Queensland Mental Health Commission
Issues Paper

"Enhancing Youth Alcohol and Drug Practice in Queensland"

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Dovetail provides clinical advice and professional support to workers, services and communities across Queensland who engage with young people affected by alcohol and other drug (AOD) use.

Our aim is to build capacity by:

- *Identifying* the youth alcohol and drug sector in Queensland
- *Connecting* its services and workers together, and
- *Equipping* them with knowledge, skills, tools and resources to enhance their practice.

We comprise 4 staff and are based within Metro North Mental Health - Alcohol and Drug Service in Queensland Health.

This submission contains an overview of issues affecting the youth alcohol and drug treatment sector in Queensland, including current substance use trends, issues identified by the sector and an overview of some of the key elements required for improved service delivery.

Current Situation

Alcohol and other drug (AOD) use trends throughout Queensland vary both geographically and over time. Rates of use can be difficult to measure given the clandestine or illicit nature of some young people's substance use and the rapid pace at which AOD trends change. The primary source of prevalence data for youth AOD use is the *Australian Secondary School Students' Use of tobacco, alcohol, and over-the-counter and illicit substances* Report[1] most recently conducted in 2011. This report indicated:

1 White, V., & Bariola, E. (2012). Australian secondary school students' use of tobacco, alcohol, and over-the-counter and illicit substances in 2011. Centre for Behavioural Research in Cancer, the Cancer Council Victoria: Melbourne.

- Evidence of declining rates of alcohol use amongst young people overall, however rates of risky drinking remain unchanged amongst those who do continue to consume alcohol.
- Rates of cannabis use have declined significantly from 1996 - 2008, however between 2008 - 2011 there was a slight increase in cannabis use

Services regularly identify substance use trends and issues in their communities that are not reflected in these large AOD prevalence studies. Anecdotally, Dovetail is aware of the following:

- Alcohol and cannabis continue to comprise the majority of youth AOD treatment episodes in Queensland
- Inhalant use continues to occur sporadically throughout communities across Queensland, from remote areas, regional cities, outer suburbs of large cities and inner urban areas. Many young people engaged in regular inhalant use also experience either primary or secondary homelessness or significant family breakdown and many are involved in the child protection, youth justice and mental health systems.
- Services across Queensland are reporting increases in methamphetamine use, specifically the use of crystal methamphetamine ("ice"). This trend has been observed throughout Australia.
- Increased use of Novel Psychoactive Substances (NPS) such as synthetic cannabinoids, cathinone analogues and hallucinogens such as 25I-NBOMe. Many of these substances carry significant health risks. There have been several deaths throughout Australia and internationally from these substances.
- There has also been a documented increase in the availability and use of Performance and Image Enhancing Drugs (PIEDs) across Australia. Whilst these tend to be used for body-building and fitness-related purposes, their increase in popularity means that a new cohort are coming into contact with traditional AOD treatment centres, particularly Needle and Syringe Programs (NSPs).

Youth AOD Sector Arrangements

There are a broad range of agencies involved in youth AOD service delivery in Queensland. The main types of services provided include:

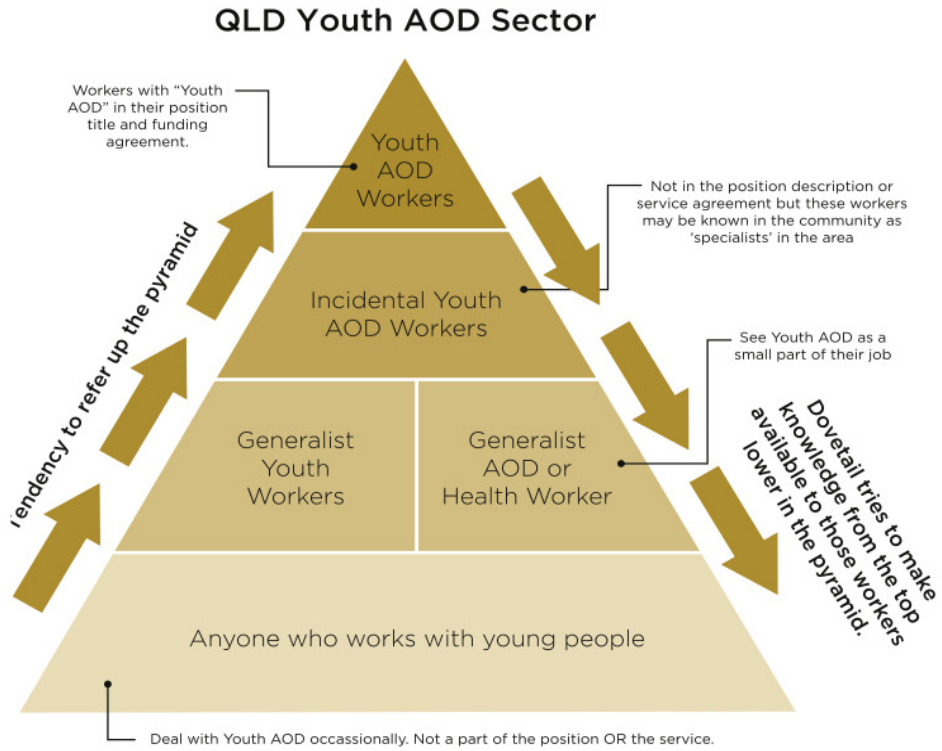
- Casework and counselling services with an AOD focus
- Drop in spaces with attached AOD case work
- Rest and recovery services for intoxicated young people
- Intensive residential support and withdrawal (detox)
- Outreach programs
- Group programs (often activity based)
- Residential programs
- Supported accommodation

