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**Australian Institute of
Health and Welfare**

Overlap between youth justice supervision and alcohol and other drug treatment services

1 July 2012 to 30 June 2016

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Australian Institute of Health and Welfare
Canberra

Cat. no. JUV 126

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drugs
AODTS	alcohol and other drug treatment services
NMDS	National Minimum Data Set
YJ	Youth Justice

Summary

Some young people are vulnerable and experience multiple levels of disadvantage. Evidence shows that overlaps exist among young people who experience child protection, youth justice supervision, homelessness, mental health disorders, and problematic use of alcohol and other drugs. Understanding the pathways and interactions with the health and welfare sectors for these young people is crucial for effective service delivery and targeted early intervention services.

Despite the relationship between youth offending and the use of alcohol and other drugs, data about the overlap between the services provided to young people by these 2 sectors in Australia has not been previously available.

This report presents information on young people aged 10–17 who were under youth justice supervision (both in the community, and in detention) and/or received an alcohol and other drug (AOD) treatment service between 1 July 2012 and 30 June 2016. Those who received both these services are referred to in this report as dual service clients.

Young people under youth justice supervision were 30 times as likely as the young Australian population to receive an alcohol and other drug treatment service

Of young people who were under youth justice supervision from 1 July 2012 to 30 June 2016, 1 in 3 (33%) also received an AOD treatment service at some point during the same 4-year period, compared with just over 1% of the general Australian population of the same age.

Nearly 1 in 4 (23%) young people under youth justice supervision received treatment for a principal drug of concern of cannabis, 1 in 12 (8%) for alcohol, and 1 in 20 (5%) for amphetamines. Less than 1% of young Australians in the general population of the same age received an AOD treatment for each of these principal drugs of concern. This means that compared with the Australian population, young people under youth justice supervision were 33 times as likely to receive an AOD treatment for cannabis, 27 times as likely to be treated for alcohol, and more than 50 times as likely to be treated for amphetamines.

Young people who received an alcohol and other drug treatment service were 30 times as likely as the Australian population to be under youth justice supervision

Of young people who received an AOD treatment service, 1 in 5 (21%) were also under youth justice supervision at some point during the same 4-year period, compared with 0.7% of the Australian population of the same age. About 1 in 4 (26%) young people who received an AOD treatment as a diversion (police and court referrals) in 2012–13 subsequently spent time under youth justice supervision within 3 years.

Young people who received an alcohol and other drug treatment service for volatile solvents or amphetamines were the most likely to also have youth justice supervision

Of the 11,981 young people who received an AOD treatment service, those whose principal drug of concern was volatile solvents or amphetamines were the most likely to have also been under youth justice supervision.

Dual service clients were more likely than those who only received alcohol and other drug treatment services to have multiple treatment episodes and drugs of concern

Nearly half (47%) of dual service clients received more than 1 AOD treatment episode in the 4-year period, compared with about 1 in 5 (19%) of those who received only an AOD treatment service. One in 5 (20%) dual service clients received services for multiple principal drugs of concern, compared with 4% of those who received only an AOD treatment service.

Young Indigenous Australians were 14 times as likely as their non-Indigenous counterparts to receive both services

Young Indigenous Australians were over-represented among the dual service clients—2% of young Indigenous Australians had contact with both services during the 4-year period, compared with 0.1% of non-Indigenous young people.

1 Introduction

Adolescence involves many physical, sexual, social and emotional changes for young people, and can be a time of increased vulnerability, especially for those experiencing high levels of disadvantage.

During this time, young people may engage in an increased level of risk-taking behaviour (Casey et al. 2008; Steinberg 2007) including the misuse of alcohol and other drugs (AIHW 2015). In 2016, 1 in 5 (20%) young people aged 12–17 reported drinking in the last 12 months, and nearly 1 in 10 (8.8%) reported use of illicit drugs (AIHW 2017b). Risk taking by young people may also include criminal activity—the rate of recorded offences is highest among those aged 15–19 (ABS 2017b).

Evidence shows that some of these young people experience multiple levels of disadvantage and have contact with multiple health and welfare services. Young people who enter the youth justice system are more likely to have contact with the child protection system and specialist homelessness services, poor health outcomes, a high prevalence of mental health disorders, high rates of acquired brain injury and fetal alcohol spectrum disorders, be victims of violence and engage in use of alcohol and other drugs (AIC 2005; AIHW 2012, 2014b, 2015, 2016b, 2017d; Degenhardt et al. 2015; Dowse et al. 2011; Farrer & Hedges 2011; Fazel et al. 2008; Kinner et al. 2014; Justice Health and Forensic Mental Health Network & Juvenile Justice NSW 2017; Smith & Ecob 2007; Steinberg 2007; Chitsabesan et al. 2006; Weatherburn et al. 1997).

In recognition of the poor health outcomes and high levels of mental health issues among young people in detention, the Royal Commission into the Protection and Detention of Children in the Northern Territory recommended comprehensive medical testing on admission to detention centres, including risk assessments, physical and mental health screening, and assessment for fetal alcohol spectrum disorders (Royal Commission 2017).

A recent study found that 1 in 3 (32%) young people under youth justice supervision who accessed specialist homelessness services reported a current drug and/or alcohol issue. Of those, 1 in 4 (25%) identified problematic alcohol and drug use as their main reason for seeking assistance (AIHW 2016b). However, despite the overlap between those under youth justice and alcohol and other drug use, this group are less likely to seek treatment than the general population (Lennings et al. 2006).

This report looks at the level of overlap of young people who receive services for alcohol and other drug issues, and those that have youth justice supervision.

Interactions between youth justice supervision and alcohol and other drugs treatment services

Despite the relationship between contact with the youth justice system and the misuse of alcohol or other drugs, statistics on the overlap between AOD treatment services and youth justice supervision in Australia have not previously been available.

This is despite the use of AOD treatment services as a diversionary measure from further contact with the criminal justice system. Youth justice services aim to prevent repeated contact with the youth justice system and to improve outcomes for young people, which may include connecting these young people with AOD treatment services during supervision, and at release.

Understanding the interactions between youth justice supervision and drug treatment services helps inform governments about effective ways to improve outcomes for young people, and to reduce dependence on government health and the welfare systems.

It can provide information on the young people within each system who are most likely to have contact with each sector, and highlight the patterns of interaction between youth justice supervision and AOD treatment services.

The interactions between the 2 systems are complex. The association between alcohol and other drug use and entry into the justice system may be direct, as a result of illicit drug use (that is, illicit drug offences), or it may be indirect and due to actions associated with problematic licit or illicit drug use (for example, theft and acts intended to cause injury).

In 2015–16, illicit drug offences were the third most common principal offence for young offenders aged 10–17, making up 11% of principal offences. The number of illicit drug offences for this age group rose by 49% from 2008–09 to 2015–16 (from 3,916 to 5,814 young offenders) (ABS 2017b).

The most common offence among this age group was theft (35%), followed by acts intended to cause injury (15%), which includes assault. More than half (56%) of victims of assault in the previous 12-months believed that alcohol and other drug use contributed to their most recent assault (ABS 2017a).

In cases where contact with the justice system is a direct or indirect result of alcohol and other drug use, a young person may be directed to receive an AOD treatment service, in lieu of, or in addition to, youth justice supervision.

Drug diversion services may result from a police or court order direction to receive an AOD treatment service (Wundersitz 2007). Police diversions may redirect people away from further involvement with the criminal justice system, while court diversions are more likely to involve concurrent AOD treatment services, and justice department supervision.

Additionally, once under the supervision of a youth justice department, a young person might have their alcohol and other drug issues recognised and addressed. This may facilitate further interaction between the 2 systems.

Addressing alcohol and other drug issues among the youth justice population could be a key factor for reducing recidivism, and preventing young people from returning to youth justice supervision.

In 2014–15, nearly half (46%) of young people released from sentenced community-based supervision, and three-quarters (74%) of those released from sentenced detention returned to youth justice supervision within 12 months (AIHW 2017e).

A high level of overlap of clients between the 2 sectors might indicate a need for more integrated services and person-centered service delivery, to reduce future reliance on health and welfare services, and improve outcomes for young people.

What are alcohol and other drug treatment services?

In Australia, publicly funded treatment services for alcohol and other drug use are available in all states and territories. Most of these services are funded by state and territory governments, with some funded by the Australian Government. The majority of services are delivered by the non-government sector (64% of closed treatment episodes provided in 2015–16) (AIHW 2017a).

AOD treatment services help people address their drug use through various treatments. Treatment objectives, which are based on the National Drug Strategy 2017–2026 (Department of Health 2017), can include reduction or cessation of drug use, as well as improving social and personal functioning. Assistance may also be provided to support the family and friends of people using drugs. Treatment services, are delivered in residential and non-residential settings and include detoxification and rehabilitation, counselling, and pharmacotherapy.

For more information on AOD treatment services see *Alcohol and other drug treatment services in Australia 2015–16* (AIHW 2017a) .

What is youth justice supervision?

In Australia, state and territory governments are responsible for dealing with young people who have committed, or are alleged to have committed, criminal offences. The youth justice system applies to children and young people aged 10–17 at the time of the offence in all states and territories, except Queensland, where it applied to those aged 10–16. Legislation to increase Queensland’s age limit to 17 was passed in November 2016 and was enacted in February 2018.

In Victoria, some young people aged 18–20 may be sentenced to detention in a youth facility under the state’s ‘dual track’ sentencing system, which is intended to prevent young people from entering the adult prison system at an early age. Children aged under 10 cannot be charged with a criminal offence in any state or territory.

Young people enter the system when they are investigated by police for allegedly committing an offence, and, depending on the outcome of the investigation, charges may be laid. If the young person is proven guilty, they will then be sentenced by a court (AIHW 2018).

Youth justice supervision is a component of the youth justice system. Young people may be supervised by a youth justice department at any stage of the youth justice system (for example, prior to or following a court appearance). Young people may be supervised in the community, or they may be in detention. They may be under multiple types of youth justice supervision in the same year, and multiple types at the same time with supervision orders relating to different court matters.

Young people who are in the youth justice system may also be unsupervised in the community (for example, on unsupervised bail). Information on these unsupervised community-based orders is not available from the data collection on youth justice supervision, and is not included in this report.

For more information on youth justice supervision in Australia, see *Youth justice in Australia 2016–17* (AIHW 2018).

Data

Alcohol and other drug treatment services data

AOD treatment services data in this report are from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

This longitudinal episode-based data set contains information on the demographics of people who had a publicly funded AOD treatment service. It includes information on the type of

treatment, referral source, and principal drug for which treatment was received. Only those clients who received treatment for their own drug use are included in this report.

The scope of the AODTS NMDS is publicly funded AOD treatment services, however, some publicly funded treatment services are not included.

AOD treatments provided in the following settings are not in scope for the AODTS NMDS:

- not-for-profit organisations and private treatment agencies that do not receive public funding
- hospitals, including admitted patient services, outpatient clinics and emergency departments
- prisons, correctional facilities and detention centres
- primary health-care services, including general practitioner settings, non-specialist AOD community-based care, Indigenous-specific primary health-care services, and dedicated substance use services
- health promotion services (for example, needle and syringe programs)
- accommodation services (for example, halfway houses and sobering-up shelters) (AIHW 2017a).

