QUEENSLAND ALCOHOL & OTHER DRUG TREATMENT SERVICE DELIVERY FRAMEWORK

Supporting a shared understanding of the aims and functions of Queensland's specialist AOD treatment and harm reduction services system.

Queensland Alcohol and other Drugs Sector Network (2022)

For more information contact the Queensland AOD Sector Network via QNADA on **07 3023 1500** or **info@qnada.org.au**.

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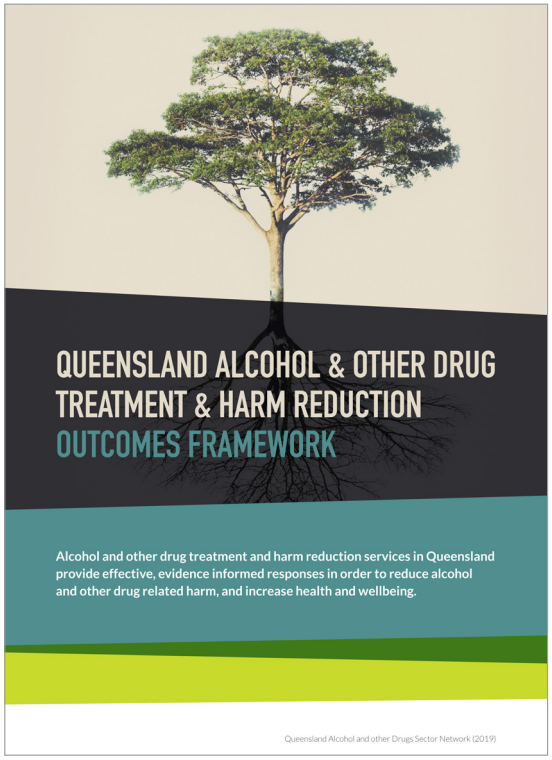
1. ABOUT THIS DOCUMENT

Many people who use alcohol and other drugs (AOD) don't experience harm or require treatment. However, a proportion of people will benefit from health-based responses that take into account the range of life domains including physical, as well as social and emotional wellbeing. This can include interventions to reduce harm; to screen, assess and coordinate; and intensive treatment.

The Queensland Alcohol and Other Drug Treatment Service Delivery Framework (TSDF) was first developed in 2015 by a partnership of statewide AOD policy, sector, and workforce development organisations based on direct input and feedback from AOD treatment providers from across Queensland. The 2022 refresh of the TSDF aligns it with the *National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029*, and the *National Quality Framework for Drug and Alcohol Treatment Services* released late 2019.

The TSDF describes the common ground underpinning AOD service delivery in Queensland and provides a shared understanding of the aims and functions of Queensland's specialist AOD treatment and harm reduction services system, which first and foremost centre on the needs of people who access AOD services.



The TSDF should be read in conjunction with the Queensland Alcohol and other Drug Treatment and Harm Reduction Outcomes Framework (THROF).

The TSDF is relevant to anyone with AOD in the scope of their work, or who simply wants to know more about the AOD services system, including funders and commissioners of services, and other service sectors.

Potential applications of the TSDF include:

- communicating with other sectors the overall aim, purpose, and defining characteristics of the AOD treatment and harm reduction in Queensland
- benchmarking to assess new or alternative treatment approaches to determine whether they are consistent with commonly accepted good and evidence informed practice
- a critical reflection tool for individual workers and services to enhance their practice
- a starting point for orienting new workers to the sector
- providing a shared understanding of sector language, terms, and definitions.

We encourage those reading the TSDF to use 'person first' language when discussing AOD issues and in any organisational, policy, or treatment resource documents (eg person who uses drugs, person experiencing problems with their use). This is an easy and immediate action that can be taken to help reduce AOD stigma and discrimination experienced by people who use AOD and to help increase the safety and accessibility of the service system for current and future AOD service users.

If you're looking for support or information about AOD treatment, contact **Adis 24/7 Alcohol and Drug Support** on **1800 177 833**

2. USING THE FRAMEWORK WHEN WORKING WITH SPECIFIC POPULATIONS

People are multifaceted and bring all aspects of themselves to the treatment relationship, whether visible or less visible. In order to provide high quality care, workers, organisations, and systems must operate in the most culturally flexible and responsive way. This means some ways of working may need to be adapted in order to better meet the needs of specific populations and it is expected that services will make the necessary enquiries as to appropriate ways of working for their service context. For example, by applying relevant population specific frameworks, strategies and guidelines, ongoing training, and workforce and sector capacity building in an AOD context, practitioners and services can facilitate improved AOD treatment and harm reduction outcomes and accessibility when working with these groups.

Examples of specific populations include:

- Aboriginal and Torres Strait Islander peoples
- families, carers and/or significant others
- people from culturally and linguistically diverse backgrounds
- people from refugee and asylum seeker backgrounds
- people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, and others (LGBTIQ+)
- people with a disability
- young people.

'Cultural competence is a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.'[1]

In most cases, support for specific populations will have the best outcomes when provided by people and organisations who identify as belonging to that group. This is because connection to community and culture is a critical component of wellbeing.

For instance, Aboriginal and Torres Strait Islander community controlled health services, including those that provide a range of health services (eg Aboriginal and Torres Strait Islander Community Controlled Health Organisations), as well as those that are AOD specific (eg community run residential rehabilitation), are often best placed to treat and support people from their community because they have a deep understanding of how colonisation, racism, and disconnection from language, land and sea Country, and culture affects Aboriginal and Torres Strait Islander health. This understanding is embedded in models of care, with social and emotional wellbeing central to health outcomes.

Mainstream organisations, commissioners of services, and policy makers must ensure they work with these communities in genuine partnership to develop and agree on appropriate responses and to ensure their behaviours, attitudes, policies, and processes support physical, social, emotional, cultural, and spiritual healing. This can mean embedding cultural and community governance in organisational systems and processes and may require organisations to be prepared to support or step aside wherever necessary.

It can also mean using tools developed by and with Aboriginal and Torres Strait Islander service providers as part of identified planning processes, such as the *Framework for the planning and commissioning of Aboriginal and Torres Strait Islander AOD treatment services in Queensland: A QDASPM Companion Document*.

