Guardian for Children and Young People

Training Centre Visitor

Ms Jacqui Garcia
Director, Alcohol and Other Drugs
Preventive Health SA

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Friday, 9 August 2024

Dear Ms Garcia

RE: SA Alcohol and Other Drug Strategy 2024-2030

Thank you for the opportunity to provide feedback on the draft South Australian Alcohol and Other Drug Strategy 2024-2030 ('the Strategy').

Please see my feedback enclosed, which I provide in my capacities as Guardian for Children and Young People, Training Centre Visitor, Child and Young Person's Visitor and Youth Treatment Order Visitor. In these roles, I have a mandate to advocate for the rights and best interests of children and young people in care and detained at the Adelaide Youth Training Centre.

At the outset, I would like to acknowledge the importance of an Alcohol and Other Drug Strategy for children and young people in South Australia. My feedback centres on my observations of the limited availability and accessibility of appropriate alcohol and other drug interventions and supports for children and young people within the community, and the impacts this has – highlighting the experiences of children and young people in care and detention.

In my view, the Strategy represents an opportunity to begin to address these gaps; however, I believe more work is needed to better respond to the specific needs and interests of children and young people in care and detention.

In particular, an effective harm minimisation strategy must start with acknowledging the extent of drug and alcohol use by vulnerable children and young people in our community. In critically analysing service responsivity to both reduce this use, and minimise associated harms, it is essential to set child-focused outcomes and indicators.

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I would welcome the opportunity to discuss these matters with you personally; both regarding the Strategy and the broader work of Preventive Health SA in this important area.

If you have any questions or to arrange a meeting, please feel free to contact my Principal Project Officer, Alicia Smith on Alicia.Smith2@sa.gov.au or 8226 8570.

With kind regards

Shona Reid

Guardian for Children and Young People
Training Centre Visitor
Child and Young Person Visitor
Youth Treatment Order Visitor

Encl. GCYP-TCV feedback on draft SA Alcohol and Other Drug Strategy 2024-2030

Guardian for Children and Young People & Training Centre Visitor

Feedback on draft SA Alcohol and Other Drug Strategy 2024-2030

Introduction

Alcohol and other drug use among children and young people is a significant concern due to its potential long-term negative impacts on health, development, and social outcomes. Early exposure to these substances can lead to a range of adverse effects, including impaired cognitive development, mental health issues, and increased risk of developing substance use disorders later in life.

The developing brains of children and young people are particularly vulnerable to the effects of alcohol and drugs. Substance use during these formative years can result in lasting damage to brain function, affecting areas responsible for decision-making, impulse control, and emotional regulation. This can lead to poor academic performance, increased susceptibility to mental health disorders such as anxiety and depression, and behavioural issues.

Early substance use is often linked to unstable home environments and significant risk-taking behaviours, resulting in increased likelihood of contact with the child protection and youth justice systems.

As the Guardian for Children and Young People (and other associated ex-officio roles),[1] I have the foundational responsibility to advocate for and promote the best interests of children and young people in care and detention.

The prevalence of drug and alcohol use among children and young people in out-of-home care and detention is attributable to multiple complex and interrelated factors, including (but not limited to):

- **Trauma and Emotional Stress:** many children in out-of-home care and youth detention have experienced abuse and systems-based trauma. These traumatic experiences play a significant role in emotional and psychological distress which, in some instances, may result in learnt coping mechanisms such as substance use

[1] Training Centre Visitor, Child and Young Person's Visitor and Youth Treatment Orders Visitor. More information about each of these roles is available on my website, at https://gcyp.sa.gov.au.

and misuse. Children and young people have described their use of drugs and alcohol as an 'escape' from the pain and anxiety they feel.

