

Alice Springs FASD Prevention Project

**Telethon Kids Institute,
Central Australian Aboriginal
Congress Aboriginal Corporation**



**Service Provision and FASD
in the Northern Territory
and Alice Springs:
*An Environmental Scan***



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1. Background

Rationale

The aim of this environmental scan is to gain a comprehensive overview of the alcohol and other drug (AOD) services provided to clients at the Central Australian Aboriginal Congress Aboriginal Corporation (Congress), with a special focus on young people, pregnant women, and women of child-bearing age. The environmental scan will describe the many different types and tiers of services provided by Congress that are related to prevention and treatment of harmful alcohol consumption, and fetal alcohol spectrum disorder (FASD), as well as information about services in the wider Alice Springs area. The data gathered will be used to develop referral pathways to access alcohol and other drug support services within Congress. The insights gathered through this report will be used to develop suitable activities and approaches to reduce harmful alcohol consumption among Congress clients.

Alcohol use in Australia

The number of Australians (aged 14 years and over) consuming alcohol daily has been steadily declining since 2001. Over the last 20 years young people (aged 14 – 24 years) have tended to delay the age at which they first try alcohol. However, the cultural acceptance of alcohol in Australia is widespread. In 2016, 77% of people reported drinking alcohol in the previous 12 months (Australian Institute of Health and Welfare, 2017).

Lifetime risk

Australian guidelines on alcohol use specify that for healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury (National Health and Medical Research Council, 2009).

Single occasion risk

Australian guidelines further stipulate that drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion for healthy men and women (National Health and Medical Research Council, 2009).

Whilst the proportion of people exceeding the lifetime and single occasion risk guidelines has been steadily declining since 2010 (Figure 1), there are groups within the population that are at considerable risk of alcohol related harm. In 2016 males were more than twice as likely as females to exceed the lifetime risk guidelines (24% and 9.5% respectively). The proportion of males exceeding lifetime risk guidelines has declined in recent years (24% in 2016 compared to 26% in 2013), however the proportion of females exceeding lifetime risk guidelines has remained consistent (9.7% and 9.5%, respectively). Additionally, most age groups have demonstrated declining trends in the proportion of people exceeding lifetime risk guidelines except for those aged 50 years and older (Australian Institute of Health and Welfare, 2017).

In 2016, more than 1 in 3 (36%) people aged 12 years or older engaged in risky single occasion drinking at least once in the past 12 months, consuming 5 or more standard drinks on a single occasion. Males were more likely to engage in this behaviour. Single occasion harms from alcohol are also compounded by geography. People living in Remote and Very remote areas are more

likely than people in Major cities to drink alcohol at levels that place them at risk of single occasion harm (37% and 24% respectively) (Australian Institute of Health and Welfare, 2017). Further, Indigenous Australians are more likely to abstain from alcohol than non-Indigenous Australians. Among those who do drink, a higher proportion of Indigenous Australians drink at risky levels compared to non-Indigenous Australians (See figure 2).

