Government of South Australia

Have your say on the future of suicide prevention in South Australia

Written Submission

Submission to Consultation on South Australian Suicide Prevention Plan 2023-2026 and the development of a new plan for 2027-2032.

South Australian Network of Drug and Alcohol Services (SANDAS) is the recognised peak body for the alcohol and other drug (AOD) sector in South Australia, representing more than 40 member organisations that deliver prevention, early intervention, treatment, harm reduction and recovery services across the state.

Consultation questions

Proposed direction Does the proposed direction reflect the right priorities for suicide prevention in South Australia?
SANDAS supports the overall direction of the proposed Plan, particularly its emphasis on prevention and wellbeing, equity and inclusion, coordinated support, lived and living experience, and collaboration across sectors. We particularly support the recognition that suicide prevention is not solely the responsibility of mental health and crisis services, and that many of the factors contributing to distress sit outside the mental health system. The proposed focus on social and economic conditions, service access, community connection and coordinated action provide a strong foundation. However, SANDAS considers the absence of any explicit reference to alcohol and other drugs (AOD) to be a significant gap in the proposed direction. AOD use intersects with suicide prevention in complex ways. People experiencing problematic AOD use may also experience mental health difficulties, trauma, family and relationship difficulties, housing insecurity, financial stress, social isolation and stigma and discrimination. AOD use may also occur in the context of significant distress, be used as a way of coping with difficult circumstances or to mitigate the symptoms of mental illness. The scale of drug-related mortality also demonstrates the relevance of AOD to suicide prevention. Penington Institute's *Overdose Snapshot 2026*, drawing on preliminary Australian Bureau of Statistics data, reports 428 intentional drug-induced suicides in Australia in 2024. Opioids were the most commonly involved drug group, followed by antidepressants and benzodiazepines. (The report notes that these figures should be interpreted with caution, as there is no systematic

definition that fully distinguishes intentional from unintentional deaths and coroners may not make a finding on intent in some circumstances.)

These figures do not mean that AOD use should be understood as a cause of suicide, nor do they capture the full relationship between AOD use and suicide. They do, however, reinforce the importance of ensuring that alcohol and other drugs are considered within a comprehensive and coordinated suicide prevention system, mobilised through a whole of government approach.

The Plan should therefore explicitly recognise the intersection between AOD, mental health, distress and suicide risk, but should avoid presenting AOD use as an individual cause of suicide or reinforce stigma towards people who use alcohol or other drugs.

SANDAS recommends that AOD services and supports be explicitly recognised as part of the suicide prevention system and that people who use AOD should be able to access appropriate, timely and non-stigmatising support across the continuum from prevention and early intervention through to crisis response, treatment and recovery.

Important issues and challenges

Are there any important issues, communities or emerging challenges that have not been addressed?

Alcohol and other drugs

The most significant gap from an AOD sector perspective is the complete absence of alcohol and other drugs from the proposed direction. This is particularly notable given the consultation paper's recognition that suicide prevention requires action across multiple sectors and that factors contributing to distress extend beyond the mental health system.

The Plan should recognise that people experiencing AOD related harm may encounter particular barriers to accessing suicide prevention and mental health supports. These can include stigma, fragmented service systems, service eligibility requirements, limited availability of services with appropriate dual-diagnosis capability, and services that are not equipped to respond to people experiencing intoxication, withdrawal or other AOD related issues alongside suicidal distress.

Young people

There are gaps in youth specific AOD services, particularly outside metropolitan areas. Some young people may not feel comfortable or safe accessing mainstream mental health services, while AOD services may not have the resources or specialist capability to respond to acute suicide risk. This creates a risk that young people fall between service systems.

The Plan should promote accessible, age-appropriate and integrated responses for young people experiencing AOD use alongside mental health difficulties or suicidal distress.

Regional and rural communities

People living outside metropolitan areas may experience limited access to AOD services, specialist mental health services, crisis services and after-hours support. In some communities, emergency departments may be one of the few available options when someone is experiencing acute distress. The availability and accessibility of appropriate AOD and mental health services should therefore be considered an important part of suicide prevention in regional South Australia.

Crisis and acute health responses

People should not be left without appropriate support because their presentation involves alcohol or other drugs. Stigma and discrimination often occur in these settings, meaning that people who use AOD are often reluctant to seek help due to a past negative experience. Acute health services require the capability, pathways and resources to respond appropriately to people experiencing co-occurring AOD and mental health or suicide-related concerns.

