

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

Ms J Carney

to Minister for Family and Community Services

Alcohol and Other Drugs - After Hours Service, Alice Springs

Minister during the past year in Alice Springs the Alcohol and Other Drugs Service has ceased to provide an after hours service or home visits:

1. Given Alice Springs does not have an NGO service like Banyan House in Darwin, how can you justify this contraction of service?

ANSWER

The Alcohol and Other Drugs Program ceased the on call medical arrangement in July 2004 because it was determined to be unsafe for staff and ineffective for clients. This model of operation was replaced by a planned approach to client care. Rather than managing intoxication or sudden withdrawal, the new model provides more intensive support to clients to manage and overcome their drug problems and to change drug taking behaviours through treatment and counseling.

Clients are required to make an appointment for assessment and this is matched to an appropriate treatment regime. By requiring clients to make an appointment they are more likely to be motivated and take a greater responsibility for their treatment. This model is consistent with the evidence about effective service delivery and in line with current standards of practice.

This is not a contraction of service. The changes have enabled the Alcohol and Other Drugs Services Central Australia (ADSCA) to increase its support to clients during the day resulting in increased client numbers overall and in particular clients on the opiate pharmacotherapy program. It has also enabled the service to provide outreach clinical support through non-government alcohol, other drug treatment providers and medical services in Alice Springs. ADSCA has also increased its capacity to provide psychosocial counseling to clients, which is an important adjunct to the medical management of people with drug dependencies.

The availability of residential rehabilitation services (such as Banyan House) would have limited impact on people seeking 'home visits' because residential rehabilitation services need to impose some entrance criteria in the interests of safety. These criteria would normally exclude people who have not successfully completed withdrawal, who have complex co existing disorders and who do not wish to participate in treatment.