Alcohol and other Drugs

Treatment and quality framework 2021–2023

June 2020
Adelaide PHN

Contents

Version History

Date	Version	Author/Reviewer	Reason for Change
09/11/2020	1.0	Jane Goode / AOD Project Team	New Document
09/11/2020	2.0	Jane Goode / AOD Project Team	Clarifications for RFP
31/08/2021	2.1	Communications Coordinator	Updated to new APHN template

1. Context

1.1 Purpose

This document provides information and guidance around the required structure for the delivery of alcohol and other drugs (AOD) treatment services commissioned by Adelaide Primary Health Network (PHN) during 2021–2023. It is intended that organisations delivering, or seeking to deliver, services with funding provided by Adelaide PHN will use this document to guide the development of any applications for proposals, as well as to inform ongoing service delivery.

1.2 Background

Adelaide PHN is one of 31 Primary Health Networks who, on behalf of the Department of Health, distribute Commonwealth funding for the provision of the Drug and Alcohol Program. This Program aims to achieve improved health and social outcomes for individuals, families, and communities at risk of, or currently affected by, substance use in Australia.

Through this program, Adelaide PHN is responsible for the planning and commissioning of high quality, locally relevant and effective AOD treatment services in the Adelaide metropolitan region, ensuring contestability, transparency and value for money outcomes. Adelaide PHN is also required to ensure that commissioned treatment services address specific cohorts or areas with a lack of, or inequitable access to, AOD treatment services.

2. Outcomes

Adelaide PHN is required to demonstrate achievement towards the following outcomes as set out in the PHN Program Performance and Quality Framework[1]:

Long term:

- People in the Adelaide PHN region are at a decreased risk of harm associated with drug and alcohol misuse

Intermediate:

- People in the Adelaide PHN region are able to access appropriate drug and alcohol treatment services
- Local health care providers provide culturally appropriate services to Aboriginal and Torres Strait Islander people
- Local workforce has suitable cultural and clinical skills to address health needs of the Adelaide PHN region
- Health care providers in the Adelaide PHN region have an integrated approach to drug and alcohol treatment services.

To assist in measuring progress towards these outcomes, Adelaide PHN has developed a program logic which identifies short-term outcomes. These short-term outcomes underpin the contracts provided to commissioned service providers and link to the Adelaide PHN Outcome and Performance Framework (in development), which sets out the appropriate

[1] Department of Health PHN Program Performance and Quality Framework.

tools and methods for providers to determine if they are achieving progress towards the desired outcomes. Appendix A shows the short-term outcomes and how they link to the intermediate and long-term outcomes.

3. Principles

Adelaide PHN supports an AOD sector and system that is of consistently high quality to ensure communities receive best-practice, evidence-based care appropriate to their individual needs wherever in the region they are seeking treatment and from whichever service they contact.

The following principles – treatment, quality and clinical governance – apply to all organisations delivering Adelaide PHN commissioned AOD treatment services.

3.1 Treatment principles

The National Framework for Alcohol, Tobacco and other Drug Treatment outlines six treatment principles for organisations delivering AOD treatment services. As these principles underpin the delivery of high quality AOD interventions, Adelaide PHN expects organisations delivering funded AOD treatment services to adhere to these principles when designing, implementing and evaluating all aspects of treatment.

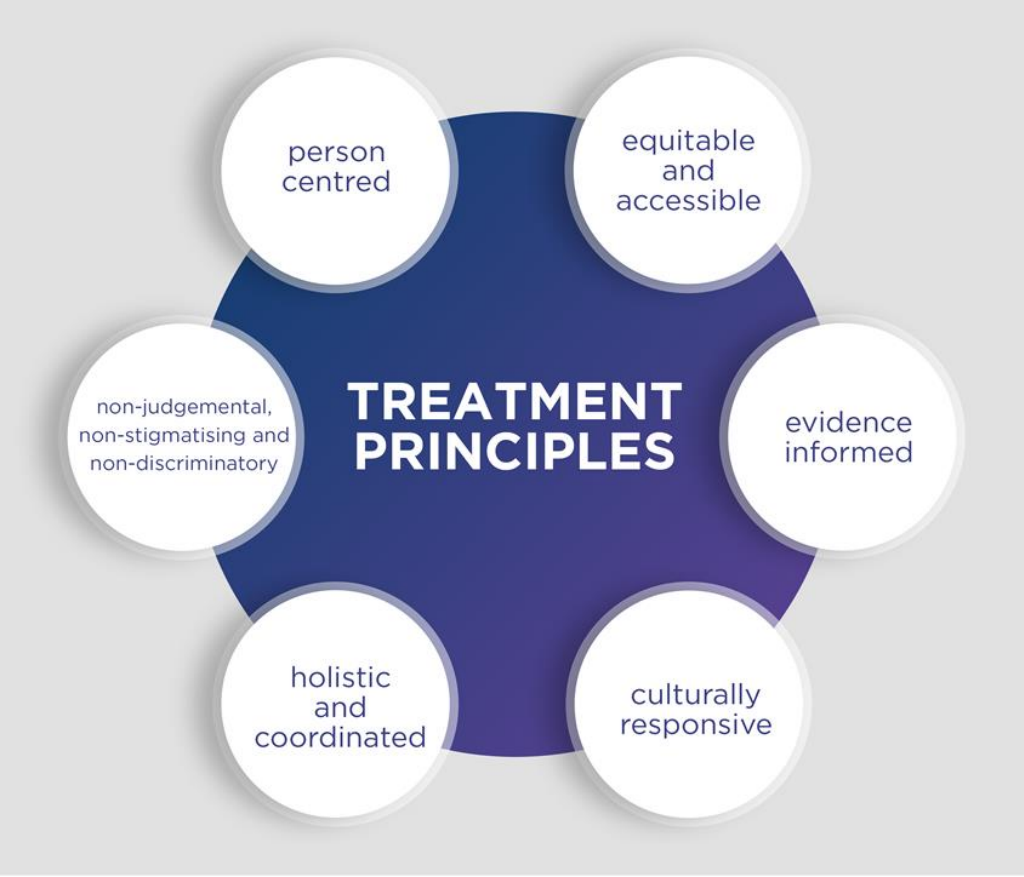


Figure 1. Six treatment principles[1]

Please refer to the National Framework for further information on the principles including examples of how they inform AOD treatment service delivery.

Suggested resources to assist in the implementation of work practices that address these principles are listed in Section 11.

3.2 Quality principles

High quality health care is care that is person-centred as well as being effective, safe and delivered by professionals who are respectful, communicate clearly, and involve patients in decision-making. For the AOD specialist treatment sector, the National Quality Framework (NQF) for Drug and Alcohol Treatment Services[2] outlines nine guiding quality principles.

Adelaide PHN utilises six dimensions of quality based on the Australian Health Performance Framework[3] for reporting and governance purposes across all funded programs, including those delivering primary care and mental health services. Organisations delivering AOD treatment services with funding provided by Adelaide PHN will also need to use these quality principles for reporting and governance purposes, particularly when partnering with primary health care and mental health organisations.

The two are matrixed below to demonstrate the links between them and ensure that where necessary, organisations can meet the requirements of both.

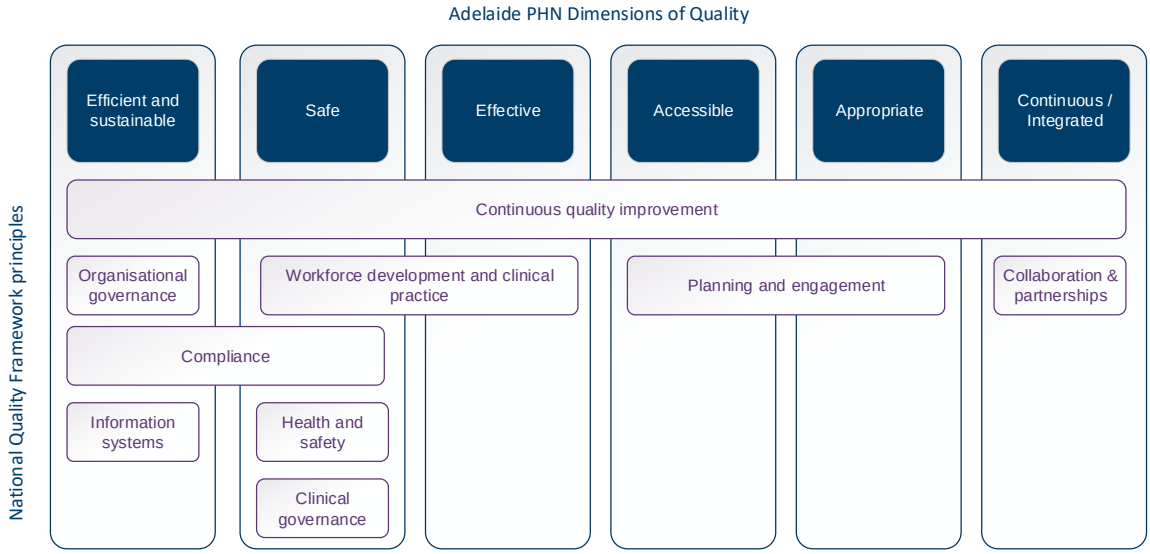


Figure 2. Quality matrix

The NQF also set outs a timetable for providers to meet accreditation requirements. Transitional arrangements are in place until 28 November 2022, with all AOD treatment services being required to hold accreditation with a listed accreditation standard from 29 November 2022. Adelaide PHN expects all commissioned service providers receiving

[2] Commonwealth of Australia. National Quality Framework for Drug and Alcohol Treatment Services.
[3] The National Health Information and Performance Principal Committee. The Australian Health Performance Framework.

funding from Adelaide PHN to hold or be actively working towards one of these accreditation standards.

3.3 Governance

All organisations delivering AOD treatment services with funding provided by Adelaide PHN are expected to have service and clinical governance systems in place. High quality clinical governance ensures the delivery of safe care, and to continuously improve service delivery. Key documents include:

- National Model Clinical Governance Framework[4] – written by the Australian Commission on Safety and Quality in Health Care, describes the key components of clinical governance and outlines roles and responsibilities for the implementation of effective clinical governance.
- Adelaide PHN Service and Clinical Governance Framework[5] – outlines the expected relationship between Adelaide PHN and any commissioned service providers.

4. Treatment services

This section describes the scope for services commissioned by Adelaide PHN. With limited funds available, it is important to establish parameters around what service types and programs can attract funding. These parameters include defining populations, delivery settings, and substances of concern.

To ensure that Adelaide PHN meets Commonwealth requirements to commission services that address health inequities, a population health approach is used. Population health refers to the creation of a collective sense of responsibility across organisations and individuals to reduce inequities in health, as well as improving health overall.[6] With regards to substance use issues, this means that Adelaide PHN funds services in a way that aims to cause the maximum impact on harms experienced by the population of the Adelaide metropolitan region. Adelaide PHN does this by nominating specific priority populations, treatment settings, and substances of concern. These areas have been determined through examination of the local health and services needs and aligned with State and Commonwealth strategies, guidelines and frameworks. Further information on the health and service needs of the Adelaide metropolitan region can be found in the annual Needs Assessment[7].

