

14 June 2017

Alcohol Policies and Legislation Review
C/o Department of Health
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Casuarina NT 0811

By Email Only: Alcohol.Review@nt.gov.au

To the Director

Alcohol Policies and Legislation Review

Northern Territory PHN (NT PHN) is the Primary Health Network for the Northern Territory (NT). We work towards improving health outcomes of the NT population, through building local partnerships and directing resources towards an integrated, high quality primary health care system. NT PHN is one of 31 Primary Health Networks established across Australia to coordinate primary health care delivery, and address local health care needs and service gaps. Our organisation is a partnership between the Aboriginal Medical Services Alliance Northern Territory (AMSANT), the NT Government Department of Health and the Health Providers Alliance Northern Territory. As such, we are uniquely placed – spanning the Aboriginal community controlled, public, and private health sectors – to affect change in the NT.

NT PHN has reviewed the Issues Paper: *Northern Territory Alcohol Policies and Legislation Review*, and is pleased to see the Department of Health is developing a broad, integrated Alcohol Harm Reduction Framework. We note that this strategy will cover the three areas to reduce demand, reduce supply and minimize harm. In implementing the strategies noted within the Issues Paper, NT PHN advocates for fully integrated responses, across the acute, primary health care and non-government sector, with a particular recognition of the expertise that Aboriginal community controlled health services (ACCHS) can provide. NT PHN would like to partner with the Department to support the integration of these recommendations across the NT health system.

In March 2016, NT PHN completed a needs assessment on alcohol and other drugs treatment services, which found that – consistent with data in the Issues Paper – that the NT still has the highest estimated per capita consumption of alcohol in Australia. Alcohol remains the most significant drug of concern in placing stress on most aspects of the health and justice systems and causing significant personal harm to both those who consume alcohol and the community in general. It is a significant factor in family violence and other violent incidents, contributes to suicide rates, health burden, motor vehicle related accidents, imprisonment rates, disability and homelessness. Alcohol is a major factor in exacerbating chronic conditions. Despite these co-morbidities, there are very few dual diagnosis treatment services in the Northern Territory and consumers with dual diagnosis report being turned away from both mental health and substance abuse services.

Alcohol and other Drug services are not well-integrated within the specialist system or with the broader service sector. Further work is required to identify a framework for ongoing care and treatment offering an individualised ‘wrap-around’ response which addresses underlying factors and addresses social determinants in a holistic way. Components could include client centred case management, purposeful therapeutic counselling, family counselling, employment/vocational assistance and relapse prevention

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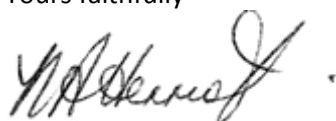
planning and support. The NT experiences a high turnover of staff and difficulty in recruiting people with requisite qualifications, skills and experience including cultural competence. This impacts on the capacity to offer quality evidence-based services. Access to ongoing support, supervision, mentoring and professional development is essential to build skill and capacity within the existing workforce.

A health system response must be supported by other measures to tackle disadvantage, social and cultural determinants. Aboriginal and Torres Strait islander Territorians are the most disadvantaged group in the NT. The alcohol-related death rate of Aboriginal Territorians is more than three times the national average, and twice as high as non-Aboriginal people.¹ The primary health streams of care for Aboriginal clients must include the full range of treatment options: 1) medical, 2) psychological and 3) social and cultural elements. Strategies must include demand reduction, supply reduction and harm minimization elements, all areas noted for action in the Issues Paper.²

In recent times, the greatest investment of resources by the NT Government has gone into alcohol mandatory treatment. Most specialist withdrawal management and residential rehabilitation services are concentrated in the three main population centres of Darwin, Alice Springs and Palmerston. ACCHS, including those in remote locations, play a large role in addressing substance use through specialist roles and Social and Emotional Wellbeing teams. Overall, the continuum of service delivery is not apparent and there is confusion about the appropriate responses and referral pathways. Lack of access to and limitations at sobering up shelters result in increased demand on hospital emergency departments, which are often not resourced to respond holistically to presenting clients. The Alcohol and Other Drugs Workforce (including NGOs and government services), Sobering Up Shelters and Night Patrols provide good examples of how community based workers, with appropriate support and supervision, can address the need at the community level. This workforce needs appropriate supervision, support and clinical governance mechanisms to ensure retention of staff across the NT, and the best outcomes for consumers.

Thank you for the opportunity to provide this submission. NT PHN consents to the Department publicly releasing this submission and our details. Should any further information be required, please contact me on 8982 1072 or by email on nicki.herriot@ntphn.org.au

Yours faithfully



Nicki Herriot
Chief Executive Officer

¹ Northern Territory Government (2009) NT Chronic Conditions Prevention and Management Strategy 2010-2020.

² Bainbridge R, McCalman J, Clifford A, Tsey K 2015. Cultural competency in the delivery of health services for Indigenous people. Issues paper no. 13. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies

AMSANT (2011) *A model for integrating alcohol and other drug, community mental health and primary health care in Aboriginal Medical services in the Northern Territory*. AMSANT

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