



SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE COMMUNITY

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By Ms Leonie Young, Northern Territory Manager

PRESENTATION TO THE
NORTHERN TERRITORY LEGISLATIVE ASSEMBLY
SELECT COMMITTEE ON SUBSTANCE ABUSE IN THE
COMMUNITY

DARWIN, 21 JUNE 2002

Leonie Young
Northern Territory Manager

I am Leonie Young, Manager of the Northern Territory Office of the Commonwealth Department of Health and Ageing, and I would like to thank you for the opportunity to address the Select Committee on Substance Abuse in the Community. As you are aware, we have already made a written submission to the Select Committee, addressing issues across the spectrum of substance abuse in the Northern Territory.

The increasing use and abuse of illicit and licit drugs has been targeted by the Department of Health and Ageing as a major health issue that is of growing concern nationally and in Northern Territory communities. The Commonwealth has been active in promoting and working towards the implementation of comprehensive drug prevention strategies. The Ministerial Council on Drug Strategy (MCDS) is the peak policy and decision making body for illicit and licit drug issues in Australia. MCDS brings together the Commonwealth, State, and Territory health and law enforcement Ministers to collectively determine national policies and programs to reduce drug related harm.

In addressing major issues, the Commonwealth developed a National Strategy framework that sets out broad goals, principles, policies and priority areas. Defined action areas have a set of objectives to achieve within the framework. The National Strategy is intended to provide leadership while allowing flexibility for each jurisdiction and the non-government sector, to ensure action is responsive to the needs and priorities of each participant. It is within this framework that specific partnerships, networks and collaborative action between the Commonwealth, State and Territory Governments and non-government organisations can best address specific problems.

Beyond implementing specific national drug and alcohol strategies and programs at a local level here in the Northern Territory, to something like \$15 million per year, a key plank in our overall approach in the NT is working in partnership and collaboration - with other government agencies, both at State and Federal levels, with professional bodies, with the non-government sector and, importantly, with the communities themselves. A key health partnership framework is the NT Aboriginal Health Forum (AHF) with membership including the Department, the NT Department of Health and Community Services, the Aboriginal Medical Services Alliance of the NT (AMSANT) and the Aboriginal and Torres Strait Islander Commission (ATSIC).

Health servicing costs associated with the impact on communities of illicit drugs have risen, and growing comorbidity issues, such as suicide and mental illness, are associated with substance misuse. This effect is far reaching in remote areas in the NT and has been recognised as having devastating social impacts on families and communities. The Commonwealth, through the National Illicit Drugs program (NIDS), the Mental Health Strategy and the National Suicide Prevention program, has been working to reduce substance misuse in the community and its associated problems.

Petrol sniffing and the use of Schedule 8 drugs are also issues in the NT. It is recognised that a prevention, promotion and early intervention approach often requires targeted and specific activities, in addition to treatment and rehabilitation, depending on the substances involved and the extent and severity of the problem. Important, too, is the recognition that no single approach is appropriate for all communities.

The Northern Territory Office of the Commonwealth Department of Health and Ageing, in conjunction with Northern Territory Department of Health and Community Services, has been working with key experts and representatives of organisations to ensure that the funding made available to address substance misuse in the Northern Territory is applied to maximum effect.

Substance misuse programs are linked and developed in partnership with NT government departments. As families play a pivotal role in the prevention and treatment of substance misuse problems, both governments have increased the resources available for programs aimed at supporting and building capacity in communities to address these problems (Attachments A and B).

NATIONAL DRUG STRATEGY

The National Drug Strategy (NDS) adopts a comprehensive approach to drugs and encompasses the use of licit as well as illicit drugs. Policies and programs to address the problems of alcohol tobacco, pharmaceuticals, illicit drugs and petrol sniffing all fall under the umbrella of the NDS. The National Drug Strategic Framework 1998-99 and 2002-03 which provides the framework for the current phase of the NDS, was endorsed by the Ministerial Council on Drug Strategy.

National Illicit Drugs Strategy

The Government has provided funding of \$7 million over four years under the National Illicit Drug Strategy (NIDS) towards the establishment and expansion of twenty-three (23) services specifically targeting illicit drug use within Aboriginal and Torres Strait Islander Communities, including petrol sniffing.