Commissioning of Adelaide PHN funded AOD treatment services must align with and not duplicate the range of services commissioned and provided by the Drug and Alcohol Services South Australia (DASSA). Adelaide PHN commissioned services can be services that address broader needs of the general population, or specific programs addressing needs of priority populations, particularly where a population is underserviced. This supports a primary care based AOD treatment system that delivers equitable care to the Adelaide community. Alignment with State based AOD treatment funding is key for maximum impact

[4] Australian Commission on Safety and Quality in Health Care - National Model Clinical Governance.
[5] Adelaide PHN Service and Clinical Governance Framework
[6] The Kings Fund. What does population health really mean? March 2019.
[7] Adelaide PHN Needs Assessment

and value for money in achieving a reduction in harmful substance use in the Adelaide metropolitan community.

4.1 Settings

Treatment services can be delivered in a variety of settings. Adelaide PHN is committed to funding treatment services within or connected to the primary care sector, such as:

Specialist AOD treatment services providing care in:

- Non-residential settings
- Outreach / in-reach (including links with tertiary settings)
- Home-based
- Telehealth and online

Primary healthcare services:

- General practices
- Aboriginal Community Controlled Health Organisations
- Community pharmacies (excluding the provision of medication assisted therapy for opioid dependence)
- Allied health services, including mental health services
- Youth services

Adelaide PHN is unable to fund services delivered only in tertiary settings.

4.1.1 Outreach

Outreach refers to treatment provided in a person's preferred setting, outside of a traditional shopfront health service. Outreach is important for people whose treatment needs cannot be met in traditional health settings. Out of office settings for outreach include streets, homes and parks, or may occur within other organisations or agencies. It can also be an effective intervention to coordinate activities across related services centres, e.g. education, mental health, and youth justice.

AOD treatment service models inclusive of outreach require careful consideration of the extra resourcing required to deliver treatment in these settings.

4.1.2 Telehealth and online

Telehealth and online settings are increasingly being used in innovative ways to deliver AOD treatment services, offering more flexibility and supporting more timely and accessible services. Organisations using telehealth and other online services to support people with substance use issues will need to ensure that safety needs are met – including back up communication modalities and establishment of key details for risk management[8], privacy concerns, digital poverty and relationship building[9].

[8] Mental Health Online. A Practical Guide to Video Mental Health Consultation
[9] Victorian Alcohol & Drug Association. COVID-19 supplementary pre budget submission 2020-21

Adelaide PHN supports innovative models which utilise telehealth but notes several limitations around their use and highlights that they are not a substitute for face-to-face services.

4.2 Priority groups and populations

Adelaide PHN funded treatment services for alcohol and other drugs should be targeted at people seeking help and requiring assistance with problematic or dependent substance use. All have varying needs and complexity; however, evidence[10] suggests that some groups of people are more vulnerable or at-risk and require targeted and considered interventions. As part of the population health approach, Adelaide PHN targets the delivery of treatments services to priority populations and groups who are at greater disadvantage when seeking to access support for substance use issues.

Adelaide PHN is committed to improving the quality of AOD treatment services for the following priority populations and groups:

- Aboriginal and Torres Strait Islander people
- Children and young people
- Culturally and linguistically diverse communities
- Lesbian, gay, bisexual, transgender, intersex and queer/questioning (LGBTIQ) communities
- Older people
- People in contact with the criminal justice system

Other priority groups and populations are not out of scope, however organisations requesting funding from Adelaide PHN should clearly demonstrate the need of the population, the impact (health, social and economic) and how they have identified this population / group.

People with co-occurring mental health conditions and substance use issues are also a significant group of people requiring treatments services. However, rather than identifying this group as a specific priority population, Adelaide PHN expects all commissioned service providers delivering AOD treatment services to ensure all people are screened to identify any comorbidities and that they are provided with a person-centred service as a result. This could include integration of mental health services within the treatment interventions and / or clear referral and navigation pathways. This includes the utilisation of the Comorbidity Guidelines, which is a contractual requirement from the Adelaide PHN.

4.2.1 Aboriginal and Torres Strait Islander people

Evidence is clear that Aboriginal and Torres Strait Islander people are at risk of and experience greater harm from substance use than the general population. Adelaide PHN has a specific mandate from the Commonwealth to increase access to and appropriateness of AOD treatment services for Aboriginal and Torres Strait Islander people.

[10] Adelaide PHN Needs Assessment

The National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014-2019 still forms a part of the National Drug Strategy 2017-2026 until replaced by an updated version. This document sets out four priority areas for action, with associated outcomes. Adelaide PHN endeavours to work towards these priorities in the absence of updated guidance and this information is available in Appendix B.

4.3 Substances of concern

The National Drug Strategy[11] outlines the priority substances of concern in Australia and Adelaide PHN notes that all these substances, plus others not listed, are in scope for AOD treatment services funded by Adelaide PHN. However, using a population health approach, Adelaide PHN acknowledges that the following substance cause the greatest harm in the Adelaide PHN region:

- Alcohol
- Methamphetamine / amphetamines
- Non-medical use of pharmaceuticals including opioids and benzodiazepines

Programs being funded through Adelaide PHN should deliver interventions aimed at reducing the impact of all substance use, but consideration should be given to aligning targeted priority populations with substances causing greater amounts of harm in those populations.

Polysubstance use increases the risk of harm with substance use[12] and therefore is in scope.

Adelaide PHN expects organisations providing AOD treatment services to maintain an understanding of current trends in substance use and encourages organisations to be flexible where possible and adapt to these trends if required.

Adelaide PHN also acknowledges the significant health and economic harm caused by tobacco use and notes that other substance use issues often co-occur in current smokers[13]. For this reason, tobacco is considered in scope as it relates to polysubstance use and comorbidity.

4.4 Complexity

Complexity refers to the needs experienced by a person due to co-occurring issues[14]. Adelaide PHN recognises that people with higher complexity will require AOD treatment interventions which support them to achieve their goals across many life domains. AOD treatment service models targeted at people with complex needs require careful consideration of the resourcing required to support successful outcomes with this client group.

---

[11] National Drug Strategy 2017-2026
[12] Pennington Institute. Australia's Annual Overdose Report 2020
[13] National Drug and Alcohol Research Centre. The relationship between tobacco use, substance use disorders and mental disorders: results from the National Survey of Mental Health and Well-being. 1999.
[14] SANDAS. The South Australian specialist alcohol and other drug treatment service delivery framework

Complexity issues[15] may include:

- Poor mental health (e.g. K10≥ 30)
- Poor physical health
- Lack of meaningful activities (i.e. employment or training)
- Housing insecurity
- Pregnancy
- Gambling concerns
- Legal problems
- Domestic and family violence or dysfunction

Low risk	People at low risk of developing dependence		
Problematic	People at increased risk of developing dependence, potentially due to a complexity issue		
Standard	People with an identified substance dependence	75% of dependent people	Dependence and 1-2 complexity issues
Complex		25% of dependent people[16]	Dependence and more than 2 complexity issues, OR Anyone with severe / complex mental health conditions (e.g. schizophrenia, bipolar disorder) OR Anyone with an extensive history of previous AOD treatment

4.5 Treatment interventions

Adelaide PHN is responsible for funding AOD treatment services across primary care. These interventions are further described in Appendix C.

Treatment is defined by the National Framework as:

> *Structured health interventions delivered to individuals (by themselves, with their families, and/or in groups) to reduce the harms from alcohol, tobacco, prescribed medications or other drugs and improve health, social and emotional wellbeing*

As per the National Framework the following describe the three key elements that make up the Australian AOD treatment system. Adelaide PHN has a role in commissioning services across these three elements.

[15] Turning Point. Informing alcohol and other drug service planning in Victoria 2017
[16] Turning Point. Informing alcohol and other drug service planning in Victoria 2017

All treatment interventions must be considered effective, appropriate and be based in evidence and best practice.

4.5.1 Interventions to reduce harm

Treatment interventions falling under this category aim to reduce the harm associated with substance use. Harm can be to health; it can be social; or it can be economic. Most interventions falling into this category aim to reduce the harm associated with social and health impacts.

Types of harm reduction interventions that Adelaide PHN would consider for funding are:

- Peer support
- Family support
- Drop-in services
- Information and education

Out of scope for funding are interventions such as sobering up shelters, mobile assistance patrols, needle and syringe programs and supervised consumption centres.

Adelaide PHN also expects all funded services to engage with the DASSA operated trial of take-home naloxone[17] when in operation, and be active in promoting other harm reduction interventions, such as needle and syringe programs.

4.5.2 Interventions to screen, assess and coordinate

All health care providers have a responsibility to screen and assess for problematic and / or harmful substance use. Traditionally, the AOD specialist treatment sector has provided a range of these interventions. Within scope for receiving funding from Adelaide PHN are the following types of interventions:

- Screening
- Brief interventions
- Assessment
- Care (and recovery) coordination and case management
- Consultation liaison for inpatients admitted to hospital

Many of these interventions can occur in settings other than the AOD specialist treatment services and Adelaide PHN are interested in considering interventions of this type which occur in atypical settings / organisations and with innovative methods. Examples of settings that could be considered:

- Emergency Departments (in-reach)
- Primary healthcare programs (general practice, pharmacies) including shared care arrangements
- Community programs and events

[17] SA Health. Preventing and responding to adverse effects of opioids: naloxone.

- Housing services
- Co-location
- Clinical outreach

4.5.3 Intensive interventions

Intensive interventions are important to changing behaviours and Adelaide PHN funds the following types of intensive interventions:

- Counselling
- Withdrawal management
- Non-residential rehabilitation (day programs)
- Pharmacotherapy (limited) including shared care and supporting interventions

Counselling is the main form of intensive intervention funded by Adelaide PHN. There are many types of counselling and within scope for Adelaide PHN funding are evidence-based therapeutic modalities including but not limited to:

- Motivational interviewing
- Relapse prevention strategies
- Narrative therapy
- Cognitive Behavioural Therapy
- Dialectical Behaviour Therapy
- Mindfulness based therapy including Acceptance and Commitment Therapy
- Psychoeducation and harm minimisation strategies

Intensive interventions which are out of scope for Adelaide PHN funding are residential rehabilitation and components of opioid pharmacotherapy (MATOD) as funded elsewhere (prescribing and dispensing).

4.5.4 Further information

Adelaide PHN's AOD Program does not support treatment types or activities that are:

- Non-evidence-based treatment models
- Unapproved pharmacotherapy treatments
- Court diversion programs
- Duplicative activity already funded by the Commonwealth, state and territory governments, and any other organisations

All Adelaide PHN funded services need to demonstrate system navigation and clear referral pathways between their interventions and further services required by the individual. This includes linkages and referrals to a range of services which include not only AOD specialist treatment services, but also mental health services, general health services such as general practices and social services. Ideally, funded services demonstrate partnerships and ongoing relationships with linked services.

5. Funding and commissioning

Adelaide PHN provides funding to organisations to deliver AOD treatment services through an evidence-informed commissioning model. Organisations seeking to provide AOD treatment services utilising funding from Adelaide PHN are invited to submit applications during an Approach to Market period. Adelaide PHN then undertakes a review and assessment of the applications to identify one or more organisations with the capability and capacity to deliver value-for-money AOD treatment services in line with this Framework. Successful applicants are then offered contracts and linked with a Capacity Building Coordinator who supports them to meet the contractual arrangements.

Providers delivering AOD treatment services aligned with this Framework and matrix, should articulate the following in any service delivery planning:

- Target populations
- Settings for delivery
- Substances of concern
- Complexity level
- Treatment interventions to be delivered
- Proposed service activity including targets
- Proposed outcomes and outcomes tools
- Expected costs and value of service activity

Further information about Adelaide PHN's commissioning processes can be found on the Adelaide PHN website.[18]

6. Integration and continuity of care

The National Drug Strategy 2017–2026 and the National Alcohol Strategy 2019–2028 both outline the research linking substance use with mental health problems. This is consistent with information provided to Adelaide PHN during consultations for the Needs Assessment. The consultations also highlighted the need for services to focus on the whole person and their circumstances, including social factors and physical comorbidities. Adelaide PHN expects all commissioned service providers to actively integrate with other organisations and services identified to meet the range of needs of people accessing their services.

