

**ALCOHOL AND OTHER DRUGS  
PRE CONFERENCE FORUM EVALUATION  
REPORT**



**Northern Territory Council of Social Service**

Darwin, Northern Territory  
Forum held on 13 April 2011

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## **INTRODUCTION**

This report presents an evaluation of the NTCOSS Alcohol & Other Drugs Pre Conference Forum that was held on Wednesday 13 April 2011 in Darwin, Northern Territory. The theme of the Forum was “Forging the Future – Practical responses to contemporary issues” which built on the main objectives of the Improved Services Project, funded by the Department of Health and Aging (DoHA). It was attended by 107 participants from government and community sector organisations across the Northern Territory and also AOD Peak representatives from all other Australian states and territories.

One of the main objectives of the Improved Services Project is to build sustainable linkages and strategic partnerships between the AOD NGO sector, Mental Health and other primary health care providers for the identification and treatment of co-morbidity. The Forum was an opportunity for participants to strengthen relations with partners by sharing experiences and best practices, and fostering a broader constituency of support for a model of integrated care.

## **FORUM OVERVIEW**

After a Welcome Address by Bernie Dwyer - President of NTCOSS, the first session was an address by Keynote Speaker, Dr Ian Webster, Emeritus Professor of Public Health and Community Medicine, University of New South Wales. Dr Webster is Patron of the Alcohol and other Drugs Council of Australia, Chairman of the Australian Suicide Prevention Advisory Council, The NSW Expert Advisory Group on Drugs and Alcohol, the Governing Council of the Ted Noff’s Foundation and the Centre for Primary Health Care and Equity at the University of New South Wales.

The second session was delivered by Dr Tricia Nagel of the Australian Integrated Mental Health Initiative (AIMhi), Head, Healing and Resilience Division of Menzies School of Health Research. Dr Nagel is a senior psychiatrist and researcher with 28 years experience working in NT rural and remote health. She is recognised as an expert in the field of Indigenous and rural and remote mental health service delivery.

The Guest Speakers for the third session, a substitute session, were Matthew Bonson, Chief Executive Officer and Patrick Stephenson, Training Manager of the Council for Aboriginal Alcohol Program Services Inc (CAAPS), the largest family-focused residential alcohol and other drug rehabilitation centre in Northern Australia.

After lunch, the fourth session was presented by Andrew Biven, Co-morbidity Coordinator of the South Australian Network of Drug and Alcohol Services (SANDAS). Andrew provided an overview and instructive demonstration of the recently released

E-learning module – Prescription Mental Health medication and Alcohol and other Drugs. Andrew was the respected and recognised authority involved in the development of this E-Learning Tool, and has worked in the Alcohol and other Drugs field for 30 years.

The fifth session “Enough is Enough” was delivered by Micheil Brodie, Executive Director for Licensing Regulation and Alcohol Strategy, Northern Territory Department of Justice. This session provided valuable information about the proposed Alcohol Reforms for the Northern Territory, as announced by the Minister for Alcohol Policy in September 2010.

The final session for the day was the presentation of a case scenario – “No Wrong Door” by a Central Australian Inter-Agency Group. Although technology let us down on the day (the venue couldn’t play the DVD), this was still a fascinating narrative delivered by Sandi (the consumer). The theme of this session was, from a consumer point of view, the importance of AOD<sup>1</sup> and MH<sup>2</sup> agencies working collaboratively with each other to increase their capacity and improve treatment outcomes for clients with co-occurring disorders, like Sandi.

## **FORUM AIMS**

The aim of the Forum was to generate thought and discussion on the future direction of AOD treatment approaches. This included evidenced based ‘whole of person’ treatment approaches, integrated care, prevention, Indigenous program initiatives, well being and mental health.

The premise of selecting the keynote speakers was for their expertise, experience, research and credibility in presenting ‘best practice’ philosophy and treatment programs in the AOD and Mental Health fields. These presentations were then supported by local agencies with innovative practical examples of treatment programs.

The final presentation by the Alice Springs Inter-Agency Group was designed to demonstrate a consumer’s experience when seeking help for substance use and mental health disorders from local agencies, and the problems encountered when presenting with multiple issues. The aim of this presentation was to highlight the impact on consumers when agencies did not have the skills or resources to manage people with co-occurring AOD and Mental Health disorders.

The forum was intended to be interactive, with brief and to-the-point presentations, followed by a Question and Answer session, if time allowed.

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<sup>1</sup> Alcohol and Other Drugs

<sup>2</sup> Mental Health

## **PRESENTATIONS**

All of the AOD Pre Conference Forum presenters agreed to our request to make their PowerPoint presentations available on the NTCOSS website.

