

SANDAS South Australian State Election Platform 2022

Alcohol and other drugs contribute a significant proportion of the burden of disease in South Australia. This place significant stress on individuals, their families, and the community. Alcohol and other drugs place a significant financial burden on the state.

The South Australian Network of Drug and Alcohol Services (SANDAS) as the peak body for non-government drug and alcohol services in South Australia calls on all parties in South Australia to address the harms of alcohol and other drug use by:

Increasing sector funding and capacity

- Increase the capacity of the non-government drug and alcohol sector to address service gaps in South Australia by increasing funding by the State funding and/or advocating for funding to the Commonwealth. Determine the amount of the increase through consultations with the AOD sector and implement a staged program of funding to meet needs over the forward estimates. Provide increased funding to Aboriginal controlled alcohol and drug services sufficient to substantially meet identified demand, including rural and regional sobering up services, residential, detox and withdrawal services and drop-in centres.

Currently state and federal funding meets approximately 50- 60% of demand. Funding to the South Australian NGO sector is approximately \$30 million made of from \$11 million of SA Health Funding, \$9 Million of National Indigenous Advancement Agency, \$9.8 million commissioned through the PHNs (including National Ice Action Strategy Funding) and \$2.5million in other federal funding. There is also a further \$5.5 million in Commonwealth funding which ends this financial year from the Commonwealth Support for Alcohol and Other Drug Abuse SA - AOD Treatment program. However, due to the cessation of Federal programs the State will lose close to \$8 million dollars in 2021-22 or nearly 30% of funding.

- Provide funding to services affected by COVID-19 which has resulted in increased costs to deliver services and has seen clients present with more complex issues. The impact of COVID-19 has been most keenly felt in remote and rural services, including Aboriginal and Torres Strait Islander communities.
- Fund development of a state-wide workforce development strategy (approximately \$500k pa) that enables the training of new and existing AOD workers at vocational and higher education level (traineeships, scholarships, ongoing professional development) and AOD training for workers in related fields (child protection, housing, homelessness, disability, education, primary care etc.) to ensure adequate sector staffing levels and skills profile.
- This workforce development strategy will address issues arising out of the fact that the AOD workforce is predominantly female, aging and a significant proportion work part time. There is an urgent need to recruit new workers to address the current levels of shrinkage in the workforce (driven by retirement and workers moving to work in other sectors that can provide greater job security and workforce

development opportunities) and the increasing demand for and complexity of clients presenting to services.

Support the translation of evidence-based research into practice

- Identify and adopt evidence-based health focussed policies across government that support individuals, families, and communities to address problematic alcohol and other drugs use.
- Establish a parliamentary inquiry into the decriminalisation of illicit drugs modelled on the current NSW inquiry and the models being implemented in the ACT and internationally (Portugal, USA, Canada, Mexico, Uruguay).
- Implement initiatives that reduce the stigma and discrimination associated with AOD use including the implementation of existing guidelines for the use of language in relation to substance use by parliamentarians, public servants and support the adoption of appropriate standards by the media.
- Provide adequate services to support people exiting AOD treatment services with assertive, ongoing, and transitional support including accommodation services that underpin and consolidate longer term healthy rehabilitation and lessen relapse.

Supporting collaboration

- Commit to support the ongoing partnership work between the non-government sector, the State Drug and Alcohol Services, and Primary Health Networks on issues such as demand management, shared care, and the development of outcome measures.

Addressing harms to identified subgroups by:

- Expand diversion programs to ensure that people who use alcohol and other drugs are provided with treatment as a priority before engagement with justice and incarceration. Replace the current two diversions in 4 years limit to a two diversions per annum limit.
- Raise the age of criminal responsibility to 14, consistent with international guidelines to reduce early engagement of young people with the justice system. Ensure all young people who require it can access AOD treatment and support in their community of origin in culturally appropriate services.
- Provide evidence-based education programs to all schools on alcohol and other drugs.
- Maintain and expand fine offset treatment programs.
- Increase evidence-based intensive treatment services to address harms for people in the justice system, including withdrawal, treatment and reducing the transmission of blood borne viruses and hepatic disorders.
- Provide adequate support for those exiting the justice system with alcohol or other drug issues on their reintegration with the community
 - Focus supply reduction strategies (policing, corrections) on those involved in manufacturing and supply for financial gain, with personal use decriminalised or legalised.
- Support rural and regional communities to identify their needs and develop community driven plans to address them, including but not limited to the establishment of rural and regional detoxification, withdrawal, and treatment services.

- Resource culturally and linguistically diverse communities to address the harms associated with alcohol and other drug use in culturally sensitive service delivery.

Alcohol interventions

- Implement a minimum unit price for alcohol
- Further refine the Liquor Licensing Act to ensure it maximises harm reduction in relation to the sale of alcohol, maintaining a focus in the legislation on harm reduction through risk-based licensing.
- Terminate the current COVID-19 liquor licensing exceptions, ending the delivery of alcohol with take away food.
- Retain existing club on premises licensing, subject to risk and density regulations and without off licence sales to members.
- Implement controlled alcohol dosing trials (that is providing controlled doses of alcohol to dependent drinkers to stabilise their drinking), in conjunction with housing support.
- Collect and publish wholesale sales from all wholesalers data monthly by ABS Statistical Areas Level 2 (SA2).

All these policies are consistent with the National Drug Strategy's goals of minimising harms, supply, and demand. They are underpinned by a recognition that alcohol and other drug issues for individuals are primarily a health issue and should in the first instance be addressed through health interventions.

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