6.1 Integration

The process of working towards coordinated and seamless person-centred care through a range of planned and considered actions is known as integration. Adelaide PHN has developed an Integrated Care Framework to describe the types and other dimensions of integration and integrated care.

[18] Adelaide PHN Commissioning Handbook: The Service Provider's Guide

Integration is the responsibility of all involved organisations and must be done as a collaborative effort. It can be horizontal or vertical, where vertical integration describes the process of coordination between different levels of care (i.e. primary, secondary and tertiary) and horizontal integration describes collaboration and cooperation between services operating in the same part of the healthcare system. For the AOD treatment sector, both are important, however Adelaide PHN requires AOD treatment services providers to demonstrate horizontal integration with the following:

- Other AOD treatment services
- Prevention and early intervention services and programs for substance use
- Mental health care services
- Primary health care, including general practice
- Allied health and community pharmacy

Actions to improve and achieve integration can be led at different levels. Some actions taken to improve integration are led by Adelaide PHN. These include:

- Central Referral Unit
- Client information management system
- Communities of practice / shared learning opportunities e.g. cultural learning program
- A collaborative workspace available to all commissioned service providers (Confluence)

Other actions to improve integration should be led by the commissioned service providers. Providers are expected to actively facilitate integration to support their clients to receive care which meets their needs. These actions may fall into any dimension of integration and should be developed with consideration for how they achieve integrated care.

The following table outlines some examples of integration activities that commissioned service providers may utilise to improve their provision of integrated care.

Action	Type	Level	Mechanism
Consortia application	Service	Service provider	Commissioning for integration
Service level agreement	Service	Service provider	Commissioning for integration
Sub-contractor arrangements	Service	Service provider	Commissioning for integration
Memorandum of understanding between service providers	Service	Service provider	Partnering for integration
Collaborative practice networks	Professional	Local	Partnering for integration

Cross disciplinary mentoring	Professional	Individual clinician	Partnering for integration
Shared care with GPs	Clinical	Individual clinician	Partnering for integration
Supported transfer of care	Clinical	Individual clinician	Partnering for integration
Invited speakers at group counselling (in kind)	Clinical	Individual clinician	Partnering for integration
Multi-disciplinary assessments	Clinical	Individual clinician	Partnering for integration

6.2 Continuity of care

Adelaide PHN expects organisations funded to provide AOD treatment services to have considered and described processes for continuity of care. Continuity of care refers to a package of AOD treatments that occur sequentially or simultaneously. This also includes plans for follow-up and post-treatment support that addresses the needs of people who have substance use issues.

Substance use issues have previously been treated in an acute care model rather than a chronic relapsing condition[19], particularly in the health system. The interface between the traditional primary healthcare sector and the specialist AOD treatment sector has proved a barrier to true continuity of care for many people with substance use issues.

Continuity of care is supported by integration activities but is also a key responsibility of every provider. System navigation support is often seen to be key to continuity of care, however other activities which may be useful include, but are not limited to:

- Weekly group counselling
- Telephone support
- Regular GP appointments

7. Workforce

The NQF outlines a principle on workforce, development and clinical practice that requests AOD treatment services to engage and maintain a workforce that has the appropriate qualifications, skills, knowledge, and supervision. Organisations are asked to implement merit-based recruitment and selection processes. They are also required to support ongoing workforce development through management and clinical supervision as well as supporting access to professional development.

[19] Turning Point. Service Planning Report, 2017

7.1 Qualifications and credentialing

Adelaide PHN recognises that the AOD workforce is comprised of a variety of roles and professions as set out in the South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework. The qualifications of the workforce will vary depending on programs and interventions being delivered. The National Alcohol and other Drug Workforce Development Strategy 2015–2018 acknowledges that the AOD workforce is comprised of two major components

- Specialist[20] AOD workers
- Generalist workers

South Australia does not have a minimum qualification strategy for the specialist AOD workforce, but Adelaide PHN does set out the requirements of commissioned service providers in the Adelaide PHN Credentialing Guidelines. This includes:

- Guidance on documentation and reporting
- Verification process
- Review and re-credentialing
- Qualification criteria

Adelaide PHN Credentialing Guidelines are available to commissioned service providers. At a minimum, all persons employed to deliver AOD treatment interventions must meet or exceed (via demonstrated extensive advanced practice experience or further qualifications) the following core competencies from the CHCSS00093 Alcohol and Other Drugs Skill Set.

CHCAOD001	Work in an alcohol and other drugs context
CHCAOD004	Assess needs of clients with alcohol and other drugs issues
CHCAOD006	Provide interventions for people with alcohol and other drugs issues
CHCAOD009	Develop and review individual alcohol and other drug treatment plans

7.2 Supervision

Clinical supervision is required of all persons providing interventions in AOD treatment services. Organisations should ensure that all employees are provided with access to clinical supervision as a part of their organisation's Service and Clinical Governance Framework.

The intent of clinical supervision is to ensure employees providing AOD interventions are reflecting on their practice and undertaking planned, systematic, and thorough reviews on their work with clients. It is different from managerial or administrative supervision and so should not be undertaken by an employee's direct or line manager, where possible. Clinical supervision is generally provided by a more experienced employee to one with less experience and so clinical supervisors should have relevant formal qualifications and / or extensive experience in the area in which clinical supervision is required.

[20] This is not the equivalent of a medical specialist. In this context 'specialist' means that their main work role focuses on specific substance use issues within a specific AOD service (NCETA).

Organisations should ensure that experienced or senior employees are also able to access clinical supervision, through an internal peer with equivalent seniority and experience. Utilising the skills of people external to the organisation who are highly skilled in AOD treatment services such as senior AOD clinicians and workers, addiction medicine specialists, or drug and alcohol nurses may also be considered.

Privacy and confidentiality must always be maintained during clinical supervision.

Further information on clinical supervision is available through the following resources:

- NCETA Clinical Supervision Kit
- Clinical Supervision in the Alcohol and Other Drugs and Community Managed Mental Health Sectors

7.3 Workforce development

People delivering interventions as part of an AOD treatment service, both employed or volunteer, should be provided with opportunities to progress their skills and knowledge through workforce development. From a system perspective, workforce development builds the capacity and sustainability of the workforce and ensures that a range of organisations play a significant role in this, supporting the separate efforts of the individual worker.

Adelaide PHN asks that commissioned AOD treatment services demonstrate their commitment to workforce development in service and activity planning processes and reports.

7.3.1 Aboriginal and Torres Strait Islander AOD workforce development

Organisations providing AOD treatment services should maintain a workforce that is appropriately skilled, supported and resourced to influence and provide accessible, culturally responsive and safe services for Aboriginal and Torres Strait Islander people and communities[21]. This includes the employment of Aboriginal and Torres Strait Islander people in roles such as Aboriginal AOD workers.

AOD treatment services that employ Aboriginal and Torres Strait Islander people in these roles have a responsibility to ensure they are supported with workforce development opportunities that address their specific needs. They also have a responsibility to work towards a culturally appropriate, supportive and safe workplaces, and must include the targeting of organisational issues so that cultural needs and knowledge are built into workplace policies and practices.

Adelaide PHN requests that all organisations follow the guidance set out in the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026. This document sets out six domains which underpin culturally accessible, responsive and safe health service delivery, including Domain 3: Workforce development and training. Actions described within this domain are considered important to informing core business practices in supporting a culturally appropriate and culturally respectful and safe working environment.

Alongside this, Adelaide PHN also requires funded AOD treatment services to work towards achieving the six actions set out in the National Safety and Quality Health Service Standards

[21] Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026.

which have been identified as focussing specifically on meeting the needs of Aboriginal and Torres Strait Islander people[22]. These actions ask providers to undertake activities which will strengthen the current Aboriginal and Torres Strait Islander workforce and to support them to achieve their potential.

Further information about workforce development for Aboriginal and Torres Strait Islander AOD workers are available from NCETA: Indigenous AOD Worker Publications

7.3.2 Peer workforce development

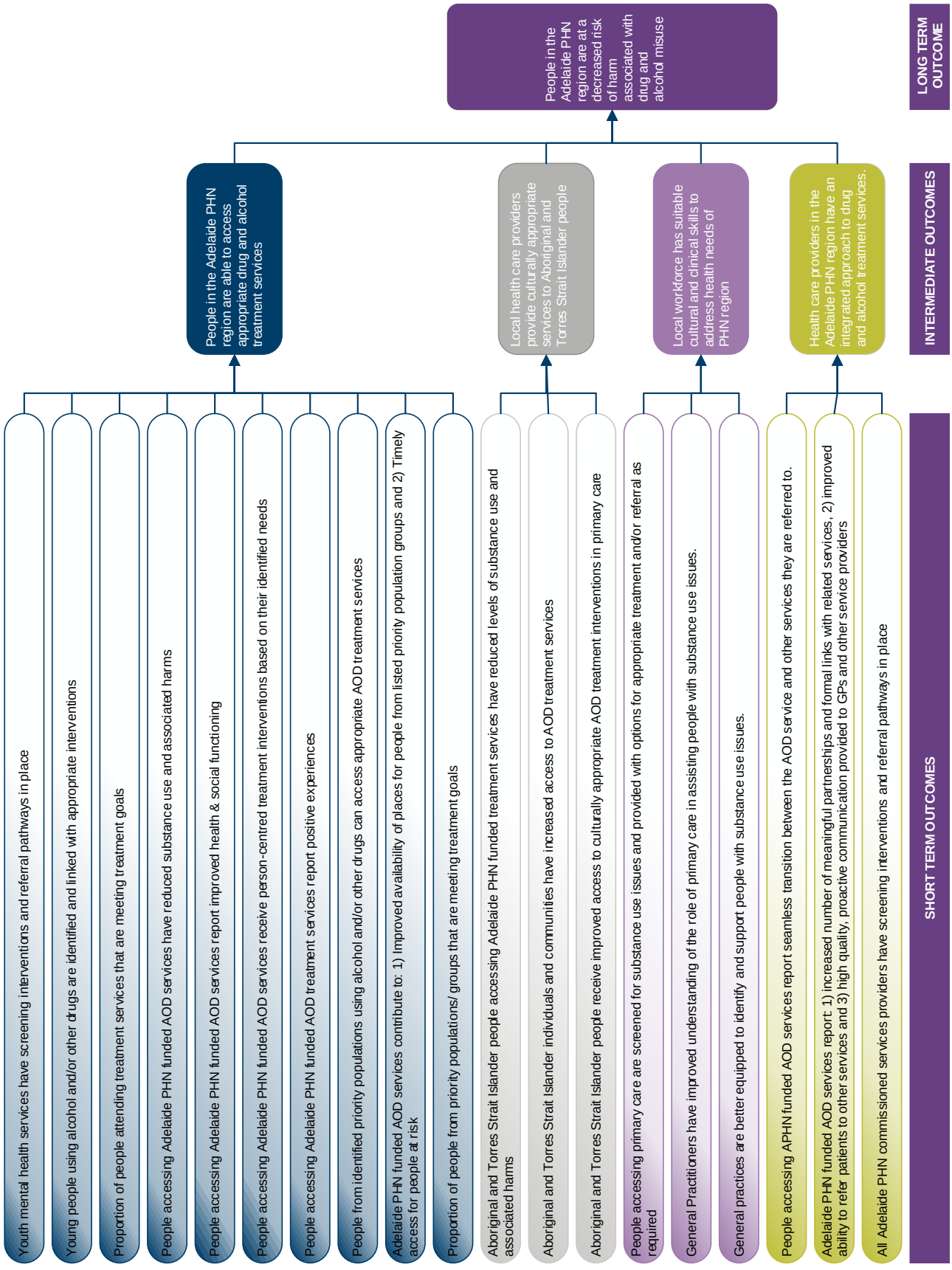
Adelaide PHN acknowledges the peer / lived experience workforce play a key role in AOD treatment. The utilisation of dedicated peer / lived experience workers to provide non-clinical input to treatment interventions, by utilising their personal experiences, assists to build connections and trust. These roles have been shown to be effective, good value for money and a valuable component of AOD service delivery that contributes positively to people's treatment outcomes and experience[23].

