

health

Victorian alcohol and drug treatment principles

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Acknowledgements

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Preamble

A principle is “a basic generalisation that is accepted as true and that can be used as a basis for reasoning or conduct” (Co-Occurring Centre for Excellence, 2007, p.1).

In the absence of Victorian-specific alcohol and drug principles, the Department of Health has released a set of treatment principles to underpin and inform future alcohol and drug service delivery. The purpose of the principles, which were informed by the literature and in consultation with Victorian alcohol and drug service providers, consumers and their families, is to guide the department’s work towards redesign of the alcohol and drug service system.

The Victorian alcohol and drug treatment principles (‘the principles’) are high level and aspirational. They set the scene for a robust service system of the future and align with the *New directions for alcohol and drug treatment services: A roadmap (2012)*. The roadmap, which sets out the framework for reform of the alcohol and drug system, articulates the overarching goal of reform – to achieve a more sustainable and coherent alcohol and drug system that works better for those people who need it.

The principles will sit within a recommissioning framework developed as part of alcohol and drug reform. The concepts that underpin the principles have already begun to inform the development of new models of care and performance monitoring systems, and will align with future quality and safety guidelines for the funded alcohol and drug sector. Services seeking to deliver treatment under the recommissioning framework will be encouraged to articulate how they will work towards the new treatment principles.

Harm minimisation provides the overarching context for these principles. The Victorian Government’s ongoing commitment to harm minimisation means that every intervention delivered by Victorian alcohol and drug treatment and harm reduction services should seek to reduce the harms caused by substance misuse.

Recovery-oriented approaches sit within the harm minimisation framework, acknowledging and building on people’s own resilience and resources. Recovery-oriented approaches recognise that people come to treatment through many different paths and that their goals and journey towards recovery and wellbeing are individual and unique. These approaches are reflected in the new principles and across system reforms.

The principles apply to all Department of Health-funded alcohol and drug services, inclusive of early intervention and prevention, harm reduction, treatment, pharmacotherapy and support services. They also apply to specific population groups such as young people, aged people, Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities, forensic consumers and others. Well established clinical governance mechanisms, including access to high quality supervision, will support the application of these principles in practice.

In addition to alignment with the alcohol and drug reform agenda, the principles are consistent with a range of key State and Commonwealth policy documents. The principles reflect key messages articulated in the cross-sectoral Whole of Victorian Government Alcohol and Drug Strategy *Reducing the alcohol and drug toll: Victoria’s plan 2013-2017*, *Victoria’s alcohol and drug workforce framework: Strategic directions 2012-22*, the *Victorian alcohol and drug client charter 2011* and the *National drug strategy 2010-2015: A national framework for action of alcohol, tobacco and other drugs*.

As part of a set of foundation recommissioning documents, these principles will guide the reform of the alcohol and drug service system. Informed by the evidence and significant consultation with the alcohol and drug sector, consumers and their families, the principles will shape future service delivery and support innovation.

Victorian alcohol and drug treatment principles

1. Substance dependence is a complex but treatable condition that affects brain function and influences behaviour

This principle speaks to the complex nature of substance dependence, its neurological impact and influence on behaviour. It acknowledges that substance dependence can be treated effectively. While lapse and relapse may be common but not inevitable features of recovery from dependence, they can also offer valuable learning opportunities for consumers.

2. Treatment is accessible

A principle on treatment accessibility draws on theories of individual treatment readiness to highlight the importance of a treatment system that is visible, accessible from multiple points of entry and available in a timely manner. Treatment should be provided equitably and without prejudice to diverse populations (e.g. Aboriginal and Torres Strait Islanders, culturally and linguistically diverse communities, forensic clients etc) and in diverse locations (e.g. metropolitan, regional and rural). Treatment should be experienced as welcoming, accepting, non-judgmental and responsive by consumers and families.

3. Treatment is person-centred

A person-centred approach tailors treatment to the multiple needs of the consumer, not just their substance use. This approach supports people to be active and equal participants and partners in their treatment planning, taking into account their family, significant others, cultural circumstances and any other needs.

4. Treatment involves people who are significant to the consumer

With the consumer's consent, people who are significant to the consumer are meaningfully engaged in treatment planning. Treatment also addresses the needs of a consumer's family and significant others, and in particular, the needs of dependent children.

5. Policy and practice is evidence informed

Alcohol and drug policy and practice should be informed by a robust evidence base. The timely transfer of knowledge between research and practice is a critical enabler of evidence based policy and practice. Resource allocation which supports sector innovation and evaluation is encouraged to complement the existing evidence base.

6. Treatment involves integrated and holistic care responses

Integrated and holistic care means engaging practitioners from different health, human services and welfare sectors to provide coordinated care to meet people's diverse needs. Such care involves clear pathways, strong partnerships and collaboration, and reduced duplication within and across sectors. A variety of treatment types, interventions and modalities should be available and tailored to the unique needs of people, their family and children.

7. The treatment system provides for continuity of care

Continuity of care acknowledges the importance of providing treatment which responds to a person's ongoing needs. As such, treatment systems should articulate clear care pathways, deliver early intervention and prevention, treatment of appropriate mix and duration, and post-treatment follow-up.

8. Treatment includes a variety of biopsychosocial approaches, interventions and modalities oriented towards people's recovery.

A responsive service system requires a range of approaches to meet people's diverse needs. Treatment should build on the person's own strength, resilience and resources. Recovery-oriented treatment acknowledges that a person's path to recovery is individual and unique, and informed by their strengths and hopes, preferences, needs, experiences, values and cultural background.

9. The lived experience of alcohol and drug consumers and their families is embedded at all levels of the alcohol and drug treatment system.

The knowledge and lived experience of alcohol and drug consumers and their family should be embedded at all levels of the alcohol and drug treatment system, including policy development, service planning, service delivery and quality improvement. The value of the lived experience must be acknowledged and supported within organisations and programs.

10. The treatment system is responsive to diversity

Alcohol and drug treatment and support should be culturally safe and responsive to people's differing understandings of health and wellbeing. Consistent with notions of equity, treatment should be responsive to Aboriginal and Torres Strait Islanders and people from diverse cultural backgrounds, communities, religions, language groups, gender and sexual identities. The unique needs of forensic consumers, young people, aged people, those with a dual diagnosis, and vulnerable and disadvantaged people with complex needs should also be addressed.

11. Treatment is delivered by a suitably qualified and experienced workforce

A strong and capable workforce is an essential component of any robust service system. The alcohol and drug workforce should have the requisite skills, knowledge, values and attitudes to respond to people's needs and a capability and willingness to work across disciplines and sectors. The workforce should include meaningful roles for those with a lived experience of substance use.