



South Australian Alcohol and Other Drug Strategy 2011 - 2016



Government
of South Australia

Published November 2011

National Library of Australia Cataloguing-in-Publication entry:

South Australian Alcohol and Other Drug Strategy 2011-2016

ISBN: 9780980504651 (pbk.)

Substance abuse--South Australia--Prevention.
Alcohol--Government policy--South Australia.
Alcohol--Social aspects--South Australia.
Alcoholism--South Australia--Prevention.
Drugs--Government policy--South Australia.
Drugs--Social aspects--South Australia.
Drug abuse--South Australia--Prevention.

Drug and Alcohol Services South Australia.

362.29099423

A copy of this publication is available on the internet at: www.dassa.sa.gov.au

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Preamble

Substance misuse can have a variety of impacts on people's lives depending on the substance, the person and other social and environmental factors. The programs and policies implemented in South Australia and nationally have been commended internationally because of the way agencies work together to respond to these different circumstances. The strength of our responses stems from an approach that aims to reduce the demand for, and supply of, substances that can result in harms to individuals and communities. It also aims to reduce the harms associated with problematic substance use.

There are emerging challenges, however, that we need to face in the coming years to address substance misuse issues in our community. For example, it is important to focus efforts on addressing the impact of excessive alcohol consumption, particularly public intoxication. Currently, 27% of South Australians consume alcohol at least monthly at levels that pose a short-term risk, such as risk of injury or violence. Additionally, 15% recently used an illicit drug and therefore it is important to sustain our focus on the significant risks associated with illicit drug use. We are also committed to addressing the disproportional impact of substance misuse on vulnerable communities such as Aboriginal people, young people, homeless people and people with a mental illness.

The South Australian Alcohol and Other Drug Strategy 2011-2016 provides an evidence-based response to these issues. While this Strategy acknowledges the need to respond to substance dependence issues, it also focuses on preventing risky patterns of use before they escalate. It aims to provide services that assist families affected by substance misuse and reduce the impact of problematic drug use on the broader community. This whole-of-government strategy aligns with the objectives of South Australia's Strategic Plan and those outlined in national agreements such as the National Drug Strategy and the Council of Australian Governments' National Partnership Agreements on Closing the Gap in Indigenous Health and Preventive Health. It focuses on being responsive to emerging substance misuse issues and providing services that are relevant and accessible to the community.

We are pleased to present the South Australian Alcohol and Other Drug Strategy 2011-2016, which will guide the South Australian Government's response to alcohol and other drug issues over this five-year period.



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Minister for Mental Health
and Substance Abuse



Hon Jennifer Rankine MP
Minister for Police

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Context

Where are we now?

A review of the South Australian Drug Strategy 2005-2010 was conducted in 2010 as the first stage in the redevelopment of a whole-of-government response to alcohol and other drug use across the South Australian community. The review was jointly led by SA Health (Drug and Alcohol Services South Australia) and South Australia Police.

The review process involved a quantitative analysis of data indicators and a qualitative analysis of the views of informants from across the South Australian Government. It concluded that there have been some important successes in the alcohol and other drugs field in South Australia in recent years, including:

- An encouraging downward trend in illicit drug use in South Australia¹.
- The percentage of secondary school students using alcohol and cannabis declining and the prevalence of other illicit drug use remaining at less than 1%².
- A strong drug diversion program, which has seen an increasing number of people access assessment services for their substance misuse³.
- Low rates of opioid overdose, mainly caused by the significant reduction in heroin availability since 2001⁴.
- HIV rates among injecting drug users remaining extremely low and rates of Hepatitis C continuing to fall, partly attributable to South Australia's Clean Needle Program⁵.