Organisations delivering AOD treatment services on behalf of Adelaide PHN can utilise peer workers in an employed or voluntary capacity and must ensure that they meet the appropriate guidelines for supervision and oversight. Support and further development options may also need to be considered, particularly with regards to personal issues with health and stress, maintaining appropriate boundaries with clients, and workload management.

Adelaide PHN also acknowledges that many AOD support workers and AOD clinicians bring their own lived experience to their roles already. This can be integral to delivering person-centred interventions that are appropriate for the needs of people participating in treatment.

[22] National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health.
[23] Self Help Addiction Resource Centre. Strategy for the Alcohol and Other Drug Peer Workforce in Victoria. 2019

8. Appendix A – Outcomes



9. Appendix B – Actions under the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019

Priority area 1 **Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander community-controlled services and its workforce, as a part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use.**	
Outcomes	**Adelaide PHN:**
1.1 Community-controlled AOD services are supported to lead the delivery of programs to address harmful AOD use. **Community-controlled AOD services take leadership in design and delivery of programs to address harmful AOD use.**	• Ensures specifically committed funding is available only to community-controlled AOD services • Acknowledges community ownership as the guiding principle for design and delivery of services using these funds • Supports community-controlled services to gather information on local needs and • Facilitates the co-design of new programs in community-controlled services
1.2 Mainstream AOD services are supported to deliver programs to address harmful AOD use in Aboriginal and Torres Strait Islander communities, families, and individuals.	• Acknowledges access (through awareness, convenience, availability, affordability, cultural safety and respect) as a guiding principle for design and delivery of services • Mandates commissioned service providers to demonstrate the six actions towards achieving the NSQHS Standards User Guide for Aboriginal and Torres Strait Islander health • Supports commissioned service providers to meet the Cultural Respect Framework • Encourages services to design and deliver services based on locally identified need • Encourages mainstream services wishing to deliver programs specifically to Aboriginal and Torres Strait Islander people with funding from Adelaide PHN to work with community to plan and co-design these programs
1.3 Workforce initiatives are developed to enhance the capacity and capability of community-controlled AOD services.	• Works with peak organisations such as AHCSA, ADAC and SANDAS to mobilise capacity and support workforce initiatives in community-controlled services • Supports efforts to improve the quality of data, including the national data sets and experience

	measures, to provide insight into service delivery and assist with continuous quality improvement
1.4 Cross-sectoral effort is supported and enhanced to ensure an integrated approach.	• Ensures strategies from relevant cross-sector plans and designs are considered when panning and designing for AOD sector • Consults with the Aboriginal and Torres Strait Islander communities in planning and co-designing AOD treatment services • Utilises the Adelaide PHN Integrated Care Framework to inform a considered approach to integration • Requests commissioned service providers to demonstrate processes for shared care and appropriate referral pathways • Ensures commissioned services provide access to culturally appropriate evidence-based resources and information on physical and mental health and particularly suicide prevention.

Priority area 2 **Increase access to a full range of culturally appropriate programs, including prevention and interventions aimed at the local needs of individuals, families, and communities to address harmful AOD use**	
Outcomes	**Adelaide PHN:**
2.1 Culturally appropriate Aboriginal and Torres Strait Islander programs and services are supported that address prevention programs, the impact of alcohol, tobacco and other drugs on individuals and families, and within their communities.	• Invests in culturally appropriate programs in both mainstream and community-controlled organisations delivering AOD treatment services • Identifies key partners and stakeholders from non-AOD sectors to participate in planning and designing culturally appropriate services • Ensures the Cultural Respect Framework underpins the delivery of commissioned services in both mainstream and community-controlled organisations
2.2 Participation of Aboriginal and Torres Strait Islander people using AOD services is improved.	• Ensures, as part of the six actions, that commissioned services providers to work with communities to identify barriers to participation, including physical, socio-economic, gender-based, intergenerational trauma and geographic. • Ensures and supports commissioned service providers to address identified barriers for participation, including referral pathways to other

	organisations, outreach and culturally safe environments
2.3 A range of interventions are developed that cross the three pillars of harm minimisation and are aimed at the individual, family and community,	• Reviews proposed service models to ensure outcomes are linked to individual, family, and community needs • Encourage commissioned service providers to have a broad referral network to support programs to address all three pillars
2.4 Interventions are based on locally identified needs and form part of an integrated and cross-sectoral approach at the regional level.	• Partners with DASSA to assist in the development of a broad picture of the AOD health and service needs of the state, with specific reference to Aboriginal and Torres Strait Islander needs • Conducts a targeted needs assessment which identifies local health and service needs for the Adelaide region, including emerging substances of concern, access to services and navigation through the health system • Undertakes consultation with communities to examine the local health and service footprint and potential courses of action • Requests commissioned service providers to demonstrate how they link people with relevant cross-sectoral organisations • Encourages commissioned service providers to report cross-sectoral barriers and enablers

Priority area 3 **Strengthen partnerships based on respect both within and between Aboriginal and Torres Strait Islanders peoples, government, and mainstream service providers, including in law enforcement and health organisations, at all levels of planning, delivery, and evaluation**	
Outcomes	**Adelaide PHN:**
3.1 Community driven partnerships are strengthened at the local level to address harms associated with alcohol and other drugs.	• Partners with AHCSA and other relevant Aboriginal organisations and peak bodies to support local community leadership of solutions • Commissions services which support a community-led approach to treatment service delivery for Aboriginal and Torres Strait Islander people
3.2 Community leaders and Elders take responsibility and a leading role, in partnership with government, to design,	• Ensures community leaders and Elders have representation in Adelaide PHN governance committees (Board, ACAC, NLG)

deliver, and evaluate alcohol, tobacco, and other drugs programs.	• Supports Aboriginal and Torres Strait Islander members of governance committees to actively participate in strategic planning and design • Consults with communities on upcoming opportunities for design and delivery of AOD treatment services
3.3 Partnerships between Aboriginal and Torres Strait Islander community-controlled AOD services and mainstream services are enhanced and strengthened.	• Requests mainstream service providers seeking funding for the delivery of Aboriginal and Torres Strait Islander people specific program demonstrate or identify strategies in working in partnership with community-controlled organisations to reduce barriers to access and ensure appropriate care options and referral pathways are available
3.4 Partnerships between government and AOD service providers (both community-controlled and mainstream services) are based on mutual respect and community strengths.	• Facilitates community leaders and Elders in governance positions to participate in key decision-making processes • Applies culturally respectful approaches to partnerships that support community-owned solutions
3.5 Current and emerging issues associated with AOD use and the criminal justice system are effectively addressed.	• Allocates specific funding to support Aboriginal and Torres Strait Islander people in contact with the criminal justice system • Ensures all commissioned service providers provide staff with appropriate information and education on emerging criminal justice issues

Priority area 4 **Establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation**	
Outcomes	**Adelaide PHN:**
1.1 Performance measures reflect meaningful outcomes aimed at the individual, family, and community	• Links contract performance measures to locally identified needs • Supports the collection of data sets that span across whole-of-life domains • Mandates the collection of experience measures
1.2 Data systems and quality assurance programs are in place to inform investment in sustainable program delivery	• Mandate the collection of data in accordance with best-practice guidelines for collecting Aboriginal and Torres Strait Islander status in health data sets • Works with commissioned service providers to improve the quality of data received

	• Mandates the collection of data that is consistent with the Alcohol and Other Drug Treatment Services National Minimum Data Set • Utilises collected data to inform the design and redesign of future commissioned services

10. Appendix C – Description of interventions

This appendix describes the expected activity associated with each intervention.

10.1.1 Referral and intake

Aims and objectives

Referral describes the processes by which people access and enter AOD treatment services and intake is the introductory process which gathers information in preparation for treatment.

Settings

Referrals are usually commenced outside of the AOD treatment services. The most common type is self-referral, where a person initiates treatment seeking themselves by directly contacting a service provider. Other referral pathways include health care services (mental health services, general practice), community services and the Department of Corrections.

Adelaide PHN operates a Central Referral Unit (CRU) which can accept referrals from general practices and other services on behalf of funded treatment services. The CRU will triage any referrals received, including a risk assessment, and assign them to a treatment provider. The CRU operational guidelines are available to commissioned service providers and upon request for AOD treatment service providers wishing to access this service.

Intake is conducted by all AOD treatment services as part of accepting someone for treatment.

Outcomes

Suggested outcomes for referral and intake include:

- People at high risk of harm to themselves or others are identified and contacted within 24 hours
- People seeking treatment are matched with a service that provides interventions to meet their needs
- Intake is conducted in a way that is person-centred and reduces the impact of stigma
- All essential information is collected

Elements

Referral

Upon receipt of a referral, Adelaide PHN expects funded treatment service providers to identify the following at a minimum:

- Risk assessment – Is the person being referred at immediate risk of harm to themselves or others?
- Consent has been provided for the referral
- Prioritisation to be made according to person's individual needs and service availability
- On-referral to specialised or more appropriate services where identified

- Capture all required information in client information management system

Treatment providers accepting referrals need to ensure they provide advice as to any potential delays to intake or subsequent treatment. This includes providing information on pre-treatment support options or referring elsewhere if services can be accessed in a timeframe and manner which is more suitable to the client.

Intake

Intake processes will vary between providers depending on the requirements of the service and the programs. An intake should aim to:

- Utilise suitable, and culturally appropriate, approaches
- Maintain records of client flow in client information management system, within relevant legislative obligations.

The processes should include collection of:

- personal and demographic information
- outline of substance use behaviours
- risk and complexity review

The outline of substance use behaviours may include the use of screening tools. Please refer to Section 10.3.1 for further information on screening.

Eligibility criteria

Adelaide PHN expects treatment services to prioritise vulnerable and at-risk clients. People referred to an Adelaide PHN funded service should be triaged according to risk and need.

Workforce

Referral and intake are often undertaken by administrative staff. Organisations need to ensure administrative staff are supported by processes and guidelines outlining when a clinical review is required.

Standards, guidelines and further resources

- Health.Vic: Intake processes and tools
- NSW Health: Non-government organisation alcohol and other drugs treatment service specifications
- AADANT: Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit

10.2 Interventions to reduce harm

10.2.1 Information and/or education only

Aims and objectives

The provision of information and education aims to raise awareness about the harms associated with substance use. This can assist people to identify and motivate themselves to

participate in treatment seeking or other actions. For example, the provision of information or education may move someone from one stage of the Transtheoretical Model of Change to the next, e.g. from contemplation to preparation[24].

