

Committee Secretariat

House of Representatives Standing Committee on Health, Aged Care and Sport  
PO Box 6021  
Parliament House Canberra ACT 2600  
[Health.Reps@aph.gov.au](mailto:Health.Reps@aph.gov.au)

Dear Secretariat,

**Re: Inquiry into the health impacts of alcohol and other drugs in Australia**

The Youth Support and Advocacy Service (YSAS) thanks the Standing Committee for the opportunity to submit evidence and practice wisdom to further develop alcohol and other drug (AOD) prevention, harm reduction, support and treatment services for young people experiencing risk or harm.

Our submission focuses on the importance of using integrated social health models, and building on existing youth specific AOD services which meet the unique developmental needs of young people that capitalise on prevention and earlier intervention opportunities.

We have addressed specific elements of the terms of reference we consider priorities, and for which we can demonstrate experience, effectiveness and value for money.

**Terms of Reference**

- a) Assess whether current services across the alcohol and other drugs sector is delivering equity for all Australians, value for money, and the best outcomes for individuals, their families, and society;
- b) Examine the effectiveness of current programs and initiatives across all jurisdictions to improve prevention and reduction of alcohol and other drug-related health, social and economic harms, including in relation to identified priority populations and ensuring equity of access for all Australians to relevant treatment and prevention services

- c) Examine how sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia; and
- d) Draw on domestic and international policy experiences and best practice, where appropriate.

Please do not hesitate to contact us if you require further information.

Yours Sincerely,

Dominic Ennis

**Acting Deputy CEO  
Youth Support and Advocacy Service**

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## Who uses youth AOD services in Victoria?

While many young people will experiment with AOD as part of their adolescent development very few go on to develop serious problems. Most young people will never experience substance use risk or harm, and many that do are effectively supported by their family and community to resolve these issues.

**The few young people who develop serious AOD problems and require a youth drug treatment service typically have a range of other vulnerabilities which require support.** In 2014, a major descriptive study analysed the needs and characteristics of 1000 Victorian youth drug treatment users. Named the 'State-wide Youth Need Census' (SYNC)<sup>1</sup>, this research demonstrated the significant intersectional disadvantage and vulnerability faced by young people using youth AOD services.

**The SYNC study found significant drug use risk and harm coupled with other psychosocial complexity and disadvantage in young people using AOD services:**

- 74% were assessed as having 'high' or 'severe' drug use problems
- 66% had been involved in the criminal justice system
- 67% had experienced abuse or neglect
- 61% had experienced family violence or conflict
- 51% had problems at school or were excluded from school
- 46% had no meaningful daily activity to participate in
- 43% of young people had ever attempted suicide or self-harm
- 35% had a mental health diagnosis (other than substance use disorder).

These findings highlight the importance of providing holistic, integrated youth AOD responses which meet the intersectional needs this vulnerable population group. These responses must be developmentally appropriate, treat presenting AOD and mental health needs, provide meaningful opportunities to engage in education and employment,

<sup>1</sup> Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC 5 Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

**Helping young people experiencing serious disadvantage to live  
healthy and fulfilling lives**



facilitate pro-social community activities and peers, and help young people escape cycles of abuse and criminal justice system involvement.



## Youth Support and Advocacy Service (YSAS)

### History and development

The Youth Support and Advocacy Service (YSAS) was established in 1998 as a youth specific response to a heroin epidemic among young people in Victoria. At this time, there were no government-funded youth AOD services available, and concerns were being raised that young people with serious drug use and other problems were finding access to, and retention in, drug treatment services difficult.

In the year following YSAS's establishment the proportion of all AOD service users in Victoria who were 21 or under grew from 9% (1997/98), to 26% (1998/99)<sup>2</sup>, demonstrating the effectiveness of tailoring AOD services to the specific needs of young people. This required a different approach to drug treatment which assertively identified and engaged young people with substance use problems, facilitated opportunities to develop trusting relationships, helped young people develop motivation for change, and provided youth friendly settings and services which helped retain them in drug treatment.

Initial YSAS services principally focused on assertive outreach and youth sensitive residential withdrawal services.

Today YSAS employs over 400 staff and provides a comprehensive range of AOD support, treatment and recovery services. YSAS also provides a range of early intervention mental health and crime prevention services to young people 10-25 years.

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<sup>2</sup> Bruun, A. (2015). The Victorian Youth Alcohol and Other Drug Service System: A Vision Realised. Youth Support + Advocacy Service (YSAS). Melbourne, Australia.

## Mission and vision

**YSAS's mission** is helping young people who are experiencing serious disadvantage to live healthy and fulfilling lives.

**YSAS' vision** is to create a community where all young people are valued, included and have every opportunity to thrive.

## Practice approach

**Very few young people develop AOD related problems and many that do are able to resolve these through supportive community, family and personal resources.** YSAS believes AOD problems do not resolve, and are perpetuated, when a young person has unmet needs and does not have the resources to meet them. (See **6 Domains of need in practice framework below**). Therefore, to resolve AOD issues, the provision of safe and supportive relationships, and access to resources and opportunities to meet underlying unmet needs is most effective.

