

Curtin

UNIVERSITY OF TECHNOLOGY

National Drug Research Institute

Preventing harmful drug use in Australia

Report on the Alcohol and
Other Drugs Forum on
Priorities for the Delivery of
Treatment Services Across the
Northern Territory



**National Drug Research Institute
Curtin University of Technology**

**Report on the Alcohol and
Other Drugs Forum on
Priorities for the Delivery of
Treatment Services Across the
Northern Territory**

March 2004

Dennis Gray

Contents

	Acknowledgements	iv
1.	Introduction	1
2.	The process	1
3.	The context	4
4.	Current services: strengths and weaknesses	5
5.	Identification of priorities	6
6.	Ranking of priorities	9
7.	Forum priorities and <i>Building Healthier Communities</i>	10
8.	The role of prevention and early intervention	11
9.	Summary	12
10.	Appendices	
	Appendix A: Forum Outline	14
	Appendix B: Forum Participants	19
	Appendix C: Excerpts from <i>Building Healthier Communities</i>	21
	Appendix D: Summary of agency submissions on the strengths and weaknesses of current service provision	25
11.	References	27

Acknowledgements

Funding for facilitation of the Forum and the preparation of this report was provided by the Northern Territory Department of Health and Community Services. The National Drug Research Institute is funded by the Australian Government Department of Health and Aging.

1. Introduction

The Alcohol and Other Drugs Program of the Northern Territory Government Department of Health and Community Services (DHCS) contracted me to prepare for, facilitate, and report on a 'Forum on priorities for the delivery of treatment services across the Northern Territory'. The purpose of the Forum was to '... identify treatment priorities in alcohol and other drug services across the Northern Territory 2004–2005', and it brought together representatives of non-government and government agencies involved in the delivery of treatment services.

The staff of the Alcohol and Other Drugs Program (AODP) viewed the Forum as *the beginning of a process* to increase communication between alcohol and other drug service agencies. Other objectives of the Forum were to:

- identify issues or concerns arising from current service delivery;
- explore opportunities for greater inter-agency interaction;
- inform the sector of future directions of DHCS and how these may impact upon the sector; and,
- identify current areas of success or good practice in treatment or harm minimisation and prevention.

2. The process

Prior to the Forum itself, those invited to attend were asked by AODP staff to complete a simple questionnaire seeking the following information:

- a brief description of their service, including client group and core business;
- aspects of current service delivery that work well;
- aspects of current service delivery that are not working so well; and,
- perceived priorities for service improvement.

Completed questionnaires were submitted by nine non-government agencies and two sections of the Department of Health and Community Services. The information provided in these questionnaires was used to inform me and AODP staff about the nature

of the services provided by the participants and to guide the conduct of the Forum and the issues to be discussed.

The Forum was held at the MGM Grand in Darwin. The program (see Appendix A) and objectives for each session were developed by AODP staff, in consultation with me as facilitator. The Forum was attended by 20 representatives from 17 non-government agencies and 24 representatives from NT government agencies, including support staff from the AOD program (a list of participants is included at Appendix B).

To set the scene for the day's activities, the first session of the Forum was addressed by:

- Mr Robert Griew, the Chief Executive Officer of the NT Department of Health and Community Services who drew the attention of participants to the NT Government's *Building Healthier Communities 2004 – 2009: A Framework for Health and Community Services*;¹
- Mr Damien Conley, Director of the Alcohol and Other Drugs Program;
- Mr Gordon Renouf, co-author of the *Northern Territory Alcohol Framework: Interim Report* prepared for the Northern Territory Government;²
- and my self on 'Best practice in substance misuse interventions'.³

The objective of the second session was to provide an overview of the strengths and weaknesses of current services. In this session, a summary of the information submitted by agencies prior to the Forum (Appendix D) was provided and a group discussion held around these issues.

The objective of the third session was to identify priorities to improve service performance and outcomes for clients. For the purpose of this session, participants were divide into four groups – two consisting of participants from the Top End and two from Central Australia and the Barkly. Representatives from government agencies were spread across these groups and had previously been advised that they could contribute but that their role was to facilitate discussion by the representatives from non-

government agencies. In this session, the small groups identified priorities and reported back to the Forum where a general discussion was held.

The priorities identified by the small groups in session three were collated by AOD program staff and copies distributed to all participants at the commencement of session four. In this session, participants again broke into small groups with the objective of ranking the priorities and considering their implication for current service delivery. While participants provided a ranking of priorities, there was insufficient time for meaningful discussion of implications. The group rankings of priorities were recorded by AOD program staff and I have summarised them.