A useful example framework for supporting organisational cultural safety is the *Aboriginal and Torres Strait Islander Cultural Safety Framework for the Victorian Health, Human and Community Services Sector*, which has the potential to be adapted for the Queensland context.

System level structures and processes also impact on treatment experiences for specific populations. The *Queensland AOD Treatment and Harm Reduction Outcomes Framework* provides examples of system inputs that can enhance cultural flexibility and responsiveness in an AOD services system context (p. 25).

[1] Cross, T. L., et al. (1989). Towards a culturally competent system of care. G. University. Washington, DC.

3. KEY SECTOR TERMINOLOGY

TERM	DEFINITION
AOD service users	People who have experiential knowledge of the AOD service system.
AOD related harm	The range of harms that may result from problematic AOD use including social, emotional, physiological, and psychological. It is the combination of these factors, when considered in the context of a person's pattern of use (see 'Pattern of use' below), that help to determine level of AOD harm or safety.
Case management	Planning, coordinating, brokering, and monitoring of a treatment plan. *Please note: Case management and casework are common models of support offered across a range of AOD settings. Many practitioners and organisations use the terms case management and casework interchangeably, particularly in official job titles and role descriptions as many roles require a combination of both. Care management is another term increasingly used in AOD settings.*
Casework	The implementation or actual doing of the agreed upon treatment plan, that is driven by input from the client and practitioner.
Clients	People who AOD services are currently working with. It's noted that language is continually evolving and while there has been a move toward the term 'consumer' in other health disciplines, this term is potentially confusing and stigmatising in an AOD context (eg consumer of alcohol vs consumer of services, negative connotations associated with consumerism).
Community controlled	The National Aboriginal Community Controlled Health Organisation (NACCHO) defines community control as 'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community.' (naccho.org.au) The Queensland Aboriginal and Islander Health Council (QAIHC) is the peak organisation representing all Queensland ATSICCHOs.
Culturally flexible & responsive care	Workers, services, and systems may respond to cultural differences in a range of ways. Culturally flexible and responsive care is an ongoing process of growing, learning and reflecting, which can create cultural safety for people accessing services. However, only people who access services can determine if the service is culturally safe for them. The following definitions have been adapted from Cross et al. (1989) in 'Towards a Culturally Competent System of Care' and range from least to most culturally flexible and responsive: **Cultural destructiveness** - Inaccurately views dominant culture as superior and other cultures as inferior **Cultural incapacity** - Service access and allocation of resources is unequal and prejudice and discrimination is evident in practice **Cultural blindness** - Characterised by an inability to recognise impact of the systemic dominance of mainstream culture and a belief that everyone should be treated on merit while disregarding the impact of historically unequal treatment and opportunity for minority populations **Cultural sensitivity** - Demonstrates a basic understanding of social, structural, historical, and cultural factors impacting minority populations **Cultural competence** - Able to work with complex cultural issues and nuances. This is evident in policies, processes, practice, and priorities **Cultural proficiency** (advanced cultural competence) - Is culturally competent, has well established cultural partnerships, is a trusted advocate, and continually identifies ways to improve responses (eg through genuine engagement, feedback, and research).

Demand reduction	Evidence informed treatment, education, and information strategies designed to prevent, delay and/or reduce AOD use.
Dependence	Characterised by physical and/or psychological adaption to the substance of concern due to regular, frequent, and high doses. For example, a person may need more to get the same effect or need to use a substance to feel they can function regularly.
Harm minimisation	Australia's overarching drug policy approach since 1984. The overarching approach is supported by the three pillars of harm reduction, supply reduction, and demand reduction.
Harm reduction	Increasing safety and wellbeing while reducing the potential negative outcomes of AOD use for people who use drugs, their families, and the community.
Integrated care	A range of possible ways for clients, workers, organisations, and systems to more seamlessly work together. This can include: • coordination and collaboration between workers and services • colocation arrangements between services • different treatment or support types provided by a single service or worker • Partnerships and other formal arrangements between services.
Intersectionality	A way of describing and understanding the interaction and effect of the full range of factors involved in a person's experiences of discrimination and privilege (eg gender, sexuality, race, religion).
Outreach	Many AOD services in Queensland use outreach approaches to locate and/or provide treatment to clients. Outreach is a means to facilitate interventions and generally fits into the following categories: **Assertive street work** - Actively looking to engage and offer appropriate information, brief intervention, and/or referral to people who may benefit from being connected with AOD treatment by attending public space locations (eg streets, malls, parks, shopping centres) **Assertive community outreach** - Offering information, brief intervention, and/or referral to people who may benefit from being connected with AOD treatment by working from other health, social and accommodation service settings **Clinical Outreach** - Structured, planned work with AOD clients in another health or support service's venue, such as a hospital, health service, community centre, or youth service **Detached/Mobile Outreach** - Structured, planned work with AOD clients in their own homes, workplaces, or other agreed settings.
Pattern of use	The context, frequency, regularity, and dose of AOD a person uses over time. A person's pattern of use is often assessed to help determine if and what intensity treatment is appropriate. Understanding a person's pattern of use can help to build a picture of level of safety and any potential harms a person might be at risk of (or experiencing) related to their AOD use.
Peer	A person who uses or previously used AOD and is recognised and considers themselves as belonging to a particular cohort of people who use AOD (eg people who inject drugs).

Peer worker (lived/living experience worker)[2]	A person who is employed as a peer in a formal role supporting AOD clients. The person may or may not continue to use alcohol and/or other drugs and will usually have had some personal experience of the system in which they now work.
Person/people who use alcohol and other drugs	All people who use AOD, regardless of whether or not they are experiencing problems with their use or accessing services.
Problematic use	When a person who uses AOD is experiencing problems related to their use. This includes social, emotional, physiological, psychological, and spiritual and may or may not be diagnosed.
Recovery	In the context of Queensland AOD treatment, the term 'recovery' is used to describe any approach that seeks to identify and achieve goals that are meaningful to the client, which may include safer using practices, reduced use, or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities.
Self-determination	The United Nations (see General Assembly Resolution 1514, 1960) recognises the right of all peoples to freedom and sovereignty, and decolonisation as fundamental to improving wellbeing. Self-determination refers to the right to freely determine political status and freely pursue economic, social, and cultural development.
Social and emotional wellbeing	Social and emotional wellbeing is: '. . . the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. It is a holistic concept which results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual . . . Aboriginal and Torres Strait Islander people's understanding of social and emotional wellbeing varies between different cultural groups and individuals.'[3] Social and emotional wellbeing can vary from person to person, depending on what is meaningful to them. Further to this, social and emotional wellbeing is inextricably linked to the social, structural, historical, and cultural determinants of health.