We recognise some young people are at greater risk of AOD and other harm due to a combination of life factors and circumstances. These can include adverse childhood experiences, socio-economic disadvantage, exposure to trauma, lack of supportive relationships, and limited access to resources and opportunities. When these risks cluster together, they can undermine young people's capacity to meet their developmental needs, and increase vulnerability to health and behaviour problems.

Additionally, it is important to remember that substance use among young people often serves a functional purpose, such as coping with stress and managing emotions, or fitting in with peers. It can also have a deeper meaning related to identity, self-expression, or rebellion. Understanding the function and meaning of substance use is crucial for developing effective interventions.

**Our approach explicitly acknowledges that youth AOD problems are not an individual disorder**, but part of the social and environmental conditions in which young people grow up. Multiple studies demonstrate a close relationship between lower socio-economic status

and health problems in young people<sup>3,4</sup>. YSAS therefore uses a social health model to address young people's substance use needs by supporting their social, environmental, economic, cultural and physical health needs together through the lens of person-centred, trauma informed, and strengths based care.

**Furthermore, YSAS recognises the need to intervene at individual, family and community levels** to effectively prevent and respond to drug related harm given the strong evidence showing the negative consequences of intergenerational trauma and community disadvantage. This includes the provision of integrated place-based responses that recognise young people's connections to family and community.

In summary YSAS' practice approach and programs provide holistic support that addresses the socio-economic and cultural dimensions influencing young people's development, and works to foster more inclusive and supportive environments by also supporting their families and communities.

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<sup>3</sup> Goodman E, Huang B. (2002). Socioeconomic status, depressive symptoms, and adolescent substance use. *Arch Pediatr Adolesc Med.* 156(5):448-453

<sup>4</sup> Hanson MD, Chen E. (2007) Socioeconomic status and health behaviors in adolescence: a review of the literature. *J Behav Med.* 30(3):263-285.

## Practice Framework

The **YSAS Resilience-Based Practice Framework** aims to create conditions that enable young people and families to address AOD risk and harm, meet their needs, and fulfill their aspirations. This approach is centred around empowering young people to build resilience by accessing and utilizing resources and opportunities.

**The high level goals of YSAS' resilience based practice approach** to supporting young people's AOD and other needs are to:

- Prevent harm
- Meet needs
- Fulfill aspirations
- Deal effectively with life stressors.

**YSAS identifies 6 key domains of need where young people require support and intervention** to reduce AOD risk and harm, and enhance their well-being and resilience. These are:

- Safety: Protection from harm and the capacity to respond to crisis
- Stability: Security and the capacity to meet basic needs
- Agency: Capacity to respond to challenges and capitalize on opportunities
- Connections: Helpful relationships with people, culture, and places
- Participation: Engagement in activity that is socially and economically rewarding
- Identity: A coherent sense of self and one's place within their family and community.

We believe young people, their families and communities can best learn and grow if they are provided with helpful **resources and opportunities**, these include:

- Environmental resources and opportunities like access to safe housing, supportive caregivers, education, social opportunities and required health services
- Abilities as a resource, such as living, interpersonal and self-management skills, and the development of personal attributes which are celebrated and encouraged (e.g. specific talents related to intelligence, artistry or sporting ability)
- Beliefs as a resource, including related to things like self-esteem and self-efficacy, pro-social attitudes, a sense of motivation, purpose, and hope for the future.

- Culture as a resource, including to kinship and community. A sense of belonging to place and culture, access to the wisdom of elders and life affirming traditions that can be actively participated in.

**YSAS practitioners use 5 key practices** which align young people's needs and goals with available resources and opportunities. These are:

- Protect: Counter negative and harmful influences and protect existing resources and opportunities from being compromised
- Provide: Make necessary resources and opportunities available to young people and families
- Connect: Link young people to necessary resources in their environment and within themselves
- Develop: Teach young people and families skills and develop their capacity to achieve their goals and make the most of other resources and opportunities
- Advocate: Ensure that resources and opportunities are available to young people, families, and communities in culturally meaningful ways that work for them.

## Services

YSAS operates services that span the prevention to recovery continuum from more than 20 sites across Victoria. These include outreach, day program, care coordination, residential and home based withdrawal, rehabilitation, supported accommodation, family support, and mental and primary health services. Together, these services provide targeted responses dependent on young people's developmental stage, presenting needs, available resources, motivation for change, and cultural, gender and sexual orientations.

YSAS is deeply committed to collaborative and integrated service responses and has strong connections with housing, education, employment, legal support, and other health services to best holistically meet the needs of young people and families. YSAS also works closely with government departments to support young people, including the criminal justice and out of home care systems.

## Outcomes and impacts

In order to address the intersectional needs of vulnerable young people experiencing AOD risk or harm, YSAS conceptualises a range of outcomes and impacts which help young people address substance use problems, successfully complete their adolescent development and meaningfully participate in their communities.

These can be considered in three phases:

- **Immediate** outcomes which help create safety
- **Intermediate** outcomes which help build motivation and agency
- **Longer** term impacts which help young people build independence skills and participate as valued community members.

### *Immediate outcomes*

- Safety: protection from harm and access to the support and care required to regulate exposure to risk
- Stability: capacity to meet basic needs (housing, income) and respond effectively to crisis
- Security: faith in the reliability of support from people and services and the availability of resources required to cope and be well.

