

ALCOHOL & OTHER DRUGS CENSUS FOR RURAL YOUTH SECTOR WORKERS

This report presents the findings of the Alcohol & Other Drugs Census for rural Youth Sector Workers in NSW. The Census was conducted by the Youth Action & Policy Association (YAPA) during December 2005 / January 2006 with funding from the NSW Drug and Alcohol Workforce Development Council. A total of 98 responses were received.

The Census is a self assessment tool, rather than an independent assessment. For example, workers may feel that they have an adequate AOD policy at their service but after training they may realise that they need to update and expand their existing policy.

A wide range of answers were recorded and the following summary presents the "average" picture only. For example, while most services displayed material on harm minimisation almost a third did not. Please see the results that follow for more detailed information.

The average youth project

The projects employ 2 workers who work a total of 50 hours per week, 37.5 of these hours are face to face work with 19 young people. The projects do not have any volunteers. More than half of their clients have a moderate AOD issue and/or moderate challenging behaviour while 10-20% of clients have a serious AOD issue and/or serious challenging behaviour.

The projects generally have adequate or partially adequate policies on relevant AOD issues although they say they would find model AOD policies very useful. Staff believe that their management committees may support the introduction of new policies. Staff receive orientation to the service and tend to take a consistent approach to AOD issues.

The projects have an up to date list of AOD services and know a local AOD worker that they can talk to for advice.

The workers generally feel confident talking to young people about drugs and their effects.

The workers identify a need to learn or improve their "theory based skills" in motivational interviewing, HEADDS assessment, solution focused therapy, stages of change and managing challenging behaviour.

The projects have written information for young people about AOD and they display material promoting a harm minimisation approach.

Most of the workers have received little or limited training on AOD issues. 94% are interested in attending the YAPA training on AOD issues. Most staff have a formal qualification (not in AOD) and have worked in the sector for 5 years

Census results

About the Projects

Q1. In what region does your project operate?	
Mid North Coast	17.4%
Far North Coast	17.4%
New England	7.1%
South East NSW	14.3%
Riverina Murray	12.2%
Western NSW	31.6%

Q2 – How many workers (working directly with young people) does your project usually employ?	
1 worker	24.5%
2 workers	31.6%
3 workers	13.3%
4 workers	8.2%
5 workers	12.2%
6 workers	1.2%
7 workers	3.0%
8 workers	3.0%
9 workers	0.0%
10 workers	0.0%
More than 10 workers	3.0%

Q3. What is the total number of hours these workers (working directly with young people) work each week?	
1 - 4 hours per week	4.4%
5-19 hours per week	7.8%
20 – 35 hours per week	21.1%
36 – 51 hours per week	18.9%
52 – 70 hours per week	20.0%
71 – 100 hours per week	8.9%
101 – 182 hours per week	17.8%
Other – 401 hours per week	1.1%

** The median level was 50 hours per week.*

Q4. How many volunteers usually work at your project each week (other than your management committee)?	
No volunteers	53.4%
1 volunteer	14.8%
2 volunteers	18.1%
3 volunteers	5.7%
4 volunteers	3.4%
5 volunteers	0.0%
6 volunteers	2.3%
7 or more volunteers	2.3%

Q5. How many hours is your project open, for face to face work with young people, each week?

0 hours	2.3%
1 – 15 hours	17.1%
16 – 25 hours	10.2%
26 – 35 hours	19.3%
36 – 40 hours	35.2%
41 – 80 hours	9.1%
More than 80 hours	6.8%

* The median level was 37.5 hours per week

Q6. Approximately how many young people does your project work with in a typical week?

0 – 9 young people	18.9%
10 – 19 young people	31.1%
20 – 29 young people	11.1%
30 – 39 young people	10.0%
40 – 49 young people	2.2%
50 – 59 young people	4.4%
60 – 69 young people	7.8%
70 – 79 young people	0.0%
80 – 89 young people	2.2%
90 – 149 young people	5.6%
150 – 250 young people	6.7%

* The median level was 19 young people

Q7. To what extent is AOD an issue with young people you work with?