- **Mental Health struggles:** for children and young people in care and youth detention there is a higher prevalence of mental health disorders than compared to their peers who are not involved in either system. Conditions such as depression, anxiety, and PTSD are common and can increase the likelihood of substance use as a form of self-medication.
- **Instability and Lack of Support:** frequent changes in places to live (both care arrangements and homelessness) can lead to instability and a lack of consistent support. This instability can make it difficult for children to form stable, trusting relationships and develop healthy coping mechanisms. Inconsistent care and support can contribute to feelings of isolation and hopelessness, which children and young people have reported as connected to their substance use and misuse.
- **Peer Influence:** for many children and young people in out-of-home care and youth detention, their primary interactions are peer-to-peer (not parent figure to child). As such, they can be particularly susceptible to peer pressure and the influence of others who use substances. Children and young people have reported that they pressure to 'fit in' or be accepted by peers can drive them to experiment with drugs and alcohol.
- **Lack of Positive Role Models:** for children and young people in out-of-home care and youth detention, there may be limited exposure to positive role models who demonstrate healthy coping mechanisms and behaviours. If they are placed in or frequent environments where substance use is normalised or prevalent, they may be more likely to adopt these behaviours themselves.
- **Stigma and Self-Esteem Issues:** children and young people have told us that being in 'foster care' or 'lockup' carries a stigma that affects self-esteem and self-worth. This negative self-perception can contribute to substance use as a means of coping with these complex and big feelings.

In observing the:

- quality of care for children and young people in both the out-of-home care and youth detention sectors
- the capacity of society and service systems to make adjustments to the very specific trauma needs of children and young people in these life situations, and
- the reaction of governments (and non-government) systems to those children and young people who engage in drug and alcohol use and misuse,

I hold grave concerns about our general ability to service the needs of traumatised vulnerable children and young people. Too often, our attentions to their needs are only provided after extensive (failed) attempts to 'get on top' of use and misuse concerns. And, when systems do respond, it is often punitive and 'victim blaming'.

I have observed this state pass legislation that actively relies on the youth justice system, rather than treating substance use through a public health lens (both primary and tertiary). The Youth Treatment Orders (YTO) scheme, which commenced from 2021 under the *Controlled Substances Act 1984*, is the perfect demonstration of ill-understood drivers of drug and alcohol use and misuse in this state. It also demonstrates a disregard for human rights and drug and alcohol best practice recovery models.

I can confidently say that 'more of the same' regarding the service and system responses undertaken to-date will not provide real, meaningful and sustainable change for children and young people here in South Australia.

As with other policy areas within my remit, I continue to advocate for including the specific needs and circumstances of children and young people in strategies and policy that affect their lives. The manifestation of harmful alcohol and other drug use are varied across population groups, and children and young people require strategies tailored to the particular drivers and patterns of harmful use specific to their age.

I am pleased to note that children and young people have been included as a priority group for the Strategy, alongside the following:

- Aboriginal peoples
- 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.

As mentioned above, children and young people in out-of-home care and detention are particularly vulnerable to exposure to alcohol and drug related harms, and to participating in substance use and misuse. Responding to contributing factors and harm minimisation strategies is highly nuanced, with key differences to:

- children and young people as a population group more broadly, and
- adults with trauma histories and/or in contact with the criminal justice system.

Noting these vulnerabilities and nuances, I recommend their inclusion as priority groups under the Strategy; supported by targeted child-focussed actions, outcomes and indicators to monitor the Strategy's effectiveness and responsivity for children and young people.

My feedback below focuses on gaps in the Strategy's priority and supporting actions regarding children and young people, particularly those in care and detention.

Summary of the Strategy's child-focussed actions and indicators

I note that, of the 67 actions identified in the Strategy, the following are most relevant as specific to children and young people:

- Targeted early intervention strategies, supports and referrals for at-risk children and young people
- Improving referral pathways to support children and young people whose parents use alcohol and/or other drugs to improve and broaden the delivery of alcohol and other drug treatment services for young people in custody or under community youth justice supervision
- Reviewing practices relating to therapeutic alcohol and other drug services for people in the criminal justice system, including children and young people under the supervision of the youth justice system
- Developing and implementing new innovative treatment models in the South Australian youth justice system
- Improving social engagement initiatives for children and young people, including connection to community for Aboriginal and/or Torres Strait Islander children and young people
- Initiatives to reduce sale of alcohol to children and young people
- Prevention-based education in schools
- Restrictions in advertising
- Enhancing data collection and sharing for Aboriginal children and young people, in line with the National Closing the Gap agreement.