A Diversion Advisory Group has been established in the NT to oversee the implementation of the NIDS Diversion Initiative, is of the view that petrol sniffing and the use of Schedule 8 drugs are considerably greater issues for the Territory than the use of illicit drugs such as heroin. The Committee will be aware that, while petrol sniffing is not illegal, users often engage in illegal activity when under the effect of inhalation and run a significant risk of incurring serious health problems.

The illicit Drug Diversion Initiative is expected to result in:

- people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
- an increase in the number of illicit drug users diverted into drug education, assessment and treatment
- a reduction in the number of people appearing before the courts for use or possession of small quantities of illicit drugs.

Treatment programs are funded through the National Drug Strategy, including the Non Government Organisations Treatment program, and through direct funding to substance misuse services and Aboriginal Medical Services (Appendix 1).

To complement the treatment aspects of the National Illicit Drugs Strategy, a Community Partnerships Initiative program is under way in the Northern Territory. The Community Partnerships Initiative is promised on the view that illicit substance use by young people can be reduced or prevented by mobilising communities and fostering relationships between governments and the broader community (Appendix 1).

Inhalant Substance Abuse (Petrol Sniffing)

The Department has been actively involved in petrol sniffing prevention and intervention through both the National Drug Strategy and National Illicit Drug Strategy. A number of other Departmental programs, including those offered through the Office for Aboriginal and Torres Strait Islander Health, also fund petrol sniffing prevention initiatives within affected communities (Appendix 2).

A \$1 million petrol sniffing prevention program has been established, which is aimed primarily at young experimental petrol sniffers and those at risk of petrol sniffing. The program supports community led and supported early intervention and prevention initiatives under a youth wellbeing and community intervention approach.

In recognition that petrol sniffing is not solely an NT specific issue, we have commenced discussions with the Northern Territory, South Australian and Western Australian Governments with a view to developing a framework for improved coordination of petrol sniffing prevention programs within the tri-state region of Central Australia. It is anticipated that the States and the Commonwealth working together, pooling research and program outcomes, will be the key to the development of an effective prevention strategy.

National Drug Strategic Plan for Aboriginal and Torres Strait Islander Substance Misuse

In recognition of the special challenges faced by the Aboriginal and Torres Strait Islander population, a *National Drug Strategic Plan for Aboriginal and Torres Strait Islander Substance Misuse* is to be developed to complement all other National Action Plans and spanning all substances, including inhalants and kava.

This complementary strategy will;

- Specify priorities for reducing harm arising from the use of licit and illicit drugs;
- Develop strategies for taking action on these priorities; and
- Develop measurable performance indicators which are meaningful for Aboriginal and Torres Strait Islander peoples.

NATIONAL SUICIDE PREVENTION STRATEGY

The overall suicide rate in Aboriginal and Torres Strait Islander communities may be 40% higher than in the general population. The suicide rates for young Aboriginal males have increased significantly over the past 30 years. Substance misuse is seen as a significant contributing factor in the high levels of suicide and self harm in Indigenous communities.

The 1999 Federal Budget allocated \$48 million over five years to the National Suicide Prevention Strategy (NSPS). This budget measure reflects government commitment to expand suicide prevention activity across the age spectrum to include at-risk groups such as Aboriginal and Torres Strait Islander communities.

In line with National Suicide Prevention Strategy, the Northern Territory will allocate funds to community initiatives, strategic development and support for indigenous communities in suicide prevention activities.

The Northern Territory National Suicide Prevention Strategy is consistent with the national Living Is For Everyone (LIFE) framework for prevention of suicide and self-harm.

The Department works collaboratively with government and non-government organisations in the community to deliver the National Suicide Prevention Strategy in the Northern Territory. We are also represented on the Northern Territory Suicide Prevention Inter-Departmental Committee chaired by Department of Health and Community Services.

National Comorbidity Report

in the National Comorbidity Project Report, comorbidity was recognised as a multifactorial issue including housing, income, welfare, health, criminal justice, education and training. It was therefore recommended that initiatives undertaken in comorbidity involve the whole of government.

Establishment of effective intersectoral partnerships with a strong emphasis on consumers' and carers' equal participation was also recommended. An approach is needed that recognises the particular needs of priority groups, such as Indigenous Australians and individuals from culturally and linguistically diverse backgrounds.

Comorbidity means the co-occurrence of two or more diseases or disorders in an individual. It is sometimes narrowly defined as the co-occurrence of schizophrenia and substance use disorders.

