South Australian Alcohol and Other Drug Strategy 2017-2021

Consultation Draft

SANDAS Feedback

SANDAS *is the peak organisation for the non-government alcohol and other drugs sector in South Australia.*

SANDAS works to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.

INTRODUCTION

SANDAS is the peak organisation for the non-government alcohol and other drugs sector in SA.

SANDAS represents over 30 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community based organisations operate throughout South Australia. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.
SANDAS's vision is to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.
SANDAS is governed by a Board of Directors primarily elected from the SANDAS membership

Further information about SANDAS, its programs and services is available on the SANDAS website at www.sandas.org.au.

Contact details:

Michael White
Executive Officer
SA Network of Drug and Alcohol Services (SANDAS)

SANDAS
South Australian
Network of Drug & Alcohol Services

Ph 08 8231 8818
Fax 08 8231 8860
Mob 0416176611
michael@sandas.org.au
www.sandas.org.au

SANDAS welcomes the development of the State Government's South Australian Alcohol and Other Drug Strategy 2017-2021. Whilst considering the strategy is broadly appropriate and comprehensive there are a number of areas that could be further considered. This response details some of these considerations.

In the introduction the Strategy identifies that its purpose is to provide a framework for a coordinated whole-of- government strategy. It acknowledges that many government agencies have responsibilities for addressing alcohol and other drug issues. The Strategy recognises that causes of alcohol and other drug problems are multi-faceted and a combined effort across government is required to achieve results. The Strategy also recognises the importance of partnering with the non-government sector and meaningful engagement with the community in policy development, implementation and service delivery activities. SANDAS welcomes this statement of principle. However the body of the strategy does not reflect a strong engagement with these statements.

Whilst the Strategy addresses intersectoral practice this focus could be strengthened. Specific reference could be made to other key issues facing clients who present for drug and alcohol treatment and the associated strategies, plans or legislative frameworks relating to these areas of practice. This could strengthen the links between this strategy and others such as State and federal strategies and related action plans addressing:

- Liquor Licencing and specifically changes to the Act informed by the recent Anderson review
- Consumer representation
- Child protection/welfare e.g., the National Framework for Protecting and Nurturing Australia's Children and its current implementation plan
- Family Violence e.g., the National Plan to Reduce Violence against Women and their Children 2010 – 2022
- Mental Health Plans e.g., the National Mental health Plan and South Australia's next Mental Health Plan (in development),
- Gambling
- Housing/homelessness
- Employment, education and training
- Corrections, Justice and Policing.

By referencing these other issues and their related strategies this Strategy could better express its commitment to the development of an integrated treatment system that incorporates service delivery by government, nongovernment, the fee for service AOD services and the wider health and community sector (e.g., corrections, justice, juvenile justice, FV, gambling, housing, employment, education and training etc)..

The strategy does not explicitly mention funding or identify the key issues facing the sector in relation to funding:

- Stability of funding over a longer period of time, recognising that treatment for substance abuse can require long term engagement
- The quantum of funding required to meet service demand
- the emerging complexities of the funding environment such as the range of funding streams (State AOD, Federal AOD, PHN commissioned services, self-funded/fee for service treatment),
- the important contribution other government departments make to supporting AOD clients who have co-occurring issues.

The strategy could be strengthened by touching on these issues in principle at least.

A range of text changes and areas for further consideration(as track changes) are highlighted in the body of the Strategy below for consideration by the drafting committee.

South Australian Alcohol and Other Drug Strategy 2017-2021

Introduction

Alcohol and other drug problems have far reaching health, social and financial impacts on the South Australian community. As well as the direct impacts on individuals, families and the community as a whole are affected. The harms from alcohol and other drug problems include health impacts, involvement in risky behaviours, violence and ~~other~~ criminal activities. Harms ~~also~~ to the individual and others include social, family and financial problems. Alcohol and other drug problems ~~as well as the~~ may impact on an individual's capacity to parent and their child's wellbeing.

The South Australian Government is committed to reducing the impact of alcohol and other drug problems in South Australia. The Government's overarching approach for achieving this is harm minimisation, as described in the National Drug Strategy. Harm minimisation has been the nationally agreed approach to alcohol and other drug problems since 1985. The approach is informed by a significant body of evidence and has been widely adopted and commended internationally.

Harm minimisation involves a coordinated, whole-of-government approach addressing three pillars: demand reduction, supply reduction and harm reduction. Demand reduction strategies are those that prevent uptake, delay onset of use or reduce consumption. Supply reduction strategies reduce access and availability. Harm reduction strategies reduce health and social impacts.

The South Australian Alcohol and Other Drug Strategy 2017-2021 is a coordinated whole-of-government strategy led by a partnership between South Australia Police and SA Health. Many government agencies have responsibilities for addressing alcohol and other drug issues. The Strategy recognises that causes of alcohol and other drug problems are multi-faceted and a combined effort across government is required to achieve results. The strategy also recognises the importance of partnering with the non-government sector and meaningful engagement with the community ~~throughout~~ in policy development, implementation and service delivery activities.

Aim of the Strategy

The aim of the South Australian Alcohol and Other Drug Strategy 2017-2021 is to:

Reduce the harms caused by alcohol and other drug problems to the South Australian community.

The Strategy aims to achieve this through five objectives:

1. Reduce alcohol-related harm.
2. Reduce the impact of alcohol and other drug problems on children, young people and families.
3. Reduce the harms associated with the use of illicit drugs and hazardous and harmful use of pharmaceuticals drugs.
4. Reduce the harms of alcohol and other drug problems to Aboriginal people.
5. Improve access to evidence that informs enhanced practice.

