



**SOUTH AUSTRALIAN  
ALCOHOL  
AND OTHER  
DRUG  
STRATEGY  
2024 - 2030**



**Government of  
South Australia**

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‘Aboriginal’ is used in this document respectfully as an  
all-encompassing term for Aboriginal and Torres Strait  
Islander peoples, health and culture.

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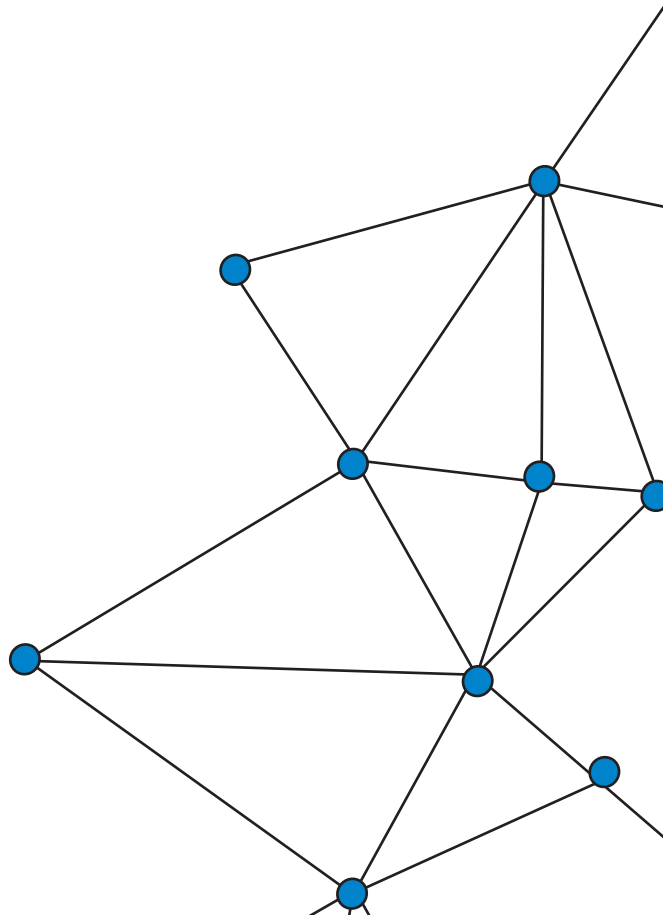
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# Acknowledgement

The Government of South Australia acknowledges and respects Aboriginal peoples as the state's first people and recognises Aboriginal peoples as the traditional owners and occupiers of South Australian lands and waters.

This document may contain images of Aboriginal peoples who are now deceased. The Government of South Australia apologises for any upset or distress that this may cause.

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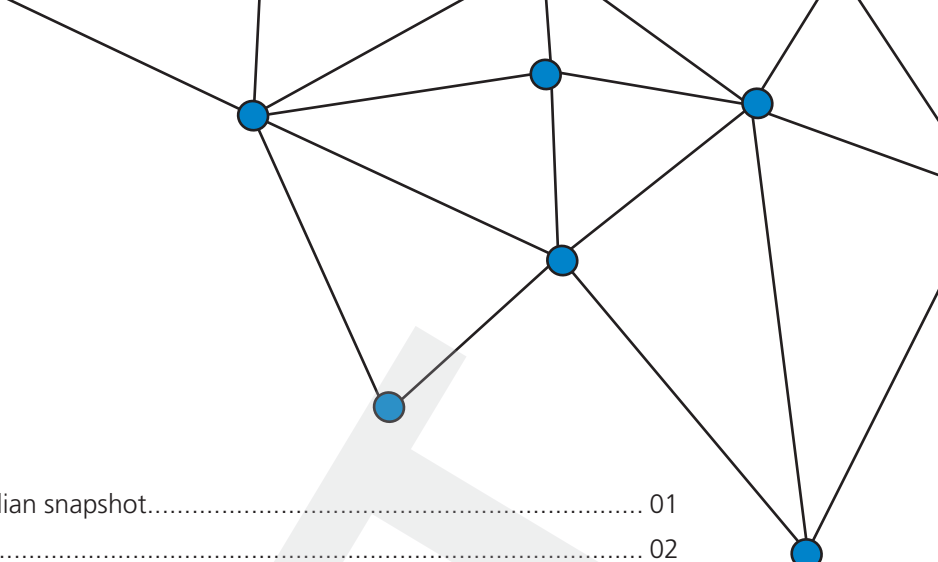


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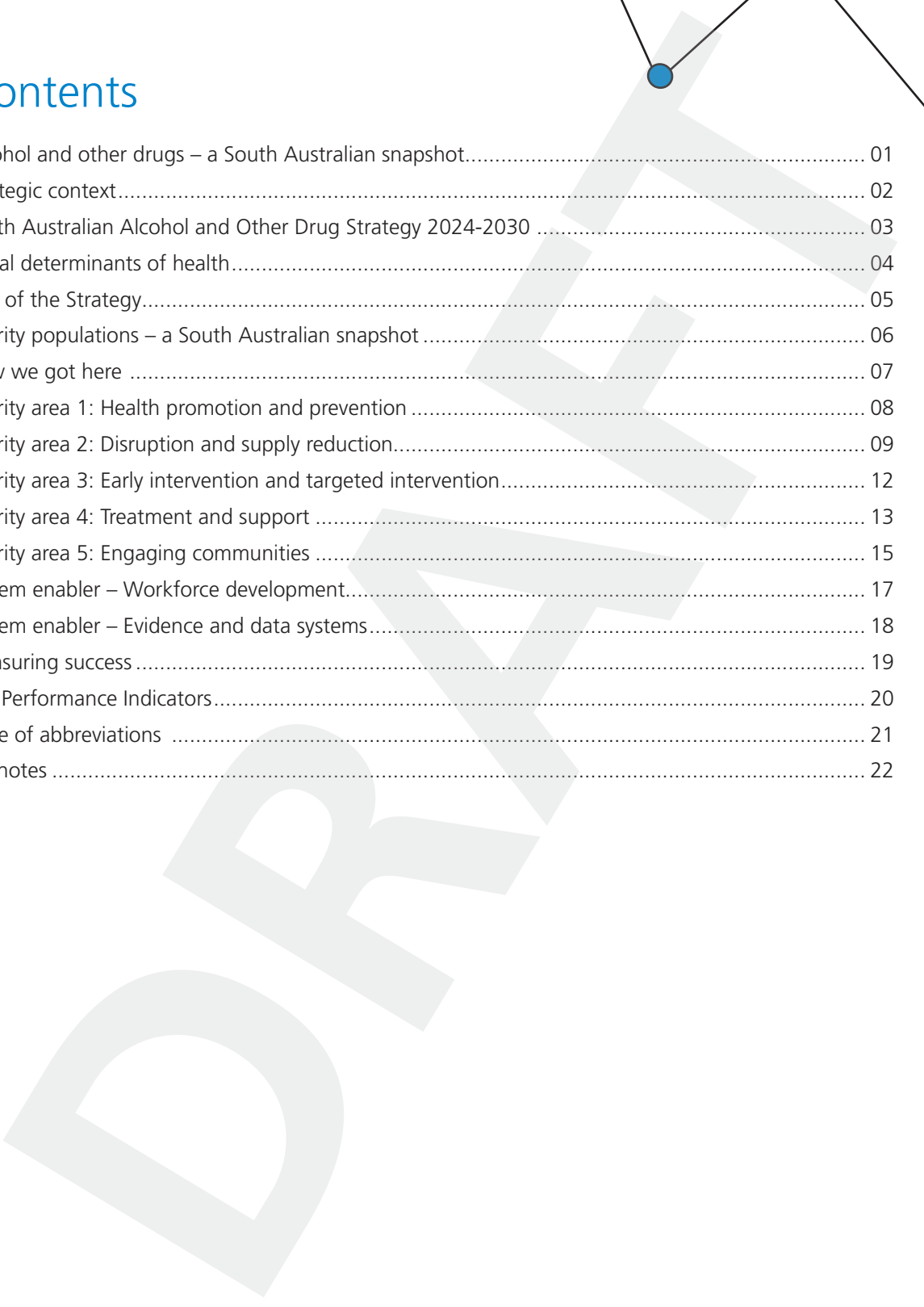
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# Alcohol and other drugs – a South Australian snapshot