The achievements of successive South Australian and national drug strategies can be attributed in large measure to the development of a strong collaborative approach to substance misuse issues, both between government agencies and between the government and non-government sectors. This collaborative approach within a harm minimisation framework is informed by a significant body of evidence and has been widely commended internationally⁶. This has enabled the provision of services that aim to reduce the use of illicit drugs, improve public safety, assist people in addressing their substance misuse problems, and encourage changes in community attitudes about the potential harms of alcohol and other drugs.

What challenges do we face?

The review also identified that there are some challenges we need to face if we are going to enhance the lives of those affected by problematic substance use. The key challenges in the coming years are:

- Addressing the disproportional harm from substance misuse within vulnerable population groups, particularly the Aboriginal community^{7,8,9}.
- The significant challenges being posed by harms associated with the consumption of alcohol, including its substantial impact on individuals, families, communities and community services such as police, emergency and health services^{10,11}. Over the last 50 years, initiation into drinking alcohol has occurred at an increasingly younger age and this has increased the likelihood of people experiencing short-term and long-term harms from problematic alcohol consumption¹².
- The challenges being posed by the harms associated with the misuse of prescription and over-the-counter drugs and the supply of non-prescribed medications through theft, diversion, illicit sales and prescription fraud^{13,14}.
- An increasing trend towards the amateurisation of illicit drug production, resulting in an increasing number of small-scale manufacturing and supply operations. This trend is accompanied by the emergence of supply through the internet and new synthetic drugs¹⁴.
- Ensuring alcohol and other drug policy in South Australia is action-oriented with data available to measure progress.
- Ensuring policy responses reflect local, state and national strategies and are coordinated across agencies to optimise efficiency and effectiveness.

Where do we want to be?

The goal of this Strategy is to improve the health and wellbeing of South Australians by reducing the impact of substance misuse. To achieve this, the South Australian Government will foster inter-agency collaboration in order to deliver comprehensive and effective public policy and enhance the services we provide to the community. We want services that are firmly grounded in evidence and are readily accessible and relevant to South Australians. The Government wants to prevent harms before they escalate, be responsive to emerging substance misuse trends and utilise new technologies for providing services. We will enhance the knowledge and capacity of various services, including government and non-government agencies, to comprehensively respond to substance misuse issues in the community with confidence and effectiveness.

How will the South Australian Alcohol and Other Drug Strategy direct policy and practice?

To complement the objectives of South Australia's Strategic Plan, the National Drug Strategy and other relevant policy documents, the 2011-2016 Alcohol and Other Drug Strategy will be an action-oriented plan, with priority activities for the South Australian Government listed under five key objectives. This Strategy does not encompass all the program and policy areas related to substance misuse; many successful activity areas are not included in this Strategy but will continue to be implemented as part of a comprehensive system. Instead it focuses on priority activities to ensure the South Australian Government is responding effectively to emerging issues. The Strategy also does not include tobacco control activities as these are covered under the South Australian Tobacco Control Strategy 2011-2016.

The data indicators in this Strategy have been selected as a useful measure of progress in achieving the objectives over the period of the Strategy (refer to the section titled 'Measuring Progress'). The indicators do not cover all the possible impacts that substance misuse can have, but provide a measure of overall progress. These indicators have also been chosen because the data behind them can be measured with accuracy and, in most cases, at frequent time intervals to track progress over the next five years.

What other key documents will guide the South Australian Government's work?

Some key policy documents developed in this state and nationally will continue to be an important guide to the South Australian Government's response to substance misuse policy and practice in the coming years. These documents include:

- South Australia's Strategic Plan, particularly Primary Target 81, which states: "Reduce the proportion of South Australians who drink at risky levels by 30% by 2020."
- The National Drug Strategy 2010-2015 (and its supporting strategies)
- Council of Australian Governments: National Partnership Agreement on Preventive Health
- Council of Australian Governments: National Partnership Agreement on Closing the Gap In Indigenous Health Outcomes
- Council of Australian Governments: National Partnership Agreement on Remote Service Delivery
- Australia: The Healthiest Country by 2020 (prepared by the National Preventative Health Taskforce)
- Taking Preventative Action: A Response to Australia: The Healthiest Country by 2020
- The National Pharmaceutical Drug Misuse Strategy*
- Aboriginal Health Care Plan 2010-2016
- The South Australian Hepatitis C Action Plan 2009-2012
- The South Australian HIV Action Plan 2009-2012

