

AMATA DRUG REHABILITATION CENTRE

7 May 2008

The Hon. A.L. EVANS: The 2007-08 state budget includes a commitment to the South Australian public for the Department of Health to establish a substance misuse facility at Amata as well as staff and community accommodation. The facility would handle petrol sniffing as well as other substance abuse problems, including cannabis. The facility, of course, has Family First support.

Keith Evans of DASSA—whilst acknowledging cannabis would be a major focus of the substance abuse facility—told the ABC on 23 February 2007:

We're expecting the building to start...any time now and to be completed by around November of this year. So we are hopeful to have a physical building to receive people by at least late 2007.

The Premier's media release of 15 January 2008 apparently confirmed that the facility was now built. He said:

We've also built a substance abuse facility near Amata so people can be treated and recover in the community and around family. Homemaker programs in family centres are helping parents provide a safe and healthy home environment for their families.

Furthermore, in his ministerial statement yesterday when tabling the second Mullighan report, the Premier said:

We have established a substance misuse rehabilitation facility in Amata and outreach services that provide counselling and communities across the lands.

On page 169 of the second Mullighan report, just before the commissioner makes recommendation 17 concerning the centre, it is noted:

After some delays, the drug rehabilitation centre has been built.

The report also states:

The second stage, which comprises camping and ablution facilities for families, was to be completed early this year.

The information on the record is therefore that the Amata substance abuse facility has now been built. In fact, it has been sitting there for approximately four months, but it still has not been opened, and our independent information confirms that. A medical team is in place and operational, but it is still waiting to use the new facility.

Family First has received information that the government has again rescheduled the official opening date for the facility, which has apparently been pushed back on about five separate occasions. We have been advised by one constituent on the lands that the facility will not be opened until the government can get a politician up there with an appropriate media contingent to cut the ribbon. While we wait, the new facility remains unused. My question is: if the facility has been built and established (according to the Premier), how much longer do we have to wait until it is opened?

The Hon. G.E. GAGO (Minister for Environment and Conservation, Minister for Mental Health and Substance Abuse, Minister Assisting the Minister for Health): I thank the honourable member for his most important question. This is a very important facility, and a considerable amount of work and participation by the local community has gone into it. Of course, this often involves very challenging negotiations and requires quite lengthy discussion. Nevertheless, the facility will provide a range of treatment and rehabilitation services for the people of the APY lands who are experiencing problems caused by substance misuse.

The services aim to help people not only combat their dependence but also assist them to integrate into their local community. The model is based on both formal research and on what has worked in other drug and alcohol programs, particularly those involving Aboriginal populations.

Two rounds of consultation were undertaken, in May 2005 through to May 2006, with community and Anangu organisations on the service model and location of the facility. The APY executive board nominated a Malpa as an indigenous guide to assist DASSA in a second round of consultation. As I said, these were indeed very protracted and lengthy discussions and required the cooperation and willingness of local communities. They were not able to agree for some time on even the location of the facility for a range of quite complex but important reasons.

Nevertheless, it was important that we did not go in and just build it wherever we wanted. It was important that we engaged with the local community and listened to what they had to say. They took a considerable amount of time to decide on where they wanted the facility located. The residential and outreach services will complement existing state-funded community petrol sniffing and youth programs there, and they will be an important link.

Consultations regarding the location of the facility resulted in the APY executive's agreeing to the facility finally being located in Amata. The lease agreement for the facility has been signed with the APY executive. The Murray River North construction company was the successful tenderer for the APY facility, and construction is well underway. The tender for the construction of staff housing was won by Chapman Building Industries, and a manager of the facility has been appointed, in addition to two experienced nurses and four Anangu staff.

So, services are being provided, albeit on more of an outreach-type arrangement. The mobile outreach service continues to receive referrals from a variety of sources and, as I said, they are well underway. I am advised that stage 1 of the misuse facility was completed in November 2007, and the Department for Transport, Energy and Infrastructure has reported that stage 2 of this facility, which is comprised of camping and ablution facilities for the families, will be completed early this year, and both staff houses have also been completed. I am advised—

Members interjecting:

The Hon. G.E. GAGO: I am glad there is so much interest in this. I am advised that not all the infrastructure is in place. The builder has some modifications to do, and water connection is still to be finalised: however, there is a mobile team working on that. As I said, there are currently 100 clients already engaged, so it is not as if no services are being provided. Considerable services are being provided while the final infrastructure and modifications occur.

Not only are there significant challenges in relation to liaising and consulting with local communities in terms of the development of the service model and the facilities themselves—that can be quite challenging and lengthy—but, obviously, any infrastructure development in these very isolated places also is faced with many challenges in terms of distance and also being able to provide adequate service support. So, I am very pleased to be able to say that services are currently being provided there—

The Hon. R.D. Lawson: They are not being provided.

The Hon. G.E. GAGO: They are. There are 100 clients receiving drug and alcohol services on an outreach basis, so there are considerable services in that community. The misuse facility is very near completion and will be opened as soon as possible.