This chapter provides an overview of alcohol and other drug services gained in the course site visits, consultations and review of available documentation. In order to aid subsequent identification of gaps within regions, this chapter is organised by region, and within each section by service type. The chapter concludes with a schematic aligning of services against the factors described in Chapter 3.

## **Greater Darwin Region**

The Greater Darwin Region is the most populated area of the Northern Territory, encompassing approximately 60% of the total population. As noted earlier, the concentration of population and urban character of the region contributes to greater prevalence of illicit and intravenous drug use than in other regions within the Northern Territory.

#### 4.1.1 Detoxification Services

Following a significant review and restructuring of alcohol and other drug services in Darwin in 2000, the detoxification unit at the Royal Darwin Hospital was closed and resources were reallocated to support the establishment of home or community based detoxification which operate through the Top End Alcohol and Other Drugs Service based on the grounds of the Royal Darwin Hospital. The following services offered detoxification beds:

- the Council for Aboriginal Alcohol Program Services (CAAPS) (12 beds);
- A New Start Towards Independence (ANSTI) (3 beds);
- the Salvation Army (Salonika Street) (2 Beds);
- FORWAARD (2 beds); and
- Banyan House (2 Beds).

The Top End AOD Service provides clinical support and oversees detoxification of clients in these facilities, as well as operating a home detoxification service. It was reported that the home detoxification service is only available from Monday to Friday, requiring clients to commence withdrawal at the beginning of the

week, although review of NMDS data suggests this service oversees more than 80% of all detoxifications in the Darwin region.

The staff engaged in the provision of detoxification services in the public sector were drawn from medical and nursing backgrounds, and had undertaken additional alcohol and other drug related training. The skills profiles in agency which supported residential detoxification were consistent with the role of these services, with personnel from nursing backgrounds available.

In the course of consultations, a number of informants raised concerns regarding access to detoxification, particularly for those who did not have a stable residential or domestic situation. and the absence of the service on weekends. However, these concerns were not uniform across the range of stakeholders consulted.

### 4.1.2 Brief intervention

The available literature and data suggest that cannabis use is significantly higher in the Northern Territory and that brief interventions are generally effective where a range of other drug use or social problems is not experienced by clients.

Although the current project did not seek to explore exhaustively the availability of brief interventions across the Northern Territory, primarily because they will ideally occur in settings beyond alcohol and other drug services, it appeared that the extent to which primary health care personnel across the health system are equipped and encouraged to provide brief interventions around alcohol and other drugs is limited.

It was, however, noted that community patrols and outreach services were active in this area, and that where clients engaged in an assessment process, efforts were made by the majority of services to provide advice and information about the effects of current drug use and options for addressing this issue.

# 4.1.3 Sobering-up shelters and night/day patrols

Mission Australia operates a 32 bed soberingup shelter and community patrol program. The sobering-up shelter operates from 4:00pm until 8:00am daily, accepting clients until 2:00am. All clients' clothes are washed and a meal is provided after they have remained for six hours. The service does not operate on Sundays.

The Day Patrol supplements a pre-existing night patrol and collaborates closely with the Information and Referral Centre operated by the Larrakeyah Nation. It focuses on reducing harm associated with alcohol and other drug use, as well as supporting people from outside Darwin.

It was reported that all staff employed within the sobering-up shelter and night patrol were encouraged to undertake training related to alcohol and other drugs, and completion of the Alcohol and Other Drugs Certificates III and IV was actively supported. This also included staff who were employed part time through the Community Development Employment Program (CDEP).

While not specifically established to respond to alcohol and other drug problems, centres run by the Society of St Vincent de Paul operate supported/emergency accommodation for men, a component of which includes assessment regarding alcohol and other drug use.

## 4.1.4 Assessment Services

In the course of site visits and review of background documents, it became apparent that all funded alcohol and other drug services undertook assessments, although the focus appeared to be on clients seeking admission to, or support from, that service. While the assessment process of all operating services was not examined, it appeared from those services visited that:

- the purpose of assessment extended beyond simply determining suitability for a specific service;
- there was considerable variation in the format of assessments across services;

- informal components of assessment were used consistently, along with a formal assessment of dependence;
- in some cases, assessment was designed to support treatment matching and referral;
- there was limited capacity to formally identify clients with cognitive deficits;
- the majority of services visited indicated that the results of assessments are discussed with clients;
- there was a relatively consistent link between information gained through assessments and establishment of treatment goals and plans;
- where treatment was within a formal program, individual counselling provided the avenue through which different needs or treatment goals were addressed; and
- the vast majority of services visited indicated that where clients assessed needs could not be effectively addressed within that service, referral was made to a more appropriate service.

It appeared that access to assessment services was adequate within the Darwin region.

## 4.1.5 Pharmacotherapy

The provision of pharmacotherapies in the Northern Territory was prohibited until changes to legislation in 2001. As a result, this service is now available in Darwin through the Alcohol and Other Drug Service, and operates from a facility at the Royal Darwin Hospital. It was reported that demand for the service had grown rapidly following its introduction, however restriction of the number of clients approved for methadone and absence of private sector prescribers limits access to the service.

Discussions with the AODS indicated that the service complies with all requirements of the National Methadone Guidelines and the Northern Territory Poisons and Dangerous Drugs Act. It was reported that counselling is available for clients receiving methadone or buprenorphine.

The facility from which clients receive their dose was identified by AODS staff as an area requiring development.

## 4.1.6 Community based counselling and rehabilitation

A number of organisations provide community based alcohol and other drug counselling services within the Darwin region, namely:

- Amity Community Services:
- Centacare Aboriginal and Islander Alcohol Awareness and Family Recovery (AIAAFR) (Wadeye, Milikapati, Nguiu and Pirlangimpi);
- Centacare Alcohol Awareness and Family Recovery (Darwin);
- Department of Health and Community Services Alcohol and Other Drugs Service:
- Employee Assistance Service; and
- the Salvation Army.

In addition, a range of generalist counselling services also provides counselling that may encompass alcohol or other drug use problems; including:

- Danila Dilba Social and Emotional Wellbeing Centre:
- DHCS community health centres; and
- Vietnam Veterans Counselling Service.

The approach to counselling in specialist alcohol and other drug services was relatively consistent with the literature:

- utilising an assessment that sought to establish the extent of, and role played by. alcohol or other drug use for each client;
- establish level and basis of motivation to change:
- establish goals for intervention involving the client: and
- development of a treatment plan.

### 4.1.7 Residential rehabilitation services

Five residential rehabilitation services were identified in the Darwin region comprising a maximum capacity of 113 beds, including detoxification beds. These services were:

- A New Start Towards Independence (ANSTI) (20 beds);
- Banyan House (15 beds);
- Council for Aboriginal Alcohol Program Services (42 beds);
- Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD) (16-24 beds); and
- the Salvation Army Sunrise Centre (12 beds).