### *Intermediate outcomes*

- Connectedness: being engaged in mutually supportive relationships and feeling a sense of belonging within family, community, culture and place
- Self-worth: self-esteem and feeling valued within family and communities
- Hope and motivation: the belief that a better future is possible and worth working toward
- Agency: capability to set realistic goals for a better future and achieve
- Participation: being engaged in satisfying, pro-social activity within the community and feeling a sense of purpose.

*Impacts*

By providing youth specific AOD services and creating the conditions for change through facilitation of the immediate and intermediate outcomes set out above YSAS intends to create the following long term impacts for young people.

- The cessation of AOD risk or harm
- Improved health and wellbeing - physical, psychological, social **and cultural**
- Improved engagement in education, employment and training, and securing meaningful employment
- Reduced involvement in crime and anti-social behaviour, and reduced engagement with the police and criminal justice system.

## YSAS response to the terms of reference

### Introduction

**YSAS has set out information related to the inquiries Terms of Reference in three parts.** Firstly, by discussing the policy environment and recognised best practices related to reducing AOD risk and harm for young people; secondly by outlining support and treatment approaches with demonstrated effectiveness, and finally by highlighting some hypothesised costs governments are avoiding by providing effective youth drug prevention and treatment responses.

### Policy experience and best practice

This response relates to the following Terms of Reference:

- C - How sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia
- D - Domestic and international policy experiences and best practice

### Modern healthcare approaches

**YSAS uses modern healthcare thinking and practice that emerged in the second half of the twentieth century to deliver services.** These social health approaches were developed in response to perceived gaps in bio-medical and disease-based health models which principally focused on illness and individual characteristics. Beginning with the [Declaration of Alma-Ata](#) (1978) and later [Ottawa Charter for Health Promotion](#) (1986), there have been repeated calls to expand the range of influences recognised to impact health and reorientate health services to address these.

Modern healthcare approaches now recognise social conditions as the foundation to better individual and community health. They place a stronger focus on illness prevention and health promotion.

**YSAS advocates for all government policy to use a social health framework to understand and respond to substance use problems.**

## Modern drug treatment approaches

Alongside the understanding that social, economic and environmental conditions are key contributors to substance use problems, there has been a growing recognition that legal and criminal sanctions as a way to address drug use are costly and ineffective.

There is also increasing evidence that government drug policies which reduce criminal sanctions for some drug offences (namely drug possession and use), and strengthen AOD prevention, treatment and rehabilitation are effective across distinct geographies and population groups<sup>5</sup>

The Global Commission on Drug Policy has repeatedly called for drug decriminalisation since 2011<sup>6</sup>. Furthermore, several prominent United Nations agencies, including UNAIDS, the World Health Organisation (WHO), the United Nations Development Programme, and the Office of the United Nations High Commissioner for Human Rights have all expressed the need to decriminalise the possession of drugs for personal use<sup>7</sup>.

Some countries are now trialling these new approaches and re-directing resources toward both universal and targeted health interventions. Decriminalisation of drug possession and use has now occurred in some form across distinct cultural and geographic settings including Canada, Portugal, North America, Belgium, Estonia, Ecuador and Mexico<sup>4</sup>. Most recently, Norway implemented drug reforms which transferred responsibility for responses to possession and use of illegal drugs from the justice to health sector<sup>8</sup>. Re-deploying policing, criminal justice and legal resources into drug treatment has been demonstrated as effective in each of these geographical settings.

<sup>5</sup> Jessman R., and Payer D. (2018). *Decriminalisation: Options and Evidence*. Canadian Centre on substance use and addiction – Policy Brief. <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Decriminalization-Controlled-Substances-Policy-Brief-2018-en.pdf>

<sup>6</sup> Global Commission on Drug Policy (2011) <https://www.opensocietyfoundations.org/publications/war-drugs-report-global-commission-drug-policy>

<sup>7</sup> Eastwood N., Fox E., and Rosmarin A. (2016). *A Quiet Revolution: Drug Decriminalisation Across the Globe*. (Retrieved August 2020) [https://www.citywide.ie/assets/files/pdf/a\\_quiet\\_revolution\\_decriminalisation\\_across\\_the\\_globe.pdf](https://www.citywide.ie/assets/files/pdf/a_quiet_revolution_decriminalisation_across_the_globe.pdf)

<sup>8</sup> Norwegian Government, Ministry of Health and Care Services. (2019). <https://www.regjeringen.no/en/aktuelt/historic-day-for-norwegian-drug-policy/id2683528/>

Portugal decriminalised all drugs in 2001 while simultaneously increasing spending on drug prevention, support, treatment, rehabilitation and community integration. Recent findings demonstrate<sup>9</sup>:

- Drug use among 13 to 15 year old's declined by 30% (2001 to 2010)
- Drug use among problematic drug users declined 27% (2001 to 2010)
- AOD treatment uptake increased by 60% (2001 to 2016)
- Substitution treatments increased by 147% (1999 to 2003)
- There was a 90% drop in drug related HIV infections (2001 to 2017)
- Drug overdose deaths declined by 92% (2001 to 2016).

Significant government costs have been avoided by the criminal justice system, welfare system and acute healthcare system through these outcomes.

