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| Alcohol and other drugs program guidelines  Part 1: overview |
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| **Acknowledgements**  The Department of Health and Human Services gratefully acknowledges the contribution made by service providers of alcohol and other drug treatment services to the development of these guidelines; in particular the members of the Alcohol and other Drug Sector Reference Group. If you would like to provide feedback on how these guidelines can be improved, please [email the Drug Policy and Reform unit](mailto:AOD.enquiries@dhhs.vic.gov.au) <AOD.enquiries@dhhs.vic.gov.au>. |
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# Purpose of the guidelines

These guidelines provide information for funded agencies about the alcohol and other drugs (AOD) programs and services funded by the Victorian Department of Health and Human Services (the department).

The guidelines are divided into three sections.

**Part 1: overview** outlines the broad approach the department takes in relation to prevention, harm reduction and treatment.

**Part 2: program and service specifications** outlines the service specifications for particular programs and services.

[**Part 3**](#_PART_3:_Reporting,)**: quality, reporting and performance management** outlines key regulation and reporting requirements.

## Using the guidelines

The guidelines outline the Victorian Government’s principles and objectives, key service delivery requirements and minimum performance and reporting standards for Victorian Government-funded AOD programs and services.

They are to be used to inform the delivery of Victorian Government-funded programs and services that aim to reduce AOD-related harm. These initiatives also contribute to the department’s overall aim of improving the health and wellbeing of all Victorians.

They should also be used by Boards of Management of agencies delivering services and programs to contribute to continuous quality improvement processes and improving health outcomes for clients over time.

Victoria funds specialist AOD services which employ clinical and other health care professionals. Consequently, providers have a high-degree of autonomy in determining the most appropriate clinical care provided.

The guidelines do not cover every aspect of care and are not expected to substitute for good clinical judgement of professional service providers.

There is an expectation, however, that all agencies provided with public funding account for the use of those funds by meeting minimum reporting, performance and incident reporting requirements. All services must also meet quality and safety standards and comply with relevant legislation.

The guidelines complement other documents such as each agencies’ service agreement with the department, which specifies delivery targets and financial obligations.

Agencies should also use catchment and other service planning tools to allocate resources in a way that meets the needs of people within the catchment and be planning for future changes in AOD use patterns.

### Limitations

These documents have been prepared based on existing information and data that describes the Victorian AOD service system. The department will work with service providers to update this information on an annual basis.

## This document

This document describes the department’s approach to prevention, early intervention and harm reduction. It also provides a snapshot of the AOD treatment system and client population, further detailed in *Parts 2* and *3*.

# Introduction

## AOD use in Australia

AOD are estimated to contribute to over $55 billion in preventable health and other harms across Australia each year (Collins & Lapsley 2008).

Many people use AOD without harm. However, some people have mental and physical health conditions associated with their use that risks and can shorten their life.

AOD addiction and problematic use are leading global risk factors for the burden of disease and may also manifest some of the characteristics of other chronic and relapsing conditions (World Health Organisation 2012). Additionally, as it is often tied up with complex behavioural and other psychological issues, addiction can take time to resolve.

A broad response to reducing preventable harms from AOD includes prevention initiatives, early intervention, harm reduction and treatment programs. Evidence shows that being engaged in study, employment, sport or other purposeful activity, and having stable housing and caring relationships with supportive friends and family are important to sustained and long-term recovery.

AOD use is responsible for over five per cent of the burden of disease in Australia and can contribute to heart disease, accident and injury, mental illness, suicide, low birth weight, overdose and blood-borne viruses (BBV) such as HIV (Australian Institute of Health and Welfare 2014).

There is also evidence to suggest that while some people are using AOD less, others are using them in a more harmful way. Researchers have found that there is a growing disparity between the way people use AOD, with some people continuing to reduce the amount and frequency of use while a small proportion of people are using AOD more harmfully.

It is recognised that regardless of prevention efforts, a small proportion of the total number of people who use AOD will go on to have problems with their use. This involves a range of factors including genetic predisposition, individual psychology, social and economic circumstances and exposure to traumatic events such as sexual and other violence. Consequently, a small proportion of people who use AOD will go on to develop severe dependency issues that puts their health and life at greater risk.

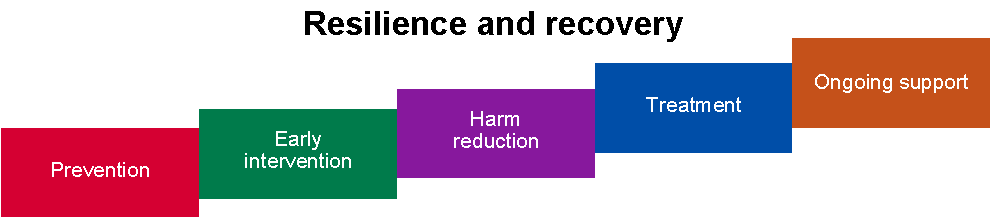
## The department’s approach

The Victorian Government recognises that problematic AOD use and dependence is a public and mental health issue. To reduce preventable harms from AOD and to contribute to improving the health and wellbeing of Victorians, it funds a range of AOD initiatives.