Comorbidity of mental disorders and substance use disorders is widespread and often associated with poor treatment outcome, severe illness course and high service use. This presents a significant challenge with respect to the most appropriate identification, prevention and management strategies.

Under the National Suicide Prevention Strategy, coexisting harmful substance use and mental health problems and disorders was identified as an area of priority in the Northern Territory, and is seeking expressions of interest in funding for projects that address the issues.

NATIONAL TOBACCO STRATEGY

The Northern Territory has the highest reported rates of tobacco usage in Australia, with over 80% of men in some remote Top End Aboriginal communities smoking. As would be expected, this is accompanied by high rates of tobacco-related illness, hospitalisation and death.

The Department of Health and Ageing has identified a need for a comprehensive, multi-faceted approach and collaborative effort to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms.

The National Tobacco Strategy aims to improve the effectiveness and efficiency of tobacco control in Australia and to expand the collaborative partnerships between State and Territory governments and non-government organisations.

In order to meet the objectives and expand on existing initiatives, six key Strategy Areas are identified:

- Strengthening community action for tobacco control;
- Promoting cessation of tobacco use; reducing the availability and supply of tobacco;
- Reducing tobacco promotion;
- Regulating tobacco; and
- Reducing exposure to environmental tobacco smoke.

The Department of Health and Ageing recognises the need to develop targeted plans for six identified population groups, including Aboriginal and Torres Strait Islander peoples.

In the Northern Territory, we support and promote the Strategy through our membership of the NT Tobacco Control Coalition. Membership of the Coalition is drawn from a range of community, private and government bodies.

CONCLUSION

Having touched very briefly on a range of specific substance abuse issues and Departmental programs in the NT, I'd like to conclude with a reference to the way forward.

You will have heard from a number of people and organisations throughout the NT about the disproportionate impact of substance misuse on the health status of Indigenous communities. This is undeniably true. The Department's approach to improving Aboriginal and Torres Strait Islander health is based on a long-term partnership arrangement and founded on the principles of community empowerment and participation in the development and delivery of health services.

The success of the partnership approach in improving health at the community level is demonstrated by the outcomes and recent evaluation of the Coordinated Care Trials conducted by the Department in collaboration with the NT Department of Health and Community Services and the Katherine West and Tiwi Health Boards. I'm pleased to advise that this very important and innovative work is being continued and extended throughout the NT and, in time, will involve all communities via the Primary Health Care Access Program.

Empowering communities to address their substance abuse and health problems at the community level, and developing strategic partnering arrangements to support those initiatives, requires strong commitment by all partners and provides a practical and realisable framework for all our efforts on substance abuse into the future. Clearly, there is an outstanding need for this to continue.

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APPENDIX 1

NATIONAL DRUG STRATEGY

COAG ILLICIT DRUG DIVERSION INITIATIVE

Under the national framework for the COAG Illicit Drug Diversion Initiative, police and, in some jurisdictions, the courts, may divert drug users to education or to compulsory assessment. From there, offenders would be referred to a suitable education or treatment program, or both.

Offenders who attend for assessment and go on to participate in education or treatment will be able to access ongoing support through continuing treatment, planned follow-up and referral to appropriate community services.

Funding for the Northern Territory:

Year	Funding
1999-2000	\$277,892
2000-2001	\$607,423
2001-2002	\$785,229
2002-2003	\$1,05@9,135
Total	\$2,729,679

In September 1999, a Diversions Advisory Group was set up to oversee this approach in the NT. Membership includes representation from:

- NT Department of Health and Community Services (Alcohol and Other Drugs Program and Strategic Services)
- NT Police
- . Central Australian Aboriginal Congress
- Banyan House
- . Department of Health and Ageing, NT Office

In February 2002, after lobbying from the NT Diversions Advisory Group, the Prime Minister allocated \$1 million of the \$2.7 million to petrol sniffing prevention programs.

NATIONAL ILLICIT DRUG STRATEGY PROGRAM

The Strategy, launched by the Prime Minister in 1997, demonstrates the Commonwealth Government's leadership in the area of illicit drug policy and strengthens its commitment to combat illicit drug use through a sharper focus on reducing the supply of drugs and on reducing demand.

Non-Government Organisations Treatment Program

The Non-Government Organisations Treatment Program is a national initiative that was established in two instalments in 1998-1999. The following projects, worth a total of \$2,138,307, have been funded in the Northern Territory:

AIDS Council of Central Australia (Life Choices Inc)

4 years, commencing January 1999

Fund a youth outreach worker to work specifically with young people who are current or potential users of illicit drugs.