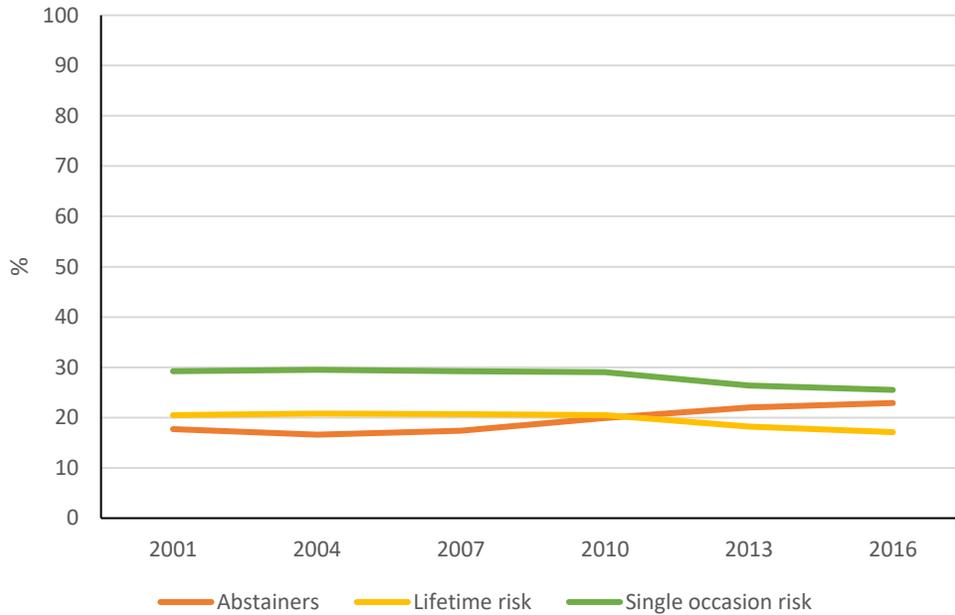


Figure 1. Australians aged 14 years and over exceeding lifetime and single occasion risk guidelines

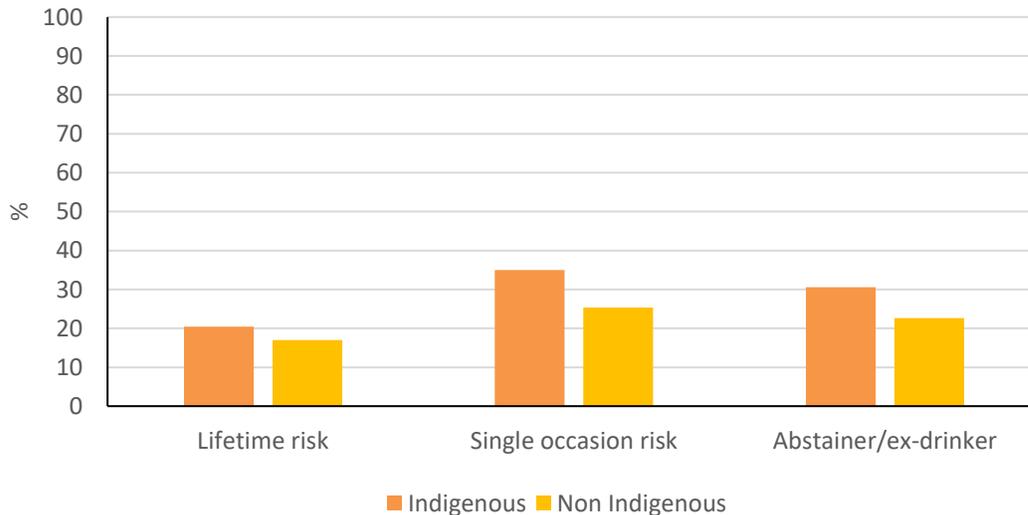


Figure 2. Indigenous and non-Indigenous Australians aged 14 years and over exceeding lifetime and single occasion risk guidelines

Alcohol use in the Northern Territory

In relation to drinking patterns, it is understood that in the Northern Territory (NT) approximately two in five (39%) Aboriginal women in the 35 to 44 years age group consume alcohol at risky or high risk levels, which is two-and-a-half times higher than for non-Aboriginal women (Northern Territory Government, 2010). In 2010, the NT had the highest estimated per capita adult alcohol consumption in Australia. The NT also had the highest proportion of alcohol related deaths for both men and women, at three times greater than the Australian average (Gao, Ogeil & Lloyd, 2014). In this region, adults over 15 years of age are reported to regularly drink to excess in comparison to other states and territories. Data on prevalence of alcohol consumption for women over 15 years of age indicate that the NT has the highest proportion of women drinking greater than 4 standard drinks daily (Gao, Ogeil & Lloyd, 2014).

Alcohol use in pregnancy (Northern territory focus)

Research has shown that approximately one in eight Aboriginal women who were pregnant report consuming alcohol around the time of their first antenatal visit (Northern Territory Government, 2010). As 50% of pregnancies in Australia are unplanned, it is assumed that many women will consume alcohol before knowing they are pregnant (Department of Health Northern Territory, 2018).

What is FASD?