The Strategy describes South Australia's overall direction and principles for reducing alcohol and other drug harm, including harm minimisation, interagency cooperation and partnerships with the non-government sector and the community. It also describes the key actions underway or planned that will impact the goal and ~~the~~ objectives of the Strategy. Other activities that may affect alcohol and other drug problems occur across the wider government. The Strategy is not intended to be a comprehensive catalogue of these actions. However, underpinning the Strategy is an understanding that many clients in AOD treatment have other co-occuring issues (e.g., mental health, housing, employment, family violence, gambling, poverty and disability). This requires that all services are planned and delivered with a consideration of these co-occurring issues.

Priority populations

Some populations remain more heavily burdened with ill-health or disability caused by alcohol and other drugs than others. The Strategy therefore includes a focus on reducing the impact of alcohol and other drugs on the entire community as well as amongst priority populations including:

- Aboriginal people
- culturally and linguistically diverse populations
- dependent children of people with alcohol and other drug problems
- people identifying as gay, lesbian, bisexual, transgender or intersex
- offenders
- people with alcohol and other drug problems
- people with mental health conditions
- young people aged 18 to 29 years and
- school aged children.

As well as strategies directed at the whole community, targeting responses to priority populations is critical to maximise the impact and sustainability of our responses. This Strategy encourages meaningful engagement directly with communities to address alcohol and other drug issues.

Strategic themes

The *South Australian Alcohol and Other Drug Strategy 2017-2021* includes an increased focus on the following strategic themes:

- domestic violence
- harmful and hazardous use of pharmaceuticals
- methamphetamine
- reducing stigma
- the well-being of Aboriginal people in South Australia
- coordination and cooperation ~~between~~ across government agencies and with non-government organisations
- age of onset of alcohol and other drug use
- consumer and community participation.

These strategic themes are woven throughout the Strategy. Actions for addressing these issues are included in each of the key objective areas and results will be measured in progress reports throughout the course of the Strategy.

These themes were identified through research and consultation with key stakeholders, including alcohol and other drug services, police, welfare services, research bodies, peak organisations, community members and clients.

Achievements of the South Australian Alcohol and Other Drug Strategy

The South Australian Government has been guided by a whole-of-government strategy that outlines actions and activities needed to reduce the impact of harmful use of alcohol and other drugs since 1997. Achievements during the period of the previous Alcohol and Other Drug Strategy 2011-2016 include the following.

- Since 2010-11, there has been a decline in the level of alcohol-related crime in licensed premises[1].
- The percentage of South Australian school students aged 12 to 17 who had consumed any alcohol in the past week decreased significantly from 15% in 2011 to 10.4% in 2014[2].
- The percentage of South Australians aged 15 to 29 who reported use of cannabis in the last 12 months decreased from 22.5% in 2010 to 19.7% in 2013[3].
- The percentage of South Australians age 14 to 29 who reported use of any illicit drug (including cannabis) in the last 12 months decreased from 26% in 2010 to 24.7% in 2013[4].
- The estimated total number of alcohol-related hospitalisations among the South Australian Aboriginal population decreased from 1,029 in 2009-10 to 786 in 2014-15[5].

[1] SAPOL Annual Reports, 2006-07 to 2014-15. http://www.sapolice.sa.gov.au/sapol/about_us/publications.jsp
[2] Australian Secondary Students' Alcohol and Drug Survey (ASSADS)
[3] National Drug Strategy Household Survey 2010, 2013. http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/
[4] National Drug Strategy Household Survey 2010, 2013. http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/
[5] Integrated South Australian Activity Collection (ISAAC), SA Health

Guidance documents

The South Australian Alcohol and Other Drug Strategy 2017-2021 is part of a group of strategies and guiding documents that direct state and national alcohol and other drug actions.

The Strategy takes guidance and direction from the National Drug Strategy and its sub-strategies, including:

- National Aboriginal and Torres Strait Islander Peoples Drug Strategy
- National Alcohol Strategy
- National Tobacco Strategy
- National Illicit Drugs Strategy
- National Ice Action Strategy

The Strategy supports South Australia's Strategic Plan, specifically Target 81- Alcohol Consumption: *Reduce the proportion of South Australians who drink at risky levels by 30% by 2020*, as well as Target 6 - Aboriginal wellbeing: *Improve the overall wellbeing of Aboriginal South Australians*. It also contributes to the South Australian Government's Seven Strategic Priorities, specifically *Safe communities and healthy neighbourhoods.*

The Strategy is complementary to the South Australian Tobacco Control Strategy 2017-2020, which addresses strategies to reduce the harm from smoking.

Alcohol and other drug health and treatment services are informed by SA Health's *Delivering Transforming Health – Our Next Steps* and the State Governments 'Health in All Policies' framework.

The Stategy relates to a range of other state and federal plans and strategies wich intersect with drug and alcohol treatment and represent some of the key co-occurring issues clients face:

- the National Framework for Protecting and Nurturing Australia's Children and its current implementation plan
- the National Plan to Reduce Violence against Women and their Children 2010 – 2022
- the National Mental health Plan
- South Australia's Mental Health Plan (in development),
- Gambling….
- Housing/homelessness….
- Employment, education and training…
- Corrections, Justice and Policing…
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The strategy will be underpinned by appropriate State Governemnt funding within the constraints of the whole of government budgeting processs. The State Government commits to increasing the availability of treatment, working to stabilise service delivery and develop and implement sustainable and sufficient funding to the sector.

