Department of Health, Disability and Ageing: Drug and Alcohol Program

Public Consultation Stage 1 feedback: draft program logic and KPIs

SANDAS submission dated 13 March 2026

The 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. We represent a membership of more than 40 service providers and allied organisations delivering prevention, early intervention, treatment, harm reduction and recovery support across metropolitan, regional and remote communities.

As the funded peak body, SANDAS works at the intersection of frontline service delivery, lived experience, and public policy. We translate the insights of our members into practical, evidence-informed policy advice, and we support government to design reforms that are implementable, sustainable and responsive to community need.

Our intent is to position SANDAS as a constructive solutions partner in reform discussions. We recognise the complexity of alcohol and other drug policy both at a state and Federal level, as it spans health, mental health, housing, justice, child protection and community safety. We are committed to working collaboratively, both state and federally, to pursue the best possible outcomes for the sector and the South Australians our member's support.

A strong, well-supported AOD sector is essential to improving health outcomes, reducing pressure on acute systems, and strengthening communities across our state.

Each year SANDAS conducts an annual survey of our membership to identify areas of key systemic reform and sector support. The data we receive shapes our advocacy at both state and federal level and is the evidence-based narrative we utilise in submissions and strategic feedback opportunities.

In 2025, our SANDAS survey identified the top three challenges our service provider membership (both metro and remote) face whilst delivering service in the SA AOD sector:

1. Funding constraints (86%)
2. Stigma & discrimination experienced by individuals and the sector (64%)
3. Lack of public awareness of AOD sector and services available (51%)

Based on what our membership has shared, SANDAS welcomes the thought process behind the Drug and Alcohol Program (DAP) program logic and KPIs, specifically recognising that the DAP process requires increased transparency of funding, reduce burdens of reporting and the development of a clear evidence base of how AOD services can work effectively and in a sustained manner, guided by sector input. We note the inclusion of reducing stigma as a program outcome under the "prevention" objective, in addition to the increased awareness and knowledge of support and service pathways.

Whilst the above strategies are included in the reform process, several critical areas of concern are absent in this consultation process.

- Insufficient time supplied for consultation feedback
- The impact of competitive tendering processes on organisations that resource their AOD services with a combination of federal and state funding
- Need for an AOD National Governance Framework
- Language used continues to stigmatise individuals who use AOD, framing the use of substances as the cause of societal harm, rather than a symptom of it.
- Current state of insufficient funding remains unaddressed

SANDAS feedback

The identified areas of concern are expanded below, and embedded in the survey responses supplied directly to the DoHDA draft DAP program logic

- **Insufficient time supplied for consultation feedback**

Due to the significance of the DAP reform and the anticipated impacts on the AOD sector, SANDAS is concerned about the short timeframe provided for Stage 1 feedback. The revised program logic and KPIs will directly and indirectly affect AOD service providers across South Australia, and as the peak body for the sector, we believe additional time is essential to ensure the foundations of the DAP are robust and accurately reflect the funding required for effective service delivery. SANDAS therefore seeks an extension to the consultation period to allow service providers sufficient time to provide meaningful feedback, undertake appropriate service mapping and consider broader operational implications.

- **Competitive tendering and the impact to services with federal and state funding**

Many organisations rely on a mix of federal and state funding streams (and in some cases other resources such as company reserves or cross sector funding streams) to maintain the scale of operations necessary to remain viable. If competitive tendering results in the loss or redistribution of Commonwealth contracts, some providers may no longer have the economy of scale required to sustain complementary state-funded programs, potentially leading to the unintended loss of services, and placing increased pressure on state health systems. A key risk of implementing a full scale competitive tender process for federally funded alcohol and other drug (AOD) services is that it may unintentionally disrupt the existing balance between Commonwealth-funded and state-funded services that currently supports the overall service system.

Additionally, there is risk that unique service models currently supported primarily or exclusively through Commonwealth funding—home-based withdrawal services in South Australia being just one example—could be lost or reduced if they are not prioritised within a competitive procurement framework. This would diminish service diversity and reduce the system's capacity to offer flexible, community-based treatment options that meet the varied needs of people experiencing alcohol and other drug issues. This would be especially felt in smaller state jurisdictions such as South Australia, and even more exacerbated in regional areas where service availability is already scarce.