Approximately what percentage of young people your service works with have:

	0%	10%	20%	40%	60%	80%	90%	100%
A serious AOD issue?	8.7%	29.3%	27.2%	16.3%	12.0%	5.4%	1.1%	0.0%
A moderate AOD issue?	1.1%	10.2%	25.0%	21.6%	23.9%	11.4%	6.8%	0.0%

Q8. To what extent is challenging behaviour of young people an issue at your service? Approximately what percentage of young people your service works with have:

	0%	10%	20%	40%	60%	80%	90%	100%
Serious challenging behaviour?	7.8%	38.9%	17.8%	16.7%	12.2%	5.5%	1.1%	0.0%
Moderate challenging behaviour?	1.1%	14.6%	20.2%	24.7%	18.0%	10.1%	11.3%	0.0%

Policies and Procedures

Q9. Does your service have adequate written guidelines / policies on what to do if a young person

	yes	partially	no
a) attends your service under the influence of alcohol or drugs	69.1%	21.6%	9.3%
b) has harmful AOD use	49.5%	33.0%	17.5%
c) has a suspected drug overdose	51.6%	21.6%	26.8%
d) displays challenging behaviour at your service	66.0%	21.7%	12.3%
e) has possession / dealing of drugs	67.0%	16.5%	16.5%

on your premises			
Q10. Does your service have adequate written guidelines / policies			
	yes	partially	no
a) duty of care	82.5%	12.4%	5.1%
b) harm minimisation	54.6%	29.9%	15.5%
c) client safety	75.0%	17.7%	7.3%
d) worker safety	74.2%	20.6%	5.2%
e) parental contact	54.7%	26.3%	19.0%
f) confidentiality in relation to parental contact	60.4%	25.0%	14.6%

Q11. Would your service find model policies on AOD useful?	
Yes	88.5%
Partially	9.4%
No	2.1%

Q12. Do new staff receive adequate orientation to your project's policies and practices?	
Yes, definitely	33.7%
Yes, mainly	41.1%
Unsure	8.4%
No, not really	15.8%
Definitely not	1.0%

Q13. Do staff take a consistent approach to AOD issues?	
Yes, definitely	38.5%
Yes, mainly	41.7%
Unsure	7.3%
No, not really	10.4%
Definitely not	2.1%

Q14. Do new volunteers receive adequate orientation to your project's policies and practices?	
Yes, definitely	25.9%
Yes, mainly	30.9%
Unsure	16.1%
No, not really	22.2%
Definitely not	4.9%

Q15. Do you think your service needs to introduce NEW policies and practices to improve the way your service works with young people on AOD issues?	
Yes, definitely	28.1%
Yes, mainly	25.0%
Unsure	15.6%
No, not really	26.1%
Definitely not	5.2%

Q16. Do you think your management or advisory committee would be supportive of introducing NEW policies and practices to help improve the way you work with young people on AOD issues?

Not applicable	12.5%
Yes, definitely	50.0%
Yes, mainly	20.8%
Unsure	15.6%
No, not really	1.1%
Definitely not	0.0%

Referrals

Q17. Does your service have an up to date list of local or regional AOD services, to which you can refer young people to?

Yes, definitely	51.5%
Yes, mainly	32.0%
Unsure	5.2%
No, not really	11.3%
Definitely not	0.0%

Q18. Do you know any local AOD workers that you can ask for advice about working with young people on AOD issues?

Yes, definitely	61.9%
Yes, mainly	26.8%
Unsure	2.1%
No, not really	8.2%
Definitely not	1.0%

Worker experience and knowledge

Q19. Do you feel confident in talking to young people about their alcohol or drug use?

Yes, definitely	54.2%
Yes, mainly	37.5%
Unsure	3.1%
No, not really	5.2%
Definitely not	0.0%

Q20. Do you feel confident in providing a brief intervention with young people in relation to their alcohol or drug use (ie talking with a young person about AOD issues to help the young person address an AOD issue he/she is concerned about)?

Yes, definitely	42.7%
Yes, mainly	40.6%

Unsure	7.3%
No, not really	7.3%
Definitely not	2.1%

Q21. Do you feel that you have a responsibility to talk to young people about their alcohol or drug use (ie that it is an important part of your job role)?