## ALCOHOL USE IN SA



**80%**

of people over the age of 14 years regularly consume alcohol<sup>i</sup>

**17 YEARS OLD**

average age people first tried alcohol<sup>i,1</sup>

**37%**

of people drink weekly<sup>i</sup>

**4.7%**

of people drink daily<sup>i</sup>

**ALMOST 1 IN 5**

people exceed the lifetime risk guidelines for alcohol consumption<sup>i</sup>

**1 IN 3**

people consume alcohol at risky levels and frequencies<sup>i</sup>

**NATIONALLY 9.9%**

of recent drinkers are likely to meet the criteria for alcohol dependence<sup>ii</sup>

<sup>1</sup> This figure represents the age of initiation for 14-24 year age range only, from the Australian Institute of Health and Welfare National Drug Strategy Household Survey 2023

## DRUG USE IN SA



**1 in 6**

South Australians used an illicit drug in the last 12 months<sup>i</sup>

**18.8 YEARS OLD**

average age people first tried an illicit drug<sup>i</sup>

**11.1%**

of people used cannabis in the last 12 months<sup>i</sup>

**4.1%**

of people used cocaine in the last 12 months<sup>i</sup>

**3.7%**

of people illicitly used pharmaceuticals in the last 12 months<sup>i</sup>

## COMMUNITY IMPACTS



**19% OF DRIVERS & RIDERS**

killed had a blood alcohol level of 0.05 or more<sup>v</sup>

**20% OF DRIVERS & RIDERS**

killed tested positive for drugs<sup>v</sup>

**54,288**

roadside drug tests conducted over a 12 month period<sup>vi</sup>

**5,532 DRUG DETECTIONS**

**568,591**

roadside alcohol tests conducted over a 12 month period<sup>vi</sup>

**4,594 ALCOHOL DETECTIONS**



**OVER 1 IN 10**

South Australians have been the victim of an illicit drug-related incident<sup>i</sup>

**1 IN 5**

South Australians have been the victim of an alcohol-related incident<sup>i</sup>

**NEARLY 1 IN 4**

Emergency Department presentations for injuries are estimated to be attributable to alcohol<sup>iv</sup>

The majority of **ACCIDENTAL** drug-induced deaths in South Australia were due to pharmaceutical opioids<sup>viii</sup>

Accidental drug-induced deaths in South Australia are the lowest of all states and territories at **3.7 DEATHS PER 100,000 PERSONS**<sup>viii</sup>

Alcohol-induced deaths in **REGIONAL AREAS** are higher than the national rate<sup>vii</sup>

**68%** substance-related hospital stays are attributable to alcohol<sup>iii</sup>

## INTERRUPTING SUPPLY

SA Police conducted the following drug seizures in 2022-23:<sup>vi</sup>



**3,625**

CANNABIS PLANTS

**41.9KG**

METHAMPHETAMINE

**2.1KG**

HEROIN

**195L**

FANTASY

**54**

CLANDESTINE LABS detected & dismantled

## Strategic context

*The South Australian Alcohol and Other Drug Strategy 2024-2030* is part of a group of global, national and state policies, legislation and other strategies to guide action on alcohol and other drugs. At the global level, strategies supported by the Australian Government include the World Health Organization's (WHO) *Global Strategy to Reduce Harmful Use of Alcohol and Global Action Plan for the Prevention and Control of Non-Communicable Disease*. In 2018, the United Nations outlined a common position supporting the implementation of the international drug control policy through effective inter-agency collaboration.<sup>ix</sup> The common position seeks to promote prevention and treatment, and supports law enforcement policies that include targeting supply through organised crime, rather than people who use drugs.

Harm minimisation is the nationally agreed approach under the *National Drug Strategy 2017-2026* and yields positive health outcomes for our community. The *South Australian Alcohol and Other Drug Strategy 2017-2021* was implemented with a harm minimisation approach. Achievements of the last Strategy include:

- a reduction in drink driving detections by 23%, from 2015-2016 to 2020-2021
- a decline in the level of alcohol-related crime in licensed premises by 26%, from 2015-2016 to 2020-2021
- a reduction in Hepatitis C among people who inject drugs from 2016 to 2020
- a decline in recent use of painkillers and opioids for non-medical purposes from 4.3% in 2016 to 2.9% in 2019.

This iteration of the Strategy is designed to complement health and social strategies at national and sub-national levels, both current and emerging, including:

- The *National Alcohol Strategy 2019-2028*, which identifies national focus areas and policy options, a framework for collaboration and partnership across sectors.
- The *National Drug Strategy 2017-2026*, which provides a national framework for building safe, healthy and resilient communities by preventing and minimising health, social and economic harms associated with other drug use. This Strategy also aligns with the overarching National Drug Strategy principles of supply reduction, demand reduction and harm reduction.
- The *National Preventive Health Strategy 2021-2030*, which provides the overarching, long-term approach to prevention in Australia by building systemic change to ensure the best outcomes for all Australians.
- *South Australia's Implementation Plan for the National Agreement on Closing the Gap*, including supporting the capacity of Aboriginal Community Controlled Organisations (ACCOs) to expand their provision of services within their respective communities.
- The *SA Police Our Strategy 2030: Safer Communities*, which promotes 'Prevention First' and taking 'every opportunity to prevent crime, disorder, and road trauma' by developing collaborative partnerships, and building trust and engagement with communities.

This Strategy also seeks to complement existing South Australian Government strategies addressing the social determinants of health, for example housing and homelessness strategies and improving access and retention to education. This Strategy aligns with government activity on road safety, women's safety, and tobacco control initiatives at a state and national level.

# South Australian Alcohol and Other Drug Strategy 2024-2030

## Aim

Prevent and reduce the harms caused by alcohol and other drugs in the South Australian community

---

## Priority areas

Health promotion and prevention  
Disruption and supply reduction  
Early intervention and targeted intervention  
Treatment and support  
Engaging communities

---

## System enablers

Workforce development  
Evidence and data systems

---

## Priority populations

Aboriginal peoples\*  
Children and young people  
Parents who use alcohol and other drugs  
Rural and remote communities  
LGBTQIA+ people  
People with comorbidity of mental health  
Males aged 15-44  
People in contact with the criminal justice system

\* We acknowledge and respect the traditional custodians on whose ancestral land the South Australian Government provides services. We acknowledge the deep feelings of attachment and relationship of Aboriginal people to country. The term 'Aboriginal' is respectfully used in this document as an all-encompassing term for Aboriginal and/ or Torres Strait Islander peoples and culture.

