



Submission into the Health Impacts of Alcohol and Other Drugs in Australia

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Introduction

Thank you for the opportunity to provide feedback to the Inquiry into the Health Impacts of Alcohol and Other Drugs in Australia. I welcome the wide terms of reference allowing me to include the views of children and young people and how drugs and alcohol impact their lives; either directly, or indirectly.

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 health and 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).

Too often government focuses on responses that supports adults with alcohol and drug issues instead of prioritising the needs of children and young people. As research overwhelmingly finds, investment in preventions and early intervention always brings the highest returns, therefore supporting children to thrive is vital to the future growth of Australia. Governments should be focussing on providing children and young with the services, support and tools they need to help navigate alcohol and drug issues that are occurring within their home and family, as well as their own trauma and mental health that could lead them to them using drugs and alcohol.

Since 2017, I have engaged with thousands of children and young people across regional and metropolitan South Australia about the issues affecting their lives and what matters most to them.

Children and young people have a range of views about drugs and alcohol, which are shaped by their own experiences. As they navigate adolescence, it is normal for some young people to be curious, experiment and take risks, while others may never try drugs or alcohol.

Many young people view trying alcohol or drugs as part of life and growing up. Others grow up in communities or home environments where substance use appears 'normalised' from a young age. Some young people try drugs or alcohol to feel 'different' or 'better', while other young people have seen the negative impacts of alcohol and other drugs on family members or peers, sometimes with significant disruption to their own social life, home life and engagement with school and the community.

Compared to children and young people in metropolitan Adelaide, it has been more common for children and young people living in regional communities to tell me that there is a need for 'something to be done about drugs', including the need for more support and rehabilitation services to be accessible locally.

While drug and alcohol use among most young people in South Australia has been in steady decline in recent years, some young people develop problematic drug and alcohol use or dependency at a level which becomes a serious health issue for the young person concerned and responses for this group should be prioritised.

I ask that the committee respects children and young peoples rights and the impacts of alcohol and drugs and considers:

1. Developing and resourcing services that can support children and young people earlier, integrated with other key supports.
2. Educating children and young people about drugs and alcohol.
3. Strategies that are appropriate to children and young people that can encourage harm reduction.
4. Better support for parents and families to support children.

If you have any queries or would like to discuss anything further, please do not hesitate to contact my office.

Yours sincerely,

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Helen Connolly

Commissioner for Children and Young People
Adelaide, South Australia

Developing and resourcing services that can support children and young people earlier, integrated with other key supports

This includes resourcing developmentally appropriate health services and drug and alcohol services for children and young people, separate from adult services and with particular effort to addressing the chronic under-servicing of young people in South Australia.

In South Australia there is a dearth of services for children and young people in the alcohol and drug space– especially in the younger age group. Children and young people are asking for greater investment into health and related services for children and young people so that they have the support they need, when they need it. Many services are ill-equipped to support children appropriately or leave children ineligible if they are not accompanied by an adult unless they are at risk of self-harm.

As the Victorian Youth Support and Advocacy Service in Victoria has shown, ‘merely being “youth-specific” does not guarantee developmentally appropriate service delivery.’ⁱ

“I think we’ve got to priorities getting young people continuity of care when it comes to mental health problems incl, substance abuse... this is because y can present to EDs, GPs, go through psychiatric wards, be in the system but not care for in between. This is what turns these problems that could be helped with a period of intense therapy into lifelong battles. So you have to make access easier, encourage practitioners to make long term plans with all who see them, subsidise mental health further. Some people only get a certain amount of appointments a year, you have to really deteriorate to receive quality care. Young people deserve better care, Continuity of Care, more info, more funding. This will save and transform lives.”

- Young Adult, crisis service

Services should be therapeutic and trauma informed, and promote young people’s progress towards developmental tasks, such as exploring their social and vocational identity, developing their skills and learning to make mature judgments.

Services are most effective when they are:

- tailored to children and young people and codesigned with their input
- voluntary
- community based with assertive outreach and capacity for follow up including delivery of services in the home or a range of community settings
- affordable
- provided in non-stigmatising and respectful environments
- appropriate to different developmental stages
- able to provide tools to respond to triggers and address challenges in real life conditions
- place-based, including located or present in local hubs across metropolitan and regional areas to engage young people in youth-friendly environments
- support longer term support and continuity of care.

Children and young people link the uptake of drugs and alcohol to mental health concerns and disengagement from school or family. Therefore, it is imperative that this strategy supports further integration of drug and alcohol services with other related youth-specific service systems. Relevant government departments working with these children should be communicating with each other, including child protection, youth justice, health and education to support children and young people earlier.

“Take incredibly seriously young people presenting with mental health/drug problems – appoint them psychiatrists committed to seeing them regularly.”

- Young Person, homelessness services

There is also an 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.

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. 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.

Educating children and young people about drugs and alcohol.

Educating and upskilling young people on how to get support, if and when they need and how to support their friends and peers.