Yes, definitely	66.0%
Yes, mainly	22.7%
Unsure	7.2%
No, not really	4.1%
Definitely not	0.0%

Q22. Do you know about most drugs and their effects?

Yes, definitely	24.2%
Yes, mainly	63.2%
Unsure	4.2%
No, not really	8.4%
Definitely not	0.0%

Q23. Do you have adequate knowledge of how to do

	yes	partially	no
a) Motivational interviewing	25.5%	45.8%	28.7%
b) HEADDS assessment	8.9%	24.4%	66.7%
c) Solution focused therapy	31.9%	30.9%	37.2%
d) Stages of change	28.0%	29.0%	43.0%
e) I ASSIST (managing challenging behaviours)	12.9%	40.9%	46.2%

Q24. Do you receive adequate and supportive supervision (either internal or external supervision) which allows you to talk about how you work with young people on AOD issues and how you can improve your work?

Yes, definitely	29.5%
Yes, mainly	34.7%
Unsure	6.3%
No, not really	22.1%
Definitely not	7.4%

Written information

Q25. Does your service have written information / pamphlets for young people about AOD issues?

Yes, definitely	55.7%
Yes, mainly	24.7%
Unsure	4.1%
No, not really	13.4%
Definitely not	2.1%

Q26. Does your service display posters or material which promotes a harm minimisation approach to AOD issues?	
Yes, definitely	46.8%
Yes, mainly	18.1%
Unsure	4.3%
No, not really	27.6%
Definitely not	3.2%

Training

Q27. Have you ever received any training on AOD issues?	
No	27.5%
1 - 3 days	47.2%
4 – 6 days	6.6%
1 to 2 weeks	6.6%
More than 2 weeks	12.1%
I have a formal AOD qualification	0.0%

Q28. Do you want to come to AOD training in 2006 (offered free by YAPA)?	
No	6 responses
Yes, 2 consecutive days	88 responses
Yes, 2 consecutive days and 1 follow up day	47 responses

** Respondents could tick more than one answer*

Q29. If you want to come to AOD training in 2006, what information or skills do you really want to know about, to improve the way you work with young people on AOD issues?

- Motivational interviewing
- Updates affects of drugs
- Broaching the issue, more full knowledge of all issues concerning really
- Different drugs, ways to tell if someone is on drugs, what each drug does
- More understanding of the different drugs and conditions of youths under the influence
- Identifying when there is a problem / signs to know when to refer them on to appropriate agencies
- Any training
- Knowledge of approaches, Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Ways of informally being able to talk to young people about AOD
- Effect of different drugs and warning signs and symptoms, ways of addressing young people affected by AOD
- Drugs, the effect they have and appropriate ways to work with people affected
- More knowledge of harm minimisation techniques, reducing challenging behaviours
- Best interventions and approaches, latest policies and procedures – regulations
- Theory based skills
- Brief intervention strategies, info on new and emerging drugs
- Lifestyle changes. Kicking the habit. Usable facts. Stages of change. Youth friendly
- Engaging, exciting learning activities
- Solution based lifestyle activities for youth at risk with AOD issues
- Recognising AOD (as opposed to ADD and challenging behaviour etc), dealing with parents with AOD abuse, challenging behaviour etc