Each service provided a distinct alternative and varied program, targeting different groups within the population.

ANSTI provides detoxification and residential rehabilitation, reportedly for a poly drug using population, with a proportion of clients reportedly experiencing cognitive deficits. It was noted in the course of discussion that a structured assessment process is utilised to determine the range of interventions to be provided. NMDS returns suggest that the utilisation of ANSTI has declined over the past three financial years and survey returns indicated that the average length of stay in 2004 was 116 days. Although both genders are accepted to treatment, 93% of clients were male.

Banyan House operates a therapeutic community which accepts both male and female clients. It was reported that funding has recently been received to support provision of services to women with children. NMDS returns indicate that utilisation of Banyan House has increased since 2001-02 with an average length of stay in 2004 of 47.5 days. Male clients constituted 78% of clients at Banyan in the three years of NMDS data analysed, while females represent 22%.

CAAPS provides a two-stage residential program for Aboriginal and Torres Strait Islander People that encompasses a three week detoxification and assessment program with an

emphasis on people from outside the Darwin area, and a six week residential treatment program. It was reported that the service encourages family members to participate in the program. It appeared that utilisation diminished between 2001-02 and 2002-03, although no data was available for 2003-04. No survey response was received form CAAPS, precluding assessment of length of stay. CAAPS appeared to be attractive to female clients compared to other services, with 43% of the client population being female based on the two years of available NMDS returns.

FORWAARD provides a residential rehabilitation service for Aboriginal men and women, generally over 20 years of age, although it was noted that approximately 25% of admissions are non-indigenous, that approximately 60% of clients reside in remote communities and that 20% of clients are female. Detoxification is available for clients entering FORWAARD. The program is highly structured, with variation to take account of client differences and goals primarily addressed in one to one counselling as an adjunct to the broader program. NMDS data suggests that utilisation of FORWAARD declined following 2000-01 to settle at between 90 and 100 clients per annum in subsequent years. Survey results indicate that clients spend an average of 38.9 days in treatment.

The Salvation Army operates a 12 week residential rehabilitation program co-located with its hostel in Stuart Park, with a capacity of 12 to 14 beds. Detoxification is available to clients entering the program. Only male clients are accepted into the residential program, although a day program is available to female clients. It was reported that clients predominantly present with alcohol related problems. Of interest, females attending the program on a non-residential basis constituted 11% of clients reported in the NMDS returns for the period analysed.

There appeared to be an adequate number of beds in the Darwin region to meet current demand, with an apparent reduction in utilisation since 2000-01. However, the relatively limited availability of beds in an environment appropriate for female clients, particularly

those with children, was identified in a number of discussions as an area requiring further development.

### 4.1.8 Aftercare/follow-up services

No specific after-care or follow up services were identified, however all service providers indicated that they sought to provide some level of follow up or support. This ranged from the Mission Australia day and night patrols collaborating with the Larrakeyah Nation Information and Referral Centre to assist clients to return to their communities of origin, through to three or six monthly telephone follow-up by counselling services such as Amity Community Services, and assistance to establish stable accommodation and employment by residential rehabilitation services.

A consistent view expressed in consultations was the need for greater support for discharge or aftercare programs including housing, employment or training and relapse prevention.

### 4.1.9 Services for coerced clients

The development of the Court Referral Early for Drug Intervention and Treatment along with greater awareness amongst magistrates and the Parole Board has increased the opportunities for those in contact with the criminal justice system who also have alcohol or other drug related problems to be directed to undertake treatment. Residential services indicated that clients referred by the criminal justice system represented a significant component of their client group. It was noted that a key concern is managing the balance between clients from the criminal justice system and voluntary clients, to minimise a prison-like culture being established within the services.

Community based counselling services similarly indicated that clients referred by courts or the corrections system were a significant component of their case load, however specific data was not accessed in the course of the project.

Discussions undertaken with service providers indicated that the primary differences in responding to the needs of coerced clients were ensuring a clear understanding of the

implications of the order that required client attendance was achieved. There appeared to be a consistent understanding of current evidence regarding the need to ensure coerced clients are aware of the implications of leaving treatment and to support increased motivation amongst this client group.

# 4.1.10 Trends in hospital and treatment admissions

Analysis of hospital separation data where alcohol was identified as a cause for admission at the Royal Darwin Hospital indicates that there has been a steady increase in separations for both men and women, although there was a drop in the last quarter analysed (July to September 2004), as can be seen from Figure 4.1.

Analysis of NMDS data for the 2001-04 period indicated that across all treatment episodes there was a consistent increase in those reporting alcohol as their primary drug problem. while the number of episodes remained relatively stable for other drug types.

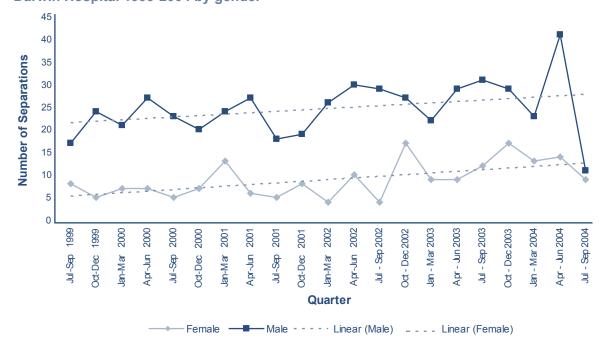
## 4.1.11 Gaps identified in the course of consultations

Discussions with informants in the Darwin region identified a number of gaps within the current service system, including:

- services for young people (i.e. under 18 years of age);
- residential services for women, particularly those with children;
- access to additional detoxification beds;
- halfway houses or supported accommodation to facilitate aftercare for clients from residential services: and
- access to community based services for clients on community supervision orders.

The development of services for young people presented a complex range of issues that appeared to be associated with a relatively limited group of young people experiencing difficulties in most areas of their lives such as accommodation, contact with the criminal justice system, education and employment.

Figure 4.1: Hospital separations where alcohol was identified as a cause for Royal Darwin Hospital 1999-2004 by gender



The available data summarised in Chapter 2 suggests that women in the Northern Territory, like their male counterparts, are at greater risk of alcohol and other drug related harm than other Australians. However analysis of the NMDS indicated that only 28.6% of treatment episodes related to women. Accordingly there appears to be support for the view expressed by stakeholders and service providers that an increased focus on the development or provision of services appropriate to women is a priority in the Darwin region.

A number of informants argued that additional detoxification beds were required in the Darwin region, but this view was not held uniformly. However, it was noted that the operation of the current community detoxification service on a Monday to Friday basis may act as a barrier to some clients commencing detoxification.

All service providers and particularly residential services indicated that for clients who did not reside in a stable environment that was supportive of changed alcohol or other drug use, the provision of aftercare presented a challenge. Where clients resided within Darwin, it was noted that opportunities were available to provide follow up and support. However for clients from communities outside the metropolitan area there was limited access to services and follow up could only be undertaken by telephone.