Fetal Alcohol Spectrum Disorder (FASD) is a neurodevelopmental disability caused by prenatal alcohol exposure. FASD is a lifelong and often invisible disability that may affect growth, coordination, behaviour, attention span, memory, learning, speech, IQ, reasoning and judgment. FASD may also affect vision and hearing, and can cause cardiac, renal and skeletal problems. Rarely people with FASD may have characteristic facial features, such as a smooth philtrum, small eyes and a thin upper lip (Bower, C. & Elliott, E., 2016).

Prevalence of FASD

The prevalence of FASD is difficult to estimate due to under-reporting of cases (Burns, Breen, Bower, C., & Elliott, 2013), the difficulty of diagnosing the disorder generally (Roozen et al., 2016; Symons, Pedruzzi, Bruce, & Milne, 2018) and a possible hesitancy of women to report on alcohol consumption during pregnancy due to fear of being judged or other negative outcomes (Burns & Breen, 2013). However, at risk Australian populations have been identified. FASD prevalence has been ascertained at 194 per 1000 among school-aged Aboriginal children in the Kimberley (Fitzpatrick et al., 2017), and 360 per 1000 among juveniles in detention in Western Australia (Bower et al., 2018). These rates are among the highest in the world.

Prevalence of FASD in the Northern Territory

The prevalence of FASD in the NT (and nationally) is currently unknown, as no prevalence studies have been conducted. However, the NT Government reports that anecdotally, there is an understanding that many NT children are experiencing learning difficulties, have difficulty controlling their emotions and impulses, and many of our young people are coming into contact with the juvenile justice system (Department of Health Northern

Territory, 2018). A recent study conducted in a youth detention centre in Western Australia suggests that as many as 36% of the young people in the youth detention centre had FASD (Bower, Watkins, Mutch, et al., 2018).

In 2018 the NT Government released the Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018-2024 strategy to specifically address FASD in the NT, with a focus on: prevention; screening and diagnosis; support and management; and, populations at increased risk (Department of Health Northern Territory, 2018).

Alice Springs: Congress and context

Alice Springs has a population of approximately 24,753 (49% male, 51% female), with Aboriginal and/or Torres Strait Islander people making up approximately 17.6% of the population, with a median age of 28 years (Australian Bureau of Statistics [ABS], 2017).

Alcohol and other drug use in Central Australia occur within a context of poverty, overcrowding and unemployment. Aboriginal median income in Central Australia is \$254 per week, a quarter (27%) of that for the non-Aboriginal population, and a third of Aboriginal houses in the region (32%) are overcrowded (ABS, 2011). Aboriginal people use income support at disproportionately higher rates than non-Aboriginal people, more so in remote communities where employment opportunities are scarce (ABS, 2016). Additionally, payments such as the Newstart Allowance, the Parenting Payment and the Youth Allowance, all fall below the poverty line (Australian Council of Social Service and the Social Policy Research Centre, 2016).

Congress delivers services to more than 16,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.

Over half (57%) of Congress' Social, Emotional Wellbeing Service AOD clients are from Alice Springs town houses (suburbs), as well as from town camps (20%) and remote communities (18%). Access to the AOD service is higher for residents of the town areas of Alice Springs and particularly for town camp residents compared to the overall Congress client population. Alcohol is overwhelmingly the primary presenting problem, with 42% of AOD clients reporting drinking at high risk levels with a further third 30% assessed as being likely alcohol-dependent. Given likely under-reporting, these figures are almost certainly an underestimate.

2. Alice Springs service mapping

Method

A number of methods were used to identify relevant services in Alice Springs, including stakeholder interviews, the review of relevant reports and documents, a desktop scan of services, a review of Congress services, and interviews with Congress employees.