## Social determinants of health

The reasons people may choose to use substances are varied. The impacts of the social determinants of health are multifaceted. Although there is no definitive pathway into using alcohol and other drugs, evidence suggests there can be certain environmental, social, and contextual factors that may place an individual at increased risk of using drugs or experiencing harms from their substance use.

People dealing with particularly difficult or traumatic circumstances in their life may use substances to cope with their situation. For example, individuals experiencing homelessness may turn to substance use to cope with not having a stable home or having to sleep rough. Housing is a key social determinant of health, and housing instability and homelessness is associated with a range of poor health outcomes, including harmful alcohol and other drug use and mental health issues.<sup>x</sup> Adult homelessness is associated with childhood experiences such as housing instability, living with a person experiencing alcohol or other drug harms, living with an adult who was incarcerated, witnessing violence, and not having appropriate safeguards.<sup>xi</sup>

Educational attainment is also an important social determinant of health, and is linked to early childhood development. Maternal alcohol use disorder is significantly associated with poor attendance at school.<sup>xii</sup>

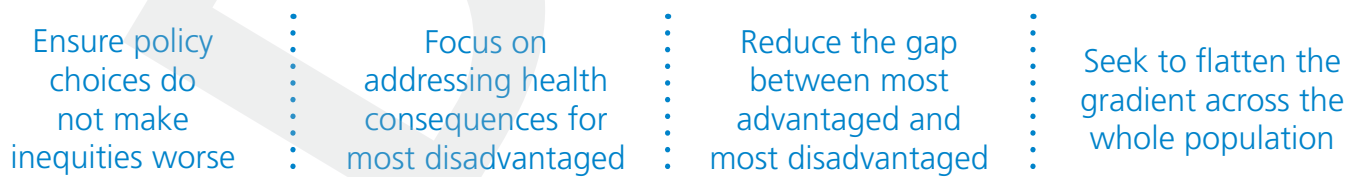
Child abuse and neglect (substantiated notifications to the child protection system) is significantly associated with absenteeism and school non-attendance. Research has also shown that children and young people that have contact at an early age with child protection agencies, due to complex environmental and familial circumstances, are at an increased risk of hospitalisations for injury, poisoning or toxic effects of drugs.<sup>xiii</sup>

People may also rely on alcohol or other drugs to manage physical pain associated with ongoing health conditions. The ongoing stigma associated with harmful levels of alcohol and other drug use can inadvertently perpetuate harmful substance use, as it deters people from seeking treatment services and accessing the necessary supports they need to reduce the harms of their substance use or dependence.

The laws and policies of past governments, including assimilation policies and the removal of Aboriginal children from their families, their communities and their country, have contributed to Aboriginal peoples experiencing the largest gap in health outcomes in Australia. Stress and trauma associated with colonisation, institutional and interpersonal racism, inequitable access to services and overrepresentation in the criminal justice system can contribute to increased risk of alcohol and/or drug use and harm among Aboriginal peoples.<sup>xiv</sup> The South Australian Government is committed to a Reconciliation agenda, which recognises and celebrates Aboriginal culture, and the importance of working in partnership to improve the lives of Aboriginal peoples in South Australia.

Alcohol and other drug use prevalence and harm is strongly related to the social determinants of health and socio-economic disadvantage. There are distinctive health gaps associated with health risks posed by alcohol and other drugs. The WHO has proposed the model outlined in **Figure 1** below as a way to address such inequities through policy.<sup>xv</sup>

Figure 1. Incremental approach to reducing inequalities. Source: Loring, B. 2014.





## Aim of the Strategy

The Strategy aims to prevent and reduce the harms caused by alcohol and other drugs in the South Australian community.

The Strategy aims to achieve this through a focus on five priority areas:

- 1. Health promotion and prevention**
- 2. Disruption and supply reduction**
- 3. Early intervention and targeted intervention**
- 4. Treatment and support**
- 5. Engaging communities.**

These priority areas are based on both national and international learnings, research and best practices, and foster a harm minimisation approach.

The Strategy will primarily take a population health approach.

Population health is concerned with addressing determinants of health and the distribution of health in the population (health disparities) to achieve health outcomes. It utilises policies and interventions for the whole population.

A population health approach includes whole-of-government strategies and strategies that entail the need for action across national, state and local government levels, non-government organisations (NGOs) and communities, and includes 'Health in All Policies' approaches.

We have identified two key system enablers requiring further action and investment to support progress on all priority and supporting actions in this strategy:

- Workforce development
- Evidence and data systems.

## Priority populations

Alcohol and other drug-related harms are not experienced equally across populations. While this Strategy is for the whole community, it acknowledges that alcohol and drug-related harms are not experienced equally across populations, and that these harms may be exacerbated by the intersectionality of vulnerable groups.

The Strategy includes additional activity within each action area to reduce the inequities experienced by some priority populations, including those that intersect:

- Aboriginal peoples
- Children and young people
- Parents who use alcohol and other drugs
- Rural and remote communities
- LGBTQIA+ people
- People with comorbidity of mental health
- Males aged 15-44
- People in contact with the criminal justice system.

# Priority populations – a South Australian snapshot

## ABORIGINAL PEOPLES



Alcohol and/ or illicit drug use are among the **top 4 risk factors** for total disease burden among Aboriginal peoples<sup>xvi</sup>

The mortality rate for alcohol-related conditions is **5 times** greater for Aboriginal peoples<sup>xvi</sup>

## CHILDREN AND YOUNG PEOPLE



People aged **14-29** consume more standard drinks on a typical drinking occasion than older adults (50+)<sup>xvii</sup>

Children and young people, including those whose parents use alcohol and/ or drugs at harmful levels, are more vulnerable to the harms associated with alcohol and other drugs

Alcohol and other drug use during critical periods, such as adolescence, can have harmful effects on a person's cognitive and psychosocial development<sup>xviii, xix</sup>

Alcohol consumption among **15-17** year olds was **33%** in 2022<sup>i</sup>

Young adults aged **18-24** are the most likely of all age groups to exceed single occasion risk guidelines<sup>xvii</sup>

## PARENTS WHO USE ALCOHOL AND OTHER DRUGS



**43%** of students who engaged in alcohol use reported they obtained alcohol from their parents<sup>xx</sup>

Alcohol and other drug use among parents/ guardians can increase the risk of harms from domestic and family violence<sup>xxi</sup>

## RURAL AND REMOTE COMMUNITIES



Higher rates of alcohol-related deaths in regional areas of SA compared to major cities<sup>xxii</sup>

**Greater Adelaide**  
5.1 deaths per 100,000 persons<sup>xxiii</sup>

**Greater South Australia**  
8.6 deaths per 100,000 persons<sup>xxiii</sup>

## LGBTQIA+ PEOPLE



Stress and stigmatisation experienced by the LGBTQIA+ community can increase vulnerability to alcohol and other drug harms<sup>xxiv</sup>

