

*Extract from*

***Victoria's Alcohol and  
Drug Treatment Services  
The Framework for Service Delivery***

*Drugs Policy and Services  
Public Health Division  
Department of Human Services*

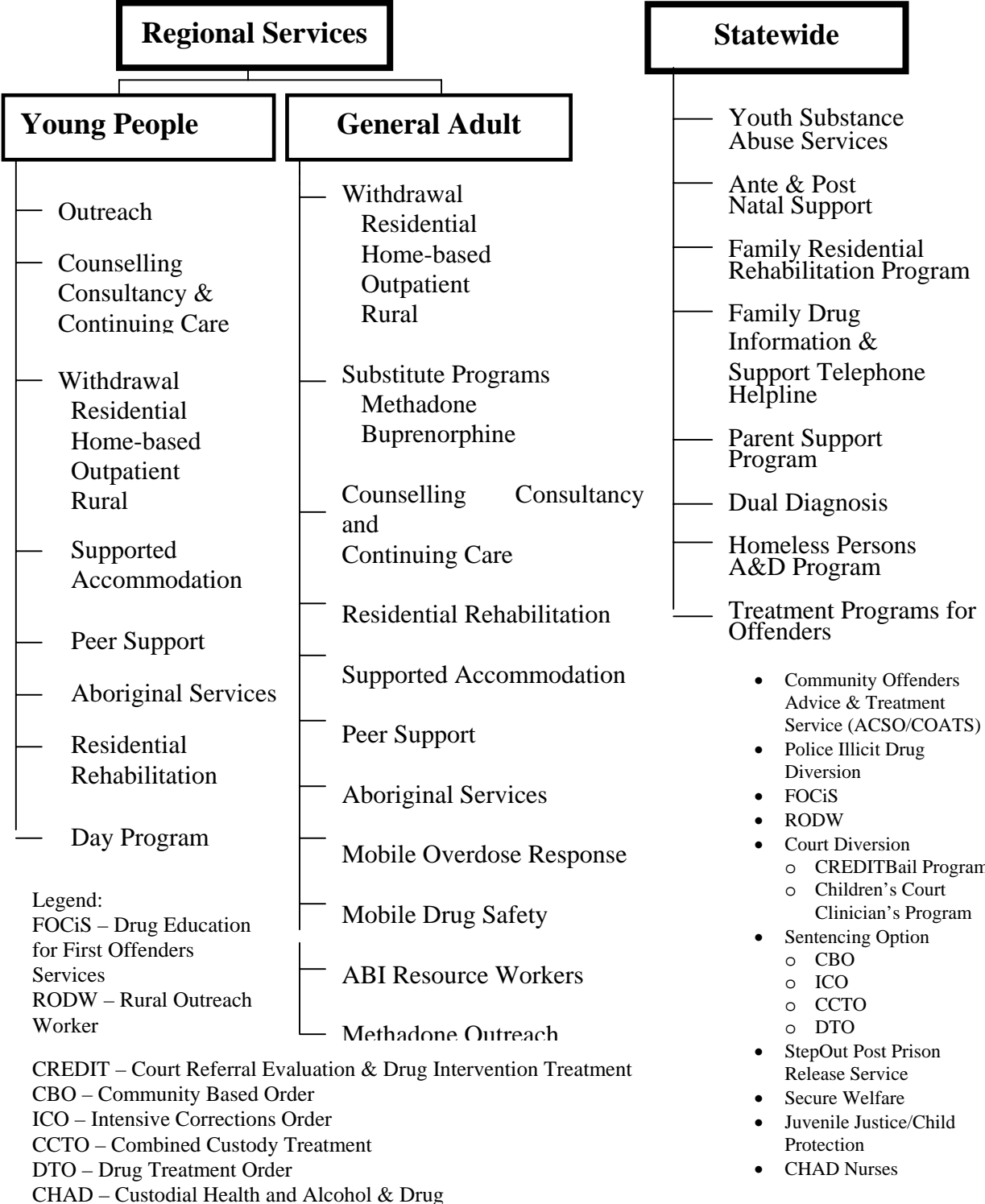
# Victoria's Alcohol and Drug Treatment Services

## The Framework for Service Delivery

### INTRODUCTION

The information in this document outlines the range of drug and alcohol services provided in Victoria. It is necessary for all service providers to meet the general key service requirements set out under the Victorian Alcohol and Drug Treatment Service's Framework for Service Delivery for the type of service delivery proposed. All services will operate on the benchmark unit costs found at the end of this document.