This will require the commitment of State funds and representing local needs at Commonwelth level. It may also involve engaging and partnering with other funding providers (e.g., Primary Health Networks and other commissioning bodies).

South Australian Alcohol and Other Drug Strategy 2017-2021

Aim

Reduce the harms caused by alcohol and other drug problems to the South Australian community.

Values

- harm minimisation
- interagency collaboration
- collaboration with the non-government sector
- reducing stigma
- evidence-based practice
- accessibility
- respect for culture and diversity
- community participation

Priority Populations

- Aboriginal people
- culturally and linguistically diverse populations
- dependent children of people with alcohol and other drug problems
- people identifying as gay, lesbian, bisexual, transgender or intersex
- offenders
- people with alcohol and other drug problems
- people with mental health conditions
- young people aged 18 to 29 years and school aged children

Objectives

Alcohol
Reduce alcohol-related harm.

Children, young people and families
Reduce the impact of alcohol and other drug problems on children, young people and families.

Illicit drug use and hazardous and harmful use of pharmaceutical drugs
Reduce the harms associated with the use of illicit drugs and hazardous and harmful use of pharmaceutical drugs.

Aboriginal people
Reduce the harms of alcohol and other drug problems to Aboriginal people.

Evidence
Improve access to evidence that informs enhanced practice.

1. **Alcohol:** Reduce alcohol-related harm

Alcohol is associated with a range of harms that affect individuals, families and the community, including accident and injury, violence, and poor health[6,7,8,9]. In 2015, more than a quarter (26.2%) of South Australians drank at levels that put them at risk of harm on a single occasion at least once a month[10].

There were an estimated 12,682 alcohol-attributable hospitalisations in 2014-15, which represents approximately 2% of all hospitalisations[11]. Alcohol makes up the majority of alcohol and other drug-related hospitalisations and accounts for approximately 3.2% of the total burden of disease and injury, 4.9% in males and 1.6% in females[12].

Risky drinking is strongly associated with family violence[13], as well as other violence and criminal offences[14]. In 2014-15, South Australia Police reported 1923 incidents of alcohol-related crime in licensed premises. In 2015, 22.4% of drivers/riders killed, and 14.8% of those seriously injured, had an illegal blood alcohol concentration[15].

Alcohol is a risk factor for cancer, especially those of the breast, liver, bowel, larynx, pharynx and mouth[16]. It is also associated with other health problems, such as cirrhosis of the liver and stroke[17], as well as the health, family and social problems resulting from alcohol dependence. Drinking during pregnancy can result in fetal alcohol spectrum disorder (FASD)[18].

As well as the direct impacts on the individual, alcohol problems also affect families, including dependent children, friends and the community[19].

The harms related to alcohol can be reduced. Effective strategies for reducing alcohol-related harms include regulating alcohol availability and advertising, liquor licencing

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[6] Gao, C., Ogeil, R.P., & Lloyd, B. (2014). *Alcohol's burden of disease in Australia*. Canberra: FARE and VicHealth in collaboration with Turning Point

[7] McKinney, C. M., Caetano, R., Harris, T. R., & Ebama, M. S. (2009). *Alcohol Availability and Intimate Partner Violence Among US Couples. Alcoholism: Clinical and Experimental Research*, 33(1), 169-176.

[8] Burgess, M. & Moffatt, S., (2011) *The association between alcohol outlet density and assaults on and around licensed premises*, Crime and Justice Bulletin, No. 147, Sydney: NSW Bureau of Crime Statistics and Research.

[9] Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

[10] National Drug Strategy Household Surveys (2007, 2010 and 2013 data, 14+ years); South Australian Health Omnibus Survey (2011-2014 data, 15+ years) - http://www.aihw.gov.au/alcohol-and-other-drugs/ndshs/

[11] Integrated South Australian Activity Collection

[12] Integrated South Australian Activity Collection

[13] Lipsky, S., & Caetano, R. (2008). *Is intimate partner violence associated with the use of alcohol treatment services? Results from the National Survey on Drug Use and Health*. Journal of Studies on Alcohol and Drugs, (January), 30–38.

[14] Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

[15] Department of Planning, Transport and Infrastructure Road Crash Database

[16] Cancer Council Australia - http://www.cancer.org.au/policy-and-advocacy/position-statements/alcohol-and-cancer/

[17] Cancer Council Australia - http://www.cancer.org.au/policy-and-advocacy/position-statements/alcohol-and-cancer/

[18] L. Burns, E. Elliot, E. Black, & C. Breen (Eds.) *Fetal alcohol spectrum disorders in Australia: An update* (pp. 56-63). Monograph of the Intergovernmental Committee on Drugs Working Party on Fetal Alcohol Spectrum Disorders. Available at www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/55FEF3DF7E89405FCA257BB0007DF141/$File/FASD-2012-Monograph.pdf.

[19] Laslett, A-M., Catalano, P., Chikritzhs, Y., Dale, C., Doran, C., Ferris, J., Jainullabudeen, T., Livingston, M, Matthews, S., Mugavin, J., Room, R., Schlotterlein, M. and Wilkinson, C. (2010) *The Range and Magnitude of Alcohol's Harm to Others*. Fitzroy, Victoria: AER Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Eastern Health.

legislation and other regulation, policing and enforcement activities[20]. This Strategy has been developed with consideration of the revised SA Liquor Licencing Act (in progress) and seeks to support its key aim of limiting the negative health impacts of alcohol on the community, in light of the Governments "Health in all Policies" Framework. Harm can also be reduced through health programs, treatment services and other community interventions, particularly those focused on identified vulnerable communities[21].

