Towards a New Blueprint for Alcohol And Other Drug (AOD) Treatment Services
A Discussion Paper

Victoria
The Place To Be

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Minister's foreword

The Bracks Government has made significant progress in addressing drug use in Victoria through its partnerships with the community, service providers and families. Since coming into office in 1999, the government has made major inroads in addressing the misuse of alcohol and tackling illegal drugs. The Victorian Government has delivered an additional $255 million for a whole-of-government program, that prevents young people from taking up drugs, gets those into treatment who need help, tackles drug-related crime and reduces drug-related harms.

The Bracks Government's programs also support families to educate children about the risks of tobacco, alcohol and other drugs. The Family Drug Helpline gives information, support and advice to parents about drug issues. Prevention and education programs in schools protect children and encourage them to choose not to use drugs.

The Government recognises that drug programs deliver results. Deaths from drug overdoses and heroin use have declined dramatically, and fewer young people now use illegal drugs. These are significant achievements, but there are new challenges ahead. Binge drinking among young people is concerning. Alcohol and drug-related violence and antisocial behaviour in local communities affect everyone. Research shows links between mental health problems and cannabis and amphetamine use. Changing drug use patterns highlight concerns about amphetamines, alcohol and cannabis. 'Ice' is emerging as a particular concern and the Government's recent package of initiatives represent a pre-emptive strike to ensure we are well placed to address risks. Our programs are evolving and responding to address these emerging concerns.

Under A Fairer Victoria, the Government has committed to focusing efforts on early intervention and prevention, getting young people back on track and providing fairer access to services like community and residential drug rehabilitation. The Drugs Blueprint is a key tool for achieving these priorities. The Blueprint will complement existing programs like the Victorian Dual Diagnosis Initiative, build on new work to address emerging challenges such as the Amphetamines Type Substances Taskforce and the Victorian Alcohol Action Plan, and add to whole of government responses in a range of areas to improve outcomes for disadvantaged and vulnerable individuals, families and communities.

This discussion paper is an opportunity for you to feed into that process. The diversity of our sector means that there will be a range of views and contested positions but this is the start of an ongoing conversation with you. You can help us to identify and respond better to emerging challenges and to think about ways we can work together to deliver better services and outcomes for some of Victoria's most vulnerable citizens. With a new, integrated approach to tackling mental health and harmful substance use issues, there are new opportunities to find out what works best for those who need our services, to put clients at the centre of what we do and to reduce the harms alcohol and other drugs cause.

We have a strong record of achievement in tackling drug issues. Continuing this collaborative work is a key priority for the Bracks Government. Together we can make a difference.

Hon Lisa Neville MP
Minister for Mental Health

VISION

To ensure Victorians with alcohol and other drug issues have access to appropriate, timely, effective and quality alcohol and other drug treatment services and interventions to reduce the harms caused to individuals, families and communities.

OBJECTIVES

A Client-Centred System
Improved Accessibility
Improved Quality
Promote Prevention & Early Intervention
Stronger Partnerships & Linkages

PRIORITY ACTIONS

Priority Area 1:
Responding to the needs of young people

- Review youth residential withdrawal specifications
- A stronger therapeutic framework for youth outreach
- Clearer criteria for transition to adult services
- Improve case management skills & responses to family issues
- Explore options for integrated delivery with other service providers
- Improve access to family therapies
- Develop Whole of Government Alcohol & Other Drug (AOD) Abuse Prevention Strategy
- Improve access to youth-related AOD training for harm reduction workers
- Conduct amphetamines & cannabis media campaigns

Priority Area 2:
Improving interventions & services for adults & young people

- Develop a quality framework & client charter of rights/responsibilities
- Promote service innovation and flexibility
- Update core standards and specifications for service delivery
- Recognise importance of case management in service delivery
- Improve education and information for clients and families
- Review performance measurement systems
- Develop a refreshed Workforce Development Strategy
- Improve access to cross-cultural awareness training
- Establish an AOD research strategy for Victoria
- Explore a centralised residential vacancy management system & regional intake networks
- Review opportunities to build a more diverse pharmacotherapy system
- Promote up-to-date information on emerging drug types
- Develop a comprehensive Brief Interventions Strategy