### Victoria's Framework of Drug Treatment Service Delivery



# **VICTORIAN ALCOHOL AND DRUG TREATMENT SERVICES:**

## **FRAMEWORK FOR SERVICE DELIVERY**

### **General Services**

#### *Objectives*

General alcohol and drug services provide a network of community-based services including residential and non-residential withdrawal services, residential rehabilitation services, supported accommodation, specialist methadone services, peer support and counselling, consultancy and continuing care. In summary the objectives of these services are:

- To provide a range of services which aim to meet the treatment and support needs of people who have alcohol and drug use problems and their families and/or carers, in a timely and effective way.
- To provide services appropriate to the specific needs of the individual client.
- To monitor and coordinate the provision of services to clients to ensure continuity of care.
- To ensure that service delivery is appropriately informed by, and responsive to, review and evaluation of service delivery within the context of best practice developments.

#### *Target Group*

Alcohol and drug services provide assessment, treatment and support services to adults and young people, who have alcohol and drug use problems, and their families or carers.

Matching clients to services ensure that clients are provided with the type and level of service most appropriate to their needs. For example, residential rehabilitation services will be appropriate for people who suffer the more severe consequences of harm related to alcohol and drug use, such as criminal involvement and social disadvantage and whose home setting or social circumstances are not supportive of non-residential treatment options. These clients will also have undergone a withdrawal program or other alcohol and drug treatment/rehabilitation programs and will have not been successful in reducing or overcoming their drug use problem.

#### *Service Elements*

The following general service types should be available, or able to be accessed, from each region:

- Residential Withdrawal
- Home-Based Withdrawal
- Outpatient Withdrawal
- Rural Withdrawal Support
- Specialist Methadone
- Counselling, Consultancy and Continuing Care
- Residential Rehabilitation
- Supported Accommodation
- Peer Support
- Youth Outreach
- Koori

#### *General Key Service Requirements*

All service types should be characterised by the following general requirements:

- Services must be targeted to people with serious problems resulting from their use of alcohol and other drugs.

- The principle of harm minimisation is fundamental to the approach of funded drug treatment services. Harm minimisation focuses on reducing the harm to both the individual and society from alcohol and drug use.
- Services must ensure continuity of care for clients through an appropriate case - management process.
- Where services are offered to young people, agencies should ensure that programs are tailored to their needs, are accessible, have flexible hours, work closely with the young person's family group, and build strong links with other relevant agencies.
- To provide education and information relating to alcohol and drug issues which will enhance prevention and harm minimisation.
- To facilitate arrangements for the care of client's children while their parents are in the program.
- To operate under age, gender and culturally sensitive protocols in relation to client care.

Each type of service has specific mandatory service requirements, in addition to these general requirements. The specific requirements are listed on the following pages.

## **Residential Withdrawal Service**

Residential withdrawal services provide alcohol and drug withdrawal to young people and adults through a community residential drug withdrawal service or through hospital-based treatment. Community Residential Drug Withdrawal is provided to clients in a suburban setting located close to a public hospital with psychiatric facilities. The treatment emphasis is on a short length of stay.

### ***Target Group***

Clients who require 24 hour supportive care to withdraw, with some pharmacotherapy and medical care for non-acute illness, can be managed in community residential withdrawal services. Where there are serious physical and/or psychiatric problems transfer to the co-located hospital may be required. Community residential drug withdrawal units are suitable for clients without adequate supports at home or with psychological or social crises that require a high level of support.

### ***Key Service Requirements***

- To provide structured assessments of drug consumption, health and psychological factors.
- To provide case management services for clients, including:
  - the development of an Individual Treatment Plan in partnership with the client comprising regular structured and documented monitoring of the course of withdrawal, the application of a protocol for supportive care, and basic health care, and pharmacotherapy where indicated.
  - the development of a discharge plan which ensures appropriate linkages and referrals are made to post-withdrawal services.
- To ensure that medical and psychiatric care is readily available, to address routine problems that may arise in the course of withdrawal.
- To utilise treatment approaches based on research, experience and needs.
- To provide 24 hour supportive care in an environment with low interpersonal stress and where mutual support and close supervision is possible.