Agencies whose sole function is to prescribe or provide dosing for opioid pharmacotherapy are reported in the National Opioid Pharmacotherapy Statistics Annual Data (AIHW 2017c).

Australian Government-funded primary health-care services and substance-use services aimed at Aboriginal and Torres Strait Islander people are in scope for the AODTS NMDS. However, most of these agencies do not contribute to the AODTS NMDS, because they provide data to the Online Services Report collection (see <<https://www.aihw.gov.au/reports-statistics/health-welfare-services/indigenous-health-welfare-services/overview>>). As these data are provided in aggregate format, they cannot be linked to other data collections.

The exclusion of AOD treatment services provided in prisons, correctional facilities and detention centres, and by Indigenous-specific services reduces the number of services analysed in this report for young people under youth justice supervision and young Indigenous Australians. That is, the level of overlap reported is likely an underestimate of the extent to which youth justice clients access AOD treatment services.

In this report the referral source item 'corrections' is referred to as a youth justice department.

For information on data quality and coverage, see the AODTS NMDS data quality statement at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/667446>>.

Youth justice supervision data

Youth justice supervision data in this report are from the Juvenile Justice National Minimum Data Set. This longitudinal person-based data set contains information on the demographics of young people who are supervised by youth justice departments, as well as the details of their unsentenced and sentenced supervision, in the community and in youth justice detention centres.

It contains data for all states and territories, except the Northern Territory as data are not supplied for the Juvenile Justice NMDS. For information on data quality, see the Juvenile Justice NMDS data quality statement at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/666484>>.

In this report, 'youth justice supervision' refers only to supervised community-based orders and detention orders (both unsentenced and sentenced). It does not include unsupervised orders, such as unsupervised bail, or diversionary activities that are not supervised orders.

This limitation could also lead to an underestimate of the extent to which young people who commit offences access AOD treatment services due to receiving diversionary options, such as drug diversion by police, conferences, and cautions.

The cohort

Data in this report relate only to young people who were aged 10–17 during the entire study period—that is, those who were born in 1998–2002. These young people would have been aged 10–14 at the start of the study period (1 July 2012) and 14–18 at the end of the study period (30 June 2016).

This is to ensure that individuals in the study cohort are eligible for both AOD treatment services and youth justice supervision throughout the study period. The minimum age for youth justice supervision and AOD treatment services in Australia is 10. The maximum age for treatment as a young person under the youth justice system is 17 in most states and territories, and so is the upper age limit in this report.

Linkage method

The available data were linked using a multi step key-based linkage method, which allows data collections without common person identifiers or full names to be linked.

The aim of key-based linkage is to minimise the likelihood both of false positives (where records that belong to different people are incorrectly identified as belonging to the same person), and of false negatives (where records that belong to the same person are incorrectly identified as belonging to different people). Using linkage keys protects the privacy of individuals, and lowers the burden on data providers, as existing data collections can be used.

This method uses a series of keys that vary in distinctiveness to reduce the possibility that records belonging to different people are incorrectly recorded as belonging to the same person. At the same time, it increases the possibility that records belonging to the same person will be identified, even where components such as family name have changed. This method can be used where values are missing (such as unknown date of birth), and, where available, it can also use alternative information (such as alias names).

To link the AOD treatment services and youth justice supervision data collections, linkage keys were formed using data items available in both collections (selected letters of name, date of birth, sex, Indigenous status, and postcode). Complete address information was unavailable.

Report structure

There are 6 chapters in this report:

- Chapter 1 (this chapter) introduces the report, provides an overview of AOD treatment services and youth justice supervision, and describes the data and the method used to create the linked data set and resulting analysis data sets.
- Chapter 2 provides an overview of the study cohort—that is, the young people involved in AOD treatment services and/or youth justice supervision.
- Chapter 3 looks at the demographic characteristics and AOD treatment service use of young people who spent time under youth justice supervision, including comparisons with the Australian population.
- Chapter 4 looks at the demographic characteristics and youth justice supervision of young people receiving AOD treatment services, including comparisons with the Australian population.
- Chapter 5 looks at the dual service client population, their characteristics, and how they compare with the cohort that received only an AOD treatment service without any youth justice supervision.
- Chapter 6 summarises the limitations of the current report, and outlines ways in which future reporting can be expanded and improved.

Supplementary tables referred to in this report (tables with a prefix of S) are available to download from <http://www.aihw.gov.au/reports/youth-justice/overlap-youth-justice-supervision-and-aodts/data>.

Notes

Percentages higher than 1 are rounded to whole numbers in the text.

Rate ratios are calculated from exact percentages, as presented in the supplementary tables.

Figures (charts) present exact percentages.

In this report, the Australian population includes those in the population who were also under youth justice and AOD treatment services.

2 Overview of study cohort

This chapter provides information on the study cohort, which includes all the young people who received an AOD treatment service, and/or were under youth justice supervision from 1 July 2012 to 30 June 2016. These data relate to all states and territories, except the Northern Territory. The study cohort is restricted to young people who were aged 10–17 for the entire 4-year period.

During the period, 17,262 young Australians aged 10–17 had a closed AOD treatment episode and/or spent time under youth justice supervision. Of those:

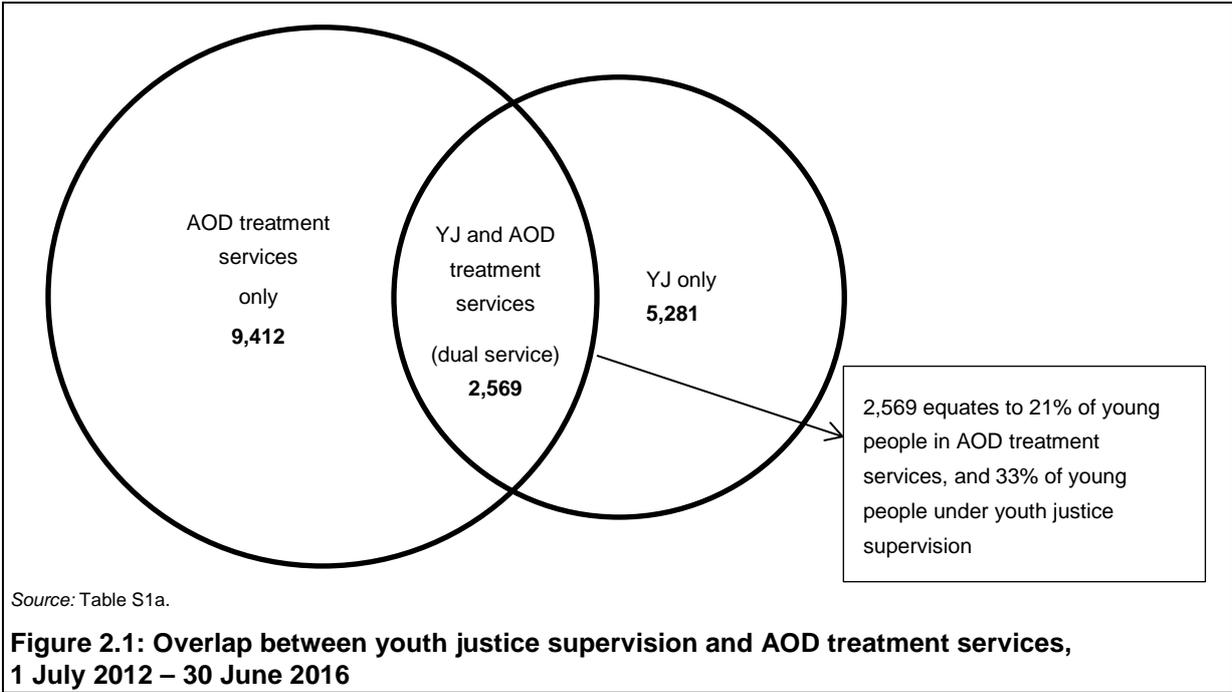
- 9,412 (55%) received an AOD treatment service only
- 5,281 (31%) spent time under youth justice supervision only
- 2,569 (15%) had both an AOD treatment service and youth justice supervision.

Of the 11,981 young people who received an AOD treatment service, 1 in 5 (21%) also had youth justice supervision at some point during the same 4-year period.

Of the 7,850 young people who were under youth justice supervision, 1 in 3 (33%) received an AOD treatment service at some point during the same 4-year period (Table S1; Figure 2.1).

Young Aboriginal and Torres Strait Islander Australians and males were over-represented in the study cohort. Of the 17,262 young people who received an AOD treatment service or youth justice supervision, 30% were Indigenous, and 68% were male.

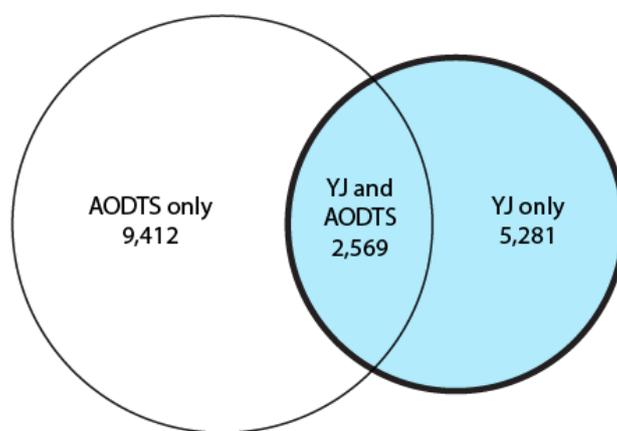
When looking at the population rates of those in the dual service cohort (2,569 young people), young Indigenous Australians were 14 times as likely as their non-Indigenous counterparts to have received both youth justice supervision and AOD treatment services in the 4-year period (2% of the Indigenous population compared with 0.1% of the non-Indigenous population).



3 Young people under youth justice supervision

This chapter provides information on the use of AOD treatment services by young people who were under youth justice supervision from 1 July 2012 to 30 June 2016. The data in this chapter relate to all states and territories, except the Northern Territory. The study cohort is restricted to young people who were aged 10–17 for the entire 4-year study period.

