The 2025 Youth AOD Census: Technical Report

Rintala, J.
Johnston, B.
Bruun, A.
Bryant, J.
Weir, S.
Belloti, K.
MacLean, S.


The authors of this report acknowledge Aboriginal and Torres Strait Islander peoples as the traditional owners of the lands and waters where we live and work. They were the first to establish sovereign Nations in this country and that sovereignty has never been ceded. We recognise and respect the inherent cultural strength and wisdom of Aboriginal and Torres Strait Islander Peoples and their vast experience in caring for the social and emotional well-being of their community. We pay respect to Elders past and present.

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 recognise that culture, community connection, and self-determination is fundamental to the wellbeing of Aboriginal and Torres Strait Islander peoples. We are committed to learning from Aboriginal Community Controlled Organisations on how best to support them in fighting for justice and creating better futures for First Nations communities.

We thank Bonnie Dukakis, CEO of the Koorie Youth Council, for advising us on how to understand and present data relating to Aboriginal and Torres Strait Islander young people and families in this report.

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Contents

Executive Summary

The 2025 Youth AOD Census

The 2025 Youth Alcohol and Other Drug(AOD) Census was created for the purpose of better understanding that needs and characteristics of young people engaged with youth AOD services in Victoria. In May and July 2025, surveys were completed by workers across 13 organisations in the Victorian youth AOD sector to gather information about the young people they work with. Findings from the Census detail the needs and characteristics of 893 young people who accessed Victorian youth AOD services, including around their substance use, criminal justice system involvement, mental and physical health, and their living circumstances regarding family, housing, employment and education. What emerges from Census findings is a picture of young people facing a multitude of complex and intersecting issues, highlighting the need for a holistic model of AOD support.

Key Findings

Substance Use

• A composite measure of substance use severity indicated that most young people entering youth AOD services were experiencing severe (n = 533, 59.7%) or high-level (n = 220, 24.6%) substance use.

• On entry to service, three in five young people were using a substance daily (n = 543, 60.8%) and two-thirds of young people were dependent on a substance (n = 557, 67.6%).

• The most common primary drug of concern was cannabis (n =404, 49.0%), followed by alcohol (n = 155, 18.9%), methamphetamine (n = 149, 18.1%), prescription drugs (n = 24, 2.9%) and cocaine (n = 18, 2.2%).

Justice System Involvement / Criminal Activity

• 17.1% (n=153) of young people had engaged in recent criminal activity within the past 4 weeks, and half (n = 432, 48.4%) had ever been involved in the criminal justice system.

• Young men were proportionately more likely to have recently or ever been involved in the criminal justice system. Similarly, a greater proportion of young people aged 16 to 17 had engaged in recent criminal activity and had recent criminal justice system involvement.

• Young people referred to services through a forensic AOD program were less likely to have a substance use issue or mental health diagnosis than non-forensic clients. Young people

from forensic AOD referrals were also less likely to be fully engaged with their education compared to other young people.

Mental Health

• Around three in five young people disclosed having a mental health diagnosis (n = 527, 59%).

• Young women and LGBTQIA+ young people were disproportionately affected by mental health-related concerns. Two-thirds of young women had a mental health diagnosis (n = 238, 66.5%), as did 89.2% (n = 107) of LGBTQIA+ young people.

• Two in five young people disclosed having self-injured in the past (n = 364, 40.8%), and one in five disclosed having previously attempted suicide (n = 190, 21.3%).

Experiences of Violence and Abuse

• Over a third of young people entering service were victim-survivors of family violence (n = 322. 36.1%), and one-fifth were victim-survivors of intimate partner violence (n = 183, 20.5%).

• 59.7% (n = 533) of young people had experienced some form of abuse such as emotional abuse, physical abuse, sexual abuse, neglect or violent crime.

• Abuse and violence were disproportionately experienced by young women, LGBTQIA+ young people and Aboriginal and Torres Strait Islander young people.

Family

• Three in five young people were experiencing conflict with their family (n = 332, 60.1%) on entry to service, with over a third reportedly disconnected from their family altogether (n = 323, 36.2%).

• One-third of young people accessing AOD services had previously been subject to a Child Protection order (n = 302, 33.8%), and 11.1% (n = 99) were in out-of-home care.

Housing

• One in three young people were experiencing some kind of housing problem (n = 180, 33.1%), with one-fifth (n = 204, 22.8%) living in unstable housing such as couch surfing, short-term / crisis accommodation, etc.

Education and Employment

• Around half of all young people were experiencing an education-related concern upon entry to service (n = 435, 48.7%), the most common issue being attention deficit hyperactivity disorder which affected almost a quarter of young people (n = 211, 23.6%).

• Approximately half of all young people (n = 440, 49.3%) were not engaged in a meaningful activity in the form of education or employment.

Psychosocial Complexity

• More than half of young people (n = 469, 52.5%) had an extreme level of psychosocial complexity and a third (n = 307, 34.4%) were experiencing a high level of complexity.

• Three-quarters of young people were

experiencing concurrent high/extreme substance use and high/extreme psychosocial complexity (n = 669, 74.9%).

Conclusion

Findings from the 2025 Youth AOD Census demonstrate the breadth and complexity of the needs young people present to AOD services with. Through better understanding the characteristics of young people accessing AOD services, relevant service models and policies may be adapted to ensure they support the best possible outcomes.

Introduction

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). The 2025 Youth AOD Census surveyed workers across the Victorian youth AOD sector to gather information about the young people accessing their services. The survey was 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; MacLean et al., 2013; Spooner & Hetherington, 2005). These complexities were gauged by the Youth AOD Census, alongside young peoples' substance use patterns, to provide a detailed picture of the needs young people present to youth AOD services with. Such information is vital to supporting the planning, policy and practice of youth AOD services to ensure better outcomes for young people.

Australian surveys of young people's substance use

Population-level surveys and published administrative data already provide some information on the substance use patterns of young people in Australia. The National Drug Strategy Household Survey (NDSHS) and the Australian Secondary School Students Alcohol and Drug (ASSAD) survey both detail young people's substance use patterns, with the most recent iteration of each survey having been conducted in 2022-23 (AIHW, 2025d; Scully et al., 2023). The most recent NDSHS found young people aged 18 to 24 were the most likely age group to engage in risky drinking (i.e., consume more than 10 standard alcoholic drinks on average per week) (AIHW, 2025d). Specifically, in this age group, 42% drank alcohol at risky levels, whereas 6% of those aged 14 to 17 did so. Similarly, the ASSAD survey reported 9% of those aged 16 to 17 drank to risky levels (Scully et al., 2023). As for illicit substances, the NDSHS and ASSAD survey indicated cannabis was the most common used by young people (AIHW, 2025d; Scully et al., 2023). According to the NDSHS, 35% of people aged 14 to 24 had used cannabis in the past year, whereas the ASSAD indicated 13% of people aged 12 to 17 had used it in their lifetime. Subsequent NDSHS and ASSAD surveys have shown the proportion of young people who drink alcohol has steeply decreased since 2001, whereas cannabis use has remained relatively stable (AIHW, 2025d; Scully et al., 2023).

Data collected under the minimum AOD dataset provide an overview of the substances used by young people accessing AOD services (AIHW, 2025a). The 2023-24 data on Victorian AOD services indicate that 7% of young people who accessed services were aged 10 to 19 and a further 24% were aged 20 to 29. The main primary substance of concern for the younger cohort aged 10 to 19 was cannabis (53%), followed by alcohol (16%) and

amphetamines (8%). For 20- to 29-year-olds amphetamines were the most common primary drug of concern (29%), followed by alcohol (26%) and cannabis (24%). More detailed information on the substance-use patterns of young people who access AOD services, however, remains publicly unavailable.

Together, the minimum AOD dataset, NDSHS and ASSAD survey provide some insight on the substances used by young people in the Australian community and who access AOD services. However, due to the NDSHS being administered in households and the ASSAD survey in schools, these surveys exclude young people who are living in unstable housing and/or are disconnected from school. Further to this, these data sources fail to capture the complex and diverse circumstances of disadvantage that both produce and result from young people's substance use.

Psychosocial factors and young people's substance use

Scholarly research shows severe patterns of substance use often form in response to a complex interplay of individual and environmental factors occurring through-out one's life course (Spooner, 2009; Spooner & Hetherington, 2005) . For instance, having any one adverse childhood experience (ACE) has been found associated with adolescent binge drinking and cannabis use (Afifi et al., 2020). Potential ACEs include, among other things, experiences of child maltreatment, exposure to violence, mental illness in the household, child protection involvement and experiences of poverty. Similarly, The Australian Child Maltreatment Study (ACMS) found people aged 16 to 24 who were maltreated or exposed to family violence in childhood were five times more likely to be dependent on cannabis compared to those with no maltreatment history (Haslam et al., 2023). The social and economic exclusion that results from disconnection from education and employment can also precipitate more severe substance use among young people (Henderson et al., 2017; Rodwell et al., 2018). Thus, awareness of psychosocial factors affecting a young person is vital when considering ways to alleviate their substance use.

The current Census

The 2025 Youth AOD Census quantifies the prevalence of psychosocial factors and substance use patterns among young people accessing AOD services in Victoria, Australia. Using Census data, a measure of psychosocial complexity was constructed and cross-tabulated with young people's substance use severity to explore the extent these constructs overlap among those accessing youth AOD services. Psychosocial factors, such as mental and physical health, can also vary according to young people's gender, cultural background and LGBTQIA+ status (Filia et al., 2022). Thus, we conducted additional analyses exploring which psychosocial issues are overrepresented among certain groups of young people. Together, these findings are vital to informing the development of youth AOD service models that best meet the diverse needs young people present to services with.