- To provide facilities that meet the specifications of the Generic Brief for Community Residential Withdrawal Units.
- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To provide facilities and programs suitable to young persons.

## **Rural Withdrawal Support Service**

In country Victoria, general practitioners and health services are often utilised for the treatment of withdrawal syndromes. Rural Withdrawal services combine a short hospital stay (where required) with a period of home-based withdrawal.

### ***Key Service Requirements***

- To operate in association with a country hospital to provide 24 hour, 7 day nursing consultation support to a local medical practitioner or hospital in the management of alcohol or drug withdrawal at home or in hospital.
- To provide information and support to the client and support person about the course of withdrawal, including information on how to deal with emergencies. The support person, whether a family member or not, must be present or available and in the immediate vicinity during withdrawal.
- To monitor the course of withdrawal in liaison with the medical practitioner concerning the need for pharmacotherapy and medical care.
- To provide an on-call, out-of-hours service, to advise on and manage difficulties or queries that may arise during the course of withdrawal.

- To negotiate an Individual Treatment Plan with the client.
- To provide other appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To facilitate links to other services for post-withdrawal support.

## **Home Based Withdrawal Service**

Home-based withdrawal services are provided in cases where the withdrawal syndrome is of mild to moderate severity and the client is able to be supported by a family member or friend at home. This service may be provided as part of the Rural Withdrawal Support Service, following a short hospital admission or as the complete treatment, if no hospital admission is required. The service is provided by an experienced nurse in conjunction with a medical practitioner, preferably the client's general practitioner.

### ***Target Group***

Young people and adults requiring to undergo withdrawal where the withdrawal syndrome is of mild to moderate severity and not complicated by illness or significant psychosocial problems, and where a support person is available and in the immediate vicinity during withdrawal.

### ***Key Service Requirements***

- To provide a home-based withdrawal service by an experienced nurse in conjunction with a medical practitioner.
- To provide an initial assessment and physical examination of the client.
- To provide information and support to the client and support person about the

course of withdrawal, including information on how to deal with emergencies. The support person, whether a family member or not, must be present or available and in the immediate vicinity during withdrawal.

- To monitor the course of withdrawal in liaison with the medical practitioner concerning the need for pharmacotherapy and medical care.
- To provide an on-call, out-of-hours service, to advise on and manage difficulties or queries that may arise during the course of withdrawal.
- To negotiate an Individual Treatment Plan with the client.
- To facilitate links to other services for post-withdrawal support.
- To provide other appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.

## **Outpatient Withdrawal Service**

Outpatient withdrawal services are provided to clients who have a withdrawal syndrome which can be appropriately managed without admission to a residential service.

There will be a greater proportion of problem drinkers and individuals consuming benzodiazepines attending outpatient withdrawal than residential or home-based services. This means that an average duration of withdrawal may be longer with more gradual reductions in drug use to negotiated levels of consumption.

The service provides a series of intensive individual outpatient consultations over a short period, followed by ongoing counselling and support to complete the withdrawal.

## ***Target group***

Adults and young people who have a withdrawal syndrome of mild to moderate severity.

## ***Key Service Requirements***

- To provide intensive counselling to achieve withdrawal.
- To provide case management for clients, including:
  - Assessment of alcohol and drug consumption, health and psychological factors.
  - The development of an Individual Treatment Plan in collaboration with the client comprising regular structured and documented monitoring of the course of withdrawal, the application of a protocol for supportive care, and basic health care and pharmacotherapy where needed.
  - The establishment of appropriate linkages and referrals to post-withdrawal services.
- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.

## **Substitute Pharmacotherapy: Specialist Methadone Service**

Methadone treatment for opioid dependence has been well proven in clinical trials demonstrating improvements in health, social and occupational functioning across a wide range of people. While the methadone program is generally administered through general medical practitioners, the need for specialist methadone services occurs where there are

associated complex medical, psychiatric or psychological problems. Specialist methadone services operate in association with a general hospital.

### ***Target Group***

Adults and young people on the methadone program who have treatment needs that generally cannot be met by their local medical practitioner. These include clients with:

- Unstable psychiatric conditions, including psychosis, depression and severe personality disorders.
- High risk patterns of substance use, including significant alcohol and benzodiazepine use.
- Chronic pain disorders who are abusing prescription and/or illicit opiates.
- Serious medical conditions including HIV and Hepatitis C.