* Yet to be finalised at time of the Strategy's publication

Strategy model

Goal

Enhance the lives of South Australians by reducing the harms of alcohol and other drug misuse

Vision

South Australia has the lowest rate of alcohol and other drug harm in Australia

Values

- Inter-agency and non-government collaboration
- Evidence-based practice
- Harm minimisation framework
- Accessible, relevant and culturally appropriate services for the community

Priority populations

Aboriginal people

Young people aged 18-29 years and school-aged children

People with alcohol and other drug misuse issues and their dependent children

Objectives

Illicit drugs

Reduce illicit drug use and its associated harms.

Alcohol misuse

Reduce the rate of alcohol-related harm.

Young people and families

Reduce drug-related harm to young people and families of those with substance misuse issues.

Aboriginal people

Reduce harm from substance misuse among Aboriginal people.

Evidence to inform practice

Improve the timeliness of monitoring systems so trends in alcohol and other drug misuse are detected as early as possible.

1

Reduce illicit drug use and its associated harms

Evidence demonstrates that we must continue to focus on addressing the harms of illicit drug use, including the disproportionately high level of health and social harms associated with injecting drug use¹⁵. This requires a comprehensive and balanced approach to addressing illicit drug use across the health, law enforcement and education sectors.



| PRIORITY ACTIONS | LEAD AGENCIES |
|--|---|
| 1.1 Investigate and disrupt the manufacture, cultivation, trafficking and supply of illicit drugs. | South Australia Police |
| 1.2 Investigate and disrupt simple possession and use of illicit drugs. | South Australia Police |
| 1.3 Conduct community problem-solving forums to address local drug-related issues. | South Australia Police |
| 1.4 Expand routine screening and brief intervention for alcohol and/or other drug issues within the SA Health system and, in particular, through new GP Plus services. | SA Health |
| 1.5 Extend the provision of sterile injecting equipment through purpose-built vending machines at appropriate health service sites. | SA Health |
| 1.6 Investigate treatment service capacity building through the use of new information technologies, such as online assessment and self-management tools. | SA Health |
| 1.7 Trial the provision of naloxone to opioid users to assess whether peer administration can assist in reducing fatal overdoses. | SA Health |
| 1.8 Provide a targeted offence focussed rehabilitation program (Making Changes) to reduce the likelihood of re-offending associated with substance misuse. | Department for Correctional Services |
| 1.9 Deliver motivational interviewing training to enhance knowledge and awareness of substance misuse issues among: <ul style="list-style-type: none"> • community corrections staff • health workers in rural and remote areas. | Department for Correctional Services SA Health |
| 1.10 Continue the Prison Opioid Substitution Program in South Australian prisons. | SA Health |
| 1.11 Implement the Prisoner Peer Support Program throughout 2011 and 2012 to increase evidence-based harm minimisation strategies for offenders. | Department for Correctional Services |
| 1.12 Conduct substance use testing among offenders in the community to monitor the risk of re-offending and associated threats to public safety. This assists in implementing an appropriate response through the courts, Parole Board and corrections system, with consideration being given to a therapeutic intervention in some circumstances. | Department for Correctional Services |
| 1.13 Investigate the feasibility of implementing a real-time electronic monitoring system for all community pharmacies to identify inappropriate use of pharmaceuticals. | SA Health |
| 1.14 Work with the non-government sector to develop a program to encourage the uptake of quality management systems and credentialing among treatment service providers. | SA Health |
| 1.15 Increase access to opioid pharmacotherapy in South Australia, particularly by enhancing the capacity of medical practitioners and nurse practitioners to prescribe these medications. | SA Health |
| 1.16 Enhance the capacity of the courts' drug treatment program to treat defendants with co-occurring substance abuse and mental health issues (Treatment Intervention Program). | Courts Administration Authority |
| 1.17 Divert appropriate offences to the Police Drug Diversion Initiative. | South Australia Police |
| 1.18 Develop a treatment service enhancement model which includes Community Reinforcement Approach, and Social Behaviour and Network Therapy. | SA Health |

