

Alcohol and Other Drug (AOD) use produces a substantial health and social burden for young people, particularly when it involves risky patterns of use or illicit substances (Danpanichkul et al., 2025). According to the 2022-2023 National Drug Strategy Household Survey (NDSHS), 35% of Australians aged 18 to 24 recently used an illicit substance, a higher proportion than any other age group (Australian Institute of Health and Welfare, 2025a). Although younger people's drinking has declined overall in the past decade, this cohort remained the most likely to consume alcohol at high levels (i.e., 11 or more standard drinks monthly). The 2022-2023 Australian Secondary School Students Alcohol and Drug survey similarly found declines in drinking since 2017, however, the proportion of students drinking at risky levels has remained stable (Scully et al., 2023). Although these population-based surveys provide useful insight about trends in young Australians' substance use, they lack in-depth detail about the young people most severely affected by substance use.

About the Victorian Youth AOD Census 2025

The 2025 Youth AOD Census bridges the gap left by population-based surveys by collecting information on the needs and characteristics of young people accessing AOD services. Information gathered through the Census is vital to supporting the planning, policy and practice of youth AOD services to ensure better client outcomes.

The Census survey is developed on the premise that young people's substance use does not exist in a vacuum. Substance use can be a cause and consequence of complex life circumstances relating to mental health, poverty, criminal justice, family instability, social exclusion and discrimination, among other issues (Amaro et al., 2021; Spooner & Hetherington, 2005). These complexities are captured in the Census alongside young clients' substance use patterns, to provide a detailed picture of their needs and characteristics as they first become YSAS service users.

The first statewide Youth Census was developed and conducted in 2013 (Kutin et al., 2014) and repeated in 2016 (Hallam et al., 2018). This third iteration of the Census in 2025 uses the previous Youth Census survey with minor adjustments.

Youth AOD workers from each site, within each organisation, were asked to complete a survey for individual clients with an open episode-of-care on that day. Through the lens of youth AOD workers, the survey details client substance use, criminal activity, mental and physical health, and their

living circumstances regarding family, housing, employment and education.

The 2025 Census data used in this report, pertains to all young people accessing YSAS Youth AOD services on the 5th of May 2025. The broader Youth AOD Census 2025 will build on the YSAS data and extend to the entire Youth AOD service system in Victoria, with twelve organisations participating. Surveys based on the clients from these organisations will pertain to those accessing Youth AOD services on the 21st of July 2025.

Method

Workers completed surveys for 543 clients aged 12 to 25 who had an open case at a YSAS Alcohol and Other Drug service on May 5th, 2025. Descriptive and inferential analysis of survey responses were undertaken. Differences between survey response categories were analysed using chi-square tests, t-tests and ANOVA. Response categories were considered different with a p-value greater than or equal to 0.05.



Victoria's Youth AOD service system

Children and young people require specialist treatment that is developmentally appropriate¹.

Victoria's Youth AOD Service System was established in 1998, based on a finding by the Premier's Drug Advisory Council (PDAC) that for young people, adult focused AOD treatment was inaccessible, ineffective and put them at risk by placing them in treatment services with adults.

PDAC made proactive engagement and treatment retention an imperative. Since inception, the Youth AOD Service System in Victoria² has evolved since to include the following service types, all of which YSAS provide:

- 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
- **Youth AOD nurses** providing **home based withdrawal** and care
- **YoDAA (Youth Drug & Alcohol Advice) Online and Telephone brief intervention and Support** for young people and families providing links to more intensive support where appropriate.

Each of these service types play a role in addressing the impact of harmful substance use on young people's:

- Safety, health and well-being
- Capacity to meet their needs, fulfil their aspirations and cope with life stressors
- Development and future prospects.

Youth AOD service system reviews, including by the Premier's Victorian Drug Policy Expert Committee that followed PDAC, have concluded that Youth AOD services are highly responsive and flexible, working well with young people who simultaneously experience substance use related harm and a range complex co-existing problems (Best et al, 2012).

In 2025, the Youth AOD service system operates alongside, and at times overlaps with, the broader adult focussed AOD treatment system in Victoria. The age range for Youth AOD service types is 12 to 25 years of age. Adult focussed services can work with young people as young as 16 years of age to ensure choice for young people and families and that there is 'no wrong door' in relation to accessing AOD treatment.

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 developmental appropriateness.

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



Findings from Youth AOD Census 2025 – YSAS youth AOD service users

Client Demographic Information

Age and Gender

Of the total 543 clients, 54.5% identified as young men, 40.5% identified as young women, and 5.0% identified as transgender or non-binary. Most clients were 18 and over (68.7%), a quarter were aged 16 to 17 (24.1%), and 7.2% were aged 15 and under.

Priority Populations

Workers were asked to identify whether clients were: (1) Aboriginal and/or Torres Strait Islander; (2) LGBTQIA+; (3) culturally and/or linguistically diverse (CALD), and/ or (4) an asylum seeker, refugee or

migrant. Over half of clients (n = 291, 54%) fell into one of these priority populations. Additionally, workers were asked to indicate whether a client was involved with Child Protection services on an out-of-home care order. The distribution of these priority populations were as follows:

- Aboriginal and Torres Strait Islander clients made up 14.5% (n = 79) of the total client group.
- 14.5% (n = 79) of clients identified as LGBTQIA+.
- Over one fifth of clients (21.9% n = 119) were from a culturally and/or linguistically diverse background.
- A small number of clients were identified as an asylum seeker, refugee or migrant (n = 14, 2.5%).
- One in ten clients were on a Child Protection out-of-home care order (n = 65, 12.0%).



Service utilisation

Service types engaged

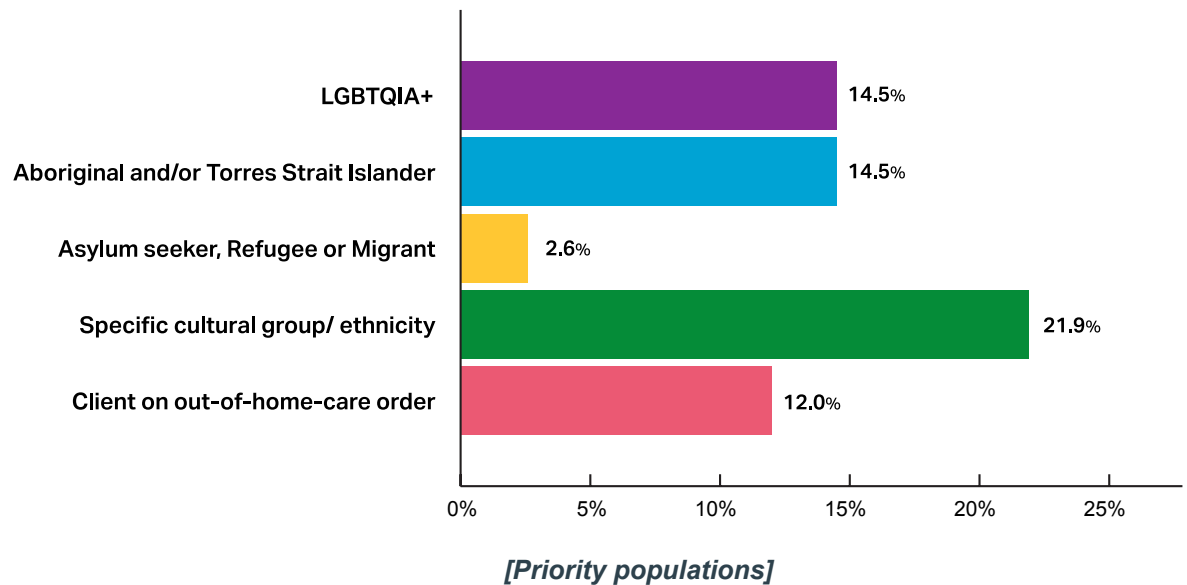
Of all clients (N = 543), the majority (87.1%) utilised outreach as their primary service. This is followed by a day program (6.1%), home-based withdrawal (3.7%), residential withdrawal (2.6%), and a small number who accessed AOD supported accommodation. Almost half of clients (n = 258, 47.5%) were accessing a secondary service with YSAS, and only a small number (n = 30, 5.5%) were simultaneously engaged with an AOD service other than YSAS.

Service length

The average period of service across all clients was 19.5 weeks. Half of all clients (n = 285, 52.5%) were accessing one service type, while 42% (n = 228) were accessing two service types, and just 5.5% (n = 30) were accessing three to four service types.

Service utilisation by priority populations

Aboriginal and Torres Strait Islander clients' average period of service was 24.1 weeks. LGBTQIA+ clients received a service for 27.7 week on average which was significantly longer than the average service length of non-LGBTQIA+ clients ($p < .05$; $M = 18.7$ weeks). CALD clients' service length averaged 15.4 weeks which was significantly lower than non-CALD clients ($p > .05$; $M = 20.6$ weeks).



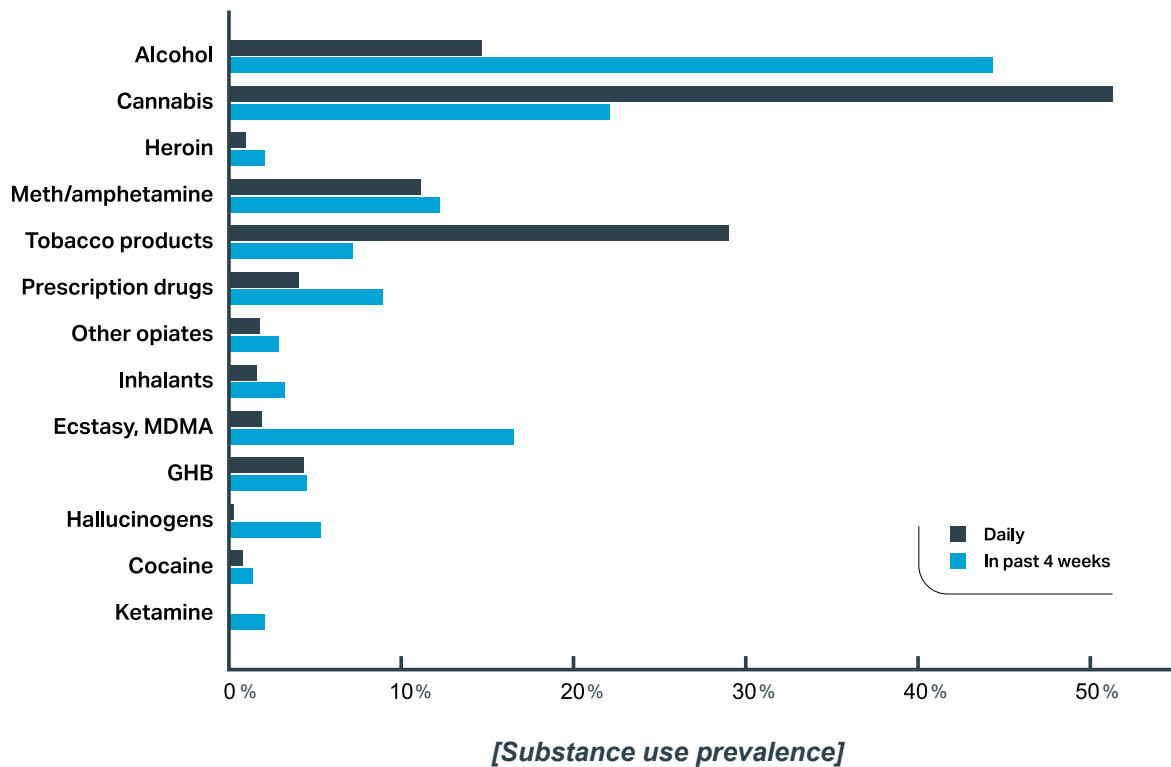
Substance use

Substance use prevalence

Of all clients (N = 543), nine in ten (90.8%) were reported to have a substance use issue on entry to the service, and 94.7% of clients had any type of substance use occurring. The remaining small proportion of clients not using substances is likely due to clients being either on court orders or in

residential withdrawal or rehabilitation services where substance use is not permitted.

