

ATTACHMENT HW 2

This is the attachment marked "**HW 2**" referred to in the witness statement of Horace Wansbrough dated 14 July 2015.

YSAS
SEEING YOUTH IN A
DIFFERENT LIGHT

SNAPSHOT MARCH 2014: YOUNG PEOPLE IN VICTORIAN YOUTH ALCOHOL AND OTHER DRUG SERVICES SUMMARY DATA & KEY FINDINGS

Results from the Statewide Youth Needs Census (SYNC)



YOUTH
SUPPORT +
ADVOCACY
SERVICE

KEY FINDINGS:

1. A correlation between substance use severity and psychosocial complexity
2. High levels of abuse and neglect
3. Specific populations have unique needs
4. Developmental differences and opportunities for early intervention
5. Data collection & monitoring can be improved

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ABOUT THE CENSUS

The Statewide Youth Needs Census (SYNC) was a study aimed at identifying the needs and characteristics of 1,000 young people registered as clients of specialist youth AOD treatment services in Victoria in 2013¹. The study was conducted by YSAS in partnership with Turning Point and Victorian youth alcohol and other drug (AOD) treatment services.

The study was supported by the Victorian Department of Health (DoH) and commissioned by an expert advisory group that the DoH established to guide a reform of the youth AOD service system in Victoria. The advisory group was clear that the reformed youth AOD service system, scheduled to be operational on July 1, 2015, should be based on an understanding of the needs and the challenges that Victorian young people face in relation to substance use. This required accurate and reliable data and an agreed framework for analysis. A pilot project was conducted by YSAS in 2012².

The census date was Thursday 6 June, 2013. Clients were deemed eligible if they had commenced or were continuing treatment on that date. The key worker for each client was asked to complete an online survey, one survey per client, based on their current knowledge of that client. Surveys were completed by staff in the two weeks following the census date.

The survey covered the following domains: demographics, program involvement, drug use (primary drug of concern and recent drug use), drug use harms, involvement in employment, education or training, literacy and numeracy, housing, family conflict, mental health, suicide and self-harm, experience of neglect, physical, emotional and sexual abuse, or violence, involvement in the criminal justice system.³ Workers were also asked to rate the client's level of physical health, psychological health and quality of life using Likert scales from the Australian Treatment Outcome Profile (ATOP).

Surveys were completed for 1,000 clients who were engaged in treatment in Victoria. Their ages ranged from 8 to 27 years, and the average age was 18.9 years. Consistent with national statistics on young people in treatment, 66% were young men, 34% young women, and 0.6% intersex or transgender. Sixty-six percent of clients were based in metropolitan Melbourne, 25% from regional Victoria, 4% were recorded as 'homeless' and for 5% the postcode was not known.

Clients were identified as belonging to 53 different cultural backgrounds. The cultural background of 71% of clients was recorded as 'Australian', 8% from Aboriginal and/or Torres Strait Islander, 5% from Pacific Island, 5% from African, and 11% from other cultural backgrounds.

1 Kutin, Jozica., Bruun, Andrew., Mitchell, Penny., Daley, Kathryn., & Best, David. 2013. SYNC 2013 Technical Report: Young people in AOD services in Victoria. Victoria-wide results. Youth Support + Advocacy Service: Melbourne, Australia. Download the technical report here: ysas.org.au/publications

2 Youth Support and Advocacy Service (2012) YSAS Snapshot: Findings from the YSAS client census October 2012. Melbourne: Youth Support and Advocacy Services. Download the snapshot here: ysas.org.au/publications

3 Request a copy of the survey via: reception@ysas.org.au



SUBSTANCE USE AND PSYCHOSOCIAL COMPLEXITY

In comparison to the general population of young people aged from 12 to 25 years old, young people who are clients of AOD services in Victoria were found to have extremely high levels of harmful substance use and complex psychosocial problems. Results from the SYNC study are commensurate with the previous studies investigating the substance use patterns and life circumstances of youth AOD clients.^{4,5,6}

It is important to note that the census is a snapshot in time. Young people for whom surveys were completed were at differing points in their current continuous course of treatment. The effectiveness of treatment was not being investigated but it is reasonable to expect that treatment involvement would have an impact on the level of both substance use severity and psychosocial complexity.

Prevalence of drugs used and primary drug of concern

The census collected data not only on primary drug of concern (the primary focus for treatment) but also which drugs had been used in the last 4 weeks, and which had been used daily or almost daily.

