

**SUBMISSION TO THE STANDING COMMITTEE ON FAMILY
AND COMMUNITY AFFAIRS.**

‘SUBSTANCE ABUSE IN AUSTRALIAN COMMUNITIES’.

**By the Youth Substance Abuse Service
18 Brunswick Street Fitzroy
Victoria, 3065**

Contact: Paul McDonald, Chief Executive Officer

The Youth Substance Abuse Service welcomes the Federal Governments initiative in calling for an Inquiry into the Social and Economic costs of Substance Abuse in Australian Communities.

Introduction

The Youth Substance Abuse Service, (YSAS), is a statewide youth drug and alcohol service for 12 to 21 years olds with problematic drug issues. Established in the beginning of 1998, it is Australia's largest and most comprehensive service for young people with substance issues. It is situated across eight different drug hotspot sites in metropolitan Melbourne and rural Victoria and offers youth alcohol and drug outreach support, youth specific residential and homebased withdrawal, a range of postwithdrawal support programs and a statewide Training unit.

YSAS is regarded as the first model of its kind to respond to young people with problematic drug issues and since its inception two and a half years ago has developed into a model of both national and international significance in interventions for young people with problematic drug or alcohol issues. (A breakdown of the model and the organisations annual statistics can be seen as Attachment one).

YSAS is overseen by a consortium of agencies comprising of Turning Point Drug and Alcohol Centre, St. Vincent's Hospital, Centre for Adolescent Health and Jesuit Social Services. It is funded by the State Government through the Turning the Tide Program.

The establishment of YSAS in late 1997 was in response to the many numbers of young people with drug or alcohol problems who were not accessing or being serviced by the current drug and alcohol treatment system. The funding of this initiative recognised that youth specific responses were required to effectively engage and treat young people with problematic drug issues. This evidence was backed up by a range of data which verified significant rises in heroin use amongst young people. The National Australian Survey (1995) outlined that between the 1993 and 1995 the average age of first use in Australia dropped to 17 years whilst the proportion of youth using before age 16 increased from

2% to 14%. Further to this and more recently, the 1998 Drug Household survey found that 1% of Victorian population aged 14 years and over used heroin in the last 12 months, compared with 0.2% in 1996 during the Victorian Household survey.

YSAS research in its first year titled '100% Dependent', illustrated a snapshot of the target group, of the first 100 young people entering the YSAS Residential Withdrawal Unit for withdrawal. They averaged 16 years of age, all with heroin dependency addictions, and all with an average dependency length of 18 months prior to entering into the service.

Though heroin has been the most dominating drug presenting to YSAS, our work has extended into responding to young people with other problematic drug and alcohol presentations. YSAS has been concerned at the increasing incidence of inhalant abuse amongst 13 and 14-year-olds. Areas of concern include La Trobe Valley, Northern region of Melbourne and Northern Victoria. Currently Melbourne is in the wave of a mini epidemic of inhalant abuse amongst 14 year olds. While in our rural team YSAS has also responded to significant numbers of young people requesting assistance for cannabis dependence and alcohol abuse.

We observe that though heroin is having a devastating impact on many young people, alcohol abuse still results in young people dying of alcohol related injuries, ten times more than any other illicit drug. The lack of imaginative programs and responses to young people with problematic alcohol related behaviours are one of our most important challenges over the next few years.

YSAS has seen a rising population of disaffected young people turning to heroin and other drugs as a way of coping with the disadvantages of the experience. The increase drug and alcohol dependencies and abuse in an adolescent age group presents new challenges to the alcohol, drug, youth, welfare and education sectors.

YSAS wishes to address the Committees terms of reference by illustrating its opinion on the economic and social impact on Family Relationships; Crime Violence and Law Enforcement; Road Trauma and Health Care costs.

FAMILY RELATIONSHIPS.

At any one time, YSAS would be working with some 320 young people with problematic drug issues. Contrary to anecdotal opinion many of these young people are still connected to their families. In 1998 YSAS published a research on the first 100 young people that had been accepted into its youth specific residential withdrawal program in Fitzroy. The report, titled '100% Dependent' was groundbreaking research in formally understanding the profiles of young drug dependent people and their backgrounds. The report produced many important findings. One of those was that 43% of those were still connected to their families, despite their heroin dependency. This confirmed and illustrated YSAS view that

many families are doing the 'hard yards' when it comes to caring for their sons and daughters with heroin dependencies and other addictions.