2.1. Initial interviews with key stakeholders in Alice Springs

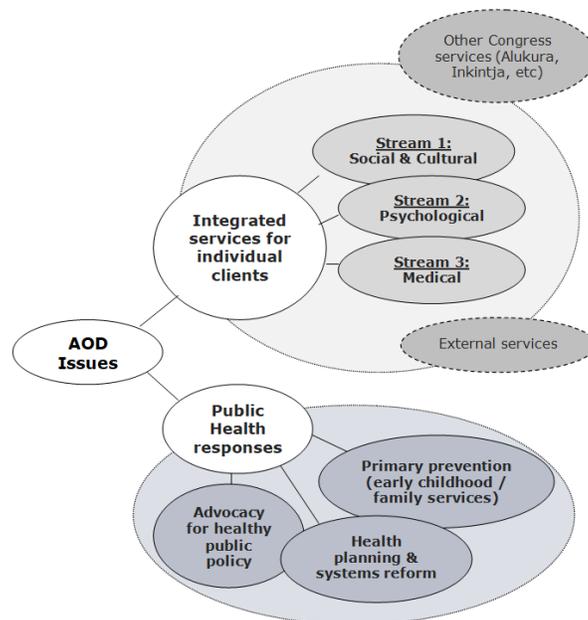
An interview template was created, however due to time restraints, prior commitments and Dr Boffa's wealth of knowledge regarding Primary Health Care, the initial interview was only with Dr

John Boffa (Chief Medical Officer Public Health at Central Australian Aboriginal Congress Aboriginal Corporation). Dr Boffa has over 20 years' experience within Congress, both in Alice Springs and Tennant Creek, with many of the programs Congress administers being a result of his work. In this interview we determined the scope for the environmental scan, which services we were concentrating on and the service provision they provide in the community.

2.2. Review the “Edward Tilton” Report

The Providing Alcohol and Other Drug Services through Comprehensive Primary Health Care in an Aboriginal Health Service: a model in Central Australia Report (Edward Tilton report) identified alcohol in the Central Australian context and how Congress aims to improve the lives of people living in Central Australia through comprehensive approaches to alcohol and other drugs based on Congress's ‘three streams of care’:

1. **Social and Cultural Support** - delivered by Aboriginal workers with cultural knowledge, language skills and an in-depth knowledge of the Aboriginal community alongside social workers, and including case management and care coordination, advocacy on behalf of clients, social support, cultural support, access to medical care, and opportunistic AOD counselling and brief interventions.
2. **Psychological Therapy** - carried out by qualified therapists delivering evidence-based treatments including cognitive behavioural therapy and related therapies and access to neuropsychological assessment and treatment.
3. **Medical Treatment** - provided by Congress General Practitioners and other members of the PHC team, including medical assessment of AOD clients, management of chronic disease and prescription of pharmacotherapies where appropriate to assist with alcohol withdrawal.



The Edward Tilton report also formed the foundation for the drafting of the 'Congress Referral Pathways' as the process for referring our clients with regards to their level of consumption of alcohol and other drugs, what support they need and where they can access it.

2.3. Desktop review of FASD/ alcohol related activities, programs, and services in Alice Springs

Between August 2018 and November 2018, the FASD Prevention Coordinator researched activities and programs that existed in the FASD Prevention area including online resources.

In total there were six services that were identified as having services directly linked to assisting clients with AOD issues and referral pathways. It was evident that all of these services overlap in various areas but that there is also a shortage of provision and funding to execute plans beyond their individual rehabilitation periods. Once clients complete their time in a rehabilitation program or facility, the cycle continues because they have returned to the environments that have not changed while they were in rehabilitation.

The services identified are:

- Central Australian Aboriginal Congress Aboriginal Corporation - (CAACAC)
- DASA - Drug and Alcohol Services Australia
- Bush Mob
- Central Australian Aboriginal Alcohol Programmes Unit - (CAAAPU)
- Alice Springs Hospital (ASH)
- Alcohol and Other Drugs Services Central Australia (ADSCA)

Further information on these services is provided in Section 3 of this report.



The desktop scan also provided useful information for further work being done by Congress over the course of the project. Telethon Kids Institute were the main source of information used to lay the foundations for presentations, discussion, stall topics and classroom education.

2.4. Scan of the Congress services to identify the AOD and FASD-related programs servicing Alice Springs residents.

A scan of the Congress services was undertaken to identify the AOD and FASD-related programs servicing Alice Springs residents.

Congress is made up of several town-based clinics – (Ingkintja, Alukura, Gap Road, Larapinta Clinic, Northside Clinic, Sadadeen Clinic), five remote clinics – (Amoonguna, Santa Teresa, Ntaria, Utju and Mutitjulu) and various programs that assist families such as the Family Partnership Program and the Children Services Program.

