



South Australian Alcohol and Other Drug Strategy 2024-2030

JULY 2024



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Our Commitment to Inclusion

The Salvation Army Australia acknowledges the Traditional Owners of the land on which we meet and work and pay our respect to Elders, past, present and future.

We value and include people of all cultures, languages, abilities, sexual orientations, gender identities, gender expressions and intersex status. We are committed to providing programmes that are fully inclusive. We are committed to the safety and wellbeing of people of all ages, particularly children. Our values are:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

The Salvation Army is a worldwide movement known for its acceptance and unconditional love for all people. We love unconditionally because God first loved us. The Bible says, “God so loves the world” (John 3:16, RGT). As both a church and charity, we believe all people are loved by God and are worthy of having their needs met. Everyone is welcome to find love, hope, and acceptance at The Salvation Army.

The Salvation Army Australia Territory wishes to acknowledge that members of the LGBTIQA+ community have experienced hurt and exclusion because of mixed comments and responses made in the past. The Salvation Army is committed to inclusive practice that recognises and values diversity. We are ensuring our services affirm the right to equality, fairness, and decency for all LGBTIQA+ people, rectifying all forms of discriminatory practice throughout the organisation.

We seek to partner with LGBTIQA+ people and allies to work with us to build an inclusive, accessible, and culturally safe environment in every aspect of Salvation Army organisation and services. Everyone has a right to feel safe and respected.

Learn more about our commitment to inclusion: <salvationarmy.org.au/about-us>

More information about The Salvation Army is at **Appendix A**.





Executive Summary

The Salvation Army welcomes the opportunity to provide feedback on the South Australian Alcohol and Other Drug Strategy 2024-2030 (the Strategy). We acknowledge that the Strategy is a critical framework aimed at addressing the pervasive and complex challenges faced associated with harms caused by alcohol and other drug (AOD) use in the South Australian community.

As a leading provider of alcohol and other drug services across Australia, we are deeply committed to preventing and reducing the harm caused by alcohol and other drugs in our community. Our services encompass a broad spectrum of interventions aimed at fostering full and healthy lives for our participants, their families and the wider community.

Our evidence-based national model of care approach is grounded in best practice and delivered with a commitment to respecting the autonomy and dignity of those we assist. We recognise the importance of a comprehensive strategy that addresses the multifaceted nature of alcohol and drug-related issues, and we appreciate the Strategy's alignment with both national and global policies in this area.

The Strategy's focus on health promotion, supply reduction, early intervention, treatment support and community engagement reflects a comprehensive approach to tackling these issues. We particularly endorse the recognition of the unequal burden of alcohol and drug-related harms across different populations and the emphasis on targeted actions to address these disparities.

This submission covers:

- The importance of funding in continuing sustainable AOD services in South Australia.
- The importance of nuanced and evidence-based treatment models that meet the current and emerging needs of those experiencing harms caused by AOD.
- The importance of community-led initiatives, evidence-based treatment models, and the design of programs that are tailored and targeted to different priority populations.
- The need to include women as a priority population and commit to reducing stigma and barriers for women seeking treatment for harms caused by AOD.
- Recommendations to enhance the Strategy by identifying and filling existing gaps, ensuring that the implemented strategies are both effective and sustainable.

The Salvation Army has made **18** recommendations for the South Australian Government to consider. A summary of these recommendations follows on the next page.



Summary of Recommendations

Recommendation 1

1.8 The Salvation Army recommends that the South Australian Government provide alcohol and other drug service providers with adequate, stable and long-term funding to ensure consistent and sustainable support to meet the current and emerging demand.

Recommendation 2

2.7 The Salvation Army recommends that as part of the Strategy, the South Australian Government review and redesign innovative and evidence-based treatment models that are capable of addressing current barriers in the system.

Recommendation 3

2.8 The Salvation Army recommends that the South Australian Government work with experts in the alcohol and other drug field to develop treatment models tailored and targeted to the needs of different individuals and populations.

Recommendation 4

3.9 The Salvation Army recommends that the South Australian Government commits to programs that are led by and in partnership with Aboriginal and Torres Strait Islander communities to provide a culturally-sensitive environment and treatment measures to increase efficacy of treatments.

Recommendation 5

3.16 The Salvation Army recommends culturally tailored programs that address the unique needs and strengths of Aboriginal and Torres Strait Islander communities, fostering resilience and supporting positive development pathways for children and young people.

Recommendation 6

3.21 The Salvation Army recommends the South Australian Government endorse and invest in early interventions for Aboriginal and Torres Strait Islander children and young people that are community-led and controlled.

Recommendation 7

3.28 The Salvation Army recommends that cultural competency and capability training be provided to all frontline services and community organisation staff, to ensure the delivery of services and responses across all systems, is culturally safe and responsive.

Recommendation 8

4.8 The Salvation Army recommends that the South Australian Government prioritise targeted prevention and early intervention strategies and ensure they are implemented in a timely manner to prevent longer term harm.

Recommendation 9





4.12 The Salvation Army recommends the South Australian Government provide funding to youth-focused initiatives that involve young people directly in the design and implementation of individualised care.

Recommendation 10

4.14 The Salvation Army recommends that the South Australian Government ensure that alcohol and other drug services and treatment programs are individualised, child-centred and that they prioritise and promote choice for children and young people.

Recommendation 11

4.20 The Salvation Army recommends the South Australian Government include in the Strategy alternative diversion models aimed at diverting children and young people experiencing alcohol and other drug harms, wherever possible, away from conventional criminal justice pathways into more rehabilitative and supportive interventions.

Recommendation 12

5.9 The Salvation Army recommends the South Australian Government include in the Strategy women-specific alcohol and other drug interventions that recognise and address the unique ways women experience harms caused by alcohol and other drug use.

Recommendation 13

5.10 The Salvation Army recommends the South Australian Government include in the Strategy initiatives to reduce stigma and discrimination against women who experience harms caused by alcohol and other drugs. This could include providing training for healthcare and service providers on non-judgmental and trauma-informed care to women accessing alcohol and other drug treatment.

Recommendation 14

5.17 The Salvation Army recommends that the South Australian Government include in the Strategy comprehensive training for healthcare and service providers to equip staff to recognise family violence indicators in alcohol and other drug clients, enabling them to offer more appropriate and tailored treatment and support.

