#### **QUESTION 1**

With regards to Rehabilitation Services, could you please provide the following data:

- Number and location of Government and Non-Government residential rehabilitation services and number of places in each;
- Number and location of Government and Non-Government community rehabilitation services and number of places in each;
- Number and location of Government and Non-Government residential and community rehabilitation services that cater for young people under the age of 18 and number of places in each for this cohort.
- Any data on waiting lists for the aforementioned services.

#### **RESPONSE 1**

### Alcohol and Other Drugs Residential Rehabilitation Services in the Northern Territory

- There are nine Alcohol and Other Drugs residential rehabilitation services in the Northern Territory.
- Of these there are two Northern Territory Government funded Residential Rehabilitation Services for Youth being Council for Aboriginal Alcohol Program Services (CAAPS) in Darwin and Bushmob in Alice Springs.
- Bushmob provide residential rehabilitation services exclusively to youth (aged between 12 and 25 years old) affected by Alcohol and Other Drugs issues, and/ or Volatile Substance Abuse issues.
- CAAPS provide Alcohol and Other Drugs residential rehabilitation services to adults
  (Australian Government funded) along with Volatile Substance Abuse residential
  rehabilitation services to young people aged between 12 and 25 years old (Northern
  Territory Government funded). Youth with alcohol issues only are not accepted at this
  service.
- Mt Theo is an Australian Government service which provides residential rehabilitation services exclusively to Warlpiri young people between 12 and 25 years old; however will accept clients from the age of ten years old.
- Beds specifically funded for clients receiving treatment under the Alcohol Mandatory
   Treatment have not been included in this breakdown.

Alcohol and Other Drugs residential rehabilitation beds funded by the Northern Territory Government:

| Service Name   | Location      | No of NTG funded residential rehabilitation beds | No of people on<br>waiting list as at<br>06/07/2015 |
|--|---------------|--|---|
| Barkly Region Alcohol and Drug<br>Abuse Advisory Group (BRADAAG)                     | Tennant Creek | 20   | 6   |
| Foster Foundation (Banyan House)   | Darwin        | 18   | 3   |
| Bushmob  | Alice Springs | 20 (young people)                                | 0   |
| Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD) | Darwin        | 16   | 14  |
| Central Australian Aboriginal Alcohol<br>Program Unit (CAAAPU)                       | Alice Springs | 15   | 2   |
|  | Total         | 89   | 25  |

NB: clients on waiting lists may be Corrections referrals who have not yet been released from prison. Existence of a waiting list does not imply the Service is currently at full capacity.

Alcohol and Other Drugs residential rehabilitation services jointly funded by Northern Territory and Australian Governments:

| Service Name   | Location      | No of jointly<br>funded residential<br>rehabilitation<br>beds      | No of people on<br>waiting list as at<br>06/07/2015 |
|--|---------------|--|---|
| Council for Aboriginal Alcohol<br>Program Services Inc (CAAPS) | Darwin        | 8 NTG funded for<br>young people VSA<br>30 AG funded for<br>adults | 0 NTG<br>7 AG                                       |
| Drug and Alcohol Services<br>Association (DASA)                | Alice Springs | 20   | 0   |
| Kalano Community Association (Venndale)                        | Katherine     | 20   | 62  |
| Salvation Army (Sunrise)                                       | Darwin        | 21 (plus three beds<br>for withdrawal and<br>day service)          | 10  |
|  | Total         | 69   | 72  |

NB: clients on waiting lists may be Corrections referrals who have not yet been released from prison. Existence of a waiting list does not imply the Service is currently at full capacity.

## Alcohol and Other Drugs residential rehabilitation services funded by the Australian Government:

| Service Name   | Location          | No of AG funded residential rehabilitation beds | No of people on<br>waiting list as at<br>06/07/2015 |
|--|-------------------|---|---|
| Warlpiri Youth Development<br>Aboriginal Corporation (Mt Theo) | Central Australia | 20 (young people)                               | 0   |
|  | Total             | 20  | 7   |

#### **QUESTION 2**

I am happy to explore what services or in-reach is provided to those specific communities. I know we have a Remote Alcohol and Drug Program and clinicians from that program in-reach to almost every community to provide help, assistance, training and education to staff. I will specifically explore, and if you allow me, I will get back to you on what specific input is provided to those communities.

#### **RESPONSE 2**

The workforce consists of local Indigenous AOD Workers who work from the health centres in each of the listed communities, operating as part of a multi-disciplinary primary health care team. The workers provide AOD and social emotional wellbeing direct client service delivery in the form of assessment, intervention, education, as well as community development activities such as health promotion and diversion and act as cultural brokers within the health centre and communities. The workforce is supported by a central Program Support Unit which includes the General Manager, a Clinical Supervisor, a Clinical Nurse Mentor, a Senior Operational Policy Officer, a Training and Education Officer, a Workforce Development Officer and a Program Support Officer (AO3). This model represents a 'hub and spoke' model of service delivery. Central administrative and programmatic support is provided to workers in distant sites. Fly in fly out specialist back up support is provided by the Program Support Unit to the Remote AOD Workers on the ground.

#### MIN2015/967 Draft Transcript - Department of Health- Ice Select Committee - 19Jun15

There are at present 38 funded positions including the Program Support Unit staff based in Darwin and Alice Springs. Program coverage extends to Borroloola, Daly River, Gunbalanya, Umbakumba, Angurugu, Elliott, Aputula, Titjikala, Jabiru (Department of Health services) and Anyinginyi, Central Australian Aboriginal Congress, Danila Dilba, Katherine West Health Board, Miwatj Health, and Wurli Wurlinjang (Aboriginal Medical Services). In addition to these positions, the Remote Alcohol and Other Drugs Workforce Program supports the social emotional wellbeing teams that are attached to them.

#### **QUESTION 3**

The committee understands the Department of Health is responsible for drug testing in correctional facilities, whether that is Don Dale or the adult prison. We need to ask a couple of questions about that. What regime is in place? Does that regime need to be improved in the type of testing being done and the frequency of testing? We need to confirm this, but my understanding is that we get involved in testing when a request is made by Corrections, We do not necessarily screen all prisoners...Please confirm current process

#### **RESPONSE 3**

### What regime is in place?

Currently the Department of Health prison health service does not undertake any drug testing for inmates. All prisoners are health screened on admission by questioning of all alcohol and other drugs they have recently used and offering supportive treatments if required.

# Does that regime need to be improved in the type of testing being done and the frequency of testing?

There has been recent discussions with correctional services, Public Health Centres and Alcohol and Other Drugs health services about drug testing for methamphetamines. It has been suggested that this testing would provide improved screening data collection for youth on the drug. The testing would not provide any change to treatments of the youth as there is no current standard follow up withdrawal treatment required for clients on methamphetamines.

Current evidence would not support routine drug testing. The current practice of questioning about drug use on admission is considered appropriate.