These presentations can be located at <http://www.ntcoss.org.au/news/2011/03/ntcoss-conference-2011>.

## **SESSION QUESTIONS & ANSWERS**

At the conclusion of each session, the floor was opened for questions and/or comments about current and emerging AOD and MH issues, the co-occurrence of these disorders and what the future holds for practical responses to these issues.

A summary of questions, answers and comments is provided in Appendix A.

## **PURPOSE AND SCOPE OF THE EVALUATION**

The objectives of this evaluation have been:

1. To provide an overall assessment of the Forum.
2. To better design future events in terms of format and content by:
  - a) Assessing relevance and usefulness of content of presentations;
  - b) Providing insight on how to better promote the Forum in future;
  - c) Assessing logistical arrangements and participant's involvement in the Forum; and
  - d) Interpreting, sharing and reporting on the results and recommendations.

The findings and recommendations of this report will be distributed to Department of Health and Aging (DoHA), the Tobacco, Alcohol and Other Drug Service in NT Department of Health, AOD Peaks around Australia, NTCOSS management, Top End Mental Health Services (TEMHS), the Mental Health Coalition of the NT and other relevant stakeholders for consideration and appropriate actions.

## **METHODOLOGY OF THE EVALUATION**

An evaluation form was included in the Pre-Conference Forum satchel. Forum participants were referred to the evaluation at various times throughout the Forum, and were asked to complete the evaluation at the end of the day. Data taken from the forms were entered into an Excel spreadsheet for analysis.

The evaluation form contained a mixture of open and closed questions relating to different aspects of the Forum, as well as some basic promotional and travel arrangements data. Apart from some reflection questions, the open questions were

along the lines of what could we have done to improve the Forum, and whether there was anything that participants were dissatisfied with. The answers to these questions are used to interpret the quantitative scores.

## **ANALYSIS OF FORUM EVALUATION FEEDBACK FORMS**

Following are the results of the analysis of responses to the participant evaluation form that was distributed and completed during the Forum.

There were a total of 107 attendees at the Forum – 37 of these attendees completed and returned the evaluation form, representing a 35% response rate (exceeding the statistical minimum sample size required of 29 responses or 27%).

Overall, the result of the evaluation on all questions was positive and attendance exceeded the earlier anticipated numbers.

### ***Attendee Evaluation***

In terms of inclusiveness, the Forum brought together AOD, Mental Health and other NGOs (e.g. Community Legal, Homeless Services, Domestic Violence and multi-disciplinary), State and Territory Peaks, Clinicians, Researchers and Government. In terms of representation, 35% of attendees were recognised as representing an organisation primarily servicing the AOD sector, with 42% representing a multidisciplinary or “other” NGO, 18% representing government and 6% representing an organisation primarily identified as servicing the Mental Health sector.

### ***Satisfaction with Content and Format***

Generally, satisfaction with the content and format of the Forum was high. 68% of respondents identified that “nothing” needed to be done differently to improve the event, with 8% of these satisfied respondents suggesting future Forums should even be extended to 2 days.

The satisfaction rates on the relevance of content with the Forum sessions were also very high. Over 81% of respondents identified that the substance of topics, themes and keynote speakers were very relevant. An additional 16% of respondents acknowledged that the substantive information presented at the Forum was relevant.

### ***Evaluation of Sessions***

Question 5 on the Evaluation Form attempted to determine the usefulness of the different Forum sessions to the participants. Respondents were asked to identify the most useful session to them and why.

32% of participants identified the most useful session was delivered by Keynote Speaker, Dr Ian Webster, Emeritus Professor of Public Health and Community Medicine, University

of New South Wales. Dr Webster's presentation dealt with Pathways to Risk – the genetic and biological factors, individual differences in vulnerability, family difficulties, association with substance using peers, differential exposure to harmful substances and accumulations of social disadvantage (homelessness, lack of employment etc.) that all play a role in the incidence of co-morbidity in our population.

Another popular session was Micheil Brodie's "Enough is Enough" with 24% of participants identifying this session as providing the most useful information. In this session, Micheil discussed the proposed new laws and how they target people who cause harm from their alcohol or drug abuse. Micheil informed the audience of progress in the rolling out of the new Territory-wide Banned Drinker Register in take away liquor outlets, the steps being taken to enable banning problem-drinkers from purchasing takeaway alcohol and the introduction of mandatory rehabilitation treatment for problem drinkers. He also touched on the NT Government's work towards replacing the existing Alcohol Court with a Substance Misuse Assessment and Referral for Treatment (SMART) Court.

