Need for AOD interventions in the Northern Territory

2

••••

This chapter provides a summary of findings from the project regarding the need for alcohol and other drug interventions in the Northern Territory as a whole, and in each of the five health regions, namely Darwin, East Arnhem, Katherine, Tennant Creek and Alice Springs.

2.1 Alcohol and other drug use in the Northern Territory

This section summarises national and Northern Territory data regarding alcohol and other drug

2.1.1 National data regarding alcohol and other drug use

The National Burden of Disease Study (Mathers et al., 1999) noted that tobacco was the major contributor to the burden of disease in terms of Disability Adjusted Life Years (DALY), accounting for 9.7% of the disease burden in terms of DALY (12.1% for men and 6.8% for women). Alcohol was identified as the fourth leading contributor to the burden of disease, after tobacco, physical inactivity and hypertension, and accounted for 4.9% of the disease burden in terms of DALY (6.6% for men and 3.1% for women, though when the protective effects of alcohol were taken into account the net burden of disease associated with alcohol is reduced to 2.2% of DALY). Although the incidence of illicit drug use is comparatively low compared to alcohol or tobacco use, it nevertheless accounts for 1.8% of the disease burden in terms of DALY.

Mathers (et al. 1999) noted that the per capital consumption of alcohol for the population over 15 years of age had declined over the preceding two decades to 7.5 litres (9.7 litres per annum for men and 4.3 litres for women), re-weighting data from the National Health Survey in 1995 to take account of the days of the week on which survey data was collected. Although there appears to be little debate that nationally, alcohol consumption declined between 1975 and 1996, Chikritzhs (et al. 2003) argues that alcohol consumption declined and had been stable following a decline in the early 1990s with a national average of 9.32 litres in 2000-2001. The higher average reflects the

absence of the type of weighting applied by Mathers (et al. 1999) rather than an increase in per capita consumption.

More detailed analysis by Chikritzhs (et al. 2003) noted that:

- 44% of alcohol consumed was drunk by people who exceed the National Health and Medical Research Council guidelines related to low risk drinking;
- 23% of males and 18% of females drank at risk levels of acute harm at least once per month;
- there was an increase in the percentage of females 14 to 17 years drinking at risky or high risk levels (an increase from 1% to 9%);
- there was a decrease in the percentage of males 18 to 24 drinking at risky or high risk levels (from 9% in 1998 to 6% in 2001); and
- there was an increase in alcohol related hospitalisation rates for women 15 to 19 years and 20 to 24 years and a decrease for males in the same age groups.

More recently, the first results of the 2004 National Drug Strategy Household Survey (AIHW 2005) indicate that:

- 24.2% of males and 17.2% of females drank at risk levels of long term harm at least once per month;
- 18.9% of females between 14 and 19 years, and 15.1% of males drank at level that represented a risk of acute harm at least monthly; and
- over 10% of people 14-19 years drink at a level presenting a risk of short term harm at least once annually.

Accordingly, at the national level, it appears that 23% of males and 18% of females consume alcohol in a manner that may require intervention. However, anecdotal evidence and comparative data related to the Northern Territory are discussed below (3.1.2), and suggest that alcohol represents a more significant issue in the Northern Territory.

A range of indicators have been used to assess changes in the level of illicit drug use. Mathers (et al. 1999) note that cannabis use remained relatively constant in the 30-49 years age group between 1988 and 1995 but increased during this period for the 14-19 years and 20-29 years age groups. The 2004 National Drug Strategy Household Survey (AIHW 2005) indicated that cannabis use was relatively high amongst those under 50 years of age (see Table 2.1). However, despite the relatively high incidence of cannabis use within the population, the contribution to the overall burden of disease is low, accounting for only 0.2% of the burden of disease in terms of DALY.

As can be seen from Table 2.1, recent cannabis use is most common amongst those in the 14–29 years age group. Cannabis is the most commonly used illicit drug.

Opiates, and particularly heroin, are a key area of community interest and concern. Review of the results of the National Drug Strategy Household Surveys suggests that compared to other drug groups the population using opiates such as heroin or methadone is relatively small. As can be seen from Table 2.2 the 20–29 years

age group is the most likely to have ever used this group of drugs.