The majority of funding goes to community sector organisations providing dedicated AOD programs and services ranging from general drug harm information, to withdrawal, rehabilitation and counselling.

For the over 31,000 people who access Victorian Government-funded AOD treatment services across each year, and the additional people who access registered private health services per year, treatment is just one part of their recovery journey. Services intervene at a number of different stages from prevention, to tertiary treatment and support for building resilience and recovery (See Figure 1).

Figure 1 AOD use stages of intervention



The government also makes a broader contribution to preventing problematic AOD use in a number of other less direct ways. A range of Victorian Government initiatives and funded agencies all contribute to improving health and wellbeing and prevention including:

* the *Roadmap to reform: strong families, safe children*
* *Ending family violence: Victoria’s 10-year plan for change*
* the *10-year mental health plan*
* the *Public health and wellbeing plan*
* *Absolutely everyone: state disability plan 2017–20*
* *Korin Korin Balit-Djak: Aboriginal health, wellbeing and safety plan 2017-2027*
* *Balit Murrup: Aboriginal social and emotional wellbeing framework 2017 - 2027*
* Better Care Victoria
* Aboriginal community-controlled organisations
  + Community health services across the state.

Commonwealth Government policies in relation to general practitioners (GPs) and the Medicare Benefits Schedule, for example, are also critical to the early diagnosis of a range of health issues including AOD misuse. The Commonwealth also supports access to specialist services including addiction medicine specialists and provides funding to Primary Health Networks (PHNs) to commission a range of health services, including AOD services, across Victoria.

Within this context, the Victorian Government supports a wide range of services. The majority of funding is directed to specialist AOD treatment services to ensure an appropriate treatment and support response for people most in need of AOD treatment and support. It provides funding to hospitals, ambulances and emergency departments, which are available if a person needs urgent medical care.

The department also funds a number of peak and advocacy organisations to support the Victorian AOD sector. These include the Victorian Alcohol and Drug Association (VAADA), the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Harm Reduction Victoria (HRVic), Penington Institute and the Self Help Addiction Resource Centre (SHARC).

## Treatment principles

The Victorian AOD program is guided by 11 treatment principles. Based on these principles, all AOD programs and services are to be:

* reflective of the complex but treatable nature of substance dependence
* person-centred
* accessible
* integrated and holistic
* responsive to diversity
* evidence-informed
* provide continuity of care
* involve people who are significant to the client
* inclusive of a variety of biopsychosocial approaches, interventions and modalities oriented towards people’s recovery
* inclusive of the lived experience of AOD users and their families at all levels
  + delivered by a suitably qualified and experienced workforce.

More information about the treatment principles can be found at the [department’s website](file:///C:\Users\cwal1610\AppData\Local\Temp\notes7A2C6A\www2.health.vic.gov.au\alcohol-and-drugs\aod-service-standards-guidelines\aod-treatment-principles). <www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-treatment-principles>.

## Outcomes

The Victorian Government seeks to achieve accessible, efficient, effective and responsive AOD treatment services.

*Part 3: Attachment 7* provides a summary of indicative types of outcomes that the Victorian Government is seeking to achieve for people with an AOD problem through the delivery of accessible, efficient, effective and responsive AOD treatment services.

It also illustrates the type of benefits that clients should expect as a result of receiving treatment, acknowledging that AOD treatment providers alone will not be able to achieve all of these outcomes.

Client outcomes are measured in a number of ways by the Department of Health and Human Services. The Victorian Alcohol and Drug Collection requires the collection of data from the Australian Treatment Outcomes Profile (ATOP), Alcohol Use Identification Test (AUDIT), Drug Use Disorders Identification Test (DUDIT) and the Kessler 10 (K10).

These tools form part of the Self-Completion component of the Victorian AOD Intake and Assessment Tool and are used to screen clients for service and to track client progress. Further information can be found in the Clinician Guide to the Victorian AOD Intake & Assessment Tools that can be found on the department’s website, [Intake and assessment for AOD treatment.](https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment) <https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-for-aod-treatment>

# Prevention, early intervention and harm reduction

AOD prevention and early intervention refers to various mechanisms used to prevent and reduce the harm associated with AOD use in the community.

## Prevention

The Victorian Government works with community service organisations and other government departments to prevent the harmful uptake of AOD use. Prevention strategies for AOD are aimed at preventing their use in the case of illegal drugs, or preventing harmful use in the case of alcohol and pharmaceutical medications.

A number of mechanisms currently exist which aim to prevent the uptake and harm associated with AOD use. These include:

* informing the community, including young people, about the effects and the harms associated with the use of AOD
* changing laws and regulations that govern the sale of alcohol and tobacco
* providing positive role-modelling of AOD use
* helping people to reduce stress in their lives
  + developing safe environments that reduce the risk of harmful use.

The Victorian Government provides funding for a range of programs and services that aim to prevent and reduce the harms associated with AOD use. These include a combination of broad-based education and targeted community programs that seek to improve awareness of the harms associated with AOD use, strengthen decision-making and promote healthier social and cultural norms. These initiatives are intended to delay or prevent people from using AOD and help those already using these substances to reduce their use in order to reduce harm.