Method

Participating Alcohol and Other Drug Services

Alcohol and other drug (AOD) services across the state of Victoria were invited to participate in the census if they provided services to young people and had a mechanism for obtaining client consent to use their administrative data for research purposes. Of 22 organisations invited to participate, 13 were eligible and agreed to participate.

Procedure

In preparation for the Census, youth AOD workers at eligible organisations were invited to attend online information sessions, with a total of nine information sessions facilitated by the research team. On Census day, consenting workers at participating organisations completed one questionnaire for each young person (aged 12 to 25) for whom they had an open case. Workers were emailed an anonymous weblink to access the questionnaire.

The Census was conducted in two rounds. In the first round, workers at YSAS services were invited to complete the census on May 5th, 2025. In the second round, workers at participating non-YSAS services were invited to complete the Census on July 21st, 2025. The questionnaire remained accessible to workers for two weeks following the Census date. Each questionnaire took approximately 9 minutes to complete.

The Youth AOD Census

Questionnaire

The Census comprised of a 56-item online questionnaire hosted on the platform Survey Monkey (see Appendix A). The questionnaire was first developed in 2013 through literature review and expert consultation (Kutin et al., 2014). Minor adjustments have since been made to the questionnaire following reflection on previous iterations of the Census and further consultation with experts and service providers.

Measures

The questionnaire mainly included items which required a yes/no/unsure response and spanned the following key domains:

1. Client demographics (7 items)
2. Service use (5 items)
3. Substance use (11 items)

4. Justice system involvement and criminal activity (2 items)

5. Mental and physical health (6 items)

6. Experiences of violence, abuse and neglect (3 items)

7. Family-related issues (9 items)

8. Housing (3 items)

9. Education & Employment (10 items)

Data

Sample

An estimated 1,200 young people accessing youth AOD services across 13 organisations were eligible to have a questionnaire completed on their behalf, for whom 948 questionnaires were completed. After removing 54 responses due to missing data, and one response due to ineligibility, the final sample comprised 893 responses representing a response rate of 74.4%.

In order to assess whether YSAS and non-YSAS clients were substantially different, responses to key questionnaire items were compared between samples prior to combining responses. Results from chi-square tests found no difference between samples in terms of age, gender, justice system involvement, housing instability, substance use severity and psychosocial complexity. However, YSAS had a slightly greater proportion of CALD young people, a greater proportion of young people who were unemployed and/or not engaged in education, and a smaller proportion of young people with a formal mental health diagnosis (all p-values < .05).

Analysis

Data were analysed using R Studio version 4.5.0 (R Core Team, 2025). Descriptive data were provided for demographic information and individual questionnaire items. Comparisons were analysed using Student's t-test for continuous data, and Chi-square tests for categorical data. Significance values were set at the probability value of 0.05 (*). For statistically significant Chi-square tests of contingency tables containing more than four cells, post-hoc tests were conducted using a Bonferroni correction. Note that cell sizes of less than five responses are not reported to further protect young people's identity.

Lived Experience Consultations

When writing up the findings for the 2025 Youth AOD Census, we consulted with the YSAS Youth Participation team (inclusive of Youth Advocates and Youth Advisory Committee members) and the Koorie Youth Council (KYC) as lived experience experts. During an hourlong hybrid consultation, members of the Youth Participation team provided valuable advice around non-stigmatizing language when referring to young people and framing Census findings. Similarly, an over-the-phone consultation with a member of the KYC provided guidance on presenting Aboriginal and Torres Strait Islander young people's data.

Ethics Approval

The project was approved by the La Trobe University Research and Ethics Committee (HEC25145), Melbourne, Australia.

Findings

Demographic Information

Age and Gender

Of the total 893 young people for whom surveys were completed for, 55.0% identified as young men, 40.1% identified as young women, and 4.9% identified as transgender or non-binary. Most young people were 18 and over (69.8%), just over a fifth were aged 16 to 17 (22.1%), and 8.2% were aged 15 and under.

Priority Populations

Workers were asked to identify whether the young person they worked with was: (1) Aboriginal and Torres Strait Islander; (2) LGBTQIA+; (3) culturally and/ or linguistically diverse (CALD), and/ or (4) from an asylum seeker, refugee or migrant community.

• Aboriginal and Torres Strait Islander young people made up 13.7% (n = 118) of the total client group. Aboriginal and Torres Strait Islander young people were proportionately less likely to be 18 and over (58.5% versus 71.5% of non-Indigenous young people; $p < .05$).

• LGBTQIA+ young people made up 13.4% (n = 120) of clients. Young people who identified as LGBTQIA+ were proportionately less likely to be 15 and under (1.7% versus 9.2% of non-LGBTQIA+ young people; $p < .05$).

• Culturally and/or linguistically diverse (CALD) young people made up almost a fifth (n = 158, 17.7%) of clients. The most common cultural identity was Pasifika / Maori (n = 60), followed by Asian (n = 34) and African (n = 25).

• Asylum seeker, refugee or migrant young people made up only a small number of clients (n = 17, 1.9%).

Child Protection-involved Clients

A significant segment of young people were currently or previously involved with Child Protection Services. Out of all young people (N = 893), one-third (33.8%) had previously been subject to a child protection order, and one in ten (11.1%) were currently in out-of-home care. For 88 young people who were parents, over half (56.8%) had a child under a Child Protection order.

Service Utilisation

Service Engagement and Duration

Of all young people (N = 893), the majority (84.8%) utilised outreach as their primary service. This is followed by day program (6.6%), residential withdrawal (4.0%), home-based withdrawal (3.1%), AOD supported accommodation (0.8%) and peer-support group (0.7%). Two-

fifths of young people (n = 370, 41.4%) were accessing a secondary service with the same organisation (see Table 3), and 57 (5.5%) young people were simultaneously engaged with a service at a different organisation. Table 3 displays the distribution of young people across different primary and secondary service types.

The average period of service across all young people was 20.3 weeks. More than half of young people (n = 523, 58.6%) were accessing one service, while a third (n = 336, 37.6%) were accessing two services, and just 3.8% (n = 34) were accessing three to four services.

Table 1. Distribution of young people across primary and secondary service type

	Primary service		Secondary service	
	Count	%	Count	%
Outreach / Counselling	757	84.8	223	25.0
Day Program	59	6.6	73	8.2
Residential Withdrawal	36	4.0	73	8.2
Home-based Withdrawal	28	3.1	6	0.7
AOD Supported Accommodation	7	0.8	9	1.0
Peer Support Group	6	0.7	-	-
Other	-	-	21	2.4
Total	**893**		**893**	

Service Use and Duration across Different Groups

The type of service accessed, service duration and number of services being accessed varied according to age and the priority population(s) young people belonged to.

• Age. Young people aged 16 to 17 were overrepresented in outreach services, whereas those aged 18 and over were underrepresented ($p < .05$). Young people aged 15 and under were accessing fewer treatments on average, and had a shorter period of service on average, compared to other age groups (see Table 4).

• Priority population. A greater proportion of CALD young people (n =19, 12.0%) accessed day program than non-CALD young people (n = 40, 5.4%; $p < .05$). The average number of services accessed and duration of the service involvement varied across priority population groups and may be viewed in Table 4.

Table 2. Distribution of young people across primary and secondary service type

	Treatment length(weeks)		Number of treatments		
Characteristics	**Mean**	**SD**	**Mean**	**SD**	**Total**
Gender					
Man / Boy	19.5	25.9	1.4	0.6	491
Woman / Girl	21.3	23.5	1.4	0.6	358
Age					
15 and under	15.8*	17.0	1.3*	0.5	73
16 to 17	21.7*	21.3	1.4	0.6	197
18 and over	20.5*	26.3	1.5*	0.6	623
LGBTQIA+					
Yes	27.0*	26.3	1.6*	0.6	120
No	19.3*	24.2	1.4*	0.6	773
Aboriginal and Torres Strait Islander					
Yes	22.9	23.4	1.4	0.6	118
No	20.0	24.8	1.5	0.6	775
CALD					
Yes	17.9	18.5	1.6*	0.6	158
No	20.9	25.7	1.4*	0.6	735

Note. * indicates statistically a significant t-test $p < .05$

Substance Use

Substance Use Prevalence

Of all young people (N = 893) surveys were completed for, 92.6% were reported to have a substance use issue on entry to service, and one in nine (n = 803, 89.9%) had used a substance in the past four weeks[1]. Three in five young people were using a substance daily (n = 543, 60.8%), with a further 29.1% (n = 260) having used at least one substance in the past four weeks. A breakdown of which substances young people used daily or in the past four weeks[2] may be viewed in Table 5.

1. Note, the small proportion of clients who hadn't recently used substances may reflect clients in residential rehab and/or clients engaging in court mandated programs which disallow substances use.