YSAS would observe that support for families is either ignored or vastly underresourced. The need to establish and facilitate self help groups is an important step that Governments need to take to assist families in their efforts of looking after their children with problematic drug issues.

Further to this YSAS observes that many of its clientele come from abusive and conflictual parenting situations that have within themselves alcohol and drug abuse, family dysfunction and ongoing trauma. It is a familiar theme in many of the young women that seek assistance for their heroin dependencies that sexual abuse by a parent step parent or family relative or friend, often sits behind the motivating reason for that young person to seek the comforts of heroin to heal her guilt and trauma over such abuse.

Now with the onset of such addictions YSAS is witnessing intergenerational heroin dependencies, as well as heroin dependencies amongst siblings is common. The cycle of disadvantage and drug dependence being passed down generationally, is one of the more significant costs associated with problematic drug use. An early, yet unsurprising observation of the YSAS client group was the number of young women pregnant or with infants, who were heroin dependent. Due to the poverty and often personal disorganisation that is associated to drug dependence, many of these infants would end up in the care of either Protective Services or extended family. At last review of the current YSAS caseload, (340 young people), over 80 young people had borne or fathered a child. The reestablishment of heroin dependent patterns between parents and children are well researched. Further YSAS are now reporting intergenerational heroin dependent clients, 5% of YSAS current caseload have parents who are heroin dependent. This figure does not incorporate those parents with alcohol or other substance dependencies, of which make up a significant proportion of young peoples family histories.

Further to this YSAS provides home based and residential based withdrawal programs to many siblings within family units. It is not surprising for YSAS to provide services to five members of the same family at the same time, such is the spread of substance addictions, in particular heroin, amongst siblings.

The need to infiltrate intergenerational drug dependent patterns is an important prevention strategy to the onset of problematic drug use in the future.

YSAS would suggest the Committee become familiar with the work of Olds et al (1996) and Olds and Kitzman (1993), who have done work in intervening in the cycle of disadvantage, through their 'young mum and early infant project', which consists of an intensive support service for mother and baby in the first 3 years of the infants life.

Prevention has a knowledge base, and there are a range of preventative programs that we know now through evidence based evaluations, that work. YSAS would be happy to

supply the committee with a list of proven preventative programs that are known for their effectiveness in stemming the drug cycle experienced by these parents.

Substance Abuse erodes relationships. YSAS would urge the Standing Committee to consider recommendations about stopping the cycle of intergenerational drug abuse, establish a facilitating and resource mechanism to support parents who are coping with their child with a problematic drug or alcohol issue, and establish proactive family reconciliation programs to repair and reestablish the ties that have been broken due to drug abuse in the home, when that person has recovered from their drug use.

CRIME and VIOLENCE.

With over 60% of all crime estimated by Victorian police to be drug related it is the Criminal Justice sector that still represents the core response to any young person experiencing problems with these issues. Drug dependency behaviour patterns frustrate court systems This is illustrated by the juvenile justice custodial system that over 85% of young people in juvenile justice custody are on drug related crimes.

Since 1995/96 there has been a significant increase in the 17-20 year old Senior Youth Training Centre male population in Victoria. Average stock figures increased from 62 to 80 young men in 1996/97, to 109 young men in 1997/98. In the second half of 1998 average daily stock levels have been 115 and the level reached 129 recently.

The demand pressure indicates both an increase in admission and increase in sentence lengths, due to a changed offender profile. (Department of Human Services, 1999).

The Juvenile Justice Department has indicated that the changed offender profile is evident in the large increase in apprehension rates for robbery and explicitly drug related crimes. The greatest increase in SYTC sentences were those in response to principal offences of trafficking possession/use and theft.