Amphetamines represent a significant form of illicit drug use amongst the Australian population, with the 2004 National Drug Strategy Household Survey (AIHW 2005) finding that 10.7% of the population aged 20–29 years had used amphetamines in the preceding 12 months, which is somewhat higher than the 5.2% reported in the 2001 Survey (AIHW 2003). As can be seen from Table 2.3, males are more likely to use amphetamines than females. In terms of burden of disease, the analysis undertaken by Mathers (et al. 1999) groups amphetamines with other drug dependence which accounts for 0.1% of the burden of disease in terms of DALY, suggesting that amphetamines have a relatively small impact in this regard.

The 2001 National Drug Strategy Household Survey (AIHW 2002) also notes that those who had used amphetamines recently also consumed alcohol (87.7%) or cannabis (71.5%) concurrently with amphetamines.

Inhalant use nationally appeared to be relatively rare, with the 2001 National Drug Strategy

Table 2.1: Cannabis use: proportion of population over 14 by age and sex

Vac akonio		Ever used		Recent use			
Age group	Males	Females	Total	Males	Females	Total	
14-19	24.9	26.2	25.5	18.4	17.4	17.9	
20-29	57.4	51.6	54.5	32.4	19.5	26.0	
30-39	59.1	50.0	54.5	21.4	10.6	15.9	
40-49	47.0	36.2	41.6	11.9	5.7	8.7	
50-59	27.6	16.5	22.1	4.3	2.1	3.2	
60+	5.7	3.3	4.4	0.4	0.2	0.3	
Total 14+	37.4	29.9	33.6	14.4	8.3	11.3	

Source: AIHW 2005

Table 2.2: Proportion of the population having ever used opiates by age and sex in Australia, 2004

	Age C		Gender				
	14-19	20-29	30-39	40+	Male	Female	Persons
Ever used	1.7	4.8	3.1	1.4	3.1	1.6	2.3

Source: AIHW 2005

ich ns nin on Alcohol

Table 2.3: Amphetamine use: proportion of the population aged over 14 by age and sex

Vao akomb		Ever used		Recent use			
Age group	Males	Females	Total	Males	Females	Total	
14-19	6.6	6.5	6.6	4.0	4.9	4.4	
20-29	24.3	17.9	21.1	12.4	9.0	10.7	
30-39	19.8	12.3	16.0	5.7	2.5	4.1	
40+	4.6	2.6	3.6	0.7	0.2	0.4	
Total 14+	11.0	7.3	9.1	4.0	2.5	3.2	

Source: AIHW 2005

Household Survey indicating that only 2.6% of the population over 14 having ever used an inhalant and 0.6% having used in the 12 months preceding the survey (AIHW 2002). The first results of the 2004 National Drug Strategy Household Survey suggest that nationally the use of solvents has remained relatively constant, with 2.5% of the population reporting ever having used an inhalant, and 0.4% having used in the preceding 12 months.

Although the population in the Northern Territory is younger than the national population, has a higher proportion of Aboriginal and Torres Strait Islander people, and people living in rural and remote areas, national trends provide a useful background against which to consider data regarding potential demand for intervention in the Northern Territory.

2.1.2 Substance use in the Northern Territory

In developing an understanding of the need for alcohol and other intervention services in the Northern Territory, it is useful to consider the relative use of substances compared to other jurisdictions, and differences between regions. This section considers data collected or reviewed in the course of the project that provides insight into this area.

Alcohol

In the course of consultations, it was consistently reported that alcohol was the major substance misuse issue for the Northern Territory. This is consistent with findings outlined in the Alcohol Framework Interim Report (Northern Territory Treasury 2004a) that alcohol

consumption in the Northern Territory (13.82 litres per capita) was well above the national average (9.32 litres) in 2000-01. As can be seen from Table 2.4 the Northern Territory has the greatest proportion of people drinking at least weekly of all jurisdictions. In addition, Chikritzhs (et al. 2003) note that the Northern Territory has consistently had the highest alcohol related death (6.4 deaths per 10,000 population over 15 years) and hospitalisation (94.3 per 10,000 population over 15 years) rates of all jurisdictions between 1992 and 2001.

Accordingly, it appears that alcohol use, particularly at levels likely to contribute to both short and long term harm is a greater problem in the Northern Territory than in other jurisdictions. This is consistent with advice provided by stakeholders in the course of consultations, though as will be discussed below, there also appears to be considerable variation between the five regions around which health services are organised. The implications in terms of need for intervention services within the Northern Territory are discussed in Section 2.3 (below).