I am highly supportive of these actions; but I note that the Strategy's approach to Measuring Success is limited for children and young people, with a primary focus on those actions related to prevention. In fact, the sole child-focussed KPI – to reduce the risk of alcohol-related harms for children aged under 18 – is supported by only a single target and indicator:

- **Target:** increase the average age of first alcoholic beverage consumed from 16.0 years to 17.7 years, and
- **Indicator:** annual reporting on the health outcomes of at-risk pregnant women and their babies.

As such, the Strategy's approach to Measuring Success for children and young people as a priority group is focused on harms from mothers who consume alcohol and other drugs during pregnancy, and preventing alcohol and other drug consumption for as long as possible. There is nothing in these indicators to monitor reduced harms for children and young people who do consume alcohol and other drugs, such as alcohol-related road accidents, hospitalisations or mortality. Nor is there any mechanism to monitor actions 39 and 47, which relate to gaps in therapeutic service models and service delivery providers for children and young people in custody or under community-based supervision.

I hold concerns that failure to include relevant KPIs and targets undermines the intention of the Strategy to adopt a harm minimisation approach, and does not adequately hold service agencies and government to account for ensuring children and young people are supported to address use and misuse of drugs and alcohol.

In fact, all other targets are based on age-standardised rates. While this is important for measuring whole-of-population data across population groups, this approach loses important age-based information for children and young people. To address this issue, I recommend consideration of a child-specific set of key performance indicators and targets, which applies similar whole-of-population targets to relevant age intervals for children and young people.

While I recognise that current data sources may not include this information, it is important to use available data wherever possible. I note that undertaking such a review with respect to draft KPIs for the Strategy supports activity 67: *undertake a gap analysis to identify data quality issues for priority population groups and make recommendations to government to enable monitoring and evaluation*.

Suggestions for expanded priority action areas and supporting activities

In addition to improving KPI and targets, the number of child-focussed priority actions and supporting activities for children and young people should be expanded – particularly targeted responses to children and young people who are at risk for alcohol and other drug-related harms. The remainder of my feedback identifies gaps in actions and activities, to better support both:

- diversion from alcohol and other drug intake for children and young people in care or detention, and
- minimise harm for those who do engage in alcohol and other drug use.

Increasing availability of drug and alcohol services for children and young people in the community

In particular, I note the *Priority Area 4: Treatment and Support* section is not sufficiently focused on treatment and support for children and young people.

I acknowledge DHS are the agency lead for a supporting activity regarding new innovative treatment models in the South Australian youth justice system. This is a welcome inclusion; through my role as the Training Centre Visitor where I observe and make commentary about the functionality and compliance of DHS in its operation of the AYTC, I have made multiple references to my concerns about the capability of the department to cater to the health needs (including drug and alcohol use and misuse) of children and young people in their service.

However, it is notable that there are no priority actions applying to young people more broadly, and nor is there an action/activity involving Women and Children's Health Network as the lead agency to introduce health expertise and focus.

To address this issue, the Strategy should include priority actions to improve availability and accessibility of appropriate alcohol and other drug interventions and supports for children and young people from a health expert perspective and additional within the community outside of the youth detention setting. Children and young people who are

not involved in the youth justice system are equally vulnerable to harms related to harms from alcohol and other drug use. This is especially important for children and young people in out-of-home care, who may be at risk for harmful alcohol and other drug use associated with severe abuse and system trauma histories.

I draw attention to the below service gaps which, if filled, would better address the needs of children and young people who experience or are at risk of harm from alcohol and other drug use.