Priority Area 3:
Building partnership

- Promote stronger links between treatment and harm reduction services
- Promote engagement of GPs in pharmacotherapy and brief interventions
- Promote service innovation and good practice in responding to AOD issues in hospital settings
- Pilot treatment models to engage forensic clients in treatment
- Explore funding models to promote after hours access for forensic clients
- Explore partnering opportunities with other programs to improve client responsiveness and access to other health and welfare services
- Build stronger linkages with mental health
- Review recognition of case management in performance measurement & training strategies

Introduction

The last few years has been a period of consolidation for alcohol and other drug programs following significant growth through the Victorian Government Drug Initiative (VGDI) implemented in 2000 that added an additional $77 million to the drugs program budget. The expansion of the service system through this period forms a solid foundation for further improvement. Improvements proposed within this discussion paper are to be achieved within existing resources.

Since the implementation of the VGDI, demand for services has been increasing, patterns of drug use have changed markedly, and client needs appear to have become more complex with consequences for the effective delivery of services and interventions. These issues present challenges for the Victorian alcohol and other drug (AOD) service system.

This paper outlines plans for responding more effectively to the needs of Victorians who have alcohol and other drug problems over the next five years and into the future.

The blueprint that emerges from this discussion paper will provide a framework for:

- Developing a stronger client-centred focus in the delivery of services to deliver better outcomes for individuals with alcohol and other drug problems;
- Articulating a shared vision, principles, aims and goals to continually improve the Victorian drug service system;
- Establishing strategic priorities and future directions to guide service planning, delivery and evaluation;
- Defining and clarifying roles, responsibilities and accountabilities of all stakeholders; &
- Ensuring stronger collaboration, partnerships and linkages to respond more effectively to alcohol and other drug issues for individuals, families and communities.

The proposals outlined in this discussion paper are complemented by work that is already underway in Victoria and nationally.

The paper builds upon a service system review conducted in 2003-2004 and more recent research and data. A number of key stakeholders, service providers and consumers have contributed their views on the existing system and opportunities for improvement, development and enhancement. The key consideration is how to deliver better outcomes for clients, taking account of the interrelationships between prevention, health promotion, early intervention, treatment and harm reduction services and interventions.

Context

Victoria's AOD treatment system operates within the harm minimisation framework that underpins the Victorian Drug Strategy 2006-2009.[1] The Strategy focuses on preventing drug use and reducing the harm caused by illegal and legal drugs through a whole-of-government approach across four key objectives: reducing supply; reducing demand; improving access to services; and reducing harm. Investment in effective treatment programs helps reduce harmful substance use, improves the mental and physical health and social functioning of individuals and benefits the community by reducing the social impacts such as crime and antisocial behaviour. The Victorian Drug Strategy aims to improve treatment outcomes and increase treatment uptake by underrepresented user groups. This discussion paper has been prepared within the context of Victoria's harm minimisation framework.

The Government's Social Policy Statement, *A Fairer Victoria*, underpins the Victorian Drug Strategy. This sets out plans to address disadvantage by improving access to vital services; reducing barriers to opportunity; strengthening assistance for disadvantaged groups and places; and ensuring that people get the help they need at critical times in their lives.

An Integrated Approach To Mental Health & Harmful Substance Use Issues

The new Mental Health and Drugs Division within the Department of Human Services aims to improve services for clients in the specialist mental health and drug treatment systems; promote prevention and early intervention for people with mental health problems and harmful substance use issues; and build collaboration across Government to improve client outcomes.

The new Division has been established in recognition of the prevalence of co-occurring mental health issues for the clients of AOD treatment services and that harmful substance use can often also be an issue for clients accessing the mental health specialist system and community based mental health services.

It is estimated that over 50% of people using AOD treatment services have a mental health problem, particularly anxiety and depression disorders. Around 64 per cent of psychiatric in-patients may have a current or previous substance use problem. Around 75 per cent of people with substance use problems may also have a mental illness.

Not all clients of AOD treatment services have a mental illness and many of those with anxiety and depression disorders will not necessarily require specialist mental health treatment. However those that have a dual diagnosis face a number of issues that can hinder their success in treatment including difficulties in complying with treatment requirements and higher rates of relapse.

A strong collaborative partnership already exists between AOD treatment services and mental health services through the Victorian Dual Diagnosis Initiative (VDDI) that has:

- Created system wide opportunities for change to reflect dual diagnosis as core business for both mental health and AOD sectors;
- Built capacity across the AOD and mental health sectors; and
- Assisted the professional development of the AOD workforce.