The responsibilities for these strategies are spread across government, requiring a coordinated inter-agency, whole-of-government response and collaboration with the non-government sector. Community participation, especially the voice of consumers, is also critical to success at all levels of policy development and service delivery ~~is also critical to success~~.

Key performance objectives:

- Reduce the proportion of the population aged 14 years and over drinking at levels that increase the risk of injury from a single drinking occasion.
- Increase the average age of onset of alcohol use.
- Reduce the prevalence of drink driving-related offences.

Action	Lead agencies
1. Implement the South Australian Government's response to the review of the *Liquor Licensing Act 1997*.	Consumer and Business Services
2. Trial new and innovative brief interventions in emergency departments to reduce alcohol-related harm.	SA Health
3. Implement place-based management approaches to reduce alcohol-related harm in vulnerable areas in partnership with communities.	Department for Communities and Social Inclusion, Attorney General's Department, Consumer and Business Services, South Australia Police, SA Health
4. Increase awareness in the community and the health workforce about the evidence linking excessive alcohol consumption to cancer risk, and strategies to reduce this risk.	SA Health
5. Investigate strategies to increase use of brief interventions by doctors to reduce problem drinking.	SA Health
6. Encourage the use of anti-craving medications for the treatment of alcohol dependence.	SA Health
7. Implement engagement strategies to increase community participation in the planning, implementation and evaluation of policy and services to address alcohol problems.	SA Health
8. Ensure that services to address alcohol problems meet the needs of people with a disability and those with mental health issues.	SA Health
9. Monitor the impact of the revised Licencing Act, Public Intoxication Act and the implementation of Dry Zones across South Australia to develop and evidence base as to the effectiveness of these interventions.	SA Health, South Australia Police

[20] Monograph – The prevention of substance use, risk and harm in Australia: a review of the evidence, Ministerial Council on Drug Strategy, 2004

[21] Monograph – The prevention of substance use, risk and harm in Australia: a review of the evidence, Ministerial Council on Drug Strategy, 2004

2. **Children, young people and families:** Reduce the impact of alcohol and other drug problems on children, young people and families

Alcohol and other drug use by young people can have developmental impacts[22] and can result in social, financial and health problems. Children and young people can also be affected by alcohol and other drug problems faced by family members and other people around them, especially when they impact the capacity to parent[23].

The 2013 National Drug Strategy Household Survey reported that 36.9% of those aged 14 to 29 years drank at levels that put them at risk of injury on a single occasion at least once a month[24]. In 2010, the average age when South Australians commenced drinking alcohol was 17 years and the age at which they commenced cannabis use was 19 years[25].

The Australian Secondary Students' Alcohol and Drug Survey shows that the percentage of South Australian 12 to 17-year-old school students who had consumed any alcohol in the past week was 10.4% in 2014[26]. The percentage of students who had used any illicit drugs in the previous week was 2.9%[27].

Strategies that reduce the use of alcohol and other drugs across the community have been shown to also reduce use amongst young people[28]. Youth-focussed initiatives and youth involvement in the design and implementation of strategies is needed. The age of onset of alcohol and other drug use is associated with immediate and lifetime health risks[29]. Delaying the uptake of tobacco smoking and alcohol use is proven to delay or prevent the uptake of illicit drug use[30].

Alcohol and other drug use can impact on other family members, particularly dependent children. Drinking during pregnancy can also result in fetal alcohol spectrum disorder (FASD)[31]. There is a need for all services (government and non-government) to be sensistive to the needs of the children and families of substance users. Services to support families and dependent children as cleints in their own right are important in improving their immediate health and wellbeing[32]. Creating resilience reduces the likelihood that ~~these~~ children whose parents/carers experience substance use issues will also face alcohol and other drug problems as adults[33]. Developing referral and treatment pathways, providing treatment responses to parents and evidence-based preventative responses for their children are vital in addressing intergenerational alcohol and

[22] National Drug Strategy 2010-2015
[23] An overview of alcohol misuse and parenting, Child Family Community Australia, Australian Institute of Family Studies - https://aifs.gov.au/cfca/publications/overview-alcohol-misuse-and-parenting
[24] 2013 National Drug Strategy Household Survey
[25] 2013 National Drug Strategy Household Survey
[26] Australian Secondary Students' Alcohol and Drug Survey
[27] Australian Secondary Students' Alcohol and Drug Survey
[28] Monograph – The prevention of substance use, risk and harm in Australia: a review of the evidence, Ministerial Council on Drug Strategy, 2004
[29] Cohort trends in the age of initiation of drug use in Australia, Degenhardt, L,;Lynskey, M; Hall, W, Technical Report 83, National Dru and Alcohol Research Centre, 2000
[30] Cohort trends in the age of initiation of drug use in Australia, Degenhardt, L,;Lynskey, M; Hall, W, Technical Report 83, National Dru and Alcohol Research Centre, 2000
[31] L. Burns, E. Elliot, E. Black, & C. Breen (Eds.) *Fetal alcohol spectrum disorders in Australia: An update* (pp. 56-63). Monograph of the Intergovernmental Committee on Drugs Working Party on Fetal Alcohol Spectrum Disorders. Available at www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/55FEF3DF7E89405FCA257BB0007DF141/$File/FASD-2012-Monograph.pdf.
[32] An extended family for life for children affected by parental substance abuse dependence, Family Matters no 93, Tsantefski, M; Parkes, A; Tidyman, A; Campion, M, Australian Institute of Family Studies, 2013

[33] Risk, protection and resilience in children and families, Research to practice notes, New South Wales Department of Community Services, November 2007 - http://www.community.nsw.gov.au/ data/assets/pdf_file/0018/321633/researchnotes_resilience.pdf

other drug use problems[34]. Providing training in family sensitive practice, assessment and brief intervention to staff engaging with parents of children at risk supports this approach.