Recommendation 15

5.21 The Salvation Army recommends the South Australian Government include in the Strategy targeted interventions for persons using violence and experiencing harms caused by alcohol and other drugs to effectively protect women, children and families.

Recommendation 16

5.22 The Salvation Army recommends that the South Australian Government include in the Strategy a specific focus on families who experience violence due to the exacerbation of harms caused by alcohol and other drugs.

Recommendation 17

6.10 The Salvation Army recommends that the South Australian Government expand the implementation of place-based responses to include rural and remote communities.

Recommendation 18





6.11 The Salvation Army recommends that the South Australian Government ensure the development of a statewide alcohol and other drug workforce development framework (action 53) includes a strong focus on addressing the specific workforce issues faced by rural and remote communities.



1 Capacity Versus Demand

- 1.1 The Salvation Army acknowledges that the alcohol and other drugs (AOD) service sector in South Australia is facing significant challenges, marked by a notable reduction in funding, services and supports over the past few years.
- 1.2 In 2022-23, most (86 per cent) clients in South Australia attended one agency, and received an average of 1.5 treatment episodes, which is lower than the national average of 1.8 treatment episodes.¹ This difference highlights issues with service availability and accessibility.

“

“The sector is quite tired about not having security about existing programs.”

- A Salvation Army State Manager

”

- 1.3 The demand for services far exceeds the current capacity to provide adequate support. Our experience is that gaps in treatment services can delay recovery and exacerbate the difficulties faced by those seeking treatment. When there are gaps in treatment and support, individuals often return to using alcohol and drugs, leading to significant setbacks in their treatment. This loss not only undermines their progress but also erodes trust, making it more difficult for them to seek and access necessary support.

“

“The demand far outweighs the capacity to support people adequately.”

- A Salvation Army State Manager

”

- 1.4 Aboriginal and Torres Strait Islander people and people living in rural and remote communities face additional challenges to access AOD services, such as long wait times, geographic isolation, and a lack of culturally appropriate services.

¹ AIHW. (2024, June 14). *Alcohol and other drug treatment services in Australia annual report*. Cat. no: HSE 250



- 1.5 We understand that recent funding decisions have reduced the availability of culturally sensitive and community-specific supports for some Aboriginal and Torres Strait Islander communities. The loss of these facilities undermines the progress made in addressing alcohol and other drug dependencies within Aboriginal and Torres Strait Islander populations, highlighting the urgent need for sustainable funding solutions and continued support for culturally appropriate rehabilitation initiatives.
- 1.6 Increasing funding and ensuring long-term funding certainty to evidence-based and trauma-informed interventions is crucial to ensuring equitable access to effective treatment options and supporting holistic recovery pathways for Aboriginal and Torres Strait Islander individuals affected by substance use. It is important that treatment models are not punitive in nature, which can deter individuals, especially children and young people from seeking help.
- 1.7 For South Australia to effectively reshape and recommission services, it is important to refine its approach to securing and maintaining funding. Stable and consistent funding in ensuring services and organisations can continue to operate without interruption and provide vital, ongoing support to communities. By enhancing funding strategies, we can build a more sustainable ecosystem that meets the needs of people affected by alcohol and other drugs.

Recommendation 1

- 1.8 **The Salvation Army recommends that the South Australian Government provide alcohol and other drug service providers with adequate, stable and long-term funding to ensure consistent and sustainable support to meet the current and emerging demand.**



2 The Need for Innovative Treatment Models

- 2.1 In 2022-23, there were 9,769 alcohol and other drug treatment episodes in South Australia.
- Counselling was the most common main treatment (36 per cent of episodes), followed by assessment only (26 per cent) and withdrawal management (18 per cent).²
 - Where an additional treatment was provided as a supplementary to the main treatment, support and case management (15 per cent) was the most common additional treatment, followed by counselling (7.3 per cent).³
- 2.2 Between 2013-14 to 2022-23⁴:
- Counselling as the main treatment almost doubled from 22 per cent in 2013-14 to 40 per cent in 2021-22, before falling to 36 per cent in 2022-23.
 - The proportion of episodes with rehabilitation as the main treatment fell from 9.0 per cent to 1.6 per cent.
 - The proportion of episodes where assessment only was the main treatment has almost halved since 2013-14, falling from 44 per cent to 26 per cent in 2022-23.
 - Assessment only episodes remained considerably higher than in other states and territories (ranging from 16 per cent to 22 per cent).
- 2.3 The variety in main treatments and supplementary treatments points to the complexity of AOD issues. A one-size-fits-all approach is inadequate to effectively respond to the unique circumstances of each person. Instead, tailored and innovative treatment models are necessary to address diverse needs effectively.
- 2.4 The high percentage of episodes involving assessments suggests that many individuals may not be proceeding to further treatment. This could indicate a gap in the continuum of care, necessitating new strategies to ensure that individuals move beyond assessment to receive comprehensive treatment and support to prevent and reduce harms caused by AOD.
- 2.5 While counselling is a key component of AOD treatment, the reliance on it as both a main and supplementary treatment suggests a need for complementary innovative therapies and support systems to yield better treatment outcomes.

² AIHW (2024, June 14) *Alcohol and other drug treatment services in Australia annual report* [Alcohol and other drug treatment services in Australia annual report, South Australia - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

³ AIHW (2024, June 14) *Alcohol and other drug treatment services in Australia annual report* [Alcohol and other drug treatment services in Australia annual report, South Australia - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)

⁴ AIHW (2024, June 14) *Alcohol and other drug treatment services in Australia annual report* [Alcohol and other drug treatment services in Australia annual report, South Australia - Australian Institute of Health and Welfare \(aihw.gov.au\)](#)



- 2.6 The need for support and case management as supplementary treatments underscores the complex and multifaceted nature of AOD issues. Effective evidence-based approaches that integrate medical, psychological, psychosocial and social support are essential to address these complexities holistically.

Recommendation 2

- 2.7 **The Salvation Army recommends that as part of the Strategy, the South Australian Government review and redesign innovative and evidence-based treatment models that are capable of addressing current barriers in the system.**

Recommendation 3

- 2.8 **The Salvation Army recommends that the South Australian Government work with experts in the alcohol and other drug field to develop treatment models tailored and targeted to the needs of different individuals and populations.**

- 2.9 Treatment models targeted at adults can be less effective when supporting young people⁵, as these models do not adequately address the unique developmental, psychological and social needs of younger individuals.⁶ Tailored approaches that are flexible, supportive and developmentally appropriate are essential for fostering positive outcomes and preventing the escalation of substance use harm into adulthood.