### Drug policy in Australia

**Similar, although less comprehensive, re-orientation of drug policy has occurred in Australia.** Starting in the mid 1980's there was a shift to harm minimisation approaches which were recognised to avoid significant healthcare costs associated with the HIV epidemic, and other injecting drug use health problems. Today, Australia's National Drug Strategy (2017-2026) acknowledges a wide range of health, social and economic harms resulting from substance use and describes the need for coordinated responses to reduce these.

**Nonetheless significant health policy gaps continue to operate across distinct service systems** (e.g. criminal justice, education, out of home care, welfare). These systems are not using social health models and available evidence to address drug problems and other health needs, resulting in significant and unnecessary government costs.

Drawing on the overseas policy evidence described above YSAS believes there is an opportunity to build on Australia's existing drug policy platform and further re-orientate

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<sup>9</sup> Hughes C., and Stevens A. *A resounding success or a disastrous failure: re-examining the interpretation of evidence on the Portuguese decriminalization of illicit drugs*. New Approaches to Drug Policies: Springer, pp. 137-162.

Australia's approach to drug related harm in a way which reduces health costs to individuals, community and government. This would principally occur through further re-deployment of policing and criminal justice system resources into AOD prevention, harm reduction, treatment and rehabilitation, alongside resourcing to support social inclusion through access to broader healthcare, integrated support related to education, employment and training, and other meaningful community participation opportunities.

**Key policy strategies YSAS recommends are:**

- **Written agreements across criminal justice, out of home care, welfare and education systems that they will use social health models and practices** to effectively work with young people who have AOD needs in a consistent and collaborative manner that aligns with youth AOD and broader health service responses.
- **More AOD prevention and treatment to improve health and reduce government costs**, principally funded through re-deployment of resources from policing and the criminal justice system. Specifically YSAS recommends more youth AOD investments because of the number of young people with substance use problems as a proportion of the drug treatment seeking population, and because investments in prevention and early intervention have significant downstream cost **savings**.
- Pro-actively addressing inequality, discrimination and other marginalisation **through targeted social inclusion initiatives**
- **Including AOD service users in decision making** about their own care
- **Tailoring AOD responses** to unique social, geographic and individual circumstances
- **Using well recognised evidence** to guide AOD health treatment and economic decision making.

## Best practice youth AOD services

### *Youth specific responses*

**The effectiveness of the Victorian Youth AOD service system highlights the importance of providing youth-specific AOD responses which meet unique needs, targets distinct developmental stages, and addresses age related challenges.** By investing in youth-specific AOD services, we can also promote prevention and early intervention opportunities which reduce the course and severity of AOD problems, and costs to government.

**YSAS believes youth specific responses to AOD risk and harm are necessary because:**

- **AOD problems are more prevalent and dangerous during adolescence.** Among young people, overdoses of alcohol and other drugs compete with road crashes as leading causes of death, and the contribution of AOD intoxication and misuse to suicide, homicide, injuries, and poisoning is well established.<sup>10</sup> In addition, adolescents who enter the transition to adulthood with problematic substance use are more likely than others to demonstrate negative outcomes in young adulthood such as elevated levels of drug use, lower educational and occupational attainment and higher levels of aggressive and violent behaviour<sup>11</sup>.
- **Adolescence is the key developmental period for the emergence of substance use problems.** While substance use disorders (SUD) are rarely seen in children under 12, there is a sharp increase in the prevalence from ages 12 to 18.<sup>12</sup> Further, people who develop SUD in adolescence are more likely to have those symptoms continue into adulthood. It could be argued that based on prevalence alone, adolescents and young adults warrant larger numbers of AOD treatment places per head of population than other age groups.
- **Intervention at the earliest possible time produces better health outcomes.** The earlier young people developing a SUD can be engaged and retained in treatment,

<sup>10</sup> Toumbourou, J. W., Stockwell, T., Neighbors, C., Marlatt, G. A., Sturge, J., & Rehm, J. (2007). Interventions to reduce harm associated with adolescent substance use. *The Lancet*, 369 (9570), 1391-1401.

<sup>11</sup> Keller, T. E., Blakeslee, J. E., Lemon, S. C., & Courtney, M. E. (2010). Subpopulations of older foster youths with differential risk of diagnosis for alcohol abuse or dependence. *Journal of Studies on Alcohol and Drugs*, 71(6), 819-830.

<sup>12</sup> Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human Genetics*, 131(6), 779-789.

the more likely it is that a healthy and constructive developmental pathway can be restored. This requires working not only with the young person but also others involved with their care and their social networks.

- **There is a potential for exploitation and antisocial modelling in the adult AOD system.** The World Youth Report<sup>13</sup> found that young people with drug problems were often placed in adult programs even though developmental, psychological, social, cognitive and family differences suggest the need for specialised treatment. The Victorian Drug Policy Expert Committee (2000)<sup>14</sup> was explicitly concerned about the risks involved with combining adults and young people together in AOD treatment. They reported that young people have particular needs that often mean placing them in a drug treatment service targeted at adults can have a detrimental effect and deter them from seeking out other treatment options. There is also the danger of exposing young people to more entrenched drug use if they are placed in an adult service.<sup>15</sup>

#### *Prevention and early intervention*

**Prevention and early intervention strategies for young people can significantly modify risks and protect the health and wellbeing of individuals, families, and communities.** They also save the government significant downstream health and criminal justice system costs.