Each participant in the Forum was provided with a copy of the Northern Territory Government's booklet *Building Healthier Communities 2004 – 2009: A Framework for Health and Community Services* (relevant excerpts from which are provided in Appendix C).² In session five, the small groups considered the priorities identified in *Building Healthier Communities* in the light of the priorities they had identified in sessions three and four. The small groups reported back to the Forum on their discussions, and these reports were followed by a general discussion. It had been intended that there be discussion about what steps would be involved in the implementation of priorities but, again, shortage of time precluded this.

The non-government participants in the Forum were from agencies that provide treatment services. The objective of session six was to get them to consider the role of the broader prevention and early intervention agenda and to consider its implications. To this end I presented an overview of:

- a major review of the evidence for the effectiveness of interventions to prevent substance use and related harm that was undertaken by the National Drug Research Institute for the Australian Government Department of Health and Aging; and,
- gaps in prevention for Indigenous communities.^{4,5}

This presentation formed the basis of discussion by the participants.

In the seventh and final session, Mr Damien Conley provided a brief summary of the day's proceedings and made a commitment to continuing consultation with the non-government sector.

3. The context

The Forum was opened by Mr Robert Griew – Chief Executive Officer of the Northern Territory Department of Health and Community Services – on behalf of the Minister for Family and Community Services, Ms Marion Scrymgour MLA. In his address, Mr Griew reiterated the commitment of the Minister and the NT Government to making health services more effective and to improving the health and well-being of Territorians. As part of this, he introduced the document *Building Healthier Communities* which identifies six foci for intervention – including ‘tackling substance abuse’ – and which also includes four areas for strengthening the health and community services system. The latter were:

- building quality health and community services;
- creating better ways for working together;
- valuing and supporting our workforce; and
- creating a health information network.

Mr Griew's presentation was followed by one from Mr Gordon Renouf, who presented an overview of the *Northern Territory Alcohol Framework: Interim Report*. The intent of the Alcohol Framework Project is to

... provide a broad structure for government, individual agencies, community interests, licensees and other industry participants to work together to regulate the use alcohol and act to significantly to reduce alcohol-related harm (p 10).²

To this end, it complements the focus on addressing substance misuse and related harm in *Building Healthier Communities*.

In his presentation, Mr Damien Conley the Director of the Alcohol and Other Drugs Program summarised changes within the Department of Health and Community Services arising from the Bansemer Report.⁶ He provided an overview of the new structure of the Alcohol and Other Drugs Program and the opportunity it has created for

‘... a real opportunity to engage, network, consult and inform’ the wider AOD sector – an opportunity that has led to the Forum.

The areas for service system development identified in *Building Healthier Communities* were reflected in points made in my presentation on ‘Best practice in substance misuse interventions’. That presentation focused on examples from interventions among Indigenous people, but most of the elements of best practice identified also apply to intervention services in general. A key point made in the presentation was that although the number of formal evaluations of interventions for Indigenous people is limited, there are interventions that are generally acknowledged as working well and that there are identifiable key elements in their success. Those elements are:

- Indigenous community-control;
- clearly defined, realistic objectives, meeting community needs;
- good governance and social accountability;
- clearly defined management structures;
- recruitment of appropriate staff;
- staff development and support;
- strong managerial leadership;
- multi-strategy interventions;
- inter-agency collaboration;
- reporting, monitoring and evaluation systems; and
- flexibility of approach.

4. Current services: strengths and weaknesses

In session two, I provided a summary of information from the questionnaires completed by agency representatives on those aspects of current service delivery that are working well and those that are not working so well. In general, those aspects of services that were identified as working well tended to be agency specific – such as particular types of counselling or drink-driving programs for example. Some, more general elements – such as flexibility of service delivery and responsiveness to community requests – were

also identified, but again they tended to be agency specific rather than elements that were working across the system.

In contrast, responses to the question about elements of current service delivery that were not working well tended to focus on system-wide elements. The responses identified the need to:

- facilitate greater inter-agency collaboration and support;
- provide additional, secure and flexible funding;
- address shortages of skilled workers, broaden workforce training, and provide better working environments; and,
- undertake more monitoring, evaluation and research.

In addition to the need to address these process-related issues, the agencies that submitted completed questionnaires also identified several gaps in current service provision. These included:

- after care services for detox and treatment clients;
- a shortage of detox and residential treatment places;
- the need for a broader range of interventions, including more emphasis on prevention (with commensurate resourcing);
- collaborative case management;
- services for children, youth and dual diagnosis clients;
- non-residential counselling; and,
- respite for carers of alcohol and other drug clients.

Importantly, several of the broad areas identified as not working so well were areas identified in *Building Healthier Communities* as needing to be addressed to strengthen the health system and were areas that were identified as elements of best practice.

5. Identification of priorities

In session three, Forum participants divided into four groups and each developed a wide range of priorities to improve the provision of services and to produce better

outcomes for clients. Each group then presented its priorities to the Forum as a whole. In all, the four groups came up with a list of 50 priorities. These are listed below in three broad categories – service priorities, health system priorities, and addressing underlying issues. Within each category, the priorities have been further clustered into related issues.