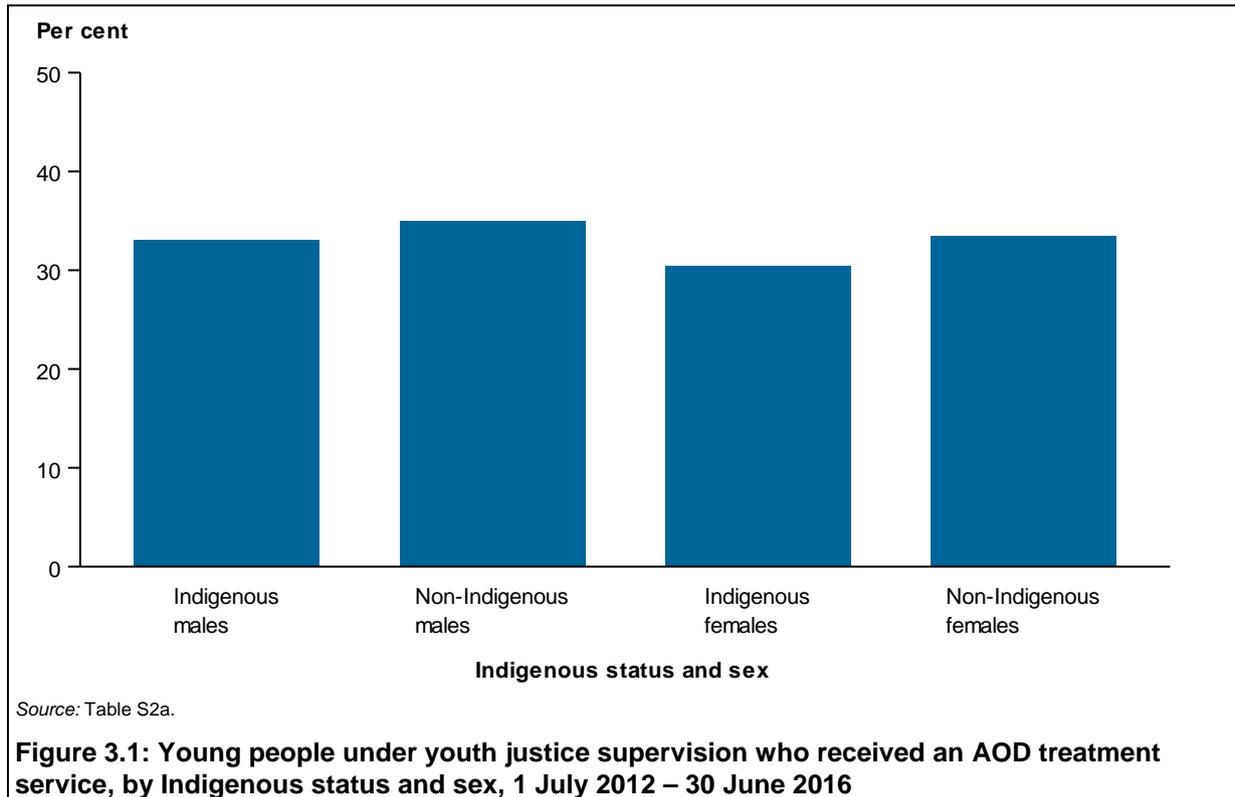
From 1 July 2012 to 30 June 2016, 7,850 young people aged 10–17 were under youth justice supervision. Of those, 44% were Aboriginal or Torres Strait Islander, and most (75%) were male (Table S2c).



Overlap with alcohol and other drug treatment services

Of the 7,850 young people under youth justice, 1 in 3 (33% or 2,569) received an AOD treatment service at some time during the study period—30 times the rate of AOD treatment services for the Australian population of the same age (1%) (tables S1b and S2a).

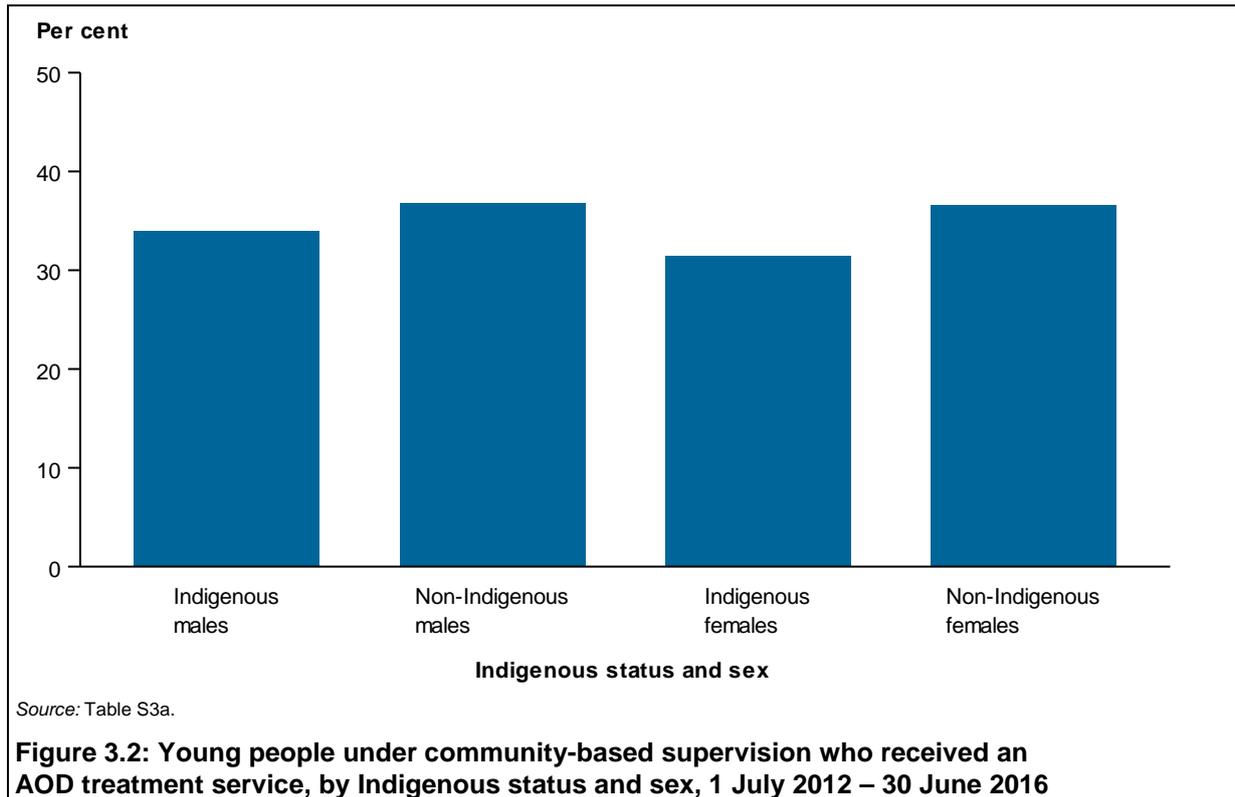
Of those under youth justice supervision, Indigenous young people were slightly less likely than non-Indigenous young people to have also received an AOD treatment service. Young Indigenous females under youth justice supervision were the least likely to have received an AOD treatment service (30%) (Figure 3.1). However, Indigenous specific AOD treatment services are not included in this study (see Chapter 1 for more information on the AODTS NMDS).



Types of youth justice supervision

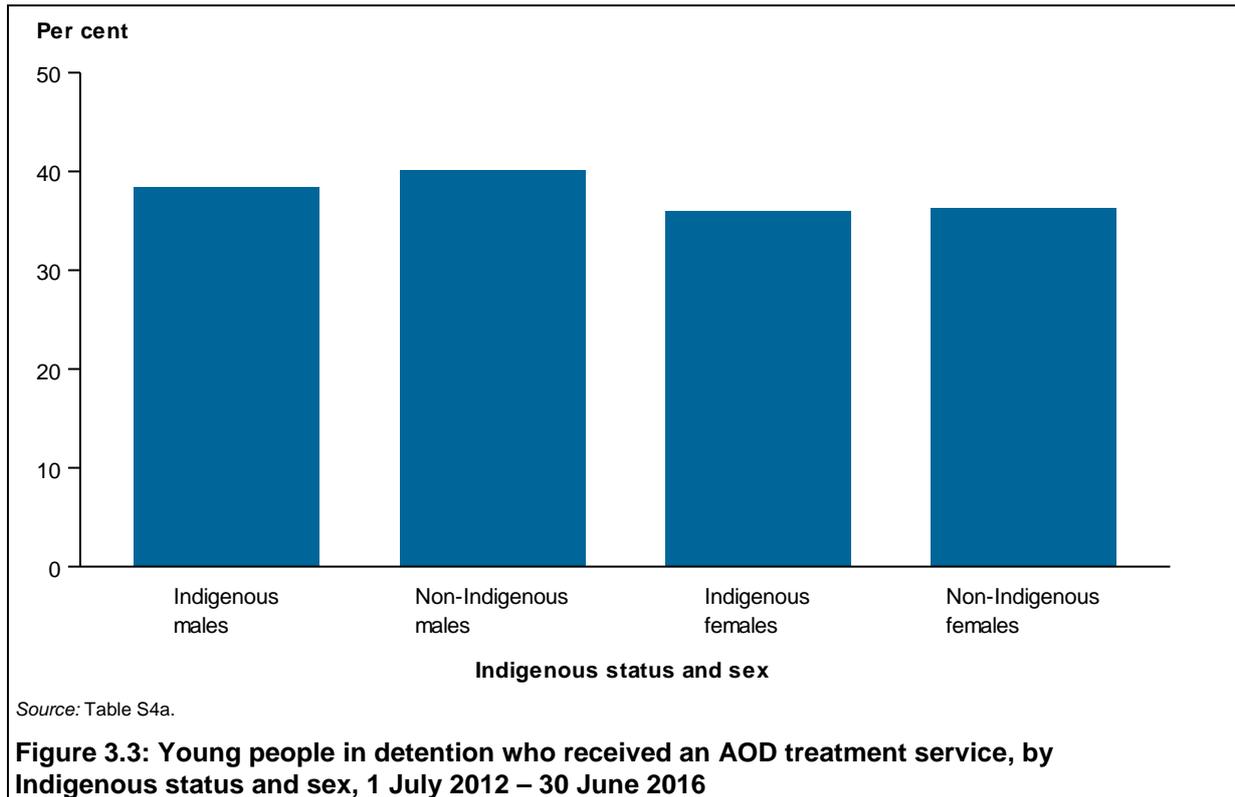
From 1 July 2012 to 30 June 2016, 34% of young people under community-based supervision also received an AOD treatment service.

Of those under community-based supervision, young non-Indigenous males and females were more likely to have a closed episode of an AOD treatment service during the period (37% each) than young Indigenous males (34%) and females (31%) (Figure 3.2).



The proportion of young people who received AOD treatment services was higher among those in detention (38%) than those under community-based supervision (34%) (figures 3.2 and 3.3). But the actual level of treatment for alcohol and other drug issues among the detention population is likely to be higher than reported, as AOD treatment services provided in correctional facilities are not included in this study (see Chapter 1 for more information on the AODTS NMDS).

Young non-Indigenous males and females in detention were slightly more likely than their Indigenous counterparts to have received an AOD treatment service in the 4-year period. It should be noted that Indigenous-specific AOD treatment services are not included in this study (for example, those that provide data for the Online Services Report).