Illicit Drugs

Consideration of data related to illicit drug use also indicates that the Northern Territory is different to other states and territories as can be seen from Table 2.5

(It is evident from Table 2.5 that **cannabis** use in the Northern Territory is significantly higher than in other jurisdictions (AIHW 2002a), and as noted by the Illicit Drugs Task Force (DHCS 2001), the apparent escalation in use has raised alarm amongst the general public and



	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Males									
Daily	11.4	9.7	11.9	11.3	11.6	10.8	11.9	11.4	11.1
Weekly	45.2	46.5	43.2	48.5	51.1	41.1	49.0	53.3	46.0
Less than weekly	28.0	29.9	31.9	26.2	22.9	33.7	31.1	24.8	28.8
Ex-drinker (a)	6.6	6.6	6.7	7.3	8.0	7.9	4.5	5.4	6.6
Never drank	8.8	7.3	6.3	6.7	6.4	6.5	3.6	5.0	7.4
Females									
Daily	6.5	5.1	5.0	6.0	4.5	3.2	7.5	6.1	5.6
Weekly	33.6	32.6	32.5	36.5	30.3	27.0	41.9	37.0	33.2
Less than weekly	37.7	40.1	41.9	40.1	46.0	50.8	37.7	41.6	40.3
Ex-drinker (a)	9.4	8.6	10.2	8.2	9.3	10.8	5.9	7.0	9.2
Never drank	12.8	13.6	10.4	9.2	10.0	8.1	7.0	8.3	11.7
People									
Daily	8.9	7.4	8.4	8.7	7.9	6.9	9.6	8.9	8.3
Weekly	39.3	39.4	37.8	42.5	40.5	33.9	45.4	45.5	39.5
Less than weekly	32.9	35.1	36.9	33.1	34.7	42.5	34.5	32.9	34.6
Ex-drinker (a)	8.0	7.6	8.5	7.8	8.7	9.4	5.2	6.2	8.0
Never drank	10.8	10.5	8.4	8.0	8.2	7.3	5.4	6.6	9.6

Source: AIHW (2002a)

service providers. However, as noted earlier the contribution of cannabis to the burden of disease appears relatively low (Mathers et al. 1999), and the implications relate primarily to the provision of brief interventions, as will be discussed below (Section 2.1.2).

The use of **amphetamines** in the Northern Territory similarly is higher that the national average (6.3% of the population over 14 years compared to 3.4%) (AIHW 2002a). Results of the Illicit Drug Reporting System which surveys injecting drug users (IVDU), found that 68% of IVDU had used amphetamines in the study period (Moon 2003).

The use of **heroin** in the Northern Territory has remained comparatively low compared to other jurisdictions. The IDRS (Breen et al. 2003, Moon 2003) has concluded that the price of heroin in the Northern Territory is relatively high and purity low compared with other

jurisdictions (Breen et al. 2003), contributing to a higher use of other opiates and particularly MS Contin (Moon 2003), although it was noted that the price of heroin had remained stable or was declining and purity remained low. The 2001 NDSHS (AIHW 2002a) also found that injecting drug use in the Northern Territory was significantly higher than nationally (p. 9).

The proportion of the Northern Territory population using other drugs appeared to be comparable with other jurisdictions. Although the data suggests that inhalant use is marginally higher than the national average, this does not align well with anecdotal evidence gained in the course of site visits and discussions with key stakeholders which indicated that inhalants, and particularly petrol, represented a significant problem, particularly in remote communities. The methodology utilised for the National Drug Strategy Household Survey potentially