Seven in ten clients were using a substance daily (n = 383, 70.5%), with a further 24.2% (n = 131) having used at least one substance in the past four weeks. A primary drug of concern was indicated for 478 clients, the most common one being cannabis (52.5%), followed by alcohol (18%), methamphetamine (17.2%), prescription drugs (2.9%) and GHB (2.1%).



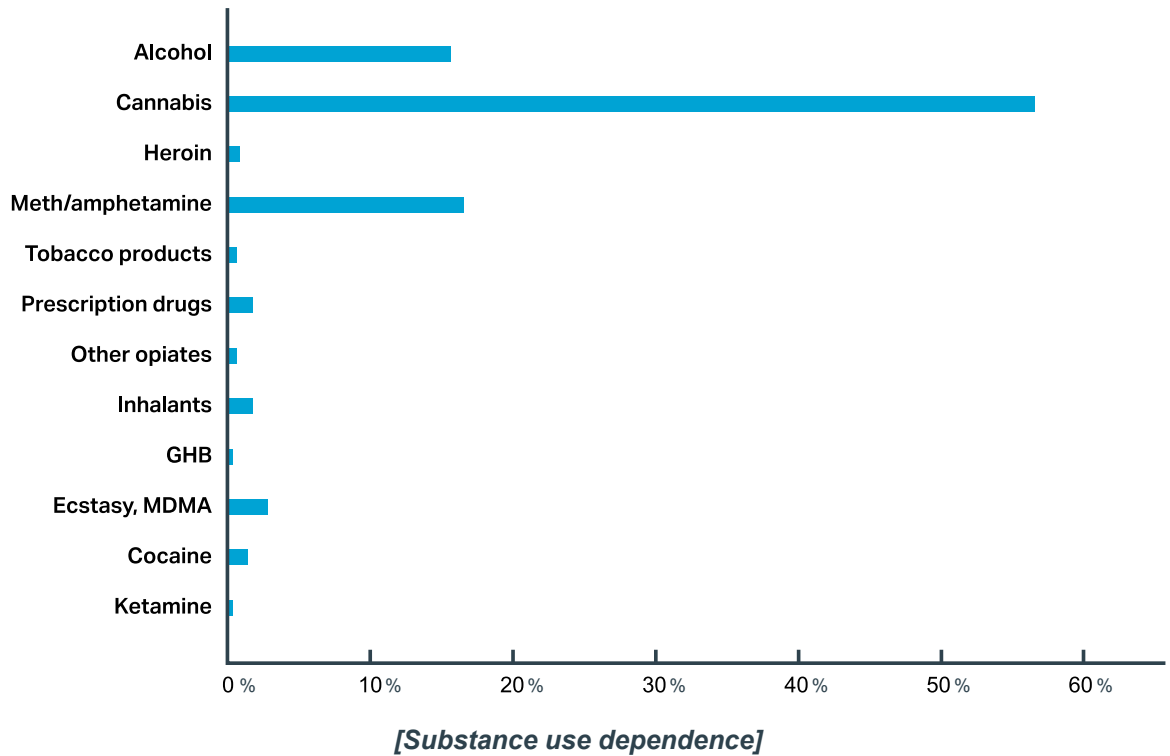
A greater proportion of clients aged 18 and over had alcohol listed as their primary drug of concern ($p < .05$, $n = 71$, 21.1%), compared to 10.8% ($n = 12$) of 16-to-17-year-olds, and a small proportion of clients aged 15 and under. Conversely, a smaller proportion of clients aged 18 and over had cannabis as their

primary drug of concern ($p < .05$, $n = 159$, 47.3%), compared to 63.1% of clients aged 16-to-17 and 71.0% ($n = 22$) of clients aged 15 and under. All clients with GHB listed as a primary drug of concern were young women ($n = 10$).

Dependence

Around two thirds of clients (n = 354, 65.2%) were reportedly dependent on at least one substance. The most common primary substance clients (n = 354) were dependent on was cannabis (57.3%),

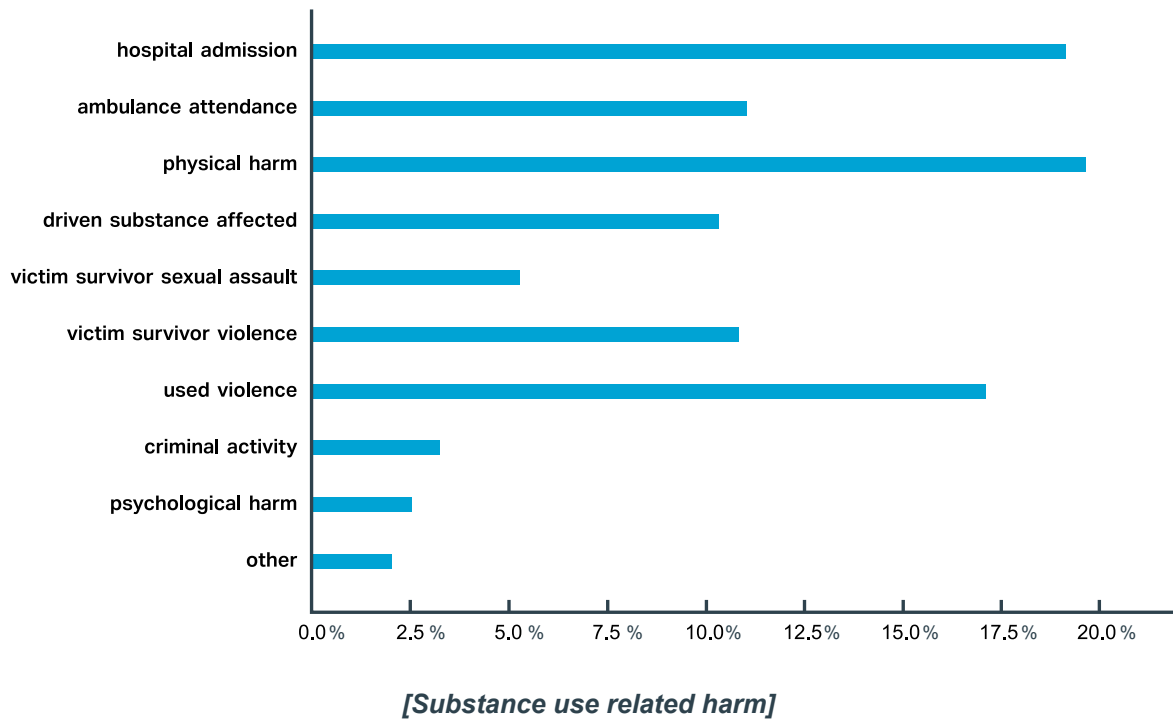
followed by methamphetamine (16.7%), or alcohol (15.8%). Fewer were dependent on GHB (2.8%), inhalants (1.7%) and prescription drugs (1.7%). One in ten clients (n = 59, 10.9%) were reported to have used a drug by injecting.



Substance-related harm

Over a third of clients (n = 194, 35.7%) had experienced at least one identified substance-related harm upon entry to service. Out of these 194 clients, 40% had experienced a physical

harm, 39% had been admitted to hospital, 35% used violence while substance affected, 23% had an ambulance attend to them, 22% were victim-survivors of violence and 11% were victim-survivors of sexual assault.



YSAS service users compared to the general population of young people

The severity of the substance use related harm experienced by young people accessing YSAS AOD services was far more acute than for young people

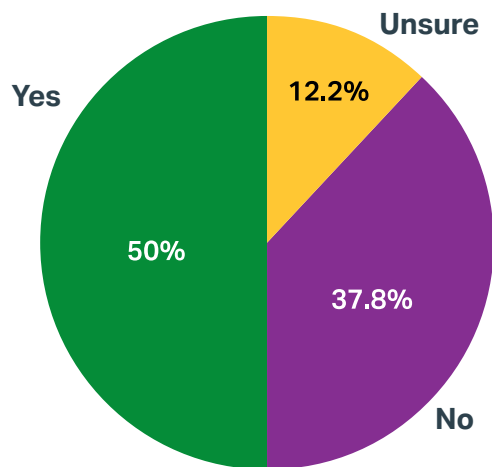
in the general population. While many young people will use alcohol and other drugs, the majority will not develop a dependence or experience significant harm from their use. According to the NDSHS, a fifth of young people aged 14 to 17 had used an illicit substance in their lifetime, as had half of young people aged 18 to 24.

Justice system involvement/ criminal activity

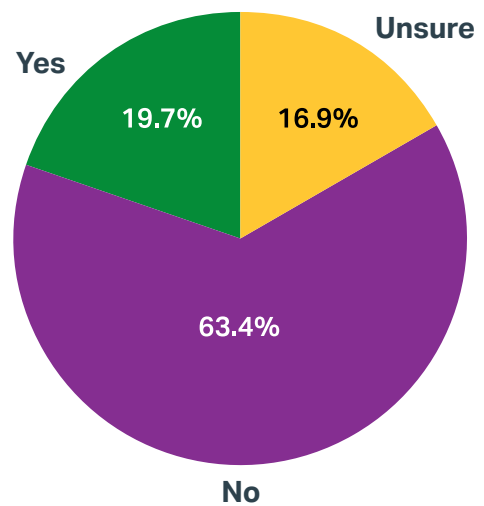
Structural inequalities and experiences of poverty, trauma and discrimination create conditions in which young people have a higher likelihood of becoming involved in crime. On an average day in 2023-24, 1.3% of Australia's young people were under some form of youth justice supervision (Australian Institute of Health and Welfare, 2025b).

Rates of criminal activity and justice system involvement

Workers indicated that one in five clients (n= 107, 19.7%) had engaged in recent criminal activity (within the past 4 weeks), and 50.1% (n = 272) of clients had been involved in the criminal justice system.



[Justice system involvement]



[Recent criminal activity]

A greater proportion of young men ($p < .05$, $n = 194$, 65.5%) had been involved in criminal justice system than young women ($n = 78$, 35.5%). However, a similar proportion of young men and women had recently engaged in criminal activity ($n = 66$, 22.3%;

$n = 41$, 18.6% respectively). A greater proportion of clients aged 16 to 17 ($p < .05$, $n = 41$, 31.3%) had recently engaged in criminal activity compared to clients aged 18 and over ($n = 57$, 15.3%), and clients aged 15 and under ($n = 9$, 23.1%).

Young people who are forensic AOD clients

A quarter of clients reported on in the survey ($n = 133$, 24.5%) were referred to YSAS for forensic AOD treatment by the Australian Community Support Organisation (ACSO) through the Community Offenders Assessment & Treatment Services (COATS). These are court-mandated justice system referrals made with the intention of reducing reoffending and improving health and community outcomes.

Out of 133 forensic AOD clients, 86.5% had substance use issues on entry to service, which was a smaller proportion than non-forensic AOD clients ($p < .05$, $n = 364$, 92.9%). This may be due to forensic AOD clients being referred who already have court orders where substance use was not permitted and these clients having compliance conditions such as random drug urine testing.