A topic that has received considerable attention in South Australia in recent years is the dearth of voluntary, community-based alcohol and other drug services for children and young people. This issue has particularly arisen in the context of the mandatory Youth Treatment Orders (YTO) scheme in South Australia, which commenced from 2021 under the *Controlled Substances Act 1984*. Under this Scheme, children and young people who are found to be drug dependent and treatment resistant may be subject to court-ordered treatment. In the current 'phase one' of this scheme, relevant orders can only be applied to children and young people already detained at the Adelaide Youth Training Centre. In the future, there is the potential that the scheme may be expanded to children and young people not already detained.[2]

In my roles as Guardian, Training Centre Visitor and Youth Treatment Orders Visitor, I am strongly opposed to this scheme on the basis that it breaches fundamental human rights for children and young people.[3] The Scheme has also received criticism and broad opposition from the sector, including on the basis that it presumed adequate availability of voluntary community-based services to support children and young who use drugs.[4] For example, the South Australian Network of Drug & Alcohol Services (SANDAS) submission regarding the YTO Model of Care included the following statement:

> *The [consultation] paper fails to describe any voluntary treatment availability to young people in detention. It cites an intention to compare voluntary and non-voluntary treatment outcomes but does not establish a voluntary model in the detention centre.*
>
> *… Inherent throughout the paper is an implicit assumption that young people will transition to community-based services on release. How will young people living in the community access youth specific treatment services when there is a dearth of such services across the state, especially in rural and remote areas. In many locations the only option would be to engage with mental health services that do not specialise in AOD nor AOD youth treatment.*[5]

[2] I note that possible extension of the Scheme to apply to young people in the community is subject to review. I am advised by the Attorney-General's Department (AGD) that this review will commence in November 2024.
[3] As detailed in my Annual Reports as Youth Treatment Orders Visitor for 2021-22 and 2022-23, available on my website at https://gcyp.sa.gov.au.
[4] Joint statement raising Human Rights Concerns with the Draft Model of Care for Phase 1 Mandatory Youth Treatment Orders (2021), signed by Child and Family Focus SA, Menta Health Commissioners South Australia, SA Lived Experience Leadership & Advocacy Network, Rights Resource Network SA, Mental Health Coalition of South Australia and South Australian Network of Drug & Alcohol Services.
[5] South Australian Network of Drug & Alcohol Services, *Submission to the Youth Treatment Orders Model of Care Public Consultation* (2021), p. 3.

Indeed, essential community-based service gaps in South Australia include:

- **The absence of dedicated detoxification facilities for children and young people under 18 years:** This is problematic as in-patient residential rehabilitation facilities require detoxification prior to admission, and not all detoxifications would require as acute a response as being held as an in-patient at the Mallee Ward. While Centacare currently operates a two-bed sobering up unit for young people affected by alcohol or other drugs, this is only for 'low to moderate' cases. Cases that are high need or require medicated detoxification are referred to the Women's and Children's Hospital in-patient Mallee Ward.
- **Limited access to voluntary residential rehabilitation:** There are very few residential rehabilitation options for children and young people in South Australia – noting that Tumbelin Farm operates a 4-bed program for males aged 16-21 and Centacare has a 5-bed program for males and females aged 12-24.

  Improving flexibility and engagement strategies are understood to increase numbers entering and completing treatment.[6] However, when there are simply are insufficient options to begin with (due to low bed numbers, gender restrictions, service models, prohibitive waitlists, or other reasons), then admission and retention issues are not relevant factors.

It is important to note that the YTO Scheme is still operational, despite my recommendation that legislation enabling the Scheme to be repealed.[7] It is troubling that children and young people are still exposed to the risk of mandatory drug treatment, where resources should instead be directed towards strengthening and expanding availability of community-based services.

The fact that the option to impose mandatory drug treatment alongside deprivation of liberty is only in place for children and young people, ***and not adults***, suggests a high level of government concern regarding the public health impacts of children's drug use. Unfortunately, this is not recognised in the scope of actions and activities directed towards supporting children and young people to recover from addiction and address other bases of use and/or harms.

Current government response to children and young people with harmful drug use appears to indicate a preference for deprivation of liberty over addressing service gaps. The Strategy represents a vehicle to take a different approach; however, without the inclusion of specific actions and activities, and increased investment in interventions and supports, this potential will be limited.

[6] Kristy Johns, Amanda Baker, Rosemary A. Webster & Terry J. Lewin 'Factors associated with retention in a long-term residential rehabilitation programme for women with substance use problems' (2009) 2 *Mental Health and Substance Use* 40.
[7] See my 2022-23 Youth Treatment Orders Visitor Annual Report.