We know young people who develop AOD problems are more likely to experience ongoing AOD and other health and social problems into adulthood, including negative outcomes related to unemployment, increased use of welfare services and insecure housing.

Prevention and early intervention initiatives can enhance protective factors before substance use problems emerge and retain young people in their homes, schools and communities, thereby building resilience and promoting healthy community participation.

<sup>13</sup> U.N. (2004). World Youth Report 2003: The global situation of young people, Department of Economic and Social Affairs of the United Secretariat, United Nations Publications.

<sup>14</sup> Victorian Drug Policy Expert Committee (2000) Drugs: Meeting the Challenge. Stage Two Report:  
<http://www.dhs.vic.gov.au/phd/dpec/index.htm>.

<sup>15</sup> Ibid (p.125).

**YSAS recognises that effective prevention and early intervention responses require:**

- Sophisticated and developmentally appropriate responses
- Capability to work with young people, families and communities together
- Engaging and positive social, recreational and other skill development opportunities
- Effective partnerships with schools, family services, the police and local communities.

*Integrated service responses*

**The importance of providing integrated responses to young people experiencing AOD risk or harm is highlighted by the levels of other psychosocial complexity young drug treatment seekers present with as discussed above (See: Who uses AOD services in Victoria p.2).**

Young people with AOD issues typically face a range of other psychosocial challenges, including exclusion from education and employment, mental health problems, social instability, housing instability and family disengagement. These vulnerabilities must be addressed together to effectively change young people's health, social and economic trajectories.

YSAS highlights that current frameworks in criminal justice, out of home care and education do not always effectively support social health principles and practices, this results in difficulties providing integrated service responses to young people and further social exclusion, criminality, poor health outcomes and economic disadvantage.

**Effective integrated service responses require:**

- **Clear and documented agreements** across health, education, criminal justice, out of home care, welfare support and other systems that social health frameworks underpin all practice responses to young people.
- **Strong operational partnerships** between service providers that clearly articulate the demarcation of roles and how services are coordinated.
- **A 'no wrong door' approach** which assertively supports young people to access all the services they need in a timely manner.

## Youth AOD service access and equity

This response relates to Terms of Reference:

- A – The extent to which current AOD services are delivering equity for all Australians
- C – How sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia.

### Overview

More than 25 years' experience tells us that providing supportive, non-judgemental but assertive services in youth friendly environments is the best way to engage young drug users who may feel socially excluded and discriminated against. This includes young people from a wide range of cultural, gender and sexual orientations, and across different geographies.

### Evidence and practice wisdom

Providing youth specific AOD services in Victoria has dramatically improved access to AOD treatment for young people. It has also provided more opportunities to intervene early in the progression of drug problems. In 2022/23 in Victoria 11,862 young people and young adults (10-29 years) accessed drug treatment. This is significantly higher than the NSW figure of 8,187 despite their higher population who does not have a well-articulated youth specific drug service system<sup>16</sup>.

### *Engaging young people through assertive services*

YSAS has been successful in finding and working with young people who are feeling excluded from family, education and broader community settings through their substance use and other behaviours by providing a wide range of engaging and assertive AOD services. These include:

- *The Embedded Youth Outreach Program* – where youth AOD practitioners work alongside police to identify young people at risk and offer them prevention based education and early intervention services.

<sup>16</sup> Australian Institute of Health and Welfare (AIHW). (2024). <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia/contents/about>

- *Youth Support Service* – An early intervention program aimed at vulnerable young people (and their families) who have had contact with police and require drug education and links to further support, including retaining them in school settings.
- *Assertive community outreach programs* – where youth AOD practitioners engage with young drug users in settings and places they congregate and feel most comfortable (e.g. public parks, on the street, at train stations).
- *Day Programs* – Social and recreational programs provided both on-site and in the community which offer social, recreational, and skill building activities, pro-social relationship development opportunities and strong links to required AOD and other health and welfare support.

#### *Engaging young people with experiences of social exclusion*

YSAS provides responses which are targeted to specific population groups to help those feeling socially excluded or discriminated against feel welcomed and included, this includes focused activities with:

- Young people from culturally and linguistically diverse backgrounds
- First Nations young people
- LGBTIQA+ young people

#### *Diversion from criminal justice system*

YSAS provides a range of youth programs which work to divert young people away from the criminal justice system, recognising that this is a key risk to further escalation of drug problems and social exclusion. YSAS' crime prevention programs include:

- *PIVOT* - a partnership led by YSAS that works with young people engaged in the criminal justice system to increase protective factors, community connections and sustained engagement in school, training and employment.
- *Family and Youth Early Intervention Program (FaYEIP)* - early intervention services to both young people and their families, including psychoeducation, motivation enhancement, mediation, community connections, and support to access drug treatment and other required support.

YSAS works intensively with Out of Home Care services and systems to build their capacity to address substance use problems and divert young people away from the criminal justice system. This includes building strong partnerships with Out of Home Care providers, developing documented guidelines to support good AOD practice in Out of Home Care and providing pathways to AOD support and treatment for individual young people.