Table 1: Percentage of clients who used each drug in the last 4 weeks, used daily or almost daily, and primary drug of concern as reported by their worker.

Drug Type	Drugs used in the past 4 weeks	Drug used daily or almost daily	Primary drug of concern
Cannabis	64%	48%	38%
Alcohol	63%	20%	22%
Meth/amphetamine	35%	13%	26%
Heroin	7.1%	2.9%	4.5%
Tobacco	52%	41%	2.2%

Markers for drug use severity

In addition to measuring drug use, questions regarding drug related harms, history of injection, multiple drug use and drug dependence were also recorded or calculated. These measures were used to develop an index of drug use severity. The presence of 4 to 6 factors indicated 'Severe' drug use severity (402 clients), 2 or 3 factors 'High' (346 clients), 1 factor 'Low' (140 clients) and 0 factors 'None' or 'Not using' (112 clients).

Table 2: Percentage of clients who met the criteria for each substance use severity indicator.

Severity indicator	Definition	Percentage
Daily drug use	Any drug used daily or almost daily (excluding tobacco)	66%
Dependence	Worker rating of dependence (yes/no)	54%
Drug use harms	Experienced serious drug related harms in the last 3 months	39%
Multiple drug use	Used 3 or more drugs in the last 4 weeks or used 2 or more drugs in the last 4 weeks and 15 years of age and younger (excluding tobacco)	34%
Intravenous drug use	Ever used a drug by injection	22%
Illicit drug use	Used any drug in the last 4 weeks if 17 years and younger or used any illicit drug in the last 4 weeks if 18 years and older (excluding tobacco)	79%

⁴ MacLean, S., Kutin, J., Best, D., Bruun, A., & Green, R. (2013). Risk profiles for early adolescents who regularly use drugs compared to older youth. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care*. DOI:10.1080/17450128.2012.750025.

⁵ Best, D., Wilson, A., Reed, M., Harney, A., Pahoki, S., Kutin, J., Lubman, D. (2012). *Youth Cohort Study: Young people's pathways through AOD treatment services*. Melbourne: Turning Point Alcohol and Drug Centre.

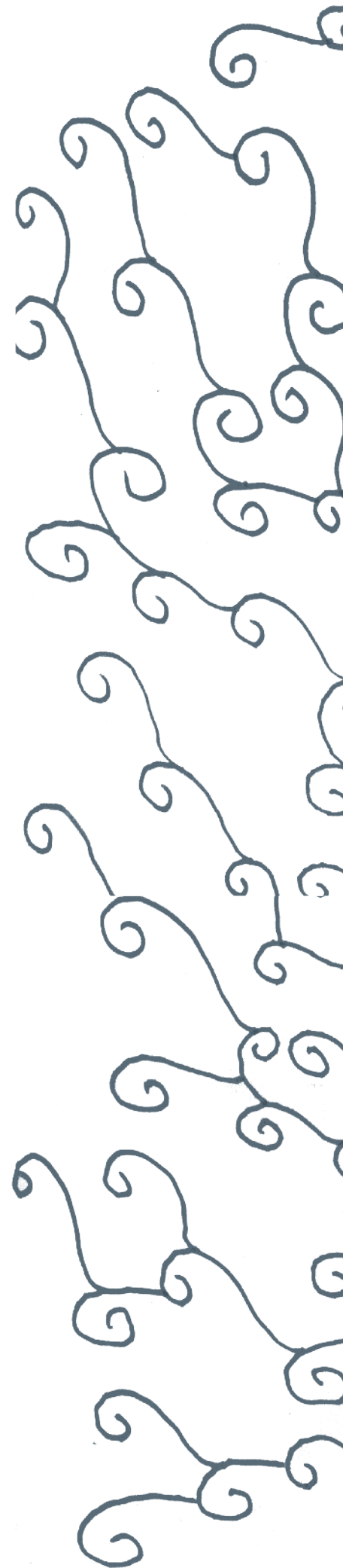
⁶ Dean, A. J., McBride, M., MacDonald, E. M., Connolly, Y., & McDermott, B. M. (2010). Gender differences in adolescents attending a drug and alcohol withdrawal service. *Drug and Alcohol Review*, 29(3), 278-285.