Banyan House

4 years, commencing January 1999

Residential therapeutic community which operates on the abstinence model. It is the only service in the NT providing a treatment program specifically for opiate and other illicit drug users.

NT AIDS Council

4 years, commencing July 1999

Extension of existing support and treatment opportunities for illicit drug users, expansion of operations to the outer Darwin area and increased awareness on Hepatitis C.

Central Australian Aboriginal Congress

4 years, commencing July 1999

operation of a mobile, street based, youth outreach and counselling service through the employment of a team consisting of a coordinator and Aboriginal youth outworkers (funded elsewhere) and a psychologist to provide brief interventions, referrals, counselling and follow-up care.

Danila Dilba Aboriginal medical Service

4 years, commencing July 1999

Employ a counsellor/qualified practitioner to counsel people in the area of drug use and misuse.

Community Partnerships Initiative

The following programs in the NT, totalling \$339,237, are administered and monitored in the Central **Office** of the Department of Health and Ageing:

Organisation	Funding
Yirrkala Dhanbul Association	2 years, commencing August 1998
Maningrida Health Board	2 years, commencing March 2000
Alice Springs Youth Accommodation and Support Services Inc.	2 years, commencing March 2000
Waltja Tjukangu	2 years, commencing March 2000

OATSIH Funded Services

Currently OATSIH funds both substance misuse services and Aboriginal Medical Services that deal with substance misuse in the Northern Territory. Each service offers a range of programs from promotion and education through to rehabilitation and treatment. Many of the substance misuse services also receive funding from other sources such as NT Department of Health and Community Services and the National Drug Strategy.

The existing substance misuse services funded by OATSIH in the Northern Territory are not outcome focussed, and offer basic respite care and activities rather than diversionary programs in a corrective sense. Many of the services have a high client to staff ratio and limited funds. They would need additional financial support for staff and facilities to offer correctional diversionary programs. However, substance misuse is considered a major issue for offenders, and substance misuse programs should potentially be considered as an option for all offenders, not just those committing property offences. It should also be added that there is a need for more programs in the northern part of the Northern Territory to address sniffing. At this stage, most services that address sniffing are located in Central Australia although some substance misuse services also address sniffing (Appendix 2).

Strong support has been expressed for the use of diversionary programs at first contact with police and other frontline workers, before young people get too caught up in the criminal justice system.

All of the substance misuse services funded by OATSIH in the Northern Territory have the potential to function as a diversionary option for police-based discretion. However it is acknowledged that not all would be implementing programs that would meet the criteria set by Northern Territory Correctional Services.

Aboriginal Medical Services

Anyinginyi Congress Aboriginal Corporation, Tennant Creek

An alcohol and drug residential rehabilitation program is operating that accommodates eight clients and is staffed around the clock. Community awareness and healing workshops are run on a needs basis in conjunction with aftercare or follow-up strategies. The Hospital and Cell Visitor schemes incorporate regular visits to identify potential clients needing support. The Youth Activity Program is targeted at men between the ages of 14 and 20 years, and offers sport and recreation activities, bush trips and assistance with personal, family or community problems. Anyinginyi is not set up to offer programs to difficult youth and therefore would not be suitable to undertake correctional diversionary activities.

Central Australian Aboriginal Congress Incorporated, Alice Springs

Congress offers a Youth Outreach and Crisis Counselling Service aimed at reducing the incidence of substance misuse and the self-harming behaviours associated. A mobile, street-based outreach service is operated in conjunction with the ACCA Youth Night Patrol and delivers a range of early

interventions, crisis intervention, information and support, early detection of high-risk behaviour and appropriate referrals and advocacy. The youth service is relatively new and is not designed for difficult clients. At present, it would not have the proven track record to be an approved diversionary program.

WurH Wurlijang Aboriginal Corporation, Katherine

Wurli is not set up for diversionary activities for youths or adults. its focus is on primary health care and counselling. This service targets both males and females and looks at families as a whole. It does not have a residential component, but works in conjunction with the Council for Aboriginal Alcohol Programs Services (CAAPS) or Kalano. Wurli is currently reviewing and evaluating a youth pilot project (Katherine Town/Living Areas Youth Study) operating for the last 12 months. If it secures recurrent funding, it has strong potential for developing and offering youth diversionary programs in the Katherine area.