2

Reduce the rate of alcohol-related harm

Alcohol misuse can result in a range of social harms, including impacts on community safety and the resources of service providers, including police, health and emergency services^{14,16}. A range of regulatory and service responses are required to address this issue in our community, particularly by providing regulatory and environmental initiatives that encourage attitude and behaviour change around public intoxication.



| PRIORITY ACTIONS | LEAD AGENCIES |
|---|--|
| 2.1 Introduce changes to the Liquor Licensing Act and the mandatory Code of Practice to address elements of alcohol-related crime and anti-social behaviour in and around licensed premises. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) |
| 2.2 Devise and execute an effective communication strategy to advise licensees and the community about the new changes to the Liquor Licensing Act and mandatory Code of Practice for licensed premises. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) |
| 2.3 Within the 'Safe for All' framework, propose services and regulatory measures for addressing alcohol intoxication in the West End precinct of Adelaide's Central Business District. | Department of the Premier and Cabinet (Capital City Committee Directorate) |
| 2.4 Implement comprehensive social marketing campaigns to increase the level of understanding in the community of the risks of excessive alcohol consumption and intoxication, particularly among young people. | SA Health |
| 2.5 Examine options related to providing supported safe places, temporary or longer term, for vulnerable people who are found in situations of risk associated with problematic alcohol consumption. This will occur through the development of cross-government partnerships for the delivery of housing, support and clinical services to people at risk. | Department of the Premier and Cabinet (Capital City Committee Directorate) South Australia Police SA Health Department for Communities and Social Inclusion |
| 2.6 Develop services that enhance access to transport options, which will provide safe, affordable, well-managed late night transport for the public, with safe and supervised waiting areas where appropriate. | Department of the Premier and Cabinet (Capital City Committee Directorate) Department of Planning, Transport, and Infrastructure South Australia Police |
| 2.7 Through the 'Healthy Workers – Healthy Futures' initiative, encourage South Australian workers to not drink in excess of National Health and Medical Research Centre guidelines. | SA Health |
| 2.8 Commission research on the feasibility and likely effects of introducing measures to prohibit excessive discounting of alcohol and to establish a minimum retail price per unit for alcohol sold in South Australia. | SA Health |
| 2.9 Enhance the co-ordination of case management in cases where individuals have a co-existing mental health condition and alcohol misuse issue among the high and complex needs population. | SA Health |
| 2.10 Review the capacity of the Public Intoxication Act to provide for the apprehension and care of persons in a public place under the influence of alcohol and/or other drug. | SA Health |
| 2.11 Strengthen mechanisms for engaging constructively with liquor licensees to improve compliance with legislation and regulation, and encourage a responsible attitude towards ensuring safety for patrons both inside and outside their premises. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) South Australia Police |
| 2.12 Give consideration to the adoption of a legislative approach to the secondary supply of alcohol to minors, pending further evaluation of the merits of New South Wales, Queensland and any other legislative models. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) SA Health |
| 2.13 Trial a new brief intervention and screening approach within selected primary health care settings to determine its effectiveness and ongoing viability. | SA Health |
| 2.14 Work with non-government organisations to address alcohol use and its links to long-term health issues such as cancers. | SA Health |
| 2.15 Monitor the level of alcohol-related crime in licensed premises. | South Australia Police |
| 2.16 Conduct community awareness and education campaigns identifying the law and criminal consequences associated with alcohol use. | South Australia Police |