Drug	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aus
Cannabis	11.9	11.8	12.7	17.5	14.2	11.9	14.4	24.4	12.9
Amphetamines	3.4	2.4	2.9	5.8	4.3	2.1	4.5	6.3	3.4
Analgesics	2.5	3.2	3.4	3.9	3.2	2.2	3.3	3.8	3.1
Ecstasy	3.4	3.0	1.7	4.0	2.0	0.8	4.8	2.8	2.9
Cocaine	1.8	1.3	0.7	1.5	0.7	0.2	1.5	0.5	1.3
Tranquillisers	0.9	1.1	1.2	1.7	1.4	1.0	1.4	1.1	1.1
Hallucinogens	0.9	0.9	0.8	2.0	1.9	1.0	1.8	1.7	1.1
Injected drugs	0.3	0.4	0.6	1.3	0.8	1.0	0.3	1.9	0.6
Inhalants	0.5	0.3	0.3	0.6	0.7	0.2	0.5	0.5	0.4
Other opiates	0.2	0.4	0.3	0.6	0.3	0.7	0.6	0.8	0.3
Heroin	0.2	0.3	0.2	0.3	0.1	0.3	0.4	0.1	0.2
Barbiturates	0.1	0.2	0.2	0.2	0.3	0.1	0.2	0.1	0.1
Steroids ^(b)	0.1	0.3	0.1	0.1	0.3	0.1	0.1	0.1	0.2
Methadone ^(c)	0.1	0.1		0.1	0.1	0.1		0.3	0.1
Any illicits	15.8	16.0	16.5	22.0	17.8	14.3	18.1	29.2	16.9

- a) Used in past 12 months.
- (b) For non-medical purposes.
- (c) For non-maintenance purposes.

Source: AIHW (2002a)

under-represents rural, remote and Indigenous communities and therefore some weight has been given to anecdotal reports in developing the assessment of need for the current project.

Although the use of specific substances does not provide a basis for determining that a specific intervention is appropriate, except perhaps in the case of opiate use, the available data suggests that the need for alcohol and other drug intervention services in the Northern Territory is likely to be higher than the case nationally.

2.1.3 Conclusion

Based on available data regarding alcohol and other drug use, it appears that:

- alcohol is the drug most likely to contribute to clients seeking or requiring treatment;
- cannabis is used by a significantly larger proportion of the Northern Territory

- population than the national average, which may be related to the relative youth of the population;
- the use of heroin and other opiates, although low, is comparable to other jurisdictions, although there appears to be greater use of pharmaceutical opiates than heroin;
- amphetamine use is significantly more prevalent in the Northern Territory than the national average;
- injecting drug use is significantly more prevalent that the Northern Territory than nationally; and
- despite inhalant use appearing to be comparable to other jurisdictions based on the NDSHS, anecdotal evidence suggests this is not the case with inhalant (petrol) use believed to be a significant problem, particularly in more remote communities.

Given the higher prevalence of alcohol, cannabis and injecting drug use in the Northern Territory, it is likely that a larger proportion of the population than nationally will require alcohol and other drug interventions.

2.2 Substance use profiles within the **Northern Territory**

The Northern Territory cannot be viewed as homogeneous; accordingly, the current project has sought to understand the characteristics of each of the five regions utilised for health service planning and delivery, namely Darwin, East Arnhem, Katherine, Tennant Creek and Alice Springs. This section summarises available data regarding variations between the regions in terms of alcohol and other drug use indicators.

2.2.1 Variations in alcohol use

Discussions with services and key stakeholders in the course of the project indicated that alcohol use varied significantly between regions. The interim report for the Northern Territory Alcohol Framework (NT Treasury 2004a) indicated that the per capita consumption of alcohol varied across regions, and across years as can be seen from Table 2.6.

Of particular interest, it appears that alcohol consumption has remained relatively stable in the Northern Territory as a whole but that the Central and Lower Top End regions have had consumption rates consistently higher than the Territory average, suggesting there may be a

greater need for alcohol and other drug services in these regions.

Review of data provided by the Department of Justice suggests that the pattern of alcohol related imprisonments and placement on community corrections orders varies across communities and regions. Table 2.7 highlights the differences in key communities from each region.

As can be seen from Table 2.7, the number of prisoners in Alice Springs (urban) imprisoned for offences in which alcohol was a factor increased significantly between 2001 and 2004 (158 to 320), while in Tennant Creek, the growth has been greater, from 48 in 2001 to 138 in 2004. For remaining centres, the number of prisoners for whom alcohol contributed to their offence has remained relatively constant. Although this suggests that the number of people convicted of offences in which alcohol was a factor may have increased, consideration of data relating to those sentenced to community supervision orders for whom alcohol also contributed (see Table 2.8) suggests that in Alice Springs, the growth of those sentenced where alcohol was a factor has not increased as dramatically, and that the likelihood of a custodial sentence has increased. For Tennant Creek, it appeared that alcohol use is increasingly contributing to contact with the criminal justice system.

