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NT GOVERNMENT ALCOHOL POLICIES AND LEGISLATION REVIEW

RE: Evidence based interventions for management of Drug and Alcohol issues.

Living and working in Alice Springs coupled with my long term professional experience as a Drug and Alcohol treatment provider I have become concerned of a lack of evidence based interventions in the reduction of drug and alcohol related harms, including family violence and abuse in Central Australia.

The following strategies are evidenced based successful practices from which the Northern Territory could benefit.

1. Limit on alcohol retail outlet density and opening hours (1)
Pricing per alcohol unit volume (1).
2. An increase in the diversion from incarceration to residential rehabilitation treatment programmes for persons with Drug and Alcohol Disorder related offending(2).
3. Diversion courts based on the Hawaiian Hope Programme (3).
4. Abstinence based residential rehabilitation (4), (5).
5. Active referral to Alcoholics Anonymous and Narcotics Anonymous by service providers and particularly AOD residential treatment services (5) (6).

Strategies 1 and 2 reduces access, which is well documented as a significant harm reduction measure. Strategies 3 and 4 address the need to treat Substance Use disorders as illnesses and offer the best and most efficient and cost effective treatments for health and reduced recidivism and therefore reduced harms (2). Strategies 5 and 6 address the need for best practice in treatment of Substance Use Disorders. Strategies 2 to 6 will lead to demand reduction.

The Australian Government Department of Health and Aged Care advises that the treatment for the severe end of the spectrum is to support abstinence from all substances of abuse including alcohol. It also recommends that treatment should include participation in mutual support organisations such as Alcoholics Anonymous, and that referral to these should be assertive at the strongest level of recommendation possible based on the evidence (5).

There is strong evidence that the level of participation in Alcoholics Anonymous correlates with degree of recovery from severe Alcohol Use Disorder (6).

Providing access to free mutual support programs such as Alcoholics Anonymous enables connection to a recovery community and provides a foundation for aftercare. Currently, the adult residential rehabilitation services in Central Australia do not have abstinence goal nor 12 step fellowship participation as core aspects of their programmes, and advise me that their government funders prohibit this approach.

I am aware that the Alcohol Mandatory Treatment programme is being terminated, and it is hoped the new form of the Banned Drinkers Register will assist persons currently subject to the AMT programme, and that it is intended health professionals will be able to refer persons to the Banned drinkers Register. For the severe end of Alcohol Use Disorder where significant brain dysfunction is present, impairing that persons decision making abilities severely, I am concerned this will be inadequate. I propose a mandatory treatment legislation similar to the Mental Health Act measures allowing mandatory treatment of such persons. There is already much evidence that mandated treatment does work eg reference 2.

A significant factor leading to alcohol use is unemployment and deprived living conditions. The effective unemployment rate for aboriginal persons in the Northern Territory is obscenely high. Crisis measures to address this in job creation schemes is urgent and necessary if the demand reduction side of alcohol harms is to be addressed. An enhanced model of the reasonably successful CDEP scheme, not the disastrous current slave labor punitive CDO scheme, is necessary. I do not think responsibility for implementing this should be referred to the Commonwealth government alone, but that the NT Government needs to do what they can urgently. There is good economic evidence that job creation schemes, no matter how simple the work, will have overall economic benefit effects, of which a major component of which will be the improved health of persons, families and the community.

Yours sincerely



Dr Bernard S. Hickey

cc. NT Chief Justice. NT Minister for Justice. NT Health Minister. Federal Minister for Health

References

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