“

“It is not a one-size fits all situation. Adult treatment models do not work for children and young people.”

”

- South Australian State Manager for Youth

The Salvation Army’s Model of Care

- 2.10 The Salvation Army’s alcohol and other drug services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful. Harm reduction is the overarching framework of our alcohol and other drug services.

⁵ Australian Government Department of Health and Aged Care. (2019). *National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29*. <https://www.health.gov.au/resources/publications/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29>

⁶ Australian Institute of Health and Welfare. (2021). *Australia’s youth*. <https://www.aihw.gov.au/reports/children-youth/australias-youth>





- 2.11 Our primary purpose is to prevent and reduce harm for both individuals and the wider community, and to support the reduction and cessation of use. While addressing problematic substance use is key, we want people to have a sense of belonging to their families, friends and communities.
- 2.12 The Salvation Army's Model of Care (see Appendix B) is a consistent, evidence-based model of care that aligns with current best practice, state and national alcohol and other drug policy frameworks and directions and The Salvation Army's philosophy and values. It provides an opportunity for our services to better align with the model and to develop pathways to address gaps and to identify opportunities for new directions and practice change.
- 2.13 Under our Model of Care, we have worked hard to reduce waiting times and cost, and to increase access to treatment through dropping barriers. These barriers can be wide-ranging and include, but are not limited to, travel, the need to care for children, employment, time taken to engage and stigma of attending. We have succeeded in substantially reducing our waiting lists and ensuring there are no 'wrong doors'.
- 2.14 Clients are engaged at assessment, and through a collaborative triage process placed in appropriate treatment. Treatment is delivered in both community and residential settings, offering a variable intensity depending upon need. Residential programs, which are more costly and time-consuming, are highly targeted. We have shortened stays as much as possible and instead use community services to engage people for the length of time they require to achieve their recovery.
- 2.15 Shorter, more intensive residential stays are complemented by comprehensive community group work programs, counselling, recovery planning, outreach, engagement services, care coordination, risk management and access to education, training and employment, and after care services.
- 2.16 Services are embedded in the local community and delivered from a variety of locations with flexible opening times, taking treatment to the areas and communities in which people live. This works to reduce barriers to engagement, increase community stakeholder involvement, consumer participation and decrease dropouts. By embedding within communities, services are able to engage people and help them to get well where they live, which in turn sustains improved and cost-effective outcomes.
- 2.17 The Salvation Army also provides culturally responsive services to Aboriginal and Torres Strait Islander people through a uniquely tailored model. We offer holistic, culturally appropriate care, support and treatment to Indigenous people, families and communities to help reduce the harms associated with alcohol and other drug use.
- 2.18 Our alcohol and other drug services recognise that Aboriginal and Torres Strait Islander peoples have different cultural and support needs depending on their location. We have positive working relationships with local community groups to support these needs.



- 2.19 We understand the need to be well-informed by local knowledge and endeavour to continue to strengthen relationships and partnerships with Aboriginal and Torres Strait Islander health and community supports to holistically address the care needs of this group. We respond to specialist knowledge to improve access to our services.
- 2.20 The Salvation Army welcomes opportunities to contribute, share expertise, and assist in improving the delivery of services in South Australia. We recognise the value of collaboration in enhancing the effectiveness and accessibility of alcohol and other drug services. Our approach reflects a belief in the importance of collaborative efforts to achieve sustainable solutions and positive outcomes for individuals and families affected by substance misuse.



3 Aboriginal and Torres Strait Islander people

- 3.1 The Salvation Army welcomes the actions listed in the Strategy⁷ that prioritise addressing harms caused by alcohol and other drugs in Aboriginal and Torres Strait Islander communities.
- 3.2 We particularly commend the commitment of the Strategy to support state and national Closing the Gap priority reforms and targets for Aboriginal and Torres Strait Islander people by partnering with Aboriginal and Torres Strait Islander communities on policy and service delivery strategies.
- 3.3 Past government laws and policies, such as assimilation policies and the forced removal of Aboriginal children from their families, communities, and lands, have significantly contributed to the large health disparities experienced by Aboriginal and Torres Strait Islander people in Australia. The stress and trauma resulting from colonisation, institutional and interpersonal racism, inequitable access to services, and overrepresentation in the criminal justice system have increased the risk of alcohol and other drug use and related harms among Aboriginal and Torres Strait Islander people.
- 3.4 In 2022-23, just over 1 in 6 (17 per cent) people who received AOD treatment services in South Australia were Aboriginal and Torres Strait Islander people, which is lower than the national proportion.⁸ We urge the South Australian Government to commit to a reconciliation agenda that recognises and celebrates Aboriginal and Torres Strait Islander culture and emphasises the importance of working in partnership to improve the lives of Aboriginal and Torres Strait Islander people in the state.
- 3.5 We believe the following initiatives are key to ensuring that frontline services are well-equipped to prevent and reduce harms caused by alcohol and other drugs in the Aboriginal and Torres Strait Islander communities.

Community-Led Initiatives.

- 3.6 In February 2024, the Productivity Commission reported that the commitment to shared decision making and Aboriginal and Torres Strait Islander-led initiatives are rarely achieved in practice. It is imperative that actions 25 and 26 in the Strategy are implemented with deep commitment and not merely as symbolic measures.

⁷Government of South Australia (2024, June) *South Australian Alcohol and Other Drug Strategy 2024-2030 Preventive Health SA* <https://yoursay.sa.gov.au/83380/widgets/395249/documents/285986>

⁸ AIHW (2024, June 14) *Alcohol and other drug treatment services in Australia annual report* (aihw.gov.au)





- 3.7 We emphasise the importance of programs that are led by or in partnership with Aboriginal and Torres Strait Islander communities because culturally safe programs tailored to individual and community needs have been shown to be most effective.⁹ Evidence-based approaches that have been adapted to be culturally relevant to Aboriginal and Torres Strait Islander people have also delivered promising results.¹⁰
- 3.8 Many Aboriginal and Torres Strait Islander people may not seek help from a specific alcohol and drug treatment service but would benefit from the specialised support that an alcohol and drug treatment service can provide. Justice, health and community services that have developed partnerships with Aboriginal and Torres Strait Islander-led organisations have increased the capacity of services to link clients to the help they need and better respond to alcohol and drug dependence.¹¹

Recommendation 4

- 3.9 The Salvation Army recommends that the South Australian Government commits to programs that are led by and in partnership with Aboriginal and Torres Strait Islander communities to provide a culturally-sensitive environment and treatment measures to increase efficacy of treatments.**

Bob's Story

Bob, a 34-year-old Aboriginal man, was experiencing homelessness and sought AOD support through the Warrondi Engage and Link Day Program in July 2022. He attended the program daily as Bob found it a safe space to address his substance use and homelessness challenges.