Review of hospital separation data (data regarding the diagnosis given for patients discharged from hospital) for Alice Springs, Royal Darwin, Katherine, Tennant Creek and

Table 2.6: Northern Territory apparent per capita consumption by financial year and region, litres absolute alcohol

Financial Year	Tennant Creek (Barkly)	Alice Springs (Central)	Katherine (Lower Top End)	Top End (Greater Darwin)	Northern Territory
1998-99	14.1	14.6	17.6	13.9	14.4
1999-00	12.4	15.0	18.0	14.5	14.9
2000-01	13.3	17.2	15.0	13.3	14.3
2001-02	14.8	14.3	17.3	14.3	14.5
2002-03	13.5	16.4	18.9	15.3	15.8
Average	13.6	15.5	17.3	14.3	14.8

Source: NT Treasury 2004a

Table 2.7: Prisoners where alcohol was a contributing factor, by last known address

Area	2001	2002	2003	2004
Alice Springs Urban	158	236	278	320
Alice Springs Rural	18	27	31	34
Darwin Urban	135	135	140	110
Darwin Rural	17	6	9	17
Katherine Urban	79	79	118	111
Katherine Rural	56	40	68	56
Tennant Creek	48	70	121	138
Nhulunbuy	9	8	10	10

Table 2.8: Clients on community corrections where alcohol was a contributing factor, by last known address

Area	2001	2002	2003	2004
Alice Springs Urban	218	87	131	123
Alice Springs Rural	21	10	13	17
Darwin Urban	141	112	124	134
Darwin Rural	22	12	11	14
Katherine Urban	119	76	89	59
Katherine Rural	79	49	42	40
Tennant Creek	98	31	52	80
Nhulunbuy	11	13	14	23

Gove Hospitals provides a further insight into the differing profile of alcohol use and related problems across the Northern Territory. As can be seen from Figure 2.1, it appears that the rate of separations within the Northern Territory in 2003/04 for conditions associated with harmful use of alcohol is greater in Alice Springs (53.9 per 10,000 population), Tennant Creek (30.3 per 10,000 population) and Katherine (21.2 per 10,000 population), while separations from the Royal Darwin Hospital represented only 14.8 per 10,000 population and separations from Gove Hospital represented an even lower 10.0 per 10,000 population.

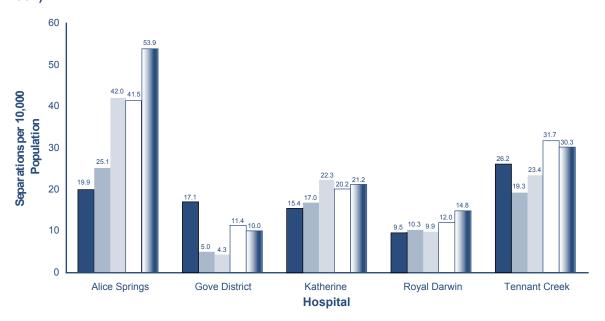
The concordance between Department of Justice data and hospital separation data provides some confidence in concluding that alcohol use represents a greater problem in Alice Springs, Tennant Creek, and to a lesser extent Katherine than in either Darwin or East Arnhem.

The differing levels of alcohol consumption and related problems (incarceration or hospitalisation) associated with alcohol use across regions within the Northern Territory indicate there may be differing needs for alcohol and other drug intervention services across regions. The anecdotal evidence gained in the course of the project for each region will be discussed in relation to the above data in Section 2.3 below.

2.2.2 Variations in Drug Use

There is limited data available at the regional level regarding illicit drug use. Nevertheless, review of corrections data supplied by the Department of Justice (Tables 2.9 and 2.10) suggests that the number of offenders sentenced to either imprisonment or community supervision has remained relatively stable. It appears that illicit drug use is more prevalent in urban centres, particularly Alice Springs and

Figure 2.1: Hospital separations related to alcohol per 10,000 population by region (1999-2004)



■ 1999-00 ■ 2000-01 ■ 2001-02 □ 2002-03 ■ 2003-04

Table 2.9: Prisoners by last known address where use of a drug other than alcohol was a contributing factor