Congress has developed a suite of child and family services to give children the best start in life possible, as a way of offsetting the effects of poor early childhood experience suffered by many

– though not all – Aboriginal children in Central Australia. These programs form a key primary prevention approach to the development of AOD, mental health, and social and emotional problems later in life. They include:

- nurse home visiting through the Australian Nursing Family Partnership Program (ANFPP);
- the Preschool Readiness Program;
- the Healthy Kids Clinic;
- family support services including Targeted Family Support Services and Intensive Family Support;
- the Child Health Outreach Program; and,
- the *Ampe Kenhe Apmere* Childcare Centre.

Most recently, Congress has established *Arrwekle akaltye-irretyeke apmere*, an Early Childhood Learning Centre for children from disadvantaged families, based on the international evidence-based Abecedarian program, modified for the Central Australian cultural context.

2.5. Semi-structured interviews with Congress employees

Semi-structured interviews were held with identified Congress employees to gain a clear understanding of the scope and target of services and programs offered.

The FASD Prevention Coordinator met with Jon Paul – SEWB Manager to discuss what services are offered to Congress clients with AOD dependencies, in line with the Edward Tilton Report.

For many years, Congress has advocated for healthy public policy in the Northern Territory, including action on AOD issues. This has included community development actions – for example, in the early 1990s Congress was instrumental in supporting the establishment of the Central Australian Aboriginal Alcohol Programs Unit (CAAAPU), a residential treatment centre in Alice Springs.

Congress has also been active in advocating for key policy reforms to reduce the high level of alcohol-related harm in Central Australia, including:

- *increasing the price of alcohol* including through the establishment of a floor price as to reduce alcohol consumption at a population level and hence alcohol related harm, with particular benefits for the heaviest drinkers and young people [17, 18],
- *reducing the supply of alcohol* through reducing the density and numbers of licenses and restrictions on hours of sale and on quantities or types of alcohol to be sold [19], and
- *targeting the heaviest drinkers* through programs such as the Northern Territory's Banned Drinkers register in conjunction with scanning of photo identification at point-of-sale [20].

3. Services

The following section details the services available in Alice Springs that are related to prevention and treatment of harmful alcohol consumption, and fetal alcohol spectrum disorder (FASD).

Central Australian Aboriginal Congress Aboriginal Corporation - (CAACAC)

Address: 14 Leichardt Terrace, Alice Springs NT 0870 (PO Box 1604, Alice Springs NT 071)

Phone: (08) 89514400

Email: info@caac.org.au

Website: www.caac.org.au

Congress is one of the most experienced Aboriginal primary health care services in the country, a strong political advocate of closing the gap on Aboriginal health disadvantage and a national leader in improving health outcomes for all Aboriginal people. Congress also provides psychological support twice a week to CAAAPU Clients.

Social and Emotional Wellbeing

Our Social & Emotional Wellbeing Service provides Aboriginal people and their families including children and adolescents with holistic and culturally appropriate primary health care for social and cultural wellbeing, mental health and community connectedness including:

- Confidential counselling and psychological services including psycho-education;
- Social and cultural support including case management, Women's and Men's bush trips, art therapy, access to local language Speakers and connection to country;
- Drug and alcohol treatment for Aboriginal people experiencing the effects of harmful alcohol and alcohol use; and,
- A dedicated GP service offering:
 - Health checks
 - Mental health care plans
 - Access to free medications
 - Medical care for illness and disease
 - Nutrition support – education on good and bad foods and exercise
 - Referrals to care coordination
 - Healthy lifestyle promotion

Headspace

Address: 5/5 Hartley Street, Alice Springs NT 0870 (PO Box 1640, Alice Springs NT 0871)

Phone: (08) 89584544

Email: headspace.reception@caac.org.au

Website: www.headspace.org.au

headspace Alice Springs provides FREE and CONFIDENTIAL services to young people 12-25 years old, for mental health, alcohol and other drugs counselling and a Doctors clinic for physical and sexual health.

How to access headspace:

Young people are welcome to self-refer. That means you don't need to see any other services first, just call us to book an appointment. A friend or family member can call for you.

DASA - Drug and Alcohol Services Australia

Address: 4 Schwartz Crescent, Alice Springs NT 0870 (PO Box 3009, Alice Springs NT 0871)

Phone: (08) 89528412

Email: admin@dasa.org.au

Website: www.dasa.org.au

A Healthy and Safe Community in Central Australia without harmful effects of substance misuse.