Principal drugs of concern

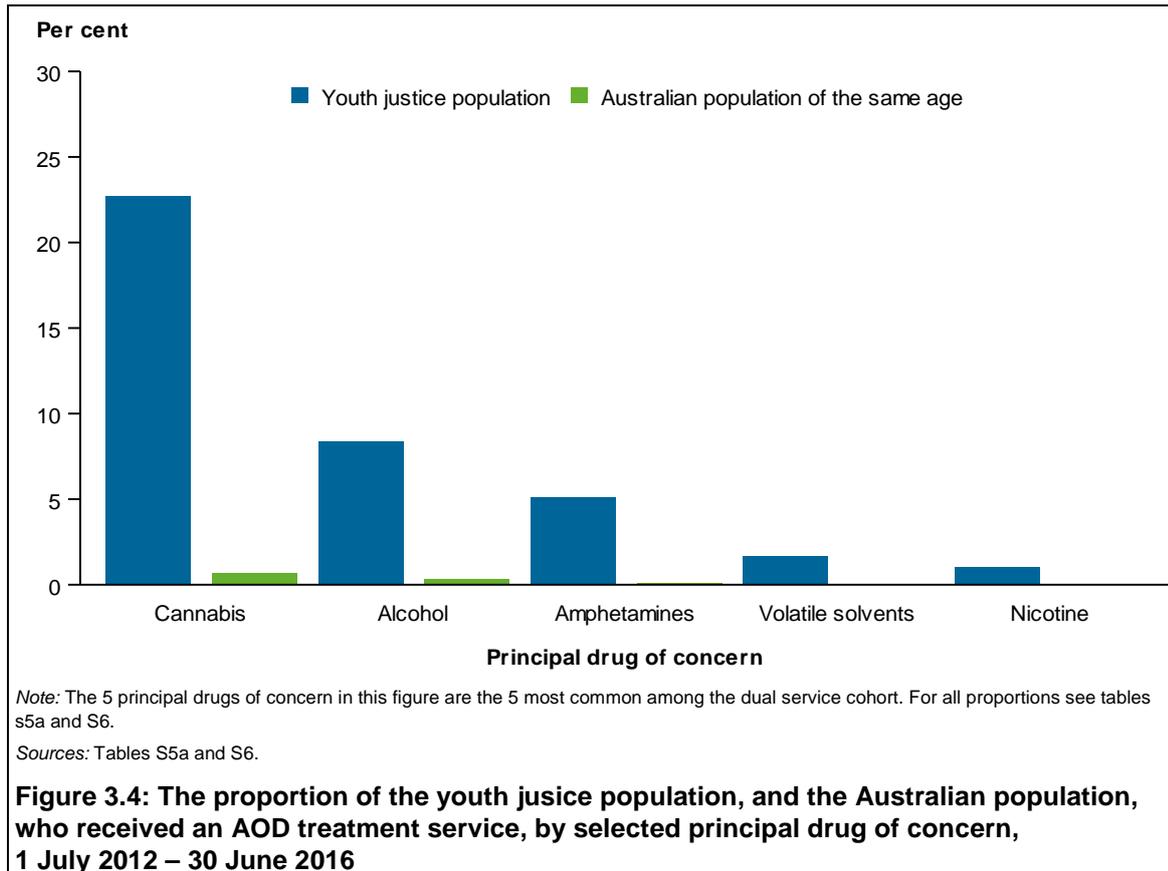
People may seek AOD treatment services due to problematic use of 1 or more drugs. For most people, however, there is 1 drug that is of most concern for them, and is the focus of the treatment they receive. This is referred to as their principal drug of concern. For each treatment received, there is only 1 principal drug of concern, but young people may have multiple principal drugs of concern recorded where they have received multiple episodes of treatments (see Chapter 5).

Of the 7,850 young people under youth justice supervision, about 1 in 3 (33%) received at least 1 AOD treatment service, so had at least 1 principal drug of concern.

Almost 1 in 4 (23%) young people under youth justice supervision were treated for a principal drug of concern of cannabis, 1 in 12 (8%) for alcohol, and 1 in 20 (5%) for amphetamines (Figure 3.4). Less than 1% of young people in the general Australian population of the same age received an AOD treatment service for these principal drugs of concern (Table S6).

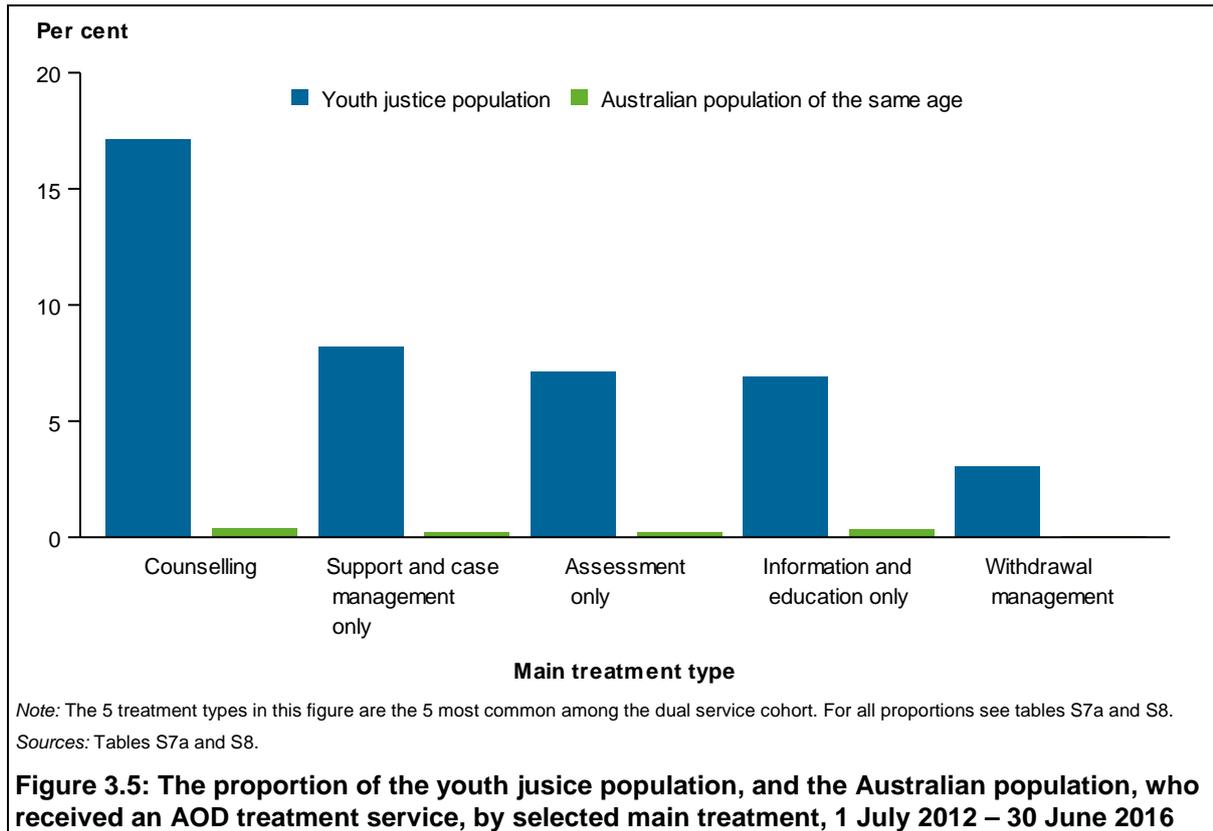
This means that, compared with the Australian population of the same age, young people under youth justice supervision were 33 times as likely to have received treatment for cannabis (23% compared with 0.7%), 27 times as likely to be treated for alcohol (8% compared with 0.3%), and more than 50 times as likely to be treated for amphetamines (5% compared with 0.1%). This demonstrates a high level of interaction between AOD treatment services and youth justice supervision.

The higher rate of young people under youth justice supervision receiving an AOD treatment service might be due to the relationship between these 2 sectors—young people can be referred to AOD treatment services due to their contact with the criminal justice system, and they might come into contact with the criminal justice system due to their alcohol and other drug use, for which they may have already received an AOD treatment service.



Main treatment types

About 1 in 6 (17%) young people under youth justice supervision received an AOD treatment service of counselling, 1 in 12 (8%) received support and case management, and 7% received assessment only (Figure 3.5). This compares with less than 1% of the Australian population of the same age who received an AOD treatment service of these types, highlighting the high level of interaction between the 2 sectors (Table S8).



Referrals to an AOD treatment service

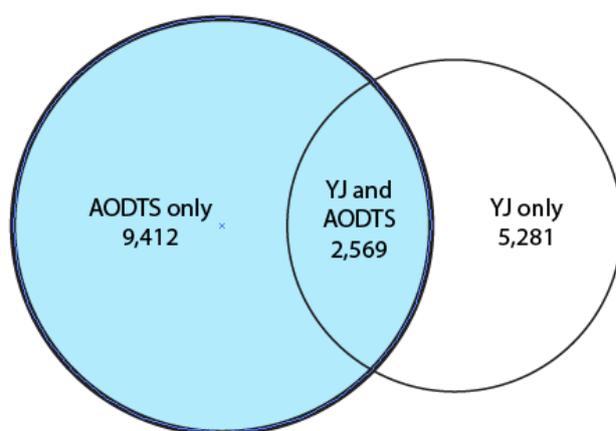
Departments responsible for youth justice supervision may refer young people to AOD treatment services. The number of referrals from youth justice departments can be measured using the 'referral source' data item within the AODTS NMDS. A referral from a youth justice department is coded separately from police or court referrals, which are considered diversions from youth justice supervision. For more information on diversion services see *Alcohol and other drug treatment services and diversion from the Australian criminal justice system* (AIHW 2014a).

Of the 7,850 young people under youth justice supervision during the 4-year period, 557 (7%) were referred to an AOD treatment service by a youth justice department, and received a service (Table S9). These data exclude referrals to AOD treatment services provided in detention centres.

4 Young people receiving alcohol and other drug treatment services

This chapter provides information on the involvement in youth justice by the young people who received an AOD treatment service from 1 July 2012 to 30 June 2016. The data in this chapter relate to all states and territories, except the Northern Territory. The study cohort is restricted to young people who were aged 10–17 for the entire 4-year study period.

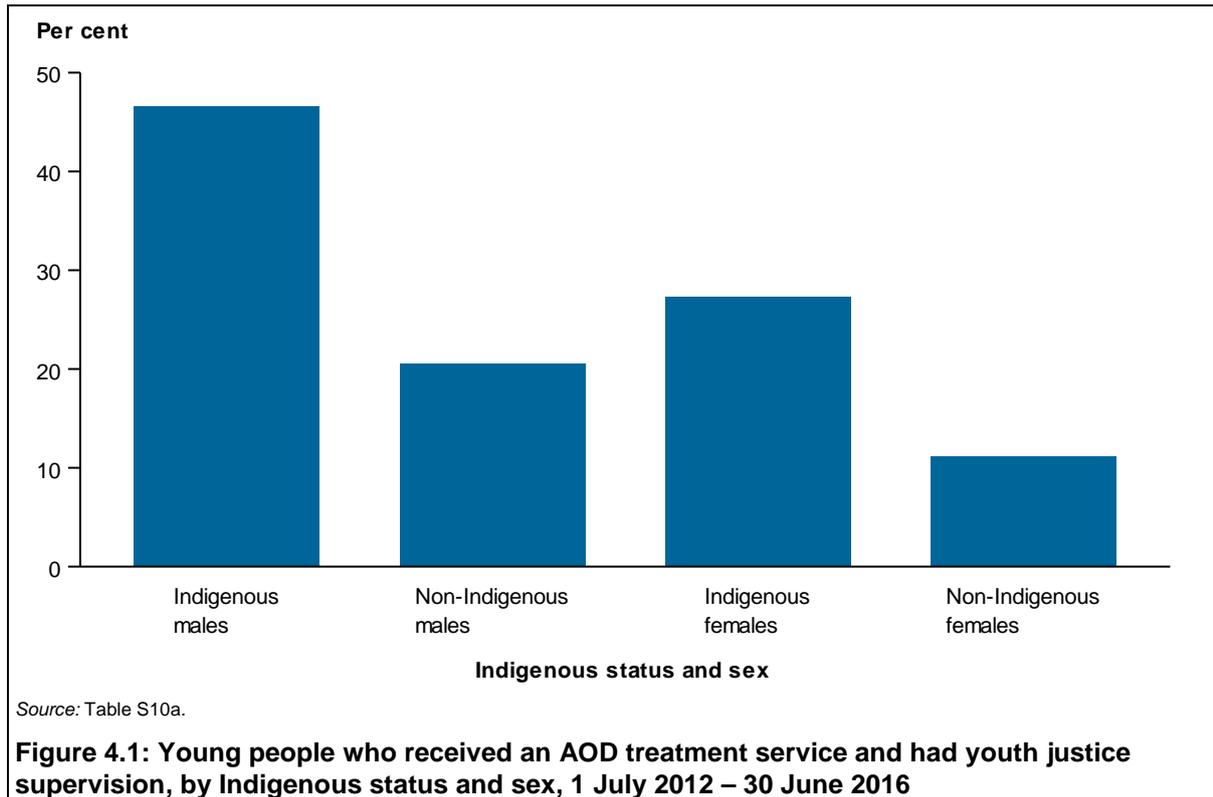
From 1 July 2012 to 30 June 2016, 11,981 young people aged 10–17 received an AOD treatment service. Of those, 23% were Aboriginal or Torres Strait Islander, and most (66%) were male (Table S10c).