3

Reduce drug-related harm to young people and families of those with substance misuse issues

Research shows that substance use by young people can increase harm to the developing brain and increase the likelihood of harms from substance misuse and dependence^{12,17}. Preventing use or delaying the age of onset is likely to result in various health and wellbeing benefits. Substance misuse can also have an impact on other family members, particularly dependent children, and this Strategy emphasises the importance of services to support families and dependent children in these circumstances.



| PRIORITY ACTIONS | LEAD AGENCIES |
|---|--|
| 3.1 As part of strengthening practice within Families SA, train relevant staff to utilise the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and provide brief interventions where required. | Department for Education and Child Development |
| 3.2 Trial a reunification program that provides a multi-disciplinary approach to working with families, including responses to alcohol and other drug issues affecting parenting capacity. | Department for Education and Child Development |
| 3.3 Trial an assertive, co-located, joint agency response for working with young offenders through the Community Protection Panel to respond more effectively to reduce the impact of substance misuse in offending behaviour. This will occur through targeted assessments and therapeutic interventions. | Department for Communities and Social Inclusion |
| 3.4 Increase student and parent understanding of the benefits of preventing or delaying the age of onset of young people's alcohol use by expanding the number of schools involved in trialling engagement strategies. Effective strategies that are developed will be promoted to all Department of Education and Child Development schools. | Department for Education and Child Development |
| 3.5 Develop and disseminate resources for teachers addressing emergent drug use trends, such as pharmaceutical drug misuse, and distribute to all Department of Education and Child Development schools. | Department for Education and Child Development |
| 3.6 Develop an inter-agency strategy to improve co-ordination of services for children with caregivers who have substance dependence issues. | Department for Education and Child Development Department for Communities and Social Inclusion SA Health |
| 3.7 Recognising the importance of services for at-risk children and families, provide comprehensive early intervention strategies for these families in Children's Centres. | Department for Education and Child Development |
| 3.8 Ensure coordinated case management practices are adopted with Drug and Alcohol Services South Australia in relation to adolescents and young adults that are at risk of the effects of prolonged exposure to cannabis. | SA Health |
| 3.9 Continue to provide community awareness and education campaigns identifying the law and criminal consequences associated with illicit drug use. | South Australia Police |

4

Reduce harm from substance misuse among Aboriginal people

Substance misuse causes a disproportional amount of harm in the Aboriginal community⁷. In addition to culturally appropriate treatment services, key research and policy documents also emphasise the need to implement social support, cultural and wellbeing initiatives that are credible and accessible for the Aboriginal community^{7,8,14}. To achieve this requires close collaboration with the Aboriginal community-controlled sector.



| PRIORITY ACTIONS | LEAD AGENCIES |
|---|--|
| 4.1 Conduct comprehensive assessment of the most effective primary prevention strategies to reduce alcohol misuse among Aboriginal people and implement findings of the assessment. | SA Health |
| 4.2 Support and work with accredited training providers to provide training to Aboriginal workers responding to alcohol and other drug issues across government. | SA Health |
| 4.3 Through the Aboriginal Substance Misuse Connection Program, develop service pathways for Aboriginal people that are culturally appropriate and kinship centred. | SA Health |
| 4.4 Transition the existing Substance Misuse Facility in the APY Lands to an expanded APY Lands Health 'Hub', which will provide a broad range of services including substance misuse treatment. | SA Health |
| 4.5 Expand access to 'Well Health' checks by health professionals so health issues, including alcohol and substance misuse, can be identified and timely referral to specialist services and information provided. | SA Health |
| 4.6 Provide additional parenting support services to highly vulnerable families experiencing adversity, including those in the Aboriginal community, through the Vulnerable Infants Support Service. This will include co-operation with alcohol and other drug treatment services. | SA Health |
| 4.7 Work with communities in regional and remote areas to address alcohol abuse and misuse, including imposing conditions on liquor licences and facilitating agreements to regulate the sale and supply of alcohol and improve the health and safety of residents, including Aboriginal communities. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) SA Health |
| 4.8 Establish a Day Centre in Ceduna to provide a range of treatment and non-residential diversionary programs to Aboriginal people experiencing problems caused by substance misuse who live in Ceduna or its outlying areas. | SA Health |
| 4.9 Hold an Aboriginal Drug and Alcohol Workers Forum in 2011 to enhance the knowledge of Aboriginal workers in responding to substance misuse issues, with a view to assessing the benefit of holding the forum on an annual basis. | SA Health |
| 4.10 Provide a six-month drug treatment program to Aboriginal defendants appearing in the Port Adelaide Nunga Court. | Courts Administration Authority |
| 4.11 Conduct community awareness and education campaigns identifying the law and social consequences associated with substance misuse. | South Australia Police |