Outreach

The Outreach Program was established in 2004 and is an intervention and referral program based on the further case management of the relationships established in the Sobering-Up Shelter and other services between staff and clients. Outreach clients are encouraged to have further professional interventions to break the cycle of addiction. Our Outreach team work throughout the community with a vast range of clients, linking them with not only the services DASA has to offer, but also other appropriate services within the community.

Our Outreach workers are accessible to our client group, and make themselves available in places within the Alice Springs Community, including visiting town camps and other places of service provision. They link in with other service providers to conduct brief interventions and assist clients with a range of needs.

Sobering Up Shelter

As most long term residents of Alice Springs may know, Drug and Alcohol Services Australia (DASA) is a community organisation established to address alcohol and other drug issues in Alice Springs and surrounding areas. The need for a non-government community organisation in Alice Springs was recognised in 1984 by Northern Territory and Local Government, the NT Department of Health and concerned private citizens.

It was recognised that the need to address alcohol and other drug problems should be met by local non-government organisations as fast as possible. Little service development existed in the Alice Springs region at the time. Progressive implementation of a range of services was therefore planned. The newly formed DASA Inc. agreed that an urgent need was the establishment of a Sobering-Up Shelter as an alternative to police protective custody for the large number of apprehensions for public drunkenness.

In consultation with Government and the NT Department of Health, DASA committed itself to the priority of establishing the Shelter as the first stage of ongoing development of a further range of services to address other recognised needs. Since that time DASA has grown into a large organisation offering a variety of services for Indigenous and non-Indigenous residents of Central Australia.

The Shelter provides supervised accommodation and care as an alternative to the police cells for people 'apprehended without arrest' for being intoxicated in a public place. Clients of this service are given a bed for the night, a meal and shower facilities; and are monitored throughout their stay.

The Shelter is staffed by Care Workers who are empathetic and professional in their duties. These staff offer the clients a safe and clean place to 'sober up' and when appropriate they offer brief intervention and referrals to our Outreach Team and Aranda House Therapeutic Community.

Referrals are also accepted from other service providers, and we also encourage self-referral to the Shelter.

The Shelter is open six nights a week - Monday through to Saturday night, 3pm to 9am.

The Shelter is closed on Sunday night.

Aranda House

Aranda House is a 20 bed residential rehabilitation facility that offers a 12 week drug and alcohol program and a 8 or 16 week program for Volatile Substance Misusers. The program is Therapeutic Community model where residents are actively involved in their own personal recover in a supporting and caring environment. Aranda House also offers an initial detoxification and withdrawal service that can be co-managed with other health services should a medical detox be necessary.

Aranda House provides one on one case work, group therapy, sport, recreation and healthy lifestyle activities. External service providers and professionals are also engaged to provide appropriate services to our residents.

Residents also participate in outings, bush trips and cultural activities such as NAIDOC. The residents manage the kitchen and meals with the assistance of a staff member dedicated to this role.

Aranda House has a fully equipped gym and music room which residents can access at designated times.

A Therapeutic Community involves a participative, group-based approach to the treatment of drug and alcohol addiction. The approach is residential with the resident

instrumental in the running of the program which includes group therapy as well as practical activities.

The guiding principle of all DASA programs, including Aranda House Therapeutic Community, is to recognise the community itself, through self-help and mutual support, is the principle means for promoting personal change.

Transitional After Care Unit

The Transitional After Care Unit (TACU) is a semi-independent residential facility in which all residents have their own bedroom and bathroom and shared common areas.

The focus of the Transitional After Care Unit is to provide a safe, supportive, clean and sober environment for residents to further progress in their journey of drug and alcohol rehabilitation, whilst Case Managers work with the resident to engage them in employment and education; and to reconnect with their families prior to moving back into the community.

To be accepted into the Transitional After Care Unit residents must have already undergone a period of abstinence from alcohol and other drugs (excepting those prescribed by a medical practitioner), either in a like facility, or in a custodial / monitored setting. Transitional After Care Unit residents must be capable of living semi independently and managing their own personal needs and maintaining their personal space to an appropriate standard.