Overlap with youth justice

Of the 11,981 young people who received an AOD treatment service from 1 July 2012 to 30 June 2016, 21% (2,569) were also under youth justice supervision at some time during the same 4-year period (tables S10a and S10b). This is 30 times the rate of youth justice supervision among the Australian population of the same age for the same period (0.7%) (tables S1b and S10b).

Young Indigenous males who received an AOD treatment service were the most likely to also have youth justice supervision (47%), while non-Indigenous females were the least likely (11%) (Figure 4.1). These data are likely to be underestimates, as this study does not include treatment episodes provided by Indigenous-specific services (for more information on the AODTS NMDS, see Chapter 1).



Types of youth justice supervision

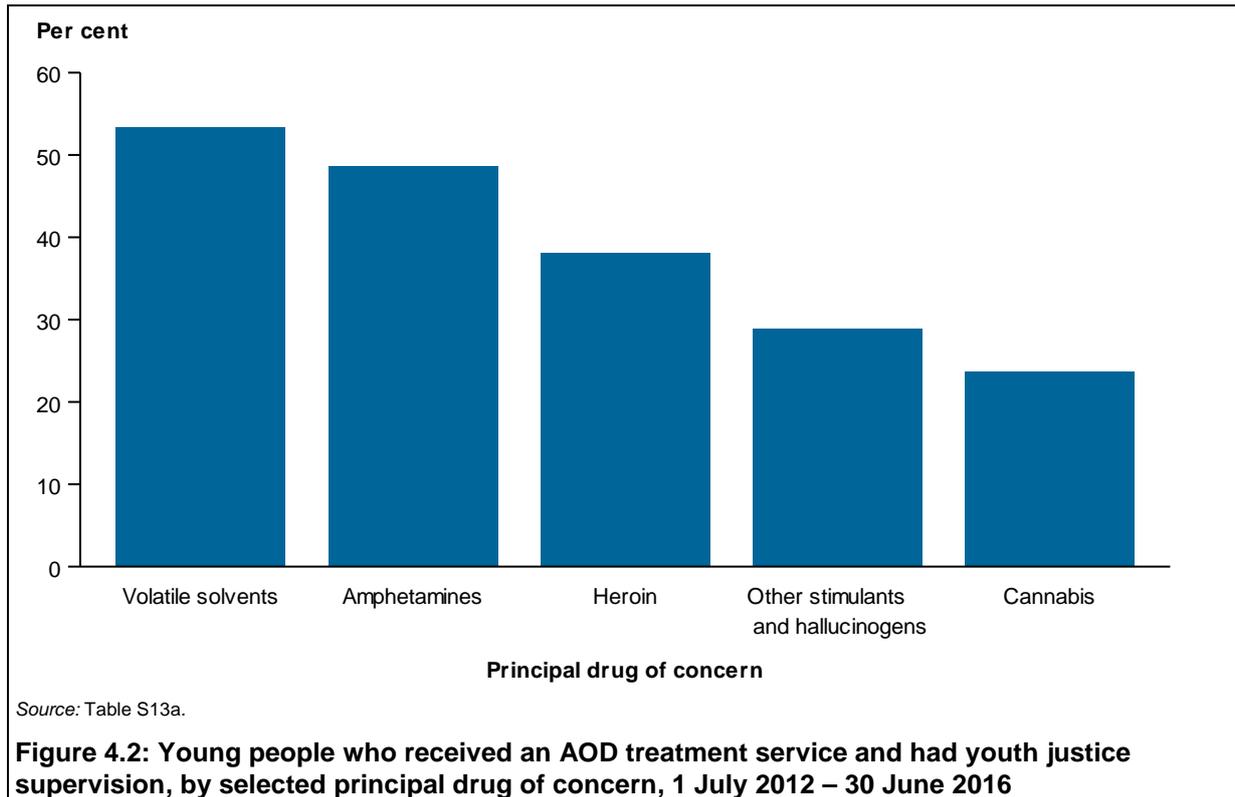
Of young people who received an AOD treatment service, 1 in 5 (20%) were also under community-based supervision at some point during the 4-year period (Table S11a). This is 31 times the rate of community-based supervision among the Australian population of the same age (0.6%) (tables S1d and S3a).

Of those who received an AOD treatment service, 1 in 7 (15%) were in youth detention at some point during the 4-year period (Table S12a). This is 35 times the rate of detention for the Australian population of the same age for the same period (0.4%) (tables S1d and S4b). AOD treatment services provided in correctional facilities are excluded from the AODTS NMDS, so the extent of this overlap is an underestimate.

Principal drugs of concern

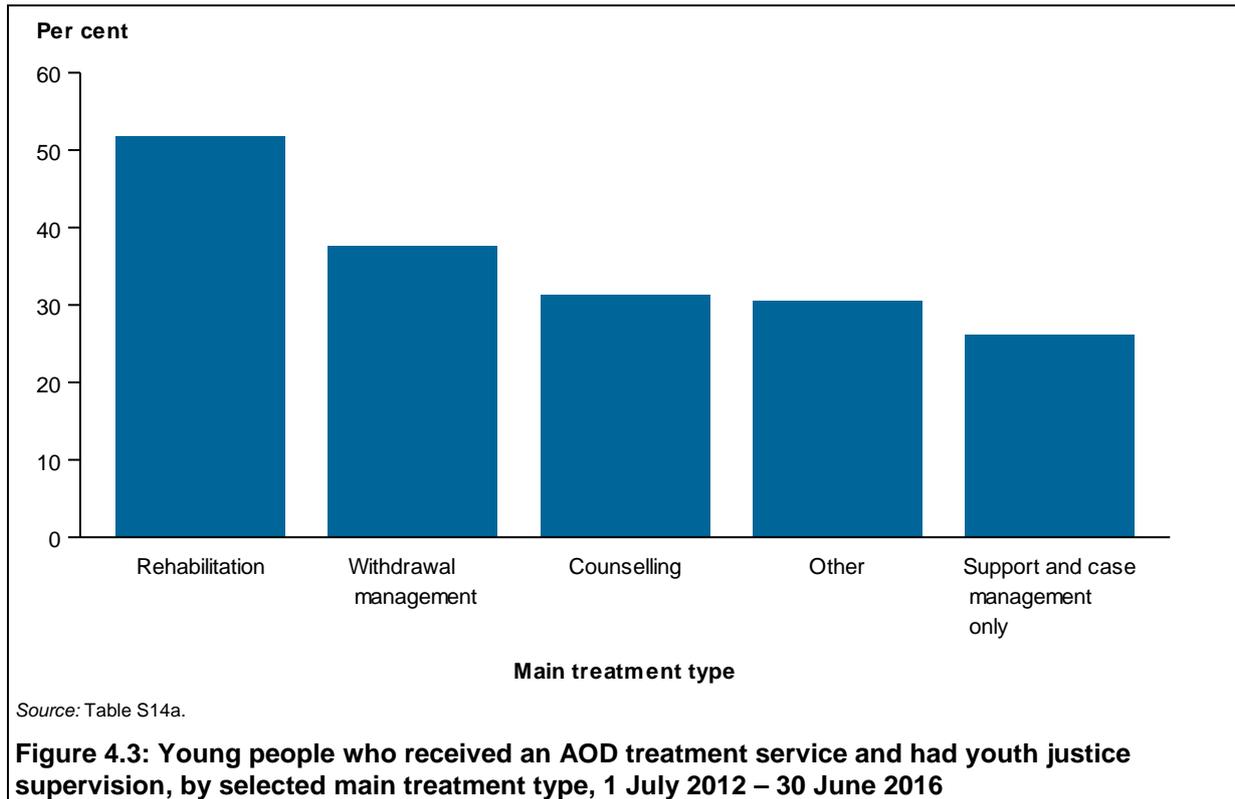
Of the 11,981 young people who received an AOD treatment service, those who had received a treatment for a principal drug of concern of volatile solvents and those who received a treatment for amphetamines were the most likely to have also received youth justice supervision (53% and 49%, respectively) (Figure 4.2).

Young people who received a treatment service for ecstasy and those who received a treatment for nicotine were the least likely to have spent time under youth justice supervision during the period (15% and 14%, respectively) (Table 13a).



Main treatment types

Over half (52%) of young people who received rehabilitation by AOD treatment services from 1 July 2012 to 30 June 2016 also received youth justice supervision in the same 4-year period (Figure 9). About 2 in 5 (38%) young people who received withdrawal management also had youth justice supervision, and about 3 in 10 of those who received counselling (31%), support and case management (26%), and other types of AOD treatment service (31%) experienced youth justice at some point during the 4-year period.



Referrals from the justice system

Of the 11,981 young people who received an AOD treatment service:

- 4,244 (35%) had a police referral
- 667 (6%) had a court referral
- 734 (6%) had a referral from a youth justice department.

Some young people received more than 1 AOD treatment service, so had more than 1 referral source (Table S15c).

Police and court referred AOD treatment services may be used as a diversion from further contact with the criminal justice system, which may include supervision by a youth justice department.