Discussions with the Department of Justice indicated that a number of problems had arisen relating to clients on community supervision orders being excluded from access to some services on the basis that funding was not provided for corrections clients. While not a reflection on the service system as such, it appeared there may be a need to clarify the basis of funding to services and the rights of corrections clients to access services.

# 4.1.12 Priorities for the Greater Darwin Region

Discussions at the workshop held in Darwin to discuss project findings identified a range of priorities for development of alcohol and other drug services within the region. The identified priorities outlined in the order indicated by workshop participants are:

- (1) Development of residential services for women.
- (2) Development of appropriate services for alcohol and other drug clients with high prevalence mental disorders (e.g. depression and anxiety).
- (3) Development of appropriate models for the operation of halfway houses and aftercare services.
- (4) Development of appropriate models of care to support clients living in remote communities.
- (5) Enhancing co-management systems between alcohol and other drug and mental health services.
- (6) Development of appropriate services for young people with diverse needs including alcohol and other drug services.
- (7) Enhancing access to services for clients on community supervision orders.
- (8) Development of prison based alcohol and other drug services.
- (9) Increased residential detoxification capacity.
- (10) Development of an effective model for servicing remote communities.
- (11) Development of pharmacotherapy services with residential support (similar to the Methadone to Abstinence Program operated by We Help Ourselves).

# 4.2 Services in the East Arnhem Region

The East Arnhem region is administered from Nhulunbuy and covers an area which is characterised by small remote communities. On the basis of documentary review and discussions with stakeholders during a visit to Nhulunbuy, the following understanding of services was achieved.

### 4.2.1 Detoxification services

Detoxification services are limited within the region, although it was noted that where a request is made to the Gove Hospital by the alcohol and other drug workers, arrangements

can be made for clients to undergo detoxification in the hospital.

# 4.2.2 Sobering-up shelters and night/day patrols

At the time of this project there was not an operating sobering-up shelter in the East Arnhem region, although a facility had been constructed in Nhulunbuy but was yet to commence operating. It was reported that following construction of the facility, it was found that the building did not comply with the relevant standards and that a new facility was to be constructed.

Of interest, it was apparent that the soberingup facility was conceived as part of a broader network that included the Rapvirri Rom Program. This program involves the establishment of community facilitators (respected elders from within communities) to work with families experiencing violence or other difficulties. It was reported that these facilitators will be closely involved with the sobering-up shelter to work with families to support a return home for those who have been living in the long grass around Nhulunbuy and to garner support for change in families where alcohol or other drugs are contributing to discord.

It was also reported that a night patrol had operated in Yirrkala and Nhulunbuy until recently but had ceased operating. The current service is operated through the Yirrkala Council.

In lieu of an operating sobering-up shelter, Miwatj Aboriginal Health Service operates a breakfast program which operates on Mondays and Thursdays to provide a nutritious breakfast, and requires clients to participate in community oriented activities such as cleaning up drinking areas in return. A key focus of the program is to link clients of the service with clinical services. including brief interventions.

## 4.2.3 Assessment Services

Access to assessment services within the East Arnhem region is limited to two workers employed by the Department in Nhulunbuy and a clinical service which visits from Darwin fortnightly. It was also reported that a number of Aboriginal Health Workers are undertaking the Alcohol and Other Drugs Certificate IV, which will significantly increase capacity within the region.

Although the Department employs 2 FTE alcohol and other drug education officers in Nhulunbuy, it was indicated that only 0.5 FTE is engaged in intervention with the remaining resources focused on supporting communities to develop capacity to better manage alcohol and other drug problems.

# 4.2.4 Community based counselling and rehabilitation

As noted above (4.2.3) there are limited alcohol and other drug services available in the East Arnhem Region. Alcohol and other drug counselling is provided by the Departments AOD team for approximately 20 hour each week.

### 4.2.5 Residential rehabilitation services

At the time of this project there was no residential rehabilitation service within the East Arnhem region. However it was reported that the facility originally intended for use as a sobering-up shelter was to be converted to a residential rehabilitation service upon completion of the new sobering-up shelter.

Discussions with the Department of Health and Ageing indicated that CAAPS, although located in Darwin, was intended to provide a regional service, and that potentially more could be done to serve residents of this area.

## 4.2.6 Aftercare/follow-up services

The isolation and distribution of people within the East Arnhem region, along with the limited services present within the region presented a significant challenge to following up clients. particularly where treatment occurred in Darwin. Nevertheless, it was reported that both the AOD team and Miwati regularly visit outlying communities to follow-up and provide support to individuals and families where alcohol or other drug use represented an issue.

#### 4.2.7 Services for coerced clients

Again the limited range of services constrains the inclusion of treatment as a sentencing or conditional release requirement. It was however reported that a small number of clients in Nhulunbuy are managed by the local AOD team.

# 4.2.8 Trends in hospital admissions

Analysis of hospital separation data where long term use of alcohol was identified as the cause for admission, or use of alcohol had contributed to an acute condition suggested that there was a slightly increasing number of admissions over the period studied, although the relatively small numbers preclude any firm conclusion being drawn. Figure 4.2 provides a summary of the data for the period July 1999 to September 2004.

# 4.2.9 Gaps identified in the course of consultations

Despite the relatively limited alcohol and other drug services available within the East Arnhem region, there was some optimism regarding the impending establishment of the sobering-up and residential rehabilitation services. Further, the provision of alcohol and other drug training to health workers in Yirrkala employed through the Top End Division of General Practice and

the development of the Community Facilitator program through Rapyirri Rom were identified as potentially alleviating current gaps in the alcohol and other drug service system.

Nevertheless, it was noted that a significant expansion of the bauxite mine operated by Nabalco would see a rapid expansion in the population of Nhulunbuy, primarily young to middle aged men, and the impact that this population growth may have on demand for services was unclear. It was noted that within this group, presenting for work while under the influence of alcohol or illicit drugs were grounds for dismissal and removal from the town.

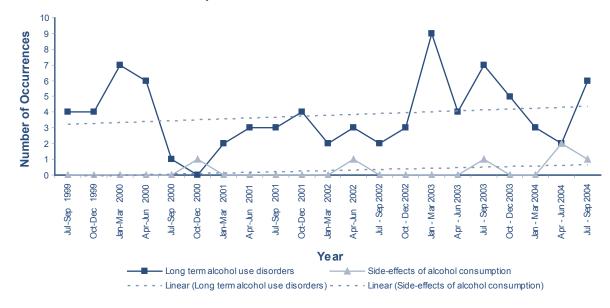
## 4.3 Services in the Katherine Region

The Katherine region spreads from the Western Australian border to the Gulf of Carpentaria and Queensland. Katherine is the major centre with small remote communities spreading either side of the Stuart Highway.