Some participants preferred the more practical sessions (15%) such as the demonstration of the E-learning module – Prescription Mental Health medication and Alcohol and other Drugs delivered by Andrew Biven or the CAAPS presentation, by Matthew Bonson and Patrick Stephenson, which identified the values and achievements at the largest family-focused residential alcohol and other drug rehabilitation centre in Northern Australia.

### ***Opportunities to Participate***

Question 6 on the Evaluation Form asked the attendees to identify if they felt they had an opportunity to participate in the Forum and how was this participation facilitated.

78% of respondents advised that they felt they did have an opportunity to participate at the Forum either through Q and A sessions after each presentation or through networking and interaction with others attending the Forum.

16% of respondents did not complete Question 6 on the evaluation form and 5% identified that they did not have adequate or meaningful participation opportunities on the day. Owing to the small number of respondents that felt they had inadequate opportunity for participation, it is not clear to us how we could involve participants in a more meaningful and comfortable way.

### ***Logistics of the Forum***

Question 10 asked attendees to identify if they had trouble attending the Forum and also identify why it was difficult to attend.

19% of respondents advised that they did have difficulty attending the Forum. Of these responses, approximately half identified that "excessive travel time" was the reason they had difficulty attending. The remaining respondents, that identified a reason for

their problem of attending the Forum, linked this issue to “lack of staff to cover”, “heavy client load” and “busy work schedules.”

## **ANALYSIS OF PROMOTION OF THE FORUM**

As previously advised, the Forum brought together AOD, Mental Health and other NGOs (e.g. Community Legal, Homeless Services, Domestic Violence and multi-disciplinary), State and Territory Peaks, Clinicians, Researchers and Government. There were a total of 107 attendees at the Forum and actual attendance exceeded the earlier anticipated numbers by approximately 25%.

### ***Organisation representation***

In terms of representation, 35% of attendees were recognised as representing an organisation primarily servicing the AOD sector, with 42% representing a multidisciplinary or “other” NGO, 18% representing government and 6% representing an organisation primarily identified as servicing the Mental Health sector.

### ***Methods of promoting the Forum***

Question 1 of the Evaluation Form asked attendees to identify how they heard about the NTCOSS 2011 AOD Pre Conference Forum. The majority of respondents (65%) advised that they had been informed about the Forum via email.

Another successful way of being informed about the Forum was identified as “via other networks” by 16% of respondents - with the Mental Health Association of Central Australia (MHACA) being recognised as a valuable source of this type of information by over 30% of these respondents. Also 11% of respondents named a personal invitation by Barry White, Project Officer of the Improved Services Project at NTCOSS was influential in attracting participants to the Forum.

Not surprisingly, more conventional methods of promoting an event like this AOD Forum, such as direct mail, was associated with less than 10% of actual attendees.

It was also noted by the organisers of the Forum that the emailing of promotional material for this event was regularly “bounced” or returned with the message “not delivered because the destination computer was not found” or “user unknown”. This result reinforces the importance and often, unseen effort, required to keep email addresses, networks and contact lists up-to-date.

### ***Preferred incidence of this type of Forum***

Question 7 asked how often participants would like this type of AOD Forum to be held. A convincing majority of respondents (86%) suggested they would like a similar AOD focused Forum be held, in the Northern Territory, every six to twelve months.

### ***Review of target audience response***

The primary target audience for the AOD Pre Conference Forum was AOD and Mental Health Services in the Northern Territory. The secondary audience was government and multidisciplinary or “other” NGOs.

The attendance by Mental Health Services was lower than expected, with only 6% of the audience representing an organisation primarily identified as servicing the Mental Health sector. This indicated to the organisers of the Forum that the visibility of the NTCOSS Improved Services Project may be somewhat less in the Mental Health sector. It was also suggested that the Forum name and content may need to be customized to appeal specifically to the Mental Health sector for future events.

## **OVERALL FINDINGS AND RECOMMENDATIONS**

This evaluation provides the Forum sponsor, NTCOSS management and organisers with an overall assessment of the Forum, and at the same time will help NTCOSS to better design future events in terms of format, content, effective promotion and logistics.

The NTCOSS AOD Pre Conference Forum brought together an amazing amount of speaker, government and service delivery AOD and MH experience from all around Australia. Most respondents agreed that the Forum served its purpose with over 81% identifying that the substance of topics, themes and keynote speakers was very relevant. An additional 16% of respondents acknowledged that the substantive information presented at the Forum was relevant.

