EMBARGOED Demand Study for Alcohol Treatment Services in the NT

NOT FOR PUBLICATION UNTIL THURS 23 MAY

The Government has released the independent assessment of the need for alcohol treatment across the Northern Territory. The Demand Study for Alcohol Treatment Services in the Northern Territory report was undertaken in response to a number of recommendations of the Riley Alcohol Review and is included in the NT Alcohol Harm Minimisation Action Plan.

The study was jointly led by Menzies School of Health Research (Menzies) and the University of New South Wales, in partnership with the Aboriginal Medical Services Alliance of the NT (AMSANT).

The study used a validated national modelling approach to calculate the numbers of people in the population with mild, moderate and severe problems, and then matched this against statistics of actual treatment being provided. This was complemented by a qualitative study involving interviews with 86 stakeholders from across the treatment services sector in the NT.

The study found the availability of specialist alcohol treatment services for those with the most severe problems is largely meeting the expected demand however more screening and brief interventions by generalist services is required for those in the mild and moderate categories. Major change is not required; rather a focus on system strengthening.

The study should be seen as the first comprehensive approximation of met and unmet demand for alcohol treatment services in the NT. It provides new data for future treatment services planning. The study will provide an important evidence base to inform the development of an Alcohol Treatment Services Plan for the NT, as recommended in the Riley Review. This plan will be overseen by the AOD Coordination Group, consisting of non-government and government service providers, by the end of 2019.

The study found:

- There were 42,871 episodes/encounters for alcohol treatment in NT in 2016/17, equating to 117 encounters every day across the NT.

- An estimated 6400-8000 individuals per year currently access some form of treatment, with counselling the most prevalent form of treatment.

- The bulk of alcohol treatment services are provided in Aboriginal community controlled health services, General Practitioners, self-help groups and Sobering Up Shelters. This is a signal that these settings are vital for picking up and referring people into more intensive specialist alcohol treatment pathways.

- Screening and brief intervention is defined as provision of advice and information by a nurse or allied health worker to an estimated 15% of the population over 12 years of age who may be ‘at-risk’ of developing an alcohol disorder in an outpatient setting.
• The reviewers found there is a large unmet demand for screening and brief intervention, in the order of 18,500 to 19,000 people.

• There are an estimated 158 residential rehabilitation beds for people with alcohol disorders. This is 15% below the modelled estimate of 187 residential rehabilitation beds.

• The distribution of current treatment types, and geographical distribution of that treatment, will be reassessed as part of the development of an Alcohol Treatment Services Plan to strengthen the service system.

• There is an identified opportunity to enhance service planning between NT Health, Corrections and Territory Families, in combination with the NTPHN, which provides resources to the primary health care sector.

• The report is available online at https://www.menzies.edu.au/DemandStudyforAlcoholTreatmentServices.

Quotes from the Minister for Health, Natasha Fyles:

“The release of the Demand Study for Alcohol Treatment Services in the Northern Territory is part of the Territory Government’s commitment to delivering the recommendations of the Riley Report.”

“The study identified the important role that can be played by primary health care providers, particularly GPs and the Aboriginal community controlled organisations, in responding to alcohol treatment needs throughout the NT, to complement the role of specialist AOD services.”

“The study will be one element used to inform the development of an Alcohol Treatment Services Plan for the NT.”

Quotes from Professor James Smith, Father Frank Flynn Fellow (Harm Minimisation), Menzies School of Health Research:

“Study participants identified that effective alcohol treatment services need to be integrated with other health and social services, such as child protection, corrections, housing, and mental health service systems. This indicates intersectoral planning is vital.”

“The study reveals that a much greater emphasis on alcohol screening and brief interventions is required to prevent the long-term costs and impacts of the harms of alcohol in the NT.”

NOTE: Professor James Smith, Father Frank Flynn Fellow (Harm Minimisation), Menzies School of Health Research, is available to discuss the results of the study further.

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