EducationIPrevention

Aboriginal and Islander Alcohol Awareness and Family Recovery Incorporated, Tiwi Islands

Non-residential outreach service located on Bathurst Island and Wadeye (Pt Keats). It is operated by the Catholic Church and offers a 60-day drying-out facility aimed mainly at youth. Religion is incorporated within the AA model and the service works closely with the Council for Aboriginal Alcohol Progrwns Services (CAAPS). This program has potential for offering diversionary programs to Tiwi youth, although is not equipped to deal with difficult clients. It has limited resources and relies on volunteer staffing and is run by Tiwi people for Tiwi youth. Outcomes are difficult to assess but it has good community support.

Angurugu Community Government Council, Groote Eylandt

A community education and prevention service is run by Anglicare, based on voluntary participation. The program provides individual counselling, group counselling, community and agency awareness sessions, and AA meetings for a range of substances including alcohol, petrol sniffing and cannabis. The service links with Family Violence programs and Youth Sport and Recreation. This program has potential for offering diversionary programs to youth and adults and has the support of the local community, although it is not resourced to handle difficult youth. Clients requiring intensive counselling/inpatient rehabilitation are referred to the Council for Aboriginal Alcohol Progrwns Services (CAAPS).

Ngkarte Mikwekenhe Community Incorporated, Alice Springs

A shelter and housing facility run and funded by the Catholic Church for the homeless and the poor. The service provides community education and prevention services in relation to alcohol and drug misuse in the schools in the local area. Ngkarte is not suitable for correctional diversionary programs.

Marngarr Community Government Council,'Nhulunbuy

Marngarr has handed back its substance misuse responsibilities. At present, it has some facilities

in the form of buildings but has no staff and no capacity to undertake diversionary programs for youth.

Residential Rehabilitation

Central Australian Aboriginal Alcohol Programs Unit (CAAAPU), Alice Springs

CAAAPU offers a community controlled residential rehabilitation service for all ages, mostly adults. It is essentially a drying-out facility. Men's and Women's Day Care programs are offered based on the AA model. The programs incorporate outreach, counselling, education and awareness of the effects of alcohol abuse. A 28-day residential treatment program is provided for self-referrals and referrals from correctional services, health services, legal services and from other community services.

CAAPU has been listed by the Northern Territory Correctional Services to be used as a diversionary program. However, it is unclear what service is actually offered. OATSIH understands that this service primarily provides a drying-out facility for adults, which would not necessarily be the right environment for a youth diversionary program.

Council for Aboriginal Alcohol Programs Services Incorporated (CAAPS), Darwin

CAAPS offers a hostel type residential rehabilitation facility for all ages, mostly adults. It is essentially a drying out facility. However, it does take difficult youth on referral from other Top End services. The program is based on the 12 step AA program, chemical dependency and disease models and offers 24 hour staff cover, 7 days a week with on call staff. It provides similar services to the Alice Springs service and the same qualifications would apply.

Kalano Community Association Incorporated, Katherine

Kalano offers residential rehabilitation service for all ages, mostly adults. It is essentially a drying out facility. The service is based on the 12 Step AA Program with other core treatment components being education, life skills development, counselling, recreational activities and aftercare treatment. The service is staffed 24 hours a day, 7 days a week with on call staff residing at the facility. Non-residential services are also provided, including welfare support, social/family support, court/correctional services support, housing (applications), social security support (applications), cultural support and family contact, employment search (assistance with applications and training) and shopping (supervision and guidance). It is not regarded as an appropriate facility to undertake youth diversionary programs at present. It is not well set up to handle difficult kids, nor could it offer sufficient activities. It has no physical capacity at present, but with the opening of its new building in 12 months and with additional funding it could be considered.

APPENDIX 2

PETROL SNIFFING PREVENTION & SUPPORT PROGRAMS

National Illicit Drug Strategy

The Government has provided funding totalling \$7,041,767 over four years under the National Illicit Drug Strategy towards the establishment and expansion of twenty-three (23) services specifically targeting illicit drug use within Aboriginal and Torres Strait Islander communities, including petrol sniffing.