### 4.3.1 Detoxification Services

On the basis of consultations in Katherine and review of available documentation it appeared that there was limited access to detoxification in Katherine, particularly for those who did not have stable accommodation or reside in an environment that would support home detoxification.







Mission Australia operates a sobering-up shelter with 18 beds. Like the service operated by Mission Australia in Darwin, the service receives clients collected by the police or the community patrol operated by Kalano. The service operates Monday to Saturday.

Kalano operates a night patrol and a day service foot patrol. Clients use services offered by the patrols on a voluntary basis. Clients picked up by the patrol are returned home, taken to medical services (such as Wurli Wurlinjang), taken to local AOD services, or taken to the police. The patrol does not have powers to tip out alcohol or to transfer clients against their will. Joint foot patrols are conducted with the Katherine Police on a weekly basis.

A key focus of the patrol is to form a rapport with clients and build trust. Patrol staff will offer encouragement, to repeat clients, to seek additional assistance from AOD services in Katherine. The Kalano patrol has strong links with AOD services in Katherine, Mission Australia (sobering-up shelter), the Police, and the local council (Government).

## 4.3.3 Assessment Services

Assessment was integrated into the range of services operating in Katherine, although the level of assessment varied between service types.

Counselling services all undertook assessments although the content and focus of the assessments varied. In common, all included informal components related to drug use history and to lesser extent formal components, primarily related to assessing level of dependence.

# 4.3.4 Community based counselling and rehabilitation

A number of organisations provide alcohol and other drug counselling in Katherine, namely Centacare, the Department's Alcohol and Other Drugs Service, Employee Assistance, the Social and Emotional Well Being workers at Wurli Wurlinjang Health Service and Kalano.

Centacare provides a counselling service based on the model developed by Holyoake which emphasises the role of families in responding to alcohol and other drug related problems. The focus of intervention incorporates harm reduction but also works with clients to establish individual treatment goals.

Discussions with the Employee Assistance Service indicated that while a full time position was nominally located in Katherine difficulties recruiting to the position had limited the service provided. At present, a visiting service from Darwin is in place to maintain the service while recruitment continues.

Health workers and other clinicians within Wurli Wurlinjang Health Service refer clients where alcohol or other drugs are identified as an issue to the Social and Emotional Well Being workers employed on site. It was also noted that the men's and women's health clinics provide education regarding alcohol and other drugs.

Kalano operates a day program, based on its residential program for clients who seek treatment but wish to remain in the community.

### 4.3.5 Residential rehabilitation services

Kalano operates a 12 bed residential rehabilitation service. This service was not visited and a survey response was not received.

## 4.3.6 Aftercare/follow-up services

It was noted that follow up presents significant challenges in the Katherine region, particularly where clients live in communities outside Katherine. Nevertheless, the role of Ormonde House as a location for accommodation following treatment for a limited number of clients provides some access to aftercare.

### 4.3.7 Services for coerced clients

It is understood that there is limited access to services for clients potentially required to undertake treatment as a component of sentencing or conditional release. Consultations indicated that magistrates are often eager to incorporate this within their sentencing of offenders but access to services, particularly in remote communities precludes this occurring in Katherine.

# 4.3.8 Trends in hospital admissions and service utilisation

Review of hospital separations data for the Katherine Hospital indicated that separations for conditions attributed to alcohol use increased consistently over the period studied (1999-2004) as can be seen from Figure 4.3.

Review of the NMDS data relating to services in Katherine indicated that recruitment difficulties had resulted in a drop in utilisation of the EAS services, while activity for Kalano remained relatively constant.

# 4.3.9 Gaps identified in the course consultations

Discussions with stakeholders in the Katherine region identified a number of gaps within the service system and proposed solutions, namely:

- services to support remote communities in which alcohol and other drugs were an issue:
- a drop in or support centre for visitor to Katherine from remote communities; and
- consistently available community counselling services.

# 4.4 Services in the Tennant Creek Region

Tennant Creek, approximately 500 kilometres north of Alice Springs, is the regional centre for the Barclay region which extends to Elliot in the North, the Queensland border in the east, Ali Curung in the South and several hundred kilometres west of the Stuart Highway. The region is characterised by small remote communities.

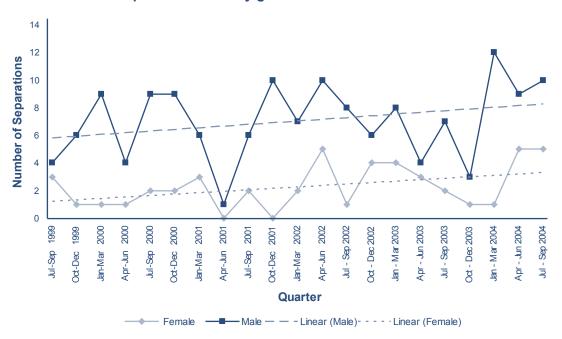
#### 4.4.1 Detoxification services

Detoxification services are provided through the Barclay Regional Alcohol and Drug Abuse Advisory Group (BRADAAG) which operates 20 bed residential rehabilitation facility. Both medicated and non-medicated withdrawal is available. Staff within the facility included those with a nursing background to support the role in providing detoxification.

# 4.4.2 Sobering-up shelters and night/day patrols

BRADAAG also operates a 16 bed soberingup shelter in Tennant Creek which provides services to adult men and women seeking a safe place to sober up, or brought by police and night patrol. The service operates

Figure 4.3: Hospital separations where alcohol was identified as a cause for the Katherine Hospital 1999-2004 by gender



between 2:00 pm and 8:00 am, accepting final admissions at 2:00 am.

### 4.4.3 Assessment services

Assessment services are available through both BRADAAG and the alcohol and other drug program operated through Anyinginyi Congress. Information obtained in the course of the project indicated that assessments incorporated informal components to establish a detailed client history, social and family support networks and formal components related to general health and level of dependence.

It was reported that clients are actively involved in the assessment process, provided with feedback and contribute to the development of a treatment plan.

## 4.4.4 Community based counselling and rehabilitation

Community based counselling is available through Anyinginyi Congress, however, insufficient information was gained from this service to adequately describe the model of counselling or rehabilitation involved.

# 4.4.5 Residential rehabilitation services

Both BRADAAG and Anyinginyi Congress provide residential rehabilitation services in Tennant Creek. The service provided by BRADAAG, although accepting referrals from the community, has developed a primary role dealing with clients that are subject to a court or parole order requiring that they undergo treatment (60% of clients), while the service operated by Anyinginyi only accepts voluntary clients.

The program offered by BRADDAG is designed to be completed in a minimum of three months, and relies upon a relatively formal structure. The later stage of the program places considerable emphasis on assisting clients to establish the skills and infrastructure necessary for a successful return to the community. The information gained in the course of assessment is utilised to establish treatment goals that are pursued in both the core program and in individual counselling.

The program offered through Anyinginyi includes an individual and family focus, providing options for the family of identified clients to participate in components of the treatment program developed for individual clients.