Prevalence of psychosocial problems

Young people attending AOD services have extremely high levels of psychological, social, educational, legal, housing and mental health problems. Two thirds have criminal justice system involvement, two thirds have experienced abuse and neglect and almost two thirds have significant family problems. We have called these 'complexity factors'. The presence of 4 to 9 factors was coded as 'Severe' (613 clients), 2 or 3 factors 'High' (271 clients), 1 factor 'Low' (86 clients), no factors or typical 'None' (30 clients). The majority of clients (61%) had 4 or more of these serious psychosocial problems.

Table 3: Percentage of clients who met the criteria for each psychosocial complexity indicator.

Complexity factor	Definition	Percentage
Criminal justice issues	Criminal activity in the last 4 weeks or ever involved in the criminal justice system	66%
Abuse or neglect	Ever experienced neglect, physical, emotional or sexual abuse or been a victim of crime OR ever involved in the child protection system	67%
Family issues	Conflict with family or relatives in the last 4 weeks or disconnected with family or relatives	61%
Problems at school	Ever suspended, expelled or disruptive behaviour at school	51%
No meaningful daily activity	Not currently employed or not at school	46%
Suicide or self-harm	Ever attempted suicide or self-harmed	43%
Housing instability	Acute housing problems in the last 4 weeks	19%
Mental health	Current mental health diagnosis	35%
Quality of Life	Based on the ATOP (Australian Treatment Outcomes Profile) score between 0 and 4 (poor)	32%





1. A CORRELATION BETWEEN SUBSTANCE USE SEVERITY AND PSYCHOSOCIAL COMPLEXITY

In order to gain a greater understanding of the treatment needs of clients attending youth AOD services, each young person's classification for substance use severity was cross-tabulated with their classification for psychosocial complexity. A strong correlation was demonstrated between the severity of youth AOD clients' substance use problems and their level of psychosocial complexity.

Figure 1: Percentage of clients within each severity and complexity cross-tabulated classification. (N = 1000).

Drug use severity	Severe	0.3%	0.6%	6.2%	33.1%
	High	1.3%	3.6%	10.4%	19.3%
	Low	0.4%	2.2%	6.2%	5.2%
	None	1.0%	2.2%	4.3%	3.7%
		None	Low	High	Severe
		Psychosocial complexity			

Of particular interest is the cohort of clients who had 4 or more of the severity factors **and** 4 or more of the complexity factors. These young people were defined as those **'most at risk'**. In this sample, 331 clients met this criterion (or 33%). Young women were more likely to be included in the 'most at risk' category (40%) compared to young men (29%). When compared to all other clients, we know that clients in the 'most at risk' group:

- Were more likely to use meth/amphetamine (35% vs. 22%) and heroin and other opiates (13% vs. 2%)
- Were less likely to have alcohol and cannabis as their primary drug of concern (alcohol: 10% vs. 29%; cannabis 35% vs. 41%)
- Had significantly lower scores on physical health, psychological health and quality of life when compared to all other clients.
- Were more likely to be engaged in outreach services and withdrawal services (residential and outpatient or home-based)
- Were less likely to be engaged in centre-based counselling programs and none were in long term residential care (residential rehabilitation or supported accommodation).
- Were involved in treatment on average longer (25 weeks vs. 15 weeks).

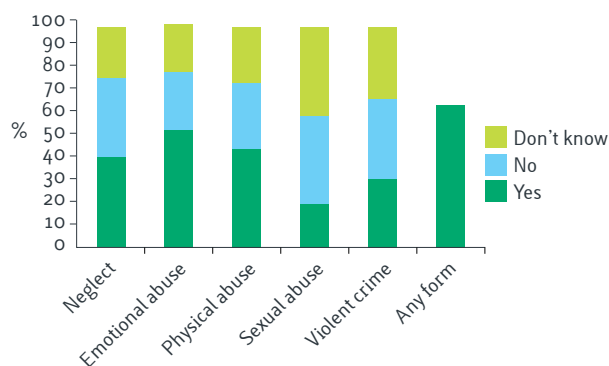
Policy implications

- Youth AOD services require the capacity to address simultaneously substance use problems and the complex psychosocial issues that act as determinants for substance use problems.
- Youth AOD clients that are 'most at risk' are best engaged through outreach and are more likely to require structured withdrawal and intensive programming.
- The integration of youth AOD treatment providers with other youth focussed service systems capable of addressing complex psychosocial issues is imperative in meeting unmet client need and possibly shortening their course of treatment involvement.

