Mrs Finocchiaro to the Minister for Health:

Banned Drinker Register and Alcohol treatment figures

1. What are the latest figures (numbers, not percentage) for people having to repeat alcohol treatment in the Northern Territory since the introduction of the BDR?

Between 1 September 2017 and 9 July 2019, 2430 individuals commenced at least one episode of treatment in Northern Territory Government or non-Government Organisation (NGO) services where the main treatment type was one of: withdrawal, rehabilitation, counselling or pharmacotherapy, and the principal drug of concern was alcohol. Of the 2430, 516 individuals commenced more than one treatment episode.

2. What is the completion rate of those in alcohol treatment in the Northern Territory? (ie of those who go in, how many finish the 12 week course). We realise there are different "episodes of care" and a client may undertake many different forms of rehab but this question is SPECIFICALLY for the 12 week rehab course offered.

Between 1 September 2017 and 9 July 2019, 1393 episodes of rehabilitation were commenced; 145 of these were still open as of 9 July 2019, and 1248 have recorded a reason for cessation. 48.6% episodes are for completed treatment; 38.5% are against advice or for non-compliance; and 12.9% are for other (non-specified) reasons. This is supported by evidence that shows people with problem drinking will require multiple treatment episodes to address their addiction.
3. Please provide a breakdown of how many people were referred to the BDR by which pathway. For example, we understand there are four pathways to the BDR - police, courts, corrections, and authorised person/self-referral. I know there are monthly reports which are published but would you please provide totals for the year?

An individual may be referred to the BDR multiple times by multiple pathways. As the question refers to people referred to the BDR for the year, and not the number of bans issued during the year, we have provided the number of persons who were on the BDR at some time during the 2018-19 year by the pathway of their first active ban of that year.

Table 3. Number of people on the BDR in 2018-19 by pathway of first active ban during that year

<table>
<thead>
<tr>
<th>Pathway</th>
<th>People on the BDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police</td>
<td>5440</td>
</tr>
<tr>
<td>Courts</td>
<td>1415</td>
</tr>
<tr>
<td>Corrections</td>
<td>242</td>
</tr>
<tr>
<td>BDR Registrar</td>
<td>444</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7541</strong></td>
</tr>
</tbody>
</table>

4. What is the average length of time for those on the BDR? For example, say 70 percent may be on the BDR for six months.

At 30 June 2019, the average duration to date of time spent on the BDR in a distinct episode is currently 171.7 days, or 5.6 months (excluding cancelled bans).

5. What percentage of clients in alcohol rehab are also on the BDR?

Between 1 September 2017 and 9 July 2019, 1393 episodes of rehabilitation were commenced in NGO services where the principal drug of concern was alcohol. On admission, clients are asked by the treatment service worker if
they are on the BDR; the client may choose to not reply or reply incorrectly and hence this is not a reliable measure: for 132 rehabilitation episodes, the client self-reported that they were on the BDR.

6. **Regarding the 12 month evaluation of the BDR in the NT, Part One, Rec 2 recommends "increased resourcing is invested into linking health, justice and social issues data for people on the BDR prior to undertaking the 24 month BDR evaluation" - is that happening? At what cost?**

A cross government working group with representatives from the Department of Health, NT Police, the Department of the Attorney-General and Justice and the Department of the Chief Minister has been established to investigate the implementation of this recommendation. Their work is documented in progress report of the *Alcohol Harm Minimisation Action Plan 2018-2019*.

7. **How will you collect "more detailed socio-economic data about people on the BDR"? (Rec 9)**

Work is currently underway to improve the data collection systems used in the NGO treatment services to include greater demographic information.

8. **What recommendations from the Six Month Process Evaluation have been implemented? (there were 23 - the NTG supported 14 and in-principle support for 9). At what cost?**

Detailed reporting about the implementation of the BDR Evaluation recommendations forms part of the progress reports of the *Alcohol Harm Minimisation Action Plan 2018-2019*.

Two recommendations have significant potential costs and complex linkages with other government IT systems and require further investigation. Implementation of the other recommendations and ongoing improvements to the BDR has been achieved within existing agency budgets.
9. Is part two of this report, which is due to be released this month (June), going to be released soon?

Stage 2 of the BDR evaluation and corresponding Government response is being prepared.

10. What has been the cost of these evaluations?

Menzies School of Health Research has received $140 000 to conduct the evaluations.

11. How will you "mandate the reporting of BDR status on all individual health records, particularly for individuals using alcohol treatment services"? (Rec8)

Work is currently underway to improve the data collection systems used in the NGO treatment services, including the Sobering Up Shelters. Service level agreements with those services now include BDR status of clients as a reporting requirement.

12. How will you "mandate the reporting of BDR status on all individual health records, particularly for individuals using alcohol treatment services"? (Rec8)

See question 11.