Transitional After Care Unit Residents are permitted to live in the Unit for up to twelve months, provided they are either employed or undertaking educational studies – or are actively seeking employment or education. This is non-negotiable and volunteer work is accepted.

The Transitional After Care Unit is staffed by a Manager and a Case Worker and is supported by the Aranda House staffing compliment.

Independent Living Program

The Independent Living Program is DASA's final stage of rehabilitation. Resident enters a lease agreement and can reside with their families in 1 of 3 fully equipped units. Independent of Aranda House, apart from a case manager, residents are responsible for paying for their power bills, food and taking care of the premises. The Program models life in the community as closely as possible.

Please contact 08 8950 3700 to discuss referrals to this service.

Commit 2 Change

COMMIT 2 Change provides a case management service, harm minimisation sessions and ongoing support for COMMIT Court bail and parole clients who are heavy alcohol or drug users.

This program caters for high-needs offenders who are assessed as suitable for community sentencing but need addiction-focused support to remain in the community.

COMMIT 2 Change is accessible for people who are able to work, who need intensive intervention in their homes or when transitioning from our Transitional After Care program. It supports people to return to their own homes and allows them to take what they have learnt home, so it can be practised and reinforced on a daily basis.

COMMIT 2 Change offers structured sessions at the 4 Schwarz Crescent facility, and an outreach case management service clients can access while rebuilding their life and reintegrating into the community.

Bush Mob

Address: Priest Street, Alice Springs NT 0870

Phone: (08) 89533798

Email: nirajan@bushmob.com.au

Website: www.bushmob.com.au

Residential rehabilitation program with outreach counselling support, life skills education, support and case management for clients aged 12 to 25 years.

Residential Treatment Facility

BushMob runs a 20 bed residential program in Alice Springs (with some unfunded beds for which a fee is charged) for young people aged 12 to 25 years of age, wanting to get their lives back on track without alcohol, drugs or sniffing. The program allows each participant the option of a support person who can stay with them for a few days when they begin the program. The program requires the participants to undertake alcohol and other drug assessments, receive medical check-ups and receive counselling. The BushMob residential program is a very unique program, tailored to meet the needs of young people living in Central Australia.

The BushMob residential service provides:

- 24 hour care
- case management
- counselling, brief interventions and life skill development programs
- education and training, and positive life choices

Bush Adventure Therapy

BushMob's Bush Adventure Therapy (BAT) team consists of specially trained outreach workers who visit and talk with people and their families. They listen to their concerns and offer support to reduce stresses through respect, choices, life skills development, crisis management, follow up and bush trips. They work with people to identify their needs, offer a safe place to work through their issues, and refer them to other services if needed. The BAT team are happy to work in and around communities (if invited) and to organize and run overnight and day trips with men's or women's groups as well as young people to build strong community, lasting relationships and to give people a break from their issues (subject to funding and capacity in the organization). BushMob intends to develop this service further and have a permanent remote team.

Media

BushMob Media is an integral facet of BushMob's holistic treatment policy. We provide training in the use of computers, internet access, musical instruments, recording and making film and video, silk-screening and other artistic and creative activities. These activities, along with the other programs provided by the Bush Adventure Therapy team and the Facility staff helps the Young People in overcoming the sense of disengagement, social alienation and low self-esteem which are common issues inherent of many youth at risk. To develop increased community awareness, Bushmob devotes a lot of time photographing, filming and documenting bush trips and other events as content for our Facebook and web pages.

Central Australian Aboriginal Alcohol Programmes Unit - (CAAAPU)

Address: 290 Ragonesi Road, Alice Springs NT 0870 (PO Box 8695, Alice Springs NT 0871)

Phone: (08) 89554600

Email: admin@caaapu.org.au

Website: www.caaapu.org.au

CAAAPU provides alcohol and other drug rehabilitation, treatment and education. The CAAAPU treatment program is as a culturally appropriate rehabilitation program. The program offers drug and alcohol rehabilitation through various educational and therapeutic activities. Group therapy and one-on-one counselling services are provided to the male clients accepted to complete AOD programs. Clients receive treatment with CAAAPU for a period of 8 weeks in total. The CAAAPU residential facility includes:

The Central Australian Aboriginal Congress Aboriginal Corporation provides psychological support twice a week to CAAAPU Clients.