#### *A continuum of services*

YSAS provides a suite of support and treatment to young people depending on their presenting needs. YSAS also actively supports young people to build motivation for change, and then connects them to support and treatment which align with their motivations. Some examples of YSAS services include:

- Youth case management and care coordination and recovery services
- Youth residential and home based withdrawal services
- Youth residential rehabilitation programs, including an Indigenous healing place
- Youth supported housing.

YSAS strongly advocates for a well-articulated and further resourced continuum of youth AOD services which are capable of engaging young people:

- Earlier in their drug use trajectories
- Who are disconnected from family, school and their communities and cultures
- Who may find it hard to access AOD treatment
- Who may be reluctant to access AOD treatment
- Who have diverse cultural, gender and sexual orientations.

## Youth AOD service effectiveness

This response relates to Terms of Reference:

- B – The effectiveness of current programs and initiatives to improve prevention and reduction of AOD related health, social and economic harms
- C - How sectors beyond health, including for example education, employment, justice, social services and housing can contribute to prevention, early intervention, recovery and reduction of alcohol and other drug-related harms in Australia

There is strong empirical evidence, practice wisdom and documented lived experience to understand what effective youth AOD service delivery looks like.

This includes an understanding of the principles by which services should be underpinned, and the interventions which result in improved health and wellbeing outcomes.

### Effective service principles

#### *Early and assertive engagement*

Our experience and research evidence tell us that outreach and other services which coordinate with police, schools and other community providers facilitate opportunities to engage with young people at risk of social exclusion and help them access needed AOD support and treatment. There was a 15% jump in young people accessing AOD services in Victoria the year after youth specific assertive engagement approaches were implemented. Early engagement reduces the course of severity of substance use problems, improves retention in education and reduces criminal justice system involvement.<sup>17</sup>

#### *Intersectional responses*

We recognise that young people often face multiple, overlapping forms of marginalisation and discrimination that affect their access to resources and opportunities. YSAS explicitly acknowledges that socio-economic factors, systems of power, and historical and cultural dimensions impact young people access to resources and opportunities. This is

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<sup>17</sup> Caruana, et al. (2023). Engagement and outcomes of marginalised young people in an early intervention youth alcohol and other drug program: The Street Universities model. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10194939/>

particularly true for First Nations, culturally diverse young people, LGBTIQA+ young people and those from minority religious affiliations.

#### *Trauma informed care*

Studies in Australia show over 80% of AOD treatment seekers report experiencing serious trauma in their lifetime underlining the need for trauma informed approaches to care. These approaches prioritise safety, trust, choice, agency and collaboration in addressing needs. These approaches are particularly important for young people to ensure that developmental pathways are not prematurely foreclosed as a result of previous trauma<sup>18</sup>.

#### *Person centred practice*

We know that providing services, resources and opportunities which effectively engage, and meet the needs of young people means they will be more likely to be taken up. Tailoring interventions to fit the unique developmental, personality, cultural, gender and other orientations of young people leads to stronger participation in treatment. Ensuring young people are active contributors to decisions about what they want to work on and address is also fundamental to their participation in support and treatment.<sup>19</sup>

#### *Services integration*

Addressing the multiple and complex psychosocial and other needs of young people with AOD problems together is a necessary condition of effective support and treatment. Our practice wisdom supports strong cross sector and service collaboration in order to meet the wide range of educational, social, behavioural and psychological needs young people have.<sup>20</sup>

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<sup>18</sup> Walter, et al. (2023). Implementing and evaluating a trauma-informed model of care in residential youth treatment for substance use disorders. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10572352/>

<sup>19</sup> Caruana, et al. (2023). Engagement and outcomes of marginalised young people in an early intervention youth alcohol and other drug program: The Street Universities model. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10194939/>

<sup>20</sup> Bryant J. Building inclusion, maintaining marginality: How social and health services act as capital for young substance users. *J Youth Stud.* 2018;21(7):983–98.

### *Family and carer inclusive*

Our research and practice wisdom informs us that families and carers are an important and often underutilised resource in supporting young people experiencing AOD risk or harm. A recent evaluation of our *Families and Youth Early Intervention Program* showed that when young people's families are engaged and supported, treatment completion and outcomes for young people are improved<sup>21</sup>.

### Effective AOD treatments

It is important to highlight that the efficacy of AOD treatments for young people should not be judged solely on their immediate and medium term outcomes, but rather on their longer term capacity to change the trajectory of young people's lives across health, education and employment, social participation, and other life domains.

Effective youth AOD treatments must also be viewed within the context of providing coordinated and integrated care which simultaneously address multiple needs and provides a range of pro-social opportunities and relationships.

Finally, effective youth AOD treatments must address longstanding and intergenerational disadvantage, as such they must couple youth case management, detoxification, therapy and recovery with family and community support, education and resourcing.

