



# South Australian Alcohol and Other Drug Strategy 2024- 2030

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## Introduction

Thank you for the opportunity to comment on the Draft South Australian Alcohol and Other Drug Strategy 2024-2030. I am happy to see that the strategy is progressing and keeps children and young people as a priority group. This Strategy is an opportunity for South Australia to take a lead in developing and investing in evidence-based strategies to prevent and reduce the impacts of drug and alcohol-related harm across metropolitan and regional South Australia.

As Commissioner for Children and Young People my mandate is to promote and advocate at a systemic level for the rights, interests and wellbeing of all children and young people in South Australia. It is also my role to ensure the State, at all levels of government, satisfies its international obligations under the United Nations Convention on the Rights of the Child (UNCRC). This includes giving effect to a child's right to the highest attainable standard of healthcare (Article 24) and taking 'all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties' (Article 33).

I support the prioritising of actions in the Strategy that will better support children and young people and their families. It is commendable the Strategy includes investing in child and youth-friendly infrastructure and accessible activities to strengthen communities, better support for parent and families, as well as better support for the families 'doing it tough' and touching other systems. However, it is disappointing that other recommendations, including pill testing and the lack of a joined-up approach for vulnerable children and young people have not been specifically addressed.

This submission builds upon my prior [submission](#) from November 2022, which includes the voices of children and young people and make recommendations that could further strengthen outcomes for children and young people.

If you have any further queries, please to not hesitate to contact this office.

Yours sincerely,



**Helen Connolly**

Commissioner for Children and Young People  
Adelaide, South Australia

### Priority Action one: Health promotion and prevention

Health promotion and prevention is an essential component to any alcohol and drug strategy and to ensure its effectiveness, actions and activities should be based on research and supported through adequate investment. The previous submission addressed upskilling and educating young people on getting support and how to provide peer support (Goal one). Further priorities include:

- An education program that includes harm minimisation and tools for young people to provide peer support.
- A policy response that breaks down any barriers that prevent children and young people from seeking help.

I support implementing an evidenced-based school and other drug prevention education program in-line with **Action 3** that involve protective factors, but this can be built upon. Any comprehensive education program in schools, should not only focus on prevention, but guidance on minimising harm that also includes peer education and information on how to access support.

Just focussing on prevention is unrealistic, especially during the teenage years, when high-risk taking behaviours are a norm therefore it is important that young people are given the tools to take any risk-taking behaviour in a safe environment. Any program that is developed by the Department for Education needs to be strongly supported with input from Preventive Health and specialist drug and alcohol experts and organisations, as well as children and young people themselves.

As my previous submission stated, effective program elements that have been identified by experts in the field that:

- use interactive approaches to engage students.
- deliver the program over multiple sessions that are well-structured and regular.
- provide booster sessions over multiple years.
- are delivered by teachers or other trained staff.
- give students the opportunity to learn and practice personal and social skills, including coping, decision-making and resistance.
- highlight that many teens don't use AOD in Australia and there has been declining use overall in recent years.<sup>1</sup>

Alongside education, more needs to be done to break stigma that is shaming or scaring young people to seek help. The recent ‘hard line’ approach to vaping at schools, for example, has resulted in young people telling us that they are too scared to seek the help of adults as they may be suspended or in danger of criminal offences, even when they want help.

Our [Vaping Survey](#) found that many children and young people many young people are feeling misunderstood, judged, shamed, blamed, and punished for vaping. They say they lack information, education and support from the adults and institutions around them.

*“They [Adults] should just be a bit less disciplinary and more open. Except of handing out suspensions if the kids caught with a vape maybe ask why they vape.” – 17 year old, male, Metropolitan SA, Government school*

*“I got expelled so I think reputation is put above health and well-being in private schools.” – 17 year old, female, Metropolitan SA, Catholic school*

I also support **Activity 10**, ‘reviewing the data and evidence on the most effective alcohol and other drug regulations to promote public health and safety for the South Australian population’. Within this, research should review the outcomes of de-criminalising small amounts for personal use and amnesties at festivals and similar events to promote young people’s safety and prevent young people interacting with the justice system (see Goal 2 in previous submission).

### Priority Action 2: Disruption and supply reduction

For South Australia to ‘implement strategies that reduce the promotion of alcohol and access to these products for children and young people under 18 years of age’, the actions and activities need to go beyond legal and regulatory reform and ‘cracking down’ on the manufacture, cultivation, trafficking and supply of illicit drugs, including organised crime through police action. Not only is it questionable that law and order responses will actually result in the reduction of drug and alcohol consumption, it could lead to perverse outcomes and recreational users purchasing new drugs that could be more dangerous than traditional drugs. Although these actions are part of the bigger picture, they do not address the reality that young people are risk takers and do not necessarily understand the consequences of any actions.

