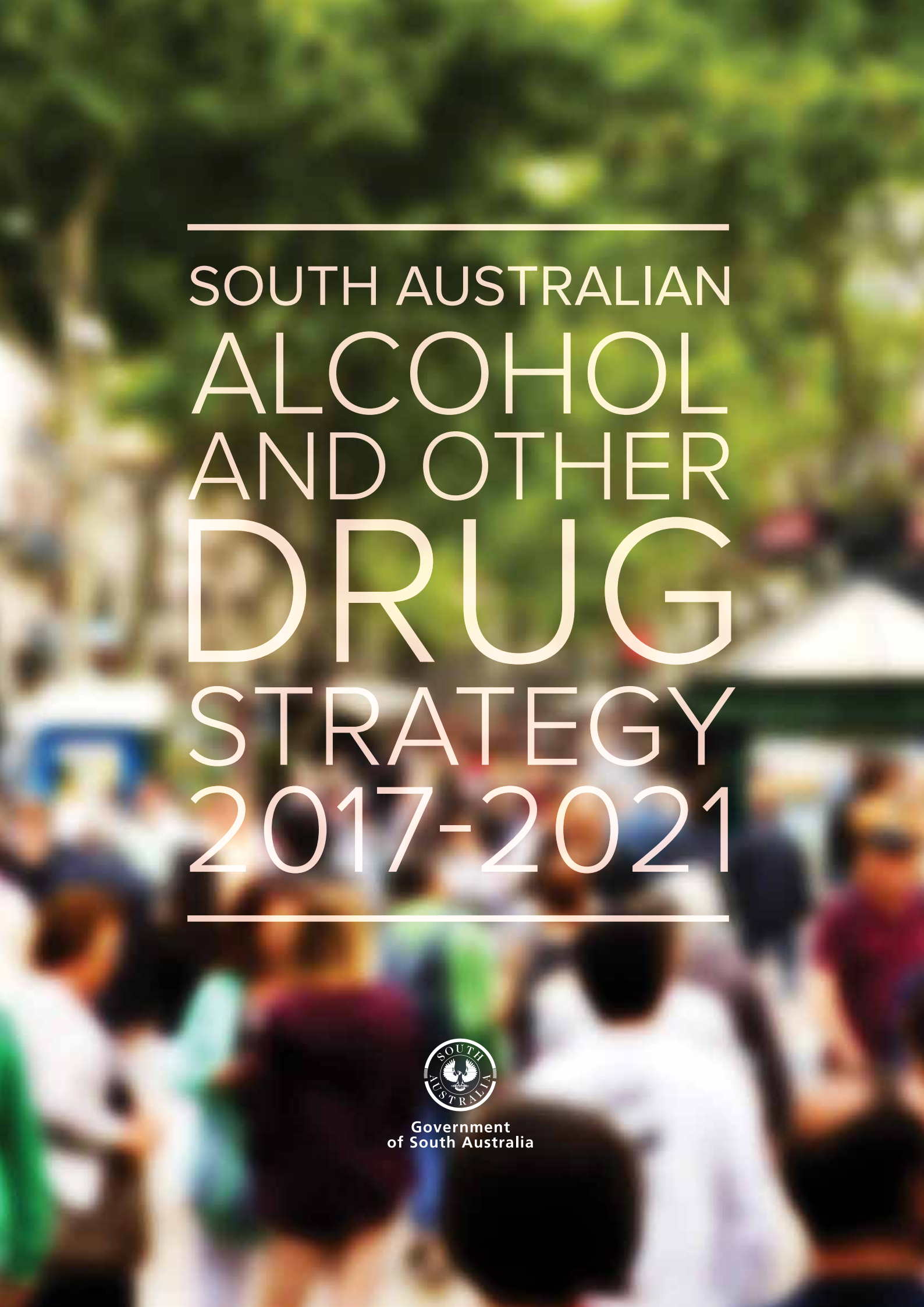

SOUTH AUSTRALIAN ALCOHOL AND OTHER DRUG STRATEGY 2017-2021

Government of South Australia

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Foreword

Alcohol and other drug problems affect many South Australians and have both personal and social impacts across the community. They affect families and relationships and can have health, economic and criminal justice consequences.

The South Australian Government is committed to reducing the harms of alcohol and other drug problems. The range of impacts requires a co-ordinated whole-of-government approach. To achieve this, South Australia has been guided by an alcohol and other drug Strategy since 1997.