Current Victorian Government prevention and early intervention approaches include:

* information services like DrugInfo
* community programs like the Prevent Alcohol and Risk-related Trauma in Youth (PARTY) program
* self-management tools like SayWhen
* structured support programs like Ready2Change
  + family support services and programs like the Family Drug Helpline.

## Early intervention

For a small proportion of people, their AOD use will become problematic. Intervening early can break the cycle of harmful or problematic alcohol or other drug use. This may involve addressing underlying issues such as a mental illness and developing strategies to support people to reduce their AOD use.

Turning Point’s DirectLine is a statewide telephone and online service which can provide people who have harmful AOD use with a brief intervention. The Ready2Change online and telephone program can also provide support to people who are waiting for AOD treatment or require less intensive interventions. The Commonwealth funded Counselling Online is available for text-based chat counselling and Turning Point also delivers State funded online counselling through DirectLine.

SayWhen is an online screening and self-assessment tool available for people who may need to reduce their drinking but do not have a clinical dependency issue. It provides a web-based tool for people who would like to check whether they are drinking at harmful levels and learn strategies to reduce drinking, particularly in peer situations.

The Victorian Government funds the Youth Support and Advocacy Service (YSAS) and contributes towards its Youth, Drug and Alcohol Advice Service (YoDAA) to provide a range of information and support for young people to help them better understand the impact of AOD misuse. YSAS also provides access to brief interventions, treatment and a number of other community and support services.

GPs are also able to refer people to appropriate treatment and support that might help a person with their AOD use, where drug dependency has not yet become severe.

## Harm reduction

The Victorian Government is committed to reducing the harm associated with AOD use. Harm reduction refers to evidence-based public health interventions that aim to reduce the negative consequences (including health risks, morbidity, mortality, social dislocation and criminal activity) associated with AOD use.

The Victorian Government invests in a range of evidence-based harm reduction strategies that encourage safer behaviours, reduce preventable risk factors and can contribute to a reduction in health and social disadvantage among specific population groups.

Every intervention delivered by Victorian AOD treatment and harm reduction services should seek to reduce the harms caused by substance misuse. The department encourages a recovery-oriented approach within a harm reduction framework, acknowledging that treatment and support should build on people’s own resilience and resources. Recovery-oriented approaches recognise that people who access harm reduction services come from different paths and their goals and journey are individual and unique.

Harm reduction service providers address all aspects of safer AOD use for a variety of substances and consumption methods. These services provide: access to sterile injecting equipment to reduce HIV and other BBV transmission, and; education, information and health promotion on how to reduce risk of drug-related harm and overdose. They educate family and friends on how to respond to overdose, and fund peer workers, outreach workers, and pharmacotherapy treatment including opioid substitution treatment.

The Victorian Government has a comprehensive approach aimed at reducing harm to individuals and the community, as outlined in Figure 2.

Figure 2 Victorian Government harm reduction approach

|  |  |
| --- | --- |
| Targeted information and awareness raising for drug users of the harms associated with drug use alongside education around safer drug use and ongoing training for harm reduction workers. | Targeted information and awareness raising for drug users of the harms associated with drug use alongside education around safer drug use and ongoing training for harm reduction workers. |
| Training for workers, friends and families and first responders to reduce overdose-related harm, as well as subsidising the cost of Naloxone, a lifesaving medication that can reverse the effects of an opioid overdose. | Training for workers, friends and families and first responders to reduce overdose-related harm, as well as subsidising the cost of Naloxone, a lifesaving medication that can reverse the effects of an opioid overdose. |
| Distribution of clean needles, syringes and other harm reduction supplies to drug users, accompanied by education on safe disposal. | Distribution of clean needles, syringes and other harm reduction supplies to drug users, accompanied by education on safe disposal. |
| Peer workers are employed and peer volunteers supported to deliver a diverse range of evidence based harm reduction options to clients | Peer workers are employed and peer volunteers supported to deliver a diverse range of evidence based harm reduction options to clients |
| Funded agency staff employed to engage with drug users in areas of high drug use to provide information and support. | Funded agency staff employed to engage with drug users in areas of high drug use to provide information and support. |
| Dedicated facilities in areas of high drug use where users can access clean equipment, information and support/referral to treatment. This includes the Medically Supervised Injecting Room based in North Richmond. | Dedicated facilities in areas of high drug use where users can access clean equipment, information and support/referral to treatment. This includes the Medically Supervised Injecting Room based in North Richmond. |

# Treatment

People concerned about their AOD use may require specialist AOD treatment.

Substance dependence is a complex but treatable condition, that has a strong neurological impact and influence on behaviour. AOD treatment services use evidence-based treatment models to help people stabilise or reduce their problematic substance use.

Recovery from dependence can improve a person’s quality of life, by positively influencing life stability and helping them improve their physical and mental health and wellbeing. Other treatment outcomes may include improved relationships with family, friends and their community, greater engagement with work or study and reduced offending behaviours.

The department takes a recovery-oriented approach, understanding and acknowledging that relapse is common and people may need to enter treatment a number of times before achieving sustainable, non-problematic AOD use.

Victorian Government-funded AOD treatment services are available to all people regardless of the particular drug or drug combination being used. Treatment services are expected to adjust to changing AOD use patterns and to be experts in relation to the most appropriate treatment required in different circumstances.