5

Improve the timeliness of monitoring systems so trends in alcohol and other drug misuse are detected as early as possible

It is important to establish monitoring systems that identify substance use trends quickly and accurately so that service responses to emerging issues are targeted and appropriate. The South Australian Government is committed to sustaining robust measurement systems and, where necessary, establishing new and innovative systems to meet this need.



| PRIORITY ACTIONS | LEAD AGENCIES |
|--|--|
| 5.1 Implement real-time monitoring of drug use within the South Australian population through the routine application of innovative and non-invasive technologies, including the analysis of wastewater. | SA Health |
| 5.2 Give consideration to the collection of wholesale alcohol sales data in conjunction with police, health and other data sets to provide a comprehensive picture of alcohol-related harm within the South Australian community, if a determination is made to collect such data. | Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner) SA Health |
| 5.3 Conduct intelligence-led meetings for drug trend analysis and monitoring. | South Australia Police |
| 5.4 Collect and analyse child protection service data to monitor the impact of caregiver alcohol and other drug use on child safety and well being. | Department for Education and Child Development |
| 5.5 Enhance the collection of regular and robust data on substance use and associated harms in Aboriginal communities. | SA Health |
| 5.6 Provide annual ministerial reports with updates on progress against the targets and actions within the Alcohol and Other Drug Strategy 2011-2016. | SA Health South Australia Police |

Measuring progress

Over the term of this Strategy, data will be analysed to measure progress in achieving its objectives. Indicators have been identified (refer to tables on the following pages) to provide a picture of progress against these key objectives. The tables include how frequently the indicator data will be collected (third column). However, due to lags in the availability of the data from population surveys, it is not always possible to provide annual figures for these indicators. Consequently, the tables also include when the planned progress reporting for each indicator will occur over the five-year term of the Strategy (fourth column).

Lead agencies will provide annual updates on their progress in implementing the priority actions in this Strategy. This information will supplement the measurement of progress over the next five years.



Objective 1: Reduce illicit drug use and harms

| Indicator | Source | Data collection frequency | Planned progress reporting for strategy | Baseline |
|--|--|---------------------------|---|---------------------------------|
| a. Quantity of illicit drugs detected in South Australian wastewater | Drug and Alcohol Services South Australia | Annual | Annual | First data available early 2012 |
| b. Prevalence of HIV and Hepatitis C among injecting drug users | The Kirby Institute: Annual Needle and Syringe Program Survey | Annual | Annual | 2010: HIV: 0.5% HCV: 44% |
| c. Number of detections of drug driving | South Australia Police data | Annual | South Australia Police Annual Report | 2010/11 |
| d. Rates of hospital admissions attributable to the use of illicit drugs | SA Health Department: Integrated South Australian Activity Collection (ISAAC) | Annual | Mid-term and final reports | Data for 2010/11 available 2012 |
| e. Proportion of South Australians using illicit drugs in the last 12 months | Australian Institute of Health and Welfare (AIHW): National Drug Strategy Household Survey | Triennial | Mid-term and final report | 2010: 14.9% |