THE TERM 'RECOVERY' IS USED TO DESCRIBE ANY APPROACH THAT SEEKS TO IDENTIFY AND ACHIEVE GOALS THAT ARE MEANINGFUL TO THE CLIENT, WHICH MAY INCLUDE SAFER USING PRACTICES, REDUCED USE, OR ABSTINENCE.

[2] Please note, family and other significant people who provide support to people who use AOD may be considered a peer or peer worker specific circumstances (eg where a role is to provide support to families of people who experience AOD problems)

[3] Commonwealth of Australia (2017). National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. Canberra, Department of Prime Minister and Cabinet

Social, structural, historical, & cultural determinants of health	Determinants of health represent a range of factors that directly or indirectly influence health and wellbeing, and health equity for people across populations. There is a relationship between the social, structural, historical, and cultural determinants of health and experiences of AOD use and likelihood of harm. The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* has been used to inform the definitions below. They are inter-related and must be taken into account in the context of AOD treatment and support (see also Figure 2 in section 5.10): **Social determinants** are shaped by the distribution of money, power, and resources - they include social, environmental, economic, political, and cultural contexts in which people are born, grow, live, work, and age **Structural determinants** have the potential to support or disenfranchise people and populations - they include systems, policies, institutions, and processes **Historical determinants** influence current and future generations - they include the impacts of history, such as colonisation and stolen generations, experiences of war, and/or periods of peace and prosperity **Cultural determinants** can support or hinder individual and collective identity, self-esteem, and resilience - they include value systems, traditions, beliefs, practices, and connection to language, culture, ancestry, spirituality, land and sea Country.
Substance use disorder/Disorders due to substance use	A diagnosis in relation to a drug/s of concern using either DSM-V or ICD-11 diagnostic criteria (can include harmful use and dependence).
Supply reduction	Reducing the availability of illicit drugs and controlling the availability of legal drugs.

4. AOD SERVICES SYSTEM CONTEXT

The AOD services system functions within and is influenced by a range of:

- legislation and regulation
- national and state policies
- strategies and plans
- frameworks and guidelines
- data collection, sharing, and access.

Some of these are specific to AOD and others are related to AOD, however they should be considered inter and intra dependent.

The following information is intended to provide a starting point for understanding this context. It's also important to consider the AOD services system in relation to a number of other factors, including:

- system capacity and resourcing
- broad economic, population, and environmental issues
- social, structural, historical, and cultural determinants of health.

4.1. Queensland community

The vast distances and diverse make-up of communities across Queensland presents challenges in meeting client need, minimising sector fragmentation, and reducing barriers to treatment access. Ongoing consideration must also be given to continuity and disaster response planning to ensure communities can continue to access AOD services during extreme events in Queensland (eg natural disasters, pandemics).

Data are a useful tool to identify areas of potential need, inform policy responses, and plan for how and where services will be delivered. Reliance on data in the absence of social and community context however, can lead to poor policy responses and outcomes, often disproportionately affecting specific populations. Communities must be meaningfully engaged, involved, and represented in planning and co-design at local, state, and national levels to determine the needs and approaches that will work for them.

4.2. Decision making

There are multiple national and state-based stakeholders with responsibilities for making decisions that influence service delivery, including those within, and external to, the AOD services system. To ensure the AOD services system is able to appropriately respond to community needs, these stakeholders need to work together, and with the AOD sector. Important stakeholders who inform national and state-based decision making include government departments, statutory authorities, peak organisations, primary health networks, advisory bodies, professional associations, research centres, sector leaders, practitioners, and people who use AOD.