Funds totalling \$1,930,775 over four years have been allocated towards petrol sniffing programs within Central Australia, including:

- **Ngaanyatjarra Pitjantjara Yankunytjatjara (NPY) Women's Council** to establish a community based petrol sniffing program in member communities utilising a case management community development model to work with petrol sniffers and their families;
- **Warburton Community Incorporated** to establish a residential treatment and rehabilitation service at Kanpa Outstation; and
- **Aboriginal Drug and Alcohol Council of South Australia** to develop strategies to address and reduce petrol sniffing and other drug use in remote Aboriginal communities.

Petrol Sniffing Diversion Project in the Northern Territory

(a component of the National Illicit Drug Strategy)

The petrol sniffing diversion project is aimed at diverting primarily young experimental petrol sniffers, and those at risk of petrol sniffing, into community supported early intervention and prevention initiatives.

Funding for the project will be up to \$1 M from the \$2.7M of Commonwealth funding available to the Northern Territory under the *Tough on Drugs* Diversion Initiative. Funding will be for the period to 30 June 2003.

The project involves a partnership between the Federal Government, the Northern Territory Government and community-based service providers.

The team will work collaboratively with Aboriginal communities and across agencies and sectors (including health, law enforcement, education and youth affairs) to build community capacity and facilitate development of a local community action plan to address petrol sniffing.

Office for Aboriginal and Torres Strait Islander Health

- OATSIH will also contribute funds totalling \$721,315 during the current year (2001/02) towards petrol sniffing programs within Central Australia, including:
 - **Intjartnama Aboriginal Corporation** to operate an outstation program for petrol sniffers
 - and other young people at risk;

- **Ilpurla Aboriginal Corporation** to operate an outstation rehabilitation program for petrol sniffers;
- **Mount Theo Yuendumu Substance Misuse Aboriginal Corporation** to operate both an outstation rehabilitation and diversion program for petrol sniffers and town-based youth programs; and
- **Ngaanyatjarra Pitjantjara Yankunytjatjara (NPY) Women s Council** to expand existing activities/services to incorporate the community of Amata (SA).

Northern Territory Alcohol and Other Drug Services – Funded by the Commonwealth Department of Health and Ageing

Organisation	Town/Suburb	Service Name	Service Type	Beds	Hours of Operation	Funding Source	Religious Affiliation	DHAC Program
Central Australian Aboriginal Congress	Alice Springs	Congress Youth Outreach & Crisis Counselling Service	Mobile, street-based, youth outreach and counselling service.	0	business hours	DHAC	no	National Illicit Drug Strategy – NGO Treatment Grants
Danila Dilba Aboriginal Medical Service	Darwin	Danila Dilba Emotional & Social Wellbeing Service	Illicit Drug Counselling	0	flexible hours	DHAC	no	National Illicit Drug Strategy – NGO Treatment Grants
Forster Foundation	Darwin	Banyan House	Therapeutic Community for Drug Rehabilitation	15	7 days 24 hours	DHAC	no	National Illicit Drug Strategy – NGO Treatment Grants
Life Choices (formerly the AIDS Council of Central Australia)	Alice Springs	Life Choices	Youth Outreach Worker to work with current and potential users of illicit drugs.	0	flexible hours	DHAC	no	National Illicit Drug Strategy – NGO Treatment Grants
AIDS Council of the Northern Territory	Darwin	NT AIDS Council	Extension of existing services to Palmerston as well as Hepatitis C education	0	flexible hours	DHAC	no	National Illicit Drug Strategy – NGO Treatment Grants
Maningrida Health Board	Maningrida	Maningrida Health Board “Take Control” project	Increase understanding of their personal, social, financial, and physical consequences of illicit drug use.	0		DHAC	no	National Drug Strategy – Community Partnerships Initiative
Alice Springs Youth	Alice Springs	ASYASS	“Bush Mob”	0		DHAC		National Drug

Accommodation and Support Services			project. Seed the establishment of an ongoing bush adventure for 15-18 year olds at high risk of illicit drug use.					Strategy – Community Partnerships Initiative
Aboriginal and Islander Alcohol Awareness & Family Recovery Incorporated	Daly River, Pt Keats, Nguiu	Aboriginal and Islander Alcohol Awareness & Family Recovery	For activities related to the provision of Substance Misuse services for indigenous people in the Tiwi Islands, Pt Keats and Daly River Region.	16-20	7 days 24 hours	DHAC	yes	OATSIH Substance Misuse Program
Anurugu Community Government Council	Anurugu	Anurugu Community Government Council	For activities related to the provision of Substance Misuse services for indigenous people at Groote Eylandt	0	24 hours according to need	DHAC	no	OATSIH Substance Misuse Program
Anyinginyi Congress Aboriginal Corporation	Tennant Creek	ACAC	For the provision of primary health care service with specific activities related to Substance Misuse in the Tennant Creek region	0	7 days 24 hours	DHAC	n/a	OATSIH Substance Misuse Program
Central Australian	Alice Springs	CAAPU	For activities	30	7 days 24 hours	DHAC	n/a	OATSIH