2. Note, substance use "in the past four weeks" excludes daily use

Table 3. Substance type across frequency of use by young people

	Daily use		Used in the past 4 weeks	
	Count	%	Count	%
Cannabis	423	47.4	200	22.4
Alcohol	129	14.4	379	42.4
Meth/amphetamine	93	10.4	101	11.3
Prescription drugs - non opiate	36	4.0	74	8.3
GHB	29	3.2	42	4.7
Ecstasy, MDMA	15	1.7	119	13.3
Other opiates	14	1.6	24	2.7
Heroin	10	1.1	18	2.0
Inhalants	9	1.0	27	3.0
Cocaine	8	0.9	21	2.4
Hallucinogens	5	0.6	41	4.6
Ketamine			12	1.3

Primary Drug of Concern and Dependence

Workers indicated a primary drug of concern for 824 young people, the most common one being cannabis (49.0%), followed by alcohol (18.8%), methamphetamine (18.1%), prescription drugs (2.9%) and cocaine (2.2%). Almost two-thirds of young people (n = 557, 62.4%) were reportedly dependent on a substance. Out of these 557 young people, 58% were dependent on cannabis, 16.5% on methamphetamine, 14.9% on alcohol, and 2.0% on prescription drugs and GHB.

Drug Use and Dependence across Gender and Priority Population

The primary substance young people used and were dependent on varied according to their age and whether they belonged to a priority population (see Tables 6 and 7).

• Age. Those aged 18 and over were proportionately less likely to have cannabis as their primary drug, or be dependent on it, compared to other age groups (p-values < .05). However, those aged 18 and over were proportionately more likely to have alcohol listed as their primary drug, and to be dependent on it (p-values < .05)

• Priority population. While Cannabis was the most common primary drug of concern for Aboriginal and Torres Strait Islander young people, more identified methamphetamine as their primary drug, and were dependent on it, than non-Indigenous young people (p-values <.05). Conversely, CALD young people were proportionately less likely to have methamphetamine noted as their primary drug a and to be dependent on it (p-values<.05).

Table 4. Primary substance of concern across different groups of young people

	Primary substance of concern											
	Alcohol		Cannabis		Opiates		Metham		GHB		Other	
Characteristics	n	%	n	%	n	%	n	%	n	%	n	%
Gender												
Man / Boy	91	20.3	224	49.9	12	2.7	76	16.9	<5	<3.0	45	10.0
Woman / Girl	56	16.8	156	46.8	<5	<3.0	71	21.3	11	3.3	35	10.5
Age												
15 and under	6	9.2	43	66.2	-	-	7	10.8	-	-	9	13.8
16 to 17	17*	9.6*	108*	61.0*	<5	<3.0	29	16.4	<5	<3.0	19	10.7
18 and over	132*	22.7*	253*	43.5*	16	2.70	113	19.4	10	1.70	58	10.0
LGBTQIA+												
Yes	20	18.2	60	54.5	<5	<3.0	14	12.7	<5	<3.0	12	10.9
No	135	18.9	344	48.2	15	2.1	135	18.9	11	1.5	74	10.4
Aboriginal and Torres Strait Islander												
Yes	16	14.7	55	50.5	-	-	30	27.5*	<5	<3.0	6	5.5
No	139	19.4	349	48.8	18	2.5	119	16.6*	10	1.4	80	11.2
CALD												
Yes	29	20.4	79	55.6	<5	<3.0	9*	6.3*	<5	<3.0	20	14.1
No	126	18.5	325	47.7	14	2.1	8*	20.5*	11	1.6	66	9.7

Note. * indicates statistically significant post-hoc chi square test p < .05

Table 5. Primary substance young person is dependent on across different groups

Characteristics	Substance young person is dependent on											
	Alcohol		Cannabis		Opiates		Metham		GHB		Other	
	n	%	n	%	n	%	n	%	n	%	n	%
Gender												
Man / Boy	49	16.6	175	59.1	8	2.7	47	15.9	-	-	17	5.7
Woman / Girl	27	12.0	126	56.0	<5	<3.0	43	19.1	11	4.9	15	6.7
Age												
15 and under	<5	<3.0	28	80.0	-	-	<5	<3.0	-	-	<5	<3.0
16 to 17	7*	5.8*	83	69.2	<5	<3.0	18	15.0	<5	<3.0	7	5.8
18 and over	74*	18.5*	74*	52.8*	10	2.5	71	17.8	8	2.0	26	6.5
LGBTQIA+												
Yes	12	14.3	53	63.1	<5	<3.0	12	14.3	<5	<3.0	5	6.0
No	70	14.9	269	57.1	11	2.3	80	17.0	10	2.1	31	6.6
Aboriginal and Torres Strait Islander												
Yes	11	14.3	43	55.8	-	-	20*	26.0*	<5	<3.0	<5	<3.0
No	71	14.9	279	48.8	12	2.5	72*	15.1*	10	2.1	34	7.1
CALD												
Yes	17	18.9	55	61.1	9	1.9	6*	6.7*	-	-	9	10.0
No	65	14.0	267	57.4	<5	<3.0	86*	18.5*	11	2.4	27	5.8

Note. * indicates statistically significant post-hoc chi square test p < .05

Substance-related Harm

Over a third of young people (n = 335, 37.5%) had experienced at least one substance-related harm upon entry to service (see Table 8). The three most common harms were being admitted to hospital (n = 138, 41.2%), having experienced a physical harm (n = 131, 39.1%), and using violence while substance affected (n = 101, 30.1%; See Table 8).

Table 6. Types of substance-related harms young person experienced

Type of harm	Count	%
Admitted to hospital	138	41.2
Physical harm	131	39.1
Used violence	101	30.1
Driving whilst substance affected	83	24.8
Ambulance attendance	79	23.6
Victim survivor of violence	71	21.2
Victim survivor of sexual assault	29	8.7
Engaged in criminal activity	19	5.7
Serious psychological harm	19	5.7
Other harm	11	3.3
Total	**335**	

Illegal Activity and Criminal Justice System Involvement

Rates of Criminal Activity and Justice System Involvement

Workers indicated that two-fifths of young people (n = 359, 40.2%) had a problem with criminal offending upon entry to service. More specifically, 17.1% (n = 153) of young people had engaged in recent criminal activity[3] unrelated to substance use and 27.4% (n = 245) were recently involved in the criminal justice system (within the past 4 weeks). Almost half of all young people (n = 432, 48.4%) had some form of past involvement in the criminal justice system.

Criminal Offending across Different Groups

Different groups of young people were proportionately more or less likely to have a problem with criminal offending on entry to service.

• Young people aged 16 to 17. This age group was proportionately more likely to have a problem with criminal offending on entry to service (n = 106, 53.8%) compared to young people aged 18 and over (n = 228, 36.6%) or young people aged 15 and under (n = 25, 34.2%; $p < .05$).

3. Note that the terms "criminal offending" and "criminal activity" may be regarded as stigmatising when referring to young people's illegal activity and justice system involvement. They are, however, used here as these terms were included in the current and previous Youth AOD Census.

• Young Men. A greater proportion of young men had a problem with criminal offending on entry to service (n = 274, 76.5%) compared to young women (n = 84, 23.5%; p < .05).

• LGBTQIA+ young people. Just 13.3% (n = 16) of LGBTQIA+ young people presented to service with a criminal offending problem, which a far smaller proportion than non-LGBTQIA young people (n = 343, 44.4%; p < .05).

A further break down of the characteristics of young people who engaged in recent criminal activity or who had recent or lifetime criminal justice system involvement is shown in Table 9.

Table 7. Distribution of different groups of young people across criminal activity and criminal justice system involvement

	Criminal activity (past 4 weeks)		Criminal justice system(past 4 weeks)		Criminal justice system(ever)		
Characteristics	**n**	**%**	**n**	**%**	**n**	**%**	**Total**
Gender							
Man / Boy	101	20.6	193*	39.3*	310*	63.1*	491
Woman / Girl	51	14.2	52*	14.5*	119*	33.2*	358
Age							
15 and under	12	16.4	15	20.5	27	37.0	73
16 to 17	64*	32.5*	79*	40.1*	109	55.3	197
18 and over	77*	12.4*	151*	24.2*	296	47.5	623
LGBTQIA+							
Yes	11	9.2	8*	6.7*	31	25.8*	120
No	142	18.4	237*	30.7*	401	51.9*	773
Aboriginal and Torres Strait Islander							
Yes	39*	33.1*	47*	39.8*	71*	60.2*	118
No	114*	14.7*	198*	25.5*	361*	40.8*	775
CALD							
Yes	24	15.2	43	27.2	85	53.8	158
No	129	17.6	202	27.5	347	47.2	735

Note. * indicates statistically significant post-hoc chi square test p < .05

Forensic AOD Clients

Forensic AOD clients include young people who are either involved or at risk of becoming involved with the criminal justice system and who have an AOD concern. Services such as the Community Offenders Advice and Treatment Service refer these young people to AOD services, sometimes on a court-ordered mandate. The intention of such services is to support young people's wellbeing and divert them away from further contact with the criminal justice system. A quarter of young people (n = 217, 24.3%) reported on in the Census were forensic AOD clients. Some differences in substance use and psychosocial characteristics were apparent between forensic AOD clients and non-forensic AOD clients, and are summarised below:

• Substance use. Out of 217 forensic AOD clients, 88.0% had substance use issues on entry to service, which was a smaller proportion than non-forensic AOD clients (n = 594, 94.4%; $p < .05$). This may be related to conditions of forensic AOD clients' court mandates which placed restrictions on their substance use. A greater proportion of forensic AOD clients, however, had experienced a substance-related harm (n = 100, 41.6%), than non- forensic AOD clients (n = 219,34.8%).