**1.2 times** as likely to exceed both lifetime and single occasion risky drinking guidelines<sup>xxv</sup>

Higher rates of substance use among this population have been consistently reported in Australia over the last decade<sup>xxv</sup>

**40%** of LGBTQIA+ people surveyed nationally indicated recent illicit drug use, compared to **16.1%** of heterosexual people<sup>xxv</sup>

## PEOPLE WITH COMORBIDITY OF MENTAL HEALTH



People with a comorbid mental health condition are more likely to exceed risky drinking guidelines and are **1.8 times** as likely to engage in illicit drug use<sup>xxvi</sup>

While alcohol and other drug use is often a means of coping during periods of psychological distress, it can also be a precursor to the onset of mental health symptoms<sup>xxvi</sup>

## MALES AGED 15-44



Males are **3 times more likely** to drink at lifetime risky levels and **twice as likely** to exceed single occasion risk levels, compared to females<sup>xxvii</sup>

Alcohol or other drug use was the leading cause of disease burden in young men (**15-24 years**)<sup>xxviii</sup>

In South Australia, alcohol-related mortality rates among men were more than **double** that of women<sup>xxiii</sup>

## PEOPLE IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM



In South Australia, rates of illicit drug use among people in the criminal justice system is almost **4 times** that of the general population (**58% vs 15.4%**)<sup>xxix</sup>



## How we got here

This Strategy has been developed by the Alcohol and Other Drug Strategy Steering Group, with representatives from a range of government agencies led by Preventive Health SA and SA Police.

A variety of stakeholders from government, NGOs, university and community organisations were consulted. This informed the development of a comprehensive Strategy based on community priorities, health service needs, and an understanding of the key evidence and trends in alcohol and other drug use. The feedback received from the stakeholders indicated a broad support for the strategic priorities identified in the Strategy.

### Collaboration and partnerships

Collaboration across government agencies and with the non-government sector will be required to deliver an effective, statewide Strategy. Key partnerships will be further progressed as actions are implemented with our key partners:

- Drug and Alcohol Services South Australia (DASSA)
- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Aboriginal health councils
- multicultural community partners
- peer workforce
- local, state and federal government agencies
- Local Health Networks (LHNs)
- Primary Health Networks (PHNs)
- the Courts Administration Authority
- mental health services
- research institutions
- NGOs
- peak bodies
- health care providers and organisations
- professional associations.

# Priority area 1: Health promotion and prevention

## Why is this important?

There is a need to increase community awareness about the risks and harms associated with short and long-term alcohol and other drug use, particularly among priority population groups. Initiatives under this key priority area aim to support state and national Closing the Gap priority reforms and targets for Aboriginal peoples by partnering with Aboriginal communities on policy and service delivery strategies.

## Our commitment

The South Australian Government will work across jurisdictions, with partner organisations, across government and with priority population groups experiencing issues with alcohol and other drugs to trial health interventions, promote safer ways of using alcohol, and shift attitudes towards the use of alcohol and other drugs. We will also implement strategies to reduce stigma and stigmatising language.

Agencies across government will collaborate to identify opportunities to add health information on alcohol packaging, develop social engagement initiatives that do not involve alcohol, address the link between alcohol and sport, explore opportunities to increase women's safety, provide alcohol and other drug safety education in schools, and support South Australian businesses to adopt safer work practices around alcohol and other drugs.

## What could we see by 2030?

- Increased health literacy for individuals, families and communities to manage the risks of alcohol and other drug use.
- Health providers have appropriate screening, assessment and referral tools, particularly to aid in the diagnosis and support for Fetal Alcohol Spectrum Disorder (FASD).
- Babies, children and young people have the opportunity to be healthy and lead a flourishing life.
- Delayed initiation of young people to alcohol and less exposure to alcohol advertising prior to legal drinking age.

| PRIORITY ACTIONS      |                                                                                                                                                                                                                                                          | LEAD                                          |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 1                     | Support all South Australian businesses and workers to adopt alcohol and other drug controls and responses to ensure a safe system of work for South Australians.                                                                                        | Safework SA                                   |
| 2                     | Lead health initiatives to support Closing the Gap priorities and outcomes where alcohol and other drug harms impact maternal health and birth outcomes, impact on life expectancy or reduce rates of overrepresentation in the criminal justice system. | SA Health (DASSA co-led Preventive Health SA) |
| 3                     | Implement evidence-based school alcohol and other drug prevention education programs that incorporate protective factors.                                                                                                                                | DFE                                           |
| 4                     | Increase public knowledge of the National Health and Medical Research Council (NHMRC) guidelines for alcohol consumption through promotion of guidelines at point-of-sale outlets and health promotion campaigning.                                      | Preventive Health SA & NGOs                   |
| 5                     | Work with Australian jurisdictions and New Zealand in the food regulation area to enable clear labelling of alcohol with health information.                                                                                                             | SA Health (FSRB)                              |
| 6                     | Increase community knowledge and awareness about the harms and consequences of drinking during pregnancy or when planning a pregnancy.                                                                                                                   | Preventive Health SA                          |
| SUPPORTING ACTIVITIES |                                                                                                                                                                                                                                                          | LEAD                                          |
| 7                     | Partner with organisations that develop/deliver programs for sporting clubs aimed at delinking the association between alcohol and sport.                                                                                                                | ORSR                                          |
| 8                     | Advocate for the Australian Government to restrict digital and physical advertising of alcohol in locations where children may be exposed to this marketing.                                                                                             | Preventive Health SA                          |
| 9                     | Work across sectors to develop and implement initiatives that highlight the risks of supplying alcohol to children and young people.                                                                                                                     | Preventive Health SA                          |
| 10                    | Examine data and evidence on the most effective alcohol and other drug regulations to promote public health and safety for the South Australian population and priority populations.                                                                     | Preventive Health SA                          |

# Priority area 2: Disruption and supply reduction

## Why is this important?

Safeguards are required to disrupt and reduce supply in areas where the greatest harms associated with alcohol and other drugs are being experienced. Intake of alcohol at risky levels can contribute to the development of serious health issues. Alcohol use is associated with a vast range of injuries and diseases including cancer, and is a leading factor for the global burden of disease.<sup>xxx</sup>

Harmful effects of illicit drugs can relate to a single occasion of drug use such as overdose or an injury resulting from intoxication. Chronic use associated with dependence can result in health problems and a range of social, legal, financial and emotional issues. This requires strong regulation, monitoring and compliance checking and disruption to the manufacturing, trafficking, and supply of drugs through collaborative policing interventions.

## Our commitment

The South Australian Government will explore options to decrease harms from alcohol and other drugs through policy, regulation, and supply intervention. We will implement strategies that reduce the promotion of alcohol and access to these products for children and young people under 18 years of age, people experiencing alcohol problems and other vulnerable and high risk groups.

Agencies will monitor illicit drug use and disrupt manufacturing, trafficking and supply. Agencies will identify opportunities to partner with the community on disruption and supply reduction initiatives.