The development of this iteration of the Strategy involved significant community consultation, as well as consultation with representatives from health, law enforcement, education, the non-government sector, research, affected community members, and peak bodies. This process identified emerging and priority issues, described in the Strategy as strategic themes.

These strategic themes have received an increased focus throughout the Strategy and represent areas of priority and need. These include addressing the relationship between domestic and family violence and alcohol and other drugs, as well as reducing stigma for those seeking help and support. It includes the emerging drug trends related to methamphetamine and harmful and hazardous use of pharmaceuticals. The strategic themes recognise the importance of coordination and cooperation between government agencies and the non-government sector and the importance of client, carer and community participation. They also include the well-being of Aboriginal people in South Australia, as well as young people and the age of onset of alcohol and other drug use.

The Strategy provides evidence based responses to alcohol and other drug problems, and a framework for a coordinated whole of government response to achieve the aim to 'Reduce the harms caused by alcohol and other drug problems to the South Australian community'.

The South Australian Alcohol and Other Drug Strategy 2017-2021 demonstrates the Government's commitment to reducing the harms of alcohol and other drugs and creating healthy and safe communities in partnership with the non-government sector and broader community. We are pleased to present the South Australian Alcohol and Other Drug Strategy 2017-2021, which will guide the South Australian Government's response to alcohol and other drug issues over this period.

Hon Leesa Vlahos MP
Minister for Mental Health and Substance Abuse

Hon Peter Malinauskas MLC
Minister for Police

Hon Leesa Vlahos MP
Minister for Mental Health and Substance Abuse

Hon Peter Malinauskas MLC
Minister for Police

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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 and families, the community as a whole is affected. The harms from alcohol and other drug problems include health impacts, risky behaviours, violence and other criminal activities. Harms also include social, family and financial problems as well as the impact on the capacity to parent and child 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. This approach is informed by a significant body of evidence and has been widely 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. This includes coordinating with the Australian Government, other States and Territories and local governments. The Strategy also recognises the importance of partnering with the non-government sector and meaningful engagement with the community throughout policy development, implementation and service delivery.

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 the 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 aged 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].

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 the:

- National Aboriginal and Torres Strait Islander Peoples' Drug Strategy
- National Alcohol Strategy
- National Tobacco Strategy
- National Illicit Drug 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 Government's 'Health in All Policies' framework. Other relevant SA Health strategies include:

- The State Public Health Plan - South Australia: A Better Place to Live
- Aboriginal Health Care Plan
- South Australian HIV Implementation and Evaluation Plan
- Hepatitis B Action Plan
- South Australian Hepatitis C Implementation and Evaluation Plan
- Action Plan for People Living with Borderline Personality Disorder 2017–2020.

Alcohol and other drug use are associated with road crashes and injury and the Strategy is complementary to *South Australia's Road Safety Strategy 2020: Towards Zero Together.*

Non-government organisations and the alcohol and other drug treatment sector

Alcohol and other drug treatments have been shown to reduce consumption, improve health status, reduce criminal behaviour, improve psychological wellbeing and improve participation in the community. It can include telephone counselling, inpatient withdrawal management, and specialist outpatient treatment.[6] The alcohol and other drug treatment system has different roles for primary, secondary and tertiary intervention across the care continuum. Early identification and intervention through the primary health sector leads to better outcomes and facilitates referral to alcohol and other drug services. Services are provided by the government, non-government, and private sector.

The relationship between government and non-government funded services is critical to a comprehensive alcohol and other drug treatment sector. As a Strategy of the South Australian Government, the lead agencies for actions in this document are government departments. However, many of the services or activities are provided by non-government organisations through funding agreements or other relationships.

A planned, well developed, sustainable and effective non-government sector operating in partnership with government agencies is a central component of this Strategy.

No one wants to go to detox or seek help for an illness which is misunderstood. You seek help because you cannot do it by yourself.

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 pharmaceutical drugs.
4. Reduce the harms of alcohol and other drug problems to Aboriginal people.
5. Improve access to evidence that informs 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 objectives of the Strategy. Other activities that affect alcohol and other drug problems occur across government. The Strategy is not intended to be a comprehensive catalogue of these actions.

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
- regional and remote communities.