Area	2001	2002	2003	2004
Alice Springs Urban	12	14	13	23
Alice Springs Rural	1	0	0	0
Darwin Urban	48	51	55	48
Darwin Rural	6	6	3	1
Katherine Urban	11	7	10	9
Katherine Rural	2	1	3	2
Tennant Creek	0	3	2	5
Nhulunbuy	2	1	2	1

Table 2.10: Clients on community corrections by last known address where drug use was a contributing factor

Area	2001	2002	2003	2004
Alice Springs Urban	17	12	24	17
Alice Springs Rural	0	0	0	0
Darwin Urban	50	67	66	79
Darwin Rural	4	9	4	4
Katherine Urban	9	8	11	11
Katherine Rural	1	2	4	7
Tennant Creek	1	3	3	4
Nhulunbuy	2	3	5	6

greater Darwin, which concurs with the findings of the Illicit Drugs Task Force (DHCS 2001).

Review of data within the Alcohol and Other Drugs National Minimum Data Set for the Northern Territory further supports this conclusion. As can be seen from Table 2.11, the proportion of admissions to alcohol and other drug treatment services is primarily related to alcohol in all regions except Darwin and, to a lesser extent, Alice Springs.

Examination of NMDS for drugs other than alcohol provides further insight into the differences between regions within the Northern Territory. As can be seen from Table 2.12, admission to treatment for primary use of drugs other than cannabis appears relatively rare except in Darwin and Alice Springs, although this may also reflect the types of services available as the NMDS provides no information

about client address or postcode. Nevertheless, the result is consistent with anecdotal evidence and the findings of the Illicit Drugs Taskforce.

2.2.3 Conclusion

Alcohol is the predominant substance of use in all regions of the Northern Territory, although it appears that indicators of problems related to alcohol are increasing in Alice Springs and Tennant Creek. Although there is limited data at the regional or local level to identify regional differences in terms of drug use, the available data and previous studies suggest that aside from cannabis, there is relatively little illicit drug use outside Darwin and Alice Springs.

2.3 Implications for aod services in the Northern Territory

The available literature regarding effective approaches to treatment outlined in Chapter

Table 2.11: Admission to treatment service (2001-2004) by region and alcohol/other drug

Region	Alcohol	% of Region	Other Drugs	% of Region
Alice Springs	1,731	78.0	489	22.0
Darwin	1,925	55.7	1,529	44.3
Katherine	494	89.3	59	10.7
Nhulunbuy	15	83.3	3	16.7
Tennant Creek	247	87.3	36	12.7
Grand Total	4,416	67.6	2,118	32.4

Table 2.12: Admission to treatment service (2001-2004) by region and primary drug type

Region	Cannabis	Amphetamines	Morphine	Heroin	Benzodiazepines	Petrol	Methadone	Other	Total
Alice Springs	212	101	46	35	20	42	17	16	489
Darwin	441	357	454	87	43	10	48	89	1,529
Katherine	43	6	3	1	0	0	0	6	59
Nhulunbuy	2	0	0	0	0	0	0	1	3
Tennant Creek	27	3	0	1	0	2	0	3	36
Grand Total	725	467	503	124	63	54	65	115	2,116

4 (below) highlights that the drug of use has limited impact on the most appropriate intervention, except in the case of detoxification or pharmacotherapies, where the substance used is of key concern. Accordingly, in considering the need for alcohol and other drug intervention services in the Northern Territory, it is clear that need, and potentially demand for alcohol and other drug services is likely to be higher than in other jurisdictions.

The data outlined above suggests that:

- demand for services in Alice Springs and Tennant Creek may be increasing;
- increased activity within the criminal justice system relating to offenders whose alcohol or drug use has contributed to their offence is likely to increase demand for services that respond to clients on community supervision orders;
- the apparent increased likelihood of those whose offences involved alcohol to receive custodial sentences in Alice Springs may require services within prisons to be expanded;

- preponderance of Aboriginal people within the corrections system and increased custodial sentencing associated with alcohol use means that enhanced, culturally appropriate services are required in Alice Springs, Tennant Creek and Katherine;
- women in the Northern Territory will consume alcohol at higher levels than the national average and services will therefore need to be available for them;
- high levels of cannabis use will require access to brief and early interventions;
- service models that respond effectively to remote communities should be promoted;
- services that are attractive and accessible to Indigenous clients are required; and
- higher levels of amphetamine use suggest that close collaborative relationships between alcohol and other drug services and mental health services is required.