

News Release Minister Jack Snelling

Minister for Health and Ageing
Minister for Mental Health & Substance Abuse
Minister for Defence Industries
Minister for Veterans' Affairs

Friday, 9 August 2013

Changes to smoking areas and drug and alcohol services

Making outdoor eating and drinking areas 'smoke-free' and proposed saving strategies for the substance misuse sector are the focus of two draft proposals released today by SA Health.

South Australians are being asked for their views on the *Smoke-Free Outdoor Commercial Eating and Drinking Areas* discussion paper, which proposes prohibiting smoking in outdoor areas of hospitality venues where food and drink are served.

Health Minister Jack Snelling said banning smoking in alfresco eating and drinking areas would help to reduce the amount of people affected by second-hand smoke, but could also have an impact on the hospitality industry.

"This is an important issue that impacts on everyone and consultation on this discussion paper allows people to tell us their views," he said.

"Outdoor eating and drinking areas can be in relatively confined areas where non-smokers and hospitality workers can be exposed to harmful concentrations of tobacco smoke

"Under a proposal smoking would be allowed in the outdoor areas of venues as long as it is in a discreet location, does not permit people under the age of 18, and has no food or drink served.

"These proposals would impact on the hospitality, with many venues having altered their premises after the previous changes to smoking laws."

Consultation about smoking in outdoor areas was undertaken with hotel, restaurant and catering groups, along with smoking action groups, the Cancer Council and the Heart Foundation.

SA Health has also announced it will commence consultation with staff, unions and broader drug and alcohol service providers about proposed saving strategies for South Australia's tobacco, alcohol and other drug sector.

Mr Snelling said SA Health is undertaking ongoing process to identify efficiency opportunities within the health system and deliver the best value services to the South Australian community.

"SA Health has wide-ranging and competing funding pressures, including a requirement to find approximately \$160m in savings across the system in 2013/14," he said.

“I need to be assured that funding is being used in a way that meets the core needs of people using the health system.

“We have identified a range of proposed savings measures over the next few years, leading to a recurrent savings of approximately \$5.2 million a year by 2017/18.

“This process considered the roles of government, non-government and private service providers in funding and delivering the common elements of service systems in South Australia.

“These proposals include opportunities to use clinical resources more efficiently, centralise services to provide more programs from specific sites, and reduce duplication of services with other agencies.

“The proposed savings strategies will result in a service model that provides greater clarification of the different roles of the State and Federal governments and NGO sectors within the South Australian system and builds on the strengths within each sector.”

The proposals are:

- SA Health ceases investing in tobacco mass media advertising campaigns.
- SA Health maintains its investment in direct services for smoking cessation (Quit Line) but ceases investing in indirect support services for schools, workplaces and other groups, recognising that capacity has already been built in these sectors through investment over many years in past initiatives.
- SA Health maintains its funding of direct Clean Needle program service provision aimed at reducing injecting drug use harm. However, it reduces indirect support services to organisations working in this area (e.g. training, broader population health initiatives).
- SA Health works with the Australian Government to transfer the operation of the Ceduna and Port Augusta Day Centres to non-government service providers by 30 June 2015. This reflects the principle that non government organisations are best situated to deliver lower risk non-medical services, but yields no savings.
- SA Health continues to provide a specialist telephone-based triage service for people with substance use problems to ensure access to appropriate services. However, based on call data, the hours of operation of this specialist service be reduced from 7 days a week, 24 hours a day, to peak demand hours only (approximately 9am – 5pm, seven days a week).
- SA Health cease placing specialist workforce in accommodation support programs.
- SA Health drug and alcohol services refer clients for private and non-government outpatient support once they have completed specialist treatment.
- That assessment services for repeat drink and drug drivers be delivered by the private sector on a user pays basis, recognising that there is capacity for these assessments to be in this sector. SA Health would cease to provide its assessment service to this group

(apart from Section 47J of the *Road Traffic Act 1961* referrals until re-assessments for this group are complete).

- That SA Health consolidate its tertiary outpatient drug and alcohol services from clinics at four metropolitan sites (Southern, Northern, Eastern and Western) to three sites (Southern, Northern and Central). This would ensure the appropriate allocation of clinical staff to support highly complex clients at these specialist clinics. (A regular sessional service would be provided at the Woodville GP Plus clinic for client prescription reviews to support better access for people living in the western metropolitan area).
- Establish a Drug and Alcohol Consultancy Liaison Service. This new service would replace the Drug and Alcohol Resource Unit at the Royal Adelaide Hospital and the DASSA Co-morbidity Liaison Advisory Service which would be closed.
- That ambulatory withdrawal currently offered as part of DASSA treatment services be no longer provided.
- Residential rehabilitation currently offered by DASSA through The Woolshed program be transferred to the non-government sector.
- A reduction in staffing within the drug policy area be implemented as a result of reduced workload due to discontinuing selected prevention programs and substance misuse services.
- Workforce development resources be reduced and redirected to establish the clinical consultancy and liaison service to support hospitals and the primary care system.
- That administrative support functions be reduced in line with the service reconfiguration outlined in the other proposal areas.
- That the functions housed at the DASSA administration building on Greenhill Road be relocated to an SA Health owned property in order to gain financial efficiencies in the leasing of properties.

The *Smoke-Free Outdoor Commercial Eating and Drinking Areas* discussion paper is available from www.sahealth.sa.gov.au and will be open for consultation until 1 November 2013.