Settings

All treatment services providers have a role to support the community with information about substance use.

Information and education can be provided within the treatment service or in an outreach setting, such as community events, and schools. When providing these types of activities, treatment service providers will work within evidence-based prevention frameworks, which discourage the use of single 'one-off' presentations to schools and community groups which do not form part of a broader program.

Outcomes

Suggested outcomes for the provision of information and / or education include:

- People engage with AOD treatment services
- People seek further treatment for substance use

Elements

Information and education can be provided in a range of ways. In its most general form, a treatment service provider should offer one or more of the following:

- Printed information e.g. brochures
- Online information, including links to other sources e.g. Australian Drug Foundation
- Telephone / online question opportunities

These sources should provide information a range of topics, including but not limited to:

- Facts on substances and substance use
- Reducing risk
- Seeking help – including types, range of help available

Education is the more formal provision of information to an individual or group. Education opportunities are generally done face to face or via a telephone consult. They involve a presentation of the general facts and information with an opportunity for participants to ask questions.

Eligibility criteria

Information and education must be freely accessible to all individuals, families, and communities.

Referrals

For the provision of information, no referral is required.

---

[24] Prochaska, J.O., DiClemente, C.C., & Norcross, J.C. (1992). In search of how people change: Applications to the addictive behaviors. American Psychologist, 47, 1102-1114. PMID: 1329589.

For the provision of education, particularly in the form of groups, no formal referral is required, however treatment services may want to ensure that the content and structure of the group education is a match for people seeking to attend.

Workforce

Information and education can be provided by a range of workers depending on the content being presented.

Standards, guidelines and further resources

- Dovetail Alcohol and other drugs in schools
- Western Australian Drug & Alcohol Office Introduction to Alcohol and Other Drug Prevention

10.2.2 Peer strategies

Aims and objectives

Peer strategies are those that seek the active involvement of communities and individuals with lived experience of substance use in the service response. They are a range of activities focusing on self-determination, participation, and recovery.

Settings

Peer strategies can be provided in a range of treatment settings. This can be in traditional face-to-face settings, both individually and in groups, or via online or mobile assistance. Peer strategies can also be provided in outreach and in reach settings.

Outcomes

Suggested outcomes for peer strategies include:

- People participating report increased empowerment
- People with substance use issues engage in treatment
- People participating report and demonstrate increased social functioning

Elements

Peer strategies can be placed into three categories:

- Mutual help groups
- Peer run or operated services
- Peer employees

Peer strategies involve the provision of non-clinical assistance and support. Peer workers offer support to others who have shared experiences by:

- Facilitating authentic connections
- Sharing their personal experiences in a way that inspires hope
- Offering help and support as an equal, within a defined role

- Developing positive relationships that demonstrate the power and possibility of change

Commissioned services providers utilising peer strategies must have clearly defined models / frameworks in place. These documents must outline the roles and responsibilities of those delivering peer strategies, ensure proper resources are made available, leadership is supportive, and that ongoing monitoring is used to support delivery. Other issues that should be considered include:

- Clarity and reporting structures
- Support to manage personal issues raise by the delivery of peer strategies
- Professional boundaries
- Workload and financial compensation
- Training and supervision

Eligibility criteria

All people seeking treatment for substance use are eligible for peer strategies.

Referrals

All usual referral pathways are appropriate.

Workforce

Peer work must be provided by peer / lived experience workers. Peer / lived experience workers utilise their lived experience of alcohol and other drugs, plus skills learned in formal training, to deliver services in support of others. Peer / lived experience workers may be formally employed or engaged in a volunteer capacity.

Many AOD clinicians and support workers have a lived experience of substance use and treatment that they draw on in their work, but for the purposes of defining peer strategies, Adelaide PHN refers to peer workers who do not hold further qualifications in AOD treatment delivery.

Standards, guidelines and further resources

- SHARC. Peer Projects
- Coordinare. Peer Workforce Models in Alcohol and Other Drug Treatment

10.2.3 Family support

Description and aim

Family support can refer to the support provided to a person with substance use issues and their family members together, or to the family members alone. Family support may be provided as a standalone intervention in the absence of an individual seeking treatment.

When family is included in the treatment of people with substance use issues it may lead to more positive outcomes. Involvement of family members can improve engagement and retention of people in treatment.

Family support involves the consideration and support of people's family and family-like relationships now and into the future. The level of family involvement should be determined by the individual and their family. Family support may include:

- Mediation / conflict resolution
- Family meetings
- Family support groups
- Individual counselling for family members
- Sibling support programs
- Information and education

Settings

Family support is delivered by both AOD treatment service providers and by generalist service providers. It can be provided in groups or individually. It can also be provided face-to-face, via telehealth or remotely.

Outcomes

Suggested outcomes of family support include:

- People achieve their identified treatment goals
- Family members are empowered to support their loved one
- Family members are supported to develop appropriate coping skills

Elements

Family interventions can be generally placed into three types; working with the family to promote entry or maintenance of treatment, involvement of the family and the client in the treatment, and interventions with family members.

Dependent of the type of intervention, consent for participation of family may be required. When an individual is seeking treatment for substance use and the family is to be involved in their treatment, the quote *'nothing about me without me'* should be considered as a baseline for determining the level of involvement.

As family strategies are similar to other types of interventions, but focused on a different audience, please review the information associated with each type of intervention e.g. for family counselling, please review the counselling section.

Eligibility criteria

Family support can be provided to anyone wishing to access it. It is often considered a useful intervention for young people.

Family support can also be provided to people seeking support regarding someone else's substance without that person participating in treatment.

Referrals

All usual referral pathways are appropriate.

Workforce

Family support interventions should be provided by an AOD support worker or AOD clinician with suitable training and expertise in the area.

Lived experience / peer workers may also be involved in providing elements of family support.

Standards, guidelines and further resources

- Dovetail: Working with families and significant others
- Coordinare: A review of evidence-based alcohol and other drug (AOD) interventions suitable for young people in a community setting.

10.2.4 Drop in services

Description and aim

Drop-in centres are a no-referral required 'doorway' for people seeking a range of services, but for the purposes of this document, mainly for people to gain immediate access to a range of alcohol and other drug (AOD) treatment services and resources. It provides a safe and welcoming environment demonstrating understanding and mutual acceptance, and is free from violence, harassment and discrimination. For people that require more intensive and coordinated services, drop-in centre should provide appropriate referral pathways.

Settings

Drop-in centres are usually situated in areas with good access to the community they support. When considering accessibility, organisations should not only address physical access, such as location, transport and opening times, but also emotional and social accessibility factors such as appearance, community, and atmosphere.

Outcomes

Suggested outcomes for drop-in services include:

- People can access the services and resources they need
- People are safe and supported when attending the drop-in centre

Elements

Typical treatment options available in a drop-in centre may include counselling such as motivational interviewing or brief interventions, as well as referral for further treatment options. Also available are recreational activities and ancillary services such as:

- Basic health care and nutrition
- Assistance, referral and support needed for medical treatment and specialised care
- Generalised education on:
    - Substance use and its consequences
    - Rights and responsibilities
    - Health and hygiene
    - Sexual health

- Facilities for shower, laundry, rest and recreation
- Referrals for educational / vocational activities and support services
- Links to legal and financial services
- Time out

Eligibility criteria

No eligibility criteria are mandated by Adelaide PHN however treatment services may wish to target at-risk populations and groups.

Referrals

Not required.

Workforce

Drop-in centres can be staffed by a variety of workers depending on the services available. If clinical services are provided, staff must have appropriate qualifications and supervision in place.

10.3 Interventions to screen, assess and coordinate

10.3.1 Screening

Description and aim

Screening is a process for evaluating the possible presence of a problem. Screening can be conducted for substance use, mental health conditions, and / or acute safety risk. Although screening can reveal a picture of an individual's involvement with alcohol, drugs, or both, it is not a diagnosis and cannot provide details of how substances have affected their life. Screening helps to direct care by identifying issues requiring further investigation. It also enables signposting for treatment and allows brief interventions to be conducted where appropriate.

Screening is often considered part of a brief intervention but for the purposes of this document, the two have been separated.

Settings

Screening is conducted in all settings. It can form part of a bigger treatment program, often as the first step in assessment, or it may be conducted as a stand-alone intervention.

Primary care, including general practice and community pharmacy, is an important setting for screening and can be used as the basis for referrals into AOD treatment services.

Outreach, through community events or other activities outside of a formal treatment setting are also suitable for screening activities.

Privacy is required to conduct screening. This can be achieved by a physical space or through use of written / online material.

Outcomes

Suggested outcomes include:

- People needing further assessment or treatment are identified.

Elements

Design

Screening processes should include a pre-determined method (or protocol) for demonstrating which people are considered 'screen positive' for the condition being screened and for ensuring those people receive or are referred for further assessment or treatment. The protocol details the actions required for a 'screen positive' and provides a standard for documenting the results of the screening, the actions taken, and that workers have carried out their responsibilities in full.

Screening tools should be:

- Validated
- Accessible (e.g. of a suitable health literacy level)
- Culturally appropriate
- Non-discriminatory and do not cause stigmatisation

Suggested screening tools include ATOP, ASSIST, AUDIT-C, DUDIT, IRIS. Please see the further information section for more tools.

Delivery

Screening involves asking questions carefully designed to determine whether a more thorough evaluation for a problem or disorder is warranted.

Where screening is the primary intervention, it should be supported by access to information and education at a minimum. In other situations, it may be more appropriate for screening to be accompanied by brief interventions.

The way screening is conducted can be as important as the actual information gathered, as it sets the tone of treatment and begins the relationship. A good screening will invite further participation in treatment seeking if required.

Eligibility criteria

All people – even those not actively seeking treatment can undertake screening.

Referrals

Not required.

Workforce

Many screening instruments require little or no special training to administer. However, a lack of training in use and how to interpret scores may lead to situations where hazardous use is interpreted as dependent use. Workers administering screening tools should have a good understanding of the elements contained in the tool, for example 'a standard drink'.

Standards, guidelines and further resources

- Insight. Brief Interventions: Tools & resources
- SANDAS. The South Australian specialist alcohol and other drug treatment service delivery framework
- Queensland health. Screening tools

- Comorbidity guidelines. Standardised screening and assessment

10.3.2 Brief interventions

Description and aim

Brief interventions are a short activity (often 15-20 minutes) that aims to motivate an individual to take action about a substance use issue or concern. Screening is often considered part of a brief intervention. Brief interventions often consist of informal counselling and providing information on certain types of harms and risks associated with drug use and/or risky behaviours.

Brief interventions aim to make the most of any opportunity to raise awareness and share knowledge about substance use issues.

Settings

Brief interventions often accompany screening and can be conducted in the same types of setting, including within treatment services and outreach settings.

Primary care is an ideal setting for the delivery of screening and brief interventions.

Outcomes

Suggested outcomes for brief interventions include:

- People identify issues of concern with regards to their substance use
- People are provided with information and advice as appropriate to their identified needs

Elements

Brief interventions are a low-intensity intervention, often short and opportunistic.

This type of intervention takes very little time and is usually conducted in a one-on-one situation. It involves making the most of any opportunity to raise awareness, share knowledge and get an individual thinking about making changes to improve their health and behaviours. The intervention can last as little as 30 seconds or may involve a few 5 to 60-minute sessions. Brief interventions often consist of informal counselling and providing information on certain types of harms and risks associated with drug use and/or risky behaviours.