Interestingly the increase in the percentage of 17-20 year olds serving custodial sentences in a juvenile justice centre has increased at roughly the same rate as those sentenced to imprisonment. Within the adult prison system it is estimated that 70% of the population are in for drug related crime. Recently Victoria broke the 3000 barrier in relation to prison numbers. Much of the reason for these increases in incarceration rates are due to breaching of community based orders for drug related crime. Further those on drug related crimes such as use, possessing and trafficking are still likely to be sentenced 5 times more than those coming up on burglary related crimes

The need for a review of the legislative and sentencing requirements and judicial practices as they relate to drug related crime is well overdue. For example, the community insist on long sentences for the heroin trafficker, yet those that are dealing and trafficking on the nation's streets are the young 15 to 17 year old heroin dependent dealer, who trafficks to sustain his habit. Currently the Juvenile Justice dispositions in

each state vary so widely and are so reactive that the Federal Government need to introduce National guidelines to standardise and mature the over reactive and demoralising responses that exist for the young drug offender.

Many of these young people will be carrying charges such as trafficking of heroin, on their records for the rest of their lives. These charges will hinder any employment study or overseas travel being undertaken long after the individual is drug free, and serves little purpose in rehabilitation or encouragement for the young person.

In the United Kingdom they undertook a study on the economic cost on UK households as it relates to drug related crime. This research verified that the average costing every year for each household in the UK on drug related crime was 55 pounds.

No such study has been undertaken in Australia, but would more than likely elicit similar findings.

YSAS recommends that a review of the sentencing structure as it relates to trafficking and possession be undertaken so it acknowledges the behaviours and patterns of young heroin dependent individuals.

Also, YSAS calls for a wiping of any recorded conviction in the adult court up to 3 years after dispensation of that order. We would suggest that the Committee look at the Queensland system whereby charges are erased after 5 years from the offence being committed.

YSAS would seek the Federal Government to introduce national guidelines on Juvenile Justice dispositions to prevent the emergence of mandatory sentencing, bootcamp initiatives and an over zealous sentencing behaviour by some juvenile courts.

Post Release and Alternative Programs.

The current array of post release or diversionary programs for 17 to 21 year olds is vastly inadequate. Currently the options for community based activity are extremely limited. If the Government wishes to make inroads into this target group, the development of a range of activity and employment orientated programs should be established.

The development of a range of pilot initiatives, should be considered to inject both color and capacity into the array of options both young people can take in building paths out of there drug use.

These pilot programs should have the brief of provision of vocational, recreational and employment orientated programs to 17 to 21 year olds on juvenile justice orders. These programs should have adopted family reconciliation oppurtunities as well as direct responses to the employment needs of the client group.

Youth Alcohol and Drug Responses in Prisons and Custodial Centres.

The incidence of illicit drug use within prisons and juvenile justice custodial centres is well known. Great social and economic costs are continuing to increase in the incarceration of a young drug user. Exposure to more illicit drugs and subsequently, blood borne viruses, overdose risk rates on release and the vast resources required to fund prison beds – estimated at \$70,000 per year.

This issue requires two important responses. Ensuring that custodial centres are providing a full range of withdrawal and rehabilitative programs for inmates wishing to receive assistance with their drug related matters. Secondly ensuring that whatever drug taking activity is going on within the custodial centres, inmates are using harm minimisation equipment to limit the spread of blood borne viruses.

All prisons and Juvenile Justice centres should be offering the full range of drug treatment strategies that are offered in the community. This ranges from full pharmacotherapy availability, safe injecting equipment and support and rehabilitative programs to combat drug use. The pilot methadone program currently being undertaken at the Parkville Youth Training Centre is an excellent advancement in the provision of treatment for these young women.

YSAS has repeated evidence of problems arising out of dispensing of methadone to prisoners being held in police cells. Administrative muck ups, refusing methadone and general uncoordination has resulted in many young people going through unassisted withdrawal in police cells due to this issue. People on methadone, irregardless of whether they are in custody must have full access to the ongoing dosages of methadone.

The issue of overdoses occurring on release of prison is one that also requires attention. The report of Heroin Deaths in Victoria 1999, by the Victorian Institute of Forensic Medicine detailed that out of the 260 deaths so far recorded, 12 individuals died within 4 weeks of post release from prison. Similar research in the United Kingdom, found that prisoners being released from prison were found to have ten times the risk of having an overdose in the first 4 weeks of their release.

