

ANTI-DRUG ADVERTISING
Thursday 8th February 2007

The Hon. A.L. EVANS: I seek leave to make a brief explanation before asking the Minister for Mental Health and Substance Abuse—

The Hon. R.I. Lucas interjecting:

The PRESIDENT: Order! The Leader of the Opposition will come to order.

The Hon. A.L. EVANS:—a question about anti-drug advertising.

Leave granted.

As the Hon. Dennis Hood stated in this place yesterday, in the US state of Montana, Montana resident and dotcom billionaire Thomas Siebel sponsored the state government-run Montana Meth Project, which was launched in 2005. The most prominent aspect of the project involves an advertising blitz on state television and radio telling young people about what the Americans call meth. The 'Not Even Once' advertising campaign is nationally recognised and has been so successful that in October 2006 it drew praise from the White House, which awarded the program a certificate of recognition for being 'one of the nation's most powerful and creative anti-drug programs'. So important is the anti-meth message to the Montana state government that the campaign was the biggest advertiser on Montana television. I note that a recent press report states that the state of Idaho is also likely to adopt the Montana project. My questions are:

1. Is the minister aware of the Montana meth project?

2. Will the minister commit to viewing the Not Even Once material online (I am happy to provide her with the address) and provide this council with a ministerial statement on her view of the suitability of running the same or a similar anti-meth campaign in South Australia as a matter of urgency?

The Hon. G.E. GAGO (Minister for Mental Health and Substance Abuse): I

thank the honourable member for his important questions. No, I was not aware of the Montana meth advertising program Not Even Once until it was drawn to my attention in this chamber yesterday, and I look forward to seeing that material and would be very pleased to do so. Although I am not familiar with that specific material, I nevertheless understand that the young people in Montana have a dramatically higher than national average incidence of meth abuse in the US. I understand that in the past that region has had particular problems with meth, but that is also an international issue.

South Australia's approach to its drug strategy has been based very strongly on evidence-based practice and also harm minimisation. We recognise that the use of methamphetamines can cause health problems, including psychosis, aggression, depression and, obviously, the risk of blood-borne infections from sharing needles. Also, the social problems associated with meth use have also been well documented.

Through the national drug strategy—and this was recently discussed at the latest inter-ministerial meeting, I believe in Sydney—\$23 million over a period of four years has been allocated for a national drug campaign to combat new and emerging drug trends. This campaign is to focus on psycho-stimulant use and, in particular, methamphetamine use, and the campaign will be launched in the first half of this year, I believe—that is the latest information that I have. The campaign is intended to be aired through a range of media, including television, cinema, newspaper, magazines, street press, youth marketing outlets, internet sites and also the national illicit drug campaign website.

The Rann government's drug policy is underpinned by this national drug strategy for 2004-2009 and encompasses what we believe is a balanced approach designed to minimise the harm arising from drug use. Briefly, these strategies include (and I know I have spoken of these strategies in this place before): supply reduction strategies designed to disrupt the production and supply of illicit drugs; demand reduction strategies designed to prevent the

uptake of harmful drugs and to reduce drug use; and also harm reduction strategies designed to reduce the harms associated with drug use for individuals and the communities in which those people live.

There is a range of strategies and programs that we have had in place, or intend to put in place, and I know I have spoken at length about those in this place previously.

Very briefly, just to remind people, there is the designer drug early warning system, which monitors incidents and clinical effects in the Royal Adelaide Hospital emergency centre. There is another program on the relationship between substance use and psychiatric disorder, and quite a bit of work is going on there. There is an Alcohol and Other Drugs Workforce Development Audit and Capacity Building Project in place. There is a project involving the impact of alcohol and other drugs in the workplace, and amphetamine-type stimulants resources distributed through key Clean Needle Program outlets.

A package has also been developed, particularly designed for young people, called 'The Guidelines for Safer Dance Parties'. There are other treatment programs in which South Australia is leading the way. I will briefly mention these: treatment trials for the use of amphetamines, also our ASSIST screening program which is run through primary health care outlets to help draw attention, particularly to young people, of drug use and its problems, and also helps to link them up with appropriate support services.