• Education and employment. Upon entry to service, around a quarter of forensic AOD clients were attending an educational institution (n = 52, 24.0%), and 18.9% (n = 23) of forensic AOD clients were employed which is similar to non-forensic AOD clients. For those attending education, a smaller proportion of forensic AOD clients were fully engaged (n = 12, 23.1%) compared to non-forensic AOD clients (n = 96, 45.3%).

• Family relationships. A third of forensic AOD clients were experiencing family conflict upon entry to service (n = 63, 29%) which was similar to non-forensic AOD clients. However, a smaller proportion of forensic AOD clients were disconnected from their family (n = 107, 49.3%), compared to non-forensic AOD clients (n = 366, 58.2%; $p < .05$).

• Criminal activity and justice system involvement. A higher proportion of forensic AOD clients presented to services having recently engaged in criminal activity and having recently or ever been involved in the criminal justice system, compared to non-forensic AOD clients (all p-values < .05).

• Mental health. Forensic AOD clients had better mental health outcomes than non-forensic AOD clients. Although both forensic and non-forensic AOD clients scored mid-range ATOP scores, forensic clients had a slightly higher average psychological wellbeing score on average (M = 6.3) than non-forensic clients (M = 6.0; $p < .05$). Consistent with this, forensic AOD clients were proportionately less likely to have a mental health diagnosis (n = 116, 53.5%) than non-forensic AOD clients (n = 389, 61.8%; $p < .05$).

Mental and Physical Health

Mental Health Diagnosis

Of all young people (N = 893), almost three-fifths (59.0%) had a formal mental health diagnosis on entry to service. The prevalence rates of specific mental health diagnoses is shown in Table 10.

Table 8. Prevalence of different mental health diagnoses across all young people

Diagnosis type	Count	%
Anxiety disorder	356	39.9
Depression	329	36.8
Post traumatic stress disorder (PTSD)	208	23.3
Attention deficit hyperactivity disorder (ADHD)	114	12.8
Borderline personality disorder (BPD)	107	12.0
Substance use disorder	92	10.3
Autism spectrum disorder (ASD)	57	6.4
Other / unsure	40	4.5
Bipolar disorder	28	3.1
Schizophrenia	18	2.0
Conduct disorder	17	1.9
Total	**893**	

Suicidality / Self-Injury

Of all young people (N = 893), 40.8% disclosed they engaged in non-suicidal self-injury in the past, and 21.3% disclosed having previously attempted suicide. From the young people who had attempted suicide (n = 190), over two-thirds (69.5%) required medical attention, and three-fifths (60%) disclosed the suicide attempt when it occurred.

Psychological and Physical Wellbeing (ATOP)

The wellbeing of young people was measured across three domains by workers by completing the Australian Treatment Outcomes Profile (ATOP) (Lintzeris et al., 2021). On a scale of one to ten, young people scored an average of 6.0 for psychological wellbeing, an average of 6.6 for physical health and an average of 6.3 for quality of life.

Mental Health and Wellbeing across Different Groups

Indicators of mental health and wellbeing varied, sometimes considerably, across different demographic groups. Young women and LGBTQIA+ identifying young people appeared particularly impacted by issues relating to mental health and wellbeing. On the other hand, CALD young people appeared to have better outcomes related to mental health compared with other young people. Table 11 provides a breakdown of mental health diagnosis, rates of non-suicidal self-injury and suicide attempts across different groups of young people.

• Young women. Two-thirds of young women had a mental health diagnosis (n = 238, 66.5%) which was more than young men (n = 247, 50.3%; p < .05). Specifically, compared to young men, young women were proportionately more likely diagnosed with:

→ an anxiety disorder (47.2% versus 30.3%; p< .05),

→ depression (44.1% versus 28.1%; p< .05),

→ PTSD (32.1% versus 14.1%; p< .05); and/or,

→ borderline personality disorder (20.1% versus 3.1%; p< .05)

Young women had slightly lower average ATOP scores than young men, indicating somewhat poorer wellbeing. Specifically, young women scored lower in psychological wellbeing (M = 5.8), physical health (M = 6.3), and quality of life (M = 6.2) compared to young men (Ms= 6.3, 6.8 & 6.5 respectively; all p-values < .05).

• LGBTQIA+ young people. Nine in ten young people who identified as LGBTQIA+ had a mental health diagnosis (n = 107, 89.2%), which is significantly more than non-LGBTQIA+ young people (n = 420, 54.3%; p < .05). Specifically, LGBTQIA+ young people were overrepresented on anxiety disorders, depression, bipolar disorder, substance use disorder, PTSD, borderline personality disorder, and ASD (all p-values < .05). Additionally, according to average ATOP scores LGBTQIA+ young people had somewhat poorer psychological wellbeing (M = 5.7, p < .05) than non-LGBTQIA+ young people (M = 6.1; p <.05).

• CALD young people. Two-fifths of CALD young people presented to service with a mental health diagnosis (n = 65, 41.1%) which was a smaller proportion than non-CALD young people (n = 462, 62.9%). Further to this, average ATOP scores indicate CALD young people had somewhat greater psychological wellbeing (M = 6.3) and quality of life (M = 6.7) than non-CALD young people (Ms = 6.0 & 6.2 respectively, p-values <.05).

Table 9. Mental health indicators across different groups of young people

	Indicators of mental health						
	Formal mental health diagnosis		Non-suicidal self-injury		Previous suicide attempt		
Characteristics	n	%	n	%	n	%	Total
Gender							
Man / Boy	247	50.3*	137	27.9*	72	14.7*	491
Woman / Girl	238	66.5*	194	54.2*	102	28.5*	358
LGBTQIA+							
Yes	107	89.2*	79	65.8*	48	40.0*	120
No	420	54.3*	285	36.9*	142	18.4*	773
Aboriginal and Torres Strait Islander							
Yes	72	61.0	53	44.9	21	17.8	118
No	455	58.7	311	40.1	169	21.8	775
CALD							
Yes	65	41.1*	46	29.1*	23	14.6	158
No	462	62.9*	318	43.3*	167	22.7	735

Experiences of Violence, Abuse & Neglect

Experiences of Violence

Experiences of family violence (FV) and intimate partner violence (IPV) were common among young people accessing AOD services. Of all young people surveys were completed about (N = 893), over a third (36.1%) were victim-survivors[4] of FV and one-fifth (20.5%) were victim-survivors of IPV. Additionally, one in four young people (n = 222, 24.9%) had experienced a violent crime. Finally, just 6.6% (n = 59) of young people had experienced adolescent family violence (AFV).

When it came to using violence, 16.9% (n = 151) of young people had used FV or AFV and a small proportion of young people (n = 66, 7.4%) were users of IPV.

Experience of Abuse & Neglect

Previous experiences of abuse, harm and/or trauma were prevalent among young people accessing AOD services, with 59.7% (n = 533) of young people experiencing at least one form of abuse. Out of all 893 young people, half (52.0%) had experienced emotional abuse, two-fifths had experienced neglect (41.0%) or physical abuse (39.4%), and one-fifth had experienced sexual abuse (20.7%).

4. Note, we acknowledge that some people who experience violence prefer terms other than "victim-survivor".

Violence, Abuse & Neglect across Different Groups

Experiences of violence, abuse and neglect were found to disproportionately affect young women, LGBTQIA+ identifying young people and Aboriginal and Torres Strait Islander young people (see Tables 12 and 13).

• Young people aged 18 and over. One in five young people aged 18 and over (n = 143, 23%) had experienced IPV, which is proportionately more than younger age groups (p-values <.05).

• Young women. Half of all young women (n = 169, 47.2%) were victim-survivors of FV and two-fifths (n = 146, 40.8) were victim-survivors of IPV which was significantly greater than the proportion of young men who were victim-survivors (p-values < .05). Additionally, all forms of abuse and neglect were disproportionately experienced by young women when compared to young men (see Table 13).

• LGBTQIA+ young people. Half of LGBTQIA+ identifying young people (n = 61, 50.8%) were victim-survivors of FV, and a third (n = 41, 34.2%) were victim-survivors of IPV, which was significantly greater than the proportion of non-LGBTQIA+ young people (p-values < .05). Additionally, proportionately more LGBTQIA+ young people had experienced emotional abuse or sexual abuse compared with non-LGBTQIA+ young people (see Table 13).

• Aboriginal and Torres Strait Islander young people. 52.5% (n = 62) of Aboriginal and Torres Strait Islander young people had experienced FV and 28.8% (n = 34) had experienced IPV, which is significantly higher than non-Indigenous young people (p-values < .05). Additionally, Aboriginal and Torres Strait Islander young people disproportionately experienced neglect, emotional abuse and physical abuse (see Table 13).