## What could we see by 2030?

- Reduced community harms of illicit drugs through reducing and preventing organised crime.
- Increased prosperity of the South Australian community through prevention, disruption, detection and prosecution of illicit drug crimes attributed to organised crime.
- Parents and caregivers are aware of harms associated with supply of alcohol to children to delay the age of uptake.
- Decreased alcohol dependence and harms attributable to alcohol in the community.

### PRIORITY ACTIONS

### LEAD

|    |                                                                                                                                                                                                     |                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 11 | Consider the public health implications to inform policy and law reform and high-risk licence applications under the <i>Liquor Licensing Act 1997</i> .                                             | CBS                  |
| 12 | Explore the economic and health impacts of implementing a Minimum Unit Price of alcohol to reduce harms associated with risky alcohol consumption.                                                  | Preventive Health SA |
| 13 | Implement innovative dynamic security measures to detect and prevent the introduction of illicit substances into the South Australian prison system.                                                | DCS                  |
| 14 | Further enhance collaborative partnerships between investigation, regulation and drug law enforcement to prevent and disrupt the manufacture, cultivation, trafficking and supply of illicit drugs. | SA Police            |
| 15 | Implement community policing interventions including neighbourhood and community interventions and collaborative domestic and family violence prevention initiatives.                               | SA Police            |

### SUPPORTING ACTIVITIES

### LEAD

|    |                                                                                                                                                         |                                   |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 16 | Maintain and enhance a technology system to minimise harms associated with takeaway liquor.                                                             | CBS                               |
| 17 | Monitor and take action to modify takeaway alcohol sales at high-risk locations to reduce harms.                                                        | CBS                               |
| 18 | Monitor the outcomes on pain, addiction and regulatory services as a result of the implementation of ScriptCheckSA (Real Time Prescription Monitoring). | SA Health (CRB)                   |
| 19 | Consider the reintroduction of wholesale alcohol sales data in South Australia.                                                                         | CBS (co-led Preventive Health SA) |





# Priority area 3: Early intervention and targeted intervention

## Why is this important?

There is a need to focus on early intervention strategies prior to people experiencing harms from the use of alcohol and other drugs. Interventions can be at the individual, community or population level to support in particular children and young people at risk. Targeted interventions can strengthen protective factors and reduce stigma so people can access help when they need it.

## Our commitment

A whole-of-government and community response is required to intervene early and provide support. Collaboration with partners including Preventive Health SA, DASSA, Aboriginal health councils, ACCHOs, LHNs, PHNs, state government departments, councils and NGOs is key.

## What could we see by 2030?

- Stronger families and households experiencing better health outcomes.
- Positive modelling of healthy practices to support disease prevention and health promotion.

| PRIORITY ACTIONS |                                                                                                                                                                                                                                                                                                                                                              | LEAD                                |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 20               | Implement public health education programs to promote alcohol and other drug prevention, early intervention and treatment services across agencies and sectors.                                                                                                                                                                                              | Preventive Health SA (co-led DASSA) |
| 21               | Intervene early to identify and support children and young people at risk through targeted early intervention strategies, support and referrals to services for young people.                                                                                                                                                                                | DfE                                 |
| 22               | Implement a framework for working with parents and children in contact with the child protection system, prioritising access to alcohol and other drug support for families eligible for Intensive Family Services, so that alcohol and other drug services form part of an integrated, intensive case management response to address multiple risk factors. | DHS & DCP                           |

| SUPPORTING ACTIVITIES |                                                                                                                                                                                                | LEAD                                |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 23                    | Co-design with LGBTQIA+ communities and agencies tailored prevention and harm reduction strategies to reduce substance use and harm amongst this group.                                        | Preventive Health SA (co-led DASSA) |
| 24                    | Work collaboratively across government to better integrate referral pathways to support children and young people whose parents use alcohol and/ or other drugs.                               | DHS & DCP                           |
| 25                    | Work collaboratively in the co-design of effective Aboriginal community-led prevention activities to reduce the use and harms of alcohol and other drugs.                                      | Preventive Health SA                |
| 26                    | Work collaboratively in the co-design of effective Aboriginal community-led early intervention, harm reduction and treatment responses to reduce the use and harms of alcohol and other drugs. | SA Health (DASSA)                   |
| 27                    | Increase investment in therapeutic programs in the community, such as counselling and support services for family members of people who use alcohol and other drugs.                           | SA Health (DASSA)                   |

## Priority area 4: Treatment and support

### Why is this important?

There is a need to support people to receive high quality care through the coordination of treatment and care for alcohol and other drugs and multiple comorbidities. The private sector and NGOs are playing a greater role in service provision. Shared professional development opportunities for those working across public, NGOs, and private services across health and justice sectors supports good health and wellbeing outcomes.

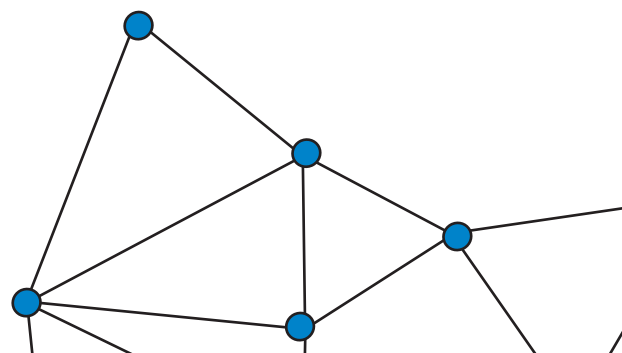
### Our commitment

The focus is to provide high-quality, evidence-based, accessible, and appropriate care, treatment and support as close to home as possible for every South Australian in need of care, treatment and support for alcohol and other drug use concerns. Services and strategies will be developed that recognise social determinants of health and link people to other supports as necessary, for example education, income support, housing, domestic and family violence services, and mental health trauma counselling.

### What could we see by 2030?

- Improved access to treatment services resulting in improved health outcomes for priority groups.
- Health consumers experience reduced stigma and discrimination in the community resulting in better health outcomes.

| PRIORITY ACTIONS |                                                                                                                                                                                                                                                                                   | LEAD                           |
|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 28               | Strengthen drug and alcohol support services by increasing residential rehabilitation beds in the community.                                                                                                                                                                      | SA Health (DASSA)              |
| 29               | Deliver two dedicated drug and alcohol detoxification beds at Mount Gambier Hospital.                                                                                                                                                                                             | Limestone Coast LHN            |
| 30               | Develop integrated and enhanced alcohol and other drug treatment models, including a Managed Alcohol Program trial with monitoring of uniform measurable outcomes.                                                                                                                | SA Health (DASSA)              |
| 31               | Expand access to the lifesaving drug naloxone to reduce opioid overdose in the community, partnering with LHNs, pharmacies and NGOs.                                                                                                                                              | SA Health (DASSA)              |
| 32               | Increase access to comorbidity services through the implementation of expanded or new approaches, such as comorbidity nurses and Acute Behavioural Assessment Units, and evaluate the impact of these.                                                                            | SA Health (Co-led OCP & DASSA) |
| 33               | Develop and implement new innovative treatment models in the South Australian correctional system to improve and broaden the delivery of alcohol and other drug treatment services for people in custody or under the community supervision of DCS.                               | DCS                            |
| 34               | Work with PHNs and other health service providers to enable practitioners to encourage discussion of alcohol consumption with all women of childbearing age, and build the capacity of practitioners to appropriately respond to women who identify alcohol use during pregnancy. | SA Health (DASSA)              |