2. HIGH LEVELS OF ABUSE AND NEGLECT

Through the SYNC survey, workers indicated whether their client was a victim of neglect, physical, sexual and emotional abuse, or violence, both for the last 4 weeks, and ever in the past. There were 624 clients who were reported to have experienced at least one form of abuse, neglect or violence over the course of their lives and 261 the last 4 weeks. A high proportion of workers did not know whether clients had experienced abuse or neglect either in the past or recently. The highest percentage was for sexual assault, where 38% of workers reported not knowing.

Figure 2: Life time prevalence of abuse, neglect and violence (%) (ever, including the last 4 weeks).



Global health and wellbeing scores based on questions taken from the Australian Treatment Outcome Study (ATOP) demonstrate that clients who had experienced abuse, neglect or violence in the last 4 weeks or ever in their lifetime had diminished quality of life and poorer psychological and physical health. All comparisons were significant. The lowest scores were for those who had experienced any of the types of abuse in the last 4 weeks, on all three measures: psychological health, physical health, and quality of life. Ratings of psychological health were the poorest, followed by quality of life, then physical health. Clients who had experienced sexual abuse in the last 4 weeks had the lowest average rating of all for psychological health.

Policy implications

- Youth AOD services should have the capacity to deliver treatment through an evidence based, trauma informed care framework.
- Youth AOD services require robust relationships with 'Protective Services', the out of home care sector, acute mental health services and emergency services.

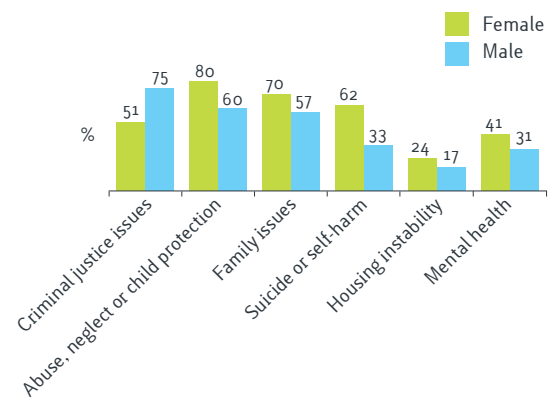
3. SPECIFIC POPULATIONS HAVE UNIQUE NEEDS

Significant differences in the SYNC data were found based on gender, cultural background and parental status.

Young Women

The gender differences were stark and highlighted that young women when compared to males, experience significantly higher levels of psychosocial complexity. They were more likely to be separated from their families, to have experienced physical, emotional and sexual abuse, or neglect, have past involvement in child protection or had experienced housing problems. Young women were more likely to experience more drug related harms, higher drug use severity, higher psychosocial complexity, and have mental health issues. The prevalence of self-injury and suicide attempts was twice that of young men. However involvement in criminal activity and the justice system was less than for young men. We see too in the previous section of this snapshot, young women are more likely to be in the 'most at risk' group, compared to young men. For more detail we have published a summary of these gender results⁷.

Figure 3: Significant differences in the percentage of psychosocial complexity factors by gender.



Policy implications

- Youth AOD treatment services should be affirmative in targeting and creating spaces for young women. This includes developing a capacity to engage young women early before their level of substance use severity and psychosocial complexity becomes so extreme.

⁷ Daley, Kathryn & Kutin, Jozica. (2013). YSAS Snapshot: Young Women in Youth Alcohol and Other Drug Services. Youth Support + Advocacy Service: Melbourne, Australia. - Download the document at: ysas.org.au/publications#sthash.QmviLF52.dpuf



Aboriginal and Torres Strait Islander (ATSI) and other culturally and linguistically diverse (CALD) communities

Youth AOD clients are a culturally diverse group. The major cultural groups of the 53 represented were Aboriginal and Torres Strait Islanders (8%), young people from African cultures (5%), and Pacific Islander or Maori young people (5%). We focussed our analysis across these main groupings.

Clients from an ATSI background were the most likely to have a trusted adult they could rely on (71%) compared to Non-CALD clients (57%). Clients from an African background were least likely to have a trusted adult in their lives (33%).

There were significant differences for history of abuse, neglect and exposure to violence based on cultural background. Over half of the clients from African cultural backgrounds had been victims of violence but these young people were reported as being least likely to be victims of sexual abuse. ATSI clients were more likely to have a history of childhood neglect. This was the case for more than half of the clients. ATSI young people were also the most likely of all groups to have involvement with the Child Protection system (current 26%, and ever 53%).