It is important to note that the priorities listed below are not mutually exclusive. For example much of the discussion on inter-agency collaboration centred on the need for such collaboration to facilitate coordinated case management. Similarly, discussion of the need for inter-sectoral collaboration was related to the perceived need to address the underlying structural determinants of substance misuse, and there was a recognition that special measures need to be taken in remote areas across a range of service areas.

Service priorities

Integrated case management

- Need for case management
- Case management needs to include provision of living/social skills – especially in urban areas
- Joint case management with a shared database through primary health sector
- Joint case management – case management and dual diagnosis – need coordination
- Involvement of other services in case management
- Need a package of services

Continuum of care

- Need to provide a continuum of care
- Need a package of services
- Increased access to treatment services – especially in remote areas
- After care and follow up
- Follow up – case work, coordination, resources
- After-care and community development initiatives – particularly in remote areas
- Provision of alternatives to drinking when clients have completed treatment – including ‘after hours’ activities.
- Medium care for supported accommodation

Youth services

- Priority focus on youth to break generational cycles
- Provision of more youth dedicated services
- Adding alcohol and other drug services to existing youth services

Other service priorities

- Support for families of alcohol and other drug clients – especially young people
- Provision of night patrols – especially in remote areas

- Community education – safe drinking practice education in both urban and remote communities
- Increased focus on alcohol and petrol

Health system priorities

Workforce issues

- Recruitment of additional qualified staff
- Recruitment and training of multi-skilled staff
- Workforce development
- Staff training and qualification
- Retention of staff
- Matching non-government and government staff wages and conditions
- Provision of resources to non-government organisations for staff development
- Training for Aboriginal people
- Improving Aboriginal employment and career opportunities (including opportunities on communities)
- Better promotion and use of Indigenous expertise – don't always use Western paradigms

Inter-agency and cross-sectoral collaboration

- A framework for partnerships between government and non-government services
- Integrating primary health care and alcohol and other drug services
- Better collaboration between government and non government service providers,
- Acknowledge that there are other sectors involved – police, education
- Working collaboratively with other sectors
- Establishing a peak alcohol and other drug services body
- Identifying a lead agency in Alice Springs
- Addressing points of conflict in contacts between agencies

Remote area issues

- Acknowledging the special requirements of service delivery in remote areas
- Providing appropriate services for remote areas

Information systems

- Easy ways to find information
- Provision of information on what works in treatment
- Provision of information about new initiatives and what is happening in different communities

Funding

- Longer funding cycle to enable longer term planning
- Provision of dedicated resources to implement best practice
- Increased funding for service provision

Addressing underlying issues

- Focus on social and structural determinants (not just treating individuals)
- Community development
- Provision of basic community infrastructure

6. Ranking of priorities

In session four, participants again broke into groups and were asked to rank their top five priorities. Some of the groups found it difficult to decide between priorities and the groups came up with between five and 12 priorities each. In all, the groups ranked a total of 18 different priorities, but eight of them were identified by only one or another group. Again, there was some overlap in the top ranked priorities and some of them were collapsed. These were coordination and communication, and workforce development and Aboriginal employment in the AOD sector. The rankings of each group are presented in Table 1.

Table 1: Group rankings of priorities

Group 1	Group 2	Group 3	Group 4
Coordination and integration	Coordination & information sharing	Better coordination	Collaboration and communication
Workforce development, Aboriginal employment		Aboriginal employment and creation of opportunities	Employment and training, Aboriginal employment
Community development and ownership		Social and structural determinants	Community development, including structural determinants
	Funding for a broad-based policy direction	Longer funding cycle	Funding, resources
	After-care	After-care	
		Case management	Case management
	Youth programs		Youth programs
		Health education	Health promotion

Overall, the emphasis was on health service priorities – inter-agency collaboration and workforce development and Aboriginal employment. These priorities were included in the top four priorities of all groups. However, the ranking of all these priorities was relatively close and, as with the list of all priorities, there is linking and overlap between them.

7. Forum priorities and *Building Healthier Communities*

In session five, the small groups reviewed the ‘substance abuse’ (sic) priorities identified in *Building Healthier Communities* in the light of the priorities they had, themselves, identified. In three of the four groups, there was some initial concern about how seriously their deliberations would be taken when the NT Government had already set priorities. One group made the point that the section on ‘Creating better ways of working together’ emphasised a commitment to collaborative relationships, but there was no evidence of such collaboration in the development of *Building Healthier Communities* or the priorities it identifies.

Participants were of the view that, generally, the priorities identified in *Building Healthier Communities* could be endorsed – particularly those dealing with strengthening and reforming the health and community services system. However, they felt that many could not presently be implemented and require additional resourcing – for example provision of more treatment services to take referrals from the Drug Court, and to provide services for young people. There was also a general view among participants that the priorities in *Building Healthier Communities* are too narrow in focus – particularly those relying on technological approaches to health promotion.