They vary from a few minutes to several planned sessions. They commonly include screening, provision of feedback, information and education, motivational interviewing and appropriate referrals

Eligibility criteria

Brief interventions are often offered to people who have not specifically sought treatment for substance use but have been identified by a screening process.

They are particularly effective for people who do not have a long-term history of heavy AOD use. They are a low intensity treatment, usually for people who can self-correct their substance using behaviour with minimal professional support. Brief intervention involves

engaging with people who are at risk of greater harm or developing drug and/or alcohol dependence.

Of specific interest to Adelaide PHN are environments where screening and opportunistic interventions can be targeted to individuals where AOD issues are identified, for example, consumers of the non-treatment sector who access primary care for health issues that indicate potential substance use, particularly those who are unlikely to meet the threshold for specialist AOD treatment. This may include people being supported by general practice that require AOD support beyond the capability of general practice but not requiring specialist treatment, or people identified as having contact with emergency departments or services due to substance use and intoxication where an intervention would reduce the likelihood of an individual progressing from substance use to substance dependence.

Referrals

All usual referral pathways are appropriate.

Workforce

All frontline health workers can deliver brief interventions. This includes AOD treatment services workers and primary health care workers.

Standards, guidelines and further resources

- Insight: Brief Interventions: Tools & resources
- DACAS: FRAMES – brief intervention for risky or harmful alcohol consumption
- Australian Prescriber: Brief interventions for alcohol and other drug use
- Department of Health: Brief interventions
- Western Victoria PHN & Aspex Consulting: AOD Brief Interventions Final Report
- Orygen: Evidence summary: How effective are brief motivational interventions at reducing young people's problematic substance use.

10.3.3 Assessment

Description and aim

Assessment is seen as a 'point in time event'. The purpose is to gather the detailed information needed for a treatment plan that meets the individual needs of the person.

Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis.

Assessments are conducted to accurately identify a person's needs and to inform treatment planning. Workers gather information to make a primary determination about the level of substance use severity, risk, harm and urgency for treatment to decide on suitable treatment interventions.

Settings

Assessment is typically conducted at specialist AOD treatment service, individually and generally face-to-face, however assessment through telehealth or other innovative methods may also be offered where practicable to do so.

Outcomes

Suggested outcomes for assessment are:

- People identify issues of concern with regards to their substance use
- People develop a treatment plan in line with their identified needs
- People are supported to access further treatment if required

Elements

Demographic data collection

Providers need to collect information relevant to the identity of the person, including cultural information, employment, and service engagement.

Substance use information

This covers information about the person's substance use patterns, including risky and harmful use, the severity of the problem, and any treatment history. Other points to note for collection include:

- Current and past use
- Primary substance of concern
- Frequency, quantity, administration
- History of overdose and risky drug use practices

Any evidence of dependence or harm associated with substance use should be assessed against DSM-V criteria.

Risk and complexity

This covers the collection of information related to comorbidity and complexity issues, often associated with substance use issues. This includes but is not limited to:

- Medical and physical health issues including medications
- Mental health issues, including self-harm and suicide
- Family violence and harm to others
- Child protection issues
- Legal or correctional services issues
- Homelessness
- Gambling

Outcome of intake

The worker summarises the person's presenting issues and concerns, clinical judgement and the person's preferences regarding treatment. Workers should assess priority and

determine how urgently the person requires further treatment. People should also be provided with an individual plan for the next part of their treatment, including bridging support and/or referral to other health or social services.

Additional components

For some people, upon completion of an assessment, consideration should also be given to undertaking further interventions, such as:

- Brief intervention
- Care planning
- Goal setting
- Care coordination

Eligibility criteria

People seeking to engage in intensive AOD treatment interventions such as counselling, withdrawal, pharmacotherapy, and non-residential rehabilitation should all complete a comprehensive assessment.

Assessments are also a treatment intervention on their own and can be provided to people seeking to understand and act upon their substance use issues.

Referrals

All usual referral pathways are appropriate.

Workforce

AOD clinicians and AOD support workers will undertake assessments. Ideally, senior workers are preferred where possible.

Where possible, the assessment should be conducted by worker who is appropriate for the person's ongoing treatment to reduce 'extra steps' in a person's treatment journey

Standards, guidelines and further resources

- Comorbidity guidelines: Standardised screening and assessment
- Health.Vic: Intake processes and tools
- Health.Vic: Alcohol and other drug program guidelines
- AADANT: Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit

10.3.4 Care coordination / case management

Description and aim

Care coordination is an additional individualised and flexible support that supplements other AOD treatment services over a longer period. The duration and intensity of the service varies depending on a person's need. Care coordination is available before, during and after a client's treatment for up to 12 months.

Care coordination / case management aims to:

- coordinate treatment planning and care in accordance with identified goals
- support access to other health, social, and support services
- support meaningful involvement of the person and their family in care and goal setting

Effective case management is a time and resource intensive intervention, but overall, it is cost effective because it reduces other system expenditure such as hospitalisation. Case management where there is substantial complexity is increasingly undertaken by teams within agencies or between agencies using coordinated or complex case panels and strategies.

Models of care coordination / case management include:

- Generalist
- Clinical
- Strengths-based
- Assertive community treatment
- Intensive case management
- Rehabilitation

Settings

Care coordination /case management is conducted within specialist AOD treatment services. It is conducted through a variety of means including face-to-face, telephone and online. It can also be done as outreach.

Outcomes

Suggested outcomes for care coordination / case management include:

- People achieve their identified treatment goals
- People are supported to access appropriate services and resources
- People report improvements in quality of life and / or psychological wellbeing

Elements

Pre-treatment

Deliver pre-care support to complex clients on waiting lists via multiple modalities (for example, telephone, face-to-face, online).

Assessment

A comprehensive assessment should be conducted as per best-practice guidelines and may include:

- Substance use history
- Mental and physical health status
- Identification of treatment goals

- Development of an individual plan

Planning

If an individual treatment plan was not developed during the assessment, this will need to be done as the next step. In developing the treatment plan, a person's identified needs are translated into goals, and then strategies and actions for achieving the goals are determined. Goals and actions should reflect the person's stage of change and be considered in the context of any complexity identified during assessment.

Identified strategies may require the involvement of other people and organisations, so the plan should be realistic and consider the capabilities of not only the person at the centre of the plan, but others involved or supporting them. This includes the AOD treatment service employee (worker) and may also include other health services including primary care providers. All roles and responsibilities should be articulated and clearly communicated to those identified in the plan.

Planning is an iterative process, and reviews, both scheduled and informal, should continue to inform the development of the person's goals and strategies.

Care coordination / case management

The largest part of care coordination / case management is the time spent implementing the strategies outlined in the individual plan. All people and organisations identified in the plan will have responsibilities around this. In an environment of increasing service complexity, the role of the worker in care coordination / case management becomes one of service navigation and coordination.

Good communication is required for successful care coordination / case management. The ability of the worker to liaise, network and source resources and services on behalf of a client is key to providing effective treatment services.

Where a client has been identified as requiring support from multiple services, the worker will coordinate care by facilitating referrals and communication between those services. Workers providing care coordination / case management:

- ensure client's consent
- assist with referrals
- share information
- enquire as to appointment times
- follow up after the appointment

Other actions to be considered during care coordination / case management are tracking the quality of the strategies and actions taking place and evaluating their success. Clients should be supported to reflect on their plan and amend any activities that are not helping them meet their goals. Where barriers are evident, workers should assist the client to redefine goals and strategies and identify any new required resources, supports and services.

Client feedback is an important part of successful care coordination / case management and should be incorporated into the process.

Exit planning & aftercare

All treatment plans should consider exit planning upon entry into a service. Exit planning ensures that clients can successfully leave the program once their goals are achieved or at a certain point in time, determined by available resources and supports required. Workers should be aware of any indicators or milestones that suggest a client is ready to leave a service prior to a set timeframe.

Aftercare plans should be developed while the client is participating in care coordination / case management and outline strategies and actions that they can continue to undertake after they have left the service. Follow-up, comprising of one or more planned contacts may form part of the exit plan.

Eligibility criteria

Care coordination / case management seeks to support people at the highest need / risk, who present with characteristics of complexity.

Equity of access is essential and eligibility criteria should not exclude people based on personal characteristics. However, Adelaide PHN endorses eligibility criteria which prioritise people at high-risk and from vulnerable and marginalised populations or groups and supports the implementation of programs to specifically target these populations. Where exclusion criteria apply, providers must facilitate access to appropriate alternatives.

Referrals

All usual referral pathways are appropriate.

Workforce

Care coordination / case management is provided by AOD support workers with training, skills and experience in this area. They may be known as AOD case workers or AOD case managers.

A good relationship between the worker and the client is essential for care coordination / case management, and services providers should aim to carefully match the worker to the personal needs of the person seeking treatment.

Standards, guidelines and further resources

- Department of health. The role of case management
- Health.Vic. Alcohol and other drug program guidelines
- AADANT: Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit

10.3.5 Aftercare

Description and aim

Aftercare is a form of care coordination / case management, which follows a period of other treatment, such as withdrawal or rehabilitation. Aftercare commences once treatment has finished and the client has achieved their treatment goals. For some interventions (e.g. withdrawal) this can be easily identified, however for counselling this can difficult to

determine. Where counselling for ongoing issues is being delivered, this forms part of the treatment, not aftercare.

Aftercare generally involves less frequent contact with treatment services and workers and approximates a more real-life situation. It can be led by the person, however in some instances, after care should be more assertive, with the AOD worker taking the lead to maintain contact.

Settings

Aftercare is conducted within specialist AOD treatment services. It is conducted through a variety of means including face-to-face, telephone and online. It can also be done as outreach.

Outcomes

Suggested outcomes for aftercare include:

- People achieve their identified aftercare goals
- People are at less risk of relapse
- People are supported to access appropriate services and resources
- People report improvements in quality of life and / or psychological wellbeing

Elements

Planning

Aftercare plans should be developed while the client is participating in active treatment and outline strategies and actions they can continue to undertake after they have left the service. An AOD worker will support a person to develop goals, based on their identified needs and develop the components / activities to achieve them.

Components

Components of aftercare plans may include:

- Scheduled follow-up appointments with an AOD worker
- Relapse prevention plan
    - Recognising triggers
    - Warning signs
    - Strategies to help
- Group program, e.g. relapse prevention, self-help
- Addressing mental health conditions
- Identification of key support people
- Coordination of access to a range of health, welfare and ongoing support services
- Information about community engagement opportunities

Monitoring

This can be done during scheduled face-to-face appointments, on through telehealth options such as phone or email. Other methods may include video appointments, text message check-ins and various other support and tracking apps.

Eligibility criteria

Aftercare should be provided to anyone who has undergone an intensive intervention,

Referrals

All usual referral pathways are appropriate.

Workforce

Care coordination / case management is provided by AOD support workers with training, skills and experience in this area. They may be known as AOD case workers or AOD case managers.

A good relationship between the worker and the client is essential for care coordination / case management, and services providers should aim to carefully match the worker to the personal needs of the person seeking treatment.

Standards, guidelines and further resources

- AADANT: Case Management in Non-Government Alcohol and Other Drug Services: A Practical Toolkit

10.3.6 Consultation liaison

Description and aim

Consultation liaison[25] is where an AOD treatment service provider contacts identified patients in a hospital or emergency services setting, either as admitted patients or emergency department presentations, and link them with an AOD treatment service. In this way, people with substance use issues are identified and referred to treatment at a point in time when they are at a potentially heightened stage of readiness to change.

By providing targeted services, the likelihood of patients progressing from substance use to substance dependence may be reduced. The likelihood of people re-presenting to the hospital within the next 12 months may also be reduced.