Young people from ATSI and African cultures had extremely high unmet service needs for education at 39% and 44% respectively. This is compared to non-culturally diverse young people at 19%. Both groups also had a greater incidence of literacy problems (ATSI 28%, African 22% compared to the rest of the sample 14%)

There was also a higher prevalence of intellectual disability among ATSI young people at 11% compared to 3% of the whole sample. Pacific Islander and Maori young people also had a higher prevalence of intellectual disability (6.5%).

There were significant differences between clients based on cultural background with respect to the Criminal Justice System (CJS) involvement. Clients from Pacific Islander and African cultural groups were more likely to be involved in the CJS and/or crime (85% and 84% respectively) when compared to clients with non-CALD backgrounds (62%). ATSI clients' (78%) involvement in CJS or crime was also higher.

Policy implications

- ATSI, African and Pacific young people were most likely to be engaged through outreach and had very low levels of involvement in the counselling service type.
- ATSI, African and Pacific young people could benefit from programming that promotes connections with education, employment and training.
- Youth AOD services could build on the connections that ATSI clients have with trusted adults to enhance treatment and recovery.

- African clients could benefit from building more robust links with people in the community that can be a trusted source of support.
- The involvement of ATSI, African and Pacific young people in the Criminal Justice System might be reduced through targeted early intervention and diversion programming.
- Youth AOD services would benefit from understanding the sensitivities and issues associated with the involvement of ATSI clients and families in the Child Protection system.

Clients as Parents

Of the total sample, 151 clients were identified as being parents (15%). Of these parents, 64 were females (42%) and 87 were male (58%). A third (32%) of these parents had children under child protection orders. The younger the parent the more likely it is that their child/ren will be involved in child protection. Parents whose children were also under a child protection order were more likely to be female (48%) than male parents (21%).

Clients who were parents were less likely to be involved in education, employment and/or training than non-parents (65% vs. 43%). This is perhaps understandable given parenting responsibilities. Of most concern is the level of insecure housing reported for clients who are parents (28%) compared to clients who are not parents (18%). Also, 82% of clients who are parents have ever experienced a combination of abuse and neglect' and 'past or current child protection involvement' compared to 65% of clients who are not parents.

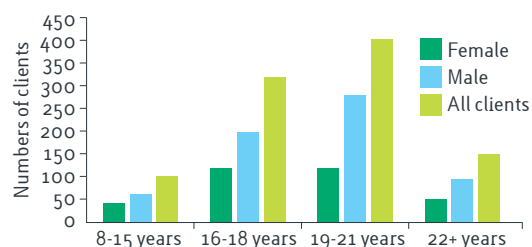
Policy implications

- Clients who are parents clearly require support to meet basic needs and create a stable and safe environment for their child/ren.
- Youth AOD services engaging clients who are parents will require strong relationships with protective services and more time for joined up care planning and service delivery.
- Youth AOD services can enhance engagement with clients by taking services to young people who are parents or creating safe spaces for children within agencies

4. DEVELOPMENTAL DIFFERENCES AND OPPORTUNITIES FOR EARLY INTERVENTION

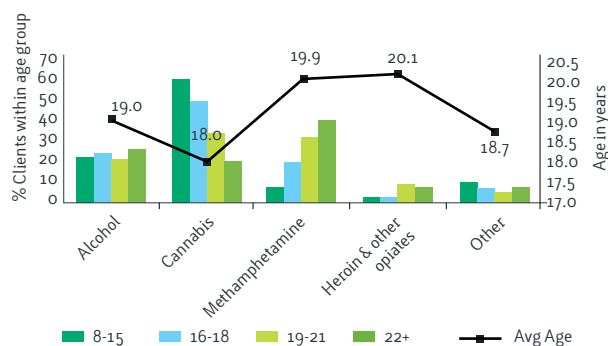
Clients in the SYNC study were segmented according to age so that developmental differences could be investigated (see Figure 4).

Figure 4: Number of clients in each age group by gender (N = 994).



Clients in the youngest age cohort (15 years of age and under), were far more likely to have alcohol and cannabis as their primary drug of concern in treatment. These young people had lower rates of multiple substance use. Methamphetamine and heroin were rarely used and injecting was very uncommon. Further investigation reveals that cannabis as the primary drug of concern for clients decreases with age whereas methamphetamine as the primary drug of concern increases with age. It is more common for clients who are over 19 years old to have heroin and other opiates as a primary drug of concern (see Figure 5).

Figure 5: Primary drug of concern by age group and average age.