Female Residential Rehabilitation

CAAAPU provides voluntary residential treatment programs for Aboriginal and Non-Aboriginal females.

The women's Residential Treatment facility offers an 8-week residential rehabilitation program providing individual and group counselling, support and education in a healthy, safe and caring environment. Provision is available for clients who wish may stay longer. The programs and services delivered by CAAAPU through the residential treatment facility have the capacity to reduce violence in Aboriginal communities by impacting on harmful alcohol consumption.

The Female Residential Treatment section offers 9 beds.

The Female Residential Rehabilitation Facility at CAAAPU delivers a treatment program incorporating:

- Group and individual counselling. The use of motivational interviewing is incorporated in all deliveries.
- Individual client care coordination
- Counselling provided by AOD qualified CAAAPU staff and external professional staff
- Collaboration with Tangentyrere, IAD, Saltbush Social Enterprises, Holyoake and Money Matters in providing cultural, workforce ready and life skills.

Male Residential Rehabilitation

CAAAPU provides voluntary residential treatment programs for Aboriginal and Non-Aboriginal men.

The Men's Residential Treatment facility offers an 8-week residential rehabilitation program providing individual and group counselling, support and education in a healthy, safe and caring environment. Provision is available for clients who wish may stay longer. The programs and services delivered by CAAAPU through the residential treatment facility have the capacity to reduce violence in Aboriginal communities by impacting on harmful alcohol consumptions."

The Men's Residential Treatment section offers 20 beds.

The Men's Residential Rehabilitation Facility at CAAAPU delivers a treatment program incorporating:

- Group and individual counselling. The use of motivational interviewing is incorporated in all deliveries.
- Individual client care coordination
- Counselling provided by AOD qualified CAAAPU staff and external professional staff
- Collaboration with Tangentyrere, IAD, Desert Knowledge , Holyoake and Money in providing cultural, workforce ready and life skills sessions.

Outreach and Day Care

CAAAPU operates an Outreach service providing support to clients and their families' resident in the community of Alice Springs.

Clients are invited to attend CAAAPU facility and participate in treatment programs Monday to Friday between 08.30 and 16.30.

CAAAPU Outreach team provide cultural activities and outings both in and around Alice Springs.

Alice Springs Hospital (ASH)

Address: Gap Road, Alice Springs NT 0870 (PO Box 1604, Alice Springs NT 0871)

Phone: (08) 89517777

Website: <https://nt.gov.au/wellbeing/hospitals-health-services/alice-springs-hospital>

Jennifer Dilema - Addiction Medicine Specialist:

<https://www.fasdhub.org.au/services/individuals/jennifer-delima/>

Alice Springs Hospital provides medical supervision and monitoring of patients withdrawing from alcohol and other drugs. The hospital is open seven days a week, 24 hours a day.

Alcohol and Other Drugs Services Central Australia (ADSCA)

Address: 2 Stuart Terrace, Alice Springs NT 0870

Phone: (08) 89517580

Email: adscaadministration.doh@nt.gov.au

Website: <https://www.alicesprings.familylaw.org.au/service-directory/alcohol-and-other-drugs-services-central-australia-adsca/>

Alcohol and other Drug Services Central Australia (ADSCA) is a Northern Territory Government Health Service that provides treatment and support to clients affected by alcohol, tobacco and other drugs in the Alice Springs and Barkly communities.

ADSCA offers a range of tailored community education and professional training to the local alcohol and other drug sector. We aim to be the leading agency in provision of support to non-government alcohol and drug treatment services.

ADSCA is the referring agency to respond to substance misuse under the Volatile Substance Abuse Prevention Act 2006 and operates the Alice Springs Alcohol Assessment Service under the Alcohol Mandatory Treatment Act 2013.

4. Next steps

Following this environmental scan, referral pathways for alcohol support will be identified and developed into a document able to be used as a resource in the clinical setting.

The referral pathways will include internal and external supports available to Congress clients. The referral pathways will be broken down to cover the three groups; Pregnant woman, Young people 12- 15 and Adults 15 years and older.

5. References

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