He was referred to the Lakalinjeri Tumbetin Waal (LTW) Residential Rehabilitation Centre and engaged in various supportive activities, including counselling, education groups, and cultural outings. These interventions helped Bob understand the stages of change, the impact of substance use on the nervous system, and relapse prevention strategies.

Despite LTW's closure in March 2023, Bob maintained sobriety and transitioned to support in Victoria, where he joined an Aboriginal health clinic and a men's group. Bob's journey highlights the effectiveness of culturally tailored programs run by Aboriginal communities.

*Name changed to preserve privacy.

⁹ Intergovernmental Committee on Drugs. (2015). *National Aboriginal and Torres Strait Islander peoples' drug strategy 2014-2019*. Canberra: National Drug Strategy

Doran, C., Kinchin, I., Bainbridge, R., McCalman, J, & Shakeshaft, A. (2017). Effectiveness of alcohol and other drug interventions in at-risk Aboriginal youth: an evidence check rapid review brokered by the Sax Institute for the NSW Ministry of Health. Sydney: Sax Institute. (ecu.edu.au)

¹⁰ Munro, A., Shakeshaft, A., & Clifford, A. (2017). *The development of a healing model of care for an Indigenous drug and alcohol residential rehabilitation service: a community-based participatory research approach*. Health & Justice, 5(1)

¹¹ Munro, A., Shakeshaft, A., & Clifford, A. (2017). *The development of a healing model of care for an Indigenous drug and alcohol residential rehabilitation service: a community-based participatory research approach*. Health & Justice, 5(1)



3.10 The Salvation Army has a longstanding commitment to building strong partnerships and collaborations with communities to address the complex challenges related to alcohol and other drug use. Our approach is grounded in evidence-based efforts that are both effective and sustainable.

3.11 One such partnership is with Red Dust located in Alice Springs.

The Salvation Army and Red Dust Partnership

Red Dust is a community organisation, implementing intergenerational alcohol and other drug programs for men in Alice Springs. The collaborative initiative between The Salvation Army and Red Dust aims to enhance engagement, participation, and outcomes for Aboriginal and Torres Strait Islander people in the region.

Red Dust, with strong local connections, particularly with Elders, youth, and various Aboriginal and Torres Strait Islander groups in Central Australia, brings valuable expertise to the partnership. Their skilled local Indigenous AOD staff have successfully developed and implemented AOD and health programs in Alice Springs and remote communities in the Northern Territory.

The Salvation Army contributes resources, infrastructure, client data management systems and AOD expertise to the partnership. The Salvation Army also maintains the government contract, meeting accreditations and governance requirements. The program and our partnership exceeded its goals within six months.

Between July 2021 and June 2022, the program facilitated approximately 200 yarning circles, provided 146 brief interventions, 15 suicide prevention actions and 18 referrals to other services. The cultural knowledge and leadership Red Dust contributed to the delivery of the program through outreach activities, cultural trips and yarning circles was critical to its success.

The collaborative effort reflects best practices in working alongside Aboriginal and Torres Strait Islander communities, providing a comprehensive and culturally relevant approach to address AOD issues in Alice Springs and surrounding areas.

Empowering Aboriginal and Torres Strait Islander Children

3.12 The Salvation Army draws particular attention to the ongoing impacts of systemic discrimination, intergenerational trauma and disadvantage experienced by Aboriginal and Torres Strait Islander children.



- 3.13 In 2015-16, Aboriginal and Torres Strait Islander youth represented a third of all treatment episodes provided by alcohol and other drug treatment services in Australia.¹² Research indicates that these young individuals are at a higher risk of experiencing alcohol and drug-related harm due to factors mentioned above.¹³
- 3.14 Indigenous young people are more likely to report using substances at an earlier age and at higher rates compared to their non-Indigenous peers.¹⁴
- 3.15 Aboriginal and Torres Strait Islander children and young people face unique challenges that require culturally responsive and tailored interventions. These communities have distinct cultural practices, values, and strengths that should be acknowledged and integrated into program design to effectively address issues related to alcohol and other drugs. Our experience is that offering culturally appropriate support that aligns with individuals' specific needs and contexts is essential to foster resilience and provide positive development pathways for Aboriginal and Torres Strait Islander young people.

Recommendation 5

- 3.16 The Salvation Army recommends culturally tailored programs that address the unique needs and strengths of Aboriginal and Torres Strait Islander communities, fostering resilience and supporting positive development pathways for children and young people.**

Effective Community-Led Early Intervention

- 3.17 Early interventions are timely and targeted actions aimed at identifying and addressing a particular issue at the earliest signs. While we welcome action 26 of the Strategy, we urge the South Australian Government to prioritise and strengthen early intervention measures that are community-led and controlled to address AOD harms, especially among Aboriginal and Torres Strait Islander children and young people.
- 3.18 By focusing on early identification and intervention, the Strategy can mitigate the risks associated with substance use at an early age, promoting healthier outcomes and reducing long-term harm. This would also result in efficient referral pathways to other services.

¹² Australian Institute of Health and Welfare 2018. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. Cat. no. IHW 202. Canberra: AIHW.

¹³ Australian Institute of Health and Welfare 2018. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. Cat. no. IHW 202. Canberra: AIHW.

¹⁴ Australian Institute of Health and Welfare 2018. *Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018*. Cat. no. IHW 202. Canberra: AIHW.