Table 10. Experiences of violence across different groups

	Indicators of mental health								
	FV		AFV		IPV		Violent crime		
Characteristics	n	%	n	%	n	%	n	%	Total
Gender									
Man / Boy	133*	27.1*	29	5.9	26*	5.3*	108	22.0	491
Woman / Girl	169*	47.2*	27	7.5	146*	40.8*	105	29.3	358
Age									
15 and under	28	38.4	<5	<6.0	7	9.6	15	20.5	73
16 to 17	78	39.6	13	6.6	33	16.8	45	22.8	197
18 and over	216	34.7	42	6.7	212*	43.2*	162	26.0	623
LGBTQIA+									
Yes	61*	50.8*	11	9.2	41*	34.2*	38	31.7	120
No	261*	33.8*	48	6.2	142*	18.4*	184	23.8	773
Aboriginal and Torres Strait Islander									
Yes	62*	52.5*	11	9.3	34*	28.8*	41	34.7	118
No	260*	33.5*	48	6.2	149*	19.2*	181	23.4	775
CALD									
Yes	51	32.3	7	4.4	23	14.6	44	27.8	158
No	271	36.9	52	7.1	160	21.8	178	24.2	735

Note. * indicates statistically significant post-hoc chi square test $p < .05$

Table 11. Experiences of neglect and abuse across different groups

	Experiences of neglect and abuse								
	Neglect		Emotional abuse		Physical abuse		Sexual abuse		
Characteristics	n	%	n	%	n	%	n	%	Total
Gender									
Man / Boy	178*	36.3*	235*	40.3*	150*	30.5*	32*	6.5*	491
Woman / Girl	171*	47.8*	198*	65.6*	181*	50.6*	134*	37.4*	358
Age									
15 and under	34	46.6	37	50.7	26	35.6	18	24.7	73
16 to 17	86	43.7	103	52.3	80	40.6	39	19.8	197
18 and over	246	39.5	324	52.0	246	39.5	128	20.5	623
LGBTQIA+									
Yes	58	48.3	85	70.8*	60	50.0	51*	42.5*	120
No	308	39.8	379	49.0*	292	37.8	134*	17.3*	773
Aboriginal and Torres Strait Islander									
Yes	76*	64.4*	80*	67.8*	68*	57.6*	32	27.1	118
No	290*	37.4*	384*	49.5*	284*	36.6*	153	19.7	775
CALD									
Yes	51	32.3	65*	41.1*	49	31.0	26	16.5	158
No	315	42.9	399*	54.3*	303	41.2	159	21.6	735

Note. * indicates statistically significant post-hoc chi square test $p < .05$

Family

Family Conflict

On entry to service, 60.1% (n = 537) of young people were experiencing conflict with their family, and 36.2% (n = 323) of young people were disconnected from their family altogether. Family members were sometimes involved in the young person's substance use, with 18.0% (n = 161) of young people using drugs with, supplying drugs to, or receiving drugs from a parent, and 15.3% (n =137) from a sibling.

Family Conflict and Disconnection across Different Groups

Young men, Aboriginal and Torres Strait Islander young people and LGBTQIA+ young people were disproportionately affected by family-related issues, whereas young CALD people were less likely to have a family-related issue.

• Young men. Significantly more young men were experiencing family conflict on entry to service (n = 158, 32.2%), than young women (n = 90, 25.1%; p-value < .05).

• Aboriginal and Torres Strait Islander young people. Over two-thirds of Aboriginal and Torres Strait Islander young people were experiencing conflict with their family (n = 82, 69.5%) and half were disconnected from their family (n = 60, 50.8%), which is greater than the proportion of non-Indigenous young people experiencing these issues (p-values < .05).

• LGBTQIA+ young people. A greater proportion of LGBTQIA+ identifying young people were experiencing conflict with their family (n = 83, 69.2%) compared to non-LGBTQIA+ young people (n = 454, 58.7%; p <. 05).

• CALD young people. A smaller proportion of CALD young people were experiencing conflict with family (n = 78, 49.4%) or disconnection from their family (n = 34, 21.5%) compared with non-CALD young people (p-values < .05).

Housing

Housing Instability

Of all young people (N = 893), almost one-third (31.2%) were experiencing a housing problem and one-fifth (21.6%) were experiencing an acute housing problem. While most young people were living in a private residence with others or alone (n = 687, 76.9%), one-fifth lived in unstable housing (n = 204, 22.8%). The most common unstable housing situations included couch surfing (n = 64), short-term crisis housing (n = 50), supported accommodation (n = 34), a public place / temporary shelter (n = 21) and prison / youth justice centres (n = 20).

Housing Instability across Different Groups

Young people from certain age groups and priority populations were proportionately more or less likely to be in an unstable housing situation.

• Young people aged 18 or over. A greater proportion of those aged 18 or over were living in unstable housing (n = 180, 29.3%) compared to 16-to-17-year-olds (n = 21, 10.8%; p<.05).

• LGBTQIA+ young people. Three in ten LGBTQIA+ identifying young people (n = 38, 31.7%) were living in unstable housing which was higher than the proportion of non-LGBTQIA+ young people (n = 166, 21.8%; p < .05).

• Aboriginal and Torres Strait Islander young people. Almost a third of Aboriginal and Torres Strait Islander young people (n = 37, 31.6%) were living in unstable housing, which was higher than non-Indigenous young people (n = 167, 21.8%; p < .05).

• CALD young people. 16.6% (n = 26) of CALD young people were living in unstable housing which was less than the 24.6% (n = 178) of non-CALD young people living in unstable housing (p < .05).

Education and Employment

Education / Employment Attendance

Almost a third of young people (n = 277, 31.0%) were engaged in some form

of education or training upon entry to service. Of these 277 young people, most (59.6%) were in secondary school, followed by other training (26.0%), university (7.9%), and VET (6.5%). Most of these young people (n = 121, 43.7%) were considered to be precariously engaged with their education, followed by fully engaged (n = 116, 41.9%), and disengaged (n = 40, 14.4%).

Upon entry to service, around a fifth of young people (n = 189, 21.2%) were employed. Of these 189 young people, most were employed casually (48.1%), a further 28.6% were employed part-time and 23.3% were employed full-time. Most of these young people were fully engaged with their employment (n = 125, 66.1%), whereas a quarter were precariously engaged (n = 46, 24.3%) and one in ten were disengaged (n = 18, 9.5%).

Around half of all young people (n = 440, 49.3%) were disconnected from both education and employment.

Literacy and Numeracy Skills

Workers were asked to rate the level of numeracy (mathematical skills) and literacy (reading ability) of the young person they worked with. Of all young people (N = 893), 11.0% had excellent numeracy skills and 13.9% had excellent literacy skills, while 9.5% had poor numeracy skills and 7.7% had poor literacy skills; and 0.9% could not do maths and 1.0% could not read.

Problems related to Education and Employment

Around half of young people were experiencing an education-related issue (n = 435, 48.7%) and / or employment related issue (n = 418, 46.8%) upon entry to service. The most common education-related issue was ADHD, which affected 23.6% (n = 211) of young people, followed by learning difficulties (n = 176, 19.7%), disruptive behaviour (n = 174, 19.5%), suspension from school (n = 108, 12.1%), and ASD (n = 99, 11.1%; see Table 13).

Education-related issues disproportionately affected young men and Aboriginal and Torres Strait Islander young people, whereas employment-related issues disproportionately affected Aboriginal and Torres Strait Islander and CALD young people.

• Young men. Just over half of young men (n = 186, 52.0%) had an education-related difficulty on entry to service. Compared to young women, young men were more likely to have been expelled from school (n = 50, 10.2%), to have experienced learning difficulties (n = 110, 22.4%), and to have a developmental delay (n = 15, 3.1%; p-values < .05).

• Aboriginal and Torres Strait Islander young people. Two-thirds of Aboriginal and Torres Strait Islander young people (n = 80, 67.8%) were experiencing education-related difficulties on entry to service. Of all 118 Aboriginal and Torres Strait Islander young people, 32.2% experienced learning difficulties, 16.1% had an intellectual difficulty and 27.1% had disruptive behaviour at school, all of which were higher in proportion than non-Indigenous young people (p-values < .05). A greater proportion of Aboriginal and Torres Strait Islander young people also were experiencing an employment-related issue (n = 68, 57.6%), such as not having enough work, compared to non-Indigenous young people (n = 350,

45.2%; p < .05).

• CALD young people. Almost one-in-five CALD young people had been suspended from school (n = 27, 17.1%) which is greater than the proportion of non-CALD young people (n = 81, 11.0%). However, CALD young people were underrepresented in having experienced learning difficulties, ASD and/or ADHD, compared to other young people (p-values < .05). Similar to Aboriginal and Torres Strait Islander young people, over half of CALD young people were experiencing an employment-related issue (n = 88, 55.7%), which was greater than the proportion of non-CALD young people (n = 330, 44.9%; p < .05).

Table 12. Reported education-related issues across all young people

Type of education-related difficulty	Count	%
Attention Deficit disorder (with or without hyperactivity)	211	23.6
Learning difficulties or disability	176	19.7
Disruptive behaviour (no diagnosis)	174	19.5
Suspended from school	108	12.1
Autism Spectrum Disorder	99	11.1
Expelled from school	66	7.4
Intellectual disability	54	6.0
Other mental health diagnosis / difficulty	27	3.0
Non / low attendance	26	2.9
Developmental delay disorder	17	1.9
Dyslexia	14	1.6
Acquired brain injury	12	1.3
Housing / family instability	10	1.1
Social challenges at school	<5	<1.0

Substance Use Severity and Psychosocial Complexity

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 young people accessing AOD services.

Substance-use Severity

The seven variables used to construct the substance-use severity scale are displayed in Table 15. One point was awarded to each variable if it was present. These points were then summed and coded across four levels of severity. A summed score of 0 was coded as "none", 1 was coded as "low", 2 to 3 was coded as "high" and 4 to 7 was coded as "extreme".