Settings

Consultation liaison is conducted as a hospital in-reach activity by an AOD treatment service provider. Some interventions may be delivered in the hospital, either face-to-face or via telehealth, and then people can be linked to further treatment interventions as usual.

Outcomes

Suggested outcomes for consultation liaison include:

[25] Please note. This activity is similar to, but does not refer to, medical consultation liaison programs, led by medical specialists or sub-specialists e.g. psychiatry. This activity is led by AOD treatment services providers as a hospital in-reach activity,

- People with substance use issues are linked with appropriate interventions
- People are supported to seek help for substance use issues
- Workers providing general or emergency health care can better identify people with substance use issues

Elements

Consultation

AOD Workers providing consultation liaison services can provide advice regarding substance use related issues for identified patients. This may be in the form of

- Screening
- Brief interventions
- Information and education

Liaison

Through liaison activities, AOD workers can enhance capacity of generalist health providers to identify, address, and refer substance use issues in their routine clinical work. Liaison services may involve:

- Development of clear channels of communication between general health providers and AOD treatment services
- Provide information and advice on available services and resources
- Supporting the capacity building efforts of the general health providers

Referral / linkages

Consultation liaison services may be involved in referring patients to community-based services for ongoing support and treatment where indicated. They have a role in establishing and promoting utilisation of these pathways by all staff and should ensure that such referral pathways are clearly shared across the identified areas of the hospital.

Eligibility criteria

Any person attending or admitted to a hospital or other emergency service who is identified as having a substance use concern.

Referrals

The development of a partnership or other formal arrangement between a hospital or other emergency service should provide the basis for referrals to consultation liaison services.

Workforce

Consultation liaison should be provided by AOD support workers or AOD clinicians trained in the delivery of screening and brief interventions.

Where consultation activities are more intensive or complicated, a drug and alcohol nurse may be more appropriate.

Standards, guidelines and further resources

- NSW Health. The hospital drug and alcohol consultation liaison – model of care
- Queensland Health. Drug and Alcohol Brief Intervention Team

10.4 Intensive interventions

10.4.1 Counselling

Description and aim

Counselling is the main form of intervention used in Adelaide PHN funded AOD treatment services. It is recovery orientated and aims to provide people with the necessary psychological and physical resources to change their substance use behaviours – be it to reduce, cease or minimise the harms. For the purposes of this document, counselling describes a range of psychosocial and psychological therapeutic interventions which are conducted either as a standalone single session to extended periods of one-to-one engagement depending on the individual's needs.

Settings

Counselling can be conducted in a range of specialist and generalist settings. However, individual counselling must always occur in a setting which can provide privacy and confidentiality.

Technology such as telehealth and online platforms can also be useful settings for the provision of counselling. Adelaide PHN supports to the delivery of counselling through telehealth or other innovative methods, particularly methods which increase potential reach of services or improve client access, engagement and retention. Adelaide PHN is also supportive of providers supplementing face-to-face care with online and telephone services.

Counselling can also occur as individual or group sessions.

Outcomes

Suggested outcomes for counselling interventions include:

- People achieve their identified treatment goals
- People reduce or cease their substance use
- People report improvements in quality of life and / or psychological wellbeing

Elements

Pre-treatment support

Depending on the length of time that people must wait prior to accessing counselling therapies, organisations should consider how they will support people during this time. This should be tailored to the client's needs. Options include telephone support, provision of information and education, and peer or other group support interventions.

Assessment

A comprehensive assessment should be conducted as per best-practice guidelines and include

- Substance use history
- Mental and physical health status
- Identification of treatment goals
- Development of an individual plan

Counselling treatment

Treatment interventions should be tailored to consider the identified needs of the individual and their treatment goals. Once the suitable interventions and methods are identified, this will inform the required skills and experience of the counsellor. Providers should seek to identify the counsellor most suited to the required treatment intervention(s) and other personal needs of the individual seeking treatment.

Counselling interventions include but are not limited to:

- Cognitive behaviour therapy
- Dialectical behaviour therapy
- Acceptance and commitment therapy
- Contingency management
- Relapse prevention
- Motivational interviewing
- Narrative therapy
- Psychoeducation and harm minimisation strategies

Individuals accessing counselling interventions may be classified as standard or complex according to their substance use severity and life complexity. A standard client receives an average of 4-6 counselling sessions per episode of care, whereas a complex client requires many more, with an average of about 15 sessions per episode of care.

Complexity is influenced by a person's level of life issues and personal circumstances, such as housing, employment and psychological distress. Complexity may be indicated on referral and at intake but is confirmed at assessment. Changes in client circumstances and wellbeing may influence a client's complexity status.

Organisations utilising Adelaide PHN funding to deliver counselling interventions should monitor proportions of standard and / or complex clients and adjust their service targets and interventions as required.

Aftercare

Further treatment may be required post-counselling and people should be provided with a plan for accessing care and services during this time. This plan may include:

- Follow-up meetings or 'booster' sessions

- Peer support or self-help groups
- Community engagement opportunities
- Primary health care
- Mental health care
- Other health/human services support services (e.g. legal, housing)
- Care coordination or case management services

Assertive follow-up, comprising of one or more planned contacts post-counselling is considered best-practice. This may include provision of support and advice or facilitating follow-up on referrals to other treatment services.

Eligibility criteria

All people seeking treatment for their substance use issues can access counselling interventions.

Counselling can also be accessed by people affected by or concerned with another person's substance use.

Organisations should consider if there is an appropriate match between the intervention and the needs of the individual seeking treatment. A comprehensive assessment will assist in determining this. Where it is determined that there is no match, providers should support people to access treatment interventions that are more suited to their needs.

Equity of access is essential and eligibility criteria should not exclude people based on personal characteristics. However, Adelaide PHN endorses eligibility criteria which prioritise people at high-risk and from vulnerable and marginalised populations or groups and supports the implementation of programs to specifically target these populations. Where exclusion criteria apply, providers must facilitate access to appropriate alternatives.

Referrals

All usual referral pathways are appropriate.

Workforce

Counselling interventions should be delivered by a worker with the appropriate training to provide that intervention. Adelaide PHN expects that any clinical counselling interventions are undertaken by AOD clinician with approved credentials and qualifications.

Standards, guidelines and further resources

- Health.Vic. Alcohol and other drug program guidelines
- NSW Health. Non-government organisation alcohol and other drugs treatment service specifications
- Turning Point. Service Planning Report 2017

10.4.2 Withdrawal management

Description and aim

Withdrawal management is a treatment modality to safely assist people experiencing the physical and psychological effects of withdrawal. Withdrawal is a set of clinical features

experienced when a person dependent on a substance reduces or ceases to use that substance.

The aim of withdrawal management is to achieve neuroadaptation reversal and / or to address alternate goals from withdrawal management such as physical, psychological or social needs.

Withdrawal management seeks to:

- Assist people to cease or reduce substance use to a level that restores health and wellbeing in the short-term
- Prevention of withdrawal complications and overdose following withdrawal
- Form part of an integrated and coordinated care pathway by linking people with other services as appropriate

Settings

For the purposes of Adelaide PHN commissioned services, withdrawal is only non-residential and can be provided in the following settings:

- Ambulatory outpatient (non-residential)
- Home-based – daily home visits
- Primary care (by a GP)

Non-residential withdrawal at a minimum involves a clinical withdrawal assessment, withdrawal treatment and referral and information provision via face-to-face and telephone.

Outcomes

Outcomes for withdrawals should consider:

- Reduction in symptoms
- Management of psychological distress
- Achievement of person's identified goals
- Neuroadaptation reversal

Elements

All funded non-residential withdrawal management services should provide the following elements:

Pre-treatment support

Organisations must assist people seeking non-residential withdrawal management to manage the period between the point of first contact and their entry into treatment.

Assessment

A comprehensive assessment should be conducted as per best-practice guidelines and include

- Substance use history
- Mental and physical health status

- Identification of treatment goals
- Development of an individual plan

Withdrawal treatment

Use evidence-based withdrawal management, pharmacotherapies and behavioural therapies, symptomatic medications and supportive care consistent with best practice. This should include but is not limited to:

- Ongoing assessment and monitoring
- Access to medicines where clinically indicated
- Counselling including mental health support
- Harm reduction and overdose prevention
- Physical health support (exercise, diet)

With the consent of the individual, service providers should communicate regularly with the original referral source, as well as with any services the individual has been linked with, to ensure that care is well coordinated and holistic.

Aftercare

Further treatment may be required post-withdrawal and people should be provided with a plan for accessing care and services during this time. This plan may include:

- Further AOD treatment services (counselling, information and education)
- Primary health care services
- Mental health care services
- Care coordination or case management services to ensure that continuity of care is maintained for clients along their entire treatment and care pathway
- Peer support or self-help groups
- Other health/human services support services (e.g. legal, housing)
- Post-withdrawal care that addresses psychological, social and behavioural problems associated with substance dependence as required.

Assertive follow-up, comprising of one or more planned contacts post-rehabilitation is considered best-practice. This may include provision of support and advice or facilitating follow-up on referrals to other treatment services.

Eligibility criteria

Withdrawal management is an appropriate treatment modality for people experiencing a substance dependence who want to reduce or cease their substance use. The person's preference of setting is the first choice in determining eligibility for withdrawal management, however non-residential withdrawal management is suitable option for people who have:

- Stable accommodation
- Good support e.g. family or friends
- Social commitments or dependents e.g. work, children, pets

- Dependence on one substance (may be using other substances)
- No history of complicated withdrawal
- Stable psychiatric or medical co-morbidities or no psychiatric or medical co-morbidities

People with more severe substance dependence or complex medical or social needs should consider if non-residential withdrawal management is appropriate.

Referrals

All usual referral pathways are appropriate.

Workforce

Organisations wishing to deliver withdrawal management need to provide access to the following:

- Medical practitioner (Addiction medicine specialist; GP with AOD knowledge and experience)
- Nursing care (drug and alcohol nurse; nurse practitioner; mental health nurse; registered nurse)
- AOD support worker / case manager

Other staff may be required to deliver specific interventions within the withdrawal program. These may include but are not limited to:

- AOD clinicians
- Lived experience / peer worker(s)

Standards, guidelines and further resources

- SA Health. Alcohol withdrawal management
- SA Health: Alcohol, Tobacco and Other Drugs: Clinical Guidelines for Nurses and Midwives
- SA Health. Benzodiazepine withdrawal management
- Turning Point. Alcohol and drug withdrawal guidelines
- Queensland Health. Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines
- Health.Vic. Alcohol and other drug program guidelines
- NSW Health. Non-government organisation alcohol and other drugs treatment service specifications

10.4.3 Non-residential rehabilitation

Description and aim

Non-residential rehabilitation, or a day program, is an intensive structured program aimed at supporting people seeking to change their substance use patterns.

The aim of a day program depends on the needs of the people seeking treatment. Programs should provide responsive models of services that are suitable for a wide range of substance use issues. People entering rehabilitation programs are supported to set personal social, health and family goals and aims to achieve these. Programs with a harm minimisation approach often aim to support people to reduce their substance use, whereas other programs may be aimed at people who are no longer using substances.

Settings

Non-residential rehabilitation is, by definition, an outpatient service. For the purposes of Adelaide PHN, this will likely be provided by a community-based service, such as an AOD specialist treatment service. These programs can be provided from a stand-alone site or may be incorporated with other treatment services. People live at home while participating in activities during the day, so that connections with family, friends and community can be maintained throughout rehabilitation

Organisations providing non-residential rehabilitation should provide a structure that reflects the needs of the client group. The hours of operation may vary, as can modes of service delivery, provided the integrity of the structured program and the client experience is maintained.