Participants in the Forum had identified a number of priorities that are not included, or are only partly addressed, in *Building Healthier Communities*. These include:

- family and carer support;
- coordinated case management;
- after care;
- services for other groups with special needs;
- adequate resourcing of services; and,
- community development.

In light of the short-comings they identified, participants felt that the Department of Health and Community Services should be flexible in its use of *Building Healthier*

Communities and that the priorities in the document should be reviewed in the light of those coming out of the Forum.

8. The role of prevention and early intervention

As indicated previously, the objective of session six was to stimulate participants from the treatment agencies to consider the broader role of prevention and early intervention and its implications. However, as can be seen from some of the priorities identified by participants, many participants were already giving consideration to these issues.

In my presentation on this topic, I began by pointing out that both nationally and internationally, there is a growing interest in prevention and early intervention in alcohol and other drug problems. This has been fuelled by continuing escalation of alcohol and other drug misuse and its health, economic and social costs and – to a lesser extent – by renewed research interest in the social determinants of health and the potential for ‘up-stream’ interventions.

As part of this interest, the Australian Government Department of Health and Aging commissioned the National Drug Research Institute at Curtin University of Technology and the Centre for Adolescent Health at the University of Melbourne to prepare a major review of the evidence for the effectiveness of preventive strategies.⁴ The report – which is commonly known as ‘the prevention monograph’ – is to be released in mid-2004. In it, the authors critically reviewed 1150 reports, articles, chapters and books on 159 interventions in eight broad categories:

- Childhood interventions
 - Prior to birth
 - 0–4 years
 - 5–11 years
- Interventions for young people (12–24 years)
- Broad-based strategies
- Demand reduction interventions
- Law enforcement interventions for licit drugs

- Law enforcement interventions for illicit drugs
- Judicial interventions
- Harm reduction interventions

The report clearly identifies a range of effective interventions that can provide the basis of an effective prevention strategy.

When we turn to Indigenous substance misuse interventions, it is clear that prevention has been under resourced. In the 1999–2000 financial year:

- of the 277 alcohol and other drug intervention projects aimed at Indigenous Australians nationally, only 21 per cent were prevention projects (24 per cent in the NT);
- prevention projects received only 11 percent of the \$35.3 million expended on substance misuse interventions (15 per cent of funds expended in the NT); and,
- 45 per cent of prevention projects received only non-recurrent funding.⁵

In the light of the evidence contained in ‘the prevention monograph’ and the review of Indigenous substance misuse interventions, the challenge is to:

- expand the range of preventive interventions in Indigenous communities;
- apply the evidence of what has worked elsewhere;
- evaluate existing Indigenous prevention programs and to adapt them for wider use;
- consider what preventive strategies might usefully be pursued in the NT; and,
- consider whether existing services can introduce, or expand, preventive initiatives.

9. Summary

The Northern Territory Government and the Department of Health and Community Services have given a commitment to addressing substance misuse and related-harms. This commitment includes a focus on specific interventions and improving the quality of health services. As indicated by the Director of the Alcohol and Other Drugs Program, this includes a commitment to consultation with the broader AOD sector and that commitment underlies this Forum.

Prior to the Forum, representatives from eleven of the participating agencies identified what they saw as aspects of the present system that were not working well. These included gaps in the provision of particular services such as detox and treatment places and after-care services; and health service issues such as a paucity of inter-agency collaboration and support, funding gaps, and shortages of skilled workers. Using these, and the formal presentations that set the context of the Forum, participants developed a set of priorities for the delivery of AOD services. The top ranked of these priorities were:

- improved coordination and collaboration between government and non-government agencies;
- workforce development – including Aboriginal employment opportunities;
- addressing community development issues and the social and structural determinants of substance misuse;
- provision of adequate funding and longer funding cycles that would facilitate longer-term planning;
- provision of after-care services;
- collaborative case management of AOD clients;
- more youth programs; and
- more health promotion and health education.

Participants reviewed the document *Building Healthier Communities* in the light of the priorities they had developed. Initially, some concern was expressed about the priorities identified in *Building Healthier Communities* pre-empting those identified in the Forum. However, agreement was reached that, in general, participants could endorse the priorities in *Building Healthier Communities* – but that some of them were either too narrow or could not be implemented in their present form or without the commitment of more resources. In this light, participants felt that the Department of Health and Community Services should be flexible in its application of the priorities identified in *Building Healthier Communities*, and that those priorities should be reviewed in the light of those identified in the Forum. The Director of the Alcohol and Other Drugs Program gave a commitment that this would be done and reiterated the commitment to on-going consultation with the non-government sector.