While everyone did not agree that the format, content or organisation of this Forum were perfect, many respondents (over 30%) advised that they could think of “nothing” to improve the Forum. Of the respondents that made suggestions for improvement, it was consistent and notable that respondents felt the Forum was a “big” day and it should be extended over two days next time. Through the evaluation, respondents also informed the organisers that they should include more interaction and perhaps a panel discussion - even though 78% of respondents advised that they felt they did have an opportunity to participate at the Forum either through the Q and A sessions or through networking. Also it was significantly noted that respondents felt “consumer speakers should be asked to present early in the day – so they don’t feel they have to measure up to the more professional speakers and academics”.

In addition, evaluation respondents overwhelmingly (86%) suggested they would like a similar AOD focused Forum be held, in the Northern Territory, every six to twelve months.

In terms of content or speakers for future AOD Forums, a few consistent suggestions emerged from the evaluation. These were: Youth interventions, gambling and spiritual or holistic interventions. As far as recommendations for speakers were concerned, some respondents suggested Dr Ian Webster should again be asked to present also requests for Dr Maggie Brady and Professor Dennis Gray were consistent.

Overall, Forum participant responses indicated a high level of satisfaction with the organisation and logistics of the Forum. However, several comments pointed to areas for improvement that will be considered. For example, cost and time expended on travel to attend in Darwin and the importance of NTCOSS subsidization of these events.

Finally, concerned about the low attendance (6%) of organisations primarily identified as servicing the Mental Health sector, the organisers directly contacted a few of these NGOs. The organisers were informed that they had not seen the relevant Forum promotional material. This response reinforced the importance and often, unseen effort, required to keep email addresses, networks and contact lists relevant and up-to-date.

#### **Recommendation 1**

An AOD focused Forum be held in the Northern Territory every six to twelve months.

#### **Recommendation 2**

Consider extending the Forum format over two days.

#### **Recommendation 3**

Take into account the cost and distance factors for participants ,outside of the Darwin area, and either arrange for the next Forum to be held elsewhere in the NT or place additional regional emphasis on the next Forum.

#### **Recommendation 4**

Through funding arrangements consider increasing NTCOSS ability to subsidize costs of attendees.

#### **Recommendation 5**

Consider including suggested content and speakers in the next AOD Forum.

#### **Recommendation 6**

Arrange for AOD or MH consumer speakers to present early in the program – so they don't feel they have to measure up to the more professional speakers and academics.

**Recommendation 7**

Where possible, and perhaps because of the itinerant nature of the NT workforce, there needs to be a joint effort to dedicate proper time to the development and maintenance of email addresses, networks, contact lists and relevant databases.

**Recommendation 8**

Consider customizing the Forum name and content to appeal specifically to the Mental Health sector for future events.

**Recommendation 9**

Consider using new forms of media and technology (social media) to provide innovative and fresh ways to convey messages and promote events.

## APPENDICES

### Appendix A – Forum Question and Answer Minutes

# ALCOHOL & OTHER DRUGS PRE CONFERENCE FORUM

## “Forging the Future – Practical responses to contemporary issues”

Held on Wednesday 13 April, 2011  
Q & A Minutes - NTCOSS

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### 1. Keynote Speaker

**Dr Ian Webster**  
Emeritus Professor of Public Health and Community Medicine  
University of New South Wales

#### Refer presentation

**Question:** Regional studies and information regarding Alcohol and Drug issues in the Oceania and Pacific region seem to be hard to locate. Can you suggest some specific sources?

**Answer:** I agree very few studies, specifically addressing Oceania and the Pacific Islands have actually been done – Australia is helping to do some studies in these areas now.

Dr Webster referenced *The Spirit Level: Why More Equal Societies Almost Always Do Better* [Hardcover] Richard Wilkinson (Author), Kate Pickett (Author) ISBN-10: 1846140390

**Question:** Request for more detail regarding pathways of the brain affected by alcohol and drug use.

**Answer:** Addiction, pain, mood, appetites, desires and drives are deep-seated neurobiological processes over which the conscious brain has little control.

These ‘automatic’ processes in the brain take place in the parts to do with “feelings” and emotions.

Whether we feel well and good about ourselves, or unwell, depends on these deep-seated processes.

It is not surprising that in a beautiful network when one system falters others will falter as well.

**Question:** The recent commonwealth Alcohol Treatment Guidelines made no mention of Detox/Sobering Up Shelters – how can we fix this lack of focus?

**Answer:** Yes, it is extraordinary if this is the case – the community sector in the NT must continue to beat the drum and argue for an AOD Peak in the NT.