As well as strategies directed at the whole community, targeting responses to priority populations is critical to maximise the impact and sustainability of our response. 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 and family violence
- harmful and hazardous use of pharmaceuticals
- methamphetamine
- reducing stigma
- the well-being of Aboriginal people in South Australia
- coordination and cooperation between government agencies and with the non-government sector
- age of onset of alcohol and other drug use
- client, carer 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.

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
- regional and remote communities
- 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 practice.

1

Alcohol: Reduce alcohol-related harm

The health costs of alcohol use are second only to tobacco, and alcohol remains the primary drug of concern in terms of dependence and social impact[7]. Alcohol is associated with a range of harms that affect individuals, families and the community, including accident and injury, violence, and poor physical and mental health[8,9,10,11]. 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[12]. Alcohol is "estimated to be the eighth highest risk factor in Australia for disease, illness and injury, contributing to 2.1% of total deaths"[13]. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions and is implicated in a significant number of accidents and assaults[14].

There were an estimated 12,682 alcohol-attributable hospitalisations in 2014-15, which represents approximately 2% of all hospitalisations[15]. 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[16]. Alcohol impairs skill and decision making and increases confidence and aggression. It can also lead to an increase in other risk-taking behaviour. Every increase of 0.05 above zero in Blood Alcohol Content (BAC) level doubles the risk of being involved in a casualty crash[17].

Risky drinking is strongly associated with family violence[18], as well as other violence and criminal offences[19]. 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[20].

Alcohol is a risk factor for cancer, especially those of the breast, liver, bowel, larynx, pharynx and mouth[21]. It is also associated with other health problems, such as cirrhosis of the liver and stroke[22], as well as the health, family and social problems resulting from alcohol dependence. Drinking during pregnancy can result in fetal alcohol spectrum disorder (FASD)[23].

As well as the direct impacts on the individual, alcohol problems also affect families, including dependent children, friends and the community[24].

The harms related to alcohol can be reduced. Effective strategies for reducing alcohol-related harms include regulating alcohol availability and advertising, liquor licencing legislation, and other regulation, policing and enforcement activities[25]. Harms can also be reduced through policy initiatives, targeted and universal programs, treatment services and other community interventions, particularly those focused on identified vulnerable communities. It is important that such approaches incorporate actions that address the specific challenges faced by regional and remote communities[26].

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 at all levels of policy development and service delivery is critical to success, especially the voice of individuals impacted by alcohol and other drug problems.

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.

Being part of a minority can make it even harder to seek help. It is so important for services to consider the cultural needs of their clients.

	ACTION	LEAD AND PARTNER AGENCIES
1	Implement the South Australian Government's response to the report *Independent Review into the Liquor Licencing Act 1997*.	**Attorney General's Department, Consumer and Business Services**
2	Retain, subject to later review, the late night 'lockout' from licensed premises.	**Attorney General's Department, Consumer and Business Services**
3	Introduce new mandatory three-hour 'break in trade' for late-night premises, following amendments to legislation.	**Attorney General's Department, Consumer and Business Services**
4	Retain physical separation of liquor licenced premises and supermarkets under the same roof.	**Attorney General's Department, Consumer and Business Services**
5	Introduce measures to make it easier to enforce the liquor licensing laws and tougher penalties for breaches, following amendments to legislation.	**Attorney General's Department, Consumer and Business Services**
6	Allow local councils, in limited circumstances, to prohibit the consumption and/or possession of liquor in public places within their relevant local government area, following amendments to legislation.	**Attorney General's Department, Consumer and Business Services**
7	Adopt legislation for the secondary supply of liquor to minors.	**Attorney General's Department, Consumer and Business Services**
8	Introduce a greater focus on responsible service of alcohol training through mechanisms such as refresher courses, enforcement and specific training for responsible persons (through private training providers).	**Attorney General's Department, Consumer and Business Services**
9	Raise with the Australian Government the issue of alcohol advertising during telecasts of live sporting events and minimum alcohol pricing for consideration at a national level.	**Attorney General's Department, Consumer and Business Services**
10	Subject to costing and feasibility studies, introduce wholesale alcohol sales data collection in South Australia, with a view to implementing a nationally consistent approach.	**Consumer and Business Services**
11	Change requirements for Adelaide Metro advertising contracts, to take effect in mid-2017, so that no alcohol advertising will appear on public transport vehicles.	**Department of Planning, Transport and Infrastructure**
12	Trial new and innovative brief interventions in emergency departments to reduce alcohol-related harm.	**SA Health**
13	Implement place-based management approaches to reduce alcohol-related harm in vulnerable areas in partnership with metropolitan, regional and remote communities.	**Attorney General's Department, Consumer and Business Services** Department for Communities and Social Inclusion, South Australia Police, SA Health
14	Increase awareness in the community and the health workforce about the evidence linking excessive alcohol consumption to cancer risk, liver disease, heart disease and stroke, and strategies to reduce this risk.	**SA Health**
15	Investigate strategies to increase use of brief interventions by doctors to reduce problem drinking.	**SA Health**
16	Encourage the use of anti-craving medications for the treatment of alcohol dependence.	**SA Health**
17	Implement engagement strategies to increase community participation in the planning, implementation and evaluation of policy and services to address alcohol problems.	**SA Health**
18	Ensure that services to address alcohol problems meet the needs of people with a disability.	**SA Health**
19	Ensure that services to address alcohol problems meet the needs of people with comorbidities, including liver disease and mental health concerns, through effective systems for assessment and referral, support services and clinical intervention.	**SA Health**