- 3.19 Our experience in supporting Aboriginal and Torres Strait Islander children and young people is that many of them continue to be impacted by, amongst others, child protection and youth justice systems. These systems primarily adopt punitive approaches, operate in conflict with Aboriginal and Torres Strait Islander culture, and exacerbate experiences of disadvantage and marginalisation among children.
- 3.20 Aboriginal and Torres Strait Islander children and young people are overrepresented in child protection and youth justice systems with the level of this overrepresentation steadily increasing in South Australia and nationally. In 2022, Aboriginal and Torres Strait Islander children were 19 times more likely than their non-Indigenous counterparts to be under youth justice supervision (including both community-based and detention) and made up 42.8 per cent of children aged 0-17 years in out-of-home care.¹⁵

Recommendation 6

3.21 The Salvation Army recommends the South Australian Government endorse and invest in early interventions for Aboriginal and Torres Strait Islander children and young people that are community-led and controlled.

- 3.22 Investing in early interventions tailored to the specific needs of Aboriginal and Torres Strait Islander children is crucial for supporting their well-being, resilience, and future prospects. These interventions also contribute to stronger families and households experiencing improved health outcomes.
- 3.23 By supporting healthy practices that support disease prevention and health promotion, the Strategy can foster healthier environments and communities for Aboriginal and Torres Strait Islander children to thrive in. This approach mitigates risks early and cultivates a foundation for long-term well-being and resilience among Indigenous young people.

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“We have to let go of the power and give it back to the Aboriginal people. It can be a difficult thing to do, but we have to do it!”

”

- A Salvation Army General Manager

¹⁵ Australian Government Productivity Commission. (2023). Closing the Gap: Annual Data Compilation Report. <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report/snapshot-socioeconomic#seo11>



Enhancing Cultural Competency and Capability

- 3.24 The Salvation Army urges the need for AOD services to be non-discriminatory and promote the wellbeing and safety of Aboriginal and Torres Strait Islander children, families and communities.
- 3.25 Services should be strengths-based, acknowledging Aboriginal and Torres Strait Islander culture, including kinship systems, cultural values and laws. In line with the views of the Secretariat of National Aboriginal and Islander Child Care (SNAICC) and in respect of Indigenous self-determination, we urge for consultation with Aboriginal and Torres Strait Islander communities to take place directly. This will encourage holistic justice diversion responses be designed, implemented, and delivered in a manner that is culturally informed and safe.¹⁶
- 3.26 The Salvation Army is in the process of recruiting a National AOD Aboriginal Specialist to help services design local-level programs that are culturally tailored and community-specific. We hope this will allow us to enhance the cultural competency and capability of our staff, programs and services in delivering strategies which reduce harms caused by alcohol and other drugs among Aboriginal and Torres Strait Islander communities. Involving Aboriginal and Torres Strait Islander people in the co-design and co-delivery of programs also ensures that interventions are more likely to be culturally relevant and achieve better outcomes within Indigenous communities.
- 3.27 Support for Indigenous-led initiatives, equitable access to services, and robust evaluation mechanisms will further ensure that services remain sustainable and responsive to community needs.

Recommendation 7

- 3.28 The Salvation Army recommends that cultural competency and capability training be provided to all frontline services and community organisation staff, to ensure the delivery of services and responses across all systems, is culturally safe and responsive.**

¹⁶ Secretariat of National Aboriginal and Islander Child Care (SNAICC). (2021). National Framework for Protecting Australia's Children 2021-2031. <https://www.snaicc.org.au/wp-content/uploads/2021/11/SNAICC-ConsultationReport-successor-plan-Nov2021.pdf>.



4 Children and Young People

- 4.1 The harms caused by AOD amongst children and young people in South Australia is significant. Nearly one in five young people in South Australia have engaged in binge drinking, increasing their likelihood of experiencing a range of immediate and long-term health risks.¹⁷
- 4.2 Data also indicates that alcohol and drug use amongst young people is associated with other harms such as, increased rates of mental ill-health, lower academic achievement, and engagement in more risky behaviour such as unsafe sexual practices and violence.¹⁸
- 4.3 Furthermore, the South Australian Health and Medical Research Institute (SAHMRI) reports that hospitalisations for alcohol and drug related injuries and illnesses in young people have risen by 12 per cent over the past five years.¹⁹

Effective Early Intervention Strategies

- 4.4 The Salvation Army welcomes the Strategy's commitment to early intervention in action 20 and action 21. Early intervention is key in identifying children and young people at risk of experiencing AOD harms. It allows us to address harms at an initial stage, preventing escalation into becoming more severe and chronic down the track.
- 4.5 Early intervention, when done right, has the potential to break the cycle of addiction early, by offering support and resources to children and young people. It is also a highly effective method in establishing and strengthening referral pathways across youth sector services in addressing AOD harms. Early identification of actual or potential AOD harms allows services to promptly connect young people to appropriate support services, ensuring timely and relevant care. These interventions must be evidence-based, well-researched, and accessible for children and young people when and how they need it to achieve the best outcomes.
- 4.6 Under a holistic and stepped care model, young people are able to transition between various levels of care more smoothly, from initial assessment to specialised treatment programs and after-care. This enhances the overall efficiency and effectiveness of the intervention process.
- 4.7 A valuable approach to early intervention involves collaborating with the education sector to deliver interventions through schools for children and young people. The age of onset of alcohol and other drug use is associated with immediate and lifetime health risks. Delaying the uptake of alcohol use is proven to delay or prevent the uptake of illicit drug use, making early intervention and youth engagement critical components of an effective strategy.

¹⁷ Scully, M., Koh, I., Bain, E., Wakefield, M. & Durkin, S. (2023). *ASSAD 2022–2023: Australian secondary school students' use of alcohol and other substances*. <https://www.health.gov.au/sites/default/files/2024-02/australian-secondary-school-students-use-of-alcohol-and-other-substances-2022-2023.pdf>

¹⁸ Australian Institute of Health and Welfare. (2021). *Alcohol, tobacco and other drugs*. <https://www.aihw.gov.au/reports/children-youth/alcohol-tobacco-and-other-drugs>

¹⁹ South Australian Health & Medical Research Institute. (2023). *SAHMRI Registry Centre Annual Report 2023*. https://sahmri.org.au/assets/resources/SAHMRI-Registry-Centre-Annual-Report-2023_FINAL.pdf



Recommendation 8

- 4.8 **The Salvation Army recommends that the South Australian Government prioritise targeted prevention and early intervention strategies and ensure they are implemented in a timely manner to prevent longer term harm.**

“

“Early intervention means acting before children and young people enter the system. Once they're in, it's just intervention.”