The defining features of young people who are forensic AOD clients are:

- **Criminal activity** - As would be expected, a significantly higher proportion of forensic AOD clients presented to the service with issues related to criminal activity compared to non-forensic AOD clients (all $p < .05$). In the past four weeks, 35.3% of the 133 forensic AOD clients had been involved in criminal activity (versus 14.8%, $n = 58$ non-forensic AOD clients), and 79.7% of forensic AOD clients had been involved in the criminal justice system (versus 14.3%, $n = 56$ non-forensic AOD clients).
- **Harm** - A larger proportion of forensic AOD clients had experienced a substance-related harm ($p < .05$, $n = 58$, 43.6%), than non-forensic AOD clients ($n = 131$, 33.4%).
- **Education** - Upon entry to the service, around a quarter of forensic AOD clients were attending an educational institution ($n = 33$, 24.8%), and 17.3% ($n = 23$) of forensic AOD clients were employed.
- **Family Relationships and Housing** - A smaller proportion of forensic AOD clients were experiencing family conflict upon entry to the service ($p < .05$, $n = 68$, 51.1%) compared to non-forensic AOD clients ($n = 251$, 64.0%). Almost two in five forensic AOD clients were disconnected from their family ($n = 53$, 39.8%), which was a similar proportion to non-forensic AOD clients ($p < .05$, $n = 141$, 36.0%). Just over a third of forensic AOD clients presented to the service with a housing issue ($n = 47$, 35.3%).
- **Health of forensic AOD clients** - Forensic AOD clients had better mental health outcomes than non-forensic AOD clients across multiple measures. Average psychological wellbeing ratings out of 10 were greater for ACSO / COATS clients ($M = 6.4$) than non- ACSO / COATS clients ($M = 5.8$) at a statistically significant level ($p < .05$). Consistent with this, forensic AOD clients were proportionately less likely to have a mental health diagnosis ($p < .05$, $n = 49$, 36.8%) than non-forensic AOD clients ($n = 237$, 60.5%).
- **Self Injury** - A quarter of forensic AOD clients disclosed having engaged in intentional self-injury ($n = 31$, 27.8%), which is a smaller proportion than non- ACSO / COATS clients ($p < .05$, $n = 177$, 45.2%).
- **Suicidality** - Proportionately fewer forensic AOD clients disclosed having attempted suicide ($p < .05$, $n = 15$, 11.3%) compared to non- forensic AOD clients ($n = 89$, 22.7%).



Mental and physical health

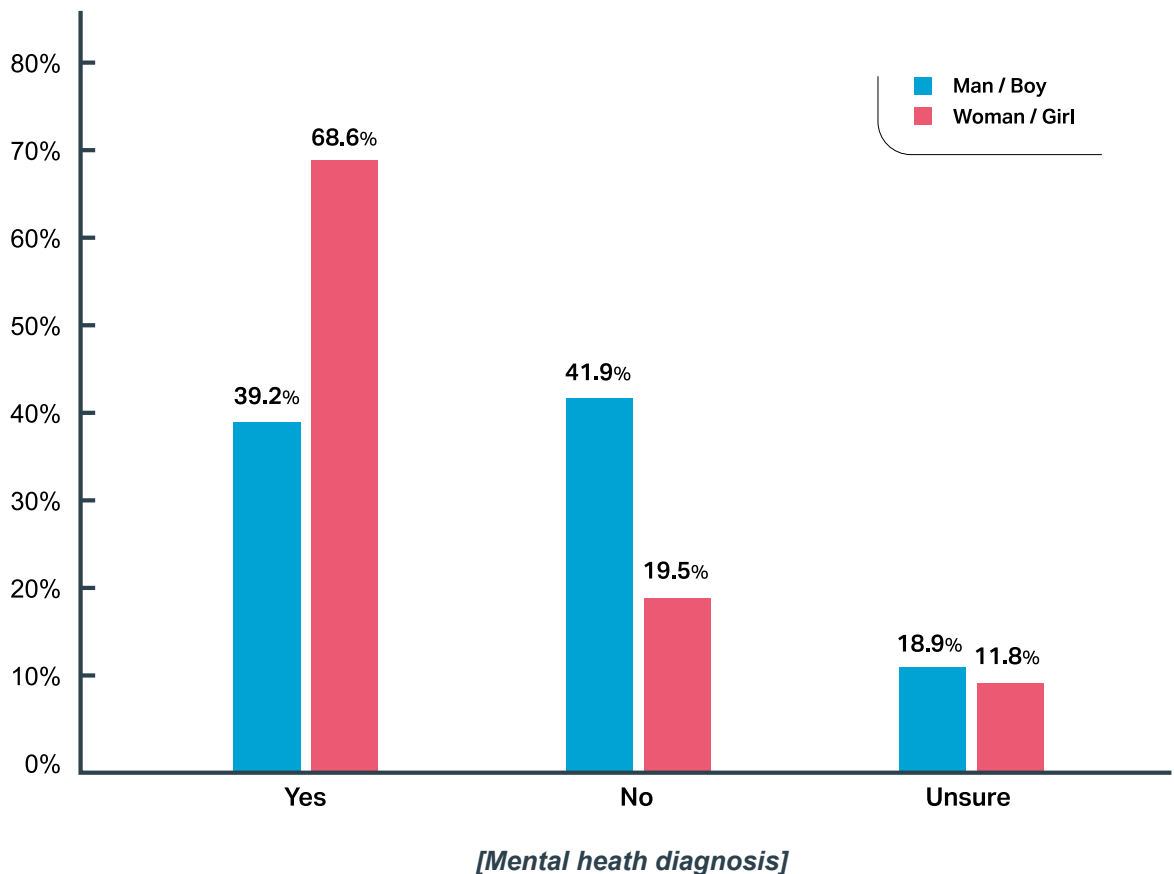
Poor mental and physical health can both precede and result from problem substance use (Australian Institute of Health and Welfare, 2024). It is estimated

that 14% of young people in Australia have a mental health diagnosis (Australian Institute of Health and Welfare, 2021b) and of Australians who have substance use problems, an estimated 58% have a concurrent mental health diagnosis (Australian Bureau of Statistics, 2023a).

Mental health

Of all clients (N = 543), over half (54%) had a formal mental health diagnosis on entry to YSAS. A greater

proportion of young women ($p < .05$, $n = 151$, 68.6%) to young men ($n = 116$, 39.2%) had a mental health diagnosis.



Clients aged 18 and over had a higher proportion of mental health diagnosis ($p < .05$, $n = 222$, 59.5%),

compared to 20.5% of 16- to 17-year-olds ($n = 53$), and 46.2% of clients aged 15 and under ($n = 18$).

Mental health of LGBTQIA+ clients

LGBTQIA+ clients were particularly vulnerable to mental health issues. Out of 79 clients identifying as LGBTQIA+, 88.6% had a formal mental health diagnosis, which is significantly higher compared to 48.1% (n = 223) of non- LGBTQIA+ clients ($p < .05$). Relatedly, almost two thirds of LGBTQIA+ clients disclosed previously self-harming (n = 50, 63.3%), compared to just over one third of non- LGBTQIA+ clients (n = 169, 36.4%). Alarming, more than twice the proportion of LGBTQIA+ clients had previously attempted suicide (n = 30, 38%) compared to non- LGBTQIA+ clients (n = 78, 16.8%).

Psychological and physical wellbeing (ATOP)

The wellbeing of clients was measured across three

domains by workers completing the Australian Treatment Outcomes Profile (ATOP) (Lintzeris et al., 2021). On a scale of one to ten, clients scored an average of 6.0 for psychological wellbeing, an average of 6.5 for physical health and an average of 6.2 for quality of life.

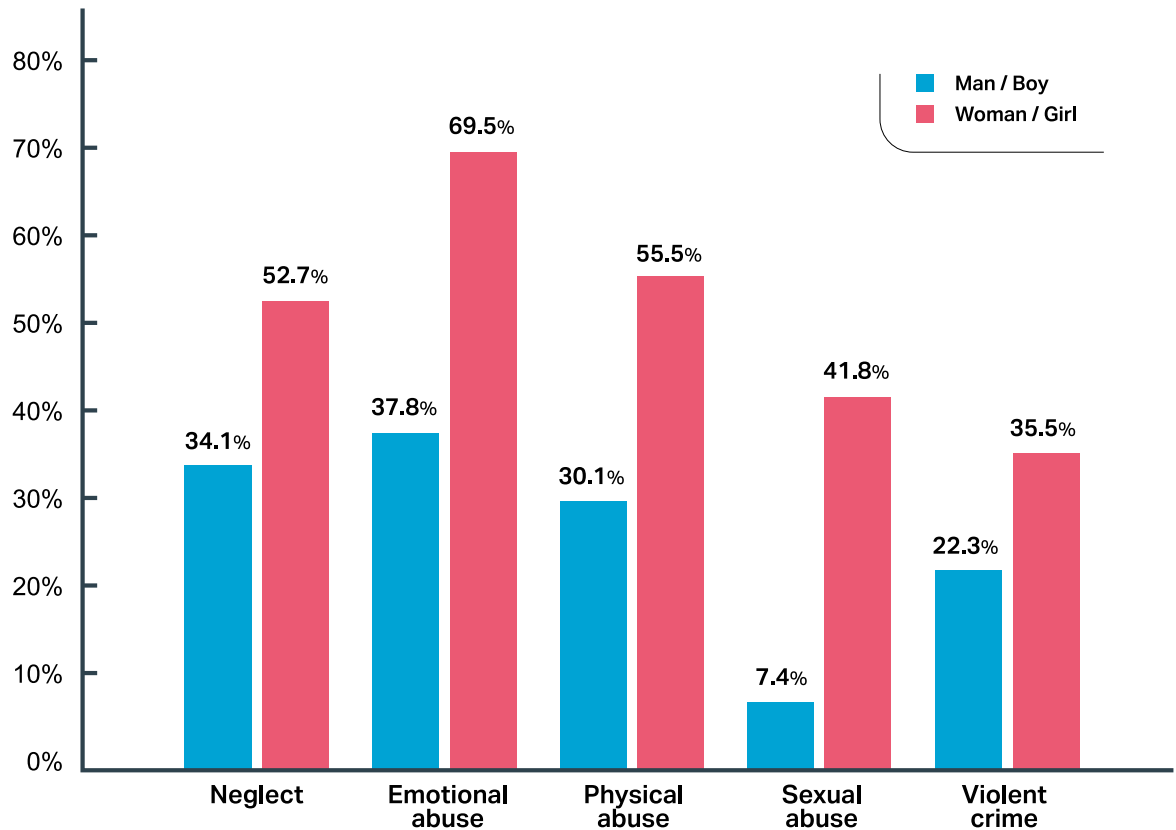
ATOP scores showed some variation across different demographic groups. Young women had lower average ratings of psychological wellbeing (M = 5.6), physical health (M = 6.2), and quality of life (M = 5.9) compared to young men (M = 6.3, 6.7 & 6.5 respectively, all $p < .05$). Aboriginal and Torres Strait Islander clients had lower average quality of life ratings (M = 5.8) than non-Aboriginal Australian clients (M = 6.3, $p < .05$). Culturally and/or linguistically diverse clients had greater psychological wellbeing (M = 6.3) and quality of life (M = 6.8) ratings than non-CALD clients (M = 5.8 & 6.1 respectively, both $p < .05$).