Actions to reduce the impact of alcohol and other drug problems on children, young people and families require inter-agency collaboration and referral. To be effective, they also should be designed to engage with individuals, families and a diverse range of communities and empower children and young people to be active participants in the treatment and support they receive[35].

Key performance objectives:

- Reduce the proportion of the population aged 15 to 29 years old drinking alcohol at levels that increase the risk of injury from a single drinking occasion in the last year.
- Reduce the proportion of the population aged 15 to 29 years old who consume illicit drugs.
- Reduce the prevalence of alcohol consumption during pregnancy.
- Increase the average age of onset of alcohol use.
- Increase the proportion of school age children who do not use alcohol.

Action	Lead agencies
9. Provide training in alcohol and other drug assessment and brief intervention to staff engaging with parents of children at risk and provide family sensitive practice training to alcohol and other drug workers across the government and non-government system.	SA Health, Families SA DASSA
10. Engage with community leaders across sectors to foster attitudes that support people with alcohol and other drug problems to reduce stigma and to support involvement in treatment.	SA Health, Department for Communities and Social Inclusion, South Australia Police
11. Increase the prevention and diagnosis of fetal alcohol spectrum disorders (FASD), by working with SA Health, hospitals, non-government organisations and the primary health sector.	SA Health
12. Expand access to peer networks for young people and their families.	SA Health
13. Investigate opportunities to respond to intergenerational alcohol and other drug problems, such as preventative health responses for the children of parents undertaking treatment.	SA Health
14. Improve treatment retention and outcomes for parents with alcohol and other drug problems that have children who are dependent on them.	SA Health
15. Investigate strategies to enhance protective social networks for at risk families.	SA Health
16. Investigate a mechanism for sharing information to identify ~~places~~ communities with higher levels of alcohol and other drug issues, family violence and other policing matters, allowing targeted initiatives to reduce harm.	SA Health, South Australia Police, Attorney General's Department

34 Tools for Change: A new way of working with families and carers, Network of Alcohol and Other Drug Agencies, 2009 - http://www.nada.org.au/resources/nadapublications/resourcestoolkits/familycarertoolkit/

35 UnitingCare ReGen Supporting Evidence – Consumer Participation: March 2013

17. Investigate the implementation of the School Health and Alcohol Harm Reduction Project (SHAHRP) education program across all government-funded schools to delay the age of onset of alcohol use.	Department for Education and Child Development
18. Implement strategies to address the gap in alcohol and other drug treatment services for 16 and 17 year olds.	SA Health
19. Implement engagement strategies to increase the number of young people involved in the planning, implementation and evaluation of policy and services.	SA Health
20. Implement and evaluate the use of Child Wellbeing Practitioners under the supportive diversionary Child Wellbeing Program.	Families SA, Department for Education and Child Development
21. Implement the Triple P: Positive Parenting Program to build parent capacity.	Families SA, Department for Education and Child Development
22. Update Intervention Matters, the policy and procedural framework related to dealing with incidents in schools.	Department for Education and Child Development
23. Implement the Child Protection Curriculum and provide professional development for Department for Education and Child Development staff, such as Strategies for Managing Abuse Related Trauma (SMART) and the Common Approach.	Department for Education and Child Development
24. Implement the Australian Curriculum on Health and Physical Education, of which alcohol and other drugs is one of 10 focus areas.	Department for Education and Child Development
25. ~~Ensure~~ Support government and non-government adult alcohol and other drug services to ~~use~~ implement child-aware approaches.	SA Health

3. Illicit drug use and hazardous and harmful use of pharmaceutical drugs:
Reduce the harms associated with the use of illicit drugs and hazardous and harmful use of pharmaceutical drugs.

Illicit drugs include amphetamine-type stimulants (including methamphetamine), cannabis, opioids (including heroin) and a range of other substances. Pharmaceutical drugs of concern include those involved in the treatment of pain management, mental health problems and sleep disorders, such as codeine, oxycodone, morphine, dexamphetamine and alprazolam. Hazardous and harmful use of pharmaceutical drugs can occur through diversion to the illicit market or by over use through legitimate sources. Illicit drug use and hazardous and harmful use of pharmaceutical drugs are associated with a range of harms including health, social, legal and financial problems for the individual using drugs, and impacts on families and the community.

Around 16% of South Australians in 2013 used an illicit drug in the past 12 months, with cannabis being the most commonly used[36]. The burden of disease due to cannabis use is significant and includes respiratory illness and cognitive impairment[37]. In young people, cannabis dependence is correlated with psychosis and other mental health disorders[38].

There has been an increase in methamphetamine-related harms in South Australia, associated with an increase in the purity and use of the more potent crystal form of methamphetamine and a shift to smoking this form. Key data sources, including metropolitan wastewater analysis[39], methamphetamine-related apprehensions by South Australia Police[40], and South Australia Police drug driving testing[41] indicate an increase in methamphetamine-related problems. Health issues associated with methamphetamine use include high blood pressure, irregular heartbeat, collapse and convulsions, unpredictable behaviour, and mental health issues including anxiety, depression and psychosis[42].