Table 13. Substance Use Severity

Proportion of clients	Indicator	Variable(s)
60.8% (n = 543)	Daily Substance use	Any drug used daily or almost daily (Excluding tobacco)
62.4% (n = 557)	Substance dependence	Worker rating of substance dependence
37.5% (n = 335)	Experienced substance use-related harm	Experienced at least one substance-related harm (last 3 months)
68.6% (n = 613)	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
10.8% (n = 96)	Intravenous substance use	Ever used a substance by injection
87.8% (n = 784)	Illicit substance use	Used any drug in last 4 weeks if 17 and younger (excluding tobacco) OR Used any illicit drug in last 4 weeks if 18 and over
42.3% (n = 378)	Binge style substance use	Binged any substance in the past 4 weeks

Please see Table 13 to examine the proportion of young people (% & number) identified where particular indicators of substance use severity were present on commencement with AOD Services.

Level of Substance Use Severity

According to this scale:

- 59.7% (n = 533) of young people were experiencing extreme substance use;
- 24.6% (n = 220) were experiencing a high-level of substance use severity;
- 7.5% (n = 67) had low substance use severity; and,
- 8.2% (n = 73) had no substance use. Note that the proportion of non-substance using young people likely includes those in residential rehab or other programs which prohibit substance use.

Psychosocial Complexity

Similarly, the ten variables used to construct the psychosocial-complexity scale are viewable in Table 14. A sum of points across the variables corresponded to the following coding scheme: a summed score of 0 was coded "none", 1 was coded "low", 2 to for was coded "high" and 5 to 10 was coded "extreme".

Table 14. Psychosocial Complexity

Proportion of clients	Indicator	Variable(s)
51.2% (n = 457)	Justice system involvement / current criminal activity	Engaged in crime in last 4 weeks OR justice system involvement ever (excluding police)
59% (n = 527)	Mental health	Has current mental health diagnosis
59.7% (n = 533)	Experience of abuse / neglect	Ever experienced emotional abuse, physical abuse, sexual abuse and/or neglect
52.7% (n = 471)	Exposure to violence	Ever been a victim of crime (ever) and/ or a victim-survivor of: • family violence; • intimate-partner violence, and/or; • adolescent violence in the home
47.1% (n = 371)	Suicide / self-injury	Attempted suicide or self-harm (Ever)
64.7% (n = 578)	Family issues	Conflict or disconnection with family or relatives on entry to service
33.8% (n = 302)	Child Protection involvement	Involved in Child Protection (Ever)
21.6% (n = 193)	Housing instability	Experiencing an acute housing problem on entry to service
28.4% (n = 254)	Problems at school	Suspended, expelled, or disruptive behaviour at school (Ever)
49.3% (n = 440)	Disconnected from school / employment	Not employed or not at school (Current)

Please see Table 14 to examine the proportion of young people (% & number) identified where particular indicators of psychosocial complexity were present on commencement with AOD Services.

Level of Psychosocial Complexity

According to this scale:

- 52.5% (n = 469) of young people were experiencing an extreme level of psychosocial complexity;
- 34.4% (n = 307) were experiencing a high level of complexity;
- 9.4% (n = 84) a low complexity; and,
- 3.7% (n =33) no complexity.

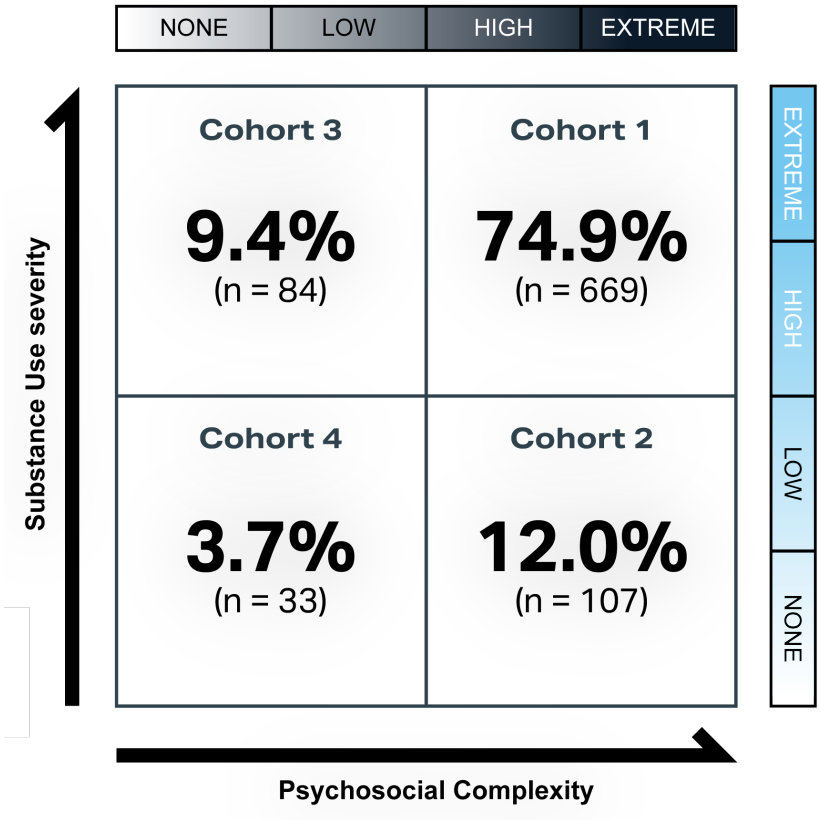
Matrix of Psychosocial Complexity and Substance-use Severity

Levels of substance-use severity and psychosocial-complexity were cross-tabulated into a 4 x 4 matrix. Matrix quadrants were organised into four groups:

- Cohort 1: Low severity-low complexity;
- Cohort 2: Low severity-high complexity;
- Cohort 3: High severity-low complexity; and
- Cohort 4: High severity-high complexity.

According to this matrix the vast majority of young people demonstrated both high/extreme psychosocial complexity and substance use (see Table 15).

Table 15. Proportion of young people across cross-tabulated categories of substance use severity and psychosocial complexity



Discussion

Findings from the 2025 Youth AOD Census shed light on the diverse and challenging situations young people present to AOD services with. According to the survey results, almost nine in ten young people were experiencing a high or extreme level of psychosocial complexity. This complexity is reflected in that 60% of young people had experienced some form of abuse; 59% had a mental health diagnosis; 49% were disconnected from both employment and education; 48% had been involved in the criminal justice system; and 23% lived in unstable housing, among other indicators. The academic literature evidences the interconnection between complex psychosocial factors and more severe substance use (Spooner & Hetherington, 2005). Accordingly, three-quarters of young people accessing AOD services experienced concurrent high or extreme psychosocial complexity and high or extreme substance use. In contrast, only one in ten young people had high or extreme substance use accompanied by little-to-no psychosocial complexity. These findings support an AOD service model which accounts for the psychosocial complexities many young people who use substances present to service with.

Diversity of young people accessing AOD services

Young people accessing youth AOD services came from diverse backgrounds. One in five young people were from a non-Caucasian culturally or linguistically diverse (CALD) group. Additionally, 13% of young people identified as LGBTQIA+ and 14% were Aboriginal and Torres Strait Islander, which is greater than the proportion of young people who belong to these groups in the broader Australian community (ABS, 2024a, 2024b). A sizeable portion of young people accessing AOD services were also neurodivergent, with 13% identified as having been diagnosed with attention deficit hyperactivity disorder (ADHD) and 6% with autism spectrum disorder (ASD). We suggest, however, that this is a substantial underestimation, since the proportion of young people reported in the survey as having educational difficulties related to ADHD and/or ASD is almost two times greater. This discrepancy may reflect the difficulty marginalised young people have in accessing formal mental health diagnoses (Robards et al., 2019). Youth AOD workers are often tasked with bridging this gap by connecting young people with services to access

diagnoses and to support their specific needs.

Experiences of young women and young LGBTQIA+ people

Different groups of young people who accessed youth AOD services presented with different psychosocial needs. For young women and LGBTQIA+ identifying young people, workers reported a higher prevalence of mental health-related issues as well as experiences of abuse and violence. Two-thirds of young women and 89% of LGBTQIA+ young people reportedly had a mental health diagnosis. Further, an alarmingly high proportion of young women (29%) and LGBTQIA+ young people (40%) disclosed having previously attempted suicide. Data from population surveys show young women and young LGBTQIA+ people in the broader Australian community are also disproportionately impacted by mental health-related issues. A survey by the Australian Research Centre in Sex, Health and Society using a nationally representative sample of LGBTQIA+ people aged 14 to 21 found 63.8% had ever received a mental health diagnosis. (ARCSHS, 2020). Similarly, data from the Australian Institute of Housing and Welfare indicated 45% of young women aged 16 to 24 had a mental illness in 2020-2022 (AIHW, 2025c). Thus, it appears mental health challenges already felt disproportionately by young LGBTQIA+ people and young women in the community are magnified among those accessing AOD services.