**Question:** In light of this Alcohol Treatment Guidelines issue, wouldn't an AOD Peak in the NT be a necessity?

**Answer:** Yes, Drug and Alcohol treatment is a low priority in health – the NGO's must continue to argue for the cause through the peaks.

**Question:** We agree that AOD occupies the lowest level of attention in Health –why is this?

**Answer:** Ref: The Road Home Report – no exist in homelessness  
No synergy between health services and social services like housing, corrections, parole boards and mental health. All the systems sees with a person leaving prison is a different person – not a person with a drug dependency or cognitive disability.

**Question:** Do you consider there is a problem with people with Mental Health issues also being labeled as having a Drug and Alcohol problem?

**Answer:** To some extent there is a problem with how we label people – I can certainly say that I have observed that young people prefer to be identified as having mental health issues.

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## 2. Keynote Speaker

**Dr Tricia Nagel**  
**Head, Healing and Resilience Division**  
**Australian Integrated Mental Health Initiative (AIMhi)**  
**Menzies School of Research Health**

### Refer presentation

**Question:** Are AIMhi resources developed for use of indigenous people only? Can they be developed for wider use? Can anyone use the AIMhi assessment form tool?

**Answer:** AIMhi develops a range of tools – they are generally imagery and language client-centered – the pictorial tools can be taken and embedded into other systems. We welcome this, examples of this integration work is a Perinatal Group in Kunnanurra and they called it “Me and My Baby” and also the recent work done by Congress in adapting AIMhi material.

There are a number of projects going on which are interweaving AIMhi tools into other treatment systems - we encourage this adaptation.

**Question:** Are you aware of differences in health in remote outstations and larger remote communities?

**Answer:** Yes there are differences – one recently studied and documented was in gambling addiction – it appears the outstations had a closer link to family and traditional lifestyle – which may prove a positive influence.

**Question:** Can you comment on the evidence that counseling is used less in the NT?

**Answer:** I can say that there is a lack of client focus in the NT, so there is less evidence of the use or success of counseling.

Note: Dr Nagel’s time was limited and she recognized there were still a number of questions coming from the audience. She extended an invitation to attendees to work with Menzies School of Research Health to answer these questions.

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### 3. Guest Speakers

**Matthew Bonson**  
**Chief Executive Officer**  
**&**  
**Patrick Stephenson**  
**Training Manager**  
**Council for Aboriginal Alcohol Program Services Inc (CAAPS)**

#### **Refer presentation**

Although there was no time for questions following this presentation, Dr Ian Webster (Chair) made the following comments:

- Understood the concern of organizations such as CAAPS having complex, high risk clients transferred to NGOs via government instruments.
- Understands that this means that the risks of community and society are being transferred to organizations such as CAAPS.

- A more holistic approach should be considered.
  - Volatile Substance Abuse Program is underfunded – this again poses a real risk to society and organizations such as CAAPS
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#### 4. Guest Speaker

**Andrew Biven**  
**Co-morbidity Coordinator**  
**SA Network of Drug and Alcohol Services (SANDAS)**

**E-Learning Module – Prescription MH medication and Alcohol and other Drugs**

##### **Refer presentation**

Andrew presented functionality of the E-learning module – he advised that this was not a clinical tool and its target audience was not medical clinicians rather it was designed to offer a blended learning approach.

The development of the tool was funded through an AER Workforce Development Grant and developed by E<sup>3</sup> Learning – costings are presently \$22.00 per employee and this provides a 12 month subscription and access to the training.

**Additional information can be found at**  
<http://sandasonlinelearning.e3learning.com.au>

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#### 5. Guest Speaker

**Micheil Brodie**  
**Executive Director, Licensing, Regulation and Alcohol Strategy**  
**Northern Territory Department of Justice**  
**“Enough is Enough Campaign”**

##### **Refer presentation – 1 slide**

**Question:** Can you please clarify ‘voluntary referral’ is this from a client or an organization?

**Answer:** Voluntary referral is by an organisation – it should be noted that there is no obligation on an organisation to make a referral to the Tribunal and further discussion needs to happen around this inside organisations.

**Question:** How does this plan go to capturing problems drinkers on Mitchell Street?

**Answer:** This scheme is not directed at Mitchell St issues - the Government made some changes to the Liquor Act last year that assist in that domain. But it is also not right to characterise these reforms as being targeted at aboriginal populations. It's worth noting that many of the pathways to banning are dominated by non-aboriginal residents.

**Question:** Can you please clarify operational functionality and jurisdiction of these new measures?

**Answer:** Simply, there is a structural separation between non-criminal matters which go to the Tribunal eventually and criminal matters that go to the Smart Court.