Appendix A: Forum Outline

Alcohol and Other Drugs

**Forum on Priorities for the Delivery of
Treatment Services across the NT**

FORUM OUTLINE

DATE: 11TH MARCH 2004

TIME: 8.30 AM – 5.00PM

**VENUE: The Ballroom 1st floor
MGM Grand,
Gilruth Avenue,
DARWIN NT**

OVERVIEW

Attendance

Approximately 40 participants are expected to attend. (Please note that some participants representing the Government will be present only as observers.)

Purpose

The purpose of the forum is to identify treatment priorities in alcohol and other drug services across the Northern Territory 2004-05.

Although treatment will be the primary focus of the forum it will be necessary throughout the day to consider the role of prevention and early intervention.

Pending the outcomes of this Forum a series of workshops may continue to progress identified priorities.

Facilitator

The Forum will be facilitated by Dennis Gray, Associate Professor of the National Drug Research Institute. Dr Gray has extensive experience in working with Aboriginal addiction issues and has worked with Aboriginal groups in the Northern Territory and Western Australia.

OVERVIEW

1. Introduction 8.30-9.50

Objective:

To provide a context for the day's activities.

1. The CEO of Department of Health and Community Services, Robert Griew, to open the Forum (15 minutes).
2. Director of the Alcohol and Other Drugs Program (AODP), Damien Conley, provides an update of the AODP restructure. (10 minutes)
3. Presentation by Gordon Renouf – “NT Alcohol Framework Project” (15 minutes)
4. Presentation by Associate Professor Dennis Gray Deputy Director, National Drug Research Institute – “Best practice in substance misuse interventions.” (40 minutes)

2. Current service provision

9.50 – 10.20

Objective:

To provide an overview of current services: strengths and weaknesses.

Process:

1. Overview provided of current services: strengths and weaknesses. (5 minutes)
2. Group feed back and discussion. (25 minutes)

TEA/COFFEE 10.20-10.45

3. Priority Areas 10.45-12.00

Objective:

To identify priorities to improve service performance and outcomes for clients.

Process:

1. Small group discussion and setting of priorities. (30 minutes)
2. Groups report findings back to the large group. (15 minutes)
3. Whole group discussion and identification of possible gaps. (30 minutes)

Lunch 12.00 to 12.45

4. Working with priorities 12.45-1.45

Objective:

To rank the identified priorities and consider implications for current service delivery.

Process:

1. Working in groups please consider and discuss the following: (40 minutes)
 - How would these priorities be ranked in order of importance?
 - How would implementation of these priorities affect what your organisation was set-up to do?
 - How might implementing these priorities affect consumers of your service?
2. Groups to present findings back to the large group. (20 minutes)

5. Reviewing 'Building Healthier Communities' in the light of groups' priorities 1.45-4.00

Objectives:

To review priorities identified in the Building Healthier Communities framework in the light of group identified priorities.

To consider steps required for achieving priorities.

Process:

1. Introductory comments on the *Building Healthier Communities* framework and accompanying consultation process by Alcohol and Other Drugs Program Director-Damien Conley. (5 minutes)
2. Small group discussion. (90 minutes)

Points for consideration:

- Are the priorities identified in the *Building Healthier Communities* framework consistent with the group's list of priorities?
- Are there priorities identified in the *Building Healthier Communities* framework that while already not identified by the group could be endorsed?
- Other comments in relation to the priorities identified in the BHC framework.

Tea and coffee are taken informally while work proceeds.

The next activity asks participants to consider what steps would be involved in achieving priorities considered most important.

It is suggested that the following questions are to be used:

- What new actions are required to achieve this priority?
- Does this require amendment of current activities?
- Are new skills or resources required?
- What linkages might be needed with other stakeholders?
- Any other suggestions?

3. Groups to present findings back to the large group. (40minutes)

6. The Role of Prevention and Early Prevention 4.00-4.45

Objective:

To consider the role of the prevention and early intervention agenda and discuss its implications.

Process:

1. Overview of prevention and early intervention. (15 minutes)
2. Group discussion. (30 minutes)

7. Conclusion 4.45-5.00

Discussion of steps needed to carry forward the Forum results

- ✓ The facilitator will provide a report to the Director of Alcohol and Other Drugs, Department of Health and Community Services