Ensuring that prisoners are equipped with overdose prevention techniques is imperative if the death rate on exit from prisons is minimised.

Road Trauma.

As mentioned earlier in this report, young people are dying 10 times more due to alcohol related causes than any other illicit drug. These deaths are mainly to do with mixing drinking with driving. Much has been written on the role of advertising in minimising road deaths by alcohol, and would like to devote it's comments to the Committee on

Drug Driving. In a recent United Kingdom study of club/rave attendees, 50% of young people attending clubs, drove home from these venues under the influence from an assortment of clubdrugs.

Though much debate over clubdrug testing as a harm minimisation message is focused overseas, an equally more pertinent and effective harm minimisation strategy is to ensure that capital cities and regional centres have accessible public transport systems that reflect the hours that such raves and dances take on, to minimise any travelling by private vehicle to attend such events. YSAS would encourage the Committee to investigate further this issue.

Healthcare Costs.

The healthcare costs for young people caught up in problematic drug issues is a major national health issue. Australia may have got it right when it introduced Needle and Syringe Exchange programs to curb the spread of HIV, however, the epidemic that is sweeping young lives in the form of Hepatitis C and the treatable B strain, will be the major health crisis of the next ten years.

YSAS is aware of the National campaigns in relation to this issue, but stress that conservatively 70% of the Injecting Drug Use population is now estimated to be infected by Hepatitis C. YSAS has initiated a campaign to inoculate all YSAS clients with at least Hepatitis B vaccinations over the next twelve months.

In measuring other health costs, YSAS sees these in response to the heroin epidemic that is sweeping across Victoria.

Rehabilitation Services for young people.

There exists few if any rehabilitation service either residential or non-residential for young people at the post withdrawal stage of their drug intervention. As outlined in this section's introduction, YSAS stresses that there we need to concentrate further on the rehabilitative end of the drug recovery process. Victoria has developed now as world leaders in youth withdrawal services with 5 youth specific residential withdrawal services and 11 home based youth withdrawal services.

YSAS believes that the establishment of residential and non-residential rehabilitative options is imperative if we are to offer resilient paths out of problematic drug use for these young people. Such programs should consist of either rural retreat; day programs and labour market based rehabilitation programs that can offer a young person a sense of meaning and tangibility to the void that exists when one leaves the drug-using world.

The challenge of bringing rehabilitation services to those young people at the post withdrawal stage operate in the context that rehabilitative interventions must comprise

employment and labour market opportunities, vocational/recreational and educational opportunities and family reconciliation processes.

As a treatment sector we have underexplored employment and renewing family links as part of a rehabilitative process. We already know that young people bounce back quicker than adults in relation to recovering from withdrawal. Options must exist that 'butt up' against the recovery process and move that young person quickly and easily into engaging and rewarding activity.

Features of a rehabilitative framework would also be the provision of family reconciliation and reunification initiatives in order to rebuild an ongoing base of support and strength for the young person on their return to the community. A recent survey of young people requiring withdrawal from heroin dependency indicated that over 43% of those young people are still in touch or connected to their families. The program would recognise that, given the right interventions this connection to their family can be strengthened and be the platform of support for the young person in the future.

YSAS would recommend that a range of youth specific post withdrawal rehabilitative options be piloted. These should include the establishment of a rural rehabilitation residential service that provides medium term respite in a working and activity based environment, a day activity program that is resourced with vocational, labour market and recreational opportunities, and a range of labour market initiatives attached to drug and alcohol treatment outlets.

Pharmacotherapy for young people.

Methadone treatment has been established as a treatment modality for dependent heroin users since the 1960's. There is considerable research demonstrating the efficacy of methadone treatment in reducing heroin use, criminality, mortality, transmission of blood borne viruses and associated risk practices; with improvements in social functioning, general and psychological health. (Ward, Mattick and Hall 1992; Farrell et al., 1994).