**Question:** Is there a policy barrier to a volumetric tax on the sale of alcohol in the NT?

**Answer:** Minister Lawrie is on the record as a supporter of a volumetric tax on alcohol. There was great success with the 'Living with Alcohol' Program.

**Question:** Has any consultation gone on with other states regarding the impact of these new measures across State borders for example, South Australia?

**Answer:** Yes, we have spoken to other states – there does not seem to be much sympathy for the argument about the impact on the other states. We understand that people in Central Australia don't pay much attention to the arbitrary borders and boundaries – these people move a lot anyway.

The reality for the NT is that we have to start making substantial changes.

**Question:** What assurances around confidentiality of the information being collected and checked at the Point of Sale can you provide?

**Answer:** No whole piece of individual data is held in an unsecure place. All the BDR information is held at a central server. An OCR (**Optical Character Reader**) at the sale premises creates a unique identifier rather than specific individual data.

Also the system does not capture information that is accessible by the licensee.

**Question:** Has any thought been given to security at the take away alcohol premises if the licensee refuses to sell alcohol to a banned drinker?

**Answer:** We are working through this with the industry at this time. There is going to be a training package developed that will provide information on the following:

- How to work the new equipment
- How to handle escalating conflict – strategies for staff and licensees
- Additional relevant collateral

**Question:** Is the Banned Drinkers Register going to be a public document?

**Answer:** No

**Question:** If someone presents with no ID and tries to buy alcohol, what will happen?

**Answer:** They will not be allowed to purchase any alcohol.

**Question:** Come July, with the implementation of these new measures, has there been any thought given to the transfer of pressure onto:

- Family members and partners in the form of threats and violence to purchase alcohol on behalf of banned drinkers?
- Alternative drugs?
- Withdrawal and Detox services?

**Answer:** The government will assist by investing additional funding into a range of AOD services across the Territory – I cannot advise what these services will be at this time. Also the Department of Health is working to set up support structures that will funnel people into an assessment process.

Finally we are only expecting a small swing to substances substitution, at this time.

**Question:** Can you clarify how secondary supply of alcohol will be handled?

**Answer:** Secondary supply is not illegal but suppliers can get banned as well. Also irresponsible supply to a minor is now an offence.

**Question:** Can you please advise about the length of bans and does it only apply to take away premises?

**Answer:** 1<sup>st</sup> Ban - 3 months  
2<sup>nd</sup> Ban - 6 months  
3<sup>rd</sup> Ban - 2 years  
4<sup>th</sup> Ban – longer

Bans can be lifted when acceptable proof of stabilization is provided – the tribunal will need to review consumption history to rule on these matters. The bans are on the possession consumption and purchase of alcohol – not just the purchase of takeaway alcohol.

**Question:** How many problem drinkers will need to be banned before the NT comes down to the national average of alcohol consumption?

**Answer:** We don't have information on individual consumption rates. We are expecting 2,000 to 3,000 people will be banned in the first 12 months of the introduction of this system.

It may be of interest to know that in the NT 10% of the population consumes 50% of the alcohol (Based on WHO estimates of consumption).

**Question:** Is something similar planned to for licensed premises, in the future?

**Answer:** Not at yet – this is not a “silver bullet”- it is a set of measures.

**Question:** What happens to people after the assessment process? What strategies and resources will be made available and when?

**Answer:** The government is already talking to Service Providers to build capacity in the system. The Minister will also make relevant announcements sometime between now and the budget in mid-May.

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## 6. Guest Speakers

**A very brave and forthright consumer – Sandi**

**Caseworker – Amanda**

**Nurse – Gina**

**Caseworker from MHACA – Christine**

**Representative from the patient congress – William**

**Refer video presentation for Sandi's story.**

**Question:** If you are getting Mental Health assistance are you also getting AOD help?

**Answer:** Yes some...but not enough and not necessarily at the right times.

## **Appendix B – Summary of Evaluation Comments**

Question 3: What would you have liked to be done differently?

- Need for more provocative discussion
  - More interactive sessions, if possible
  - Some presentations were very basic...stuff that we already know
  - Nothing...all good
  - Circular table arrangements less effective
  - Should be extended over 2 days to include more speakers
  - More resources in the registration desk – I missed out on some of the documentation available because there was limited amounts
  - Issues with comfort (room temperature)
  - Shorter breaks and allow extra time for another speaker
  - It was a very long day
  - I would liked to have heard more from NT specific services
  - Handouts on each presentation – with places to write additional information
  - Have the consumer speakers on early in the day – so that they don't feel they have to measure up to the more professional speakers and academics
  - An afternoon tea break would have been refreshing
  - A notification of registration or “Thank you for registering” email sent before the event
  - Mix up longer sessions with shorter sessions, maybe include a panel discussion
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Question 8: What other topics or issues would you like to see discussed at future AOD Forums?

