

**LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY****WRITTEN QUESTION**

Mr Wood

to Minister for Health and Community services

**Detoxification Shelters and Night Patrols**

1. Is the Minister aware that the reorganisation of detoxification services in Darwin to the itinerant groups, has effectively been reduced and the access to that service made difficult for those seeking help.
2. Is the Minister aware that by reducing access to the services described above has removed a vital link in the process between short term solutions such as night patrols and sobering up shelters, and the long term goals and more satisfactory outcomes achieved through rehabilitation and a return to community life.

**ANSWER**

Clients requiring withdrawal are assessed and a decision is made on the type of withdrawal that is best for that client. Some clients choose pharmacotherapy (such as buprenorphine or methadone), some choose home based or outpatient withdrawal and those without stable accommodation are offered community based withdrawal with the support of a GP.

It is known that many individuals amongst the itinerant group have multiple relapsing conditions, of which substance misuse is only one condition. Many require hospital management for their other medical and mental health conditions during the withdrawal process. Detoxification is only one part of the interventions required for this group. They require intensive and long term case management for which few placements are available.

The former 10 bed medical Detoxification Unit had an average bed occupancy of 53% with 30% of clients having repeat admissions during the year. The Unit had become a place for short term time-out for some homeless clients before returning to the same lifestyle. The Unit closed 30 June 2002 and was replaced by a mixed model of service delivery including outreach withdrawal, outpatient withdrawal, pharmacotherapies and 8 placements for community based withdrawal for clients who wish to change behaviour and complete a treatment program. This range of withdrawal options provides for the needs of a wider range of clients including women, women with children and young people with stable accommodation. It also enables those with full-time employment an opportunity to address their substance problem at a time convenient to them.

The Department of Health and Community Services is an integral partner in developing the Itinerant project to ensure adequate management of intoxication, assessment, withdrawal and ongoing treatment for the Itinerant client group. This project will be further developed and piloted during 2003/04.

## **Question 2**

Substance misuse, particularly for the Itinerant client group is a chronic relapsing condition for which there is no single solution. It is considered that every contact with the health system, such as night patrol and sobering-up shelter provides an opportunity for a brief intervention.

Clients leaving the sobering up shelter respond best to brief interventions. At this time most people are not actively considering dealing with their addiction.

Under the Itinerants Project (see Question 14) a model of Specialist Intervention and Referral Teams will be piloted to provide valuable outreach assessment and counselling to clients at a time when access to liquor is restricted and therefore an intervention is far more likely to be successful. This team consisting of skilled professionally qualified staff will undertake initial assessments and facilitate entry into an alcohol and drug service, accommodation or other health or community services for all individuals living an itinerant lifestyle, including addressing the needs of women and children.