Experiences of abuse and violence were also more prevalent for young women and LGBTQIA+ identifying young people. Proportionately more young women experienced any type of abuse or violence when compared to young men. Particularly disparate, was that 37% of young women experienced sexual abuse compared with 6% of young men, and 41% of young women experienced IPV compared to 5% of young men. Disturbingly, two in five LGBTQIA+ young people had experienced sexual abuse and one-third had experienced IPV. Although, due to the sensitive nature of this data, it is extremely unlikely all young people will have disclosed their experiences of violence and abuse to their key worker (Taylor et al., 2011). Thus, these prevalences are likely underestimates. Indeed, The Australian Child Maltreatment Study (ACMS), which collected self-reported experiences of abuse, found similar prevalences in the Australian population (Mathews et al., 2023). Results from the ACMS estimated 29% of Australians experienced sexual abuse prior to the age of 16, which increased to 37% for women. Although more young people likely have lived experiences of violence and abuse than what was estimated in the Youth AOD Census, these experiences nonetheless had a significant, disproportionate impact on young women and LGBTQIA+ people.

Young people involved with multiple systems

Many young people accessing AOD services had multiple systems involvement. In many jurisdictions,

the criminal justice system is a major referral source for young people to receive services for their substance use. According to the 2025 Youth AOD Census, a quarter of young people were referred to service via a forensic AOD referral, which represents a decrease from 30% of forensic AOD clients recorded in the 2016 Youth AOD Census (Hallam et al., 2018). Yet, the rate of young people with previous criminal justice system involvement has increased from 33% in 2016 to 48% in 2025. This increase is despite proceedings against young people for a primary offense related to illicit drugs being at their lowest in 2023-24 since recording such data began in 2008-09 (ABS, 2025). Thus, the high proportion of justice system-involved young people who accessed AOD services may reflect how AOD services fill a service gap, given recent reductions in state funding to youth crime prevention programs (Kolovos, 2025).

Child Protection System involvement was similarly prevalent among young people accessing AOD services. One-third of young people had previously been subject to a Child Protection order and more than half of the 88 young parents accessing AOD services had a child under a Child Protection order. Additionally, around one in ten young people were under a current out-of-home care (OOHC) order which is far greater than the 1% of young people under OOHC orders in the broader Australian community (AIHW, 2025b). Experiences of Child Protection and justice system involvement often intersect. In 2022-23, two-thirds of young people under youth justice supervision also had previous Child Protection contact (AIHW, 2024). Such reflects the complex web of service involvement experienced by particularly disadvantaged young people, and the specialised knowledge of other services often required by youth AOD workers.

Young people's substance use

Many young people who accessed AOD services in 2025 demonstrated severe patterns of substance use. Specifically, 84% of young people presented to services with extreme or high-level substance use, including 61% who were using a substance daily and 68% who were dependent on a substance. The top three primary substances of concern among young people were cannabis, alcohol and methamphetamine – and the proportion who were dependent on these substances has increased since the last Youth AOD Census in 2016. In 2016, 42% of young people were dependent on cannabis (Hallam et al., 2018), which has increased to 58% in 2025. Conjunct to this, there was a moderate increase in recent cannabis use (in the past four weeks) from 64% in 2016 to 70% in 2025. Despite declining alcohol consumption among young people in the general population over time (AIHW, 2025d), alcohol use among young people accessing AOD services has increased. Whereas 45% of young AOD services users had recently consumed alcohol in 2016 (Hallam et al., 2018), 56% had done so in 2025. Further, the proportion of young people dependent on alcohol increased from 11% in 2016 to 15% in 2025. Although the proportion of young people who used methamphetamine in the past four weeks has reduced from 28% in 2016 to 22% in 2025, the proportion who were dependent on

methamphetamine increased from 13% to 17% (Hallam et al., 2018). Thus, in many respects young people were presenting with more severe substance use in 2025 compared with 2016.

Limitations

Some methodological limitations of the 2025 Youth AOD Census should be discussed. Firstly, the regretful exclusion of nine services from participation in the survey due to ethical considerations around accessing young people's data, mean we cannot guarantee findings represent the entire Victorian youth AOD cohort. However, the survey response rate was high, with workers reporting on 78% of young people with a case open at a participating AOD service on Census day. Further, we received positive feedback on the representativeness of Census findings during a post-hoc consultation with youth AOD workers from non-participating organisations. Another limitation was the restrictions posed by worker's knowledge of the young people they worked with. For instance, workers might have limited knowledge about young people who are less engaged with the service, or who commenced service close to the Census date, meaning these young people's needs would be less accurately captured. Thus, Census findings must be interpreted carefully considering these limitations.

Conclusion

Findings from the 2025 Youth AOD Census paint a picture of young people facing an array of psychosocial complexities which intersect with more severe substance use. These psychosocial complexities include greater mental health challenges, less stable housing, presence of family conflict, disconnection from education and employment, and prolific experiences of violence and abuse. Young people's experiences were further complicated by significant involvement in Child Protection and criminal justice systems. These findings highlight the need for the Victorian youth AOD sector to be resourced to respond to the diversity of needs across its clientele. By effectively addressing psychosocial complexities alongside substance use, youth AOD services may best support young people to thrive.

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Appendix

Youth AOD Census Form

* 1. Having read the Participant Information Sheet, do you agree to participate in the 2025 YSAS Youth Census?

- ◯ Yes
- ◯ No

Background Information

Welcome to the 2025 Youth Census.

This initial section will ask for information about the background of yourself and your client. Please answer as accurately as possible.

* 2. What is your client's **year** of birth?

[ ]

* 3. What is the person's gender?

Gender refers to current gender which may be different to sex recorded at birth and may be different to gender recorded on legal documents.

- ◯ Man / Boy
- ◯ Woman / Girl
- ◯ Non-binary
- ◯ Transgender woman / girl
- ◯ Transgender man / boy
- ◯ Uses another term (please specify)

[ ]

* 4. How does the person describe their sexual orientation?

- ◯ Straight
- ◯ Gay or lesbian
- ◯ Bisexual
- ◯ Don't know
- ◯ Uses another term (please specify)

* 5. Does your client identify as (or are) a member of any of the following populations?

Please choose all answers that apply.

- ☐ Aboriginal and/or Torres Strait Islander
- ☐ Asylum seeker, Refugee or Migrant
- ☐ Specific cultural group/ ethnicity (other than Caucasian/White/Australian)
- ☐ None of the above

* 6. How does your client identify?

- ◯ Identifies as Aboriginal
- ◯ Identifies as Torres Strait Islander
- ◯ Identifies as both Aboriginal and Torres Strait Islander

* 7. What is the asylum seeker/ refugee/ migrant status of your client?

- ◯ Asylum seeker (has not yet obtained refugee status
- ◯ Refugee
- ◯ Migrant (voluntarily moved to Australia during own lifetime)

* 8. What is the cultural background/ethnicity of your client?

Treatment

This section asks you questions about the services and programs that your client is accessing.

* 9. What is the primary program this young person participates in within your service?

- ◯ Youth Outreach
- ◯ Youth AOD Home-based Withdrawal
- ◯ Youth AOD Day Program
- ◯ Youth AOD Residential Services (withdrawal and rehabilitation)
- ◯ Youth AOD Supported Accommodation
- ◯ Other (please specify)

* 10. What is/are the secondary program(s) this young person participates in within your service?

- ☐ Outreach
- ☐ Home-based Withdrawal
- ☐ Day Program
- ☐ Residential Services
- ☐ AOD Supported Accommodation
- ☐ This young person is not participating in a secondary program
- ☐ Other (please specify)

* 11. What is the length of current treatment your client is undergoing in your organisation?
(Please enter your response numerically in weeks [e.g., "20" for twenty weeks]. Also, please enter one week even if client's length of treatment is less than a week.)

* 12. Is this client a current ACSO/COATS client?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 13. Is this client participating in a youth AOD program at another/other services?

- ◯ Yes
- ◯ No
- ◯ Unsure

Substance Use

This section asks you questions about your client's substance use

* 14. On entry to this period of service, did this client have a problem with substance use?

- ◯ Yes
- ◯ No
- ◯ Unsure

15. In the past 4 weeks, how frequently has your client used any of the following drugs?

Please choose all that apply.

	Daily or almost daily	In the last 4 weeks
Alcohol	◯	◯
Cannabis	◯	◯
Heroin	◯	◯
Meth/amphetamine	◯	◯
Tobacco products	◯	◯
Prescription drugs - non opiate (e.g. benzos)	◯	◯
Other opiates (e.g. morphine, codeine, buprenorphine, oxycontin)	◯	◯
Inhalants (e.g. nitrous oxide, petrol, solvents, glue)	◯	◯
Ecstasy, MDMA	◯	◯
GHB	◯	◯
Hallucinogens (e.g. LSD, mushrooms) (10)	◯	◯
Other substance (Please specify below)	◯	◯
Not Applicable	◯	◯

Other substance (please specify)

* 16. What is your client's primary drug of concern?
(Enter "None" if not applicable.)

* 17. What age was your client when they first used a drug (any drug other than alcohol or tobacco, and including inhalants and pharmaceuticals used for non-medical purposes)? (Enter "None" if not applicable, or "Don't know" if unsure.)

* 18. From your perspective, is your client dependent on any of the drugs used in the past four weeks (excluding tobacco)?

- ◯ Yes - client is dependent on at least one drug
- ◯ No
- ◯ Unsure
- ◯ Not Applicable

* 19. If your client is dependent on any of the drugs they used in the past four weeks, which drug is it?

* 20. From your perspective, please rate your client's overall severity of substance use (excluding tobacco)

- ◯ No substance use
- ◯ Low
- ◯ Moderate
- ◯ High
- ◯ Severe

* 21. Has your client ever used any drug by injection (non-medical use)?