The negative health consequences of using opioids such as heroin and pharmaceutical opioids include fatal and non-fatal overdose as well as blood borne virus transmission through unsafe injecting practices[43]. Unsafe injecting is a major route of transmission of blood borne viruses like hepatitis B, hepatitis C and HIV[44].

There has been a small increase in illicit use of pharmaceutical drugs [45]. These drugs can become part of the illicit drug market, requiring strategies similar to other illicit drugs. Harms

[36] Degenhardt, L. & Hall, W. (2012). *Extent of illicit drug use, dependence, and their contribution to global burden of disease*. The Lancet, 379(9810)
[37] Ministerial Council on Drug Strategy (2006) *National Cannabis Strategy 2006-2009*, Commonwealth of Australia, Publications Approval No. 3875
[38] Degenhardt, L. & Hall, W. (2012). *op. cit.*
[39] Drug use in Adelaide Monitored by Wastewater Analysis, School of Pharmacy and Medical Sciences, University of South Australia
[40] Parliamentary Joint Committee on Law Enforcement – Inquiry into Crystal Methamphetamine (Ice) – Submission from the South Australian Government, July 2015
[41] Parliamentary Joint Committee on Law Enforcement – Inquiry into Crystal Methamphetamine (Ice) – Submission from the South Australian Government, July 2015
[42] Methamphetamines: your questions and answers, Drug and Alcohol Services South Australia, May 2015
[43] Hall, W. Lynskey, M. and Degenhardt, L. Heroin use in Australia: Its impact on public health & public order. National Drug and Alcohol Research Centre. Monograph No. 42
[44] Needle and syringe programs: a review of the evidence: http://www.health.gov.au/internet/main/publishing.nsf/Content/83AAED699516CE2DCA257BF0001E7255/$File/evid.pdf
[45] National Drug Strategy Household Survey. 2013

can also arise from prescription and over-the-counter drugs, including the health, social and financial problems associated with addiction.

Use of illicit drugs and harmful and hazardous use of pharmaceutical drugs has a disproportionate impact on the most marginalised people in our community. To reduce harm, marginalisation and disadvantage among these groups, it is vital that our responses to these issues are evidence based and include effective engagement. Priority populations include Aboriginal people, young people, offenders and people who identify as gay, lesbian, bisexual, transgender or intersex.

Evidence-based strategies to reduce the harms from illicit drug use include intercepting supply and diverting people apprehended for simple possession offences to a health intervention under the Police Drug Diversion Initiative. It also includes increasing access to sterile injecting equipment and sharps disposal and connecting people to peer networks, health information, treatment and other community services that reduce harms and improve health outcomes[46]. Issues relating to housing and homelessness, poverty, unemployment and poor access to health and community services may be significantly correlated to substance abuse.

Evidence-based strategies to reduce harm from hazardous and harmful use of pharmaceuticals include improving knowledge about management of problems associated with these drugs, such as pain management, mental health problems and sleep disorders, and supporting prescribers and pharmacists who feel pressured by patients to provide medications inappropriately[47]. Developing an evidence base utilizing real time monitoring of prescriptions and dispensing of pharmaceuticals may enable the development of evidence informed interventions.

New, highly effective hepatitis C treatment medications that are affordable and accessible are improving the wellbeing of people with hepatitis C[48]. Improved access to the safe and effective opioid overdose reversal drug naloxone and to overdose prevention and response information is expected to save lives[49]. Increasing access to medication-assisted treatment for opioid dependence will further enhance health outcomes[50].

Engagement with the community and non-government service providers at all levels of policy development and service delivery is critical to success. Community engagement strategies ensure that services are relevant and effective.

Key performance objectives:

- Decrease the proportion of the population aged 14 years and over using illicit drugs.
- Reduce the ~~presence~~ use of methamphetamine as evidenced by~~in~~ wastewater analysis.
- Decrease the proportion of the population aged 14 years and over using illicit drugs or illicitly using pharmaceutical drugs, in the past twelve months.
- Decrease the prevalence of HIV and hepatitis C among people who inject drugs.

[46] Needle and syringe programs: a review of the evidence: http://www.health.gov.au/internet/main/publishing.nsf/Content/83AAED699516CE2DCA257BF0001E7255/$File/evid.pdf

[47] *National Pharmaceutical Drug Misues Framework for Action (2012-2015)*

[48] http://www.hepatitisaustralia.com/newtreatments

[49] WHO Community management of opioid overdose: http://www.who.int/substance_abuse/publications/management_opioid_overdose/en/

[50] National Guidelines for Medication-Assisted Treatment of Opioid Dependence:

http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/AD14DA97D8EE00E8CA257CD1001E0E5D/$File/National_Guidelines_2014.pdf