## 4.4.6 Aftercare/follow-up services

Specialist aftercare services do not operate in Tennant Creek, however both Anvinginyi and BRADAAG provide follow up and support for clients completing treatment through their rehabilitation programs.

### 4.4.7 Services for coerced clients

BRADAAG is the primary service in Tennant Creek available to clients required to participate in treatment. It was noted that initially this represented some challenges for the service, however approximately 60% of clients are now subject to coercion through the criminal justice or corrections systems.

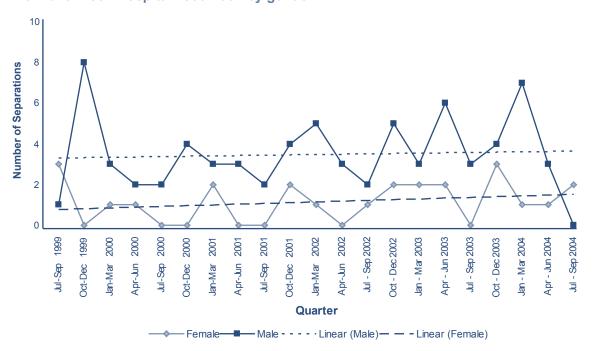
Discussions indicated that as a component of assessment and developing a treatment plan, clients are fully informed of the implications of their order. While specific information regarding clients' disclosure and treatment are treated as confidential, clients are made aware that reports regarding their participation in, and compliance with the rehabilitation program are reported, and failure to participate will result in return to court or prison.

# 4.4.8 Trends in hospital admissions and service utilisation

Review of hospital separations data for the Tennant Creek Hospital indicated that separations for conditions attributed to alcohol use increased marginally over the period studied (1999-2004) as can be seen from Figure 4.4. However, given the relatively small numbers and variance from quarter to quarter, this trend did not appear to be significant.

Review of the NMDS data relating to services in BRADAAG, the only service reporting to the NMDS, indicated that admissions had been stable across the three years studied.

Figure 4.4: Hospital separations where alcohol was identified as a cause for the Tennant Creek Hospital 1999-2004 by gender



## 4.4.9 Gaps identified in the course of consultations

Discussions in Tennant Creek suggested that a major challenge for services was arranging access to training or employment for clients as an adjunct to treatment and aftercare. In addition, it was suggested that a small number of families experience significant problems involving alcohol, violence, poverty and interaction with the criminal justice system and that development of intensive services to support these families may make a positive contribution to the current service system.

## 4.5 Services in the Alice Springs Region

The Alice Springs region encompasses Alice Springs and an area which stretches from the South Australian border to the Queensland and Western Australian borders and approximately 300 kilometres north of Alice Springs. As such, the region encompasses a major regional centre and a large number of remote communities.

### 4.5.1 Detoxification services

Medicated detoxification in Alice Springs is supported through the Alcohol and Other

Drugs Service Central Australia (ADSCA) as a community based service. In addition, the Drug and Alcohol Services Association (DASA) provide ten beds for detoxification with support from ADSCA.

# 4.5.2 Sobering-up shelters and night/day patrols

DASA operates a 26 bed sobering-up shelter that operates from 2 pm to 6 am every day except on Sunday nights. All clients are provided with a place to sleep, a shower and a meal. Information regarding services and brief interventions are provided. DASA also follows up clients using the service as a component of the outreach service it operates in Alice Springs.

It was also noted that the Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU) reported undertaking a small number of withdrawal programs (approximately one each year).

Outside Alice Springs, the Injartnama Aboriginal Rehabilitation Community had provided detoxification for 15 clients in 2000-01.

Examination of NMDS data indicated that DASA provided withdrawal management for 211 clients in the three years studied, representing

approximately half of all withdrawals, while ADSCA provided 173 (approximately 43%) of withdrawals.

#### 4.5.3 Assessment services

A range of services provide access to assessment of alcohol and other drug problems in the Alice Springs region, although primarily focused in Alice Springs. Assessments are primarily service specific, although in the course of site visits and discussions it was noted that where it is believed that clients will benefit from an alternative service cross referrals are made.

The Central Australian Aboriginal Congress operates a Social and Emotional Well Being Service that includes comprehensive assessment of clients and amongst other things incorporates alcohol and other drug issues, where it is considered appropriate clients are referred to DASA or CAAAPU. As the service was not identified for detailed examination, the specific components of the assessment process were not investigated.

ADSC undertakes a comprehensive assessment of clients referred to or attending the service, including clients in the Alice Springs Hospital. It was reported that a psychologist had recently been recruited to allow more sophisticated psychometric assessment of clients. The medical officer within the service also undertakes assessment of clients. particularly those seeking pharmacotherapies. The current assessment tools provide for a comprehensive coverage of clients' health, drug use and social histories, as well as including standardised measures of dependence.

Discussions with CAAAPU indicated that three levels of assessment are undertaken. reflecting the three broad services operated. The outreach team has a role in providing advice and information and, where appropriate, encouraging clients to access treatment services. Accordingly, assessment for this component of the service is relatively superficial. Clients seeking to participate in the day program are subjected to a more detailed assessment, although this is primarily informal, incorporating some components of social and drug use histories, and discussion of clients'

goals. Where clients are seeking admission to the residential treatment program, or are under the influence of alcohol or other drugs, efforts are made to refer them for withdrawal.

The residential component of CAAAPU has recently undergone significant changes in the treatment program offered. Accordingly, a comprehensive assessment which includes informal (e.g. social and drug use history, motivational interviewing, treatment goals) and formal components is undertaken. The assessment is undertaken in two stages; the first seeks to determine suitability for the service (undertaken by outreach workers) and the second, more comprehensive, assessment is focused on developing a treatment plan. Of particular interest was the use of drawings to assist clients to articulate issues and explore the role of alcohol or other drugs in their lives (unfortunately, near the end of the project, it was reported that key staff involved in developing and implementing changes at CAAAPU had departed). CAAAPU ensures that all clients are linked with the medical services. provided by the Central Australian Aboriginal Congress.

DASA undertakes assessment of all clients seeking admission for withdrawal. The assessment is primarily designed to gain an understanding of the clients' past and current alcohol and other drug use to support withdrawal management and to establish goals with clients for their treatment whilst at DASA.

The project timeframe did not allow a site visit to Injartnama, however, it is understood that the service undertakes assessment of all clients prior to admission and that the focus of assessment is determining the level of dependence to inform withdrawal management and to establish a treatment plan with clients.

Ngkarte Mikwekenthe at Santa Theresa south of Alice Springs is primarily focused on supporting the development of community based activities related to substance misuse. However, it was noted that where clients are believed to require a more intensive intervention, referrals are made to services such as DASA and CAAAPU.