Drug and alcohol education should go beyond highlighting the risks and integrate harm-reduction initiatives and include practical information and skills to support safe drug use and help-seeking behaviour. This will ensure that when young people do experiment with alcohol or drugs, it is done safely and in a way they are not likely to be criminalised. This will also encourage young people to ask for help and ensure they receive the right help at the right time.

“Children and young people want adults to talk about alcohol and drugs openly and offer practical support and information about safe use. They say that when the adults in their lives only tell them to abstain or to try and scare them through scare campaigns or threats of criminalisation, this risks pushing young people away, negatively impacts trust and increases likelihood that young people will drink or use drugs in unsafe ways. Teach adults not to turn down the topic of alcohol, sex, drugs because they push us further away and we rebel against them and do it.”

- Year 10 student, Regional SA school

Education should not be fear-based. Research shows that fear-based, abstinence-based approaches and approaches that only address ethical or moral decision-making or use one-sided communication like lecturing are less effective than those that acknowledge and seek to minimise risks by building resilience.

*“when told “no” you have the urge to do it, more drug and alcohol rehabs, more therapy groups, stronger support systems, confidential centres? TED talks and counselling”
- Year 10 student, Regional SA school*

Other indicators of successful education programs are those 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.

Beyond raising awareness, education should also upskill young people about how and where to seek help for themselves and their friends without stigma or judgement. This is particularly important because young people are often more likely to talk to their friends before they talk to a trusted adult (if they have one) and are more likely to rely on informal support network before they seek professional support. This can be done through better education practices at schools, in community and other youth friendly organisations.

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 due to the likelihood of a punitive response, even when they want help.

My 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.” –
Year 12 student, Metropolitan SA Government school*

*“I got expelled so I think reputation is put above health and well-being in private schools.” –
Year 12 student, Metropolitan SA Catholic school*

Strategies that are appropriate to children and young people that can encourage harm reduction.

Education alone is simply not enough to reduce the risks and harms associated with drug and alcohol use. Strategies to meet this goal should invest in evidence-based harm reduction programs, especially in places where young people would generally take alcohol or drugs. This could include the use of amnesty bins, peer education programs and accessibility to medical care and properly trained security staff.

Young people are asking for support to stay out of trouble with the law if they are caught with substances on them. One strategy to address this is the introduction of amnesty bins,

alongside health services and drug testing at festivals and other venues. This would reduce the harm and potentially lethal outcomes that can arise when young people resort to taking drugs in their possession in order to hide them from the police.

Whatever the strategy taken it is essential that young people with lived experience of using substances are involved in the design of the response.

Better support for parents and families to support children.

Strategies also need to include and upskill parents so they can better manage and cultivate family relationships. Evidence from the Icelandic preventative drug program, Planet Youth shows that one of the factors to prevent drug and alcohol misuse is positive engagement between parents and children, as well as many other factors connecting families with the local community.ⁱⁱ This program is in a number of towns in South Australia which is commendable. However, if successful it is important that funding continues and that programs are expanded to other areas.

Investing in child-friendly and youth-friendly infrastructure and accessible activities to increase young people's connection to their community.

Strategies to prevent or delay use of drugs and alcohol should also invest in child and youth-friendly opportunities and spaces for young people to 'hang out' and be themselves without fear of being 'judged' or 'moved on'. Ideally these spaces should be attached or close to support services.

Community infrastructure is often designed by and for adults or for younger children, leaving few spaces and opportunities for those under 18, but over the age when children find playgrounds fun. Young people in Adelaide talk about how the culture of Adelaide as a city and other public spaces in the metropolitan area are built around the consumption of alcohol and for adults over 18.

Children and young people, especially those in regional and remote areas, link drug and alcohol use or issues to a lack of infrastructure built for them in their communities. They describe 'turning to drugs or alcohol for fun' because there's 'nothing else to do' and they are 'bored'.

"People turn to drugs/alcohol for fun because there's nothing else to do... [Young people need] More things to do in Port Lincoln for kids so they don't just fall in to the habit of just doing drugs and drinking alcohol because they are bored."

"(Drugs) a lot worse here than where lived in Adelaide"

- Year 11 student, Regional school

I have talked to thousands of children and young people who have told me what they want to see in their local communities to stave off boredom. This includes children and young people in regional areas which are found in my Regenerating Our Regions report and Growing Confident, Connecte

ⁱ Youth Support and Advocacy Services Victoria, Youth Alcohol and Other Drug (AOD) Treatment in Victoria. A ten point plan for improving the lives of victorian young people and families experiencing aod-related harm. Available at <https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=613063&title=Youth+alcohol+and+other+drug+%28AOD%29+treatment+in+Victoria%3A+A+ten+point+plan+for+improving+the+lives+of+Victorian+young+people+and+families+experiencing+AOD-related+harm>.

ⁱⁱ Planet Youth. Accessed at <https://planetyouth.org/>.