LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

No. 275

WRITTEN QUESTION

J Davis to the Minister for Alcohol Policy, Hon Steven Edgington MLA:

Alcohol-Related ED Presentations and Ambulance Attendances

Budget Paper 3 (p. 154) sets a KPI for alcohol-attributed emergency department presentations of fewer than 50 per 1,000 persons.

1. What preventative strategies are in place to achieve this KPI?

2. For 2025–26, please provide data on alcohol-attributed emergency department presentations, including:

    a. the total number of presentations;

    b. the rate per 1,000 persons, against the Budget Paper 3 KPI of fewer than 50 per 1,000;

    c. a breakdown by age group; and

    d. a breakdown by hospital or region. Where a figure for an individual hospital or region is too small to report, please provide the Territory-wide total.

    e. If presentations are not recorded as alcohol-attributed in that form, in which system are presentations recorded, by what method is alcohol attribution determined, and in what format is that data maintained?

3. For 2025–26, what proportion of patients presenting to emergency departments due to alcohol-related harm were:

    a. referred to alcohol and other drug services for assessment; and

    b. subsequently engaged in treatment?

    c. If referral and treatment outcomes are not linked to the originating emergency department presentation, please state which system holds each record, whether the two can be linked, and what would be required to link them.

4. Does the Department of Health monitor or evaluate long-term outcomes for individuals referred from emergency departments to AOD services following alcohol-related presentations?

    a. If so, please outline the methodology and key findings.

    b. If not, why not?

5. What proportion of ambulance attendances in 2025–26 were alcohol-related?

    a. If attendances are not classified by alcohol involvement, in which system is the reason for attendance recorded, and in what format?

6. Has NT Health analysed alcohol-related ambulance attendances to identify:

    a. preventable presentations; and

    b. opportunities for early intervention or demand reduction?

7. What programs or initiatives are in place to reduce alcohol-related ambulance attendances and emergency department presentations, and how is their effectiveness measured?

8. Budget Paper No. 3 for 2026–27 reports alcohol-attributed emergency department presentations at 49 per 1,000 persons for 2025–26 against a target of no more than 50, and retains that target for 2026–27. The same output group reports alcohol and other drug assessments undertaken in Territory Government and non-government facilities at 3,934 against a target of 5,600, and treatments commenced at 2,568 against a target of 3,500.

    a. How many alcohol-attributed emergency department presentations did the rate of 49 per 1,000 persons represent, and what population figure was used as the denominator?

    b. Assessments fell short of target by approximately 30 per cent and treatments commenced by approximately 27 per cent. What accounts for each shortfall?

    c. Both targets are retained unchanged for 2026–27. What will change to achieve them, and what additional funding is allocated?

    d. How many people were assessed as requiring treatment in 2025–26 but did not commence treatment, and what is recorded as the reason?

e. If that is not recorded, in which system is an assessment outcome recorded and in what format?