Holyoake provides a service which emphasises the environment in which alcohol or other

drug use occurs and the impact on both the individual and those with whom they live. A key component of the assessment is identifying the capacity of an individual to engage effectively in a group setting, and which of the structured group programs offered by Holyoake is most appropriate. The assessment is reviewed once clients have commenced treatment and individual treatment goals that cannot be addressed within the group program are identified as the basis for one-to-one counselling.

# 4.5.4 Community based counselling and rehabilitation

A number of services in Alice Springs provide community-based counselling. As noted above, Congress provides counselling through its Social and Emotional Well Being Service. It was reported that all workers have undertaken training through Batchelor College, although the specific counselling model was not explored.

ADSCA employs a mixture of nurses, graduate counsellors and psychologists to provide counselling. It was reported that counselling is primarily based on motivational interviewing and application of a Cognitive Behavioural Therapy framework. Assessments provide the basis upon which treatment plans and goals are negotiated with clients. Discussions indicated that following the recent restructuring of the ADSCA services, a closer relationship had been developed with the Central Australian Mental Health Service to facilitate improved management of clients with a concurrent mental disorder.

Holyoake operates a community-based counselling service which emphasise the role of environment, particularly family environment. Clients seeking to utilise the service undergo a detailed assessment which seeks to establish the level of dependence where the client is using alcohol or other drugs. The key focus of the assessment is to work with clients to understand the role or impact of alcohol or other drug use in their lives, determine the appropriate group program for the individual and establish treatment goals that may require individual counselling. The assessment and

treatment goals are reviewed with all clients halfway through the program.

DASA operates a service for young people identified as either experiencing difficulties or likely to do so. The program is known as Bush Mob, and while not a formal counselling service, it seeks to divert identified young people by arranging diversionary activities outside the Alice Springs metropolitan area. In addition, DASA also operates an outreach service which seeks to provide early intervention, education and referral.

CAAAPU operates an outreach program and a day program. The outreach program, like that operated by DASA, seeks to identify Aboriginal people in Alice Springs who may be experiencing difficulty with alcohol or other drugs, provide information and support access to treatment services. The day program has been developed for those who are unable or unwilling to undertake residential rehabilitation and is centred on a group education and discussion framework. A primary objective of the service is to provide an alternative to drinking. Clients are required to be sober to attend the service and are collected by bus each morning to participate in either a men's or women's group.

Injartnama operates an education and diversion program, which while not strictly a counselling service, seeks to work with clients to develop alternatives to alcohol and other drug use.

EAS also has personnel located in Alice Springs who provide counselling to clients with alcohol or other drug related problems. As with the Darwin and Katherine services, a cognitive behavioural framework is primarily applied by trained psychologists.

## 4.5.4 Pharmacotherapy

As noted earlier (4.1.5), prior to 2001, it was not legal to provide methadone or buprenorphine maintenance in the Northern Territory. Like Darwin, the Alcohol and Drug Service Central Australia (ADSCA) provide methadone and buprenorphine maintenance from a facility on the grounds of the Alice Springs Hospital. All clients are assessed by the ADSCA medical

officer, and a member of the ADSCA nursing staff.

Discussions indicated that protocols and services were comparable to those in Darwin and that similar pressure for available treatment places was experienced.

### 4.5.6 Residential rehabilitation services

DASA and CAAAPU operate the only residential rehabilitation services in Alice Springs. The DASA service is an extension of the ten day withdrawal program which allows clients to remain at the service for a further ten days. The focus of the intervention is to support clients to organise issues such as housing, training and employment to reduce the risk of relapse.

The CAAAPU program has undergone significant revision in the past 18 months. The program operates over eight weeks and requires clients to undergo withdrawal if required prior to admission. The program draws on principles of cognitive behavioural therapy, although this has been translated into a culturally appropriate form. The program is relatively structured, although opportunities are available for clients to receive one-to-one counselling. From the outset, there is a focus on relapse prevention and planning for discharge. In addition, the program explores the role played by alcohol or other drug use for clients, issues to avoid the problems that contributed to admission and relapse prevention. A key focus of the later stages of the program is linking clients with services that they will require following discharge.

Intjartnama operates a therapeutic community outside Hermannsburg, with an emphasis on young people. A core component of the program relates to education and supporting clients to develop strategies to return to the community and avoid or limit problems associated with alcohol and other drug use. Further detail was not gained in the course of this project and it appeared from NMDS data that no returns were provided after 2001-02, or that the service had ceased operating.

A number of informants indicated that a residential or outstation program had been

established at Mount Theo near Yuendumu targeting clients who sniff petrol.

# 4.5.7 Aftercare/follow-up services

Discussions with DASA indicted that the outreach team provide ongoing support to clients who use the sobering-up shelter or have undergone withdrawal. It was noted that there is a close relationship with Tangentyere Council to facilitate employment for clients.

Similarly CAAAPU indicated that the outreach service maintains contact with clients following discharge from the residential program, and clients also have the option of participating in the day program. With redevelopment of the program, follow-up and relapse planning have become and increased focus. However, a number of stakeholders suggested that closer links with organisations in the community were required to provide a comprehensive aftercare and support service.

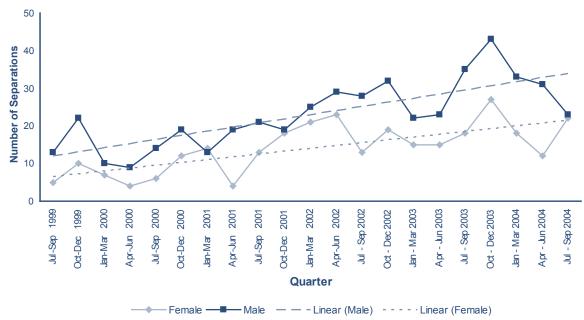
## 4.5.8 Services for coerced clients

It was reported that CAAAPU, DASA and ADSCA provide services to clients whose treatment is the subject of a court or parole order. For residential services, the key concern identified was maintaining a balance in the population within the service at any time. There was also consistent advice that clients are provided with detailed advice regarding their obligations, the obligations on the service and the types of information which are reported to the relevant supervising authority.

# **4.5.9 Trends in hospital and treatment admissions**

Review of hospital separations data for the Alice Springs Hospital indicated that separations for conditions attributed to alcohol use increased consistently across the period studied for both men and women (1999-2004) as can be seen from Figure 4.5. This concurs with advice provided by all stakeholder interviewed in the course of the project that alcohol was becoming an increasing problem in Alice Springs. Unfortunately it was not possible with the available data to determine the extent to which this trend related to people visiting Alice Springs from outlying communities.





Review of NMDS data for the period 2001-2004 (Table 4.1) suggested that:

- there had been a decline in the number of clients who sought treatment for their own alcohol or other drug use that received treatment overall (826 to 674);
- the number of clients undergoing assessment only increased (96 to 175);
- those receiving residential rehabilitation declined (161 to 85);
- those receiving support and case management declined (60 to 8); and
- the number of clients undergoing withdrawal had declined (196 to 130).

