

Adelaide City Council

Dry Zone Consultation

February 2020

This response is submitted on behalf of SANDAS Inc.

SANDAS is the peak organisation for the nongovernment alcohol and other drugs sector in SA.

SANDAS represents over 30 organisational members that provide a broad range of services including drug and alcohol health promotion, early intervention, treatment, and after-care programs. These community-based organisations operate throughout South Australia. They comprise both large and small services that are diverse in their structure, philosophy and approach to drug and alcohol service delivery.

SANDAS's vision is to lead and strengthen community responses to the harms caused by alcohol and other drugs.

SANDAS facilitates networking, collaboration, research, information sharing, advocacy, training and policy reviews to reduce the harmful impacts of alcohol and other drugs. We are the voice of our members at national and state levels.

SANDAS is governed by a Board of Directors primarily elected from the SANDAS membership

Further information about SANDAS, its programs and services are available on the SANDAS website at www.sandas.org.au.

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Submission

SANDAS believes that drug and alcohol interventions should be evidence based. Whilst there have been a number of trials of dry zones in Adelaide and some evaluations or reviews, none has developed a strong evidence base for their effectiveness. What such evaluations support is the following:

- Dry zones make local residents and area users feel safer. This may be due to increased police presence associated with enforcement of the dry zone.
- Dry zones can have perverse outcomes:
- they can result in illicit drug use as a replacement to alcohol. This can be driven by illicit drugs being cheaper, easier to carry into dry zones or less likely to be policed due to the focus on alcohol.
- The relocation of people who regularly drink in the affected areas to areas more difficult to service by support organisations/services. This may result in public drinking occurring in areas that are harder to access for emergency vehicles, closer to open water (e.g., the Torrens Banks). It may also see people choosing to drink in private premises including homes that may also house children; increasing the likelihood that drinking related harm to others will increase.
- Dry zone proclamation often benefits one group within the community over another, e.g., residents and traders over marginalised groups. Equitable treatment before the law is a human right.

For dry zones to work most effectively they need to be integrated into a comprehensive suite of responses to public drinking and intoxication. This may include:

- Increased service provision by housing and homelessness services
- Increased access to health services both at drinking sites and in nearby locations
- Increased access to transport to place of residence and/or sobering up shelters
- Increased access to treatment. At present some 40-50% of Australian seeking treatment for alcohol and other drug issues are unable to access it due to the lack of treatment supply and there are limited specialist treatment services for people who drink in the affected areas
- Equal treatment of all people who drink in the affected areas, not just marginalised or Aboriginal and Torres Strait Islander people
- Adequate notification in the places where the restrictions occur. Online notification is not sufficient for those without access to technology
- Coordinated opening of licenced premises proximate to dry zones so purchase cannot be effected during hours where drinking is not permitted. That is, consideration should be given to removing or restricting off-licence sales in areas near where there are dry zones. Currently there are a number of licenced premises bordering parkland dry zones.

The primary purpose of a dry zone or any similar restriction should be to maximise the health and wellbeing of individuals, their families, communities and society. First and foremost, dry zone regulation should be based on the principles of evidence based public health and consistent with the three pillars of the National Drug Strategy – harm reduction, supply reduction and demand reduction.

Recommendations

1. That the Commissioner for Licencing and Gaming should consider the implications of the dry zone on hours of trade for local licenced premises. The current situation where licenced premises can sell package or take away alcohol proximate to a dry zone with defined hours outside of those hours should be avoided.
2. Any decision to impose a dry zone should be made at the request or in consultation with the relevant community stakeholders (e.g., residents, public users of space including people who drink in the affected areas, law enforcement, treatment services, local and state health services etc.).
3. The City of Adelaide should provide evidence of full community consultation. Very little of the research or evaluation of public drinking currently includes the views of people who drink in the affected areas. The use of online surveys which seek input from the public, whilst valuable is not sufficient. There needs to be mechanisms for consulting with other stakeholders (people who drink in the affected areas, park lands licenced venues, treatment services, public health services, researchers and academics, evaluators as well as residents, police, visitors to the city and parklands etc).
4. Where a dry zone is proclaimed, licencing of on- and off- premise licences should be made consistent with dry zone expectations. For example, where there is a dry zone in the South Parklands limiting alcohol consumption prior to 11.00am and after 8.00pm this would see licenced premises proximate to a dry zone being restricted to off licence sales between 11.00am and 8.00pm. This reduces not only where and when alcohol can be consumed but also its availability.
5. The long-term association between Aboriginal groups and meeting places in and around the city and particular areas in rural and remote towns including public spaces needs to be recognised and given due weight in the consideration of dry zone establishment. Of note is the recent large increase in inner city residents which seems to have driven more complaints about parklands drinking.
6. The use of infringement notices can have a substantial negative affect on marginalised people resulting in the accrual of significant fines over long periods. Often there is no capacity for the person to pay these fines, leading to eventual imprisonment. A system of diversion has been trialled (with input from police, DASSA, the treatment sector and other services) where fines can be reduced by participation in drug and alcohol treatment. This has led to higher engagement by participants in treatment. Its full implementation would require appropriate resourcing of treatment services to enable those requiring treatment to access services.

7. Given that alcohol is a legal commodity; all members of the community have a right to drink. Establishing dry zones that effectively impose abstinence on a subgroup within the community is not equitable. However, drinking that causes harm to others (e.g., that is related to public or family violence, loss of amenity to others who would otherwise benefit from access to an area, compromised health outcomes etc.) should be subject to certain controls. Achieving a balance between these competing demands is complex. However, on the basis of a model of minimum intrusion into individuals' lives, these controls should implement the minimum required for maintaining the maximum benefit. One suggestion may include incorporating the capacity within the legislation to create 'wet areas' where drinking is permitted but controlled, with engagement from treatment and support services focussed on these areas.

SANDAS believes that whilst this form of consultation is suitable for generating the views of some members of the public it does not enable adequate information and evidence gathering from:

- people who drink in the affected areas
- Aboriginal Community Controlled Health services
- services that support people who drink in the affected areas (by providing emergency care, food, housing, alcohol and other drug treatment etc)
- researchers and academics who undertake publicly funded research and evaluation into issues such as dry zones. Examples are SAMHRI, NCETA, NDARC, NDRI at state and national level.

SANDAS calls on the Adelaide City Council to implement a full and comprehensive evaluation of previous 'trials' and a detailed consideration (that incorporates the views of those groups listed above) into the process of evaluating the consequences of the implementation of yet another dry zone 'trial'.