Further, none of the actions and activities listed specifically address one of the 2030 outcomes in this section of the plan that parents and caregivers are aware of harms associated with the supply of alcohol to children even though this is an expected outcome.

This law-and-order approach currently outlined does not address the reality that adolescence is a time where there are changes to the brain that may increase their tendency to take risks through experimenting with more adult-like behaviour. Teenagers who take risks in relatively safe situations exercise the circuitry and develop the skills to “put on the brakes” in more dangerous situations. It is unrealistic to assume that addressing organised crime and upskilling parents will stop young people from experimenting with drugs and alcohol. To support any education program developed in Priority Action 1 there should be innovative ways to raise awareness about the dangers of drugs and alcohol, including pill testing.

As recommended in the previous submission, a pill-testing program could be implemented across the state, especially after the recent moves by Queensland and the ACT to implement pill testing.

Pill testing has been proven to be a harm reduction strategy that can prevent people from taking drugs, reduce the supply of dangerous drugs and help users become more informed about the impact of drug taking. According to the latest National Drug Strategy Household Survey, support for pills/drug testing increased from 57% in 2019 to 64% in 2022-23.<sup>ii</sup>

According to research the use of drug testing as a primary policy response:

- Changes the black market as pill testing can uncover particularly dangerous products being identified, resulting in public health warning campaigns and these products leaving the market. With recent reports of dangerous new illegal drugs on the black market it.
- Creates behaviour change. Research has found a positive correlation between drug testing and people not taking the drug. In Australia an ACT pilot of drug testing resulting in 61% of people who found that the results didn't align with the expected drug said that they would definitely not use it.<sup>iii</sup>
- Creates an opportunity to provide support and education to a population that is often difficult to reach.
- Allows for research and data collection of the illegal drug market.<sup>iv</sup>

I give in-principle support for **Action 15** to ‘implement community policing interventions, including neighbourhood and community intervention’s, but this will only be successful if police can gain the trust of the community they work in and are not just seen as those who strictly enforce the law. Reports of police abusing their powers through accessing force databases<sup>v</sup>, using excessive force (particularly against children and vulnerable groups)<sup>vi</sup> and the secret opaque nature of handling police complaints only furthers distrust.<sup>vii</sup>

To develop a community policing model - especially in regional and vulnerable communities - SAPOL must go back to basics and engage in their local communities to find out what they need and want from their local police. This includes actively engaging with children and young people on what makes them feel safe in their community, what relationships they would like to have with police and others in their community to look like, including what activities and infrastructure they would like developed.

### Priority Action 3: Early intervention and targeted intervention

Intervening early to prevent children and young people from taking drugs and alcohol in the first place requires a holistic approach that addresses any risk factors that could result in any misuse, as well as strengthening the protective factors. This requires actions that go beyond the school gates.

To better achieve this for children and young people it is recommended that:

- There be a child-centred approach to supporting children and young people with adequate resourcing so these services are available to children and young people across the state.
- DCP developed a nuanced strengths-based approach that help keep children safe in their homes.

I commend **Action 21** to intervene early to identify and support children and young people through targeted strategies, but this should not be solely led by the Department for Education. This requires a public health, coordinated approach with the Department for Human Services, Department for Education and Department for Child Protection to ensure particularly stressed and complex children and their families are given support earlier.

It is essential that there is resourcing to develop and implement an evidence based, multisectoral approach to intervene early for children and young people which is tailored to local communities.

As discussed in the previous submission (Goal 3), given that many young people who experience drug or alcohol dependency also face significant issues in finding and accessing support and services. Evidence shows that the most effective strategies integrate drug and alcohol services with other youth-specific service systems, such as primary and mental health services, homelessness services and services that address violence.

There is also evidence that a stable home environment, with positive physical and mental stimulation, plenty of food and a positive relationship with parents helps protect children from a large range of risks and increases positive developmental outcomes.<sup>viii</sup> I therefore support **Action 22** to develop a framework for working with parents and children in contact with the child protection system that moves beyond its current risk framework focussing on the immediate safety of children and young people. There needs to be a pragmatic and supportive approach that allows for children to remain at home safely when parents are receiving report for any dependencies. Any framework should be developed with stakeholder engagement, including feedback on what children and young people think would support them.

I also support **Action 24** to ‘work collaboratively to better integrate referral pathways led by DHS and DCP to support children and young people whose parents use drugs’ and recommend that it could be extended to support children and young people who have begun displaying at risk behaviours.

#### Priority Action 4: Treatment and support

The need for treatment and support for all young people with dependency issues is particularly important in South Australia. Traditionally, the level of drug and alcohol treatment services is centralised within the metropolitan area with regional areas left with inadequate services to support children and young people with dependency issues. There are some services that support young people, including Mission Australia’s Drug and Alcohol Youth Outreach Service and Streetlink, but they are only located in Adelaide.