- A session looking at government commitment to hearing from the people at the coal face
- Youth interventions – Mental Health and AOD
- How holistic methods can gain more funding
- Development of AOD and Mental Health services in Aboriginal town communities
- AOD and gambling; PTSD and AOD and gambling
- Alcohol and other drug related brain injury
- AOD and MH relationships to poverty, low income
- More consumer stories
- The end of some very silly drug prohibitions
- Any current issues and research
- Indigenous drinking behaviour and interventions
- Gambling
- Other innovative practices
- What drives those suffering alcohol or drug dependence to change
- Issues relating to rural and remote access to services, as is unique in the NT
- The AOD forum should be regular and provide an update on all issues
- A session focusing on non-indigenous alcohol abuse and a session focusing on spiritual aspects of recovery from alcohol abuse
- Something about the way Aboriginal women are handling drinking problems in their communities

- Issues for family members including grandparent carers and children/young people carers
- An increased focus on AOD Peak establishment for the NT in maybe a workshop format
- Focus on children
- Latest AOD and MH research and government policy
- More intervention tools and ways to engage clients
- More about organisations sharing what they do and how we can work together
- “Where to from here?” – group discussion

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Question 9: Are there any particular speakers that you would like to see invited to a future AOD Forum?

- Department of Health and Aging (DoHA) government officials
- Turning Point Drug and Alcohol Centre (Victoria)
- Funding Bodies
- Dr Maggie Brady<sup>3</sup> and Professor Dennis Gray<sup>4</sup>
- A panel of rehabilitation representatives discussing differing factors of treatment services.
- The NT Division of General Practice
- Dr Jennifer Delima<sup>5</sup>
- Would like to hear more from Dr Ian Webster
- Speaker from Law Enforcement Against Prohibition (LEAP)
- Barry Abbott – Ilpurla Rehabilitation Station (as he could not present at this Forum)
- Associate Professor Ted Wilkes<sup>6</sup>
- Strong women from remote communities
- Carer speakers
- Ken Wyatt<sup>7</sup>
- Topics on High Risk Behaviours, Protective Custody and Volatile Substance Abuse (VSA) for residents in the NT

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Question 11: Any other comments? (not only taken from responses to Question 11)

- Because we live and work in Katherine it was a very expensive trek

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<sup>3</sup> Dr Maggie Brady - an experienced social anthropologist and has undertaken long-term fieldwork on health and land issues in the Northern Territory, South Australia and Western Australia. She has worked primarily on alcohol misuse and other substance abuse such as petrol sniffing since the late 1970s.

<sup>4</sup> Professor Dennis Gray - Deputy Director at the National Drug Research Institute at Curtin University, and a leader of the Institute’s Aboriginal Research Program. His most recent work has focused upon the provision of alcohol and other drug services and on enhancing options for the management of alcohol- and cannabis-related problems in Aboriginal community-controlled health services.

<sup>5</sup> Dr Jennifer Delima - extensive experience in remote communities in Central Australia and the Top End.

<sup>6</sup> Associate Professor Edward Wilkes - is a Nyungar man from Western Australia. Professor Wilkes is a member of the Australian National Council on Drugs and Chair of the National Indigenous Drug and Alcohol Committee. As an Aboriginal leader, he endeavours to facilitate positive health and social outcomes, for the Aboriginal community, as well as for the community generally.

<sup>7</sup> Ken Wyatt - Liberal Member for Hasluck in WA has a strong Noongar, Yamatji and Wongi heritage.

- Great venue – welcoming atmosphere – keep it happening
- Very worthwhile – being funded to attend by NTCOSS really helped, otherwise I would not have been able to attend
- This Forum would be great to be held in Alice Springs also
- I will definitely pass on the information I have learnt to my colleagues
- Significant educational impact overall – better understanding of the Problem Drinker legislation
- For the Banned Drinker Register – why don't we open hotels and bottle shops late in the afternoon, say 6.00pm to 10.00pm and normal business hours during the weekend
- Excellent!
- Got me thinking and exhausted me – it was a very long day
- Let's hope that this time next year an AOD Peak will have been established in the NT
- Due to travel, I missed a lot of the day
- Speakers were accessible and social (networking) time was just the right amount
- Thank you for catering to gluten free
- Thumbs up to "Enough is Enough" – although I have concerns I think this is a good initiative
- Good mix of policy makers (government), services providers and researchers – not too academic
- This Forum was great at introducing the NT context – things I have not heard before
- All good
- Very valuable Forum
- I found it to be an informative and knowledgeable Forum offering information and tools that I will think about using within my workplace
- More aware now of services available in the NT
- It was hard to see the screen – it would have been good to have a raised stage and a venue with a higher screen to see the PowerPoint presentations
- It would have been good to have this Forum separate to the NTCOSS Conference – 3 days away from work is a lot in one week
- High quality speakers – well done!
- As an advocate for Aged and Disability, all information on this topic was extremely useful