There were also some interesting age related differences on client's level of psychosocial complexity. Clients within the youngest cohort (15 years of age and under) were more likely to live with their family and be involved with education. Young people in the 15 and under cohort are also most likely to be involved with Child Protection (41%). Involvement decreases to 23% in the 16 to 18 year old cohort. Even so, young people in the 16 to 18 year old age group have the highest combined level of substance use severity and psychosocial complexity.

Clients' level of engagement in either education or employment (meaningful activity) decreases with age and plateaus in the 19 to 21 and 22 plus age cohorts. Overall 46% of youth AOD clients are not engaged in education, training or employment. The rate of not being engaged is 25% for the 15 & under cohort, 41% for the 16 to 18 year old cohort and 52% for the 19 to 21 and 22 and above cohorts. Lack of access to employment and training are the biggest issues for these two older cohorts.

Policy implications

- There is an opportunity to work with clients in the 15 years of age and under cohort on strengthening family and school connectedness. This could involve building the capacity of families, carers and school communities to respond effectively to substance use issues.
- Early intervention with the 15 years of age and under cohort could be geared toward preventing progression to methamphetamine and opiate use, multiple substance use and injecting.
- The 16 to 18 year old age group is strongly represented in the 'most at risk' population and the least likely to use centre based counselling services. The current outreach service type seems an effective medium for engaging and retaining these clients in treatment.
- Clients in the older cohorts (19 plus) could benefit from programming that facilitates pathways to employment and constructive social participation.



5. DATA COLLECTION AND MONITORING

The SYNC study was prompted by the lack of detailed and complete information accessible via client management systems (administrative data). Administrative data is entered routinely by staff each time services are provided to a client. Basic demographic data is collected along with treatment type, start and end dates and whether treatment goals were achieved. This data is mandatory and forms the basis for service funding. It is a minimum dataset. Across Australia, these state-based systems are combined and compiled in the **National AOD Minimum Dataset**: data is available on age, sex, country of birth, principal drug of concern and treatment type and modality.

Information is not collected regarding co-occurring psychosocial issues such as mental health problems, past and current abuse and neglect, involvement in criminal behaviour, homelessness, physical health, conflict with family, and disengagement from school or work. This type of data is particularly important for the design and implementation of programs within the AOD sector and highlights the need to work collaboratively across multiple sectors. It also has significant implications for the training and development of staff. As this and other studies have demonstrated, young people at drug and alcohol services present with multiple concurrent problems, not just substance use issues.

The method used in the SYNC study (effectively an online file auditing method) allowed for the rapid and comprehensive collection of client data from workers. But it only gave a snapshot. The disadvantage of this method is that we are unable to follow client progress prospectively and determine the benefit of programs based on measured outcomes. The inclusion of severity and complexity factors in administrative databases will allow for a more detailed analysis of client needs which will allow for the fine tuning of programs. The current database would be much improved with the inclusion of standardised pre and post-treatment outcome measures. The Turning Point Youth AOD assessment project is developing such an assessment tool⁸.

The results of the SYNC study and the work being conducted at Turning Point in conjunction with YSAS should lead to an improvement in the quality and extent of data collected in Victoria in order to efficiently inform service system reform and performance in the future.

Policy implications

- Markers of substance use severity and psychosocial complexity should be systematically applied as impact and outcome measures.
- Routine data collection methods (i.e. client management systems) need to incorporate markers of substance use severity and psychosocial complexity

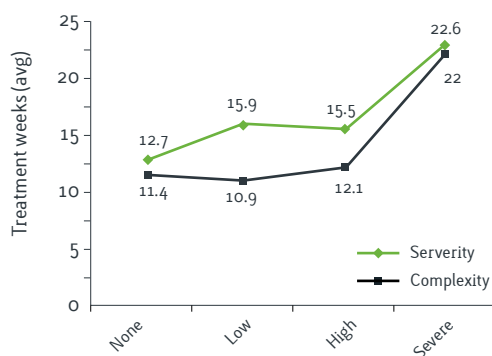
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⁸ turningpoint.org.au/Research/Clinical-Research/CR-Projects/Alcohol-and-drug-screening-and-assessment-project1.aspx

TREATMENT ENGAGEMENT AND INVOLVEMENT

The length of current involvement in treatment was found to increase with substance use severity and level of psychosocial complexity (see Figure 6).

Figure 6 Average weeks in treatment by Severity Category and Complexity Category (N = 970).