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[27] 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[28].

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[29]. 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[30].

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[31]. The percentage of students who had used any illicit drug in the previous week was 2.9%[32].

Strategies that reduce the use of alcohol and other drugs across the community have been shown to also reduce use amongst young people[33]. 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[34]. Delaying the uptake of tobacco smoking and alcohol use is proven to delay or prevent the uptake of illicit drug use[35].

Alcohol and other drug use can impact on other family members, particularly children. There is a need for all services, both government and non-government, to be sensitive to the needs of the children and families of substance users.

Services to support families and dependent children are important in improving their immediate and ongoing health and wellbeing[36]. Creating resilience reduces the likelihood that these children will also face alcohol and other drug problems as adults[37]. 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 other drug use problems[38]. Providing training in family sensitive practice, assessment and brief intervention to staff engaging with parents of children at risk, supports this approach.

Use of alcohol or other drugs during pregnancy can impact child development, with long-term consequences, such as fetal alcohol spectrum disorder (FASD)[39,40]. Prevention strategies that address alcohol or drug use during pregnancy and early diagnoses can have lifelong impacts on the child.

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[41].

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 AND PARTNER AGENCIES
20	Provide training in alcohol and other drug assessment and brief intervention to staff engaging with parents of children at risk.	**Department for Child Protection** SA Health
21	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
22	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**
23	Expand access to peer networks for young people and their families.	**SA Health**
24	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**
25	Improve treatment retention and outcomes for parents with alcohol and other drug problems that have children who are dependent on them.	**SA Health**
26	Investigate strategies to enhance protective social networks for at-risk families.	**SA Health**
27	Investigate a mechanism for sharing information to identify metropolitan, regional and remote places with alcohol and other drug issues, family violence and other policing matters, allowing targeted initiatives to reduce harm.	**South Australia Police, Attorney General's Department, SA Health, Department for Communities and Social Inclusion**
28	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**
29	Implement strategies to address the gap in alcohol and other drug treatment services for 16 and 17-year-olds.	**SA Health**
30	Implement engagement strategies to increase the number of young people involved in the planning, implementation and evaluation of policy and services.	**SA Health**
31	Review and republish Rapid Response with updated guidance as to the extent of priority access for children in care.	**Department for Child Protection, Department for Education and Child Development**
32	Implement and evaluate the use of Child Wellbeing Practitioners under the supportive diversionary Child Wellbeing Program.	**Department for Education and Child Development**
33	Implement the Triple P: Positive Parenting Program to build parent capacity.	**Department for Education and Child Development**
34	Update Intervention Matters, the policy and procedural framework related to dealing with incidents in schools.	**Department for Education and Child Development**
35	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**
36	Implement the Australian Curriculum on Health and Physical Education, of which alcohol and other drugs are one of ten focus areas.	**Department for Education and Child Development**
37	Ensure adult alcohol and other drug services use child-aware approaches.	**SA Health**
38	Continue to promote and support access to interventions and treatment in youth justice centres, including referral to medication-assisted treatment of opioid dependence, transfer of treatment and opioid overdose prevention on release, and access to therapeutic and residential programs.	**SA Health** Department for Communities and Social Inclusion – Youth Justice
39	Investigate strategies to increase diversion opportunities for young people from the criminal justice system into treatment.	**Attorney General's Department, SA Health, South Australia Police** Department for Communities and Social Inclusion – Youth Justice

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 overuse 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.