The role of Methadone however amongst young people has not received as much research or concentration. This has been because historically methadone was not considered a treatment option for the young opiate dependent user. In previous years it was considered that a person needed to have a dependency of some years, had tried a range of rehabilitative and withdrawal options before he or she would be roughly eligible for acceptance into the methadone program. In short it was seen as an option for those still fighting their opiate addictions and were in their twenties or above.

With the changes to the heroin market and the downward tumbling of the average age of young person becoming heroin dependent, the option of methadone is becoming a regular treatment option for the under 21 year old.

According to the Department of Human Services 1999 data, there are some 1300 young people under the age of 21 that are currently on methadone maintenance. This figure is

significant against the overall population that is currently registered on methadone in this state.

The breakdowns of these figures are as follows:

18 young people on methadone maintenance that are 15 years old,
40 who are 16 years,
94 who are 17,years
174 who are 18 years,
274 who are 19 years,
343 who are 20 years,
368 who are 21 years of age

These figures represent the increasing number of heroin dependent teenagers seeking assistance for their condition. However there exists a range of obstacles that prevents young people either remaining on methadone maintenance for the medium term or accessing it in the first place.

Firstly, in Victoria, there is a critical shortage of doctors prescribing methadone, and chemists dispensing it. The Eastern Suburbs have few doctors or chemists prepared to administer methadone, the outer Western suburbs and the CBD area have chronic shortage problems and right across rural Victoria there is an access crisis to get onto the methadone program. Though the program has grown at a rate of 20%, it is nowhere near the stage where it can absorb current demand.

The inability to access community based general practitioners or pharmacists is a strong disincentive in accessing methadone in the first place. In all departmental regions there is such a shortage that the community based methadone service is on the brink of farce in its inability to provide a service for the client group. A resourced aggressive and incentive based plan to recruit new pharmacists and general practitioners to the methadone program is urgently needed.

Secondly, the price of methadone is a key obstacle to why young people are not staying on. In a study done for the Department of Human Services, Victorian Drug Strategy Unit, Turning Point Drug and Alcohol Centre, (1995), conducted an evaluation of the Victorian model of community based methadone services. Among other things it found that 94.4 percent of pharmacists surveyed indicated that they experienced difficulties collecting methadone fees. In the same study 70% of clients indicated that they experienced financial problems paying for methadone.

Currently welfare agencies material aid accounts are propping up the community based methadone service. The financial obstacle has become such an issue that many pharmacists are insisting on a \$80 upfront fee prior to commencement of the program.

The third obstacle that threatens the effectiveness of the community based methadone program is the training and skill level of pharmacists and doctors.

There has been considerable concern in the literature regarding the degree of expertise and skill levels of general practitioners and pharmacists in working with heroin users, (McKegney 1998; Roche et al.,1991). A study of general practice trainees in Australia identified that fewer than 10 percent of trainees achieved the criteria for competence regarding knowledge of opiates as have been concerns regarding general practitioners abilities to interact effectively with patients with alcohol and drug problems particularly regarding their levels of confidence attitudes and capacity to deliver psychosocial care. (Glanz et al., 1986; Greenwood 1992, Roche et al., 1993; Weller 1992).

YSAS believes that the current community based methadone system needs a complete re-injection of both support and funds to address both the accessibility of community based methadone outlets and the price of methadone that's presented to young people.

YSAS would recommend the implementation of a 4 point plan that addresses the following issues: the availability of prescribing doctors and pharmacists across all sub Regional outlets of Victoria; a subsidy linked training program to raise the skill levels of practitioners in communicating to the methadone client group; the development of a financial reimbursement system paid direct to pharmacists to undertake young people on the program; and finally the establishment of methadone advocates or support workers to handle the negotiations of payment and access by young methadone participants.

Safe Injecting Facilities

One direct way to limit the health care costs on injecting drug users, in particular around health issues such as the spread of blood borne viruses and fatal overdoses is the continued trialing of differing models of supervised injecting facilities.

Overall YSAS supports the implementation of a range of pilot safe injecting facilities across different localities to respond to the street-injecting, drug using populations. We believe a number of locations, rather than one, will ensure increased relevance to the target group, allow cross-evaluative learning, and respond to the diverse street heroin activity that is currently experienced in a range of metropolitan sites across Melbourne.