”

- South Australian State Manager for Youth

Promoting Individualised Care and Choice

- 4.9 The Salvation Army draws attention to the need for AOD treatment models and early intervention models to be individualised and in line with best practice standards. It is crucial for treatment plans and interventions to be developed in a way that allows them to be adapted to the unique needs of the child or young person.
- 4.10 The current lack of choice and funding in the treatment sector hinders the ability to offer personalised care. With increased investment, organisations would be better resourced to support children and young people at risk of AOD harm with planned and coordinated responses that recognise their unique physical, mental, emotional, and social health needs.²⁰
- 4.11 By prioritising individualised care and increasing resources, we can create a more supportive and responsive system that empowers young people to take an active role and ownership in their treatment and recovery. Additionally, youth-focused initiatives and involving young people in the design and implementation of strategies should be prioritised to bring about better outcomes.²¹

“

“There HAS to be a choice in the treatment system.”

”

- General Manager AOD

²⁰ 6 Fox, S., Southwell, A., Stafford, N., Goodhue, R., Jackson, D. & Smith, C. (2015). *Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention*. Canberra: Australian Research Alliance for Children and Youth (ARACY). https://www.aracy.org.au/publications-resources/command/download_file/id/274/filename/Better-systems-better-chances.pdf

²¹ Degenhardt, L., Lynskey, M., & Hall, W. (2000). *Cohort trends in the age of initiation of drug use in Australia*, Technical Report 83, National Drug and Alcohol Research Centre.



Recommendation 9

4.12 The Salvation Army recommends the South Australian Government provide funding to youth-focused initiatives that involve young people directly in the design and implementation of individualised care.

4.13 The Salvation Army draws attention to the success of care models that consider the current and emerging needs of children and young people on an individual level and promote relationship building, skill development and choice at the centre. These models are not exclusive to AOD treatment and can be adapted across a variety of services for children and young people.

The Salvation Army's Psychologically Informed Environment (PIE) Approach

The Salvation Army's Psychologically Informed Environment (PIE) approach works to embed psychologically informed environments across all service delivery responses to ensure that they are designed and delivered in a way that considers the emotional and psychological needs of all individuals accessing our services.

The approach is a psychosocial model which places young people's experiences, psychological and emotional needs, and their surrounding social environments and systems, at the heart of support responses. Informed by psychological theories and frameworks, the model works to improve the psychological, social, physical, emotional, and spiritual well-being of children, young people and their families.

The Salvation Army's approach works to empower and support young people to make necessary changes in their lives to improve their emotional, and psychological well-being, relationships with others and development of positive coping strategies. The approach focuses on building trusting and supportive relationships and creating safe and nurturing physical spaces for children and young people.

Recommendation 10

4.14 The Salvation Army recommends that the South Australian Government ensure that alcohol and other drug services and treatment programs are individualised, child-centred and that they prioritise and promote choice for children and young people.



Supporting Children and Young People in the Justice System.

- 4.15 The Salvation Army agrees that there is an urgent need to review existing practices relating to therapeutic alcohol and other drugs support services for young people in the criminal justice system as identified in action 39 and action 47 of the Strategy.
- 4.16 Treatment models and support services can play a pivotal role in helping children and young people in the justice system by shifting the focus from punitive approaches to more rehabilitative options. Current models, which are often punitive in nature, have proven ineffective and can cause compounding of harm rather than achieve the desired outcomes.
- 4.17 Punitive treatment models do not reduce recidivism rates²² and may exacerbate mental health issues, trauma, and substance use disorders among children and young people. A study by the Australian Institute of Criminology found that punitive measures often fail to address the underlying causes of criminal behaviour and can lead to higher rates of reoffending.²³ Instead, our services see that rehabilitative models, which emphasise therapeutic interventions, education and skill-building, have shown greater promise in promoting long-term recovery and reducing reoffending. Under these diversionary models the aim is to address the underlying causes of alcohol and other drug use by offering treatment, education and emotional support as alternatives to incarceration and other punitive measures. The Australian Institute of Criminology reported in 2021 that incarcerated children and young people were found to use a wider range of drugs, use more frequently and start using at a younger age, than those not in custody.²⁴
- 4.18 With any diversionary justice reform, there becomes inevitably an increase in demand for specialist child and youth support services. The complexities experienced by children and young people who offend, mean that it is likely these individuals will require several support services and community programs under a diversionary model to meet their needs. These may include youth homelessness services, alcohol and other drug programs, mental health supports, community centres and youth wellbeing programs.
- 4.19 The Salvation Army believes that we cannot be effective in preventing and reducing harms caused by AOD without addressing this as part of a broader community issue.



“It has to be nuanced, evidence based and meet the needs and emerging needs of children and young people.”



- South Australian State Manager for Youth

²² Payne, J. (2020). *The Queensland Drug Court: a recidivism study of the first 100 graduates.*

<https://www.aic.gov.au/publications/rpp/rpp83>

²³ Day, A., Howells, K. & Rickwood, D. (2024, October) *Current Trends in the Rehabilitation of Juvenile Offenders.*

<https://www.aic.gov.au/publications/tandi/tandi284>

²⁴ Prichard, J & Payne, J. (2005). *Alcohol, drugs and crime: a study of juveniles in detention.* Research and public policy series no. 67.

<https://www.aic.gov.au/publications/rpp/rpp67>





Recommendation 11

4.20 The Salvation Army recommends the South Australian Government include in the Strategy alternative diversion models aimed at diverting children and young people experiencing alcohol and other drug harms, wherever possible, away from conventional criminal justice pathways into more rehabilitative and supportive interventions.



5 Supporting Women and Families

5.1 Harms caused by alcohol and other drug use can extend to families. We must have suitable actions in place to protect and support families, especially women and children.