## SUPPORTING ACTIVITIES

|    |                                                                                                                                                                                                                                                                                                                                  | LEAD                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 35 | Work with the Australian Government, NGOs and PHNs to deliver coordinated and planned commissioning processes for the statewide alcohol and other drug system, in alignment with the Strategy.                                                                                                                                   | SA Health (DASSA co-led DHW)                  |
| 36 | Explore alternative treatment pathways for complex clients, including enhancing coordinated service provision between government and non-government agencies to improve timely service access.                                                                                                                                   | SA Health (DASSA)                             |
| 37 | Coordination of care where people present with multiple comorbidities, including with services in the criminal justice system.                                                                                                                                                                                                   | SA Health (DASSA)                             |
| 38 | Review and evaluate the evidence on diversionary programs to identify additional opportunities to refer people into alcohol and other drug initiatives and treatments.                                                                                                                                                           | Preventive Health SA                          |
| 39 | Review existing practices relating to therapeutic alcohol and other drug services for people in the criminal justice system, including people eligible for court diversion programs, people under the supervision of the youth justice system, people in police custody, and people supervised by the adult correctional system. | SA Health (DASSA co-led Preventive Health SA) |
| 40 | Promote Hepatitis C testing and treatment across DASSA health sites.                                                                                                                                                                                                                                                             | SA Health (DASSA)                             |
| 41 | Provide pathways for access to alcohol and other drug services for people presenting in primary care or general practice.                                                                                                                                                                                                        | SA Health (DASSA)                             |
| 42 | Explore virtual care responses for people with alcohol and other drug health issues to improve access to treatment across South Australia.                                                                                                                                                                                       | SA Health (DASSA)                             |
| 43 | Build collaborative partnerships between the ACCHOs and DASSA to further develop programs of work that support the social and emotional wellbeing for Aboriginal South Australians, and link to the <i>South Australian Mental Health Services Plan 2020-2025</i> .                                                              | SA Health (DASSA)                             |
| 44 | Ensure equity of access to alcohol and other drug withdrawal services by providing statewide clinical guidelines and pathways for inpatient withdrawal support across LHN hospitals.                                                                                                                                             | SA Health (DASSA)                             |
| 45 | Increase access to specialist alcohol and other drug support for mental health staff to deliver 'primary' or 'secondary' level drug and alcohol services to people with dual diagnoses.                                                                                                                                          | SA Health (co-led OCP & DASSA)                |
| 46 | Consult on best practice behaviour change measures for people who drink and/or drug drive, taking into account South Australia's existing model for dependency assessments, the alcohol interlock scheme and opportunities for referral to treatment services.                                                                   | DIT (co-led DASSA)                            |
| 47 | Develop and implement new innovative treatment models in the South Australian youth justice system to improve and broaden the delivery of alcohol and other drug treatment services for young people in custody or under the community supervision of Community Youth Justice (DHS).                                             | DHS (co-led DASSA)                            |

## Priority area 5: Engaging communities

### Why is this important?

Engaging communities in alcohol and other drug initiatives is important for increasing understanding of alcohol and other drug harms, and ultimately promoting the health and wellbeing of individuals and populations. Health consumers can highlight experiences of stigma and discrimination, and difficulties accessing information and navigating services which need to be remedied.

### Our commitment

The South Australian Government seeks to tailor services and support to high-risk communities and population groups by supporting community involvement in planning and implementing health policies and services. Co-designing services supports a more flexible service provision for populations. This includes seeking greater involvement of the peer workforce across service systems to increase the responsiveness of services.

### What could we see by 2030?

- Equity in service provision and closer health outcomes between the most disadvantaged and advantaged communities.
- Health consumers experience trauma informed care and harm minimisation support.
- Cultural safety and competency consistently experienced by Aboriginal South Australians when accessing treatment and support.

| PRIORITY ACTIONS |                                                                                                                                                                                                        | LEAD                                |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 48               | Embed routine client experience measures across all alcohol and other drug services to improve client outcomes.                                                                                        | SA Health (DASSA)                   |
| 49               | Implement strategies to reduce stigma and discrimination linked to the harmful use of alcohol and other drugs, and use of alcohol and other drug services statewide.                                   | SA Health (DASSA)                   |
| 50               | Develop social engagement initiatives for young people that do not involve alcohol and other drugs, including interventions to keep Aboriginal children and young people connected to their community. | DHS & ORSR                          |
| 51               | Advise on options to address risk factors for women associated with alcohol and other drug use as part of the development of a new women's safety strategy for South Australia.                        | DHS (Office for Women)              |
| 52               | Implement place-based responses for communities experiencing higher rates of alcohol and other drug harm.                                                                                              | Preventive Health SA (co-led DASSA) |



# System enabler – Workforce development

## Why is this important?

The alcohol and other drugs service system is complex, involving an array of services including public and private services and NGOs, funded by local, state and federal governments and the private sector. Coordinated workforce and service planning, including recruitment and retention strategies, is important to ensure the needs of communities and individuals are met. This is important particularly in rural and remote areas and for tailoring services to priority population groups.

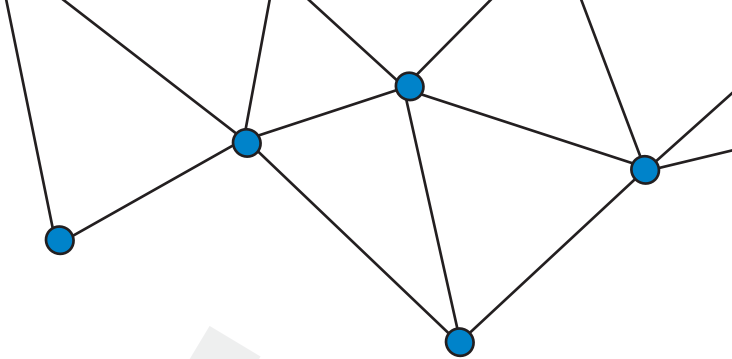
## Our commitment

SA Health will link to broader health system workforce development strategies to ensure coordinated workforce and service planning with the alcohol and other drug sector. We support the implementation of clinical service frameworks for alcohol and other drugs services to ensure a robust alcohol and other drug workforce that provides quality services and is well supported with the development of key clinical competencies, and the ability to work across services and sectors.