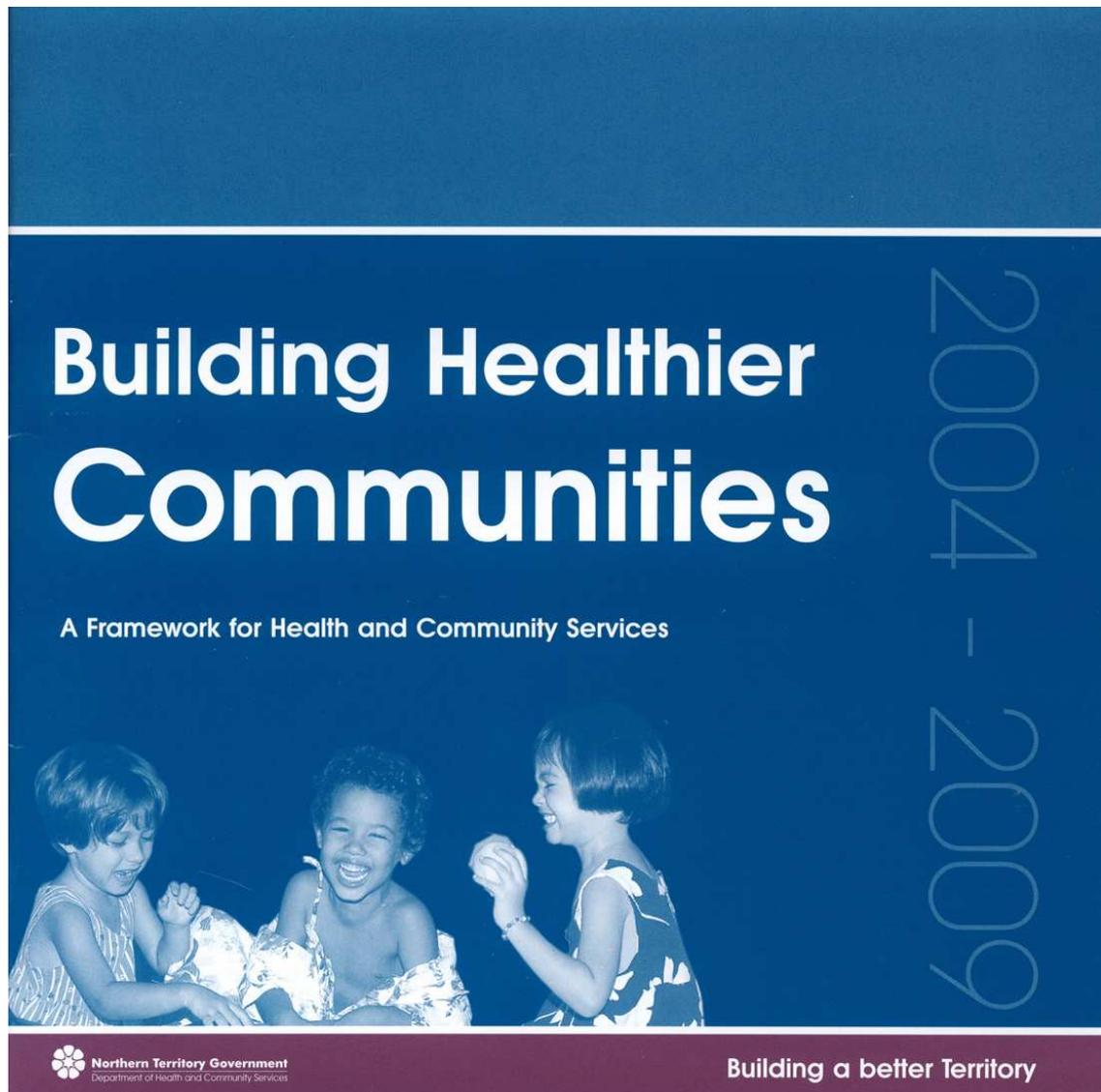
Appendix B: Forum Participants

Name	Organisation
Bernie Dwyer	Amity Community Services
Jim Farrell	Central Australian Aboriginal Alcohol Programs Unit
Kim Gates	Council for Aboriginal Alcohol Programmes Services
Robyn Gibson	Employee Assistance Service NT
Denise Gilchrist	Banyan House, Forster Foundation
Nick Gill	Drug and Alcohol Services Association
Tim Harris	Central Australian Aboriginal Alcohol Programmes Unit
Robert Henry	Kalano Community Association
Leon James	Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties
Sharon Kinraid	Barkly Region Alcohol and Drug Abuse Advisory Group
Allison Lillis	Green Gates Association
Jane Lloyd	Alcohol Awareness and Family Recovery, Centacare NT
Blair McFarlane	Central Australian Youth Link-up Service, Tangentyere Council, Tangentyere Council
Sam Miles	Injartnama
Stewart Naylor	Drug and Alcohol Services Association
Peter Penley	Mission Australia
Mary Pronty	Holyoake Alice Springs
Geoff Shannon	Julalikari Council
Jane Vadiveloo	Tangentyere Council
Geneen Wright	Salvation Army
Robert Griew	Chief Executive Officer, Department of Health and Community Services
Damien Conley	Director, AOD Program, Department of Health and Community Services
Gordon Renouf	Alcohol Framework Project, NT Treasury
Jo Townsend	Alcohol Framework Project, NT Treasury
Mike Bowden	Department of Employment, Education and Training
Paul Rysavy	Department of Justice
Scott Mitchell	NT Police
Jane Lawton	Community Harmony Project

Appendix B: Forum Participants (cont.)