### ***Key Service Requirements***

- To provide assessment and referral services and specialist counselling services.
- To provide case management including:
  - Assessment of clients needs.
  - Negotiation of an individual service plan with the client.
  - Appropriate integration with community methadone services.
  - Discharge planning.
  - Case monitoring.

- To work with a pharmacist skilled in treating those with problems of injecting drug use.
- To provide pathology services.
- To facilitate client access to other services appropriate to their health and welfare needs.
- To provide advice and clinical opinion to general practitioners prescribing methadone concerning clients with complex needs.
- To provide training and a consultancy service for health practitioners, including pharmacists and counsellors, providing methadone services.
- To provide appropriate services, where relevant, for carers and families of those affected by drug use.

### **Counselling, Consultancy and Continuing Care**

To provide a range of services and support appropriate to the needs of clients who have alcohol and drug use problems. Services provided may include assessment, treatment and consultancy, referral and ongoing case management.

Counselling, consultancy and continuing care services may be provided in a range of settings including stand alone alcohol and drug agencies, community health centres, hospital-based alcohol and drug services and other generalist health and welfare services. Services are delivered by a range of professionals including social welfare workers, health professionals, psychologists, general practitioners, consultant physicians and psychiatrists. These services ensure that continuity and quality of care are provided.

### ***Target group***

Target groups for these services are people who have alcohol and drug problems and who require treatment and support services to effect and maintain therapeutic change or who require assistance in controlling their drug use. This service will also provide services to meet the needs of families of clients of alcohol and drug services.

### ***Key Service Requirements***

- To provide a range of psychosocial treatment and support services, including counselling to effect and maintain therapeutic change in individuals with alcohol and drug use problems.
- To provide a variety of counselling interventions including individual or group-based interventions, relapse prevention, cognitive-behavioural interventions, motivational interviewing, controlled use interventions and psychotherapy, when appropriate.
- To provide case management and planning for clients with complex problems or who require assistance in controlling their drug use which includes:
  - Conducting an assessment of the client's continuing alcohol and drug service requirements.
  - Developing an Individual Treatment Plan with the client, which is based on the initial assessment, including appropriate referrals.
- To ensure that programs for young people are tailored to their needs, are accessible, have flexible hours, work closely with young person's family group and builds strong links with relevant agencies.

- To provide appropriate services, where relevant, for carers and families of those affected by alcohol and drug use.
- To facilitate linkages with other health service providers in relation to the management and treatment of alcohol and drug problems.
- To provide expert advice to a range of clinical services within or across organisations including primary and acute care settings and other services funded by the Department.

### **Residential Rehabilitation**

Residential rehabilitation services provide a 24 hour staffed residential treatment program of an average of 3 months duration. They will provide a range of interventions which aim to ensure lasting change and to assist reintegration into community living.

Residential rehabilitation services are provided from a community-based setting, such as a house or houses located in a residential area.

### ***Target Group***

Residential rehabilitation programs are offered to alcohol and drug clients who have undergone a drug withdrawal program or other alcohol and drug treatment/rehabilitation programs and have not been successful in reducing or overcoming their drug use problem and are not suited to attend an outpatient program. Clients include those who suffer the more severe consequences of harm associated with alcohol and drug use, such as criminal involvement or social disadvantage, and whose home setting or social circumstances are not supportive of non-residential treatment options.

### ***Key Service Requirements***

- To provide an intensive residential rehabilitation program to clients of alcohol and drug services who have undergone an alcohol and drug withdrawal program or who require such treatment to manage their alcohol and drug use problems.
- To provide a range of treatment interventions, which includes behavioural treatment approaches, social and community living skills training relevant to the client's needs, counselling, group work and relapse prevention.
- To provide case management for clients including a negotiated Individual Treatment Plan with a community reintegration component.
- To facilitate client access to other services appropriate to their health and welfare needs including vocational training and employment skills.
- To support the client in obtaining safe, secure and affordable accommodation.
- To provide appropriate services for carers and families of those affected by alcohol and drug use.
- To establish and maintain strong professional links with other relevant agencies.

## **Supported Accommodation**

Supported accommodation provides a supportive environment to help clients achieve lasting change and assist their reintegration into community living.