Supporting Women

- 5.2 A critical gap in the current draft Strategy is its insufficient focus on women. Women experience AOD-related harms in diverse ways, including direct harm from their own substance use and indirect harm from AOD use of their partners or family members. Additionally, many women turn to AOD as a coping mechanism from experiencing violence, mental health issues, homelessness and other traumatic circumstances.
- 5.3 The number of Australian women who experienced harms from someone under the influence of alcohol increased from 2.2 million in 2019-20 to 2.4 million in 2022-23.²⁵ In 2022-23, 2,448 clients who identified as female received treatment for their own or another person's alcohol and drug use in South Australia.²⁶
- 5.4 Although these numbers are generally higher for men, it is important to factor that many women who experience the harms caused by AOD access treatment at lower rates than men not just in South Australia but also nationally.²⁷ We must work to reduce the barriers that women and girls face in health settings, particularly in AOD treatment.
- 5.5 Women often face great stigma and discrimination for their use of AOD, particularly in relation to pregnancy and parenting. This largely comes from traditional gender-based roles and values that are placed on women such as being a mother and primary caregiver.²⁸ When there is a lack of adherence to these traditional roles, it can lead to social and institutional stigma. Experiencing stigma or being conscious about being stigmatised, can mean women are less likely to seek treatment for AOD issues.
- 5.6 When beginning treatment, women often have more personal and clinical challenges, even though they have often used substances for a shorter amount of time, and use in smaller quantities than men.²⁹

²⁵ AIHW (2024, Feb 29) National Drug Strategy Household Survey 2022–2023: *Alcohol related harms and risks in the NDSHS* <https://www.aihw.gov.au/reports/alcohol/alcohol-related-harms-and-risks>

²⁶ AIHW (2024, June 14) *Alcohol and other drug treatment services in Australia annual report* ([aihw.gov.au](https://www.aihw.gov.au))

²⁷ Network of Alcohol and other Drugs Agencies (NADA). NADA Practice Resource: *Working with Women Engaged in Alcohol and Other Drug Treatment* (3rd ed.). Sydney: NADA; 2021

²⁸ Network of Alcohol and other Drugs Agencies (NADA). NADA Practice Resource: *Working with Women Engaged in Alcohol and Other Drug Treatment* (3rd ed.). Sydney: NADA;

²⁹ Network of Alcohol and other Drugs Agencies (NADA). NADA Practice Resource: *Working with Women Engaged in Alcohol and Other Drug Treatment* (3rd ed.). Sydney: NADA; 2021



5.7 We can improve the treatment access and retention of women by growing our awareness of the factors that may have contributed to the use of AOD and the barriers that they face in seeking treatment. Some challenges women face in seeking treatment are:

- Stigma.
- Discrimination.
- Employment and financial difficulty.
- Lack of affordable, appropriate, family-inclusive housing.
- Lack of supportive and adaptable care planning.
- Childcare and custody challenges – particularly if state and social systems are involved.
- Complex trauma and co-occurring mental health conditions – often from childhood physical and sexual abuse or family and domestic violence.

5.8 Family responsibilities are also a big barrier to treatment for women. This can include a lack of childcare options, the stigma associated with being a ‘mother dependent on substances’ and the fear of being punished (for example, fear of losing custody of their children).

Recommendation 12

5.9 The Salvation Army recommends the South Australian Government include in the Strategy women-specific alcohol and other drug interventions that recognise and address the unique ways women experience harms caused by alcohol and other drug use.

Recommendation 13

5.10 The Salvation Army recommends the South Australian Government include in the Strategy initiatives to reduce stigma and discrimination against women who experience harms caused by alcohol and other drugs. This could include providing training for healthcare and service providers on non-judgmental and trauma-informed care to women accessing alcohol and other drug treatment.



Family and Domestic Violence

- 5.11 Family and domestic violence (FDV) is a serious public health and social issue that profoundly impacts women. Administrative data consistently shows strong connections between alcohol and other drug use and instances of family violence.³⁰
- 5.12 FDV has a major impact on women's use of AOD and engagement with AOD treatments. There are two main ways that women are affected by the harms caused by AOD:
- Experiencing violence that has been exacerbated by use of AOD by persons using violence.
 - Turning to the use of AOD as a coping mechanism from violent experiences.
- 5.13 Findings from the Alcohol/Drug-Involved Family Violence in Australia show that:
- The use of alcohol and other drugs was involved in 34 per cent of intimate partner violence (IPV) incidents, and 29 per cent of family violence (FV) incidents.
 - 13 per cent of IPV and 12 per cent of FV incidents were drug-related (that is, consumed by someone involved in the incident).
 - Physical violence occurred at more than 57 per cent of alcohol-related IPV and 52 per cent of FV incidents
 - Physical violence occurred at 60 per cent of drug-related IPV incidents, and 50 per cent of drug-related FV incidents.³¹
- 5.14 In 2021-22, almost half (47 per cent) of the women who had experienced male perpetrated sexual assault in the past 10 years reported alcohol or another substance contributed to the most recent incident³² AOD does not excuse violence.
- 5.15 Women are also more likely than men to identify relationship issues as a cause for their problematic substance use. In addition, women in treatment have much higher rates of family violence experience than women in the general community.³³
- 5.16 This highlights the importance of service providers working in collaborative and respectful ways with women who have experience violence and harms caused AOD. It identifies how common it is for women to experience both concerns, and how critical it is for service providers to assist women to make the links and to determine paced and achievable paths to change, growth and safety.³⁴

³⁰ Noona, P., Taylor, A. and Burke, J. (2017). *Links between alcohol consumption and domestic and sexual violence against women: Key findings and future directions*. <https://anrows-2019.s3.ap-southeast-2.amazonaws.com/>

³¹ Miller, P., Cox, E., Costa, B., Mayshak, R., Walker, A., Hyder, S., Tonner, L., & Day, A. (2016). *Alcohol/Drug-Involved Family Violence in Australia*. <https://www.aic.gov.au/sites/default/files/2020-09/monograph68-key-findings.pdf>

³² Australian Institute of Health and Welfare(2024, April) Family, Domestic and Sexual Violence: *Understanding FDSV* (aihw.gov.au)

³³ Greenfield SF, Brooks AJ, Gordon SM, Green CA, Kropp F, McHugh RK, et al. Substance abuse treatment entry, retention, and outcome in women: a review of the literature. *Drug and Alcohol Dependence* 2007;86(1):1-21.

³⁴ Supporting Women with Complex Needs: The relationship between substance use and domestic and family violence Women's Council for Domestic and Family Violence Services (WA) and WANADA 2009



Recommendation 14

5.17 The Salvation Army recommends that the South Australian Government include in the Strategy comprehensive training for healthcare and service providers to equip staff to recognise family violence indicators in alcohol and other drug clients, enabling them to offer more appropriate and tailored treatment and support.