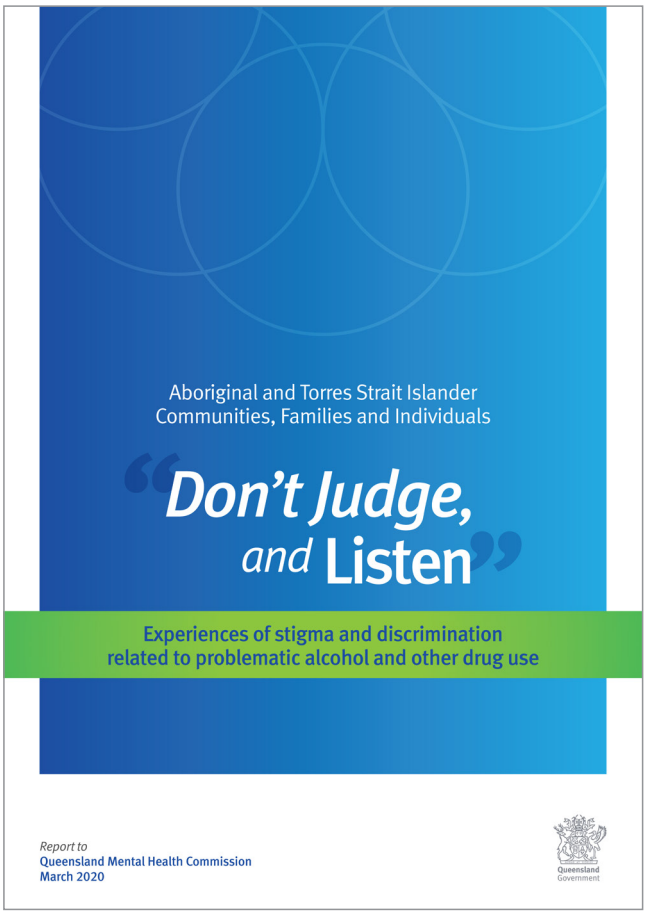
4.3. Interactions with other systems

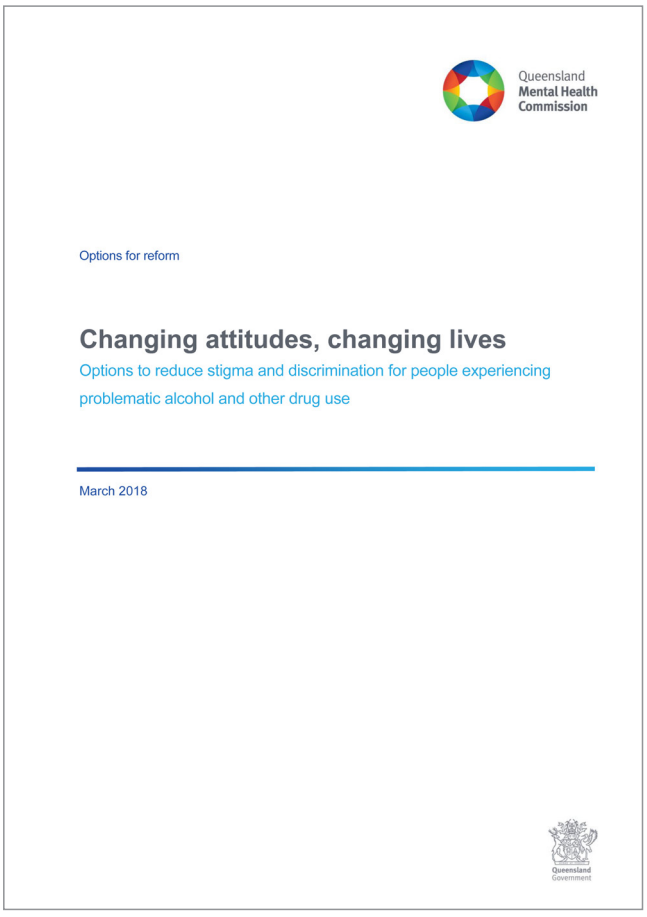
Every person, organisation, and system providing responses to AOD related issues has a responsibility to take steps to reduce service barriers and contribute to a safe and accessible service system. Therefore, we encourage anyone using this framework - including those who work in non-AOD settings - to reflect on their own attitudes towards AOD use, and behaviours towards people who use AOD, because this has an impact on system planning, policies, processes, access, and outcomes.

4.4. Stigma, discrimination, and prejudice

Stigma, discrimination, and prejudice continue to be significant barriers for people who use AOD to treatment access, harm reduction, and other essential healthcare. Many people accessing AOD services also identify with more than one group and experience more than one form of stigma, discrimination, and prejudice (eg Aboriginal and Torres Strait Islander peoples, LGBTIQ+ communities, and culturally and linguistically diverse peoples). The application of appropriate population specific frameworks, partnerships, strategies and guidelines, ongoing training, and workforce and sector capacity building is necessary to effectively support the full range of people who use AOD.

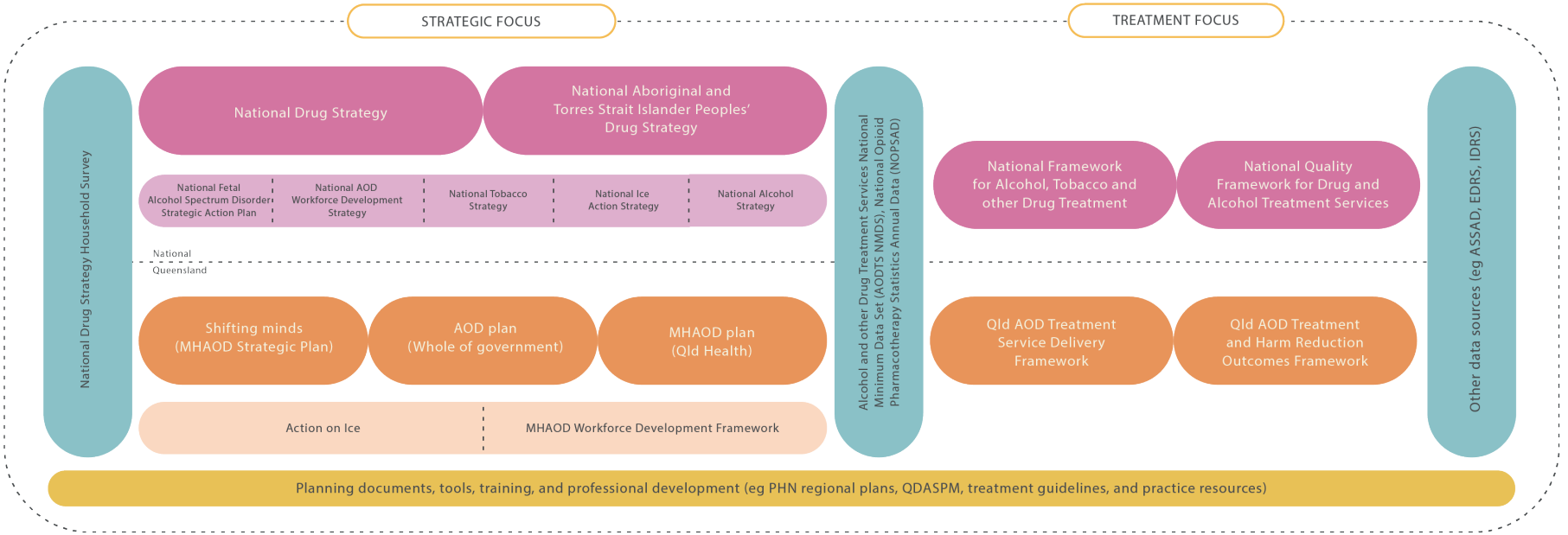
The following reports published by the Queensland Mental Health Commission (QMHC) offer insights to inform the development of responses for addressing stigma, discrimination, and prejudice in AOD settings:





4.5. Key policies, strategies, frameworks, and reports

Figure1



Important policies and reports informing and interacting with the AOD services system