In 2013, 15% of South Australians had used an illicit drug in the past 12 months, with cannabis being the most commonly used[42]. The burden of disease due to cannabis use is significant and includes respiratory illness and cognitive impairment[43,44]. In young people, cannabis dependence is correlated with psychosis and other mental health disorders[45].

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 bi-monthly population monitoring through analysis of wastewater[46], methamphetamine-related apprehensions by South Australia Police[47] and South Australia Police drug driving testing[48], 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[49].

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[50]. Unsafe injecting is a major route of transmission of blood-borne viruses like hepatitis B, hepatitis C, and HIV[51].

There has been a small increase in illicit use of pharmaceutical drugs[52]. These drugs can become part of the illicit drug market, requiring strategies similar to other illicit drugs. Harms can also arise from prescription and over-the-counter drugs, including the health, social and financial problems associated with addiction.

Driving with an illegal drug (including cannabis, speed or ecstasy) present in saliva or blood has been shown to have the potential to increase the risk of road crashes. Many drivers remain unaware of the effects that these types of drugs can have on their driving ability – including impaired coordination, muscle weakness, impaired reaction time, poor vision, an inability to judge distance and speed and distortions of time, place and space[53].

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[54]. These services include those related to housing, homelessness, poverty and unemployment[55,56].

Evidence-based strategies to reduce the harms from hazardous and harmful use of pharmaceuticals include improving knowledge about the 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[57].

New, highly effective hepatitis C treatment medications that are affordable and accessible are improving the wellbeing of people with hepatitis C[58]. Improved access to the safe and effective opioid overdose reversal drug naloxone and to overdose prevention and response information is expected to save lives[59]. Increasing access to medication-assisted treatment for opioid dependence will further enhance health outcomes[60].

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 of methamphetamine 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, hepatitis B and hepatitis C among people who inject drugs.
- Reduce prevalence of drug driving-related offences.

	ACTION	LEAD AND PARTNER AGENCIES
40	Investigate and disrupt the manufacture, cultivation, trafficking and supply of illicit drugs.	**South Australia Police**
41	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**
42	Work with Australian Customs, Border Force, and Australian Federal Police to increase targeted responses.	**South Australia Police**
43	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**
44	Increase access to sterile injecting equipment and sharps disposal through more service locations, particularly those accessed by priority populations.	**SA Health**
45	Work with the Australian Government to expand online counselling and enhance the existing telephone support service.	**SA Health**
46	Reduce opioid overdose morbidity and mortality through increasing the availability of naloxone and opioid prevention and response information.	**SA Health**
47	Continue to support access to intervention and treatment for vulnerable people appearing in the Magistrates Court.	**Courts Administration Authority**
48	Continue to promote and support access to interventions and treatment in correctional facilities, including referral to medication-assisted treatment for opioid dependence, transfer of treatment and opioid overdose prevention on release, and access to therapeutic and residential programs.	**Department for Correctional Services** SA Health
49	Improve access to medication-assisted treatment for opioid dependence by increasing knowledge, capacity and number of prescribers and pharmacists.	**SA Health**
50	Investigate the scale of harmful and hazardous 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**
51	Identify opportunities to better support prescribers, pharmacists and other health workers who feel pressured by patients to provide medications inappropriately.	**SA Health**
52	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**
53	Improve access to hepatitis C management and care for people attending Government and non-government alcohol and other drug settings.	**SA Health**
54	Develop guidelines for psychosocial treatment of methamphetamine dependence for the health sector and for the treatment of methamphetamine presentations in acute settings.	**SA Health**
55	Develop peer networks for people who smoke methamphetamine to reduce harm and encourage access to health information.	**SA Health**
56	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**
57	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

