

ALCOHOL & OTHER DRUGS PRE CONFERENCE FORUM

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

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

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.

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-centred – the pictorial tools can be taken and embedded into other systems. We welcome this, examples of this integration work a Perinatal Group in Kunnanurra did this and 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.

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 E³ 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>

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:

- 1st Ban - 3 months
- 2nd Ban - 6 months
- 3rd Ban - 2 years
- 4th 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.

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.