Making Tracks towards health equity with Aboriginal and Torres Strait Islander peoples

National Agreement on Closing the Gap

National Aboriginal and Torres Strait Islander Health Plan

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing

Bringing Them Home report

Changing attitudes, changing lives: Options to reduce stigma and discrimination for people experiencing problematic alcohol and other drug use

Every life: The Queensland Suicide Prevention Plan

'Don't Judge and Listen' Aboriginal and Torres Strait Islander communities, families and individuals' experiences of stigma and discrimination related to problematic AOD use

Royal Commission into Aboriginal Deaths in Custody

Not Now Not Ever: Queensland Domestic and Family Violence Prevention Strategy

Working Together, Changing the Story: Youth Justice Strategy

Queensland Corrective Services Drug and Alcohol Strategy

National mental health strategy

National documents | State documents | Data sources | Other AOD services system specific documents | Documents interacting with the AOD services system

* Please note, this figure is intended to support navigation of the AOD policy and operating environment. Some document titles where unavailable/under renewal at the time of development. This is not an exhaustive list of strategic or treatment documents.

5. THE QUEENSLAND AOD TREATMENT AND HARM REDUCTION SECTOR

5.1. Sector mission

The Queensland AOD treatment and harm reduction sector provides effective, evidence informed prevention, treatment, and harm reduction responses that build a Queensland community with the lowest possible levels of AOD related harm.

5.2. Values and principles

All workers with a role in supporting people who use AOD in Queensland commit to upholding the human rights of people accessing services. AOD services provide options that are respectful, inclusive, flexible, responsive, and voluntary. The sector is responsive to client need with a focus on continuously improving the quality of services offered, with genuine input from people and communities who currently access and/or may need to access services in future.

QLD SECTOR VALUES

- Social justice
- Professionalism
- Ethical practice
- Accountability and transparency
- Confidentiality and privacy
- Collaboration and partnerships
- Innovation and creativity
- Safety

NATIONAL SECTOR PRINCIPLES[4]

- Person centred
- Equitable and accessible
- Evidence informed
- Culturally responsive (see 'Key sector terminology' in section 3)
- Holistic and coordinated
- Non-judgemental, non-stigmatising, and non-discriminatory

5.3. Primary aims of AOD treatment and harm reduction

In Queensland, the primary aims of AOD treatment and harm reduction are to facilitate:

- reduced experiences of AOD-related harm
- reduced levels of substance use
- improved capacity to better understand and manage health and wellbeing.

Specific aims, objectives, and anticipated outcomes of AOD treatment vary depending on individual treatment goals, treatment type, and service context. The *Queensland AOD Treatment and Harm Reduction Outcomes Framework* provides a comprehensive list of universal and treatment specific outcome indicators and tools that tend to be used to measure impact in the AOD sector.

5.4. Key features of effective treatment services

Culturally flexible and responsive

Effective AOD treatment services are continually working toward cultural proficiency (see 'Culturally flexible and responsive care' in section 3 for more information). They have policies, processes, and systems in place, which support the cultural flexibility and responsivity of their staff and of the organisation more broadly.

Methods of engagement, assessment, treatment provision, and aftercare can be adapted to meet cultural needs (eg traditional healing as an accompaniment to AOD treatment, flexibility to support staff and clients who must attend to Sorry Business).

Trauma informed

A significant proportion of people accessing AOD treatment services experience trauma in their lives. It is often multiple traumas that contribute to problematic AOD use. Effective AOD services are committed to understanding trauma and working with people through a trauma informed lens.

[4] Australian Government Department of Health (2019). National framework for alcohol, tobacco and other drug treatment 2019-2029, Australian Government.

Family inclusive and child aware

Turning attention to the needs, coping skills, and resilience of the family unit can both directly and indirectly support positive outcomes for people experiencing AOD concerns. Family includes both biological and non-biological support networks. Effective AOD treatment services appropriately consider families, children, and significant others in treatment planning and provide or facilitate (eg through referral) support to meet their needs. There are a range of ways that families and significant others may be supported, for example:

- treatment provided to an existing client with family/ significant others supported as part of a broader treatment plan
- stand-alone family focused AOD support where a person with AOD concerns may or may not be receiving treatment
- specialist treatment models where the family unit attends treatment together (eg family units in a residential rehabilitation service)
- specialist AOD treatment for people who are pregnant.

Focused toward the right clients, developmentally appropriate, and based on what clients feel is best

Effective AOD treatment services ensure that appropriate screening and assessment is undertaken to provide options and interventions to suit the individual needs of clients. For example, interventions for young people may need to be adapted to their age and capacity to engage with particular types of treatment and support.

Promote choice and control by clients

AOD treatment services work in partnership with clients and provide support in a relational way that builds on strengths and promotes client empowerment, including in the services they receive. Genuine client choice and control over treatment decisions is promoted by providing options, and involvement in treatment planning and goal setting. It is also promoted by actively listening to and engaging with populations serviced through structured engagement mechanisms (eg those included in the *Stretch2Engage Framework*).

Actively engage with and listen to the populations serviced

Encouraging and enabling genuine input, feedback, and participation of clients, families, and other important people in a person's life supports improvement of the service system. Effective AOD treatment services involve the people they work with in service planning and design activities. Genuine engagement is targeted, process driven, avoids tokenism, and ensures people are appropriately compensated for their time (eg when participating on advisory groups or focus groups).

Support tobacco reduction and cessation

A higher proportion of AOD clients use tobacco when compared to the general population. This contributes to a higher mortality and morbidity rate. As such, tobacco reduction and cessation support is an essential component of effective AOD treatment.

Practice harm reduction appropriate to their service type

Effective AOD services provide harm reduction information, education, and support appropriate to their treatment type and setting ensuring clients can make informed decisions if they lapse or continue to use during or post-treatment. In treatment settings where abstinence is required, building a person's knowledge about how to be safer in the event they use is particularly essential due to reduced tolerance to the substance of concern.

Support clients to meet other needs and goals

Effective AOD treatment services provide or facilitate support (eg through referral) for clients to meet other treatment needs and goals within the scope of their practice. Assessment and planning should cover the range of life domains and identify co-occurring issues (eg housing, physical and sexual health, mental health, safety, financial and gambling).