Action	Lead agencies
26. Investigate and disrupt the manufacture, cultivation, trafficking and supply of illicit drugs.	South Australia Police
27. Implement actions from the National Ice Action Strategy 2015 in partnership with the Australian Government and the Council of Australian Governments.	South Australia Police, SA Health
Allocate funding under the National Ice Action Strategy to address service gaps in alcohol and other drug treatment provision	SA Health, Primary Health Care Networks, NGO AOD services
28. Work with Australian Customs, Border Force and Australian Federal Police to increase targeted responses.	South Australia Police
29. Provide in-principle support to the Australian Government real-time electronic monitoring system for all pharmacists and medical practitioners to identify inappropriate use of pharmaceuticals.	SA Health
30. Increase access to sterile injecting equipment and sharps disposal through more service locations, particularly those accessed by priority populations.	SA Health
31. Work with the Australian Government to expand online counselling and enhance the existing telephone support service.	SA Health
32. Reduce opioid overdose morbidity and mortality through increasing the availability of naloxone and opioid prevention and response information.	SA Health
33. Improve access to interventions and treatment in correctional facilities and youth justice centres, including the Prison Opioid Substitution Program, transfer of treatment and opioid overdose prevention on release, and access to therapeutic and residential programs.	Department of Correctional Services, SA Health
Support the development of strong relationships between Correctional Services, non-government AOD services and community housing and support services to ensure ex-offenders are supported post release	Department of Correctional Services, SA Health, AOD NGOs and Housing Services
34. Improve access to medication-assisted treatment for opioid dependence by increasing knowledge, capacity and number of prescribers and pharmacists.	SA Health
35. Investigate the scale of harmful and hazardous use the use of pharmaceutical drugs and potential responses, including improving knowledge of prescribers, pharmacists and allied health workers about quality management of pain, mental health problems and sleep disorders.	SA Health
36. Identify opportunities to better support prescribers, pharmacists and other health workers who feel pressured by patients to provide medications inappropriately.	SA Health
37. Evaluate the impact of the new policy requiring a treatment undertaking to be applied to a diversion, when an adult has been apprehended more than two times in a 24-month period for a simple possession offence.	SA Health

38. Improve access to hepatitis C management and care for people attending Government and non-government alcohol and other drug treatment settings.	SA Health
39. Develop guidelines for psychosocial treatment of methamphetamine dependence for the health sector and for the treatment of methamphetamine presentations in acute settings.	SA Health
40. Develop peer networks for people who smoke methamphetamine to reduce harm and encourage access to health information.	SA Health

41. Expand partnerships with agencies that work with priority populations, including lesbian, gay, bisexual, transgender, intersex people (LGBTI) and Aboriginal communities, to address the increase in harms from non-injecting use of crystal methamphetamine.	SA Health
42. Investigate strategies to support Police in dealing with volatile substance use, such as Police referral with consent and improved use of the *Public Intoxication Act 1984* and the *Mental Health Act 2009*.	South Australia Police, SA Health
43. Implement communication strategies to increase the awareness of alcohol and other drug evidence, approaches and supports across both the community and workforce.	SA Health
44. Expand access to peer networks for individuals and families experiencing alcohol and other drug problems.	SA Health
45. Undertake a deliberative process to investigate better integration of efforts to prevent people from becoming alcohol and other drug dependent and reduce the occurrence of relapse after receiving treatment.	SA Health, Department of Premier and Cabinet
46. Work with the non-government AOD and primary health sectors to map the alcohol and other drug treatment system, including roles, key components and referral pathways.	SA Health, South Australian Network of Drug and Alcohol Services
47. Investigate strategies to increase diversion opportunities from the criminal justice system into treatment.	Department for Correctional Services; Attorney General's Department, SA Health, South Australia Police
48. Investigate the medical and pharmaceutical workforces responses to issues related to addiction of licit drugs, such as educational strategies for prescribers and pharmacists on pain management.	SA Health
49. Improve education, training and employment outcomes for vulnerable people and communities to enhance their quality of life, economic and social outcomes.	Department of State Development - Skills and Employment
Improve access to housing and homelessness services for vulnerable people and their families affected by substance abuse.	Dept of Housing, SA Health
50. Consider the costs and benefits of a review of the *Controlled Substances Act 1984*, which may look at issues such as access to needles and syringes, management of pharmaceuticals, and opportunities for research.	SA Health
51. Implement evidence based guidelines for safer music events to improve safety and reduce harms.	SA Health, South Australia Police, Attorney General's Department
52. Implement engagement strategies to increase community participation in the planning, implementation and evaluation of policy and services to address illicit drug use.	SA Health
53. Ensure that services to address illicit drug use and hazardous and harmful use of pharmaceutical drugs meet the needs of people with a disability or mental health issues.	SA Health

4. **Aboriginal People:** Reduce the harms of alcohol and other drug problems to Aboriginal people

Risky drinking remains high among Aboriginal South Australians. In 2012-13, 19.9% of Aboriginal South Australians aged 15 years and over drank at levels that put them at risk of disease or injury over a lifetime (28.6% of men and 14.5% of women)[51].

Aboriginal Australians are 1.4 times more likely than the non-Aboriginal population to abstain from drinking alcohol[52]. However, a greater percentage of Aboriginal people who do drink, consume alcohol at levels that pose both short-term and long-term risks for their health[53]. The mean age at death from alcohol-attributable causes among Aboriginal people is about 35 years[54]. The rate of alcohol-related hospitalisations among the South Australian Aboriginal population is three to four times higher than the overall South Australian population[55].

Data from 2012-13 found that 20.1% of those aged 15 years and over reported using cannabis in the previous 12 months and 10% reported using other substances[56].

Aboriginal people face specific alcohol and other drug problems including issues also associated with social and economic disadvantage or remoteness. Effective strategies must be culturally respectful and can include treatment and other health and social services. Regulation of supply and other strategies that address localised problems can be beneficial[57]. Initiatives must be based on locally-identified needs and form part of an integrated and cross-sectoral approach at the regional level[58]. Leadership from the Aboriginal community controlled sector in the planning, implementation and delivery of programs is important. Engaging with and understanding family and community needs is critical to success.