Most at risk

Youth AOD clients in the 'most at risk' group (highest level of substance use severity combined with the highest level of psychosocial complexity) are considerably more likely to return to treatment. 72% of those 331 young people in the 'most at risk' group had been in youth AOD treatment on a previous occasion compared to the rest of the population (55% had previous youth AOD treatment involvement).

The service types most likely to engage clients from the 'most at risk' group are non-residential withdrawal (50%), youth residential withdrawal (49%) and outreach (37%). Alternatively the lowest rates of engagement for the 'most at risk' group were found in the counselling (21%) and long term residential (0%) service types. As expected, clients in the residential rehabilitation service type were more likely to be in the low substance use severity/low psychosocial complexity cohort (15%). This can be either an effect of the treatment or because clients are in living in well structured, stable, drug free environments.

Cultural background

The representation of young people from ATSI and African cultures in the outreach service type was particularly high (African 84% and ATSI 74%, compared to average of 64%). Alternatively the engagement of these groups and those from Pacific Islander and Maori backgrounds in the counselling service type was particularly low (African 2%, Pacific 9%, ATSI 11% compared to average of 17.7%)

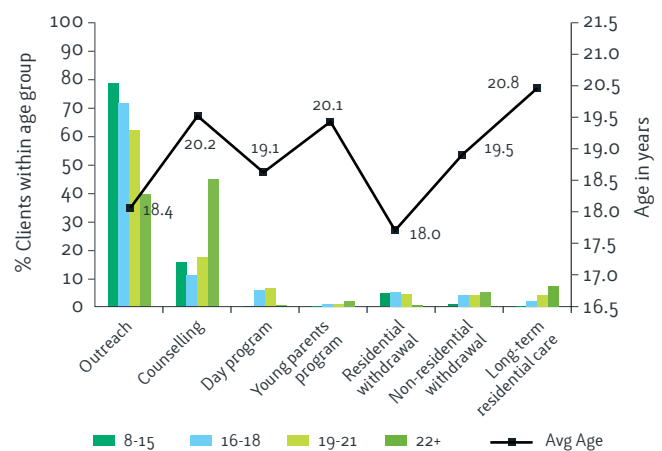
Age

There are differences in patterns of treatment engagement according to client age group. Clients who are 18 and under are much more likely to engage through an outreach service type (15 years of age and under - 78% and 16 to 18 year olds - 71%).

Clients engaged in the counselling and residential rehabilitation service types are on average older than other clients (see Figure 7). A significant proportion of clients (44%) using the counselling service type are 22 years of age and over. Clients 15 years of age and under are more likely to be engaged in the counselling service type than the 16 to 18 year old cohort but the proportion of both groups involved is still relatively low. It might be that clients in the younger cohort are compelled to attend centres for treatment and have more support to do so.

Structured withdrawal programs, both residential and non-residential, had on average the youngest clients and those most early in their current course of treatment (average 3.6 weeks). This suggests that participation in structured withdrawal programs might act as a gateway into services and facilitate early treatment engagement.

Figure 7. Average age of clients engaged in each main treatment type (N = 997).



Unmet service need

Workers were asked if their clients had current problems in the areas of housing, education, employment, family relationships, criminal behaviour and mental health. They were also asked whether their client was currently receiving a service for those issues.