Continuity of care

Continuity of care is essential for clients pre, post, and during treatment. It is likely AOD treatment will be only one part of a person's needs and other aspects of their care plan will need to be supported throughout their journey. Effective AOD

treatment services continually review existing and emerging needs and help to ensure smooth transitions and engagement with other services as required. This can include continued service contact for people who are accessing treatment, strategies to manage waitlists and triaging in relation to risk and safety, working with other services to support provision of care, and maintaining ongoing contact with clients for a period of time while they transition to a new service or post treatment.

Delivered by appropriately skilled workers

The AOD treatment and harm reduction service system is diverse and requires a skilled workforce that delivers effective services within the focus and scope of their roles. Effective treatment services support the professional development, supervision, sustainability, and maintenance of the AOD workforce, and effective workers commit to continuous learning and development.

Service design and impact (outcomes)

Designing the kinds of services that meet the needs of people and their communities is essential to achieving positive AOD treatment outcomes. Measuring the impact of the treatment delivered helps workers, organisations, and systems to understand their effectiveness and may indicate where improvements to service design are necessary. This in turn ensures that organisational practice standards continue to develop and adapt based on evidence of what works. AOD treatment and harm reduction services in Queensland are compliant with the *National Quality Framework for Drug and Alcohol Treatment Services* and measure their impact as described in the *Queensland AOD Treatment and Harm Reduction Outcomes Framework*.

5.5. Service and workforce mix

The specialist AOD workforce is comprised of a range of professionals including social workers, psychologists, counsellors, nurses, AOD workers, Aboriginal and Torres Strait Islander health workers and health practitioners,[5] addiction medicine specialists, and addiction psychiatrists. However, all health and social services can help increase physical, psychological and social safety for individuals, families, and communities experiencing issues with AOD.

Services and workers responding to issues related to AOD in Queensland can be thought of as belonging to one of two groups, each with a particular focus and scope of practice:

- *AOD specialists* may be a single worker, team, department, or organisation with a clear focus on reducing AOD related harm and/or demand. Depending on model of care, treatment type, and available resources, services and workers who are AOD specialists will work holistically within their scope across a range issues related to AOD (eg community controlled services, outreach services) in addition to providing specific AOD treatment and harm reduction support.
- *Generalists* on the other hand may provide some response to AOD, usually involving early screening and assessment, and providing targeted information and referral for people who may be at risk. However, their focus and scope tends toward another field of practice (eg mental health practitioners, community support workers).

In Queensland, specialist AOD treatment and harm reduction services are provided by:

- public mental health, alcohol, tobacco and other drug services and public hospitals
- non-government organisations (NGOs), including Aboriginal and Torres Strait Islander community controlled organisations
- general practitioners and other private healthcare providers.

5.6. Specialist AOD treatment and harm reduction approaches

A range of possible interventions can be provided as an adjunct to, and as part of, specialist AOD treatment and harm reduction. The *National Framework for Alcohol, Tobacco and other Drug Treatment* organises these into:

- interventions to reduce harm
- interventions to screen, assess, and coordinate
- intensive interventions (treatment).

A service may provide one or all of these interventions depending on their model of care, whether they specialise in AOD treatment, and available resources.

[5] Aboriginal and Torres Strait Islander health workers and health practitioners provide clinical and primary health care for individuals, families, and communities across a range of domains including AOD, mental health, and physical health. More information can be found at **natsihwa.org.au**

SPECIALIST APPROACH	DEFINITION
Harm reduction	Harm reduction services provide a range of support to people who use AOD. While all AOD services provide harm reduction as part of their client work (eg new equipment, advice on safer using), a harm reduction service is a specialist service whose core focus is to increase a person's safety and wellbeing. Examples include: **Primary needle and syringe programs** - which provide a full range of new injecting equipment and sharps disposal containers alongside harm reduction interventions such as information and education, blood borne virus screening and treatment, vein care advice and referral information **Secondary needle and syringe programs** - which provide basic new injecting equipment distributed by non-NSP staff or through vending machines **Diversionary centres and programs** - which offer supervision and accommodation for people who are intoxicated as an alternative to police custody (eg night patrol) Other harm reduction initiatives such as drug checking (also known as pill testing).
Medication assisted treatment	Medication assisted treatment is clinically supervised replacement of a substance of dependence with a medicine that is administered to reduce or eliminate withdrawal symptoms and cravings. This includes alcohol and nicotine pharmacotherapy and opioid dependence treatment programs.
Psychosocial interventions	Psychosocial interventions involve employing a range of evidence informed treatment approaches (eg cognitive behaviour therapy, motivational interviewing), integrated with social support and can be delivered in various settings (see section 5.8).
Rehabilitation	**Residential** Residential treatment is an intensive treatment program conducted in a residential setting typically offering a mixture of one on one, group work, peer support, and team/community building processes. This includes therapeutic communities which use the 'community as method' approach. **Day program**[6] A day program is an intensive treatment program that typically involves a mixture of activities similar to those that would be conducted in a residential treatment setting. Day programs provide an option for people who are unable to attend a live-in residential service (eg due to work or family commitments) but can attend intensive treatment programs in a non-residential setting.
Withdrawal management	Withdrawal management is the provision of support (that can include medically assisted care) for clients experiencing withdrawal symptoms and can be delivered in a bed based (eg hospital, community residential treatment) or non-bed based (eg outpatient, outreach) setting.

See the Queensland AOD Treatment and Harm Reduction Outcomes Framework (THROF) for more information.

[6] Please note, in youth AOD settings, the term 'day program' is sometimes used to describe drop-in spaces that offer a soft entry point to AOD service access where young people can participate in a range of activities under the supervision of AOD workers.