Experience of violence, abuse & neglect

Trauma resulting from experiencing violence, neglect and/or abuse has significant bearing on

young people's substance use (Esmaeelzadeh et al., 2018; Mills et al., 2006). The 2021-22 Personal Safety Survey estimated 14% Australians have experienced some form of childhood abuse, with proportionately more women having experienced child sexual and/or physical abuse (Australian Bureau of Statistics, 2023b).



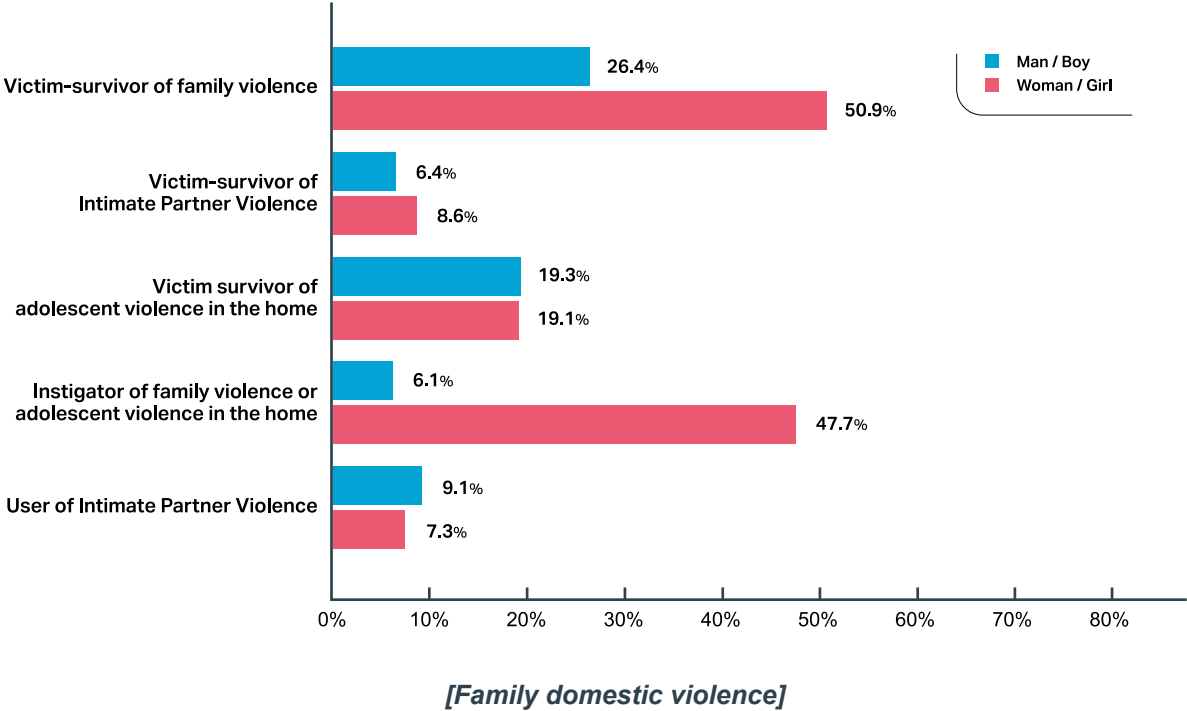
[Experience of violence, abuse and neglect]

Previous experiences of abuse and/or trauma were prevalent among YSAS AOD clients, with 64.1% (n = 348) of clients experiencing a form of abuse. Of 543 clients, half (51.9%) had experienced emotional abuse, two-fifths had experienced neglect (41.3%) or physical abuse (40.7%), and a quarter had experienced sexual abuse (23%) or violent crime (27.6%). A significantly greater proportion of young women reported experiencing each type of abuse compared to young men ($p < .05$).

Adolescent Violence In The Home (AVITH) and experience of intimate partner violence

A high proportion of YSAS clients had experienced family and/or intimate partner violence prior to entering the service. Of all clients (N = 543), over

a third (36.6%) were victim-survivors of family violence, 7.4% had experienced Adolescent Violence In The Home (AVITH), whereas 18.8% were users of family or adolescent violence in the home. Additionally, 23.8% (n = 129) of clients were victim-survivors of Intimate Partner Violence (IPV), whereas 7.9% (n = 43) were users of IPV.

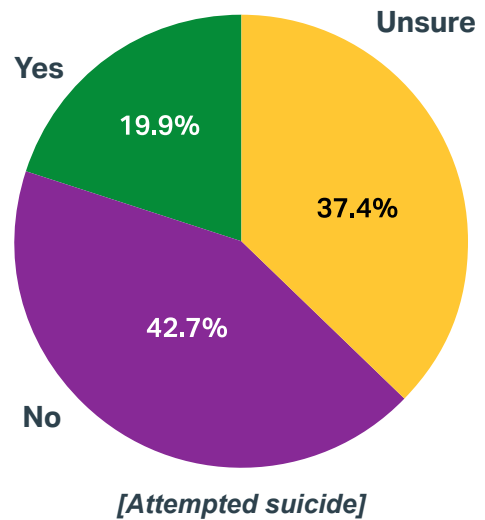
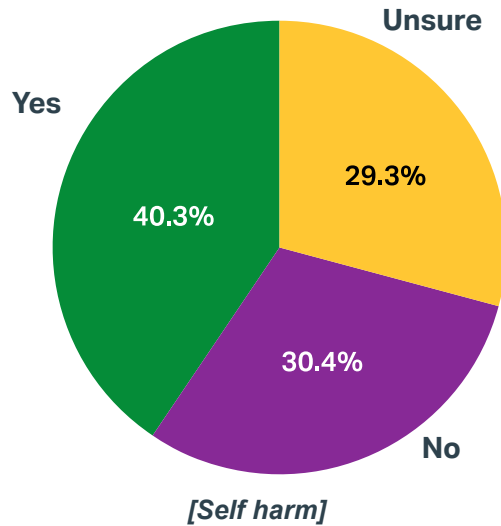


Young women were disproportionately victim-survivors of violence, with 50.9% (n = 112) of young women having been victim-survivors of family violence compared to 26.4% (n = 78) of young men ($p < .05$). Furthermore, the proportion of women who were victim-survivors of IPV was seven times greater than the proportion of men ($p < .05$, n = 105, 47.7% young women; versus n = 18, 6.1% young men). A similar proportion of young men (n = 57, 19.3%) and young women (n = 42, 19.1%) were reportedly users of AVITH. Also, a similar proportion of young men (n = 27, 9.1%) and young women (n = 16, 7.3%) were reportedly users of IPV.

Suicidality / self harm

Of all clients (N = 543), 40.3% disclosed they had self-harmed in the past, and 19.9% disclosed having previously attempted suicide. From the

young people who had attempted suicide (n = 108), two-thirds (66.7%) required medical attention, and just over half (56.5%) disclosed the suicide attempt when it occurred.



Family

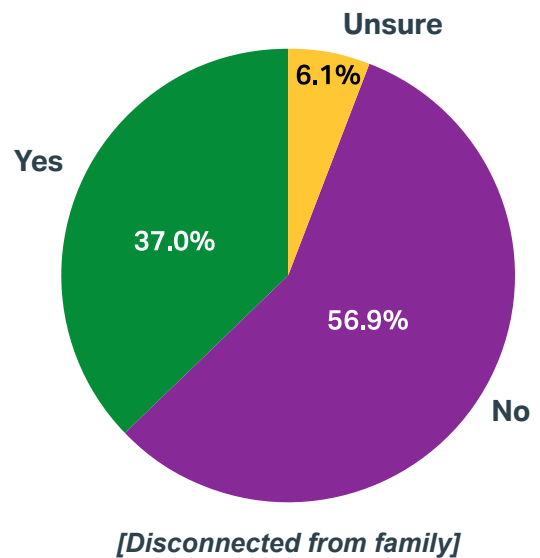
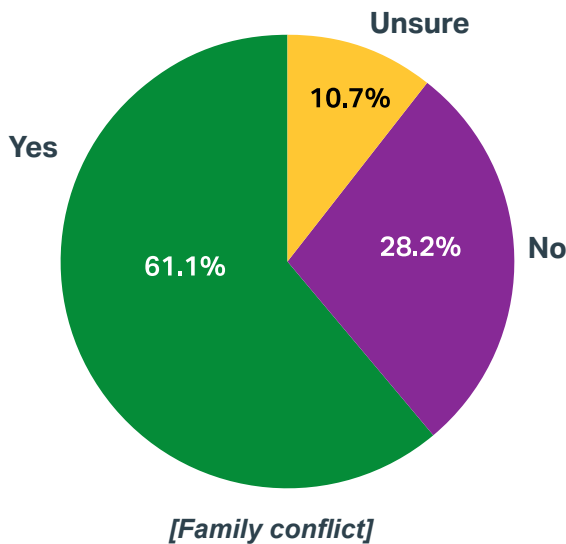
Instability and family conflict are detrimental to young people's wellbeing and may exacerbate substance use (Smith et al., 2017).

7a. Family Conflict

On entry to service, 61.1% (n = 332) of clients were experiencing conflict with their family, and 37% (n = 201) of clients were disconnected from their family

altogether. Family-related issues disproportionately affected young women, with significantly more women experiencing family conflict ($p < .05$, $n = 104$, 35.1%), than young men ($n = 46$, 20.9%).

Family members were sometimes involved in clients' substance use, with 16.4% (n = 89) of clients using drugs with, supplying drugs to, or receiving drugs from a parent, and 14.7% (n = 80) from a sibling.



Child Protection involvement

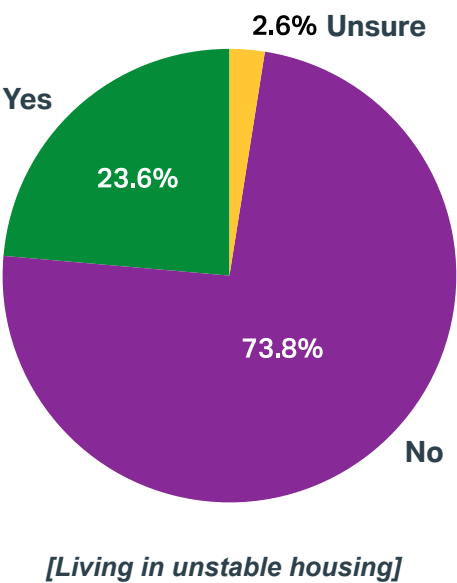
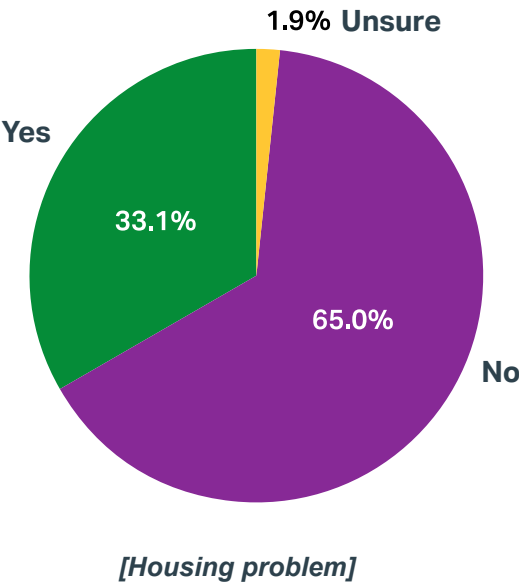
A significant segment of YSAS AOD clients are currently or were previously involved with Child

Protection services. Out of all clients (N = 543), two fifths (39.4% n = 214) had previously been subject to a child protection order, and 12% (n = 65) were currently in out-of-home care. For 56 clients who were parents, two thirds (64.3%) had a child under a Child Protection order.