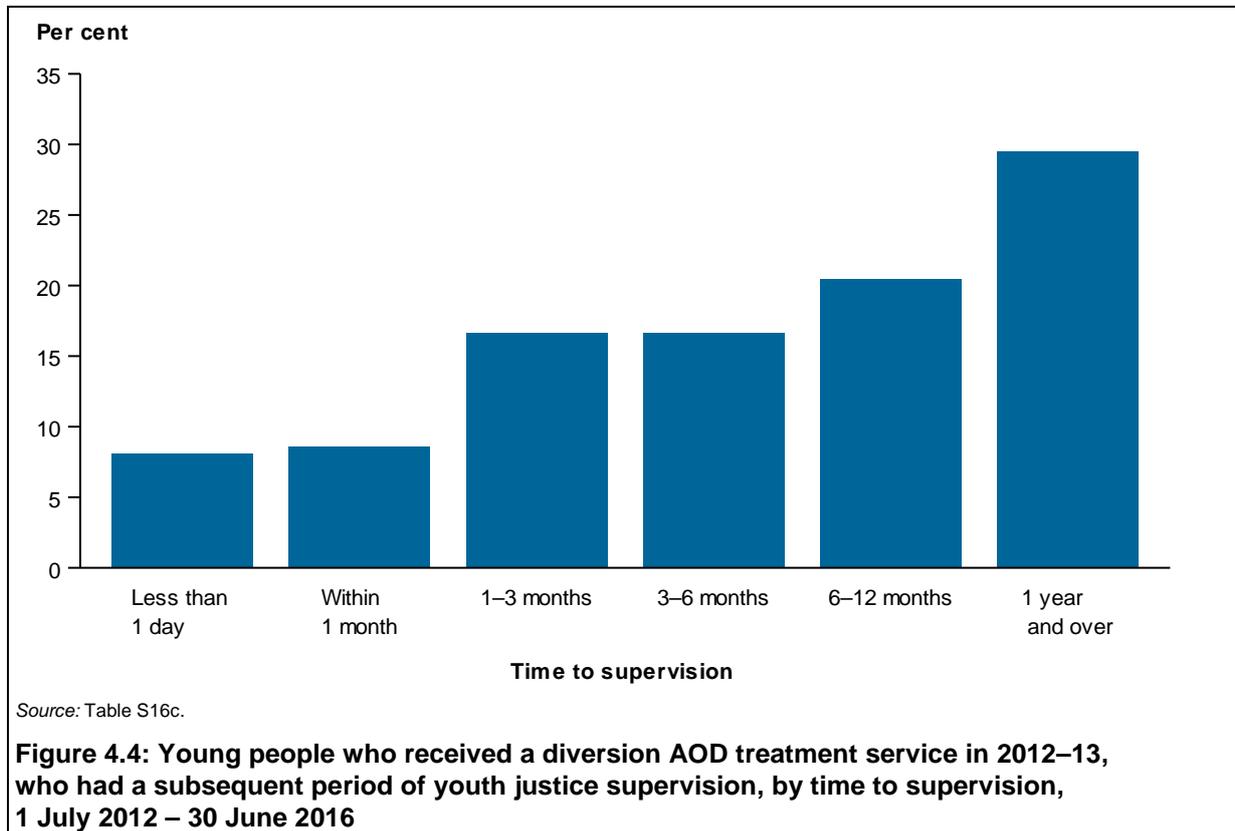
To measure the number of people who spent time under youth justice supervision following a diversion service, only those in the study cohort with a minimum follow-up period of 3 years were assessed. So this includes only those who were aged 10–14 at the start of the study period, with a police or court diversion service received during 2012–13, as they have a 3-year follow up period, and did not age out of youth justice supervision.

Out of the 797 young people who received a diversion service (police and court referrals) in 2012–13, just over one-quarter (26%) received a subsequent period of youth justice supervision (up to June 2016) (tables S16a and S16b).

Of those who had youth justice supervision following the start of an AOD diversion treatment service:

- 8% entered youth justice supervision before the AOD treatment episode closed

- 9% entered youth justice supervision within 1 month of the end of the AOD treatment episode
- 17% entered youth justice supervision within 1–3 months
- 17% entered youth justice supervision within 3–6 months
- 20% entered youth justice supervision within 6–12 months
- 30% entered youth justice supervision after 12 months (Figure 4.4).



5 Dual service clients

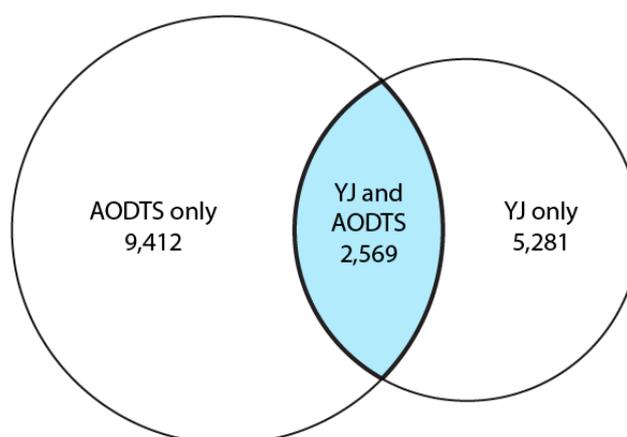
This chapter provides information on the young people who received an AOD treatment service and were under youth justice supervision at some time between 1 July 2012 and 30 June 2016.

Comparisons are also made with the young people in the cohort who received only an AOD treatment service during the period. The data in this chapter relate to all states and territories, except the Northern Territory. The study cohort is restricted to young people who were aged 10–17 for the entire 4-year study period.

Of the 2,569 young people under youth justice supervision who also received AOD treatment services (the dual service client group), 43% were Aboriginal or Torres Strait Islander, and 77% were male.

In comparison, those who received an AOD treatment service only were less likely to be Indigenous (28%), and less likely to be male (62%) (tables S1a and S1c).

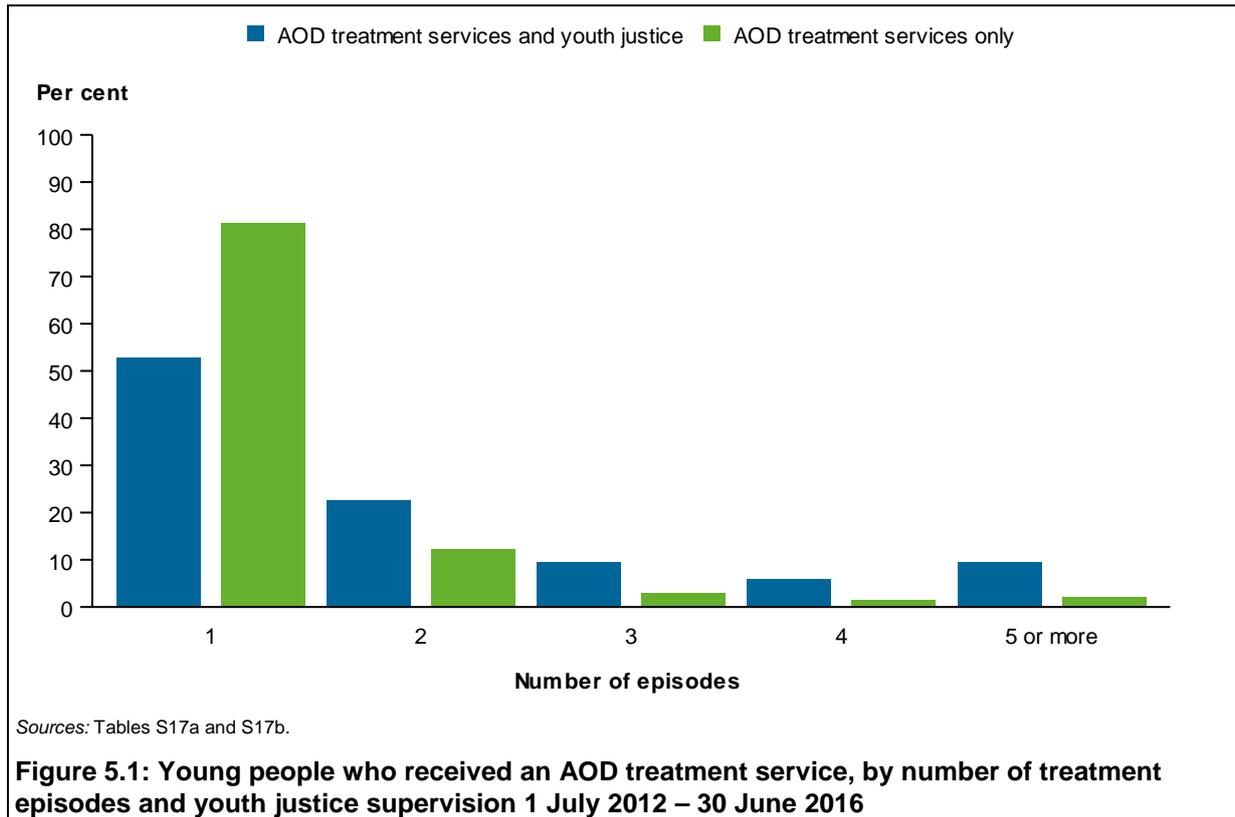
Of the dual service clients, almost two-thirds (62%) were under youth justice supervision before receiving AOD treatment services (episodes that ended before 1 July 2012 have not been included). The average age at first contact during the measurement period among the dual service group was 14, compared with 15 among the AOD-only group.



Alcohol and other drug treatment episodes

Between 1 July 2012 and 30 June 2016, young people in the dual service client group (2,569) were more likely than those who had only AOD treatment services (9,412) to receive multiple treatment services.

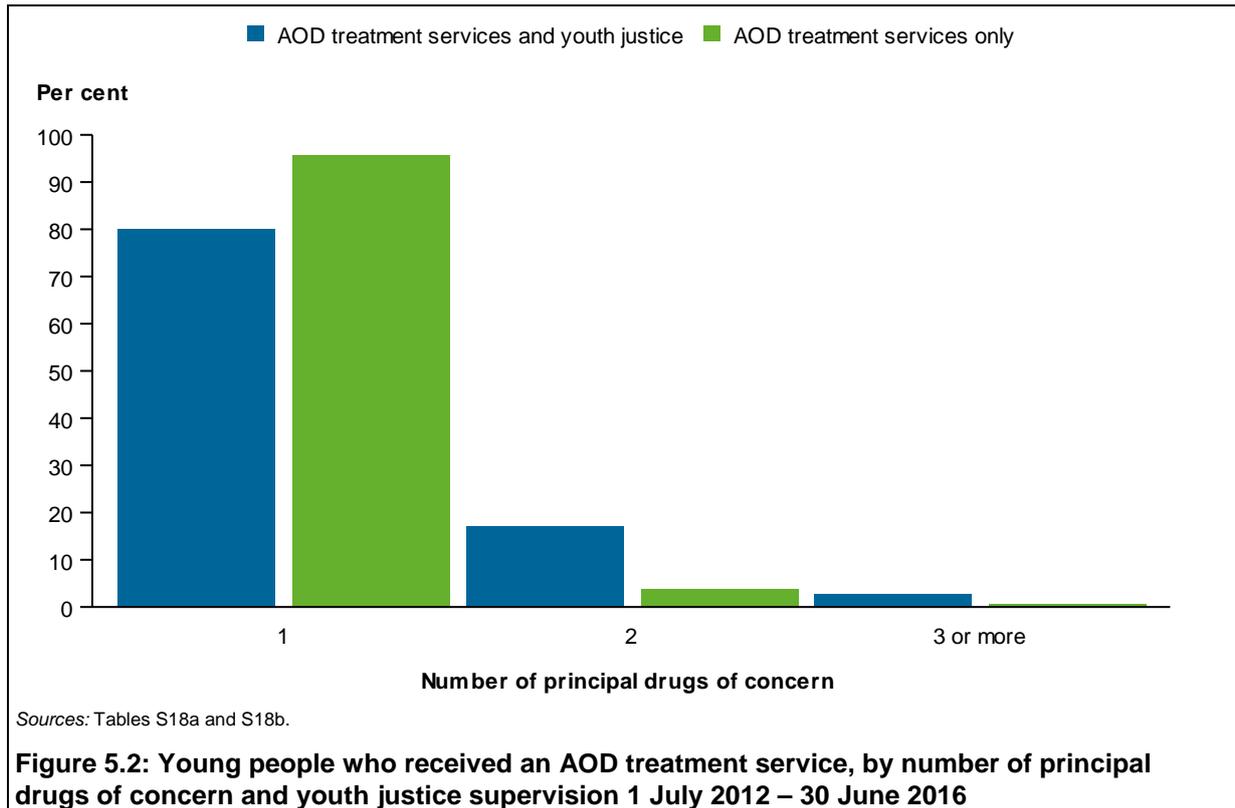
Nearly half (47%) of those in the dual service client group received more than 1 AOD treatment episode in the 4-year period, compared with 19% of those who received only an AOD treatment service (Figure 5.1). This suggests that clients of AOD treatment services who are under youth justice supervision have a higher level of access to, and/or need for, AOD treatment services than the general AOD treatment service client population of the same age.