Drug use patterns change, and there has been a very clear and rapid increase in the demand for amphetamine treatment, particularly amongst 20-34 year olds (Turning Point 2016). Treatment services are expected to continue to provide appropriate services for this group.

Most people with severe AOD dependency issues will have a range of other issues, which may be caused by, or contribute to, their substance use. These may include underlying mental health issues, acquired brain injury (ABI) or behavioural issues. Treatment services must be able to provide services, or know where a person can access services, that can help to address a range of issues. The needs of family and the support people of those that have AOD issues must also be considered.

There are a range of specialist clinical advisory services available to support AOD workers to make appropriate decisions. This includes Turning Point’s Drug and Alcohol Clinical Advisory Service (DACAS), the Statewide Neuropsychology Service, and the Specialist Alcohol and Other Drug Consulting Service.

Over the past 10 years, alcohol has remained the most common reason to seek treatment. Alcohol is also mentioned in about 70 per cent of all AOD-related ambulance attendances. The second most common primary drug of concern is cannabis, which has remained stable over the past 10 years (Turning Point 2016). During the same period, heroin as a drug of concern has declined from 24 per cent to nine per cent.

In Victoria, a variety of treatment services are available so that people can get the most suitable treatment and support for their needs. Treatment can be tailored for an individual to reflect the severity of their AOD dependency and their broader life circumstances. An individual may access a mix of treatment services in their home, at a day program at a community organisation or at inpatient residential services in the community or in a hospital.

While the majority of AOD services are funded by the Victorian Government, private AOD treatment is also available. This includes AOD treatment provided by private hospitals. The cost of private health services to individuals depends on their private health insurance cover and the charging practices of clinics.

The Victorian Government-funded AOD treatment system is typically free for clients. There are no fees or charges for assessment, counselling, therapeutic day rehabilitation programs, non-residential withdrawal or care and recovery coordination services.

Some residential services charge a nominal fee. For example, Victorian Government-funded residential rehabilitation services may charge a rental fee. This is usually a percentage of Centrelink payments and these payments vary from service to service.

Residential withdrawal services may also charge nominal fees to clients for adjunct therapies, activities and medications. Some services ask clients to contribute (generally $5-30) for pharmaceuticals, complementary therapies and activities.

## Access to treatment

The Victorian Government funds catchment-based entry points to the AOD service system across the state.

Catchment-based intake services are critical entry points into the Victorian AOD service system across Victoria. Catchment-based intake services work closely with DirectLine’s 24/7 statewide screening and referral service and other treatment providers to provide client intake, triage and referral to assessment and treatment, including the delivery of brief interventions.

People seeking treatment may be referred to AOD intake services from a range of health and human service providers, or they can self-refer. Such referral points may include GPs, community health services, local hospitals and other specialist providers.

Catchments facilitate improved collaboration, planning and service coordination between AOD services and other health and welfare services.

A new service is also available for individuals and their families or carers who have had difficulty in accessing the AOD treatment system due to a high degree of complexity in their lives. The AOD Pathways Service provides these clients and their families or carers with an enhanced brief intervention, navigation, advocacy, support and referral to services.

## Service integration

Strong integration with other services in the broader AOD system and other sectors is critical to ensure that a client’s holistic needs are being met and that their continuing care can be carried out effectively. Integrated care is especially important for clients with dual or multiple diagnoses, or clients with a range of complex needs that impact on their ability to benefit comprehensively from AOD treatment interventions.

All Victorian Government-funded services are expected to work collaboratively with other services to ensure clients receive integrated and holistic support throughout their recovery. The AOD treatment system integrates with other health and human services and the justice sector in several ways:

* A catchment-based intake provider facilitates client referrals into and out of the AOD treatment system in each catchment. Other health or human service providers can refer clients to the intake provider where they have concerns about substance misuse.
* The care and recovery coordination function for complex clients supports integration of service delivery across multiple services. Where a client is involved in a range of services or programs (such as housing and employment programs) care and recovery coordinators works collaboratively with other services to ensure the range of client needs can be met
  + Catchment-based service delivery and planning supports the establishment of strong linkages between AOD services and other service providers at the local level, to ensure service delivery is tailored to client needs.

## Referring to the treatment system

Other service providers including those from the health, human services and justice sectors have clear pathways for referral and integration with AOD treatment services.

* Any health and human service provider, including GPs, can contact the statewide support service DirectLine which provides AOD information, advice and referral options.
* Any health and human service provider, including GPs, can refer clients to the catchment-based intake service in their relevant catchment.
* GPs licensed to prescribe pharmacotherapy and those wishing to refer a client to a community-based pharmacotherapy provider can do so directly– refer to [Resources supporting the 2016 revised Policy for maintenance pharmacotherapy for opioid dependence](https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/policy-resources-pharmacotherapy) <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy/policy-resources-pharmacotherapy>.
* Any AOD service provider can refer clients directly to AOD residential services provided they have been comprehensively assessed.
* Justice agencies refer clients into AOD treatment through the Australian Community Support Organisation’s (ACSO) Community Offenders Advice and Treatment Services (COATS) – refer to the [ACSO website](http://www.acso.org.au/connect/coats). <www.acso.org.au/connect/coats>.
  + Any service provider referring clients to Youth or Aboriginal-specific AOD services can directly refer clients to that service, provided the catchment-based intake service is notified of the referral.