Housing

Young people experiencing housing instability are at higher risk for using substances as a coping mechanism for the stress and trauma associated

with acute housing issues (King, 2023). In 2022-23, 18,828 young people had presented at specialist homelessness services in Victoria (Homelessness Australia, 2024).



Housing instability

Of all clients (N = 543), one third (33.1%) were experiencing a housing problem. While most clients were living in a private residence with others or alone (n = 360, 66.3%), almost a quarter lived in unstable housing (n = 125, 23.0%). The most common unstable housing situations included couch surfing (n = 38), short-term crisis housing (n = 23), supported accommodation (n = 22) and prison / youth justice centres (n = 15).

Housing instability disproportionately affected older clients, with a greater proportion of clients aged 18 and over living in unstable housing (n = 112, 30.2%) compared to 7.6% (p < .05, n = 10) of 16-to-17-year-olds and a small proportion of clients aged 15 and under (p < .05). In addition, half of asylum seeker, refugee or migrant clients were living in unstable housing (n = 7, 50.0%), which was significantly higher than the proportion of all other clients (p < .05, n = 118, 22.4%)

Education and employment

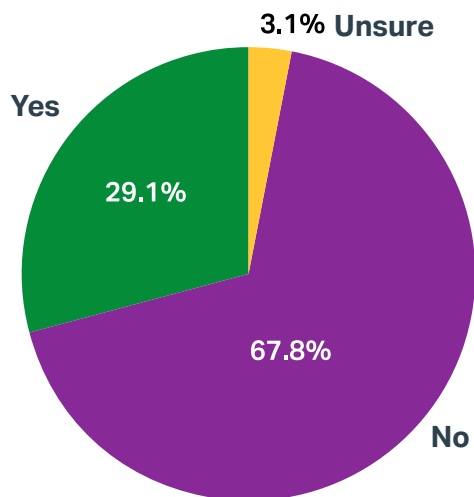
Positive engagement in education, employment or training can be protective for young people experiencing disadvantage. However, barriers related to psychosocial complexity can hinder young people's engagement in meaningful activity. Previous research shows young people disconnected from both education and employment tend to experience poorer mental health, and higher rates of substance use and criminal involvement (Henderson et al., 2017; Rodwell et al., 2018). In 2020, around 88% of young people aged 15–24 were engaged in some form of education and/or employment (Australian Institute of Health and Welfare, 2021a).

Disconnection from school/employment

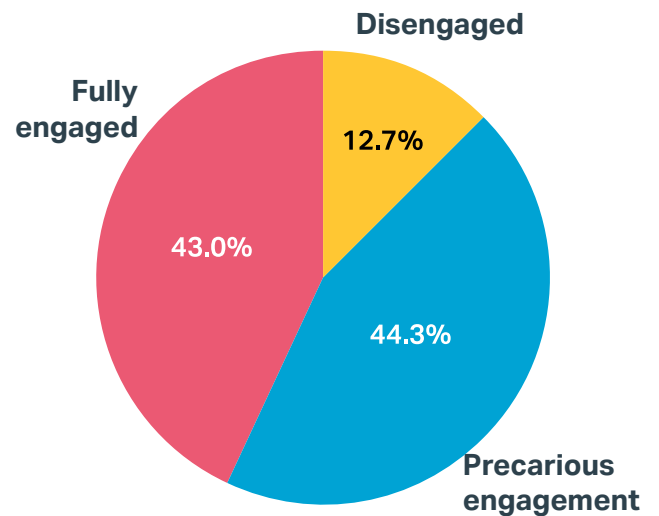
Upon entry to service, 54.0% (n = 293) of clients were not engaged in education or employment.

Education attendance

Almost a third of clients (n = 158, 29.1%) were engaged in some form of education or training upon entry to service. Of these 158 clients, most (56.3%) were in secondary school, followed by other training (31%), TAFE / VET (5.1%), and university (7.6%). Of the 158 clients who were education and training engaged, 43% (n = 68) were described as fully engaged, 44.3% (n = 70) precariously engaged, and 12.7% (n = 20) disengaged.



[Engaged in education]



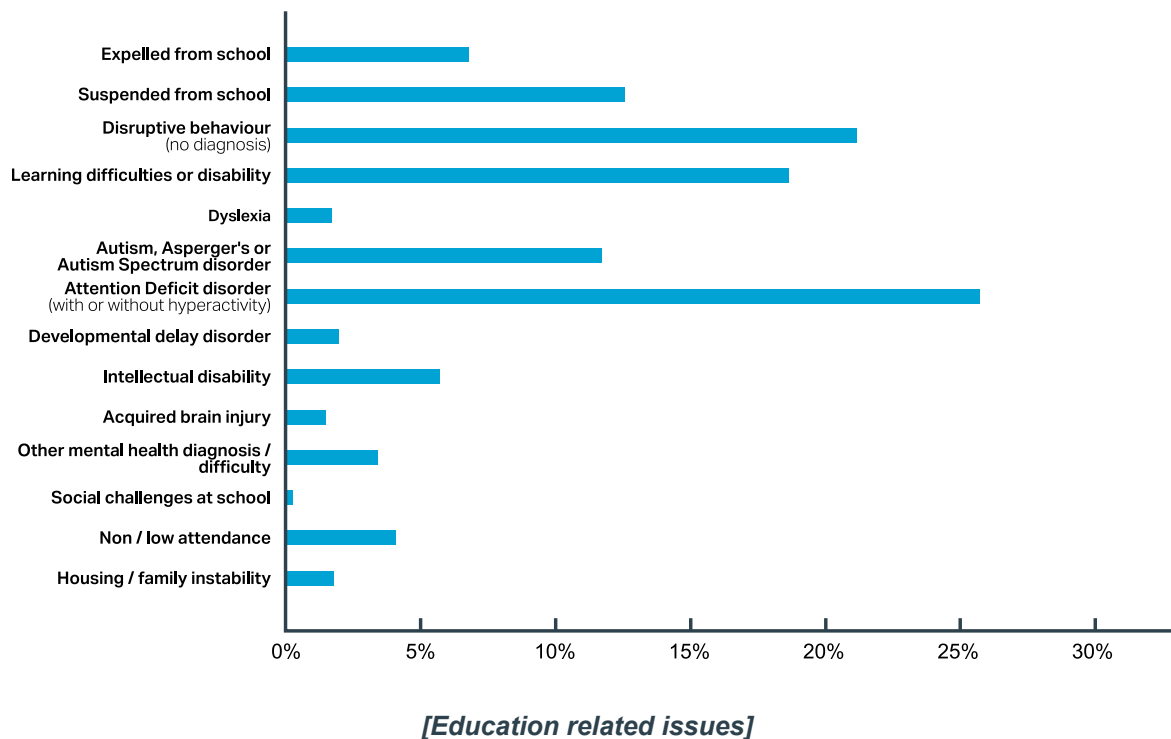
[Nature of ed. engagement]



Problems at school

Around half of all clients were experiencing one or more education-related issues upon entry to service (n = 289, 53.2%). The most common education-related issue was attention deficit hyperactivity disorder, which affected 26.9% of

clients who were engaged in education. Following this, disruptive behaviour was an educational issue for 22.1% (n = 120) of clients, learning difficulties affected 19.5% (n = 106), school suspension affected 13.1% (n = 71), and 12.2% (n = 66) had issues related to autism spectrum disorder.



Education-related issues disproportionately affected Aboriginal and Torres Strait Islander clients (p < .05). Three quarters of these young people

experiencing an education-related issue (n = 61, 77.2%).

Literacy and numeracy skills

Youth workers were asked to rate their client's level of numeracy (mathematical skills) and literacy (reading ability). Of all clients (N = 534), 9.4% had

excellent numeracy skills and 11.4% had excellent literacy skills, while 10.5% had poor numeracy skills and 9.0% had poor literacy skills, 1.3% could not do maths and 1.3% could not read.

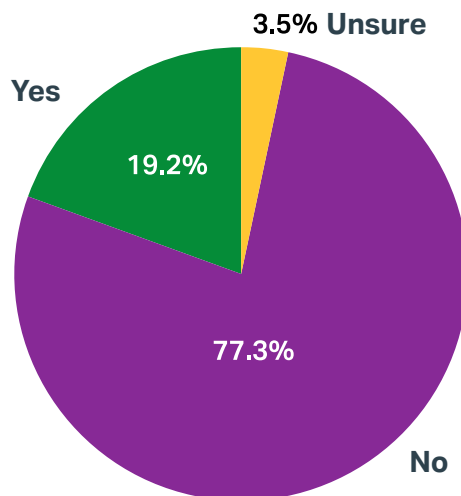


Employment engagement and issues

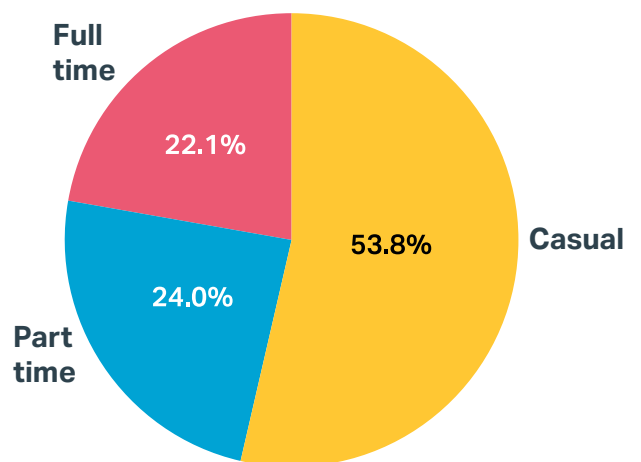
Upon entry to the service, around a fifth of clients (n = 104, 19.2%) were employed. Of these 104 clients, most were employed casually (53.8%), a further

24% were employed part-time and 22.1% full-time.

Roughly half of clients had an employment-related issue such as having less employment than they desired (n = 263, 48.4%).



[Employment engagement]



[Nature of employment engagement]

Psychosocial complexity and substance use severity

Scales of psychosocial complexity and substance use severity were developed by Kutin and colleagues (2014) for analysis of the first Youth AOD Census conducted in 2013. These scales were

replicated in the current iteration of the census to examine how psychosocial complexity overlaps with severity of substance-use issues for YSAS AOD clients.

Substance-use severity scale

Indicator	Description	% Yes
Daily substance use	Any drug used daily or almost daily (excluding tobacco)	64.8%
Substance dependence	Worker rating of substance dependence	65.2%
Experience of substance use-related harms	Experienced at least one substance-related harm (last 3 months) ³	35.7%
Multi substance use	Used 3 or more drugs in last 4 weeks OR Used 2 or more drugs in last 4 weeks and 15 years or younger	68.3%
Intravenous substance use	Ever used a substance by injection	10.9%
Illicit substance use	Used any drug in last 4 weeks if 17 and younger (excl tobacco) OR Used any illicit drug in last 4 weeks if 18 and over	90.1%
Binge style substance use	Binged any substance in the past 4 weeks ⁴	42.0%

3. Substance related harm includes physical harm (had been admitted to hospital and/or had an ambulance attend them). Were exposed to violence while substance affected (Used violence / were victim-survivors of violence / were victim-survivors of sexual assault).