Best practice approaches to address the needs of Aboriginal people are critical and should be applied to a variety of service delivery settings in urban, regional and remote locations. Addressing the social determinants of health through improved education, training and employment will enhance outcomes[59].

The South Australian Government recognises culture and tradition are important for effective policy and interventions. Aboriginal people need to be involved, empowered and encouraged as active partners who can lead community interventions[60].

[51] National Aboriginal & Torres Strait Islander Social Survey (NATSISS), Australian Bureau of Statistics
[52] Australian Institute of Health and Welfare 2008, National Drug Strategy Household Survey 2007: detailed findings. Drug Statistics series no. 22, Cat. no. PHE 107, Canberra.
[53] Australian Institute of Health and Welfare 2008, National Drug Strategy Household Survey 2007: detailed findings. Drug Statistics series no. 22, Cat. no. PHE 107, Canberra.
[54] Chikritzhs, Pascal, Gray, Stearne, Saggers & Jones (2007) [26]
[55] Data from the forthcoming Statistical Bulletin No. 10 [NOTE – THIS IS AS YET UNPUBLISHED]
[56] National Aboriginal & Torres Strait Islander Social Survey (NATSISS), Australian Bureau of Statistics
[57] National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019, Intergovernmental Committee on Drugs
[58] National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019, Intergovernmental Committee on Drugs
[59] National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019, Intergovernmental Committee on Drugs
[60] National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019, Intergovernmental Committee on Drugs

Key performance objectives:

- Reduce the proportion of Aboriginal population drinking alcohol at levels that increase the risk of injury from a single drinking occasion.
- Reduce the rate of alcohol-related hospitalisations in the Aboriginal population.
- Increase the rate of South Australian Certificate of Education completion for Aboriginal people.
- Increase the proportion of Aboriginal people aged 18 and over who have completed year 12 education.
- Increase the proportion of the Aboriginal population participating in the workforce.

Action	Lead agencies
54. Work with communities in regional and remote areas, including Aboriginal communities, to develop place-based responses to alcohol-related problems.	Attorney General's Department, Consumer and Business Services, South Australia Police, SA Health
55. Deliver training and networking opportunities to the Aboriginal alcohol and other drug workforce that reflect current approaches to health service delivery, including culturally respectful and validated screening and assessment training.	SA Health
56. Investigate strategies to engage vulnerable Aboriginal people in treatment.	SA Health, Attorney General's Department, Department for Communities and Social Inclusion
57. Expand access to sterile injecting equipment and sharps disposal through Aboriginal community controlled health services and other frontline services for Aboriginal people.	SA Health
58. Support collaboration between Aboriginal community controlled health services and specialist alcohol and other drug treatment services to exchange expertise in the delivery of evidence-based treatment and prevention responses, and culturally respectful services and policy initiatives.	SA Health
59. Improve education, training and employment outcomes for Aboriginal people to enhance their quality of life, economic and social outcomes.	Department of State Development – Skills and Employment
Improve access to housing and address homelessness issue for Aboriginal people in rural, remote and metropolitan regions, including for those residing outside their regular community	Dept of Housing, SA Heath, Aboriginal Housing services
60. Support Aboriginal community controlled health services to take leadership in the design and delivery of programs to address alcohol and other drug problems.	SA Health
61. Enhance efforts to increase culturally respectful policy, prevention and intervention activities through evidence-based approaches targeting Aboriginal people.	All agencies

62. Develop and facilitate educational activities and materials to inform Aboriginal young people of the impacts of drug and alcohol misuse on employment prospects.	Department of State Development- Skills and Employment

63. Increase the proportion of Aboriginal people in the specialist alcohol and other drug sector workforce.	All agencies
64. Investigate strategies to address intergenerational alcohol and other drug issues, including family sensitive practices.	Families SA, Department for Communities and Social Inclusion
65. Implement engagement strategies to increase the number of Aboriginal people participating in the planning, implementation and evaluation of policy and practice.	Department for Communities and Social Inclusion, SA Health

5. **Evidence:** Improve access to evidence that informs practice

Actions to address alcohol and other drug problems should be supported by evidence and evaluated for their effectiveness. Evidence-based policy and practice drives the South Australian Alcohol and Other Drug Strategy 2017-2021.

Each objective of the Strategy includes key performance objectives, which will be used to monitor outcomes during the period of the Strategy. The Strategy also includes actions to collect new data and to innovate in the use and analysis of data.

Effectiveness of the Strategy relies on engaging the alcohol and other drugs workforce and the community in evidence-based discussions to inform practice. This is critical to ensure that actions result in improved outcomes for people facing alcohol and other drug problems, and the South Australian community.

Action	**Lead agencies**
66. Continue monitoring drug use in the South Australian population through analysis of wastewater.	SA Health
67. Collect regular data on alcohol and other drug use and associated harms in South Australia.	
67. Collect regular data on alcohol and other drug use and associated harms in Aboriginal communities.	SA Health
68. Trial tools to track the movement of clients through treatment, health and welfare services in order to identify opportunities to improve client treatment pathways.	SA Health
69. Work with the Australian Government to determine the feasibility of implementing the Turning Point Ambulance data project in South Australia.	SA Health
70. Increase access to evidence and information about alcohol and other drug problems for the community and workforce.	All agencies
Work with Liquor Licensing Authorities and others to monitor the wholesale sales data for alcohol in South Australia to inform a 'Health in All' approach to venue and off-license licensing	