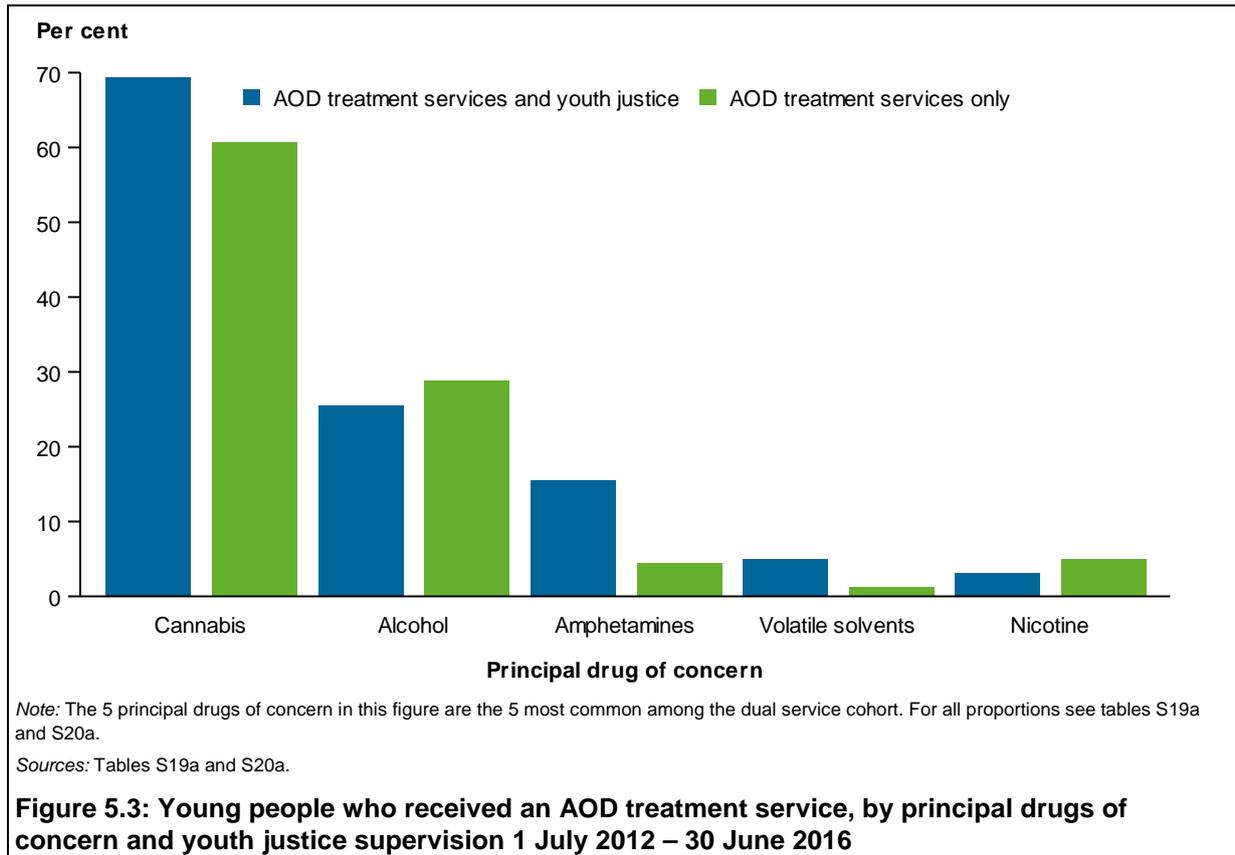
Principal drugs of concern

Young people who spent time under youth justice supervision during the 4-year period were more likely to have multiple principal drugs of concern than those who received only an AOD treatment service (20% compared with 4%) (Figure 5.2).

This suggests that young people under youth justice supervision might have a wider range of alcohol and other drug use issues than the general AOD treatment service population. However, contact with youth justice might also enable further AOD treatment service involvement, for example where additional drugs of concern are identified during the supervision of the young person.

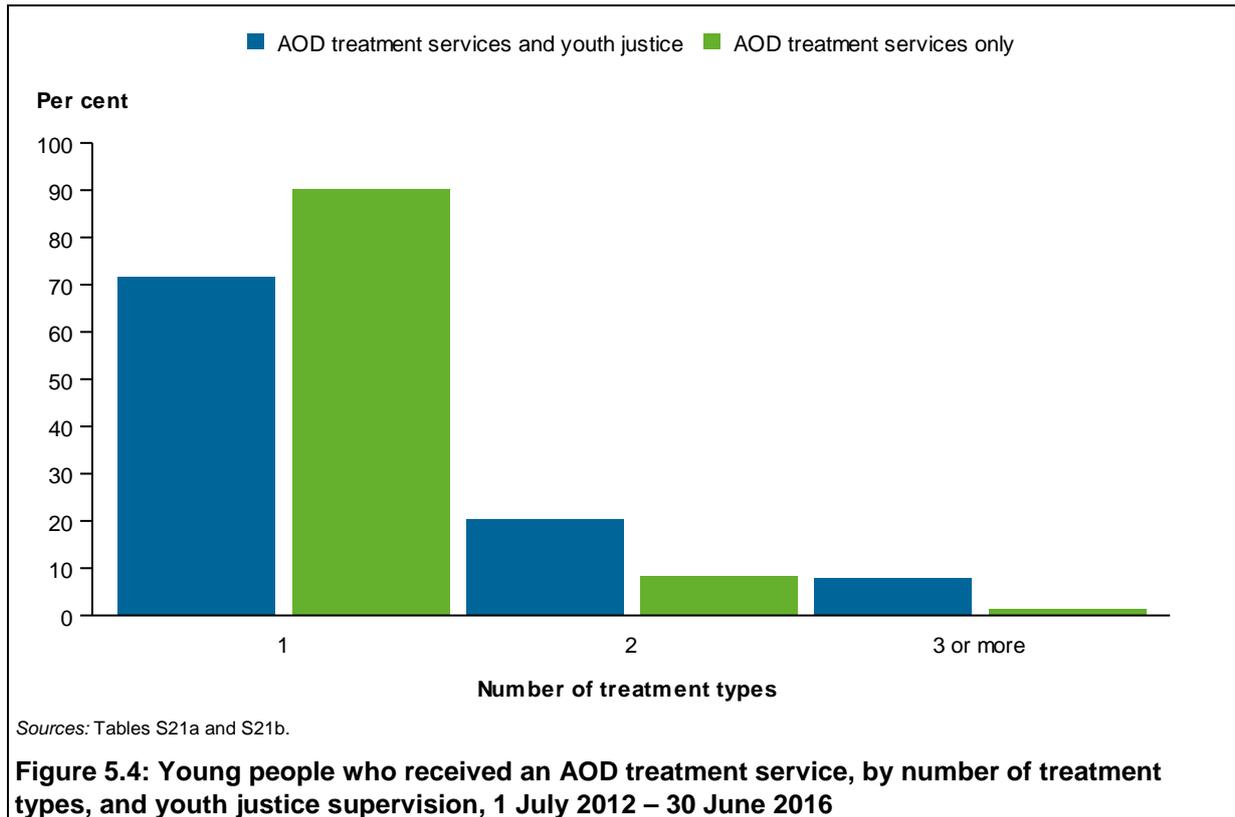


Among the 2,569 young people under youth justice supervision who received an AOD treatment service, the most common principal drug of concern for which treatment was sought was cannabis (69%), followed by alcohol (26%), and amphetamines (16%) (Figure 5.3). Cannabis (61%) and alcohol (29%) were also the most common principal drugs of concern among young people who only received an AOD treatment service.

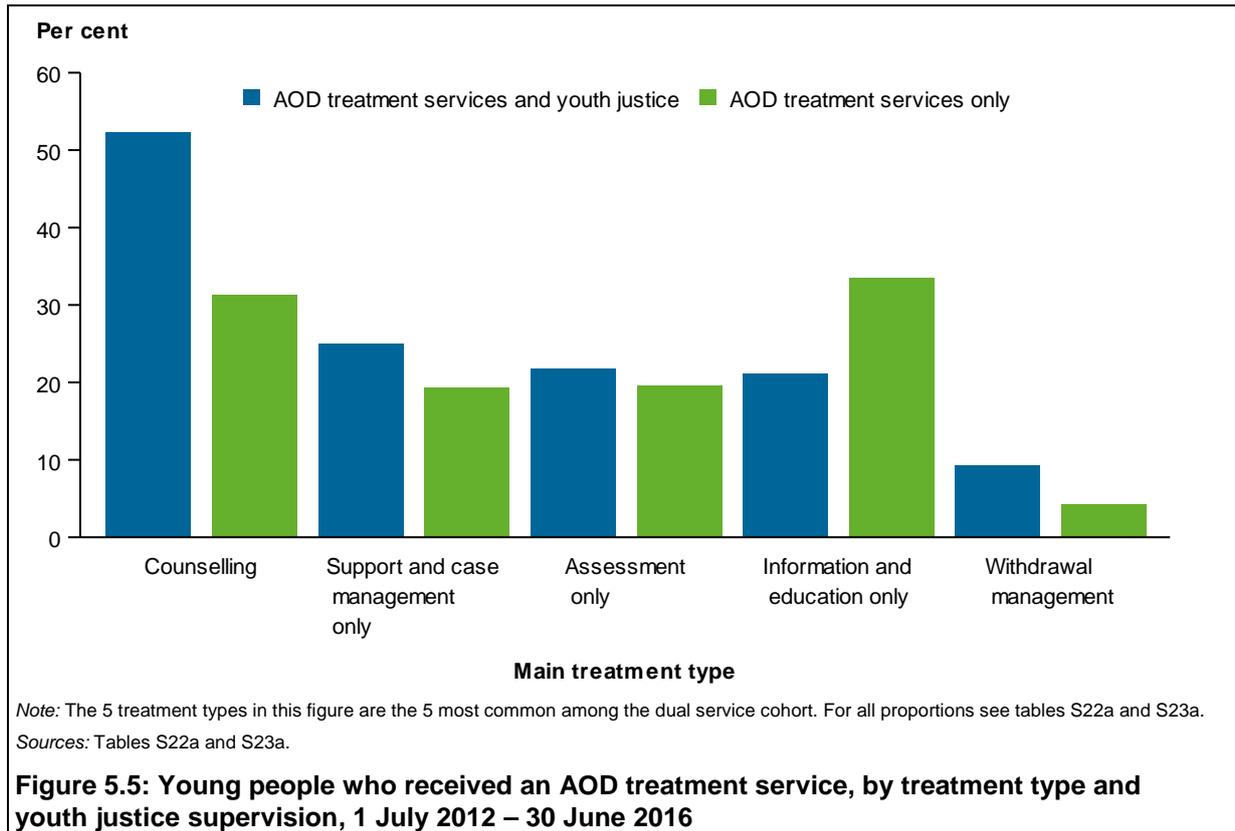


Main treatments types

Among the 2,569 young people in the dual service client group, 28% received multiple service types during the 4-year period, compared with 10% of young people who received only AOD treatment services (Figure 5.4).