- ◯ Yes
- ◯ No
- ◯ Don't know

* 22. In the past 4 weeks, had your client binged on alcohol or any drug, or a substance continuously over 24 hours?

(Binged means going really hard on a substance for a while. It means using or drinking more than the client normally would or deliberately setting out to get really drunk, high, stoned or wasted)

- ◯ Yes
- ◯ No
- ◯ Don't know

* 23. Has your client experienced serious drug use related harms in the last 3 months?

- ◯ Yes
- ◯ No
- ◯ Don't know

* 24. What harm did they experience?
Choose all that apply.

- [ ] Required hospital admission
- [ ] Required ambulance attendance
- [ ] Suffered injuries or physical harm
- [ ] Driven a vehicle when substance affected
- [ ] Been a victim-survivor of drug and alcohol facilitated sexual assault
- [ ] Been a victim-survivor of violence
- [ ] Used violence against someone
- [ ] Don't know
- [ ] Other harm (please specify)

Education and Training

This section asks you questions about your client's education and training.

* 25. On entry to this period of service, did this client have a problem with academic achievement or disconnection from education (e.g., not attending or tenuously involved)?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 26. Does your client have any of the following education related difficulties? Please select all that apply.

- [ ] Expelled from school
- [ ] Suspended from school
- [ ] Disruptive behaviour (no diagnosis)
- [ ] Learning difficulties or disability
- [ ] Dyslexia
- [ ] Autism, Asperger's or Autism Spectrum disorder
- [ ] Attention Deficit disorder (with or without hyperactivity)
- [ ] Developmental delay disorder
- [ ] Intellectual disability
- [ ] Acquired brain injury
- [ ] None of the above
- [ ] Other (please specify)

* 27. On entry to this period of service, was your client attending school, TAFE, University or a training program?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 28. Was this education or training was at... ?

- ◯ Secondary school
- ◯ VET
- ◯ University
- ◯ Other training program

* 29. Please rate your client's level of engagement with education or training

- ◯ Fully engaged
- ◯ Precarious engagement
- ◯ Disengaged

* 30. How would you rate this client's level of...

	Can't Manage	Poor	OK	Good	Excellent	Unsure
Reading ability (literacy)	◯	◯	◯	◯	◯	◯
Numeracy ability	◯	◯	◯	◯	◯	◯

Employment

This section asks you questions regarding your client's employment

* 31. On entry to this period of service, did this client have a problem with employment (e.g., having less employment than they desired)?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 32. Upon entry to this period of service, was your client employed (full time, part time or casually)?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 33. What kind of employment did your client have?

- ◯ Full time
- ◯ Part time
- ◯ Casual

* 34. For the last 4 weeks, please rate your clients level of engagement with their employment

- ◯ Fully engaged
- ◯ Precarious engagement
- ◯ Disengaged

Housing

This section asks you questions about the housing of your client

* 35. On entry to this period of service, did this client have a problem with housing (e.g., recently unable to pay rent, living in temporary or unsafe housing, experiencing homelessness)?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 36. On entry to this period of service, was your client experiencing acute housing problems?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 37. Where did this client live upon entry to this period of service?

- ◯ At home with parents in private residence (private owned or rented, public rental)
- ◯ With other family members in a private residence (private owned or rented, public rental)
- ◯ With other people or alone in a private residence (private owned or rented, public rental)
- ◯ Out of home care- Kinship Foster Care
- ◯ Out of home care- Non-kinship foster care
- ◯ Out of home care- Residential unit
- ◯ "Couch Surfing" (staying with others on short term, temporary basis)
- ◯ Caravan Park
- ◯ Boarding house or private hostel
- ◯ Alcohol and Other Drug Treatment Service
- ◯ Institutional setting (includes psychiatric mental health settings)
- ◯ Prison, remand centre, youth training centre
- ◯ Short term crisis, emergency or transitional housing
- ◯ Supported accommodation
- ◯ Public place, temporary shelter, homeless
- ◯ Other (please specify)

Family Issues

This section asks you questions regarding any family issues your client has previously or may be currently experiencing.

* 38. Upon entry to this period of service did your client use substance with, supply or receive substances from parents / guardians?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 39. Does your client use substance with, supply or receive substances from siblings?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 40. On entry to this period of service, did your client have conflict with their family or relatives?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 41. Is your client currently disconnected from their family?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 42. Does your client have a trusted adult outside their immediate family that they can go to for help? (this can include you as your client's worker)

- ◯ Yes
- ◯ No
- ◯ Unsure

* 43. Who is this trusted adult?

- ◯ Me (I am the client's worker)
- ◯ Parent or carer
- ◯ Other trusted adult

* 44. Is/has your client ever been subject to a child protection order?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 45. Was the client in out-of-home care upon entry to this period of service?

- ◯ Yes
- ◯ No
- ◯ Unsure

* 46. Is your client...

	Yes	No	Unsure
A parent	◯	◯	◯
A parent of a child under a child protection order	◯	◯	◯
Residing with their children most of the time	◯	◯	◯

Mental Health

This section asks you questions about the mental health of your client

* 47. Does your client have a current formal diagnosis of a mental health condition?

◯ Yes

◯ No

◯ Unsure

* 48. Please list current diagnoses you are aware of (tick all that apply)

- [ ] Anxiety disorder
- [ ] Depression
- [ ] Bipolar disorder
- [ ] Substance use disorder
- [ ] Conduct disorder
- [ ] Schizophrenia
- [ ] Post traumatic stress disorder (PTSD)
- [ ] Borderline personality disorder (BPD)
- [ ] Unsure
- [ ] Other (please specify)

* 49. Has your client ever intentionally...

	Yes	No	Unsure
Injured themself in past	○	○	○
Attempted suicide in past	○	○	○

* 50. If this client has attempted suicide in the past did they...

	Yes	No	Unsure
Require medical attention	◯	◯	◯
Disclose the attempt at the time it occurred	◯	◯	◯

* 51. If you know, please state how this young person attempted suicide (or multiple attempts)

* 52. Has your client ever been a victim-survivor of abuse or neglect?

	Yes	No	Unsure
Neglect	◯	◯	◯
Emotional abuse	◯	◯	◯
Physical abuse	◯	◯	◯
Sexual abuse	◯	◯	◯
Violent crime	◯	◯	◯

* 53. Has your client ever reported experiencing family violence?

Family violence involves behavior by a person towards a family member of that person that is physically, sexually, emotionally, psychologically and/or economically abusive. Family Violence is any behavior that controls or dominates the family member and may also include threatening or coercive behavior. Family violence can be directly experienced or witnessed.

- ☐ Yes as victim-survivor of family violence
- ☐ Yes as a victim survivor of adolescent violence in the home
- ☐ Yes as instigator of family violence or adolescent violence in the home
- ☐ No
- ☐ Unsure

* 54. Has your client ever reported experiencing intimate partner violence (IPV)?

IPV involves the use of power, control, coercion, threats, harm and other behaviors and/or forms of abuse (eg. Physical and sexual harm, stalking, emotional abuse etc.) in young people's romantic and dating relationships

- ☐ Yes as a victim-survivor of Intimate Partner Violence
- ☐ Yes as a user of Intimate Partner Violence
- ☐ No
- ☐ Unsure

Australian Treatment Outcome Profile (ATOP)

The following questions are about your client's physical and mental health and overall quality of life. Please tick the response that best describes your client.

* 55. ATOP - Please tick the response that best describes your client where 0 is poor, 5 is feeling average and 10 is feeling good.

How would you rate your client's....

	0	1	2	3	4	5	6	7	8	9	10
Psychological health status in the past 4 weeks (e.g. anxiety, depression and problem emotions and feelings)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Physical health status in the past 4 weeks (e.g. extent of physical symptoms and bothered by illness)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Overall quality of life in the past 4 weeks (e.g. able to enjoy life, gets on well with family and partner etc)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

Justice and Crime

This section asks you questions about your client's criminal offending history and involvement with the justice system.

* 56. On entry to this period of service, did this client have a problem with criminal offending?

◯ Yes

◯ No

◯ Unsure

* 57. Apart from illegal substance use, has your client...

	Yes	No	Unsure
Been involved in criminal activity in the past 4 weeks	◯	◯	◯
Been involved in the criminal justice system in the past 4 weeks	◯	◯	◯
Ever been involved in the criminal justice system	◯	◯	◯

Census completed

Thank you for taking the time to complete the 2025 Youth Census for this client.

58. You have just completed this survey for this young person born in {{ Q3 }}.

If you need to provide any comments for the administrators, please type this in the box below.

Note

Note

Participating Organisations

MeLI
gateway health
Latrobe Community Health Service
Odyssey Victoria
PRIMARY CARE CONNECT
sharc
SCHS Sunraysia Community Health Services
Uniting
WRAD HEALTH PERSON-CENTRED CARE
Western Health
WINDANA Life. Changing.
youth projects
YSAS YOUTH SUPPORT + ADVOCACY SERVICE

Census Supporters

Anglicare Victoria
Each
GIPPSLAND LAKES COMPLETE Health
Grampians Community Health
SUNBURY COBAW COMMUNITY HEALTH

Thank you to La Trobe University, the University of New South Wales (UNSW), Victorian Alcohol and Drug Association (VAADA) and Victorian Department of Health for partnering with YSAS and Victoria's Youth AOD Service providers to conduct the Youth AOD Census 2025

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vaada

2025 YOUTH AOD CENSUS