For more information about AOD treatment pathways, see *Part 2: program and service specifications*.

### General practitioners

Increased GP engagement can improve AOD treatment outcomes and reduce the costs of treatment (Mertens, Flisher, Satre & Weisner 2001; Weisner, Mertens, Parthasarathy, Moore & Lu 2008). AOD services can assist clients to have better treatment outcomes and reduce demand on AOD treatment services by maintaining close working relationships with clients’ GPs.

Where possible, AOD services should identify if a client has a GP and seek consent to engage with the GP. With the client’s consent, services can contribute to continuity of care by keeping the GP updated of the client’s AOD treatment progress. For example, this could include notifying the client’s GP when the client has been accepted into treatment, providing the GP with the client’s Individual Treatment Plan (ITP), and notifying the GP when the client has completed a course of treatment.

In some cases, a GP may refer a client to an AOD service or treatment type that is not a good match for the client’s needs. When this occurs, the service should consult with the GP to determine the most appropriate treatment plan for the client’s needs.

### Priority access to treatment

Victorian Government-funded AOD treatment works on the principle that people who are most in need of treatment are prioritised for access. Providers have the discretion to assess who is most in need and who requires treatment based on clinical judgement, existing case load and the best management of client flow through different treatment streams.

Need is based on the severity of the AOD dependency, including frequency and amount of use and other life complexity factors such as being at risk of experiencing family violence, homelessness, or being required to attend treatment as a part of a court order.

All services are allocated on the basis of greatest clinical and other need, regardless of drug type. AOD treatment services are not substance-specific. This means that an individual who meets clinical and other needs assessments can receive a service, regardless of the type of drug or drugs being used.

Where there are similar levels of clinical need, priority is given to those people who:

* have dependent children who are reliant on them for their safety and wellbeing
* are in contact with the justice system, particularly those referred to treatment by courts, corrections, police or parole boards
* have a history of long-term homelessness
* identify as Aboriginal or Torres Strait Islander
* have a co-existing intellectual disability or ABI
* have a mental illness
* are subject to or have been discharged from compulsory treatment under the Severe Substance Dependence Treatment Act 2010 (the SSDTA)
* have identified issues relating to family violence
* have child protection involvement
  + require treatment as a part of a court order to achieve reconciliation with their children.

Only where there is more than one eligible person with a similar level of severity and need should priority of access be determined on the basis of length of time that someone has waited for AOD treatment services. This eligibility criterion applies to all AOD treatment programs and services.

### Stepped care

The department supports a stepped care approach where it is easy for clients to move up or down levels of care according to their need.

Under a stepped care model, clients can move seamlessly between services in response to higher or lower levels of risk and acuity. This is particularly effective in withdrawal settings where high risk clients treated in hospital settings may be stepped down to community residential withdrawal units once their condition has stabilised. Stepping up occurs when a person requires a greater level of care than available at their existing provider, in order to provide appropriate treatment and support.

## Treatment streams

Adult community-based AOD assessment and treatment services in Victoria are delivered through the following streams and programs.

* Counselling
* Care and recovery coordination
* Non-residential withdrawal
* Residential withdrawal
* Therapeutic day rehabilitation
* Residential rehabilitation
* Specialist dual diagnosis residential rehabilitation
* Subacute withdrawal and intensive stabilisation
  + Pharmacotherapy

These streams are briefly described in the pages following and are included in Figure 3 on page 17.

Detailed service specifications for particular programs and services across the AOD treatment system are provided in *Part 2.*

### Counselling

Counselling supports positive behavioural change and recovery in people through providing evidence-based therapeutic individual, group and family counselling interventions.

### Care and recovery coordination

For people with complex needs, care and recovery coordination is available to navigate treatment and provide support if they are waiting to access treatment. It also supports a person transitioning out of intensive treatment to access other services that can assist with their wider health and wellbeing needs, such as housing, training, education and employment, or other support that can help prevent relapse.

### Non-residential withdrawal

Non-residential withdrawal services support people with AOD dependency issues to reduce that substance use and to safely achieve neuroadaptation reversal from addiction.

### Residential withdrawal

Residential withdrawal services support clients to safely achieve neuroadaptation reversal from addiction, in a supervised residential or hospital facility.

### Therapeutic day rehabilitation

Therapeutic day rehabilitation programs are intensive, structured interventions that aim to address the psychosocial causes of AOD dependence.

### Residential rehabilitation

Residential rehabilitation services provide intensive interventions that address the psychosocial causes of AOD dependence in a structured residential setting.

#### Specialist dual diagnosis residential rehabilitation

While all residential rehabilitation services provide dual diagnosis support, specialist dual diagnosis residential rehabilitation supports clients who may be experiencing a higher severity of mental health symptoms combined with AOD dependence. These services deliver targeted interventions to address the multiple complexities faced by clients with co-occurring AOD and mental health needs.

### Sub-acute withdrawal and intensive stabilisation

Some clients are unsuitable for withdrawal in a community setting due to complex medical needs. Sub-acute withdrawal provides a safe environment for withdrawal in such circumstances, supported by medical professionals. The service is co-located with a residential intensive stabilisation service to ensure that complex clients receive intensive support immediately following withdrawal.