Name	Organisation
Tracey McNee	Family and Children's Services, Department of Health and Community Services
Steven Skov	Department of Health and Community Services
John Hopkins	Department of Health and Community Services
Ali McLay	Department of Health and Community Services
Brycen Brook	Department of Health and Community Services, Central Australian Alcohol and Other Drugs Service
Gwen Walley	Department of Health and Community Services, Central Australian Alcohol and Other Drugs Services
Xavier Desmarchellier	AOD Program, Department of Health and Community Services
Chris Moon	AOD Program, Department of Health and Community Services
Peter Zeroni	AOD Program, Department of Health and Community Services
Nick Raymond	AOD Program, Department of Health and Community Services
Dave Clark	AOD Program, Department of Health and Community Services
Maurice Vaughan	AOD Program, Department of Health and Community Services
Jaki Newman	AOD Program, Department of Health and Community Services
Gail Wright	AOD Program, Department of Health and Community Services
Annmarie Leutwiler	AOD Program, Department of Health and Community Services
Eric Tyson	Turning Point
Dennis Gray	National Drug Research Institute, Curtin University of Technology

Appendix C: Excerpts from *Building Healthier Communities*



This Government is committed to ensuring all Territorians enjoy long and healthy lives, and that we have a health and community services system that is responsive, accountable and effective.

This booklet describes our vision for the health and community services system in the Northern Territory over the next five years. Specifically, it outlines our *Framework For Building Healthier Communities* for all Territorians, which focusses on:

- Giving kids a good start in life
- Strengthening families and communities
- Getting serious about Aboriginal health
- Creating better pathways to health services
- Filling service gaps
- Tackling substance abuse

It also identifies four key areas for strengthening and reforming our health and community services system:

- Building quality health and community services
- Creating better ways of working together
- Valuing and supporting our workforce
- Creating a health information network

Under each of these ten areas, we will describe the challenges that we face, outline where we will be concentrating our energy, and list examples of what we have done, what we are doing now, and what we will do in the future.

Our vision and this document provide the framework for detailed planning and implementation by the Department of Health and Community Services over the next five years. It will also be the basis for partnership with the non-government sector, the Commonwealth and other States.

This document outlines the scope and depth of our commitment to improving the health of Territorians and to ensuring that we have responsive, accountable and effective health and community services.

Tackling substance abuse

This Government will tackle substance abuse – including drinking, smoking, the use of illegal drugs, petrol sniffing and the misuse of prescription drugs.

We all know that substance abuse – the harmful use of alcohol and other drugs, some of them legal and some not – harms our community.

High levels of substance abuse holds us back from making progress in many areas. Not only does it lead to many short term and chronic health problems and drives up many costs within the health system, but it also contributes hugely to the breakdown of families and communities and to unemployment and crime.

This is not just a problem for one sector of society. It affects individuals, families and communities across the diversity of the Territory community. Our average consumption of alcohol is twice that of anywhere else in the country, we have the highest rate of tobacco use, and recently, prescriptions for morphine in the NT were seven times the national average.

This affects all of us: our quality of life, our economy, our health.

The health and community services system has a major role to play in dealing with substance abuse, but we cannot do it on our own. We will work in partnership with other areas of Government – the police, the courts, schools, and community development – on initiatives tackling substance abuse and antisocial behaviour. We will also continue to support the non-government sector, whose dedication and know-how are critical to successfully tackling substance abuse.

We have a particular commitment to protecting our young people, whether on remote communities or in the suburbs of our major centres.

We will also work at the grass-roots with the many people, organisations and communities, whose dedication to preventing and treating substance abuse inspires and changes lives. We will encourage a sense of who we are, and feelings of hope and optimism about the future as one of the best defences against abuse. At the same time we will continue being tough on drugs, and will not make excuses for those who harm or profit from others through substance abuse.

A Framework for Health and Community Services 2004-2009

Tackling substance abuse *(continued)*

'Alcohol abuse and the use of illicit drugs is a problem for the whole community. It is not about black or white. It is something that affects all of us, and something that all of us need to work together on.'

Marion Scrymgour

Minister for Family and Community Services

Substance abuse is one of the most difficult and challenging areas for us to face. We will continue the process with the following priority areas:

Promoting healthy approaches to drugs and alcohol

- Continue working with the whole-of-government Five Point Plan to address community concern over anti-social behaviour caused by excessive alcohol consumption, which includes a major overhaul of the *Liquor Act*.
- Use technologies – such as the Internet – to inform the community, particularly young people about the potential dangers of the abuse of alcohol and drugs.
- Assist the community to develop local solutions – including treatment services – to alcohol, drug and inhalant problems.
- Provide the community with 24-hour, seven-day-a-week access to alcohol and drug information.