Objective 2: Reduce the rate of alcohol-related harm

| Indicator | Source | Data collection frequency | Planned progress reporting for strategy | Baseline |
|--|---|---------------------------|---|--|
| a. Rate of alcohol-related injury cases presenting to emergency departments | SA Health: Emergency Department Data Collection | Annual | Annual | Data for 2010/11 available 2012 |
| b. Rate of apparent consumption of pure alcohol based on wholesale sales data | Wholesale sales data from Consumer and Business Services (previously known as the Office of the Liquor and Gambling Commissioner), if a determination is made to collect such data | Annual | Annual | To be determined |
| c. Proportion of population drinking alcohol at risky levels | SA Health: South Australian Health Omnibus Survey Australian Institute of Health and Welfare National Drug Strategy Household Survey Australian Bureau of Statistics: National Health Survey | Annual | Annual | 2010 National Drug Strategy Household Survey: Proportion of South Australians who drank at least monthly at levels that placed them at risk of alcohol-related harm from a single occasion of drinking = 27.3%* and over a lifetime = 19.3% [†] 2011 data from the Health Omnibus Survey available 2012 2010 data from the National Health Survey available late 2011 |
| d. Number of detections of drink driving | South Australia Police data | Annual | South Australia Police Annual Report | 2010/11 available late 2011 |
| e. Level of alcohol-related crime in licensed premises | South Australia Police data | Annual | South Australia Police Annual Report | 2010/11 available late 2011 |
| f. Proportion of alcohol-related hospital admissions | SA Health: Integrated South Australian Activity Collection (ISAAC) | Annual | Annual | Data for 2010/11 available 2012 |
| g. The proportion of South Australian ambulance attendances for alcohol overdose | SA Ambulance Service | Annual | Annual | 2010: 1.2% of all attendances and carry cases 52% of all overdose cases 2011 data available mid 2012 |

Target: Achieve a reduction in the proportion of the population drinking alcohol at risky levels in the short-term consistent with a 30% reduction between 2007 and 2020. (Based on the Preventative Health Taskforce, Australia: The Healthiest Country by 2020 (2009) target for alcohol as follows:
A 30% reduction of the proportion of at least monthly risky drinkers aged 14+years by 2020 from the 2007 baseline.
A 30% reduction of the proportion of at least monthly risky drinkers aged 20-29 years by 2020 from the 2007 baseline.)

* Consumed more than four standard drinks at least once a month.

[†] Consumed an average of more than two standard drinks per day.

Objective 3: Reduce drug-related harm to young people and families of those with substance misuse issues

| Indicator | Source | Data collection frequency | Planned progress reporting for strategy | Baseline |
|--|---|---------------------------|---|--|
| a. Proportion of population 15-29 years old drinking alcohol at risky levels | SA Health: South Australian Health Omnibus Survey Australian Institute of Health and Welfare: National Drug Strategy Household Survey | Annual | Annual | 2011 data from the Health Omnibus Survey available 2012 2010 age category data from the National Drug Strategy Household Survey available late 2011 |
| b. Proportion of population 15-29 years old who had consumed cannabis in the past year | Australian Institute of Health and Welfare: National Drug Strategy Household Survey Feasibility of using the SA Health: South Australian Health Omnibus Survey is being considered | Annual | Annual | 2012 data from the Health Omnibus Survey available 2013 2010 age category data from the National Drug Strategy Household Survey available late 2011 |
| c. Age of onset for cannabis and alcohol use | Australian Institute of Health and Welfare: National Drug Strategy Household Survey | Triennial | Mid-term and final report | 2010 data from the National Drug Strategy Household Survey available late 2011 |
| d. Proportion of secondary school aged children consuming alcohol and illicit drugs in the last week | Australian School Student Alcohol and Drug Survey | Triennial | Mid-term and final report | 2011 data available late 2012 |
| e. Proportion of 14-29 year old people consuming illicit drugs in the last 12 months | Australian Institute of Health and Welfare: National Drug Strategy Household Survey | Triennial | Mid-term and final report | 2010 age category data available late 2011 |