### Pharmacotherapy

Pharmacotherapy is the use of prescribed substitution medication (such as methadone, acamprosate, naltrexone and buprenorphine) to assist in the treatment of addiction. Pharmacotherapy is accessed through GPs, nurses and AOD treatment services.

## Population-specific services

Population-specific AOD treatment services are available for cohorts with specific needs including:

* youth AOD services
* Aboriginal AOD services
  + forensic AOD services.

### Youth AOD services

Youth services offer treatment and support to vulnerable young people who are aged 12–25 years, and their friends and family, to help address their AOD use issues.

### Aboriginal AOD services

Aboriginal services offer holistic, culturally-appropriate care, support and treatment to Aboriginal clients, families and communities to help reduce the harms associated with AOD use.

### Forensic AOD services

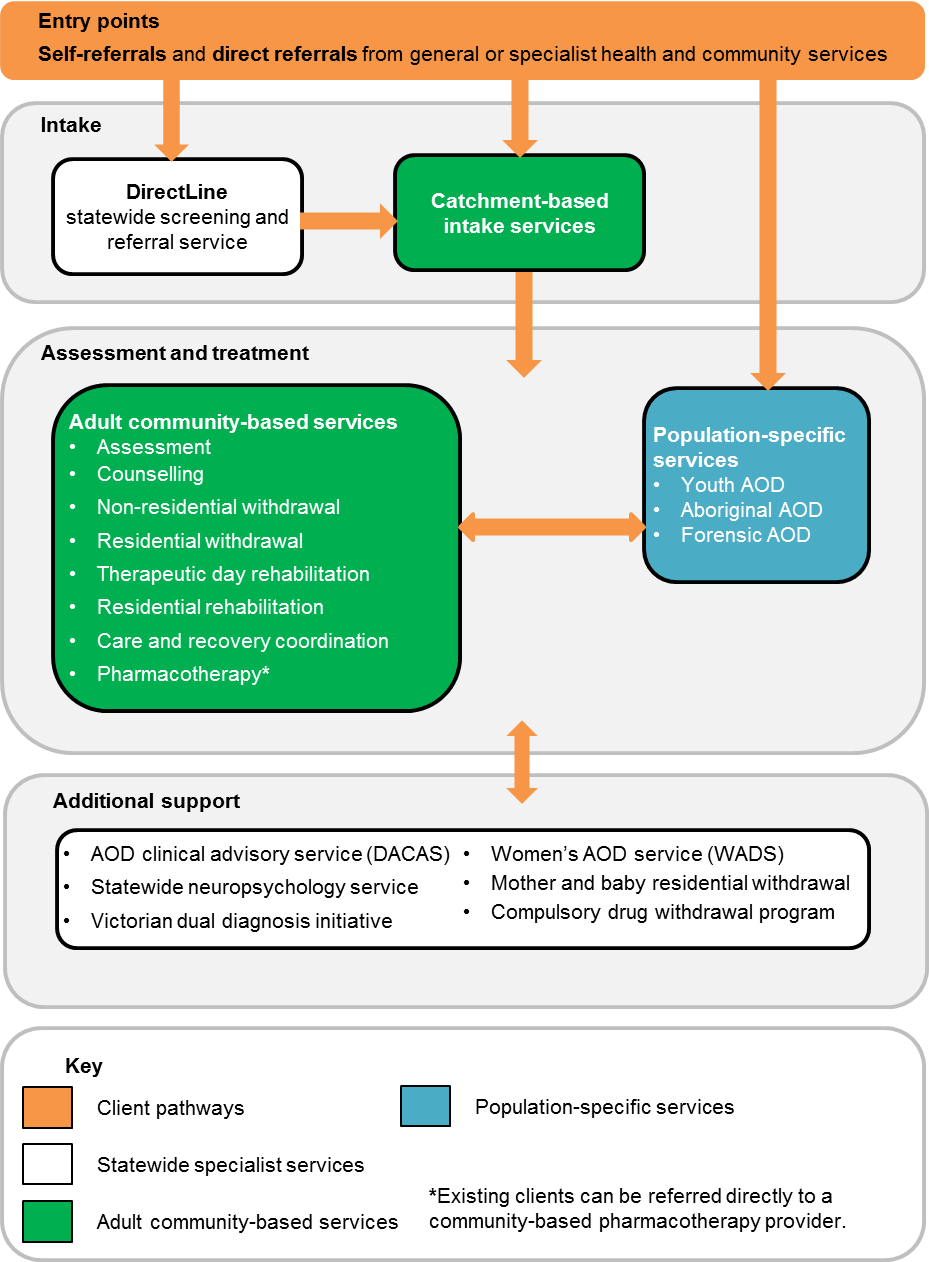
Forensic-specific programs and services aim to reduce harms associated with AOD misuse, including offending-related behaviour.