- **Need for an AOD National Governance Framework**

As identified in the Drug and Alcohol Program Final Evaluation Report (pages 48-52), there are currently little joint planning processes between commissioners of funding, and a lack of program governance at a national level. To assist in the mitigation of the risk of significant loss of services in an already severely underfunded sector, SANDAS supports the call for the establishment of a national, sector inclusive governance structure with the ability to support integrated planning between tiers of government.

- **Language used continues to stigmatise individuals who use AOD, framing the use of substances as the cause of societal harm, rather than a symptom of it**

It is positive that government acknowledges the interconnected nature of AOD services across the continuum—from prevention through to system enablers—to reduce harm. However, the framing continues to emphasise "harmful AOD use," positioning individual behaviour as the primary issue rather than recognising the broader structural, social, and health determinants that shape people's experiences.

The language used in the problem statement, as well as throughout the KPIs and program logic, reinforces this individualised framing. It does not adequately reflect that AOD use is often a consequence of complex systemic factors, and risks oversimplifying the drivers of harm.

- **Current state of insufficient funding remains unaddressed**

Insufficient funding has long been a central area of systemic advocacy for SANDAS, with our membership consistently reporting that funding levels do not meet the true cost of delivering safe, effective AOD services. Given that no additional investment has been committed to the DAP, many of the proposed outcomes and KPIs will be difficult to achieve or meaningfully measured. SANDAS remains concerned that the DAP is being positioned to deliver outcomes that extend beyond the scope of funded service activity without the necessary resourcing to do so. At present, AOD services are already significantly underfunded, and rising cost pressures, inflation and increasingly complex client presentations are further eroding sector capacity. Without increased and sustained investment, substantial reform is unlikely to be realised, and simply reconfiguring existing resources will not meet the level of need.

SANDAS recommends a further 12-month extension to the current funding arrangements—through to June 2028—to ensure continuity of service delivery and to enable the effective establishment and implementation of the proposed Governance Framework.

SANDAS suggested way forward

Due to the significance and complexity of the issues outlined, SANDAS recommends extending the consultation period to allow service providers sufficient time to provide meaningful feedback, undertake necessary service mapping, and consider broader operational implications. SANDAS also recommends a further 12-month extension to the current funding arrangements—through to June 2028—to ensure continuity of service delivery and to enable the effective establishment and implementation of the proposed Governance Framework.

SANDAS responses Stage 1 survey questions:

1. ***Do you have any comments on the proposed PROGRAM OBJECTIVES in the Program Logic?***

SANDAS recommends early intervention is listed as a key activity of treatment, recovery and management rather than an objective of its own – there are few services that work purely from an early intervention perspective.

SANDAS recommends the Program Logic includes a dedicated Harm Reduction objective. This objective would be consistent with the National AOD Strategy, the SA AOD Strategy and strategies in other state and territory jurisdictions. The rationale behind a harm reduction objective acknowledges that most individuals who use substances do not require treatment support, but all people who use substances will benefit from harm reduction approaches.

Lastly, it is our recommendation the "system enablers" objective include a reference to workforce development and capacity building for the AOD sector. SANDAS suggests this objective identifies cross sector capacity building as a system enabler with a view to reduce barriers to accessing support, primarily that of stigma and discrimination.

2. ***Do you have any comments on the proposed INPUTS in the Program Logic?***

SANDAS recommends the "partnerships" input explicitly incorporate dedicated, well-resourced and strategic sector engagement, led in partnership with state and territory AOD peak bodies. The Program Logic should also more clearly articulate the central role of lived and living experience within the AOD workforce, recognising this expertise as foundational rather than supplementary. To ensure meaningful representation, we further suggest explicitly referencing engagement with drug user organisations. As previously mentioned, SANDAS recommends a clear focus on harm reduction throughout the Program Logic, with consideration for a standalone pillar to this effect.