4. A Binge is defined as continuous substance use for a period longer than 24 hours

Scoring for level of substance use severity

To determine the level of substance use severity across the population of 543 YSAS Youth AOD Clients when they commence with the service, the follow scoring system is applied:

Level of severity	2025 Census Result
4 - 7 = extreme	61.1% (n = 332)
2 - 3 = high	25.0% (n = 136)
0 = none / 1 = low	13.8% (n = 75)

Psychosocial complexity scale

Indicator	Description	% Yes
Justice system involvement / current criminal activity	Engaged in crime in last 4 weeks OR justice system involvement ever (excluding police)	53.6%
Mental health	Has current mental health diagnosis	54.0%
Experience of abuse / neglect	Experienced emotional abuse, physical abuse, sexual abuse and/or neglect	60.8%
Exposure to violence	Been a victim of crime (ever) and/or a victim-survivor of FV and/or a victim-survivor of IPV and/or a victim-survivor of AVITH ⁵	55.6%
Suicide / self harm	Attempted suicide or self-harm (ever)	41.8%
Family issues	Conflict or disconnection with family or relatives (Last 4 weeks)	66.7%
Child Protection involvement	Involved in Child Protection (ever)	39.4%
Housing instability	Housing instability (last 4 weeks)	23.6%
Problems at school	Suspended, expelled, or disruptive behaviour at school (ever)	30.8%
Disconnected from school / employment	Not employed or not at school (current)	54.0%

Scoring for level of psychosocial complexity

To determine the level of psychosocial complexity across the population of 543 YSAS Youth AOD Clients when they commence with the service, the follow scoring system is applied:

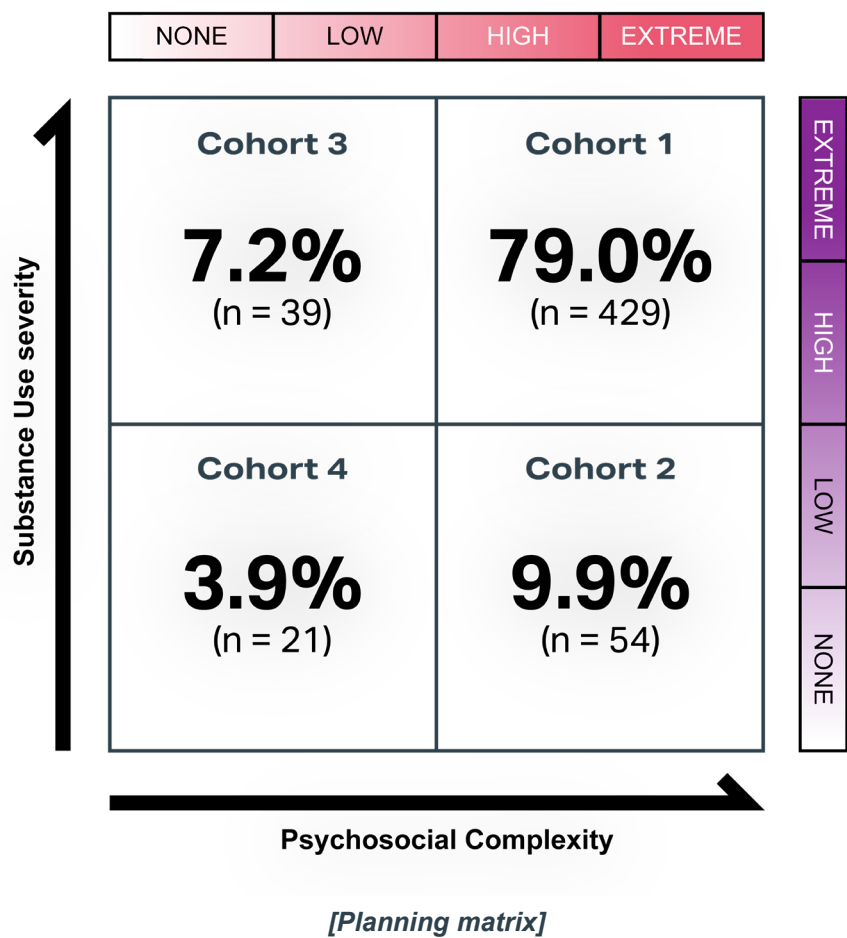
Level of severity	2025 Census Result
5 - 10 = extreme	55.1% (n = 299)
2 - 4 = high	33.9% (n = 184)
0 = none / 1 = low	11.0% (n = 60)

5. Family Violence (FV) / Intimate Partner Violence / Adolescent Violence in the Home (AVITH)

The Youth AOD needs identification and intervention planning matrix

YSAS and Turning Point developed a way to identify cohorts of service users that are likely to have relatively common requirements for intervention. Researchers created a ‘Youth AOD needs identification and intervention planning

matrix’ (Kutin et al 2014) by cross referencing level of substance use severity with the level of psychosocial complexity. In the report the ‘Youth AOD needs identification and intervention planning matrix’ is applied to the YSAS Youth AOD Service User Population; using Youth AOD Census 2025 data.



Creating this matrix, allocates young people who are first engaged by YSAS Youth AOD Services into 4 cohorts. Note: This is a heuristic device to aid

more nuanced service system design and is not designed to inform treatment planning for individual young people and their families.

Cohort 1

High/extreme substance use severity & high/extreme psychosocial complexity

Almost 4 in 5 clients (n = 429, 79.0%) are in Cohort 1. Note: 40.1% of clients experience extreme psychosocial complexity and extreme substance use severity. Young people in this cohort need services that address their substance use problems and at the same time the psychosocial issues that they experience. This requires that practitioners have the capacity to comprehend and respond effectively to the complex interrelationship of these young people's substance use and the range of psychosocial challenges that they face.

Cohort 2

Low level of substance use severity & high/extreme psychosocial complexity

One in ten YSAS Youth AOD Clients (n = 54, 9.9%) are in Cohort 2. These young people are expected to be at serious risk of substance use problems developing, which would create the conditions for even greater psychosocial complexity. Targeted intervention is required to prevent escalation to a pattern of substance use that is harmful and entrenched. This involves addressing the unresolved psychosocial issues that may serve to precipitate and perpetuate harmful substance use. The focus should be on reinforcing engagement in constructive and prosocial relationships that challenge the normalisation of substance use.

Cohort 3

High/extreme level of substance use severity & low level of psychosocial complexity

7.2% of clients (n = 39) had no/low psychosocial complexity but a high/severe level of substance use. These young people are more likely to be living in stable circumstances where they are connected with family, school and/or employment. Specific AOD intervention is required together with a strong focus on maintaining connectedness with prosocial supports and participation in constructive activity. The aim being to prevent substance use severity from increasing and contributing to psychosocial deterioration.

Cohort 4

Low level of substance use severity & low level of psychosocial complexity

Finally, just 3.9% (n = 21) of clients showed no/low psychosocial complexity and substance use severity. Approaches, including relapse prevention⁶, that enable the young person to maintain current circumstances and further develop are recommended.

6. Relapse prevention incorporates a set of individualised strategies aimed at building the capacity of a young person and others involved in their care to maintain changes that have been made to substance using behaviour.

What do these Census findings mean for YSAS practice?

Because young people who are service users are at the centre of everything YSAS does, services are shaped to respond to their unique needs and characteristics. This is why the Census is so useful. The data gained provides insight into how Youth AOD services can better work with young people and families to reduce the harm and provide meaningful opportunities for them to live well.

Based on insights drawn for the Census data, YSAS has identified ten focus areas:

- 1.** Strengthen ties with the Koorie Youth Council and other Aboriginal Community Controlled Organisations
- 2.** Reinforce a commitment to Trauma Responsive Care
- 3.** Maintain an emphasis on psychosocial stability as the basis of all behaviour change
- 4.** Explore options for a gender specific Youth AOD service response
- 5.** Continue efforts to make services more family inclusive
- 6.** Further build capacity to support priority populations:
 - LGBTIQA+ young people
 - Young people from culturally and linguistically diverse backgrounds

- Young people in out-of-home care

7. Build capacity to respond to key issues impacting on our service users:

- High prevalence mental health conditions
- Family domestic violence
- Self-injury and suicide prevention
- Attention Deficit Hyperactivity Disorder (ADHD)

8. Better define and enhance the organisation's approach to forensic AOD work

9. Develop more robust partnerships with services providing education and vocational pathways for young people

10. Further explore options for intervening as early as possible to prevent AOD related harm

Strengthen ties with the Koorie Youth Council and other Aboriginal Community Controlled Organisations

YSAS fully supports Aboriginal Community Controlled Organisations receiving the funding to provide AOD services to young people and families from their communities. At the same time, the Census data reveals that 14.5% (n = 79) of the young people YSAS is working with in their AOD services are from First Nation's communities. As such, YSAS is committed to doing the best they can to ensure that their services are culturally safe and effective for Aboriginal and/or Torres Strait Islander young people. YSAS is being supported to do so through a formal partnership with the Koorie Youth Council. YSAS also has connections across Victoria with Aboriginal Community Controlled Organisations that they will continue to strengthen.

Reinforce a commitment to Trauma Responsive Care

Many young people's behaviours, regardless of how harmful the consequence, reflect their best efforts to manage the impacts of trauma in their life and the painful and difficult feelings and thoughts that result. YSAS practitioners connect with young people to understand the function and meaning of these behaviours and we avoid punitive responses.

64.1% (n = 348) of clients had experienced some form of abuse such as emotional abuse, physical abuse, sexual abuse, neglect or violent crime.

Being 'trauma responsive' means actively supporting each young person to self-regulate by working with physical sensations and states so that they do not need to seek relief in substance use, self injury or other behaviours that can be harmful and risky. If or when they do, young people are not judged or blamed. YSAS practitioners and programs offer restorative experiences that reduce the impact of trauma.

Maintain an emphasis on psychosocial stability as the basis of all behaviour change

YSAS values efforts to enable young people to stabilise their circumstances and prevent or restrict the deterioration of health and wellbeing. This work is equal in importance with work undertaken with young people that results in observable improvements and developmental gains.

Almost 4 in 5 clients (n = 429, 79.0%) are experiencing a high/extreme level of both psychosocial complexity and substance use severity. As such, there is a high likelihood that their life circumstances will be unstable, putting them at increased risk of harm.