	ACTION	LEAD AND PARTNER AGENCIES
58	Implement communication strategies to increase the awareness of alcohol and other drug evidence, approaches, and supports across both the community and workforce.	**SA Health**
59	Expand access to peer networks for individuals and families experiencing alcohol and other drug problems.	**SA Health**
60	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 the Premier and Cabinet
61	Work with the non-government and the primary health sector to assess service gaps using the *Drug and Alcohol Service Planning Model for Australia* and map the alcohol and other drug treatment system, including roles, key components and referral pathways.	**SA Health**
62	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
63	Investigate responses to issues related to addiction of licit drugs, such as educational strategies for prescribers and pharmacists on pain management.	**SA Health**
64	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**
65	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**
66	Implement guidelines for safer music events to improve safety and reduce harms.	**SA Health** South Australia Police, Attorney General's Department
67	Implement engagement strategies to increase community participation in the planning, implementation and evaluation of policy and services to address illicit drug use.	**SA Health**
68	Ensure that services to address illicit drug use and hazardous and harmful use of pharmaceutical drugs meet the needs of people with a disability.	**SA Health**
69	Ensure that services to address illicit drug use, and hazardous and harmful use of pharmaceuticals drugs, meet the needs of people with comorbidities, including mental health concerns, through effective systems for assessment and referral, support services and clinical intervention.	**SA Health**
70	Work with Country Health SA Local Health Network to explore alternative models of withdrawal support in regional areas.	**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)[61].

Aboriginal Australians are 1.4 times more likely than the non-Aboriginal population to abstain from drinking alcohol[62]. 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[63]. The mean age at death from alcohol-attributable causes among Aboriginal people is about 35 years[64]. The rate of alcohol-related hospitalisations among the South Australian Aboriginal population is three to four times higher than the overall South Australian population[65].

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[66].

Aboriginal people face specific alcohol and other drug problems including issues also associated with social and economic disadvantage or remoteness. Factors related to the prevalence of alcohol and other drug problems in Aboriginal communities can include cultural deprivation and disconnection from cultural values and traditions, trauma, poverty, discrimination and access to services[67]. Effective strategies must be culturally respectful and can include treatment and other health and social services addressing social determinants, such as homelessness, education, unemployment, violence, and grief, loss and trauma[68].

Regulation of supply and other strategies that address localised problems can be beneficial[69]. Initiatives must be based on locally-identified needs and form part of an integrated and cross-sectoral approach at the regional level[70]. 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[71].

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[72].

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.
- Decrease the incarceration rate of Aboriginal people.

	ACTION	LEAD AND PARTNER AGENCIES
71	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
72	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**
73	Investigate strategies to engage vulnerable people in treatment.	**SA Health, Attorney General's Department** Department for Communities and Social Inclusion
74	Expand access to sterile injecting equipment and sharps disposal through Aboriginal community controlled health services and other frontline services for Aboriginal people.	**SA Health**
75	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**
76	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**
77	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**
78	Enhance efforts to increase culturally respectful policy, prevention and intervention activities through evidence-based approaches targeting Aboriginal people.	**All agencies**
79	Develop and facilitate educational materials to inform Aboriginal young people of the impacts of drug and alcohol misuse on employment prospects.	**Department of State Development- Skills and Employment**
80	Increase the proportion of Aboriginal people in the specialist alcohol and other drug sector workforce.	**All agencies**
81	Investigate strategies to address intergenerational alcohol and other drug issues, including family sensitive practices.	**Department for Child Protection, Department for Communities and Social Inclusion**
82	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**
83	Investigate strategies to increase diversion opportunities for young Aboriginal people from the criminal justice system into treatment.	**Attorney General's Department, South Australia Police** 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 drive 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.

The 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 AND PARTNER AGENCIES
84	Continue monitoring drug use in the South Australian population through analysis of wastewater.	**SA Health**
85	Work with the Australian Government to expand wastewater analysis to regional settings.	**SA Health**
86	Collect regular data on alcohol and other drug use and associated harms in Aboriginal communities.	**SA Health**
87	Trial tools to track the movement of clients through treatment and welfare services in order to identify opportunities to improve client treatment pathways.	**SA Health**
88	Work with the Australian Government to determine the feasibility of implementing the Turning Point Ambulance data project in South Australia.	**SA Health**
89	Increase access to evidence and information about alcohol and other drug problems for the community and workforce.	**All agencies**
90	Continue to utilise data on the number of drivers and riders killed or seriously injured that have an illegal Blood Alcohol Content (BAC) or test positive to the presence of THC, methamphetamine and/or MDMA.	**Department of Planning, Transport and Infrastructure** South Australia Police

It's difficult to see your loved one in pain, which is why you need to get support for yourself too.

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