A dedicated focus on children and young people in out-of-home care

Due to the prevalence of alcohol and other drug related harm experienced by children and young people in out-of-home care, each of the Strategy's five priority areas must consider these experiences, and how these children and young people can be best supported. This is even more relevant considering 1 in every 100 children in South Australia are in out-of-home care.

In terms of health promotion and prevention, the Strategy must consider the data and evidence on the most effective alcohol and other drug interventions and supports that promote health and safety for children and young people in care – especially as these may differ from children and young people generally.

In terms of early and targeted interventions for children and young people, the Strategy in its current form does not go far enough to improve supports for what is potentially the most vulnerable cohort of the care population – children and young people in residential care. There must be a specific focus on residential care, where children and young people are not living within traditional family environments, but institutional ones. Children and young people in residential care are often marginalised, and when strategies, policies and programs are not adequately tailored, they miss out on the intended benefits of such initiatives.

Through my role as Child and Young Person's Visitor I visit, monitor, promote and advocate for the rights and best interests of children and young people living in residential care. In my observations alcohol and other drug use presents a vexing moral quandary – where residential care workers are needing to strike a balance between policing substance misuse, risk mitigation, harm minimisation and preserving relationships.

On the one hand, there is some acknowledgement that risk taking behaviour including experimentation with alcohol and other drugs can be a normal part of adolescence. What is worrisome is that in residential care substance use often forms part of a coping mechanism rather than a social activity or act of rebellion:

> ***"I've tried therapists in the past and the only thing that helps is weed."***
> Young person, aged 16

> ***"I vape the same reason every other young person does, to deal with stress."***
> Young person, aged 16

> ***"It's doing my head in, [marijuana] is how I cope during the day."***
> Young person, aged 14

During visits, many young people have spoken about substance use, mainly marijuana and alcohol, but also methamphetamine and vaping. They often link this usage to past traumas and stressors.[8]

[8] This is expanded in the Child and Young Person Visitor, Annual Report 2022-23, pp. 64-65.

As a method for coping with mental health pressures and past trauma, substance use creates major challenges for care teams and other support providers. At the most basic level it can create tensions within houses if children and young people seek to consume potentially dangerous illicit substances on site, yet prohibiting use can have significant effects, particularly when young people are turning to the substances due to high levels of emotional pain. Multiple young people have spoken to my visiting advocates about their frustration when told that they could not use substances inside their house, particularly noting a day-to-day alternative means of coping is rarely presented. Some referred to signage in their houses which warned that police would be called if substance use was suspected. Noting the drivers to engage in substance use do not vanish when consumption is regulated, others said the rules pushed them to use drugs in public places which placed them at risk of assault or arrest. Enforcement of these rules can fracture relationships within their houses.

Inconsistent or varied care team approaches can compound the problem as carers seek to balance tensions between policing substance misuse, risk mitigation, harm minimisation and preserving relationships. These concerns are heightened for young people dealing with mental health and trauma related issues, who may feel further isolated from their houses and care teams, and therefore more likely to engage in substance use. This is a complex area that will require further attention by all those involved, on both individual and systemic levels.

As can be seen, the use of alcohol and other drug use in residential care is a complex topic, however due to the life-long implications for children and young people, it is something that requires attention across government.

Conclusion

I strongly recommend:

- an increased focus on expanding availability and accessibility of high-quality, evidence-based interventions, treatments and supports for children and young people within the community.
- incorporating the unique experiences and needs of children and young people in care and detention – listing each as a priority population and including specific actions and supporting activities.
- including specific interventions and supports for children and young people in residential care, and that these actions be undertaken in partnership between Preventative Health SA, the Department for Child Protection and non-government residential care providers.
- further consideration as to how the Strategy's impact will be measured in terms of reducing alcohol and other drug related harms for children and young people.

Finally, I encourage engagement with children and young people in the development of these actions and activities, and their implementation.

Thank you for the opportunity to provide feedback on this important Strategy. I look forward to seeing how this feedback is incorporated, to better promote the rights and best interests of children and young people in care and detention.