YSAS believes that the trialing of this initiative would make some progress towards safer injecting practices, the limitation of overdoses and the further prevention of blood borne viruses spreading across the intravenous drug using population. Importantly, this pilot initiative will be able to ascertain whether discreet safe injecting facilities could be established in less publicised areas than the current five, being mentioned.

With the ongoing incidence of overdose in public spaces, and the increase in the street market of heroin over the last five years, safe injecting facilities also need to be evaluated on the impact they have in responding to the local community and trader concerns. Fitzgerald, (1998,1999), documented the concerns and impact that public injecting has on trading and community capital in two inner Melbourne locations.

The recently released 'Victorian Institute of Forensic Medicines Heroin Deaths in Victoria, 1999 Report', listed 260 heroin related deaths up to September this year; 16 of those deaths were in public toilets, 9 were in cars, 7 in hotel/motels, 6 in the street and 6 in public space. A total of 44 deaths in public space; a further 20 deaths, occurred in hospitals of which most were found within a public space. The need for proper planning around management and safety of public space, along with injecting facilities should also concern the committee's deliberations.

YSAS has recently published the first study of its kind in surveying street injecting drug users on their feelings towards Supervised Injecting Facilities. The findings showed that 89% of the 215 street injecting drug users would use a Supervised Injecting Facility. The findings of this research can be forwarded to the Committee on request.

Recovery Service

YSAS has been concerned for some time on what other responses could be developed to support and provide services to individuals who are still caught up in a problematic drug or alcohol using lifestyle. Over the last four months YSAS has been conducting a feasibility study into the operation of a Recovery Service for those substance affected young people who have either just overdosed or are substance affected and in a public space

The Youth Substance Abuse Service observed that often police and ambulance officers were frustrated by being unable to respond to individuals at the point of overdose. Users were unwilling to receive any further support or treatment during the post-overdose period. Some 78% of overdoses victims attended by ambulance refuse to go back to the hospital.

In August of 1999 YSAS was funded by Vicsafe and Melbourne City Council to undertake a feasibility study in relation to whether a Recovery Service would be an effective and successful intervention in responding to substance affected young people, or those young people during the overdose period.

In short the feasibility study findings concluded that there was strong support for such a service with Accident and Emergency staff, Police, Melbourne Metropolitan Ambulance Service, local traders and street based injecting drug users supporting the concept.

The model proposed would be both Centre based and Outreach based. It would have the capacity to co-attend with ambulance call-outs to overdoses through a connecting radio system; to monitor them in street locations and provide a recovery space that was both non-clinical in its presentation but able to support up to four substance affected people at any one time.

Attachment one.

YOUTH SUBSTANCE ABUSE SERVICE PROFILE AND STATISTICS 1998/99.

Youth Alcohol and Drug Outreach Teams.

Eight Youth Alcohol and Drug Outreach Teams located in drug hotspots across Victoria. Their locations are Dandenong, Springvale, Inner West of Melbourne, Central Business District, and Inner North of Melbourne, Frankston, Box Hill, La Trobe Valley, and Bendigo.

Each team consists of Youth Alcohol and Drug Outreach workers who provide outreach support, street work, crisis and casework intervention and treatment to young people with alcohol and drug problems, and support to families.

YSAS Outreach workers utilise a Flexible Funding Pool that enables them to provide and purchase material, psycho social and practical support for individual young people.

YSAS Outreach teams in the last year responded to over 8000 young people with brief interventions, harm minimisation strategies and immediate support to their problematic drug issues. It provided 1300 young people with ongoing casework support and treatment, through eight different locations across Melbourne and rural Victoria.

Home Based Withdrawal Services

YSAS offers young people home based withdrawal support in four regions – Bendigo and the Shire of Loddon; Dandenong and the Shires of Casey & Cardinia; the Eastern Metropolitan Region and the Northern Metropolitan Region.

Home-based withdrawal is for young people who have someone to support them while they withdraw in their own home. Medical care is provided by General Practitioners, and YSAS nursing staff visit the home to monitor and support the young person during the withdrawal.

Young people are also linked in with youth alcohol and drug workers to continue helping them to achieve their goals following the withdrawal period.