3. ***Do you have any comments on the proposed KEY ACTIVITIES in the Program Logic?***

SANDAS is concerned case management is not currently referenced as a key activity in the Treatment, Recovery and Management stream. We recommend case management is explicitly listed as a key activity.

As previously mentioned, it is critical that harm reduction is included as its own stream, with activities such as needle and syringe programs, diversion programs, drug checking, information provision and psychoeducation included within the Program Logic.

SANDAS suggests the activities that currently appear in the "early intervention stream" should be included under treatment.

Workforce development and training in the system enabler activities should include AOD core skills and upskilling and systemic support for peer workforce (not just embedding). Cross sector capacity building activities must also be included, as well as programs to reduce stigma and discrimination.

4. ***Do you have any comments on the proposed OUTCOMES in the Program Logic?***

SANDAS recommends the treatment, recovery and management outcomes should include culturally safe & trauma informed care (currently listed as a system enabler).

The term "more integrated" system could adopt several interpretations, currently reading as unclear what the desired outcome is. SANDAS suggests reframing the language to clearly indicate

a service system that is easy to navigate, well connected to related services and provides equitable access to individuals accessing support.

Furthermore, the term "better understanding of what works" is also unclear as an outcome. SANDAS suggest this is reworded to require services provide evidence based models of care that are culturally safe and co-designed with the input of individuals with lived and living experience.

The stated long-term outcome of reduced prevalence of harmful AOD (including AOD related deaths) is challenging to achieve, particularly given the fundamental barrier of insufficient funding. SANDAS remains deeply concerned that chronic underfunding of the AOD sector is directly constraining access and treatment. Current data shows that only about 50% of people seeking support are able to receive timely, culturally safe care close to their community—an unacceptable gap that continues to place individuals and services under significant strain.

5. ***Do you have any GENERAL COMMENTS on the draft Program Logic?***

SANDAS remains concerned the problem statement risks reinforcing stigma by framing AOD use primarily as the cause of societal harms. This type of framing unintentionally positions individuals who use substances as the source of societal problems, rather than recognising the complex social, economic and structural factors that influence patterns of substance use and related harms. People who use AOD are often subjected to significant stigma and discrimination, creating unnecessary barriers to seeking help, accessing services and participating fully in their communities.

A more balanced framing would acknowledge that AOD-related harms are shaped by broader determinants such as trauma, poverty, housing instability and social exclusion, and emphasise supportive, health-based responses that reduce stigma and recognise the dignity and agency of people who use substances.

6. ***Do you have any comments on the proposed PREVENTION KPIs?***

SANDAS suggests the "AOD awareness" and "Support awareness" KPIs include reference to the provision of harm reduction information related to AOD use. Harm reduction information is a key element of prevention approaches – and are effective in reducing escalation, delaying initiation, hospital avoidance and deaths.

Reduced stigma should include cross sector education as stigma is regularly experienced during engagement with related community and health services.

7. ***Do you have any comments on the proposed EARLY INTERVENTION KPIs?***

As mentioned, early intervention activities are undertaken primarily by organisations that provide treatment support. SANDAS support these KPIs as part of that objective, and recommend the inclusion of Harm Reduction as its own objective.

8. ***Do you have any comments on the proposed TREATMENT, RECOVERY AND MANAGEMENT KPIs?***

SANDAS recommends that "workforce participation" should not be a KPI related to AOD treatment. Participation in a treatment program may improve an individual's employability but it is not an outcome that is directly attributable to treatment and a treatment program cannot create nor guarantee employment vacancies in general.

It is critical to note, individuals may find themselves unemployed for a variety of reasons, many of which can be complex and out of the person's control. The requirements of job seeking can at times be a barrier to engaging effectively in treatment.

SANDAS is concerned the "social inclusion" KPI is heavily deficit based, focussing on avoiding incarceration. Again, this is not an outcome directly attributable to AOD treatment, many factors are out of the control of the individual, and the concept of social inclusion is much broader than simply avoiding incarceration and a reduction in interaction with the justice system.