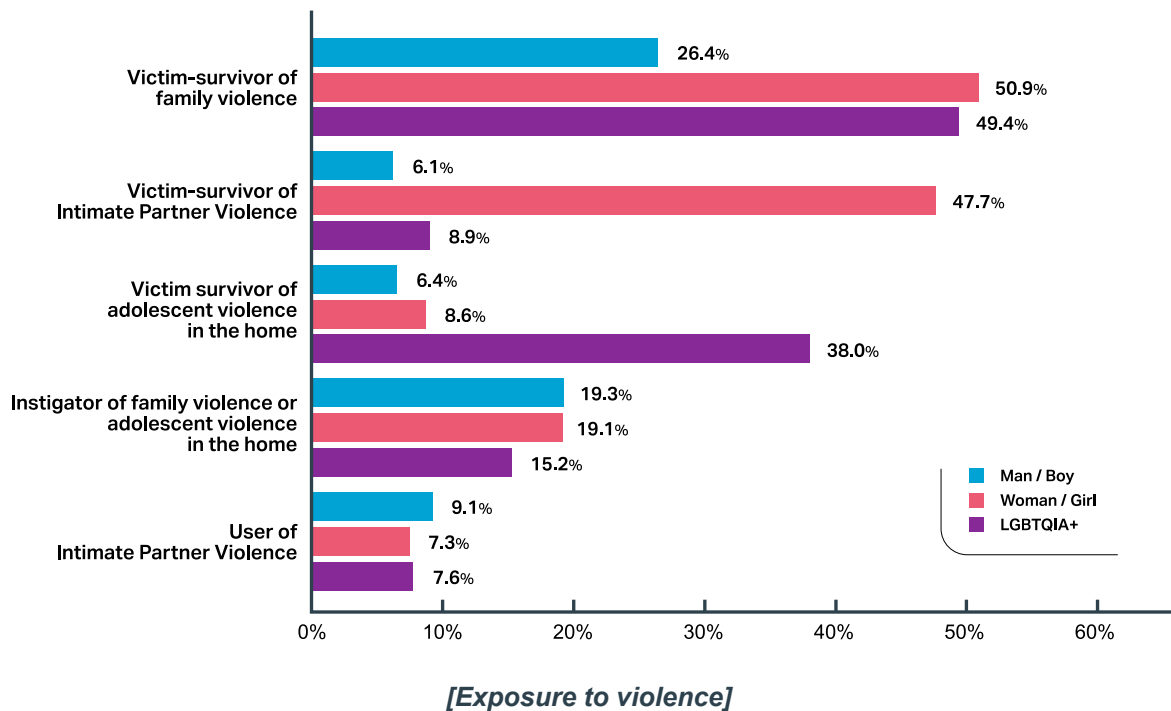
Secure housing is the foundation of establishing psychosocial stability but one in three of YSAS Youth AOD clients, when they first attended the service were experiencing some kind of housing problem (n = 180, 33.1%); 23% (n = 125) were living in unstable housing such as couch surfing or residing short-term / crisis accommodation.

YSAS will continue to prioritise enabling clients to establish psychosocial stability as a crucial foundation for sustainable behaviour change.

Explore options for a gender specific youth AOD service response

The Census data suggests that young women who are clients have a different set of needs and challenges than young men.

A greater proportion of young women ($p < .05$, $n = 151$, 68.6%) compared to young men ($n = 116$, 39.2%) had a mental health diagnosis. Further, abuse and violence were disproportionately experienced by young women. Around half of all young women accessing YSAS AOD services were reported to be victim-survivors of family violence ($n = 112$, 50.9%) and/or intimate partner violence ($n = 105$, 47.7%).

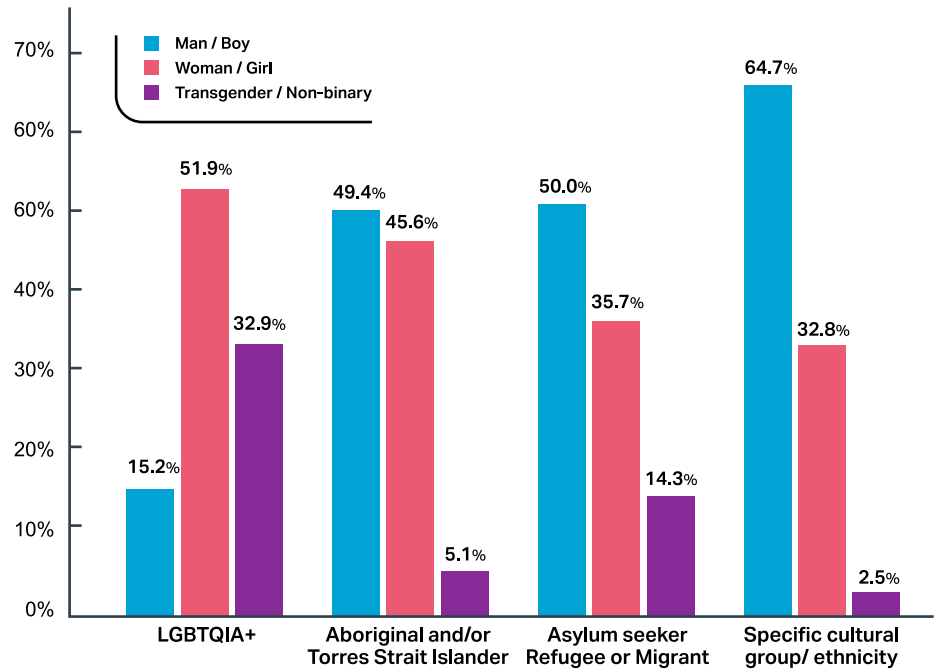


The Australian Drug Foundation⁷ cites NADA (2021) and Greenfield et al (2007) in identifying that women accessing AOD services face significant barriers in comparison to men and confirm that among clients who are women, there is a greater prevalence of mental health concerns and exposure to family domestic violence.

The ADF identify a range of effective approaches for making AOD services more accessible and effective for women including family inclusive treatment, access to childcare and therapies that focus on addressing trauma and abuse.

7. <https://adf.org.au/insights/women-aod-treatment/>

It is notable also that of the 21.9% (n = 119) of YSAS youth AOD clients who were from a culturally and/or linguistically diverse background, the greater proportion were young men (64%). This is more than for other priority populations. Further investigation is required to ascertain whether young women from culturally and/or linguistically diverse backgrounds have unmet AOD related needs that are not being catered for by YSAS or whether there are barriers to service access.



[Distribution of gender across minority groups]

Continue efforts to make services more family inclusive

Families can be a vital source of protection and care for young people with AOD problems.

On engagement with the service, almost two thirds of clients were experiencing conflict with their family (n = 332, 61.1%), with over a third disconnected from their family altogether (n = 201, 37%).

Many families possess under-recognised and under-utilised resources that can be helpful for young people. At the same time it is acknowledged that they can be a key source of stress and risk. Across

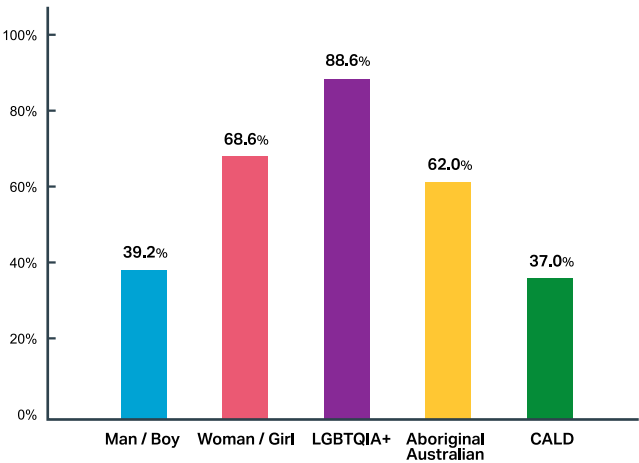
a range of Youth AOD service types, YSAS seeks to collaborate with families and carers on the common goals of protecting their child's safety, health and wellbeing and future prospects. The goals of family focused interventions are to:

- Engage families in the care and support process as far as possible
- Motivate and enable family members to provide emotional and practical support for the ongoing development of young people in their care.

Not all young people will want to involve family members directly. 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.

Further build capacity to support priority populations

The Census data provides insights into the needs and characteristics of YSAS clients in three priority populations that are shared below. YSAS will use these insights to inform practice and professional development initiatives in the 2025/26 financial year. YSAS is committed to promoting access to services for young people and families from these priority populations through a ‘no wrong door’ approach. YSAS seeks to go further by endeavouring to create the ‘right door’ for them. This is only made possible by listening to young people and families and



[Mental health diagnosis]

YSAS recognises the need to make a concerted effort to better understand the impact of homophobic and transphobic discrimination on their LGBTQIA+ clients, who were also disproportionately affected by exposure to abuse and violence. YSAS practitioners require a sensitive, nuanced approach in discussing and working through these issues with LGBTQIA+ young people and where appropriate their family and support network.

Young people from culturally and linguistically diverse backgrounds

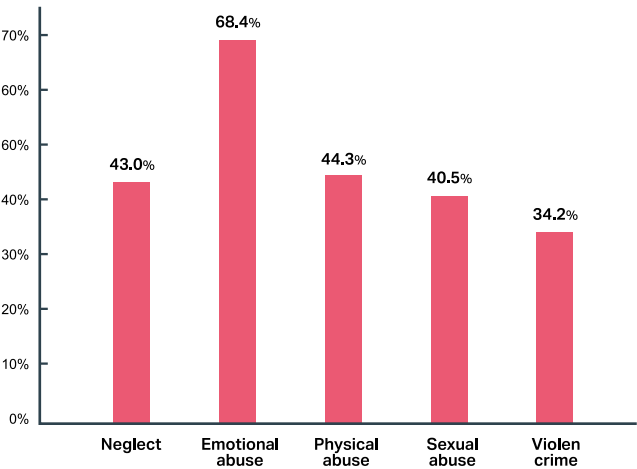
Over one fifth of clients were from a culturally and/or linguistically diverse backgrounds (n = 119, 21.9%). YSAS strives to ensure that the cultural identity/s

community-led organisations connected and working with them to develop practice approaches that are inclusive and respectful.

LGBTQIA+ young people

LGBTQIA+ young people made up 14.5% (n = 79) of YSAS Youth AOD service users. YSAS is pleased with this high level of engagement but are concerned that:

- 88.6% (n = 70) have a mental health diagnosis
- Almost two thirds disclosed previously self-harming (n = 50, 63.3%)- compared to just over one third of non-LGBTQIA+ clients (n = 169, 36.4%).
- Almost two in five had previously attempted suicide (n = 30, 38%) - compared to non- LGBTQIA+ clients (n = 78, 16.8%).



[LGBTQIA+ experience of abuse]

and affiliations of all young people and families are understood, accepted and celebrated in an appropriate and respectful way. This applies with all cultural groups but specifically, YSAS will draw on partnerships with African and Pasifika community-led organisations to create youth AOD services that are more responsive and effective for their peoples.

Young people in out-of-home care

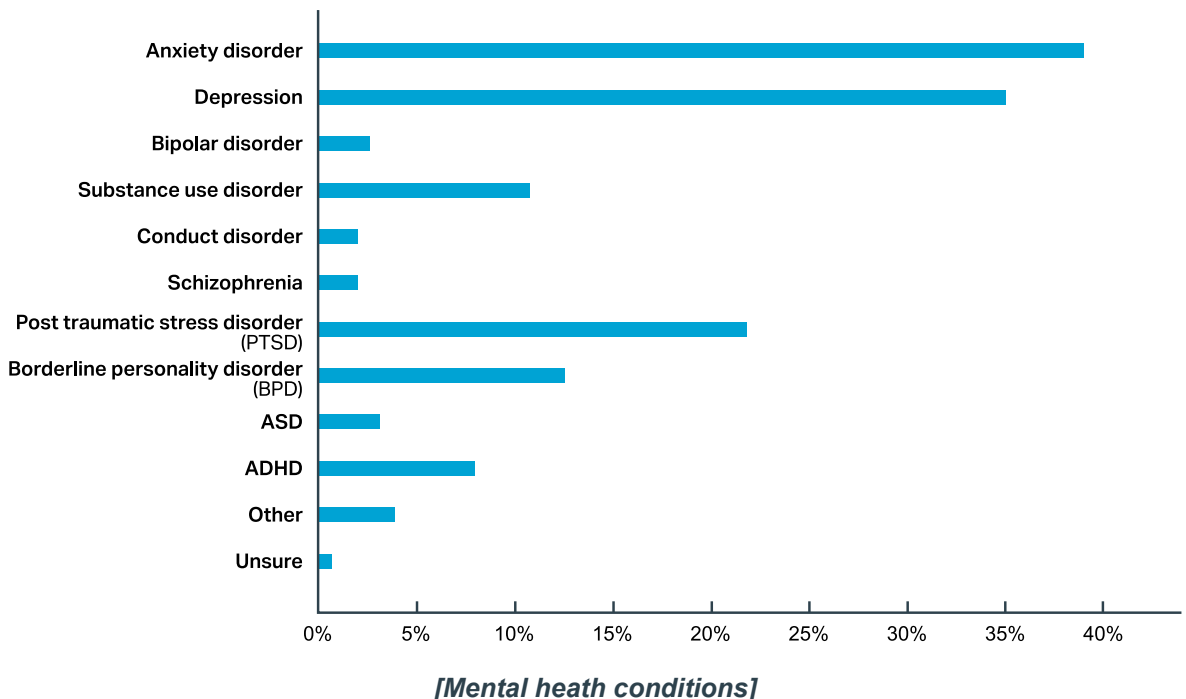
One in ten clients were on a Child Protection out-of-home care order (n = 65, 12.0%). YSAS will continue to work with out-of-home care providers and the Child Protection Office of Professional Practice to develop effective approaches for intervening as early as possible to working towards reducing AOD related harm for young people in care.