Not all of these services are delivered with a specific AOD focus. Many operate out of generic youth work frameworks that see AOD use as one part of a broader range of issues in a young person's life.

The key providers in the Queensland's Youth AOD sector are:

- Public health Alcohol, Tobacco and Other Drug Services (ATODS) across each Hospital and Health Service (H+HS). A small number of these ATODS services have specific youth positions. There are three specialist youth teams in Queensland located in Metro North (The "Hot House"), Townsville and Mt Isa Hospital and Health Services.
- The Mater Adolescent Drug and Alcohol Withdrawal Service (ADAWS) located in South Brisbane operate a 5 bed 11-day detox facility, drop-in space and outreach service for 12-18 yr olds.
- 6 generalist AOD and/or youth NGOs funded by the Department of Health to employ between 1 and 3 specific Youth AOD positions located in Brisbane, Gold Coast, Logan/Ipswich/Redlands, Kingaroy, Bundaberg and Cairns.
- 7 Volatile Substance Misuse Services (AVSM) funded by the Department of Communities to provide a rest and recovery service for young people aged 12 -17 affected by inhalant use (Brisbane, Logan, Caboolture, Rockhampton, Townsville, Cairns and Mt Isa).
- The Mental Health Alcohol Tobacco and Other Drug Service (MHATODS) based at Children's Health Queensland H+HS CYMHS which provides exclusive support to young people detained at the Brisbane Youth Detention Centre.
- Youth Dual Diagnosis Coordinators located at Spring Hill CYMHS and Mater Kids in Mind.
- Dovetail.

Below is a graphic representation of the Youth AOD sector in Queensland:



1) The top of the pyramid represents the *"specialist" workforce*: those with specific funding to deliver youth AOD services contained in the list above. This workforce is limited and there are significant gaps across the state.

2) Below the “specialist” workforce is what Dovetail describe as the *“Incidental Specialists*” - those workers who may not be specifically funded to provide youth AOD services, however find that this is the most significant need in their communities and so become known locally as a specialist.

3) Below this level are *generalist youth workers and generalist AOD workers* - who see youth AOD practice as one component of their job, however may not feel confident in the specifics of youth AOD practice.

4) The bottom of the pyramid is for *every person who works or engages with young people* from the teacher to the football coach. All workers and services who engage with young people and their families are likely to encounter AOD issues at some time.

In 2012 Dovetail hosted a Queensland Youth AOD Summit. This event brought together 130 workers, managers and funding bodies from around Queensland to identify significant issues for the sector and then jointly plan activities to address these identified issues.

The Dovetail Queensland Youth AOD Summit identified the following issues:

- Need for increased collaboration between government and non-government services including local planning
- Culturally appropriate services (particularly detox / rehab / respite) and building the sector’s capacity to work with Aboriginal and Torres Strait Islander young people
- Improved use and integration of new technology / database / client management systems / training / and information sharing tools
- Providing feedback to governments and funding bodies on gaps in service and emergent issues
- Enhanced professional development and access to supervision
- Specific responses in rural and remote regions

Since this event a number of other issues have emerged as significant for the sector. These include:

- The Queensland Health Blueprint for Better Healthcare in Queensland
- The Queensland Child Protection Commission of Inquiry (the Carmody Inquiry)
- The Queensland Youth Strategy 2013
- The review of the Youth Justice Act
- The review of the Mental Health Act
- The Safe Night Out Strategy
- Increased focus on engagement with schools
- The Safer Streets Taskforce (Cairns)
- Youth Renewal (Dept of Communities, Child Safety and Disability Services)

MODELS AND PRECEDENTS FOR INNOVATION AND A BETTER WAY FORWARD

Better Resources and Better Services:

1) Characteristics of effective youth AOD service delivery

There is widespread support for comprehensive, multi-faceted prevention and treatment approaches when working with young people. According to Crane, Buckley and Francis: "good youth AOD service delivery is:

- well founded (ie informed by various forms of good evidence)
- client-centred
- socio-culturally relevant
- holistic
- focused on improvement and outcomes.