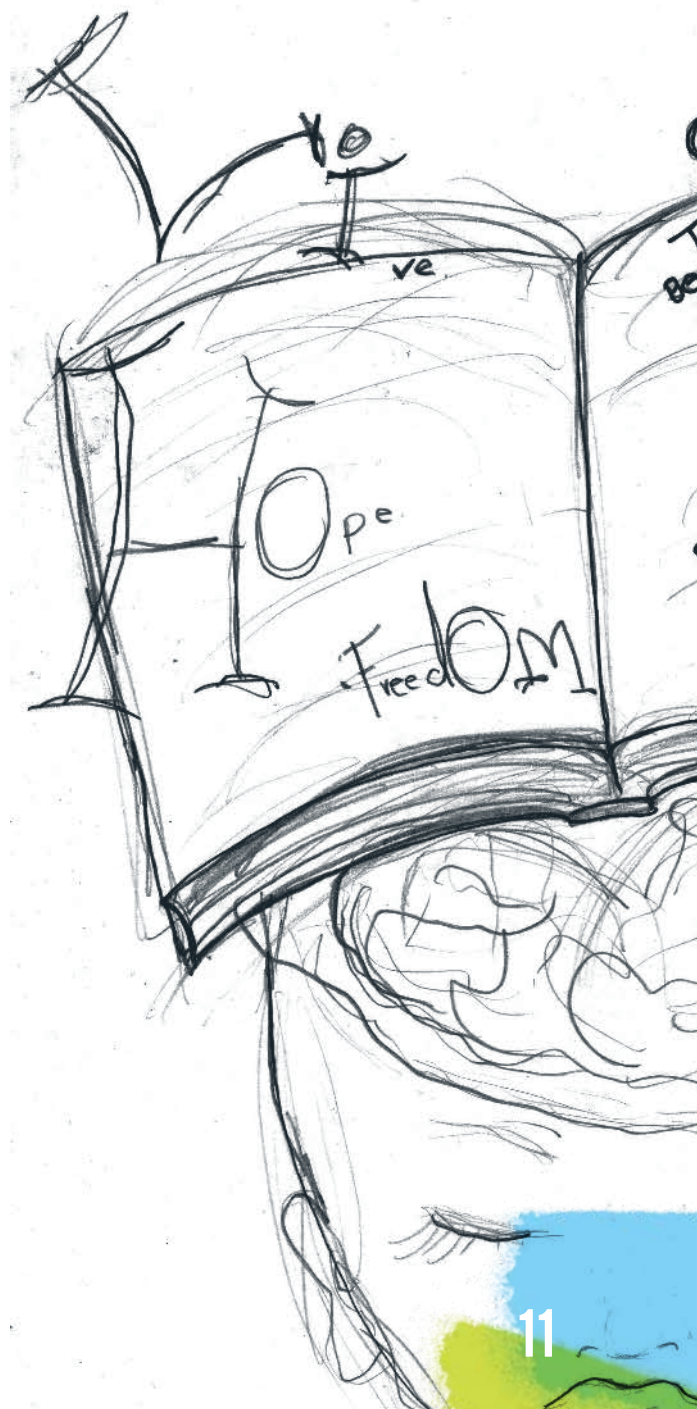
In both the areas of housing and criminal behaviour, only 6% of clients were reported as having an unmet service need. However almost a quarter of those who needed services for family issues were not receiving them (24%), followed by employment issues (23%), education issues (19%) and mental health issues (15%). Clients in the 'most at risk' group were even more likely to have unmet service needs (see Figure 8).

Figure 8: Percentage of clients who have unmet service needs. Clients most at risk compared to all other clients.



Policy implications

- Outreach seems critical for engaging and retaining those clients in treatment who experience the most serious AOD problems or who are from ATSI, African and Pacific cultural backgrounds.
- Structured withdrawal programs might act as a gateway into services and facilitate early treatment engagement.
- Clients could benefit from more accessible and relevant family focussed treatment options.
- Better pathways into education, employment and training could enhance the treatment of youth AOD clients.
- Youth AOD treatment providers in rural regions could benefit from more support to ensure that the mental health needs of their clients are adequately addressed.



Participating organisations

Ballarat Community Health Centre
 Barwon Youth
 Colac Area Health
 EastCare
 EDAS: EACH, Inner East, MonashLink
 Gippsland Lakes Community Health Centre
 Grampians Community Health Centre: Ararat, Horsham and Stawell
 Latrobe Community Health Service
 Odyssey house Victoria
 PenDAP
 ReGen
 SHARC
 Sunraysia CHS
 Taskforce
 UnitingCare Ballarat
 Western Health Drug Health Services – Adolescent community programs
 Windana
 WRAD
 Youth Projects
 YSAS (Statewide)

SUGGESTED CITATION

Kutin, Jozica., Bruun, Andrew., Mitchell, Penny., Daley, Kathryn., & Best, David. 2014. Snapshot: SYNC Results: Young people in AOD services in Victoria. Summary Data and Key Findings. Youth Support + Advocacy Service: Melbourne, Australia.

RELATED PUBLICATIONS

Kutin, Jozica., Bruun, Andrew., Mitchell, Penny., Daley, Kathryn., & Best, David. 2013. SYNC 2013 Technical Report: Young people in AOD services in Victoria. Victoria-wide results. Youth Support + Advocacy Service: Melbourne, Australia.

Daley, Kathryn & Kutin, Jozica. 2013. YSAS Snapshot: Young Women in Youth Alcohol and Other Drug Services. Youth Support + Advocacy Service: Melbourne, Australia.

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