Aboriginal Alcohol Program Unit			related to the provision of Substance Misuse Services for indigenous people in the Top End region of the NT	total 21 funded				Substance Misuse Program
Ilpurla Aboriginal Corporation	Ilpurla	Alpurla Aboriginal Corporation	For activities relating to the provision of Substance Misuse Services for indigenous people of the Ilpurla region	20-30 total 20 funded	24 hours according to need	DHAC	no	OATSIH Substance Misuse Program
Injartnama Aboriginal Corporation	Injartnama (Hermannsburg via Alice Springs)	Injartnama Aboriginal Corporation	For activities relating to the provision of Substance Misuse Services for indigenous people at Injartnama	30-40 total (nil funded)	24 Hours according to need	DHAC	n/a	OATSIH Substance Misuse Program
Kalano Community Association Incorporated	Katherine	Rockhole (new residential facility funded at Venn)	For the purpose of funding Substance Misuse Services for the indigenous people in the East Arnhem region	0	varies according to need	DHAC	no	OATSIH Substance Misuse Program
Mr Theo/Yuenndumu Substance Misuse Aboriginal Corporation	Mt Theo and Yuendumu	Mt Theo/Yuenndumu Substance Misuse Aboriginal Corporation	For activities related to the provision of residential substance		24 hours according to need	DHAC	no	OATSIH Substance Misuse Program

			misuse services for indigenous people of the Yuendumu Community					
Ngkarte Mikwekenhe Community Incorporated	Alice Springs	Ngarte Wikekenhe Ctr Aboriginal Catholic Comm	For activities related to the provision of residential substance misuse services for indigenous people of the Alice Springs region	0	24 hours according to need	DHAC	n/a	OATSIH Substance Misuse Program
Wurli Wurlingjang Aboriginal Corporation	Katherine	Wurli Wurlinjang Aboriginal Corporation	For activities related to the provision of residential substance misuse services for Wurli Wurlingjang Aboriginal Corporation	0	business hours	DHAC	no	OATSIH Substance Misuse Program

Total funding \$5,159,700

Northern Territory Alcohol and Other Drugs Services – Funded by the Northern Territory Government

Organisation	Town/Suburb	Service Name	Service type	Beds	Hours of Operation	Funding Source	\$	Religious Affiliation
Aboriginal and Islander Alcohol Awareness & Family Recovery	Daly River (nearest town Darwin)	Daly River 5 mile	residential family treatment	16	7 days 24 hours	NT/LWA	176,529	yes
Aboriginal & Islander Alcohol Awareness and Family Recovery	Daly River (nearest town Darwin)	Daly River 5 Mile	residential family treatment	16	7 days 24 hours	NT/AOD	69,120	yes
Aboriginal & Islander Alcohol Awareness & Family Recovery	Darwin	Aboriginal & Islander Alcohol Awareness & Family Recovery	community based alcohol and other drug prevention and intervention services (remote service)		business hours	NT/AOD	238,560	yes
Amity Community Services	Darwin	Amity House	Non Residential Assessment Counselling and Referral		business hours	NT/AOD	293,272	no
Amity Community Services	Darwin	Amity House	Non Residential Assessment Counselling and Referral		business hours	NT/LWA	59,590	no
Anyinginyi Congress Aboriginal Corporation	Tennant Creek	Anyinginyi After-care	Residential Alcohol Rehabilitation Service	18	7 days 24 hours	NT/LWA	43,430	no
Anyinginyi Congress Aboriginal Corporation	Tennant Creek	Community Development Unit	Youth diversionary activities	18	7 days 24 hours	NT/LWA	43,430	no
Australian Hotels Association NT Branch	Darwin	AHANT	Community Education		business hours	NT/AOD	80,000	no