Assisting people with abuse problems

- Research and respond to the effects of Foetal Alcohol Syndrome.
- Continue to support the NT Sobering-up Shelter Program.
- Make the pharmacotherapy program available across the Territory to assist people to break their addiction.
- Support Community Patrols to assist people to access a safe environment.
- Continue to support the Drug Court initiative and the Police Bail Scheme by providing treatment and rehabilitation services for participants.
- Ensure drug and alcohol services are responsive to the special needs of young people.

Petrol sniffing and inhalant abuse

- Fund communities and community organisations to deal with outbreaks of petrol sniffing through a variety of diversionary activities, which provide healthy alternatives for young people.
- Develop culturally appropriate responses to support young people who are sniffing, and their families.
- Promote the use of fuels such as AvGas. This has proven to be an effective way to reduce petrol sniffing in remote communities.

A Framework for Health and Community Services 2004-2009

Appendix D: Summary of agency submissions on the strengths and weaknesses of current service provision

Aspects of current service delivery that are working well

Alcohol Awareness and Family Recovery, Centacare NT

- Offering service family members impacted upon by AOD use; working in an environment in which other programs and support are available; group work; juvenile diversion

Amity Community Services

- Counselling and education/information; drink-driver education

Banyan House, Forster Foundation

- Range of services; three year service agreements

Barkly Region Alcohol and Drug Abuse Advisory Group

- Residential treatment; drink-driver education; sobering-up shelter; domestic violence counselling/community development

Central Australian Aboriginal Alcohol Programmes Unit

- Treatment program; outreach program
- Ability to be responsive to community needs

Central Australian Youth Link-up Service, Tangentyere Council

- Flexibility and responsiveness to community requests

Employee Assistance Service NT

- AOD counselling processes
- Funding which allows extensive assistance and follow-up

Green Gates Association

- Delivery of support and information services to sufferers and carers; fundraising and community awareness

Holyoake Alice Springs

- Group work; structured programming

Alcohol and Other Drugs Clinical Service, Department of Health and Community Services

- Multi-disciplinary approach; variety of treatment options; links to Darwin Hospital; mechanisms in place for developing treatment plans and regular client review

Central Australian Alcohol and Other Drugs Services e, Department of Health and Community Services

- Working to address community identified issues

Aspects of current service delivery that are not working so well

Gaps in service provision

- Need after care services for detox and treatment clients
- Shortage of detox and residential treatment places
- Need broader range of interventions, more emphasis on prevention (with commensurate resourcing)
- Need collaborative case management
- Gaps in services for children, youth and dual diagnosis clients
- Need non-residential counselling
- Need respite for carers of AOD clients

Inter-agency collaboration and support

- Need genuine collaborative partnerships – including MOUs – between Health and NGOs
- Inter-agency support networks – need peak body
- Need greater coordination with other agencies – Police, Education, Sport & Recreation
- Need long term planning

Funding

- NT Health funding is insufficient to address needs and to cover the cost of service provision (eg. infrastructure, travel costs)
- Lack of funds to employ workers
- Need funding for provision of service in ‘grey areas’
- Need greater resources for inhalant interventions
- Lack of secure funding
- Lack of flexibility in funding arrangements which constrain responses to community needs

Staffing and staff development

- Shortage of specialist workers – psychologists and social workers, medical practitioners
- Need to increase and broaden workforce training
- Training and support for Indigenous workers
- Unsafe, inappropriate working environment for staff and clients

Monitoring, evaluation and research

- Need evidence base for practice specific to the NT
- Need more program evaluation
- Need up-to-date information, on the prevalence of petrol sniffing in communities

References

1. Northern Territory Government. *Building Healthier Communities 2004 – 2009: A Framework for Health and Community Services*. Darwin: Northern Territory Government, Department of Health and Community Services, 2004.
2. Northern Territory Government. *Northern Territory Alcohol Framework: Interim Report*. Darwin: Northern Territory Government, February 2004.
3. Strempel P, Saggars S, Gray D, Stearne A. *Indigenous Drug and Alcohol Projects: Elements of Best Practice*. ANCD research paper 8. Canberra: Australian National Council on Drugs, in press.
4. Loxley W, Toumbourou JW, Stockwell T, *et al.* *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*. Canberra: Department of Health and Aging, in press.
5. Gray D, Sputore B, Stearne A, Bourbon D, Strempel P. *Indigenous Drug and Alcohol Projects 1999–2000*. ANCD research paper 4. Canberra: Australian National Council on Drugs, 2002.
6. Banskott Health Consulting. *Report on the Northern Territory Department of Health and Community Services*. Perth: Banskott Health Consulting, 2003.