This includes stronger connections between emergency departments, AOD services, mental health services, primary care and community-based supports, including appropriate follow-up after a crisis presentation.

Intersectionality

The Plan appropriately identifies that some communities experience greater barriers to safety, support and wellbeing. SANDAS supports a stronger focus on people experiencing multiple forms of disadvantage. The intersections between AOD use and other factors affecting suicide risk should be explicitly recognised, including family and domestic violence, housing insecurity, trauma, financial stress, justice-system involvement and discrimination. We also support consideration given to LGBTQIA+ communities, where AOD use may intersect with experiences of stigma, discrimination, family rejection, isolation and other factors affecting wellbeing.

Areas requiring strengthening or greater focus

Are there areas that should be strengthened, clarified or given greater focus?

Stronger pathways

People do not experience their lives according to the boundaries between mental health, AOD, housing, family violence, health, justice and other service systems. Suicide prevention responses should reflect this reality. AOD services should be recognised as part of the broader suicide prevention system, rather than as a separate service system that people are referred to only when their AOD use is identified.

This requires stronger pathways between AOD, mental health, primary health, emergency and community services, as well as workforce capability across these sectors. Policy development related to suicide prevention must be considered through a whole of government approach.

Workforce capability

The Plan should recognise the importance of workforce capability across sectors. This includes ensuring that AOD workers have appropriate knowledge, skills and support to identify and respond to suicide risk, while mental health, primary health and acute health workforces have sufficient understanding of AOD use, intoxication, withdrawal and AOD treatment pathways. Workforce development should focus on practical capability and collaboration rather than expecting individual services to manage complex presentations outside their area of expertise.

Stigma

The Plan's commitment to reducing stigma should explicitly include stigma experienced by people who use alcohol and other drugs. Language and approaches that position AOD use as a personal failing, or as the cause of suicide and other social harms, risk reinforcing stigma and creating further barriers to help-seeking.

Practical, achievable and capable of making a difference
Is the proposed approach practical, achievable and capable of making a meaningful difference?

SANDAS supports the proposed emphasis on stronger coordination, clearer pathways and action across sectors.

From a SANDAS perspective, this should include:

- meaningful consultation and involvement of the AOD sector in implementation and planning;
- clear pathways between AOD, mental health, acute health and primary care services;
- investment in AOD and suicide prevention workforce capability;
- appropriate youth-specific and regional services;
- sufficient capacity within services to provide timely support rather than simply referring people elsewhere;
- mechanisms for continuity of care following crisis presentations; and
- meaningful involvement of people with lived and living experience of AOD use and suicide-related distress in service design, implementation and evaluation.

Final feedback
Is there final feedback you would like to provide on the 2023-2026 Suicide Prevention Plan that could inform the future approach?

SANDAS considers the development of the next Plan an opportunity to strengthen the recognition of AOD as part of a genuinely whole-of-system approach to suicide prevention. We recommend that the next Plan explicitly recognise alcohol and other drugs and the important intersection between AOD, suicide prevention, mental health and broader social determinants of health, including the vital work the AOD sector undertakes to support the South Australian community.

This recognition should be accompanied by practical action to strengthen the capacity of AOD, mental health, acute health and community services to work together and provide accessible, timely and non-stigmatising support.

Importantly, the Plan should avoid framing alcohol or other drug use as an individual cause of suicide, or using language that further stigmatises people who use AOD. AOD use needs to be understood within the broader social, economic, health and relational circumstances in which it occurs.

A suicide prevention system that genuinely responds to the whole person must be capable of responding to AOD use alongside mental health concerns, trauma, family and relationship issues, housing insecurity, financial stress and other factors affecting wellbeing.

Submitter profile

Age group
SANDAS represents all age groups. Our 40 members support clients ranging from young children to older adults in the areas of prevention, early intervention, treatment, harm reduction and family support.

Respondent type
South Australian Network of Drug and Alcohol Services (SANDAS) is the recognised peak body for the alcohol and other drug (AOD) sector in South Australia. This submission was developd using information provided by our members, including many individuals with a lived and living experience.

Geographic type
SANDAS has member organisations supporting clients in metro, rural, regional and remote locations in South Australia.

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