YSAS has successfully provided the following treatments to young people for over 20 years:

- **Day Programs:** which provide a setting for education, pro-social participation, motivation enhancement, skill development and access to support and resources
- **Case management and recovery coordination:** that work with young people who have acute AOD and other needs and are motivated to make changes in their lives
- **Residential and home based withdrawal:** that provide opportunities for young people to safely work towards drug withdrawal and cessation of their substance use, and to trial other strategies to manage day to day stressors

<sup>21</sup> Rogers, N., & Carlson, D. 2022. *Family and Youth Early Intervention Program – Brief Outcomes Evaluation*. Melbourne: Rogers Consulting. (Unpublished)

- **Residential rehabilitation:** longer term (up to 3 months) drug free accommodation which allows young people to consider and address the precipitating causes of their substance use problems and develop alternative coping strategies
- **Family therapies:** including support and education to parents, siblings and carers around adolescent development and substance use, parenting and communication strategies, family mediation and the development of negotiated plans and family agreements.

### YSAS' Youth Place based, Integrated Youth AOD Service Model

Based on 25 years of YSAS practice wisdom, lived experience expertise and other evidence, YSAS has developed a place-based, integrated youth AOD service model which we believe is optimally effective in achieving long term impacts for young people with AOD problems. The model targets work with three population groups: young people, their families, and the communities in which they live.

A range of specialist AOD workers increase or decrease the intensity of support offered to each group as their needs and motivations change. This allows for more timely, targeted and efficient responses.

#### *What's different about the place-based, integrated model?*

Services are distinct from traditional youth AOD services in that they:

- **Explicitly recognise and respond to the environments and systems in which young people grow up.** For example, by proactively working with families, community members and other important people in young people's lives to build resilience, capacity and access to resources.
- **Dynamically redeploying resources depending on point in time presenting needs and motivations.** For example, Youth AOD workers are engaged with many young people, but continually change the intensity of their support based on current circumstances. This facilitates access to support and resources when it is needed, while also making efficient use of worker time with motivated young people, or those who need it most.
- **Explicitly tie services together allowing for more holistic and integrated service provision.** For example Day Program workers may engage in outreach to new young

people where they have existing relationships with others in their peer group, Outreach Workers may provide support to families, and nursing staff may provide education and primary health services in a variety of on-site and outreach settings.

- **Employing workers with diverse capabilities** to provide engagement, case management, group social and development, information and education, and family and community engagement activities.

Further information about the newly conceived Youth Place based, Integrated Model is available on request.

## Value for money analysis

This response relates to Term of Reference:

- A – Assess whether current services across the alcohol and other drugs sector are delivering value for money

YSAS and other youth specific AOD services help the Victorian Government and Commonwealth Government avoid significant criminal justice, acute health and welfare costs.

These services work with highly disadvantaged and vulnerable young people to change their life trajectories providing AOD interventions, links to other needed services, and offering a suite of development activities that improve independence skills, education and employment prospects, and community connections.

### *Avoided criminal justice system costs*

Previous research showed that 66% of young people accessing AOD services in Victoria had been engaged with the criminal justice system<sup>22</sup>.

In the 2023/24 financial year it cost the government:

- \$5,905 per day (\$2.155M annually) to keep a young person incarcerated<sup>23</sup>
- \$406 per day (\$148,190 annually) to keep a young person on a youth supervision order<sup>24</sup>.

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<sup>22</sup> Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC 5 Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

<sup>23</sup> Productivity Commission (2024). Report of Government Services 2024. Part F, Section 17 (Released 22 January 2024). Youth Justice Services. Table 17A.21 - Costs per young person under detention-based supervision, 2022-23 dollars (a) (Victoria). (Derived from State and territory governments (unpublished); ABS Australian National Accounts: National Income Expenditure and Product).

<https://www.pc.gov.au/ongoing/report-on-government-services/2024/community-services/youth-justice>

<sup>24</sup> Productivity Commission (2024). Report of Government Services 2024. Part F, Section 17 (Released 22 January 2024). Youth Justice Services. Table 17A.21 - Costs per young person under detention-based supervision, 2022-23 dollars (a) (Victoria). (Derived from State and territory governments (unpublished); ABS Australian National Accounts: National Income Expenditure and Product).

<https://www.pc.gov.au/ongoing/report-on-government-services/2024/community-services/youth-justice>

YSAS estimates it supports and diverts over 3000 young people engaged with the police and criminal justice system across the following programs each year:

- Youth Support Service
- Embedded Youth Outreach Program
- Outreach case management services
- PIVOT
- Families and Youth Early Intervention Program
- Transformer Program.

Together these programs and services save the government substantial criminal justice system costs by addressing illicit substance use and other criminogenic behaviour, and by providing access to alternative pro-social activities and peers.

If YSAS reduced incarceration rates by a total of 100 months across the 3000 criminal justice system clients it works with each year it would save the government \$17.93M.

#### *Avoided acute health care costs*

Previous research showed high levels of acute health distress in young people accessing AOD services in Victoria<sup>25</sup>:

- 43% had attempted suicide or self-harm
- 35% had a mental health diagnosis (other than substance use disorder).
- 67% had experienced abuse or neglect
- 61% had experienced family violence or conflict.

Each year YSAS provides mental health support and treatment to thousands of young people who are often unable to access an overwhelmed mental health service system. This includes 1000's of hours of crisis mental health support, mindfulness and cognitive behavioural interventions, support to families managing young people's mental health distress, and support to assist young people to access mental health services.