Barkly Region Alcohol and Drug Abuse Advisory Group	Tennant Creek	Staunton Street	Supported accommodation and community-based treatment	20	7 days 24 hours	NTLWA	143,707	no
Barunga Manyallaluk Community Government Council	Barunga (nearest town Katherine)	Substance Misuse Worker	community based alcohol and other drug prevention and intervention services (remote service)		business hours	NT/LWA	one off (00/01)	no
Catholic Church Alcohol Awareness & Family Recovery	Darwin	Catholic Church Alcohol Awareness and Family Recovery	Non residential Family Treatment Service		business hours	NT/LWA	117,019	
Central Australian Aboriginal Alcohol Program Unit	Alice Springs	CAAPU Mends and Womens Day CARE	Outreach		business hours	NT/AOD	99,145	no
Central Australian Aboriginal Alcohol Program Unit	Alice Springs	CAAPU	Residential treatment	10	7 days 24 hours	NT/LWA	256,295	no
Council for Aboriginal Alcohol Program Services Inc	Darwin	CAAPS	Residential treatment	21	7 days 24 hours	NT/LWA	97,703	no
Employee Assistance Service	Darwin	EAS Darwin	Non residential Assessment Counselling and Referral		business hours	NT/AOD	119,647	no
Employee Assistance Service	Darwin	EAS Darwin	Worksite training		business hours	NT/LWA	60,838	no
Employee Assistance Service	Katherine	EAS Katherine	Non Residential Assessment Counselling and Referral		business hours	NT/AOD	76,658	no
Drug and Alcohol Services Association	Alice Springs	DASA	Community-based Withdrawal		7 days 24 hours	NT/AOD	521,024	no

			Assessment, Counselling					
Drug and Alcohol Services Association	Alice Springs	DASA	Community-based Withdrawal Assessment, Counselling		7 days 24 hours	NT/LWA	127,278	no
Elliot District Community Council	Elliot (nearest town Tennant Creek)	Substance Misuse Worker	community-based alcohol and other drugs prevention and intervention services (remote service)		business hours	NT/LWA	one-off 00/01	no
FORWAARD	Darwin	FORWAARD	Residential Rehabilitation Services and Day Programs	16	7 days 24 hours	NT/AOD	130,209	no
FORWAARD	Darwin	FORWAARD	Residential Rehabilitation Service and Day Programs	17	7 days 24 hours	NTLWA	371,718	
Forster Foundation	Darwin	Banyan House	Therapeutic Community for Drug Rehabilitation	15	7 days 24 hours	NT/AOD	286,711	no
Holyoake Alice Springs Inc	Alice Springs	Holyoake	Family Counselling, Education & Support Service		8am –4pm & evening groups	NT/AOD	53/548	no
Holyoake Alice Springs Inc	Alice Springs	Holyoake	Family Counselling, Education & Support Service		8am –4pm & evening groups	NT/LWA	119,762	no
Injartnama Aboriginal Corporation	Alice Springs	Injartnama Therapeutic Community	A culturally appropriate residential	24	7 days 24 hours	N/LWA	82,439	no

			Alcohol and Other Drug therapeutic facility (remote service)					
Julaikari Council Aboriginal Corporation	Alice Springs	JulaikarNight Patrol	Night Patrol Coordination			NT/PBP	51,866	no
Kalano Community Association	Katherine	Rockhole	Supported accommodation and brief intervention	12	7 days 24 hours	NT/AOD	121,650	no
Kalano Community Association	Katherine	Kalano Community Patrol	Community patrol		6 nights	NT/PBP	172,213	no
Mission Australia	Katherine	Katherine Sobering-up Shelter	Sobering Up Shelter	18	6 nights	NT/AOD	339,783	
Mission Australia	Darwin	Caryota Place	Sobering Up Shelter	32	6 nights	NT/AOD	448,019	no
Mission Australia	Darwin	Darwin Night Patrol	Night Patrol Services		6 afternoons/nights	NT	253,922	no
Numbulwar Numbirindi Community Government	Numbulwar (nearest town Nhulunbuy)	Substance misuse worker	community based alcohol and other drug prevention and intervention services (remote service)		business hours	NT/AOD	30,128	no
Palmerston City Council	Darwin	Youth Services Coordination	Youth Services Coordination		business hours	NT/PBP	40,000	
The Salvation Army	Darwin	Bridge Program	Residential treatment Service	15	7 days 24 hours	NT/AOD	167,239	yes
Tangentyere Council Incq	Alice Springs	Tangentyere Warden Scheme	Tangentyere Warden Scheme		business hours	NT/PBP	195,135	