Supported accommodation services are provided with the minimum of a day support worker, from a community-based setting, usually with public housing.

## ***Target Group***

Persons who have undergone an alcohol and drug withdrawal program or who require assistance in controlling their alcohol and drug use and need a period of one to twelve months supported accommodation to assist reintegration into community living.

## ***Key Service Requirements***

- To provide short-term supported accommodation to alcohol and drug clients who have undergone a drug withdrawal program or who require assistance in controlling their alcohol and drug use.
- To provide support and assistance to enhance the clients capacity for non-drug abusive community living through skill acquisition, counselling, personal care activities and relapse prevention.
- To facilitate client access to other services appropriate to their health and welfare needs.
- To negotiate an Individual Service Plan with the client.
- To support the client in safe, secure and affordable accommodation.
- To provide appropriate services for carers and families of those affected by alcohol and drug use.

## **Peer Support**

Peer support provides mutual support and information by individuals with personal experience of alcohol and drug use for individuals who may be having, or who have had, difficulties in the past associated with their alcohol and drug use.

Peer support groups or activities are usually established by current or past

alcohol and drug users, and may operate out of and be supported by community organisations, alcohol and drug agencies or community health centres.

### ***Target group***

Men and women who may be having difficulties or who have had difficulties in the past associated with their alcohol and drug use.

### ***Key Service Requirements***

- To provide regular support in a group setting and to share information to facilitate change and help maintain safe behaviours and healthier lifestyle option.
- To provide advocacy services for marginalised alcohol and drug users or ex-users.
- To ensure that individuals are aware of appropriate health and welfare services.
- To develop linkages with a range of health and welfare services.
- To operate in a manner which is age, gender and culturally sensitive.

## **Services for Young People**

Research and service usage data indicate that traditionally young people do not access general alcohol and drug services. The redeveloped alcohol and drug service system will provide greater access to young people through the development of services specifically targeting young people regionally and on a Statewide basis, as well through encouraging general adult services to provide services which enable easier access for young people. The following service types which are available, or able to be accessed, from each

region, are established specifically for young people:

- Outreach
- Withdrawal
- Counselling, Consultancy and Continuing Care
- Supported Accommodation
- Peer Support

The Key Service Requirements for these service types are the same as for general services within the context of creating a “youth-friendly” and accessible environment, with staff skilled in dealing with young people.

A small number of young persons require access to withdrawal services and a specialist methadone program. In addition, Outreach alcohol and drug services are established specifically for young people.

## **Youth Alcohol and Drug Outreach Services**

An outreach service provides assessment, support and on-going case coordination to young people with alcohol and drug problems, in their own environment. The service also supports generalist agencies that work with young people, through information, education and training.

### ***Target Group***

Young people up to the age of 21 years whose use of licit and illicit drugs causes significant physical, psychological and social harm.

### ***Key Service Requirements***

- To minimise the harm caused by alcohol and drug use.
- To encourage withdrawal and provide post-withdrawal support.

- To provide assessment, support and case management on an outreach basis to young people in their own environment.
- To operate from a location which is accessible to young people, for example co-location in an existing youth service.
- To provide on-going support to young people in an accessible, “open door” capacity.
- To maximise flexibility in treatment and support services so that, where possible and appropriate, young people can maintain their current environment with minimal disruption to themselves or others.
- To provide support, information and resources to generalist agencies that work with young people.
- To develop inter-service networks and linkages to ensure appropriate and coordinated on-going case coordination and referral processes.
- To make and follow through, supported referral.
- To provide appropriate services for carers and families of those affected by alcohol and drug use.

## **Aboriginal Services**

Aboriginal alcohol and drug services provide culturally appropriate prevention, education, information and support programs for Koori people and aim to reduce the incidence of alcohol and drug problems in Koori communities.

The Koori Community Alcohol and Drug Worker and the Koori Community Alcohol and Drug Resource Services are conducted through Aboriginal Cooperatives.

## **Koori Community Alcohol and Drug Worker (KCA&DW)**

The Koori Community Alcohol and Drug Worker undertakes a number of program development activities based on a harm minimisation approach, including health promotion, information provision, education activities, development and maintenance of community linkages, referrals, counselling interventions, the provision of advice to generalist services, liaising with relevant programs and fulfilling an advocacy role on behalf of the service user.