## What could we see by 2030?

- Alcohol and other drug services are high quality, responsive and accountable to health consumers, consistent with the *National Quality Framework for Drug and Alcohol Treatment Services*.
- Recruitment and retention strategies are in place that build the capacity of the alcohol and other drugs workforce to ensure continuous quality improvement in services and cross sectoral engagement.
- Implementation and collaboration on actions that support workforce development across the alcohol and other drug sector.

| SUPPORTING ACTIVITIES |                                                                                                                                                                                                                                                              | LEAD                     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 53                    | Lead the development of a statewide alcohol and other drug workforce development framework which reflects broader policy commitments, treatment and quality frameworks, and workforce strategies.                                                            | SA Health (DASSA)        |
| 54                    | Require commissioned alcohol and other drug services to comply with the <i>National Quality Framework for Drug and Alcohol Treatment Services</i> and guiding principles.                                                                                    | SA Health (DASSA)        |
| 55                    | Build Communities of Practice between metropolitan based alcohol and other drug staff and rural/remote staff to build capacity.                                                                                                                              | SA Health (DASSA)        |
| 56                    | Require that SA Health funded alcohol and other drug treatment services have systems in place that demonstrate their commitment to cultural safety, capacity and proficiency of their workforce in working with Aboriginal peoples and communities.          | SA Health (DASSA)        |
| 57                    | Further promote the Drug and Alcohol Clinical Advisory Services (DACAS) specialist alcohol and other drug advisory service across general practice and LHNs to develop the capacity of health professionals to recognise and respond to substance use harms. | SA Health (DASSA)        |
| 58                    | Support training pathways into alcohol and other drug professional workforce areas that align to national and state workforce development priorities.                                                                                                        | Skills SA (co-led DASSA) |
| 59                    | Support skills pathways for registrars and nursing student placements where they receive exposure to alcohol and other drug and mental health services.                                                                                                      | DHW and LHNs             |
| 60                    | Develop specialist resources to support staff working in the aged care sector to upskill on issues relating to alcohol and other drug use by older people.                                                                                                   | Skills SA (co-led DASSA) |



## System enabler – Evidence and data systems

### Why is this important?

Data is essential to inform evidence-based decision making and identify emerging areas of concern. Data supports universities, government agencies and NGOs to develop research agendas and priorities.

### Our commitment

The South Australian Government is committed to supporting governance mechanisms for data collection from a range of sources, and data linkages between agencies. This supports research, evidence and outcomes that informs best practice in alcohol and other drug prevention, treatment and evaluation. Partnerships with Aboriginal organisations and communities are necessary to meet *Closing the Gap Priority Reform 4: Shared Access to Data and Information*.

### What could we see by 2030?

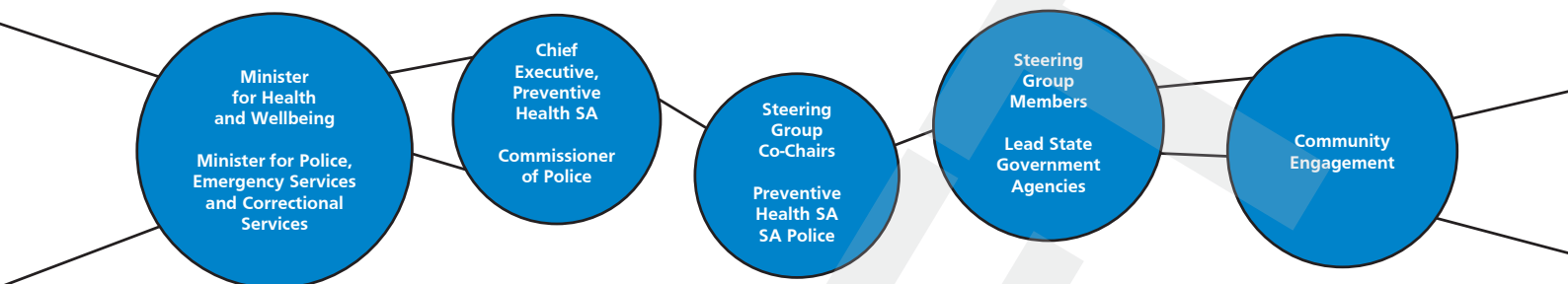
- Robust evidence and interlinked data systems available and utilised to inform best practice in policy, programs and alcohol and other drug services.
- New data sources and innovation in data collection addressing any unreliability of traditional methods or gaps in current data collection systems.

| SUPPORTING ACTIVITIES |                                                                                                                                                                                               | LEAD                                |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 61                    | Conduct regular population level sentinel surveys to capture alcohol and other drug trends across metropolitan, regional and remote areas and identify gaps in data collection.               | Preventive Health SA                |
| 62                    | Enhance data sharing in line with <i>Closing the Gap Priority Reform 4: Shared Access to Data and Information</i> to improve outcomes for Aboriginal children.                                | Preventive Health SA (co-led DASSA) |
| 63                    | Establish data linkages between relevant agencies to identify and respond to high-risk metropolitan, regional and remote alcohol and other drug issues.                                       | Preventive Health SA (co-led DASSA) |
| 64                    | Support the South Australian Drug Early Warning System (SADEWS) and enhance the ability of this system to connect with a broader range of risk groups regarding alcohol and other drug harms. | SA Health (DASSA)                   |
| 65                    | Develop formal agreements with universities on alcohol and other drug research, including data linkages.                                                                                      | Preventive Health SA (co-led DASSA) |
| 66                    | Measure outcomes of screening programs, and alcohol and other drug interventions, through monitoring and evaluation of projects and programs.                                                 | SA Health (DASSA)                   |
| 67                    | Undertake a gap analysis to identify data quality issues for priority population groups and make recommendations to government to enable monitoring and evaluation.                           | Preventive Health SA                |

# Measuring success

The Strategy will be overseen by the whole-of-government Alcohol and Other Drug Strategy Steering Group co-chaired by Preventive Health SA and SA Police. The Steering Group will be responsible for monitoring the overall Strategy against Key Performance Indicators (KPIs), targets and process indicators.

The Steering Group will also have oversight over the developmental work required to achieve outcomes at a state level, including processes for joint planning and decision making, developing memorandums of understanding and service frameworks, developing data sharing and reporting systems, workforce development and community engagement.



An implementation plan to support priority actions under this Strategy is monitored by the Steering Group. Success in achieving the overall aims of the Strategy will require strong partnerships with the ACCHOs sector, primary health care organisations, NGOs and governments across all levels.

With the Strategy spanning until 2030, it is anticipated that new trends and priorities will emerge during this time. It is important that the Strategy is viewed as a starting point to address current priorities and inform approaches to formulate new initiatives as required. It is anticipated that a review of the previous Strategy will be completed, and this may also lead to the identification of other priority areas, actions or activities.

Annual monitoring will take place to identify any emerging issues to be addressed, and a mid-term evaluation of this Strategy is scheduled in 2026 to determine the efficacy of actions.