# Alcohol and Other Drugs Forum

*'Forging the future— Practical responses to contemporary issues'*

**Wednesday 13 April 2011 - 8.30 to 4.30**

**Darwin Airport Resort - Darwin**

The objective of the forum will be to generate creative discussion on the direction of future AOD treatment approaches. The forum will consider evidenced-based 'whole of person' treatment approaches, Indigenous program initiatives, and an example of an e-learning module on mental health prescription medication and AOD use.

**Keynote Speakers:**

**Ian Webster AO**

Ian Webster is a physician and Emeritus Professor of Public Health and Community Medicine at the University of New South Wales. He has also held appointments at Monash, Sheffield and Sydney Universities and in public hospitals in New South Wales. He was made an Officer in the Order of Australia in 1995 and received the Prime Minister's Award in 2009 for outstanding work in the field of drugs and alcohol.

**Dr. Tricia Nagel**

**Head Healing and Resilience Division, Menzies School of Health Research**

Associate Professor Nagel is a senior psychiatrist and researcher who has twenty-eight years experience working in NT rural and remote mental health. As chief investigator of the Australian Integrated Mental Health Initiative (AIMhi) project in the NT, she has developed a skilled Indigenous research team. This team partners with a number of organisations promoting best practice in Indigenous mental health. She is recognised nationally as an expert in the field of Indigenous and rural and remote mental health service delivery, and the unique mental health tools and training developed by the AIMhi research team.

**Generous travel and accommodation subsidies are available.**

For further information on the forum please call Barry White on 08 8948 2665 or email: [barry@ntcoss.org.au](mailto:barry@ntcoss.org.au)

***Funded and supported by the Department of Health and Ageing***

## **Promotional Strategy**

The primary means of advertising for the forum was by email, using various distribution lists of AOD and Mental Health organisations.

The event was also promoted through other networks, for example - GP network Northern Territory, AOD and Mental Health meeting networks in Darwin and Alice Springs, National AOD and ISI Coordinating bodies, and through the NTCOSS distribution list for the 2011 Conference. Other specifically targeted individuals were invited because of their relevance in the field.

The first major email promotion was carried out on 23<sup>rd</sup> February 2011. Responses to this bulk email were closely monitored and individuals who did not respond were followed up by further emails and telephone calls.

These actions resulted in a continuous flow of emails and telephone calls over the next six weeks. As noted in the body of the evaluation report, roughly 25% of all emails 'bounced', because the address was not known. This happens for a variety of reasons, of which staff changes is the dominant theme.



## 2011 ALCOHOL AND OTHER DRUGS FORUM EVALUATION FORM

We invite your comments about this Forum so that we can plan for future activities. We value your feedback and thank you for spending the time to complete this form.

**1. How did you hear about the 2011 NTCOSS Alcohol and other drugs forum?**

- Email message from NTCOSS
- Direct from NTCOSS Website
- Mail out from NTCOSS
- Other (please specify) .....

**2. What impact did the forum have on you?**

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**3. What would you have liked to be done differently?**

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**4. How relevant was the forum to your work/interests?**

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**5. Which session was the most useful to you and why?**

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**6. Do you feel you had the opportunity to participate? In what ways?**

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**7. How often would you like such a forum to be held? \_\_\_\_\_**

**8. What other topics or issues would you like to see discussed at future AOD Forums?**

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**9. Are there any particular speakers that you would like to see invited to a future AOD Forum?**

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**10. Did you have trouble attending the forum or do you know anyone who could not attend, but wished to? Why was it difficult to attend?**

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**11. Any other comments?**

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**OPTIONAL**

**Name** \_\_\_\_\_

**Organisation** \_\_\_\_\_

Thank you for your feedback.

Please hand your form to one of the forum team or leave it at the registration desk.

This forum is funded and supported by the Department of Health and Ageing under the "Improved Services Project".