Objective 4: Reduce harm from substance misuse among Aboriginal people

There is currently a paucity of regularly collected and robust data on substance misuse and harms in Aboriginal communities. In progressing Priority Action 5.5, this Strategy aims to enhance data collection in this area so progress against this objective can be more accurately measured.

| Indicator | Source | Data collection frequency | Planned progress reporting for strategy | Baseline |
|--|--|---|---|---|
| a. Rate of alcohol-related hospitalisations in the Aboriginal population | SA Health: Integrated South Australian Activity Collection | Annual | Annual | Data for 2010/11 available 2012 |
| b. Proportion of hospitalisations related to substance use among Aboriginal people | SA Health: Integrated South Australian Activity Collection | Annual | Annual | Data for 2010/11 available 2012 |
| c. Proportion of the Aboriginal population using illicit drugs in the last 12 months | Australian Bureau of Statistics: National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) and the National Aboriginal and Torres Strait Islander Social Survey (NATSISS) | Each survey is conducted every six years. Three years between each survey | Mid-term and final report | Most recent NATSISS data: 2008. Next conducted 2014 Data from the 2010/11 NATSIHS available 2012 |
| d. Proportion of Aboriginal population drinking alcohol at risky levels | NATSIHS and NATSISS | Each survey is conducted every six years | Final report | Most recent NATSISS data: 2008. Next conducted 2014 Data from the 2010/11 NATSIHS available 2012 |

References

1. Australian Institute of Health and Welfare (2008). 2007 National Drug Strategy Household Survey.
2. Australian Secondary Students' Alcohol and Drug Survey (2008).
3. South Australian Drug Diversion Initiative.
4. Degenhardt, L., and Roxburgh, A. (2007). Accidental drug-induced deaths due to opioids in Australia, 2005. Sydney: National Drug and Alcohol Research Centre.
5. Sexually Transmitted Diseases Services, SA Health.
6. Success Works (2003). Evaluation of the National Drug Strategic Framework 1998-99 - 2003-04. Canberra: Success Works Pty Ltd.
7. The South Australian Aboriginal Health Partnership. Aboriginal Health – Everybody's Business: Substance Misuse. A South Australian Strategy for Aboriginal and Torres Strait Islander People (2005-2010).
8. Drug Policy Modelling Program. Monograph 15. Priority Areas in Illicit Drug Policy: Perspective of Policy Makers. March 2007.
9. Ministerial Council on Drug Strategy (2004). The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence. January 2004.
10. South Australia Police (2010). Alcohol and Crime. July 2010.
11. The Australian Government: Preventative Health Taskforce (2008). Australia: The Healthiest Country by 2020, A Discussion Paper.
12. Roche, A. (2008). Young People and Alcohol: A cultural shift? *Of Substance*, 6 (2), 14-15.
13. Babor, T. Caulkins, J. Edwards, G. Fischer, B. Foxcroft, D., Humphreys, K. et al. *Drug Policy and the Public Good*. Oxford: Oxford Up; 2010.
14. National Drug Law Enforcement Research Fund (2010). An Environmental Scan on Alcohol and Other Drug Issues Facing Law Enforcement in Australia 2010.
15. Drug Policy Modelling Program. Monograph 21. An Assessment of Illicit Drug Policy in Australia (1985 to 2010): Themes and Trends. March 2011.
16. South Australia Police (2010). Alcohol and Crime.
17. Degenhardt, L., Hall, W. and Lynskey, M. (2000a) Cannabis use and mental health among Australian adults: Findings from the National Survey of Mental Health and Well-being. NDARC Technical Report No. 98 Sydney, National Drug and Alcohol Research Centre, University of New South Wales.