Build capacity to respond to key issues impacting on service users

The Census data provides insights into a range of issues that YSAS clients are contending with. YSAS will use these insights to inform practice and professional development initiatives in the 2025/26 financial year.

High prevalence mental health conditions

38.7% (n=210) of YSAS clients are reported to have a diagnosed anxiety disorder and 34.7% (n=189) are reported to have been diagnosed with depression. This demonstrates the importance of being able to understand and address the interrelationship of young people's substance use and these high prevalence mental health conditions. It also provides a rationale for continued connection with youth mental health and wellbeing services.



Family domestic violence

Over a third of clients at service commencement were victim-survivors of family violence (n = 199, 36.6%), and almost a quarter were victim-survivors of intimate partner violence (n = 129, 23.8%). YSAS workers have access to training, resources and guidance in how victim-survivors are best supported to deal with their exposure to violence and its impact.

YSAS will continue to work with the national organisation, No to Violence (NTV). They have partnered on many important projects and initiatives. The issue of how to work ethically and effectively with young people who use violence needs further attention. Workers report that almost 1 in every 5 young people have been an 'instigator

of Adolescent Violence in the Home' (19.3% of young men and 19.1% of young women) and that 9.1% of young men and 7.3% of young women have been users of Intimate Partner Violence.

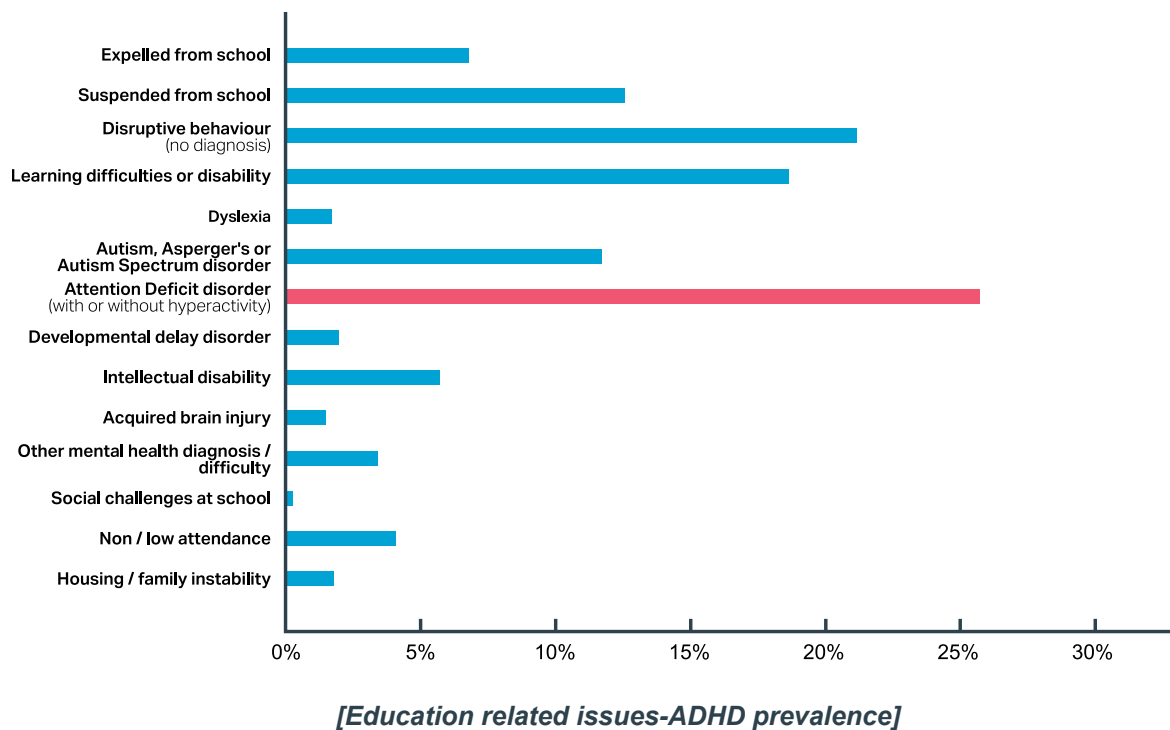
Self-injury and suicidality

Two in five clients disclosed having self-harmed in the past (n = 219, 40.3%). One in five disclosed having previously attempted suicide (n = 108, 19.9%). YSAS will ensure that workers are properly equipped to support young people who self-injure. This includes strategies to reduce harm and enabling young people to find alternatives to self-injury as a way of managing distress. Similarly, YSAS will ensure that our workers are trained in suicide prevention and post-vention.

Attention Deficit Hyperactivity Disorder (ADHD)

Over a quarter of clients (n = 146, 26.9%) were reported as having ADHD. Even so, it is likely that ADHD is underdiagnosed. YSAS will work on how we identify young people who could potentially have undiagnosed ADHD and seek to arrange a

neuro-psychological assessment to determine whether this is the case. Further, YSAS will seek guidance from their expert clinicians working within their headspace platforms, on how best to support young people with ADHD (and other forms of neuro-diversity) and how to create the conditions for them to thrive.



Develop more robust partnerships with services providing education and vocational pathways for young people

More than half of clients (n = 293, 54.0%) were not engaged with education or employment. Around half of all clients were experiencing an education-related concern upon entry to service (n = 289, 53.2%), the most common issue being attention

deficit hyperactivity disorder which affected over a quarter of clients (n = 146, 26.9%). Following this, disruptive behaviour was an educational issue for 22.1% (n = 120) of clients, learning difficulties affected 19.5% (n = 106), school suspension affected 13.1% (n = 71), and 12.2% (n = 66) had issues related to autism.

There is clearly a need to enable young people to overcome these challenges where their goal is to participate in education. The same applies to young people's vocational pathway. Almost half of clients had an employment-related issue such as having less employment than they desired (n = 263, 48.4%). There is an opportunity for YSAS youth AOD services to connect with job service providers to clients find and maintain employment.

Better define and enhance the organisation's approach to forensic AOD work

A half of the Youth AOD service users (50.1%, n = 272) had been involved in the criminal justice system. A greater proportion of young men (65.5%, n = 194) than young women (35.5%, n = 78). Further, workers indicated that one in five clients (n= 107,

19.7%) had engaged in recent criminal activity (within the past 4 weeks), There were no observable gender differences but a greater proportion were aged 16 and 17.

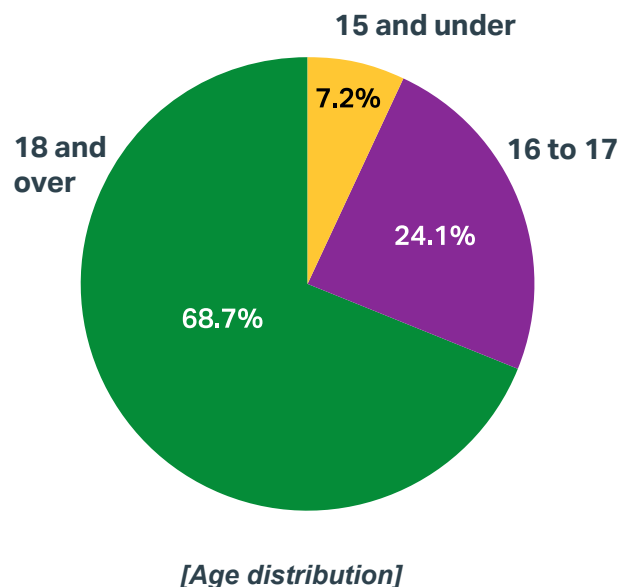
The YSAS approach to forensic AOD work focusses on working with young people engaged with the justice system to address their substance use issues, reduce the likelihood of offending and promote prosocial community integration. There is an opportunity to draw on the expertise of YSAS practitioners from their crime prevention programs to better define and enhance the organisation's approach to forensic AOD work.

Further explore options for intervening as early as possible to prevent AOD related harm

YSAS practitioners are proactive in making connections with young people, families and communities at risk of encountering health and behaviour problems. The intent is to make helpful services available to them in the easiest possible way and at the earliest possible time - as problems are emerging and before they become entrenched.

Most clients were 18 and over (68.7%), a quarter were aged 16 to 17 (24.1%), and 7.2% were aged 15 and under. Also 4 in 5 clients (79.0%) are already experiencing a high level of both psychosocial complexity and substance use severity on entry to the service.

Work is being done to explore whether there are options for reaching young people earlier, before they are further exposed to AOD related harm and the associated psychosocial problems.



Conclusion

This report highlights that young people accessing AOD services at YSAS have a great deal of life complexity to work through. On entry to the YSAS youth AOD services, the severity of the substance use related problems young people presented with was extreme, with 70% of clients using a substance daily, and almost two thirds of clients dependent on a substance. Most young people also experience co-occurring psychosocial complexity. There were high numbers of clients with a diagnosed mental health condition and experiences of violence and abuse. This psychological vulnerability was compounded by homelife instability, with a third of clients experiencing housing issues, and two thirds experiencing conflict with their family. With these issues to contend with, it is understandable how just over half of the clients first attending YSAS services have been involved with the justice system and are disconnected from education and employment.

The Census also found a high proportion of clients accessing YSAS services were Aboriginal and Torres Strait Islander, LGBTQIA+ and from backgrounds of cultural and linguistic diversity. These populations had unique needs, with LGBTQIA+ people presenting to the service with significantly greater mental health needs, whereas educational issues disproportionately affected Aboriginal and Torres Strait Islander clients. Young women also presented with unique needs around their disproportionate experience of violence and abuse. Additionally, a sizeable portion of young clients had past or current child protection involvement with one in ten clients being in out-of-home care. This requires the YSAS workforce to be equipped to collaborate with out-of-home care to support the unique vulnerabilities and goals of these clients.

Altogether, findings from the Census paint a picture of young people experiencing serious disadvantage with complexities in several life domains. This supports Youth AOD services adopting a holistic approach that is well integrated with other youth

focussed service systems including mental health, legal and justice, Child Protection, housing, education and employment.

It also confirms the commitment of YSAS to resilience-based practice, with a strong focus on proactive engagement and maintaining connections with young people and families within their own communities. When young people and families have access to the resources and opportunities they require to meet their needs, in ways that work for them, they can achieve positive health and social outcomes and a better future.



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