KPIs that speak to social determinants could be included, however not in ways that suggest that deficits in these domains are caused primarily by an individual's substance use. Quality of Life and client reported satisfaction measures are preferred indicators of successful treatment, recovery and management for individuals receiving AOD treatment. Outcomes collated from such feedback mechanisms are well within the purview of a service provider to review, reform and improve.

9. Do you have any comments on the proposed SYSTEM ENABLERS KPIs?

Cultural competence and safety should be referenced in all streams, not just as a system enabler but as a core element of providing effective prevention, harm reduction and treatment services across our multifaceted community.

SANDAS is concerned the peer workers integrated KPI demonstrates a misunderstanding of not only value of a peer workforce, but the importance of a sustained, supported and professionally respected investment in AOD service delivery. The suggestion a service have "at least one peer worker" reads tokenistic and requires further thought. One peer worker employed in isolation in a service can present as challenging and a barrier to retention and career progression. Best practice would be to integrate peer work into models of care, ensuring that effective treatment includes peer work as a neccessary part of providing good treatment. More work is needed to provide systemic support to our peer workforce, including the development of frameworks, provision of training, provision of support for organisations to ensure readiness for employment of peer workers and the provision of policy development, supervision and networking support.

SANDAS suggests "sector forums" is somewhat vaguely defined. Depending on the expectation, this is an activity that could require additional resourcing to peak bodies or other convenors. Similarly, the "Evaluations planned" KPI is also under defined and requires clarification.

The "Skilled Workforce" KPI seems inadequate. Skills and confidence are important but these are only supported by the provision of regular opportunities for professional development, regular clinical supervision and support, the provision of culturally safe workplaces, integrated peer workforces, stigma reduction and wellbeing support that improves retention in services.

10. Do you have any GENERAL COMMENTS on the draft KPIs?

Again, we advocate for Harm Reduction to have its own objective, consistent with National and State AOD Strategies. There are currently no KPIs that reflect Harm Reduction services or activities such as needle and syringe programs, diversion programs, drug checking, opioid replacement therapies, or information sharing through drug user organisations.

11. Do you have any further comments on the draft Program Logic and KPIs?

SANDAS acknowledges the multi-stage nature of the DAP reform process and the thoughtful opportunities provided for sector input. However, we note that the timeline for Stage 1 has been

too brief to enable comprehensive feedback on the foundational elements of the reform, including the program logic and KPIs.

12. ***Are there any issues which you consider the department must be aware of when redesigning the DAP?***

Given that no increase in funds has been committed to the provision of the DAP, many of the outcomes and KPIs are going to be difficult to achieve and measure from a population health perspective. As a general observation, it appears that the DAP is being held accountable for achieving change in areas that are beyond the scope of the services delivered, particularly with no additional resourcing, such as harm resulting from the criminal justice system, levels of employment, broad sector stigma and discrimination.

AOD services are currently vastly underfunded, and increasing pressures, inflation, cost of living and increasingly complex presentations means that we are losing capacity in the system, and without increased investment, significant change is unlikely to be achieved by simply reconfiguring available resources.

This makes the implementation of a National AOD Governance Framework all the more critical, to ensure that any available resources achieve maximum impact and value for money.

13. ***Do you have any questions you would like considered for inclusion in the Key Information and Q&As document?***

SANDAS recommends the following topics are considered for the Key Information and Q&A document:

We ask for clarity regarding the State & Federal funding and the impact to services providers that are funded across both. Organisations will want assurance that there will be minimal to no interruption to AOD service delivery, particularly with the predicted timeframe for tendering and procurement. SANDAS is deeply concerned that the AOD sector will be again relied upon as a line of credit to continue service delivery to ensure the best possible outcomes for their participants, with predicted funding insecurity.

We ask for clarity regarding the implementation of a National AOD Governance Framework, as there minimal joint planning processes between commissioners of funding, and a lack of program governance at a national level. The AOD sector will want to see where this will be included as part of the reformed DAP.

We ask for clarity regarding the statement pertaining to the Program Logic excluding the Primary Health Networks at the beginning of the survey. This would appear to exclude a large portion of the AOD sector from being covered by the DAP program logic and KPIs.