The most common treatment type for young people in the dual service client group was counselling (52%), followed by support and case management (25%), and assessment only (22%). Information and education was the most common treatment type among young people who received an AOD treatment service only (34%), followed by counselling (31%), assessment only (20%), and support and case management (19%) (Figure 5.5).



Diversions to alcohol and other drug treatment services

Of the 2,569 young people under youth justice supervision who received an AOD treatment service, 1,533 (60%) had received at least 1 AOD treatment service due to contact with the criminal justice system (referral source of police, courts and youth justice departments) (tables S26a and S26b).

Police and court referrals may be considered as diversion services, and may include complete diversion via directions to alcohol and other drug services in lieu of youth justice supervision, or it may involve the direction into an AOD treatment service in combination with youth justice supervision.

Of the 1,533 dual service users who received an AOD treatment service as a result of contact with the justice system:

- 825 received a police diversion
- 305 received a court diversion
- 557 were a result of contact with a youth justice department (some young people received more than 1 diversion type) (Table S24b).

6 Future reporting

This report highlights the significant overlap between AOD treatment services and youth justice supervision. As this is a subset of all young people with problematic alcohol and other drug use, and a subset of young people in contact with the criminal justice system, the level of interaction between these areas is likely to be higher.

This report builds on a body of research demonstrating high levels of socioeconomic disadvantage among vulnerable young people, including those under youth justice supervision (AIHW 2015; Kinner & Borschman 2017).

This includes increased likelihood of mental disorder, morbidity, risk of homelessness, and contact with the child protection system (AIHW 2016b; Degenhardt et al. 2015; Kinner et al. 2014; Teplin et al. 2005; Chitsabesan et al. 2006). These young people are also disproportionately subject to mortality, particularly for preventable deaths such as suicide, traffic accidents, and drug overdose (Kinner et al. 2015).

Previous research from AIHW has highlighted how interconnected some of these areas of socioeconomic disadvantage are. A linkage study between youth justice supervision and child protection found that almost 2 in 5 young people (39%) in detention at some time from 1 July 2014 to 30 June 2016 were also involved in the child protection system during the same period, 12 times the rate of the Australian population (AIHW 2017d).

An additional linkage between specialist homelessness services, the child protection system, and youth justice supervision identified that young people who were involved with 1 of the 3 sectors were more likely to be involved with another of the sectors than the general population. These findings illustrate the importance of data linkages in understanding the complexities associated with multidimensional disadvantage among the most vulnerable members of our community.

This report was done as an initial study into the interactions between the alcohol and other drug treatment sector and the youth justice sector, to test how useful such an analysis could be. While demonstrating the utility of such an approach, there remains limitations and potential areas for improvement. Key limitations include the absence of data for:

- the Northern Territory
- AOD treatment services in detention centres
- Indigenous-specific AOD treatment services
- enough years to report complete pathways through youth justice supervision.

Results from the linked data collection can be enhanced in future years, as data become available for more states and territories, and as years of data accumulate. Extending linkage to include data from other health and welfare data collections will also be considered, to provide more information on multiple service use and health and welfare issues among vulnerable children and young people.

Coverage

Currently the study does not include data for the Northern Territory, as Juvenile Justice NMDS-compliant and linkable data are not available for that jurisdiction. Future development work is planned to enable the reporting of compliant data. A more comprehensive analysis of the linked data could also be investigated to enable the presentation of these data by jurisdiction.

Detention centre-based AOD treatment services are currently excluded from the study, as they are out of scope for the AODTS NMDS. Consultation with state and territory departments responsible for these health services is currently under way. This consultation process is looking at the feasibility of collating nationally consistent administrative data from these health services, potentially including some data related to AOD treatment services.

Indigenous-specific AOD treatment services are also not counted in the AODTS NMDS. At this stage no work is under way to remedy this limitation.

Longitudinal analyses of pathways and the links between specific events

This report used available data to explore the characteristics of young people who had both an AOD treatment service and were under youth justice supervision sometime between 1 July 2012 and 30 June 2016.

As years of data accumulate for both data collections, it will be possible to build a full longitudinal data set that can be used to explore the links and pathways between different types of events, such as whether there is an association between the length of drug diversion service treatment and subsequent youth justice supervision.

Other data collections

It is also possible to expand the linked AOD treatment services and youth justice supervision data collection to include information from other health and welfare data collections.

This would improve the value of the linked data collection used for this report, and yield valuable information on various issues, such as prior or concurrent involvement with the child protection system or homelessness services, and presence of mental health conditions or acquired brain injury.

An expansion in the data included in the linkage could allow for more detailed analyses of pathways through the justice and AOD treatment service sectors, and how these differ for clients with additional needs or in different locations.

Examples of this type of analysis that have already been undertaken include the following:

- In 2016, the AIHW conducted a data linkage between child protection, youth justice and specialist homelessness services data. The results are published in the report *Vulnerable young people: interactions across homelessness, youth justice and child protection: 1 July 2011 to 30 June 2015* (AIHW 2016b).
- In 2016, the AIHW also conducted a data linkage between the AOD treatment services and specialist homelessness services data. The results from this linkage are published in the report *Exploring drug treatment and homelessness in Australia* (AIHW 2016a).
- Additionally, the AIHW conducts data linkage between child protection and youth justice each year. The latest results from this linkage are published in the report *Young people in child protection and under youth justice supervision 2015–16* (AIHW 2017d).

Glossary

alcohol: A central nervous system depressant made from fermented starches. Alcohol inhibits brain functions, dampens the motor and sensory centres, and makes judgement, coordination, and balance more difficult.

amphetamines: Stimulants that include methamphetamine, also known as methylamphetamine. Amphetamines speed up the messages going between the brain and the body. Common names are speed, fast, up, uppers, louee, goey, and whiz. Crystal methamphetamine is also known as ice, shabu, crystal meth, base, whiz, goey, or glass.

cocaine: A drug that belongs to a group of drugs known as stimulants. Cocaine is extracted from leaves of the coca bush (*Erythroxylum coca*). Some of the common names for cocaine include C, coke, nose candy, snow, white lady, toot, Charlie, blow, white dust, and stardust.

community-based supervision: For young people who reside in the community who are supervised by the youth justice department. Young people may be unsentenced (before a court hearing or while awaiting the outcome of a trial or sentencing) or may have been sentenced to a period of community-based supervision by a court. Community-based supervision also includes young people who have been released from sentenced detention on parole or supervised release.

counselling: Can include cognitive behaviour therapy, brief intervention, relapse intervention, and motivational interviewing. Also includes individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency.

detention: For young people who are detained in a youth justice centre or detention facility. As with those under community-based supervision, these young people may be unsentenced or may have been sentenced to a period of detention by a court.

main treatment type: The principal activity that is determined at assessment by the treatment provider to treat the client's alcohol or other drug problem for the principal drug of concern.

pharmacotherapy: Where the client receives another type of treatment in the same treatment episode, and includes drugs such as naltrexone, buprenorphine, and methadone used as maintenance therapies or relapse prevention for people who are addicted to certain types of opioids; where a pharmacotherapy is used for withdrawal, it is included in the **withdrawal** category. Due to the complexity of the pharmacotherapy sector, this report provides only limited information on agencies whose sole function is to provide pharmacotherapy.

principal drug of concern: The main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency.

referral source: The source from which the client was transferred or referred to the alcohol and other drug treatment service.

rehabilitation: Focuses on helping clients to stop their drug use, and to prevent psychological, legal, financial, social, and physical consequences of problematic drug use. Rehabilitation can be delivered in several ways, including residential treatment services, therapeutic communities, and community-based rehabilitation services.

support and case management only: Support includes helping a client who occasionally calls an agency worker for emotional support, while case management is usually more structured than support. It can assume a more holistic approach, taking into account all client needs—including general welfare needs—and it includes assessment, planning, linking, monitoring, and advocacy.

treatment episode: A period of contact with defined start and end dates between a client and a treatment provider or a team of providers. Each treatment episode has 1 principal drug of concern and 1 main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

withdrawal management (detoxification): Includes medicated and non-medicated treatment to help manage, reduce, or stop the use of a drug of concern.

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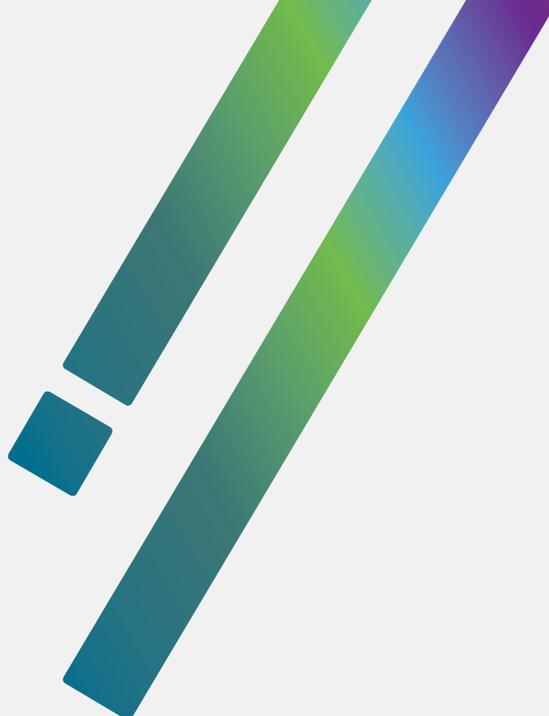
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This report examines the overlap between alcohol and other drug treatment services and youth justice supervision from 1 July 2012 to 30 June 2016. Compared with the age-equivalent Australian population, those who had youth justice supervision were 30 times as likely to have an alcohol and other drug treatment service, and those who received an alcohol and other drug treatment service were 30 times as likely to have youth justice supervision.

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