- Drugs and their effects
- Latest approaches and management
- Refresh on all previous training. Anything is valuable as it has been a number of years since training
- Developing appropriate service policies. Dual diagnosis. Motivational interviewing. Correlation between AOD and mental health
- Different drugs and their effects so I can inform clients correctly as to their danger they can cause both mentally and physically
- Role playing. Identification of symptoms of use. How to respond to particular overdoses.
- Update relevant information on drug trends and new drugs used
- Working with Indigenous kids
- Dual diagnosis. Best interventions and approaches. Alternative therapy. Rural issues for rural kids and workers including accessibility to services (choice of worker and suitability of service), transport and anonymity, young males suicide ideation and cannabis use, homelessness (no immediate access to crisis accommodation and drug use), awareness and education HEP C etc
- Harm minimisation and policy approaches. Engaging non youth focused organisations to have a greater youth focus
- Policy information. Drugs and their effects. Alcohol and their effects
- Up to date practices. Prevention projects
- Skills in working with young people in a counselling role. Brief intervention and ongoing support. Often difficult to refer young people to AOD specific service if good relationship already established. Young people often reluctant to see another worker.
- Facts and figures / statistics that are current. New ideas and suggestions surrounding policies and working with young people who have AOD issues
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours, parental involvement, interactions with combination party drugs, rehab options
- Stages of change, I ASSIST, any information would be useful
- Working with young people to identify AOD issues and develop long term strategies
- Manage behaviours, group work learning
- Latest information on AOD treatments, services available, especially rehab specific
- Addressing the problem, looking at options
- Just general updates on AOD issues
- Fill in any gaps
- Harm minimisation programs
- How to assist young people to find alternatives to drugs, ie inspiration for the future
- Managing challenging behaviours, engaging young people on the street who are under the influence, engaging young people in a system of change
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Understanding of drugs and affect on young people / brain / behaviour, update info on new drugs, how to stop adults buying alcohol for underage drinkers
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, I ASSIST
- HEADDS assessment, solution focused therapy etc
- How to engage young people in a discussion on AOD
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours, appearance of different drugs and method of administering
- Whatever there is to know to stop the pointless loss of life of young people using AOD
- More information / knowledge on how to address drug and alcohol use. Information about affects of drugs
- Motivational interviewing, HEADDS, I ASSIST
- The effects and addictive personas of children using alcohol and cannabis
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Motivational interviewing, conducting assessments / questionnaires for stages of change

- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Drugs and their effects, harm minimisation
- Ways of talking as a group – not just targeting individuals. Project ideas that work.
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change
- Policies and procedures. Workshop for young people with AOD issues.
- Policies needed in a youth service, updating skills and knowledge on AOD, local referral and rehab centres
- Info on particular drugs and affects. How to manage AOD affected clients
- Motivational interviewing skills, intervention strategies, how best to educate young people about AOD
- Most drugs and their effects, related alcohol and how to assist young people with their addiction
- Identifying the effects and behaviours with different drugs
- Anything that will assist me to help my clients in a more effective way
- Discussing problems, interviewing, drug info
- Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Up to date knowledge of chemical drugs and short and long term effects
- What are current drugs of choice, any new evidence based treatment approaches
- Harm minimisation principles, drugs and effect, new introduced street drugs, therapy, rehabilitation interventions
- Skills for outreach, supporting young people returning from detox or rehab
- Handling alcohol fuelled incidents in public places. Models for community change
- Intervention and policy development
- Any Aboriginal specific information. Motivational interviewing, HEADDS assessment, solution focused therapy, stages of change, managing challenging behaviours
- Assessment tools development
- Recognition of AOD use, discussion, referral.
- Referral of client to other AOD service
- Be updated on drugs and their effects, more knowledge and skills in interviewing and assessment, overview of what other services are doing in relation to young people's AOD issues

Q30. If YAPA provided a travel subsidy, what location could you travel to for training?	
Dubbo	25 responses
Coffs Harbour	40 responses
Wagga Wagga	21 responses
Orange	23 responses
Tamworth	16 responses
Taree	11 responses

** Respondents could tick more than one answer*

About the Workers

Q31. Gender	
Male	27.1%
Female	72.9%

Q32. Age	
Under 18 years	0.0%
18-25 years	9.5%
26 – 39 years	46.3%
40+	44.2%

Q33. How many years have you worked in the youth sector?

Less than one year	4.3%
1 year	8.7%
2 years	4.3%
3 years	15.2%
4 years	9.8%
5 years	14.2%
6 years	15.3%
7 years	3.3%
8 – 10 years	4.3%
10 – 15 years	12.0%
15 - 20 years	4.3%
More than 20 years	4.3%

Q34. What is your highest level of education?

HSC	10.2%
Trade	3.1%
Certificate / Diploma	41.8%
Degree	31.6%
Post Graduate	13.3%