Outcomes

Suggested outcomes for non-residential rehabilitation include:

- People achieve their personal social, health and family goals
- People have improved quality of life and / or psychological wellbeing
- People report a reduction or cessation of substance use

Elements

Pre-treatment support

Organisations must assist people seeking non-residential withdrawal management to manage the period between the point of first contact and their entry into treatment. This may be achieved through a structured pre-treatment support program, or individuals may be supported with telephone contacts, information and advice, or referral to primary or other health care services.

Assessment

A comprehensive assessment should be conducted as per best-practice guidelines and include

- Substance use history
- Mental and physical health status
- Identification of treatment goals
- Development of an individual plan

Treatment

Non-residential rehabilitation occurs over a period of weeks to months. Elements are designed not only to address substance use concerns but also to build life skills and promote general wellbeing. Programs may consist of interventions such as:

- Case management or care coordination – tailored support to assist individuals achieve their identified goals
- Individual counselling / clinical interventions for substance use
- Group counselling / support focused on substance use issues and / or mental health issues
- Family involvement
- Facilitation of access to appropriate support services, including legal, financial, primary health care, employment, and housing
- Peer support programs

Other interventions that could be included in a non-residential rehabilitation program include:

- Practical living skills e.g. budgeting, shopping, cooking
- Exercise and nutrition programs
- Mindfulness and relaxation
- Tobacco cessation
- Reintegration into the community and re-engagement with recreation and activities
- Medicine information and access support

With the consent of the individual, service providers should communicate regularly with the original referral source, as well as with any services the individual has been linked with, to ensure that care is well coordinated and holistic.

Aftercare

Further treatment may be required post-rehabilitation and people should be provided with a plan for accessing care and services during this time. This plan may include:

- Follow-up meetings or ‘booster’ sessions
- Peer support or self-help groups
- Other health/human services support services (e.g. legal, housing)

Assertive follow-up, comprising of one or more planned contacts post-rehabilitation is considered best-practice. This may include provision of support and advice or facilitating follow-up on referrals to other treatment services.

Eligibility criteria

Non-residential rehabilitation is suitable for people who require more intensive support than individual counselling. Day programs are preferred for people who have strong social support and stable accommodation and for whom the ability to maintain links with home, family and friends are part of achieving sustainable recovery.

Organisations should consider if there is an appropriate match between the program they provide and the needs of the individual seeking treatment. A comprehensive assessment may be required to determine if the program is suitable for the individual. Where it is determined that there is no match, providers should support the individual to access a program or treatment intervention that is more suited to their needs.

Equity of access is essential and eligibility criteria should not exclude people based on personal characteristics. However, Adelaide PHN endorses eligibility criteria which prioritise people at high-risk and from vulnerable and marginalised populations or groups and supports the implementation of programs to specifically target these populations. Where exclusion criteria apply, providers must facilitate access to appropriate alternatives.

Referrals

All usual referral pathways are appropriate.

Workforce

A multi-disciplinary workforce is required to deliver non-residential rehabilitation. At a minimum, Adelaide PHN expects that the program will include the following staff:

- AOD support worker / case manager
- AOD clinician
- AOD support worker (additional as required)

Organisations delivering non-residential rehabilitation also need to demonstrate they can provide access to medical practitioners and / or primary health care, such as an Addiction Medicine Specialist or GP with AOD knowledge and experience.

Other staff may also be required to deliver interventions as part of a day program, but these will vary depending on the types of interventions included in the program. These staff may include, but are not limited to:

- Mental health clinicians, including psychologists
- Social workers
- Nursing staff
- Lived experience / peer workers

Standards, guidelines and further resources

- Health.Vic: Alcohol and other drug program guidelines
- NSW Health: Non-government organisation alcohol and other drugs treatment service specifications

10.4.4 Pharmacotherapy

Description and aim

Pharmacotherapy is the use of alternative, regulated medicines, in place of an illicit or non-medical substance, to assist in the treatment of physical dependence. Well used,

pharmacotherapy can enable some stability and control over compulsive use and can allow people to gain control over aspects of their life. Pharmacotherapy aims to minimise the impact and harms associated with substance use on a person's life. This includes both the health-related harms associated with substance use (e.g. blood-borne viruses, liver damage, cancer, acquired brain injury) and the social harms, such as criminal behaviour and violence. Pharmacotherapy also aims to support people to improve their physical and psychological health, social functioning, and to facilitate reintegration into the workforce and education system.

Pharmacotherapy should be accompanied by a range of supporting interventions and may include or lead to a gradual withdrawal program.

Settings

For the purposes of Adelaide PHN, pharmacotherapy is delivered only in non-inpatient care settings, e.g. community-based specialist AOD treatment service providers.

Primary care is also considered an appropriate setting for pharmacotherapy programs.

Adelaide PHN does not provide funding for the prescription and dispensing of the DASSA medication-assisted treatment for opioid dependence (MATOD) program as this is funded elsewhere. Funding from Adelaide PHN can be used to support this program with other treatment activities, such as counselling. For information on this program, please visit SA Health MATOD website.

Outcomes

Suggested outcomes for pharmacotherapy include:

- People improve their quality of life and / or psychological wellbeing
- People reduce, cease or minimise the harms of substance use
- People report improved social functioning

Elements

Pre-treatment support

Organisations providing access to pharmacotherapy programs must assist people to manage the period between the point of first contact and their entry into treatment. This may be achieved through a structured pre-treatment support program, or individuals may be supported with telephone contacts, harm minimisation information and advice, or referral to primary or other health care services.

Assessment

A comprehensive assessment should be conducted as per best-practice guidelines and include

- Substance use history
- Mental and physical health status
- Identification of treatment goals
- Development of an individual plan

Pharmacotherapy Treatment

Part of pharmacotherapy is the provision of the medicine replacing the substance of concern. In Australia, the supply of these medicines is conducted through the Pharmaceutical Benefits Scheme, through a prescription written by a medical practitioner and supplied by a pharmacy. Some of the more common pharmacotherapies used in Australia are:

- Methadone: a withdrawal and substitution treatment for heroin dependence.
- Buprenorphine: used in heroin dependence as a withdrawal and/or substitute treatment. It is also available in combination with naloxone (suboxone), an injecting deterrent. [26]
- Naltrexone: used to treat alcohol dependence and for heroin withdrawal and dependence.
- Acamprosate: used to treat alcohol dependence and maintain abstinence once withdrawal from alcohol is complete. It may be combined with naltrexone.

However, pharmacotherapy services funded by the Adelaide PHN should also include wrap-around care and support such as the following:

- Links to secondary consultation, opinion and advice to medical practitioners with complex pharmacotherapy clients.
- Provision of addiction-focused medical care, pharmacotherapy prescribing and stabilisation for complex clients.
- Provision of collaborative treatment planning, and specialist counselling to support addiction-focused medical care
- Identify and facilitate pathways from specialist AOD treatment services into primary care
- Facilitate access to relevant health, welfare and recovery services

With the consent of the individual, service providers should communicate regularly with the original referral source, as well as with any services the individual has been linked with, to ensure that care is well coordinated and holistic.

Aftercare

People undertaking pharmacotherapy may need further support once the course is completed. People should be provided with a plan for accessing care and services after this time. This plan may include:

- AOD treatment services (e.g. counselling, relapse prevention)
- Other health/human services support services (e.g. legal, housing)
- Primary health care

[26] Please note, pharmacotherapy utilising methadone and buprenorphine is usually accessed through DASSA's MATOD program.

- Care coordination or case management services to ensure that continuity of care is maintained for clients along their entire treatment and care pathway,
- Post-withdrawal care that addresses psychological, social and behavioural problems associated with substance dependence as required.

Assertive follow-up, comprising of one or more planned contacts post-withdrawal treatment, is considered best-practice. This may include provision of support and advice or facilitating follow-up on referrals to other treatment services.

Eligibility criteria

Pharmacotherapy is an appropriate treatment modality for people experiencing a substance dependence who reduce or minimise the impact of their substance use. The duration of pharmacotherapy programs is significant (months to years), and people seeking this treatment intervention should be aware of this.

Community-based pharmacotherapy is suitable for people with:

- Stable accommodation
- Good support e.g. family or friends
- Social commitments or dependents e.g. work, children, pets
- Dependence on one substance (may be using other substances)
- No history of complicated withdrawal
- Stable psychiatric or medical co-morbidities or no psychiatric or medical co-morbidities

Referrals

All usual referral pathways are appropriate.

Workforce

Organisations wishing to deliver pharmacotherapy need to provide access to the following:

- Medical practitioner (Addiction medicine specialist; GP with AOD knowledge and experience)
- Nursing care (drug and alcohol nurse; nurse practitioner; mental health nurse; registered nurse)
- AOD support worker / case manager
- Pharmacist

Other staff may be required to deliver specific interventions within the pharmacotherapy program. These may include but are not limited to:

- AOD clinicians
- Lived experience / peer worker

Standards, guidelines and further resources

- SA Health: Medication assisted treatment for opioid dependence

- Health.Vic: Alcohol and other drug program guidelines
- NSW Health: Non-government organisation alcohol and other drugs treatment service specifications

11. Resources and reference documents

- Aboriginal Health Council of South Australia Valuing and Strengthening Aboriginal and Torres Strait Islander Workforce
- ACON AOD LQBTIQ inclusive guidelines for treatment providers
- Adelaide PHN Needs Assessment
- Adelaide PHN Commissioning Handbook: The Service Provider's Guide
- Australian Commission on Safety and Quality in Health Care - National Model Clinical Governance
- Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health
- Australian Health Ministers' Advisory Council. Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026
- Commonwealth of Australia National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029
- Commonwealth of Australia. National Quality Framework for Drug and Alcohol Treatment Services
- Commonwealth of Australia. National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019
- Comorbidity Guidelines. Managing co-occurring alcohol and other drug and mental-health conditions
- Department of Health PHN Program Performance and Quality Framework
- Turning Point. Informing alcohol and other drug planning in Victoria
- Health.Vic. Alcohol and other drug program guidelines
- Mental Health Online. A Practical Guide to Video Mental Health Consultation
- National Centre for Clinical Research on Emerging Drugs. Translate: Research into effective clinical practice
- National Drug and Alcohol Research Centre. The relationship between tobacco use, substance use disorders and mental disorders: results from the National Survey of Mental Health and Well-being. 1999
- National Health Information and Performance Principal Committee. The Australian Health Performance Framework
- Network of alcohol and other drugs agencies Language Matters
- Network of alcohol and other drugs agencies Alcohol and Other Drugs Treatment Guidelines for working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting

- Network of alcohol and other drugs agencies Working with diversity in alcohol & other drug settings
- Pennington Institute. Australia's Annual Overdose Report 2020
- SA Health. Drug and Alcohol Services
- SA Health. Preventing and responding to adverse effects of opioids: naloxone
- South Australian Network of Drug and Alcohol Services. The South Australian specialist alcohol and other drug treatment service delivery framework
- Self Help Addiction Resource Centre. Strategy for the Alcohol and Other Drug Peer Workforce in Victoria.
- The Kings Fund. What does population health really mean?
- Victorian Alcohol and Drug Association. Cultural Cues: Working with cultural diversity in AOD counselling
- Victorian Alcohol & Drug Association. COVID-19 supplementary pre budget submission 2020-21