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<sup>25</sup> Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC 5 Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

Specific costings for services like psychiatric assessments and inpatient stays are not easily accessible, however:

- In Australia during 2022/23 an average emergency department presentation cost \$666;<sup>26</sup>
- Almost one third of these young people presented to an emergency department due to associated mental illness or substance use problems<sup>27</sup>.

It is likely YSAS services are providing significant acute health cost savings to government through the provision of mental and behavioural health support and interventions to young people and their families.

#### *Avoided welfare costs*

Previous research showed high levels of disengagement from education, employment and training disengagement by young people using youth AOD services in Victoria<sup>28</sup>:

- 51% who had problems at school or were excluded from school
- 46% who had no meaningful daily activity to participate in.

In the 2023/24 financial year it cost the government:

- \$265 per week (\$13,780 annually) in welfare for each young person receiving the Youth Allowance, not accounting for administrative costs; and
- \$345\* per week (\$17,957\* annually) to support a young person experiencing homelessness in transitional housing<sup>29</sup>.

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<sup>26</sup> What is the cost of Australia's emergency care patients? <https://www.ihacpa.gov.au/sites/default/files/2022-08/Round%202021%20Infographic%20-%20Emergency.pdf>

<sup>27</sup> Iorfino, et al. (2023). Patterns of emergency department presentations for a youth mental health cohort: data-linkage cohort study. *BJPsych Open*.

<sup>28</sup> Kutin, J., Bruun, A., Mitchell, P., Daley, K., & Best, D. (2014). Snapshot: SYNC 5 Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

<sup>29</sup> Productivity Commission (2024). Report on Government Services 2024 Part G, Section 18: (Updated 28 May 2024) Housing. Table 18.A 51. Recurrent expenditure per tenancy rental unit – Community housing, 2022-23 dollars (a), (b), (c), (d), (e) (Victoria). (Derived from AIHW (unpublished) National Housing Assistance Data Repository; ABS 2023, 'Table 36: Expenditure on Gross Domestic Product (GDP), Chain volume measures and Current prices, Annual' [time series spreadsheet], Australian National Accounts: National Income, Expenditure and Product, June 2023, <https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product/jun-2023>, accessed 6 September 2023). <https://www.pc.gov.au/ongoing/report-on-government-services/2024/housing-and-homelessness/housing#cost> \* CPI adjusted from 2021-22 figure of \$16,941

YSAS interventions support young people to re-engage with education, employment and training, and to reconcile with their families so that they can live at home again. While it is difficult to ascertain likely avoided government costs through YSAS interventions, anecdotal reports suggest many YSAS clients are successful in reconnecting with school, work and family, likely resulting in meaningful avoided costs to government.

#### *Related empirical research*

Koegl et al. (2023)<sup>30</sup> reviewed cost-benefit analysis evaluations of 11 methodologically rigorous developmental crime prevention programs. The programs varied in terms of who they targeted (e.g., pregnant mothers, at-risk youth), the age of participants (e.g., children, youth), the intervention duration (e.g., 10 weeks to 4 years), and the follow-up interval (e.g., 6 months to 50 years). Ten of the 11 studies produced favourable benefit-cost ratios, ranging between \$1.35 and \$31.77 benefit for every \$1 invested, depending on the type and scope of outcomes that were monetised.

Le et al., (2021)<sup>31</sup> completed a review of methodologically sound economic evaluations in the prevention of mental disorders or promotion of mental health and well-being. They found the majority of studies, especially in children and adolescents, demonstrated good value for money.

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<sup>30</sup> Koegl et al., (2023). Cost-benefit analyses of developmental crime prevention programmes. *Criminal Behaviour and Mental Health*, v.33 iss.2, pp.106-115

<sup>31</sup> Le, et al., (2021). Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. *PLoS Med.*

## Conclusion

YSAS has provided evidence and practice wisdom to support the development of youth-specific AOD prevention, harm reduction, support and treatment services. Our submission highlights the importance of integrated social health models that meet the unique developmental needs of young people and capitalize on prevention and early intervention opportunities.

### Key points from our submission include:

1. The demonstrated effectiveness of youth-specific AOD responses in Victoria, which have improved access to treatment and early intervention opportunities.
2. The need for modern healthcare approaches that recognise social conditions as foundational to better individual and community health.
3. The potential for further reorientation of drug policy in Australia, including redeployment of resources from criminal justice to AOD prevention, treatment, and rehabilitation, and broader psychosocial support and social inclusion.
4. The critical need for youth justice, out of home care and education services to formally adopt social health models which align with those used by youth AOD and mental health services in order to provide more effective integrated and coordinated care
5. The importance of integrated service responses that address the multiple psychosocial challenges faced by young people with AOD issues.
6. The value of YSAS's place-based, integrated youth AOD service model in achieving positive long-term impacts for young people, their families and communities.
7. The significant cost savings to government through avoided criminal justice, acute health, and welfare expenses resulting from YSAS interventions.

YSAS advocates for continued investment in, and expansion of, youth-specific AOD services. These services not only improve health outcomes for young people but also provide substantial value for money through avoided costs across multiple government sectors. By focusing on early intervention, integrated care, and community development, we can

**Helping young people experiencing serious disadvantage to live  
healthy and fulfilling lives**



effectively address AOD-related harms and support young people in building resilient, healthy futures.