5.7. Common elements of specialist AOD treatment

Specialist AOD treatment may include a combination of the following common elements of care depending on the focus and scope of the treatment approach:

PROCESSES OF TREATMENT	COMMONLY INCORPORATED WITH
• Intake, screening, assessment, and pre-treatment support • Information and education • Brief and targeted interventions • Treatment planning and review • Coordinated care, case management, and casework • Evidence informed counselling approaches • Service exit planning and facilitated referral • Continuing care/after care	• Work to meet non-AOD specific treatment needs (eg mental, physical, and sexual health; cultural and spiritual; relationships; housing; legal; child and family; financial and gambling) • Functional and living skills therapies • Peer support meetings (eg. SMART Recovery, AA, NA) • Art/music therapy • Parent/carer and family services

5.8. AOD service settings

The information below is adapted from the *National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029* and describes the settings in which responses to AOD issues are provided in Queensland:

STANDALONE SPECIALIST AOD SETTING	PRIMARY HEALTH SETTING	TERTIARY HEALTH SETTING	OTHER SETTINGS
• Non-residential • Residential • Outreach (see examples in section 3) • Home based • Telephone, online, eHealth	• General practice • Community health centre	• Inpatient hospital • Ambulatory, outpatient hospital services • Telephone, online, eHealth • Healthcare in the home	• Pharmacies • Youth services • Mental health services • Correctional facilities

5.9. Interagency models

Interagency models generally involve several service systems formally working together as part of a specific model of care, with agreed goals and outcomes. Interagency models tend to best meet the needs of people who are experiencing severe and complex issues and require intensive support from multiple service systems/specialists.

Interagency models are one of many forms of service integration and examples include:

- co-responder models
- complex case/care panels
- multidisciplinary service hubs
- justice based models (eg Qld Drug and Alcohol Court).

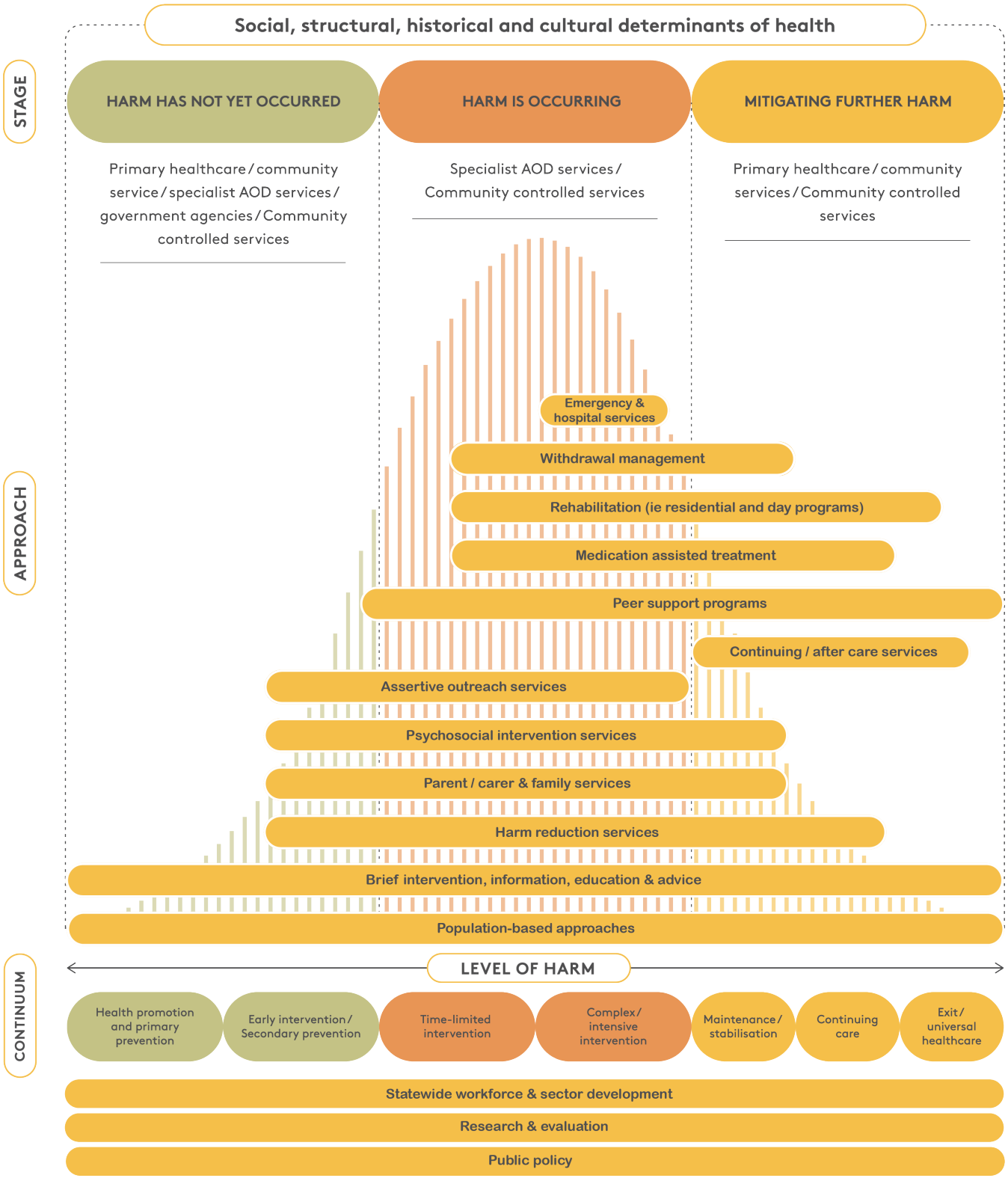
5.10. Spectrum of AOD approaches

The figure below represents health-based approaches to AOD across the continuum of care as harm increases/decreases. The social, structural, historical, and cultural determinants of health influence the level of harm that is experienced by someone who uses AOD. As harm increases, the intensity and complexity of approach may also increase. People accessing specialist AOD treatment and harm reduction services may move between service types in a stepped fashion, however this is not always the case (or required) and is determined by individual treatment needs, goals and care plans.

For example, a person may access psychosocial interventions and decide to access more intensive treatment. In order to access rehabilitation they may require a period of withdrawal management. After rehabilitation they may continue to access psychosocial support in the community. However, another person may get the same benefit from accessing psychosocial interventions alone.

There are many pathways, which depend on individual needs and goals, and service availability, resources, and capacity.