## Additional support

The department funds a number of services to provide additional clinical support to clients and the sector when required. This includes the:

* Drug and Alcohol Clinical Advisory Service (DACAS), delivered by Turning Point
* Statewide neuropsychology service, delivered by Turning Point
* Statewide Specialist Alcohol and other Drug Consultancy Service, delivered by Turning Point
* Victorian dual diagnosis initiative
* Women’s AOD service (WADS) at the Royal Women’s Hospital
* Mother and baby residential withdrawal unit through UnitingCare ReGen
  + Compulsory drug withdrawal program under the SSDTA at St Vincent’s Health.

Figure 3 AOD treatment system components



## Sector planning, support and capacity building

The department funds a variety of initiatives to support the Victorian AOD service sector, including funding peak bodies, advocacy organisations and research.

### Catchment planning

AOD services are delivered through catchments across the state.

Catchments are geographic boundaries that are identified to facilitate improved collaboration, planning and service coordination between AOD services and other health and welfare services in that area. Catchments should not be used to restrict client access and choice in service provider.

Catchment planning allows for service planning to occur across a defined location. In this way, needs can be assessed and recommendations made about how to best optimise and allocate existing resources to places and people with the highest need within the catchment.

Catchment planning means community service organisations can find practical ways of building links within the catchment area that improves the ease of referral and access to a range of appropriate support services for people with AOD issues.

A variety of data relating to AOD issues that can be used to support catchment planning can be accessed via the [AODstats website](http://www.aodstats.org.au/). <www.aodstats.org.au/>

Further information on sector planning, support and capacity building, including key requirements of the catchment planning function, is available in *Part 2: program and service specifications*.

# Clients

AOD treatment services meet the treatment and support needs of people who have AOD use issues and their families, including consideration of the needs of dependent children of clients.

Services are targeted primarily to people with serious issues arising from their AOD use who are:

* at risk of harm or impairment
  + not able to be assisted by primary health providers alone.

## Young people and adults

Younger clients (people aged 16 years or older) are eligible to access adult services if developmentally appropriate. Young people (aged up to 25 years) should also be offered the choice of referral to a youth-specific service, as appropriate. A resilience-based approach is applied to youth AOD treatment. This approach focusses on the ongoing process of uncovering the function and meaning of a young person’s AOD use and working out the resources required to meet their needs and support positive development.

AOD treatment services should have the capacity to address all harmful AOD use and reduce the damaging effects of these on individuals and their families. This includes the use of alcohol and tobacco as well as pharmaceutical drug misuse, illicit drug use, poly drug use and the use of synthetic substances.

AOD services should be responsive to the shifting patterns of use over time and should have the capacity to orient service delivery to attend to specific AOD use trends as they arise.

Equitable access to services must be provided to groups of people who are particularly vulnerable or are experiencing high levels of disadvantage. The client population in a given catchment should reflect the cultural and demographic diversity of the local population and the expected over-representation of disadvantaged groups, such as people experiencing homelessness or mental illness. Specific strategies and cross-agency partnerships are expected to meet these needs as required. For more information, please see the following section on ‘equity, diversity and inclusion’.

## Forensic clients

Clients are considered ‘forensic’ if they entered the Victorian Government-funded AOD treatment system by way of the justice system. Forensic clients represent a significant proportion of presentations at Victorian AOD treatment services. Service delivery to forensic clients is considered a core function for all funded adult, youth and specialist AOD services.

Services provided include:

* intake and assessment
* counselling
* withdrawal (residential and non-residential)
* care and recovery coordination
* residential rehabilitation
* opioid substitution treatment
* youth-specific services
  + Aboriginal-specific services.

Forensic AOD treatment is a core function for all funded adult, youth and specialist AOD services in each of the catchments. All funded services are required to:

* consider all forensic referrals from COATS and other justice agencies – refusal to treat a forensic client is only by exception and COATS must be notified
* provide appropriate treatment to the client based on the individual treatment plan developed by COATS
* provide forensic reports for the court, where required
* submit appropriate paperwork to COATS in a timely manner
  + provide staff with the necessary expertise and qualifications to perform the services.

Forensic clients may access the AOD treatment system at any stage along the justice system continuum including community correctional services, the courts, police, or the Parole Board.

For more information, please see *Part 2: program and service specifications ­– forensic programs and services*.

## Family support

Families and other support people can be critical for a person’s recovery from harmful AOD use. Families may provide important emotional support, as well as practical assistance. At times, this support can make a significant difference to a person’s recovery journey.

Service providers, as part of their core service delivery, should:

* engage family members in the development and review of a client’s individual recovery plan (IRP) as appropriate
  + consider the needs of family members and dependent children throughout the treatment process.

This should include:

* provision of information and advice regarding their support role and associated challenges, including information on AOD dependence or abuse and other issues such as mental health, and how to identify early warning signs and provide positive responses in challenging circumstances
  + provision of supported referral to a range of relevant community services that can assist with the safety and wellbeing of the family members, in particular the needs of dependent children.

Consistent with a family focused approach, family members, including the dependent children of a person who is a client of an AOD treatment service, are eligible for focused support.

This can be provided in variety of ways:

* Alcohol and other drug support services for families including information, advice and counselling are accessed through selected community health providers in each catchment.
* Brief interventions, single session therapies and referral are available through intake providers.
* Information and advice is available through support services such as Family Drug Help*.*
* Family drug education programs are available, such as Breakthrough: ice education for families and Family Drug Help’s Infocus Education Program.
  + Information and advice is available through DirectLine.