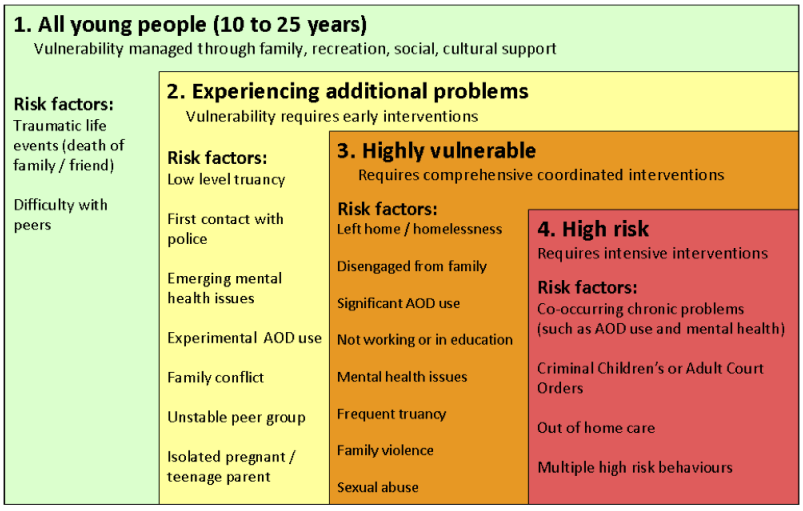
To achieve this, good youth AOD practice is

- relationship based
- situationally responsive
- developmentally responsive
- of sufficient duration and intensity
- well connected to services, supports and resources, and
- inquiry-oriented.

Furthermore practice is not defined or focused simply on the AOD problem. Rather services engage and start working with the young person to assist with whatever will make a positive difference."[2]

2) Right service for the right young person at the right time and in the right place

Young people's needs vary according to their exposure to a range of risk and protective factors. The Victorian "Vulnerable Youth Framework" below outlines some of these different needs and risks:

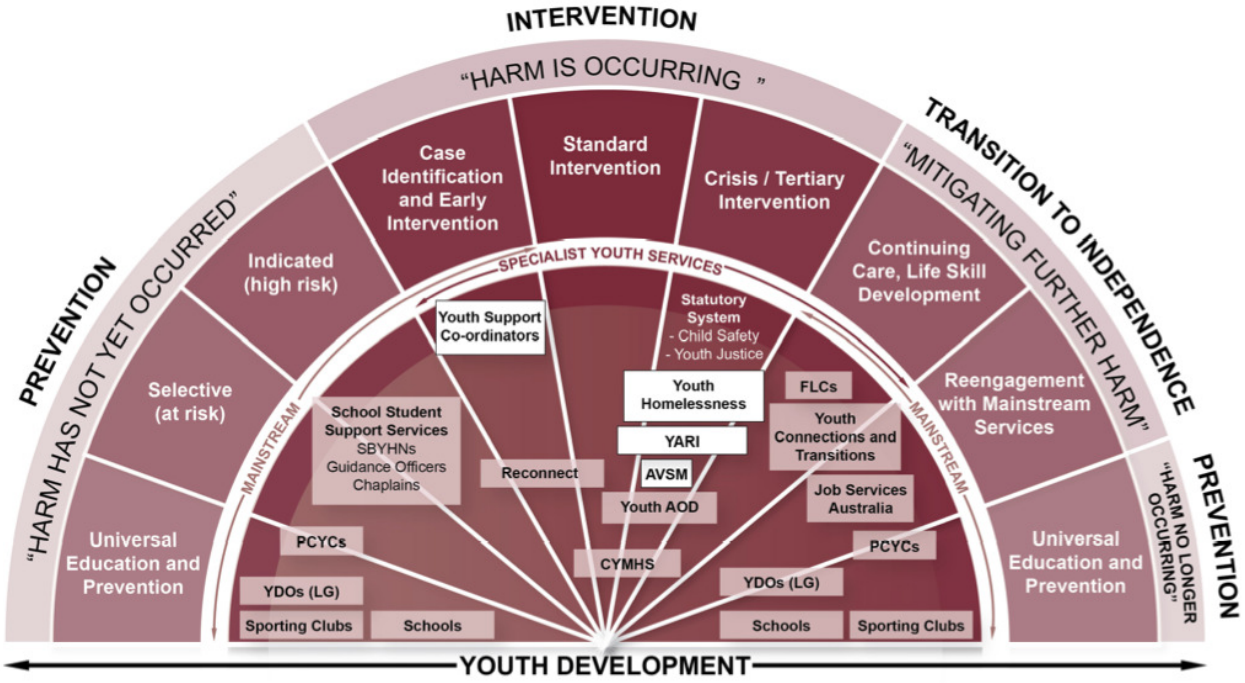


2 Crane, P., Buckley, J. and Francis, C. 2012. Youth alcohol and drug good practice guide 1: A framework for youth alcohol and other drug practice. Brisbane: Dovetail. pp51

Source: Development of a policy framework for Victoria's vulnerable young people, Victorian Government, 2008. p12.

Youth AOD services provide interventions across this spectrum, with statutory systems (such as Child Safety and Youth Justice) being primary providers in Stages 3 and 4.

The diagram below illustrates the broad spectrum of services from "Prevention" to "Crisis / tertiary treatment" through to "Reengagement". Cross-sector mapping exercises such as the one used here can assist in identifying where service responses are currently located and where gaps may arise.



Source: Johnson. B., Leebeek. M., Crane. P., Buckley. J. (2013). Re-Visioning the Queensland Youth Sector – A Discussion Paper. p7.

This diagram illustrates how particular services target young people at varying stages of risk or harm. For example, mainstream service systems such as schools and sporting clubs are important sites for AOD prevention and early intervention activities, however a specialist service system is required when young people begin to get into trouble or start to experience significant risk or harm. Mainstream services are also an important exit point for young people once their risks or harms have been addressed or mitigated. It is important to note however that for some young people who experience multiple, complex and enduring barriers, reintegration with mainstream, universal services may not always be possible.

A highly effective youth AOD service system matches the right level of service to the right young person at the right time. It has well established pathways not only between different youth AOD service providers, but also with other systems such as school-based programs, family support, education and training support, welfare support, primary health, mental health and homelessness services

3) Family-sensitive youth AOD practice

As the need for more holistic approaches to youth AOD issues has been recognised, programs have increasingly appreciated the significance of families and informal social support when working with young people. Generally families are a significant (or potential) source of economic, material, emotional and social support. Conversely, family factors can also be a source of stress, dysfunction and sometime abuse or trauma.

Regardless, evidence shows that connection to "a family" is a significant protective factor for longer-term wellbeing. Importantly this may not always be the biological family of origin. Sophisticated youth AOD interventions recognise the ideal extent that involvement of biological families – and other types of 'families' – can play in a case-by-case basis, as well as the role that new relationships play in the development of enlarged 'families of destination'[3]

4) Aboriginal and Torres Strait Islander specific services and culturally appropriate practice

There is a significant need to expand service delivery for Aboriginal and Torres Strait Islander young people who experience substance use issues. This includes the need for a culturally appropriate detoxification and residential rehabilitation services that are able to effectively meet the needs of young people from rural and remote locations.

Youth AOD workers have consistently identified the need to enhance capacity for culturally appropriate youth AOD work. This can be enhanced through expanded professional development opportunities, long term investment in programs that have demonstrated effectiveness, and increasing opportunities for Aboriginal and Torres Strait Islander communities to develop their own local area plans and strategies to address local issues.

5) Better coordinated local area system-level approaches

Given the vast regional variations seen around Queensland, it is important that local communities are given the chance to map the needs of the young people in their regions and to map the services available. This allows for better coordination of service delivery, identification of gaps, and responses to emergent issues across government, non-government and private services.

Considerable work has been undertaken across Queensland recently in the development of models of Coordinated Case Management - otherwise known as 'Coordinated Case Panels' - where key workers from both government and non-government service providers in particular regions meet regularly to develop a joint caseplan for high and moderate risk young people.

When properly resourced with agreement from senior managers from each stakeholder agency and with due process around client consent, confidentiality and information-sharing built-in, these Panels have demonstrated some success. Examples of coordinated case management are currently in operation in Cairns and the Gold Coast. These, like others, have chosen to source or allocate resources to employ a dedicated Coordinator or 'Secretariat' to ensure the smooth functioning and sustainability of the Panel in the longer term.

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[3] Johnson. B., Leebeek. M., Crane. P., Buckley. J. (2013). Re-Visioning the Queensland Youth Sector – A Discussion Paper. p6.