Figure 2. AOD Spectrum



6. STATEWIDE AOD WORKFORCE DEVELOPMENT

Maintenance and growth of a skilled AOD workforce is essential to the ongoing quality, safety, and accessibility of Queensland's AOD service system and supports positive outcomes for people who use AOD treatment and harm reduction services in Queensland. Workforce development should be systemic, multi-faceted, and coordinated.

In Queensland, AOD training and workforce development is supported by agencies such as Dovetail, Insight, Queensland Aboriginal and Islander Health Council (QAIHC), Queensland Indigenous Substance Misuse Council (QISMC), and Queensland Network of Alcohol and other Drugs Agencies (QNADA).

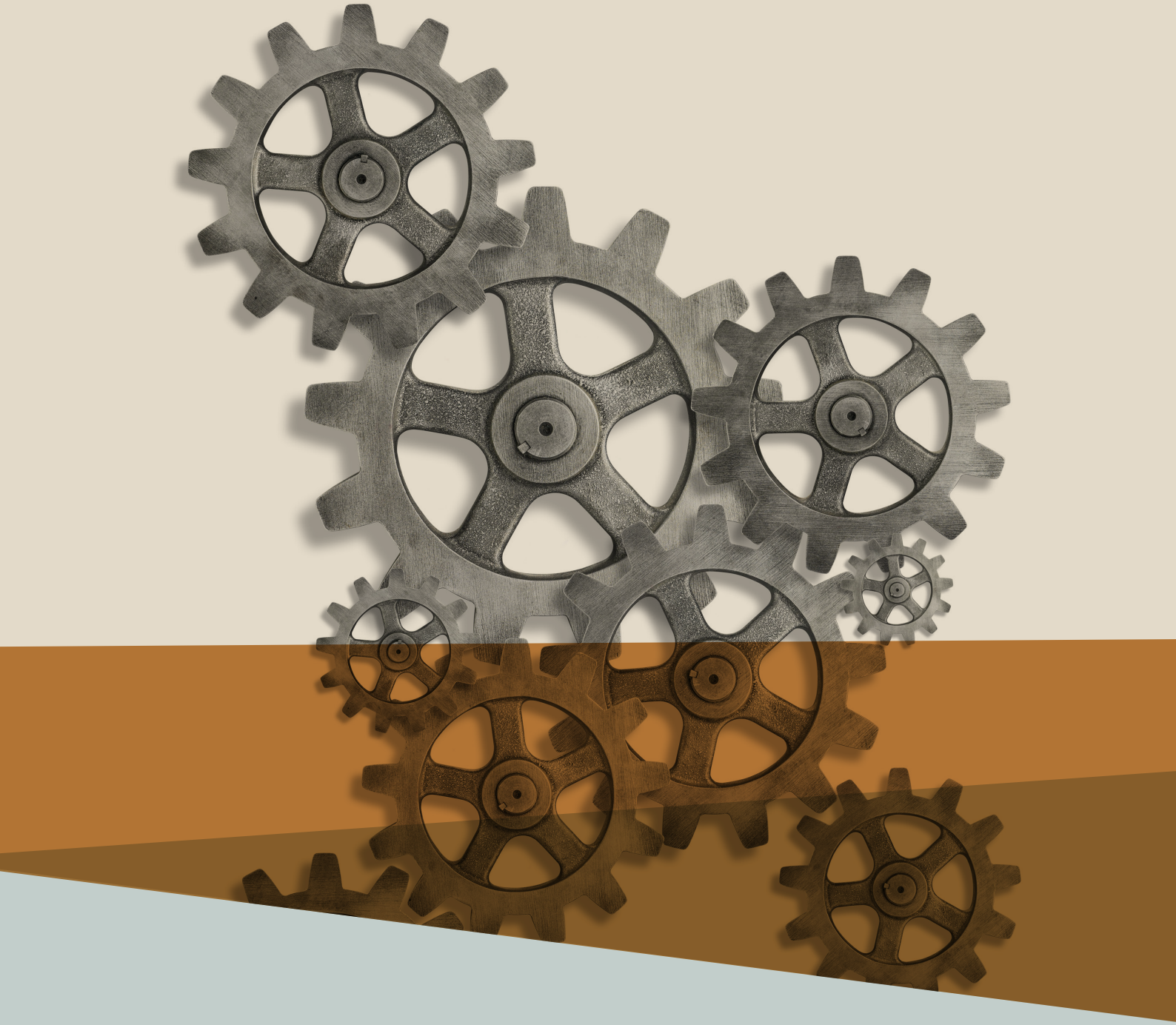
"WORKFORCE DEVELOPMENT SHOULD HAVE A SYSTEMS FOCUS. UNLIKE TRADITIONAL APPROACHES, THIS IS BROAD AND COMPREHENSIVE, TARGETING INDIVIDUAL, ORGANISATIONAL AND STRUCTURAL FACTORS, RATHER THAN JUST ADDRESSING EDUCATION AND TRAINING OF INDIVIDUAL MAINSTREAM WORKERS."[7]

[7] Intergovernmental Committee on Drugs (2014). National Alcohol and other Drug Workforce Development Strategy 2015-2018. Canberra, Department of Health.

CONCLUSION

Queensland has a vibrant, skilled and dedicated AOD treatment and harm reduction services sector. The sector is committed to increasing the safety, wellbeing, and quality of life for people who use AOD. The sector recognises the impacts of social, structural, cultural, and historical determinants of health and is committed to continually reviewing and improving its responses.

Queensland's AOD services are committed to working together and with other service systems in order to provide integrated care. This framework, alongside the *Queensland AOD Treatment and Harm Reduction Outcomes Framework*, continues to guide the approach to AOD treatment and harm reduction service delivery in Queensland.



qnada
Queensland Network of Alcohol and Other Drug Agencies Ltd

Dovetail
supporting the youth alcohol and drug sector in Queensland

insight
Alcohol and other drug training and workforce development Queensland

Queensland Mental Health Commission

QAIHC

QISMC

APSAD
The Australasian Professional Society on Alcohol and other Drugs

Queensland Government