For more information, please see *Part 2: program and service specifications – family support*.

## Equity, diversity and inclusion

As Victoria’s population becomes increasingly diverse and has more complex needs, our services and programs need to respond to cultural differences in the community.

People from diverse backgrounds may find it difficult to navigate unfamiliar services, or may need additional services or face discrimination. Services and programs must consider strategies to address access, working to support people in a way that reduces health inequalities, while ensuring people’s overall needs are met.

It is critical that services provide culturally safe environments in which individuals are not exposed to bias, discrimination or inappropriate behaviour. Providing a culturally safe and responsive environment empowers clients to make decisions on their own health and wellbeing.

All Victorian Government-funded AOD services are required to provide a friendly, welcoming and culturally safe environment for all clients, including Aboriginal people, people from culturally and linguistically diverse backgrounds (CALD) and lesbian, gay, bisexual, trans, gender-diverse, intersex and queer (LGBTIQ) people and their families. Inclusive practice is an essential part of the delivery of health and human services.

Services should also have working relationships with and referral pathways to specialised services. This includes linking clients to specific services and programs as part of treatment where appropriate. For example, an adolescent Aboriginal client may prefer to be linked with a service managed by the Victorian Aboriginal Health Service (VAHS), rather than a mainstream youth service; and a person who identifies as LGBTIQ may prefer to be linked with the Victorian Aids Council’s (VAC) therapeutic groups or other treatment services.

Korin Korin Balit Djak: the Aboriginal health, wellbeing and safety strategic plan 2017-27 can be found on the department’s website, [Korin Korin Balit Djak](https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak). <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak>

The department’s cultural diversity plan is also available on the website, [DHHS Delivering for diversity- cultural diversity plan 2016 -19](file:///C:\Users\cwal1610\AppData\Local\Temp\notes7A2C6A\www2.health.vic.gov.au\about\publications\policiesandguidelines\dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19). <www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19>.

The department’s *LGBTIQ rainbow e.Quality guide* was developed to assist mainstream health and community service agencies identify and adopt inclusive practices and become more responsive to the health and wellbeing needs of LGBTIQ individuals and communities. It is available on the department’s website, [Rainbow Equality](file:///C:\Users\cwal1610\AppData\Local\Temp\notes7A2C6A\www2.health.vic.gov.au\rainbowequality). <www2.health.vic.gov.au/rainbowequality>.

For further information about population-specific AOD service systems, please see *Part 2: program and service specifications*.

For further information about the broader legislative and policy context of service delivery in Victoria, please see *Part 3: Attachment 2*.

## Victorian AOD client charter

All Victorian Government-funded AOD services are required to deliver services in ways that are consistent with the 2011 *Victorian alcohol and other drug client charter* (the client charter).

The client charter outlines the responsibilities of services delivering AOD treatment in Victoria, including compliance with the *Victorian Charter of Human Rights and Responsibilities Act 2006* (the human rights charter). It also outlines the rights and responsibilities of people using Victorian AOD services.

Under the client charter, the responsibilities of agencies providing AOD services in Victoria are to:

* treat clients with respect, dignity and courtesy
* provide an accessible service that takes into account individual and cultural diversity
* plan and develop treatment plans and strategies in collaboration with clients
* achieve and maintain appropriate standards of proficiency and participate in ongoing professional review and development
* provide services in a safe environment and ensure that duty of care is maintained
* ensure client information is kept confidential unless disclosure is otherwise authorised
* provide adequate information to clients about organisational and independent complaints processes
* adhere to relevant professional and AOD codes of conduct and ethics
  + comply with the Victorian human rights charter.

The client charter is available on the department’s website, [AOD Client Charter](file:///C:\Users\cwal1610\AppData\Local\Temp\notes7A2C6A\www2.health.vic.gov.au\alcohol-and-drugs\aod-service-standards-guidelines\aod-client-charter). <www2.health.vic.gov.au/alcohol-and-drugs/aod-service-standards-guidelines/aod-client-charter>.

Further information on the human rights charter is available from the [Victorian Equal Opportunity and Human Rights Commission website](http://www.humanrightscommission.vic.gov.au/the-charter). <www.humanrightscommission.vic.gov.au/the-charter>.

## Health Complaints Commissioner

Health services, including AOD services, are required to meet the code of conduct included in the *Health Complaints Act 2016*.

People who receive treatment from a private or publicly-funded health service, including an AOD service, are able to make a complaint to the Health Complaints Commissioner for consideration and possible investigation. A person’s family, friends, carers and even other health services, are also able to make a complaint on another person’s behalf.

Further information about the Health Complaints Commissioner can be found on the [Health Complaints Commissioner’s website](https://hcc.vic.gov.au). <https://hcc.vic.gov.au/> or by calling 1300 582 113.

# Overview summary

This document has outlined the department’s approach to prevention, early intervention and harm reduction and provided an overview of the Victorian AOD service system and the populations served.

*Part 2: program and service specifications* will outline the purpose, aims, target groups and key service requirements for Victorian Government-funded AOD services and programs.

*Part 3: quality, reporting and performance management* will outline key legislative, regulatory and reporting requirements for AOD services.