Although the decline in those receiving residential rehabilitation may reflect the significant changes occurring within CAAAPU,

Table 4.1: Episodes of care by treatment type for Alice Springs 2001-2004

Intervention	2001-2002	2002-2003	2003-2004	Total
Assessment Only	96	155	175	426
Counselling	154	147	155	480
Information and Education Only	137	118	90	345
Pharmacotherapy	6	17	9	32
Residential Rehabilitation	161	129	85	375
Non residential rehabilitation	9	4	19	32
Support And Case Management Only	60	27	8	95
Withdrawal management	196	75	130	401
Other	7	5	3	15
Total	826	677	674	2201

the data is of some concern given the anecdotal evidence regarding increased alcohol problems within the Alice Springs community and hospital separation data which appears to confirm this, the growth in clients receiving assessment and no other intervention, and decline in case management.

# 4.5.10 Gaps identified in the course of consultations

Discussions with key stakeholders and service providers identified a range of gaps within the current service system, specifically:

- development of an appropriate and accepted model to provide services to remote communities in the region, and within Alice Springs:
- provision of public sector services in a form that was appropriate and accessible to Aboriginal people;
- development of appropriate options for those inhaling volatile substances;
- effective interaction between alcohol and other drug services and mental health services in managing difficult clients such as those with personality disorders; and
- enhanced linkages between treatment services and other organisations to enhance aftercare, relapse prevention and follow-up.

# 4.5.11 Priorities for Alice Springs

At the workshop to consider project findings held in Alice Springs, discussions sought to identify priorities for development within the alcohol and other drug system, based on the findings from the current project. The identified priorities, in the order identified by participants were:

- (1) Development of appropriate services and service models for remote communities in Central Australia.
- (2) Developing an appropriate response to inhalant use in Alice Springs involving coordination of current initiatives across the region to address this issue.

- (3) Training and retention of appropriately skilled personnel within the alcohol and other drugs field.
- (4) Enhancing interaction and collaboration between mental health and alcohol and other drug services in the management of clients, particularly those with personality disorders.
- (5) Improving the linkages between alcohol and other drug services and the range of support services required by clients completing treatment.
- (6) Enhancing accessibility of public sector alcohol and other drug services to Indigenous people (potentially through purchasing arrangements with the community controlled sector).
- (7) Improving the sharing of data between agencies.
- (8) Identifying correctional institutions as a key setting for initiating treatment.

# 4.6 Schematic of service system

In order to gain a clearer view of the current service system, existing organisations have been mapped against the client groups they serve and the types of services provided for each of the five regions within the Northern Territory. The results provided in Table 4.2 highlight the following issues:

- There is a dearth of services available for people living in more remote communities, which in part reflects the difficulties defining a model that will effectively operate in this environment and difficulties recruiting to positions in this type of environment. Nevertheless, the developments in Yirrkala, where the Top End Division of General Practices has employed local health workers to provide alcohol and other services, with support provided by the AODS in Nhulunbuy, and visits by the ADS Darwin appear to represent a workable model.
- (2) Aside from the absence of services in remote areas, the overall mix of service types appeared appropriate however availability in a number of locations can

Table 4.2: Map of agencies by region by client group by services

Client groups served								Service provided									
Region/Service	Age Gp	ATSI/ Non ATSI	Gender	Voluntary/ Coerced	Individual/ Family	Drug groups	Av. Clients / annum 2001-04	Assessment and referral	Sobering – up/ Patrol	Detoxification	Pharmaco- therapy	Counselling	Community rehabilitation	Residential rehabilitation	Aftercare/ Follow-up	Focus Abstinence/Harm reduction	
Darwin region) Alcohol and Other												,				Client	
Drug Service	18+	Both	M&F	Both	Individual	All	235	√			√	√	√		√	determined	
ADS Detox	All	Both	M&F	Both	Individual	All	197			√							
Amity Community Services	18+	Both	M&F	Both	Individual		205			√		<b>V</b>	<b>V</b>		√	Client determined	
ANSTI	18+	Both	M&F	Both	Individual	Primarily Alcohol	44	√		√		<b>V</b>		√		Abstinence/ harm reduction	
Centacare AIAAFR	all	ATSI	M&F	Primarily voluntary	Individual and fami- lies	Alcohol, Petrol		√	√			<b>V</b>	√		√	Harm reduction	
Centacare AAFR	all	Both	M&F													Harm reduction	
Centacare DAISY	Under 18	Mostly Caucasian	M&F	Voluntary	Family focused	Beyond AOD		√				<b>V</b>			<b>V</b>		
CAAPS		ATSI	M&F	mixed	Involves families	All	105	<b>V</b>		<b>√</b>		<b>V</b>	√	√	√	Client determined	
Danila Dilba	all	ATSI	M&F	Voluntary	Individual and fami- lies	All		<b>V</b>				<b>V</b>			<b>√</b>	Harm reduction	
EAS Darwin	18 +		M&F	Voluntary	Both	All	40	√		√		√			√	Harm reduction	
Foster Foundation Banyan House	18+ and families	Both	M&F	Mostly voluntary	Recently accepted clients with children	All but focus on IVDU	114	<b>V</b>		<b>√</b>				<b>V</b>	√	Client directed but focus on abstinence	
FORWAARD	18+	ATSI	M&F	Mixed	Individual	Primarily alcohol	111	√		√		<b>V</b>		√	√	Abstinence	
Mission Aus Caryota Place	18+	Both	M&F	Mixed	Individual	Primarily alcohol			√						√	Harm reduction	
Salvation Army	18+	Both	М	Mixed	Individual	All		√		√		1		√	√		
Salvation Army	18+	Both	F	Mixed	Individual	All		√				<b>V</b>	√			No accommoda- tion for women	
St Vincent de Paul; Bakhita Centre	18+	Both	M	Voluntary	Individual	Primarily alcohol		<b>V</b>							√ Accomm, Service	Harm reduction	
East Arnhem																	
AODS	18+	Both	M&F	Mixed	Individual	All	6	√		√		√			√	Client determined	
Miwatj	All	ATSI	M&F	Voluntary	Both	Alcohol			√						√	Harm reduction	
Katherine																	
Centacare	all		M&F	Voluntary	Both	All		√								Harm reduction Client	
EAS	A8+	Non ATSI	M&F	Voluntary	Both	All	72	√		-1		√			√	determined	
Katherine Hospital	all	all	M&F	Voluntary	Individual	All				Admitted patients only							
Kalano	18+	ATSI	M&F	Mixed	Individual	Alcohol	121	√	√	V			√	√	√		
St Vincent de Paul Ormond House	18+	Both	М	Voluntary	Individual	Primarily alcohol									√ Accomm. Service	Harm reduction	
Wurli Wurlinjang	All	ATSI	M&F	Voluntary	Both	All		√				<b>V</b>			√	Harm reduction	
Tennant Creek																Client	
BRADAAG	18+	Both	M&F	Mixed	Individual	All	94	√		√				√	√	determined	
BRADAAG Alice Springs	18+	Both	M&F	Voluntary	Individual	Alcohol			√							Harm reduction	
ADSCA	18+	Both	M&F	Mixed	Individual	All	211	<b>√</b>		√	<b>√</b>	<b>√</b>	14/		√	Client determined	
CAAAPU	18+	ATSI	M&F	Mixed	Individual	Alcohol/ cannabis	250	<b>V</b>		<b>V</b>		<b>V</b>	<b>V</b>	√	<b>V</b>	Client determined	
CAAC	all	ATSI	M&F	Voluntary	Both	Social and emotional wellbeing		<b>V</b>				<b>V</b>			<b>V</b>		
DASA	18+	Both	M&F	Mixed	Individual	All	123	√		<b>V</b>		<b>V</b>			<b>V</b>	Client determined	
DASA	18+	Both	M&F	Mixed	Individual	Alcohol			√								
Holyoake	All	Both	M&F	Voluntary	Family	All	53	√				<b>V</b>	√		√	Client determined	
Intjartnama	12 +	ATSI	M&F	Mixed	Both	All	11	√		√		<b>V</b>	√	√	√		