I commend **Action 36** to ‘explore alternative treatment pathways for complex clients’ and would recommend that there is exploration on what works for children and young people and not expecting that what works for adults, works for children. In looking at alternative pathways the Department needs to map current services to determine what services are available, what is unavailable and what resources are required to fill these gaps.



I also support **Activity 47** to develop and implement new innovative treatment models in South Australia youth justice system. Any new model should also be considered for all children and young people in the State experiencing serious and complex alcohol and drug issues and delivered in the community, in-line with Action 36.

There is a dearth of treatment services for those children and young people across the state who may present with dependency issues that are not necessarily in touch with the justice or child protection. It also does not address the overrepresentation of children under the protection of the Department of Child Protection who represent with trauma and drug and alcohol dependency. To properly address this gap, consideration should be given to providing services for all children with more serious dependency issues, that are also voluntary.

As previously discussed, evidence shows that the most effective strategies integrate drug and alcohol services with other youth-specific service systems, such as primary and mental health services, homelessness services and services that address violence. A joined-up approach is recommended with 'no wrong door' if children are attached to government services, including child protection, education, primary and mental health and youth justice.

As part of any review and actions, I also ask that there be a review of the Youth Treatment Orders legislation in light of the recommendations made in the [2022-23 Annual Report](#) from the Youth Treatment Orders Visitor. This mandatory model appears to have not been successful and should be repealed and replaced with a public-health model that is trauma informed, child-centred, community and evidence based.

#### Priority Action 5: Engaging Communities

Engaging communities is essential to ensure that all previous actions are successful. I therefore support priority **Action 50**, 'to develop social engagement initiatives for young people that do not involve alcohol or other drugs', but it should go beyond just 'engagement initiatives' and cover what infrastructure and services children would also like to see in their community so they feel safe and supported. My previous submission talks to what children and young people want to see in their communities (under Goal one).

It is critical that any initiatives are relevant to the needs of the community and are child focussed. In developing programs children and young people within the community should play an active role on what activities and they would like to see which will prevent any

risk-taking behaviour. This could include expanding the scope of current programs, such as Planet Youth.

I have talked to thousands of children and young people who have told me what they want to see in their local communities. This includes children and young people in regional areas which are found in my Regenerating <https://www.ccyp.com.au/wp-content/uploads/2024/09/Submission-on-the-South-Australian-Alcohol-and-Other-Drug-Strategy-2024-2030.pdf> Our Regions report and Growing Confident, Connected, Creative Regional Kids. More recently I, I have talked to children and young people in Port Pirie and Port Augusta and am happy to share their thoughts on what they would like to see in their towns.

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<sup>i</sup> United Nations Office on Drugs and Crime. International Standards on Drug Use Prevention, Second updated edition. Vienna: UNODC and the World Health Organization; 2018 [11.09.2023].

<sup>ii</sup> Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2022-2023, Support for alcohol and other drug related policies . Accessed at <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey/contents/about>

<sup>iii</sup> Olsen A, Baillie G, Bruno R, McDonald D, Hammoud M, Peacock A. CanTEST Health and Drug Checking Service Program Evaluation: Interim Report 2022 [04.07.2023].

<sup>iv</sup> University of New South Wales. Six reasons Australia should pilot 'pill testing' party drugs. National Drug and Alcohol Research Centre. Professor Alison Ritter. Accessed at <https://ndarc.med.unsw.edu.au/blog/six-reasons-australia-should-pilot-pill-testing-party-drugs>.

<sup>v</sup> Guardian Australia. Revealed: Australian police accused of improperly accessing force databases more than 2,000 times. Accessed at <https://www.theguardian.com/australia-news/article/2024/jun/28/revealed-the-amount-of-times-australian-police-have-breached-the-trust-afforded-to-them>

<sup>vi</sup> ABC News. CCTV of wild shopping centre brawl prompts fresh inquiry into allegations of 'unreasonable use of force' by police. Accessed at <https://www.abc.net.au/news/2024-07-19/police-watchdog-investigation-excessive-force-aboriginal-kids/104114260>

<sup>vii</sup> Adelaide Now. Opinion. Editor's view: Public can't trust in SA Police while secrecy rules. Accessed at <https://www.adelaidenow.com.au/news/opinion/fair-cop-public-cant-trust-in-police-while-secrecy-rules/news-story/43ea4c3ff236b152a60d2a5ad16f0d5f>

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viii NIDA. Principles of Substance Abuse Prevention for Early Childhood: National Institute on Drug Abuse: Advancing Addiction Science 2016 [cited 2016. Available from: <https://www.drugabuse.gov/publications/principles-substance-abuse-preventionearly-childhood/chapter-2-risk-protective-factors>].