

This chapter draws on the available literature and advice provided by stakeholders to outline the structure and constituents of an effective service system for alcohol and other drugs. However, as the focus of the project has been on intervention services, the position of, and links to, universal prevention services or programs has not been considered.

Review of the academic literature utilising Medline, failed to identify specific articles outlining the ideal range and mix of services to be incorporated into an alcohol and other drugs intervention system. However, review of current policy documents, and the literature regarding what interventions are effective provides some insight into the components of an effective system for responding to alcohol and other drug problems within a community.

It is again emphasised that the current project did not seek to consider prevention, promotion or community development approaches to reducing the harm associated with alcohol and other drug services and is focused on the provision of intervention services for those already experiencing problems associated with alcohol or other drug use.

3.1 System requirements contained in policy documents

Since the initiation of the National Campaign Against Drug Abuse in 1985, there has been a significant development in the Australian knowledge base regarding the requirements for an effective alcohol and other drug treatment system. Ali et al. (1992) recommended amongst other things:

- organisation of treatment within the new public health model which incorporates interventions from universal prevention through to services to maintain those who have developed chronic conditions associated with alcohol or other drug use;
- enhancing the matching of clients to appropriate treatments;
- movement away from inpatient toward community based interventions;
- increased use of brief interventions;
- use of non-medicated and home detoxification;
- expansion of methadone maintenance;
- development of court diversion programs;
- consultation with Aboriginal communities to develop appropriate responses;
- a focus on community based rather than centralised services; and
- a mix of government, non-government and private services.

The broad direction established by Ali et al. (1992) is reflected in the National Alcohol Strategy (MCDS 2001), promoting a balance between prevention and treatment. A key focus of the Strategy is responding to those at higher risk, particularly Aboriginal and Torres Strait Islander people, pregnant women, those with a mental disorder, heavy drinkers and young people. The Strategy reflects a continued application of the conceptual framework proposed by Ali et al. (1992), applying a new public health, or population health approach to the development of a systematic response to alcohol and other drug problems.

Similarly, the Northern Territory Alcohol Framework (NT Treasury 2004) and Illicit Drugs Task Force Reports (2001) both emphasise the need for a treatment service system that:

- provides a continuum of care and includes screening, assessment, early intervention, detoxification, residential and non-residential programs, relapse and aftercare services and family support/ coping services;
- provides multiple entry points;
- caters for the needs of potential consumers;
- acknowledges the diversity of needs in communities and regions within the Northern Territory;
- demonstrates effective relationships between service providers; and
- ensures high quality services.

Accordingly, in order to assess the extent to which the current range of alcohol and other drug intervention services available in the Northern Territory is consistent with the literature, or accepted wisdom regarding what constitutes an appropriate service system, the following vectors or criteria have been considered:

- (1) A range of services including screening, assessment, early intervention, detoxification, residential and non-residential programs, relapse prevention and aftercare, and family support/coping services.
- (2) Services that are available and accessible to high risk groups including:
 - pregnant women;
 - Aboriginal and Torres Strait Islander people;
 - young people;
 - people involved with the criminal justice system;
 - people living in remote communities; and
 - those with a concurrent mental health problem.
- (3) Linkages between services to ensure clients can readily access a continuum of care.
- (4) The extent to which services are linked to and reflect the needs of different communities/regions.

3.2 Method for classifying services

In seeking to develop a profile of alcohol and other drug interventions available in the Northern Territory, and to consider current and future needs, it was agreed that an explicit system for classifying both services and intervention would be required. A focused review of the literature was undertaken to identify a potential system for classification of alcohol and other drug intervention services.

3.2.1 Types of treatment services

The National Institute of Drug Addiction (NIDA) utilises a framework for describing and classifying services which incorporates:

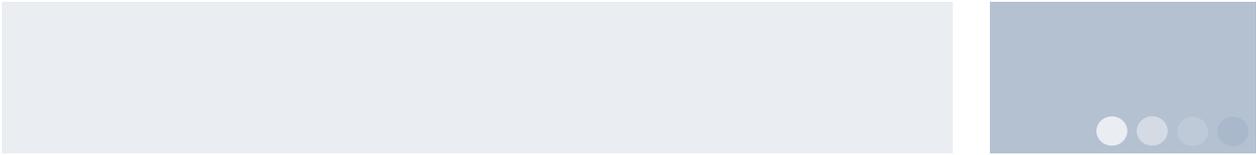
- length of treatment (i.e. less than six months or six months and longer);
- treatments which rely on the use of medication (e.g. methadone maintenance, buprenorphine or LAAM) as opposed to those that do not; and
- whether programs are residential or community based. (NIDA 2005).

This classification system provides a means of discriminating between service types at a high level. However, review of the current Northern Territory Drug and Alcohol Service Directory, the conclusions of the Illicit Drug Task Force and the Alcohol Framework Working Group highlight the need for a more refined system for classifying and describing services.

Review of the alcohol and other drugs literature is primarily focused on aetiology of dependence or the effectiveness of various treatment regimes. In order to develop a more refined system for classifying interventions or services a number of factors can be identified, namely:

- modality or focus of treatment (i.e. assessment, brief intervention, community based counselling, detoxification, residential rehabilitation, pharmacotherapies, self help, sobering up) (Dale and Marsh 2000);
- client population (e.g. coerced or incarcerated clients, drug users or their families, males, females, young people, or those with a coexisting mental illness);
- intended outcome of treatment (abstinence, harm minimisation or controlled use);
- geographic location; and
- organisational characteristics (i.e. size, type of personnel employed, sector (public/private/non-government), single or multiple services operated).

3.2.2 Vectors used for mapping services



When drawn together these factors or vectors provided an effective framework for mapping services across the Northern Territory. Specifically, for the current project we used the following classification system:

Organisational characteristics

- (1) Sector (public, private, non-government);
- (2) Structure (stand alone service, component of larger service organisation, range of alcohol and other drug service provided);
- (3) Location of service (postcode and region); and
- (4) Service catchment.

Service capacity

- (5) Types of staff employed (academic qualifications, specific training);
- (6) Number of staff employed; and
- (7) Number of client places available (beds, appointments per week).

Client groups served

- (8) Client group served (gender, main drug of use, Culturally And Linguistically Diverse (CALD), Aboriginal, dual diagnosis);
- (9) Coerced versus voluntary clients; and
- (10) Age range treated.

Services provided

- (11) Range of services provided (assessment, brief intervention, community based counselling, detoxification, residential rehabilitation, pharmacotherapies, self help, sobering up);
- (12) Focus of interventions (abstinence, harm minimisation, reduced substance use);
- (13) Location of service provision (centre based, outreach, residential community based); and
- (14) Length of treatment.

The results of the analysis are presented in the service map provided below (section 4.6 and Table 4.2).