Residential Services

YSAS Residential Services comprise two youth-specific, withdrawal and respite facilities – an eight bed, statewide unit in Fitzroy and a four bed unit in the Eastern region which is operated in partnership with St Vincent's Hospital and Eastern Drug and Alcohol Services. These units are intensively staffed to provide individually focussed,

psychosocial support for young people seeking withdrawal and time out from dependent substance use.

These units offer medical support during withdrawal, a range of therapeutic, group and recreational activities as well as the opportunity for young people to make positive plans for their future.

Since the service inception eighteen months ago, it has accepted 350 young people into its residential withdrawal service. These young people range from 13 years, (of which two have been recorded) through to 21 years with the average age being 16.9 years. 95% have been admitted for heroin related dependencies and each young person have stayed an average of 10.5 days.

Training Services

YSAS has a statewide Training Unit that provides professional development, consultancies and training to any professionals or organisations in the area of Youth Substance abuse. It is a Registered Training Organisation and offers training in a range of interventions for professionals and organisations involved or working with young people with drug and alcohol problems. In the last year YSAS Training Unit has provided over 2500 professionals training in the areas of youth substance abuse.

Drug Diversion Program

The Drug Diversion Program was established by the Victorian Police Force as an alternative response to those individuals coming in contact with the police on their first or second illicit drug offence. Rather than putting these individuals through the court system, individuals are directly referred to a drug and alcohol treatment service for intervention as an alternative to being handled by the criminal justice system.

YSAS is the only service in Victoria that conducts Drug Diversion assessments and interventions for those under 21 years of age. Further to this it provides assessment and treatment services for the drug diversion bail initiative developed by the Melbourne Magistrates Court known as the Credit Program. It also provides Counselling and Youth Outreach for those young people referred to YSAS through the courts Community Offenders Support and Assessment Service.

Support Services

YSAS provides a day program for young people withdrawing or at the post withdrawal stage with issues relating to their problematic drug use. It provides a range of recreational, vocational and educational services to young people with histories of alcohol or drug problems.

YSAS Post Withdrawal Housing Program provides a range of small housing programs for young people at the post withdrawal stage who require supported accommodation and

programs to support their paths out of problematic drug use. Currently the program has three properties that provide staged care and support to their issues.

YSASLine provides a 24-hour telephone support and referral services across Victoria for any young person, family member or organisation wishing to receive advice assistance or referral in regard to problematic drug or alcohol issues.

Attachment Two

YSAS STATISTICS FOR YEAR 98/99

In YSAS first eighteen months of operation it has provided services to over 8000 young people with problematic drug issues. In the last year YSAS has provided casework counselling and treatment services to 1200 young people with problematic drug issues. It has provided crisis and brief alcohol and drug intervention to over 8000 young people with problematic drug issues through its outreach services and provided 350 young people with residential withdrawal.

Its Training Services have provided training to 2500 professionals in youth specific alcohol and drug interventions.

A break down of figures for 1998/99 is as follows.

Youth Outreach Services.

Total no of young people provided with brief alcohol and drug interventions for their problematic drug or alcohol issues through outreach services	8965	
Those under 16 years of age	1463	16%
Those from culturally diverse backgrounds	1907	21%
Those female	3403	38%
Those from Koorie Backgrounds	458	5%
Those provided with extended case work treatment and support	1392	16%
Those where Heroin was their drug of Dependency	8100	90%
Those referrals who received service within 48 hours of contacting YSAS	8950	98%
Those young people who died of heroin overdose in the last year involved with YSAS	12	

Youth Residential Withdrawal Services

Total number of young people provided with residential withdrawal for their drug of dependency	246	
Average Age	17years	
Those under 16 years	45	18%
Those from culturally diverse backgrounds	85	34%
Those female	108	44%
Those where Heroin was there drug of dependency	235	95%
Average Waiting List to access the Residential Withdrawal Service	45	

YSASLine

Calls received from YSASLine	1560
Those calls referred to YSAS Outreach Services	51%
Those who were assisted by YSASLine Counsellors	49%
Those calls from young drug users	28%
Those calls from parents	16%
Those calls from health and welfare professionals	34%