# Key Performance Indicators

The following KPIs and aspirational targets outline headline indicators to measure the overall success of the Strategy at population level.

| KPI 1     | Reduce deaths attributable to alcohol and other drugs <sup>1</sup>                                                                                                                                                   | Baseline                 | 2026 Estimate      | 2030 <sup>2</sup> Target |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|--------------------------|
| Targets   | Decrease the age-standardised rate of alcohol-induced deaths. Source: Australian Bureau of Statistics (ABS) Causes of Death                                                                                          | 5.0 per 100,000 (2018)   | 5.1 per 100,000    | 4.4 per 100,000          |
|           | Decrease the age-standardised rate of drug-induced deaths. Source: ABS Causes of Death                                                                                                                               | 7.5 per 100,000 (2018)   | 7.2 per 100,000    | 6.4 per 100,000          |
| KPI 2     | Reduce the risk of alcohol-related harm for adults                                                                                                                                                                   | Baseline                 | 2026 Estimate      | 2030 Target              |
| Targets   | Decrease the proportion of South Australians aged 18+ who report drinking more than four standard drinks in a single day at least monthly. Source: South Australian Population Health Survey Module System (SAPHSMS) | 23% (2021)               | 22%                | 19%                      |
|           | Decrease the proportion of South Australians aged 18+ who report drinking more than ten standard drinks per week on average. Source: SAPHSMS                                                                         | 27% (2021)               | 26%                | 24%                      |
| KPI 3     | Reduce the risk of alcohol-related harms for children aged under 18                                                                                                                                                  | Baseline                 | 2026 Estimate      | 2030 Target              |
| Target    | Among South Australians aged 14-24, increase the average age of first alcoholic beverage being consumed. Source: SAPHSMS                                                                                             | 16.0 years (2019)        | 16.9 years         | 17.7 years               |
| KPI 4     | Reduce the risk of alcohol-related harms for children aged under 18 years                                                                                                                                            |                          |                    |                          |
| Indicator | Annual report on targeted activities and health outcomes of pregnant women who have been identified as being at risk of alcohol or drug harms, and their babies.                                                     |                          |                    |                          |
| KPI 5     | Reduce pressure on the hospital system attributable to alcohol and other drugs                                                                                                                                       | Baseline                 | 2026 Estimate      | 2030 Target              |
| Targets   | Decrease the age-standardised rate of alcohol-related hospitalisations. Source: Custom data request from DHW                                                                                                         | 190 per 100,000 (2021)   | 187 per 100,000    | 177 per 100,000          |
|           | Decrease the age-standardised rate of drug-related hospitalisations (excluding alcohol and tobacco). Source: National Drug and Research Centre (NDARC) National Illicit Drug Indicators Project                      | 294 per 100,000 (2021)   | 265 per 100,000    | 231 per 100,000          |
| KPI 6     | Reduce alcohol and other drug harms in the community                                                                                                                                                                 | Baseline                 | 2026 Estimate      | 2030 Target              |
| Targets   | Reduce the proportion of South Australians who have experienced an alcohol-related incident in the previous 12 months. Source: National Drug Strategy Household Survey (NDSHS)                                       | 23% (2023)               | 19%                | 15%                      |
|           | Reduce proportion of South Australians who have experienced illicit drug-related incident in the previous 12 months. Source: NDSHS                                                                                   | 12% (2023)               | 11%                | 10%                      |
| KPI 7     | Reduce the rate of reoffending in South Australia                                                                                                                                                                    | Baseline                 | 2026 Estimate      | 2030 Target              |
| Target    | Reduce the rate of reoffending 20% by 2026. Source: Report on Government Services (RoGS)                                                                                                                             | 46%                      | 36.8% <sup>3</sup> | N/A                      |
| KPI 8     | Aboriginal peoples are not overrepresented in the criminal justice system                                                                                                                                            | Baseline                 | 2026 Estimate      | 2030 Target              |
| Target    | Reduce the age-standardised imprisonment rate per 100,000 for the Aboriginal population in South Australia. Source: ABS Prisoners in Australia, Joint Council National Agreement on Closing the Gap                  | 2,396 per 100,000 (2021) | 2,184 per 100,000  | 2,075 per 100,000        |

The consumption of alcohol and other drugs is a major cause of preventable disease and illness in Australia. The Steering Group will actively monitor South Australia's progress against:

- national targets set out in the *National Preventive Health Strategy 2021-2030*
- priorities identified in the *FASD Action Plan 2018-2028*.

1. Note that alcohol-induced and drug-induced deaths include deaths directly attributable to alcohol or drugs only. They do not include accidents such as road crashes, homicides, and other causes indirectly related to alcohol or drug use, or newborn deaths associated with maternal alcohol or drug use.
2. Finalised data for causes of death in 2030 will not be available until 2033. A review of 2028 data will be used to review outcomes from the Strategy against this target.
3. Reoffending is measured as per the RoGS 2022 – Part C (Justice): <https://www.pc.gov.au/ongoing/report-on-government-services/2022/justice> The counting rule is: the percentage of adults released from prison after serving a sentence who returned to corrective services (either prison or community corrections) within two years, with a new correctional sanction. Results for 2026 Target achievement are expected to be available January 2029.

# Table of abbreviations

| ABBREVIATION    | NAME                                                                                                                       |
|-----------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>ABS</b>      | Australian Bureau of Statistics                                                                                            |
| <b>ACCOs</b>    | Aboriginal Community Controlled Organisations                                                                              |
| <b>ACCHOs</b>   | Aboriginal Community Controlled Health Organisations                                                                       |
| <b>CBS</b>      | Consumer and Business Services                                                                                             |
| <b>CRB</b>      | Clinical Regulation Branch                                                                                                 |
| <b>DACAS</b>    | Drug and Alcohol Clinical Advisory Service                                                                                 |
| <b>DASSA</b>    | Drug and Alcohol Services South Australia                                                                                  |
| <b>DCP</b>      | Department for Child Protection                                                                                            |
| <b>DCS</b>      | Department for Correctional Services                                                                                       |
| <b>DFE</b>      | Department for Education                                                                                                   |
| <b>DHS</b>      | Department of Human Services                                                                                               |
| <b>DHW</b>      | Department for Health and Wellbeing                                                                                        |
| <b>DIT</b>      | Department for Infrastructure and Transport                                                                                |
| <b>FASD</b>     | Fetal Alcohol Spectrum Disorder                                                                                            |
| <b>FSRB</b>     | Food Safety and Regulation Branch                                                                                          |
| <b>KPIs</b>     | Key Performance Indicators                                                                                                 |
| <b>LGBTQIA+</b> | Lesbian, Gay, Bisexual, Transgender and Gender Diverse, Queer, Intersex, Asexual and other diverse sexualities and genders |
| <b>LHNs</b>     | Local Health Networks                                                                                                      |
| <b>NDARC</b>    | National Drug and Alcohol Research Centre                                                                                  |
| <b>NDSHS</b>    | National Drug Strategy Household Survey                                                                                    |
| <b>NGO</b>      | Non-Government Organisation                                                                                                |
| <b>NHMRC</b>    | National Health and Medical Research Council                                                                               |
| <b>OCP</b>      | Office of the Chief Psychiatrist                                                                                           |
| <b>ORSR</b>     | Office for Recreation, Sport and Racing                                                                                    |
| <b>PHNs</b>     | Primary Health Networks                                                                                                    |
| <b>RoGS</b>     | Report on Government Services                                                                                              |
| <b>SADEWS</b>   | South Australian Drug Early Warning System                                                                                 |
| <b>SAPHSMS</b>  | South Australia Population Health Survey Module System                                                                     |
| <b>WHO</b>      | World Health Organization                                                                                                  |

# Endnotes

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- <sup>iii</sup> Inpatient separations where primary diagnosis is drug related.
- <sup>iv</sup> All injuries Emergency Department 15+ years 2001-2008 onwards using the National Drug Research Institute Population Alcohol-Aetiological Fractions as an estimate of alcohol related injuries.
- <sup>v</sup> Department for Infrastructure and Transport. Road Safety Information and Analysis. South Australian Road Crash Database 2017-2021. <https://data.sa.gov.au/data/dataset/road-crash-data>
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