Better Accountability

1) Development of a youth AOD Assessment, treatment planning and outcome measurement tool

Measuring outcomes is difficult in the Youth AOD field. Given the diversity of youth AOD practice settings, there is an ongoing need to develop and improve the suite of tools available to workers, including common assessment tools, screening instruments, treatment plan templates and outcome measurement tools. This would involve an increase in resourcing and facilitated connections and project between researchers, Universities and direct youth AOD treatment providers.

The need for a sophisticated yet easy-to-use Youth AOD Outcome Measure is particularly critical and would offer significant benefit to services and government alike. Given each young person's unique situation a "good outcome measure" might be framed around a range of indicators including:

- self-reported improvements in health, wellbeing and/or personal functioning
- a reduction in risky alcohol and drug use behaviour
- change in the individual's demand for using a particular substance
- level of satisfaction with their treatment / treatment provider.

2) Workforce development

Youth AOD work is a specialised area of practice that requires a unique mix of skills and experience. Currently, there are no agreed minimum qualifications for youth AOD workers in Queensland meaning that there can be variations in quality of service delivery. Professional development opportunities are difficult for many workers to access, due to difficulties in access for rural and remote workers, scarce funding, pressures of day-to-day work and lack of a professional pathway for workers.

Similarly, youth AOD workers report difficulties accessing supervision, particularly on specific areas of practice such as dual diagnosis, working with trauma, or working with Aboriginal and Torres Strait Islander young people.

Better Engagement:

1) Engaging young people affected by alcohol and other drug use

Good engagement with young people affected by alcohol and other drug use is both difficult and crucial to effective subsequent service delivery. Many young people have limited knowledge of what services exist, how to access them or the conventions of help-seeking behaviour. Other young people may be socially or legally mandated to attend a youth AOD service, rather than attending by their own volition, which can result in their reluctance to engage. As a result, youth AOD agencies need to be flexible and innovative in the way that they locate, promote and deliver their services.

Outreach is a common engagement strategy employed by youth focused services to overcome some of these barriers. It is a proactive engagement approach focused on those young people who are least likely to access services but who are in the most need. Depending on the model of service

it can be conducted in places such as streets or parks (streetwork), at other services or agencies (satellite or community outreach) or at a client's school, workplace or home (mobile or detached outreach).

Many "youth friendly" AOD services also plan and cater for how young people access centre-based activities by ensuring close proximity to public transport, opportunities for private access, provision of youth-friendly waiting areas and counselling rooms and in some cases options for online or social-media based engagement.

2) Consumer Involvement in Service Planning and Review

Unlike the mental health sector, the youth AOD sector has traditionally struggled to involve consumers in their services. Services require assistance to implement processes that support the involvement of young people affected by alcohol and other drug use into their services. This can occur in a variety of ways including online, in-person and through youth forums and events where appropriate

Specific strategies are required to ensure appropriate engagement with Aboriginal and Torres Strait Islander young people and their families. These strategies need to account for specific cultural considerations and the unique situation of many discrete communities, particularly those in remote areas.

Implications for the Reform and Change Agenda in Queensland

1) Funding arrangements

Given the rapid changes in youth AOD usage rates, trends and locations coupled with the limits to the total funding pool available, grant programs which have flexibility and responsiveness built into their design are more likely to be effective in the longer term. For example, services or funding programs designed to respond exclusively to one particular substance can limit future responses if and/or when that substance use trend changes.

Similarly, increased coordination between different AOD funding providers both within each and across all levels of government might enable a better spread of services across the state.

2) Better service planning and coordination, including local involvement and consultation

Initiatives which build the connections between government and non-government youth AOD treatment and related health and social services may result in improved outcome for vulnerable young people, including better referral pathways, coordinated case management planning, crisis and after-hour response protocols for high-risk young people and enhanced aftercare services.

Whilst Dovetail's "Youth AOD Practice Framework" Guide offers a solid foundation for a well-functioning youth AOD system, initiatives which facilitate the prompt development of local area youth AOD action plans and responses, cognisant of and tailored to local needs, are critical when new alcohol and drug trends emerge.

3) Specific focus on the needs of Aboriginal and Torres Strait Islander young people

The specific needs of Aboriginal and Torres Strait Islander young people require targeted responses given their poor statistical representation in a whole range of social, health, housing and crime related indicators.

Working with Aboriginal and Torres Strait Islander young people can be a vastly different experience depending on where it happens. Resources, tools and approaches specific to work in remote communities, regional towns and urban centres are required.