### ***Target Group***

Koori people and their significant others who are affected (either directly or indirectly) by alcohol and/or other drug use or who are at risk of being affected by alcohol and/or other drugs. A particular focus should be placed on reducing the uptake of alcohol and other drugs by young people

### ***Key Service Requirements***

- To provide information and education to Koori communities, individuals and other agencies about the effects of alcohol and drugs on the Koori community within an appropriate cultural context, in order to increase awareness of alcohol and drug problems and their effects
- To provide Koori people with opportunities to participate in health enhancing behaviours and culturally sensitive and appropriate health promotion activities.
- To encourage Aboriginal Cooperatives to adopt specific health promotion policies.

- To provide psycho-social counselling and support services to effect and maintain change in individuals with alcohol and drug use problems. Counselling can be individual or group-based and should be provided with a harm minimisation framework which considers the individual's life situation and which is culturally relevant and appropriate and includes:
  - An assessment of the consumer's continuing needs in relation to alcohol and drugs.
  - The development of an individual treatment plan with the consumer which is based on the initial assessment and includes appropriate referrals.
- To liaise with generalist health and welfare agencies to ensure continuity of care for service users through an appropriate case-management process, and to develop, enhance and maintain linkages with these services. Linkages should be developed with mainstream alcohol and drug services, hospitals, general practitioners, community health centres, youth services, mental health services, the Koori Health Outcomes Worker and the Office of Corrections.
- To provide expert advice to other community agencies regarding the needs of Kooris affected by alcohol and drugs to develop and document formal referral protocols with the Koori Community Alcohol and Drug Resource Service, general practitioners, hospitals, alcohol and drug services and other relevant community agencies.
- To advocate on behalf of the service user in particular situations and circumstances, for example, by accompanying service users to initial referrals to mainstream agencies or by communicating with the Office of Corrections on their behalf, where necessary.
- To educate the local community on the role of the KCA&DW.
- To ensure service access to Koori people of all ages and both genders and to operate under age, gender and culturally sensitive protocols in relation to service provision.
- To provide services that operate with a harm minimisation approach, by focussing on reducing the harm to both the individual community and society from alcohol and drug use. To ensure services provided are accessible and flexible, and when appropriate, involve the person's family group.
- To provide services, where appropriate, for carers and families of those affected by alcohol and drug use.

### **Koori Community Alcohol and Drug Resource Service (KCA&DRS).**

The KCA&DRS provides an alternative to incarceration for Koori persons who are found to be alcohol and drug affected in public. It provides short-term accommodation of an average of 48 hours in a safe non-threatening environment which is focussed on meeting the needs of the individual and the continuity of care through appropriate referral processes.

#### ***Target group***

Koori people who are alcohol and drug affected. The service is not appropriate for people with serious medical problems, with unstable psychiatric conditions, or who are violent. Young people (ie people under 16 years of age) can access the service, however, it is recognised that it may be more appropriate in some instances for the KCA&DRS to refer a young person elsewhere.

### ***Key Services Requirements***

- To provide a 'safe place', with 24 hour access, for a Koori person of any age or gender to reduce the level of their alcohol and/or other drug intoxication, within an environment of low interpersonal stress and where close supervision is possible.
- To provide assessments of drug consumption, health and psychological factors (which include assessments in police cells or at a hospital) to establish the suitability for admission to the service.
- To provide the service user with options for after-care support, and in conjunction with the individual, refer to that support where appropriate. In order to facilitate consumer access to other services appropriate to their needs, it may be necessary to provide the consumer with short term supported accommodation at the KDA&DRS with an average stay of 48 hours.
- To liaise and network with generalist health and welfare agencies to ensure continuity of care for service users through an appropriate referral process, and to develop, enhance and maintain linkages with these services. Formal referral protocols should be established and documented with the KCA&DW, the Community Justice Panel, police, general practitioners, alcohol and drug services and hospitals. Linkages should also be developed with community health centres, youth services, mental health services and the Office of Corrections.
- To provide the community with education and information relating to alcohol and drug issues which will enhance prevention and harm minimisation, and to educate the

community on the role of the KCA&DRS

- To provide services which operate from a harm minimisation approach, by focussing on reducing the harm to the individual, the community and society from alcohol and drug use.
- To provide services which are gender-sensitive and culturally and age appropriate and to provide access to female staff for any woman admitted to the service.

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