- 5.18 Both women and children can benefit significantly from AOD services that explicitly address the connection between AOD and FDV. Understanding the root causes of family violence, including the exacerbating effects of alcohol and other drugs, is crucial for effectively reducing the harms caused by AOD in women and children.
- 5.19 Developing efficient referral and treatment pathways, offering targeted AOD treatment responses for parents and evidence-based preventative responses for children are vital in addressing intergenerational alcohol and other drug use.³⁵
- 5.20 By including interventions tailored for persons using violence, we can interrupt the cycle of both violence and substance use. This targeted approach not only addresses immediate harms but also promotes long-term solutions for comprehensive harm reduction, benefiting women, children and families.

Recommendation 15

5.21 The Salvation Army recommends the South Australian Government include in the Strategy targeted interventions for persons using violence and experiencing harms caused by alcohol and other drugs to effectively protect women, children and families.

Recommendation 16

5.22 The Salvation Army recommends that the South Australian Government include in the Strategy a specific focus on families who experience violence due to the exacerbation of harms caused by alcohol and other drugs.

³⁵ Network of Alcohol & Other Drugs Agencies. (2021). *Tools for Change: A new way of working with families and carers.* https://nada.org.au/wp-content/uploads/2021/01/13_Tools-for-change.pdf



6 Rural and Remote Communities

- 6.1 The Salvation Army welcomes the Strategy's inclusion of rural and remote communities as a priority population in actions 52 and 53. Rural and remote communities often have different patterns of alcohol and other drug use and sometimes have higher rates of alcohol and other drug related harm compared to metropolitan areas.³⁶
- 6.2 There are many factors that contribute to alcohol and drug use in rural and remote regions, including:
- High unemployment – particularly among young people.
 - Lower income and education levels.
 - Affordability and quality of housing.
 - Distance and social isolation.
 - Limited social activities.
- 6.3 Additionally, people in rural and remote communities face a range of barriers to access services. In some rural and remote communities there are very limited health or community services, especially specialist services. Community members can face long waits, additional time, and high costs to access these services.
- 6.4 A lack of diverse services in rural and remote areas also restricts people's ability to choose their preferred service provider, such as a multicultural health service or a women's health service, if these are not available in certain areas.
- 6.5 Some people in rural and remote areas are at higher risk of harm caused by alcohol and other drugs. People who identify as male are more likely than those who identify as female to use or be dependent on alcohol or other drugs generally.³⁷
- 6.6 While Aboriginal and Torres Strait Islander people are less likely to drink compared to non-Indigenous Australians, those that do are more likely to drink at risky levels. They also experience disproportionate health-related harms from alcohol and drug use.³⁸
- 6.7 Rural farmers have historically been more likely to drink alcohol at risky levels. Financial stress, climate challenges and increasing rates of mental illness, such as depression and anxiety, may play a contributing role.³⁹

³⁶ Alcohol and Drug Foundation. (2023, Jan 4). *Alcohol and drug use in regional and remote Australia*. <https://adf.org.au/insights/regional-remote-aod/>

³⁷ Brumby, S., Kennedy, A., & Chandrasekara A. (2013). Alcohol consumption, obesity, and psychological distress in farming communities-an Australian study. *The Journal of Rural Health*, 29(3), 311-319. <https://pubmed.ncbi.nlm.nih.gov/23802933/>

³⁸ Odyssey House Victoria. (2020). *Supporting investment in alcohol and other drug services across regional, rural and remote Australia in response to COVID*. <https://odyssey.org.au/wp-content/uploads/2020/12/2.-Supporting-Investment-in-Alcohol-and-Other-Drug-Services-Across-Regional-Rural-and-Remote-Australia-in-Response-to-COVID-19.pdf>

³⁹ Odyssey House Victoria. (2020). *Supporting investment in alcohol and other drug services across regional, rural and remote Australia in response to COVID*. <https://odyssey.org.au/wp-content/uploads/2020/12/2.-Supporting-Investment-in-Alcohol-and-Other-Drug-Services-Across-Regional-Rural-and-Remote-Australia-in-Response-to-COVID-19.pdf>



- 6.8 Place-based approaches can be effective in addressing unique and complex needs in specific communities. Place-based approaches are driven by, and responsive to, the needs of the community. This approach encourages collaborative partnerships that help local communities to draw on existing strengths and resources. They help local communities to design innovative and sustainable models of care that address the needs of local communities.
- 6.9 The Salvation Army is embedded in local communities. We are locally focused and supported by national expertise and infrastructure. We have a long history of successful collaborative partnerships. The Salvation Army and Red Dust Partnership in Alice Springs mentioned above is an example of this.

Recommendation 17

- 6.10 The Salvation Army recommends that the South Australian Government expand the implementation of place-based responses to include rural and remote communities.**

Recommendation 18

- 6.11 The Salvation Army recommends that the South Australian Government ensure the development of a statewide alcohol and other drug workforce development framework (action 53) includes a strong focus on addressing the specific workforce issues faced by rural and remote communities.**

7 Conclusion

The Salvation Army thanks South Australian Government for the opportunity to have input on the South Australian Alcohol and Other Drug Strategy 2024-2030.

The Salvation Army would welcome the opportunity to discuss the content of this submission should any further information be of assistance. Further information can be sought from government.relations@salvationarmy.org.au.

The Salvation Army Australia Territory

July 2024





Appendix A About The Salvation Army

The Salvation Army is an international Christian movement with a presence in more than 130 countries. Operating in Australia since 1880, The Salvation Army is one of the largest providers of social services and programmes for people experiencing hardship, injustice and social exclusion.

The Salvation Army Australia provides more than 1,000 social programmes and activities through networks of social support services, community centres and churches across the country.

Programmes include:

- Financial counselling, financial literacy and microfinance
- Emergency relief and related services
- Homelessness services
- Youth services
- Family and domestic violence services
- Alcohol, drugs and other addictions
- Chaplaincy
- Emergency and disaster response
- Aged care
- Employment services

As a mission-driven organisation, The Salvation Army seeks to reduce social disadvantage and create a fair and harmonious society through holistic and person-centred approaches that reflect our mission to share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Further information about The Salvation Army can be accessed at:

[<https://www.salvationarmy.org.au/>](https://www.salvationarmy.org.au/)





Appendix B The Salvation Army's Alcohol and Other Drugs Model of Care

The Model of Care