be identified as an issue. The absence of reliable detoxification services in Katherine and the relatively limited scope of aftercare and follow-up up services for residential services and clients from remote communities are identified as a priority for future development.

- (3) The available data suggesting that women in the Northern Territory consume alcohol at a higher rate than the national average, and anecdotal advice that young women are now as likely as young men to consume alcohol at hazardous levels suggests that access to appropriate services is, and will become, an increasing priority.
- (4) Increased incidence of petrol sniffing was reported by key informants in Darwin, Alice Springs and East Arnhem, in part, it was suggested that use of petrol in remote communities was exacerbated by the absence of other psychoactive substances, although it was also reported that an older age group was sniffing paint in Darwin. Consistent with the findings D'Abbs and McLean (2000) it appeared that work currently under way through the Department related to community development, as well as through the Office of Aboriginal and Torres Strait Islander Health under the National Illicit Drugs Strategy and the Northern Territory Government's Community Harmony Program's appear promising in the longer term. However, the development of early intervention and treatment services for inhalant use appeared to remain a priority for future development of the alcohol and other drugs sector.
- (5) Although all services either visited or that returned surveys indicated that aftercare was provided, a number of concerns were consistently raised regarding the extent to which this component of service delivery had been developed. In regional centres, although a range of potential support services are available, it was noted that relationships and linkages are often dependent upon individuals, rather than the subject of a memoranda

- of understanding, or formal integrated case management systems. A key area identified by residential rehabilitation services was access to supported accommodation or a halfway house (although it was noted that viability was an issue for smaller services) and employment opportunities for clients in communities other than Darwin or Alice Springs. Accordingly, promoting and supporting the development of more comprehensive aftercare and follow-up was identified as a priority.
- (6) Analysis of NMDS data indicates that like Alice Springs, Darwin had also experienced a reduction in the numbers of clients receiving residential rehabilitation and support/case management, despite the apparent increase in hospital admissions for alcohol and other drug related hospital admissions. This may reflect an opportunity to release resources to enhance existing services to develop aftercare programs, or to reallocate resources to support development of services specifically women and people living in remote communities.

(Note: Cells showing a √ in Table 4.2 indicate that the service referred to by the column is provided by the agency referred to in that row)

# 4.7 Personnel engaged in alcohol and other drug services

The survey of agencies undertaken by the current project included a section relating to the skills, qualification and experience of personnel employed within agencies. The response rate was 45% (18 responses from 40 agencies surveyed) although when the one, largely incomplete response is removed, the response rate is reduced to 42.5%.

# 4.7.1 Academic qualifications and training

As can be seen from Table 4.3, over 75% of personnel engaged in clinical roles within alcohol and other drug services hold a tertiary qualification.

A consistent theme in discussions with services in the course of site visits was the impact that provision of training through the Department to support completion of the Alcohol and Other Drugs Certificates II, III and IV had on the skills base within the alcohol and other drug sector.

Of the 17 clinical positions reporting no previous academic qualification, 13 (76.5%) had completed Certificate IV; 32 (84.2%) of those with a Bachelors Degree had completed at least Certificate IV or undertaken postgraduate training. In addition, 17 (31%) of personnel engaged in other roles such as day patrol or sobering-up shelter supervision had undertaken Certificate II (2 cases), Certificate III (3 cases) or Certificate 4 (12 cases).

Accordingly, it appeared overall that the personnel working within alcohol and other drug services had an interest in training related to the area and that the majority of clinical personnel held a qualification. However, as can be see from Table 4.4, the proportion of clinical personnel with tertiary training was higher in the

government sector than the non-government sector.

# 4.7.2 Supervision and professional development

Of the 17 agencies that provided a response, 10 provide clinical personnel with some form of supervision activities. Of these 10 agencies:

- six provide individual clinical supervision;
- eight provide peer review supervision;
- eight utilise case discussion; and
- seven utilise group supervision.

Survey results also indicated that 11 of the 17 agencies providing completed responses required clinical staff to engage in ongoing professional development. Further, the majority of agencies (58.8%) indicated that clinical personnel undertook four or more days of professional development each year.

Table 4.3: Academic qualifications and roles of positions reported in the survey of AOD agencies

Role	No Tertiary Qualification	% by Role	Bachelors Degree	% by Role	MBBS	% by Role	Master	% by Role	Total (n)
Administrative	18	90.0	1	5.0	0	0.0	1	5.0	20
Clinical	17	27.4	38	61.3	4	6.5	3	4.8	62
Other	49	90.1	5	0.9	0	0.0	0	0.0	54
Total	84		44		4		4		136

Note: 'Other' included a range of positions in sobering up shelters and community patrols

Table 4.4: Academic qualifications for clinical personnel by government/non-government AOD agencies

Role	No Tertiary Qualification	% by Role	Bachelors Degree	% by Role	MBBS	% by Role	Master	% by Role	Total (n)
Government	1	5.0	13	65.0	4	20.0	2	10.0	20
Non -Government	16	38.1	25	59.5	0	0.0	1	2.4	42
Total	17		38		4		3		62

## 4.7.3 Conclusion

It appeared from the survey undertaken that the personnel within the government sector were more likely to hold a tertiary qualification than in the non-government sector. Further, the support for alcohol and other drug training provided through the Department appeared to have been well received by those with previous academic qualifications, as well as those who did not hold a degree. This has contributed to the development of a reasonably well trained workforce across sectors.

There was a strong commitment to ongoing professional development reported in the source of site visits, and this was confirmed by survey results which suggested that the majority of agencies provided some form of clinical supervision activities.