The Government is developing a Victorian Mental Health Strategy to improve service access and responsiveness, system integration and partnerships, prevention and early intervention, and accountability. The next steps in mental health reform are being considered across Government. This work builds on:

- The report by the Boston Consulting Group commissioned by the Victorian Government on *Improving Mental Health Outcomes in Victoria: The next wave of reform,* released in July 2006.
- The Council of Australian Governments (COAG) National Action Plan for Mental Health. Under the COAG Plan, key Commonwealth initiatives include improved access to GPs, psychiatrists and psychologists, new funding for mental health nurses and access to training and support for General Practitioners (GPs) and AOD workers. State initiatives are focused on increasing core service capacity and carrying through existing reforms including dual diagnosis services.
- The Government's blueprint for AOD treatment services to develop a stronger client-centred focus in the delivery of services, promote prevention and early intervention, ensure stronger collaboration and partnership in the delivery of services and articulate a shared vision for the Victorian alcohol and other drug (AOD) treatment service system.

Taken together, the Victorian Mental Health Strategy, the new Mental Health and Drugs Division in the Department of Human Services, the COAG agenda for improved mental health and the blueprint for AOD treatment services offers an opportunity to build upon the achievements of the Victorian Dual Diagnosis Initiative to plan, design and deliver better integrated, quality services and interventions to improve outcomes for clients.

Vision for Alcohol and Other Drug (AOD) Treatment Services

Our vision for AOD treatment services and interventions reflects Victoria's harm minimisation approach and seeks:

> To ensure Victorians with alcohol and other drug issues have access to appropriate, timely, effective and quality alcohol and other drug (AOD) treatment services and interventions to reduce the harms caused to individuals, families and communities.

What Will The Blueprint Achieve?

The blueprint that emerges from the discussion paper aims to achieve a Victorian drug treatment system that is client centred, accessible, focused on quality in the provision of services, one that promotes prevention and early intervention and builds partnerships and linkages to improve outcomes for clients. Key objectives are therefore:

1. A Client-Centred System

A client centred system that meaningfully engages clients in planning, implementation, delivery, review and evaluation of interventions and services with recognition of the importance of family and community to client outcomes.

2. Improved Accessibility

A system that recognises that harmful substance use can be (or become) a 'chronic and relapsing' condition for clients and promotes and offers a full range of quality interventions including preventative, health promotion, early intervention, treatment, harm reduction and recovery approaches. A system that operates a 'no wrong door' philosophy for people with multiple and/or complex needs.

3. Improved Service Quality

A diverse service system that delivers timely, quality, evidence-based treatment options and interventions appropriate to what clients need through a skilled and flexible workforce.

4. Promotion of Prevention and Early Intervention

A system that promotes prevention and intervention as early as possible to prevent and reduce the risks and harms associated with harmful substance use.

5. Stronger Partnerships & Linkages

A system that facilitates strong, effective partnerships and linkages between delivery agencies and with related health, welfare and other services to improve the connectedness of clients. A system that integrates the delivery of its services and interventions with those in other sectors to effectively case-manage, support and empower clients at all stages on their pathway to recovery.

Our Priority Areas:

1. Responding To the Needs of Young People – Promoting prevention, intervening earlier for young people at-risk and ensuring treatment and other interventions are relevant, appropriate and sustain recovery.
2. Improving Interventions and Services for Adults and Young People – Improving the accessibility and quality of alcohol and other drug treatment services and interventions and build better client pathways through the system.
3. Building Partnership – Building stronger inter-agency and inter-sectoral linkages so that there is "no wrong door" for any client, earlier intervention for those who may be reluctant to access formal treatment and more integrated delivery to better meet client needs.

Client-Centred Model (Figure 1: Page 12)

The starting point for considering changes to existing service delivery and infrastructure is how to improve access and outcomes for clients. An integrated model recognises prevention, early intervention, treatment, harm reduction and recovery responses.

The model in Figure 1 depicts the spectrum of client experiences in prevention, treatment and recovery support for harmful substance use. It gives an overview of the sector and the types of services and interventions available to clients experiencing differing levels of risk. Importantly the model illustrates prevention at the different stages of risk and harm. It also provides signposts to future strategic partnerships required to improve the quality and sustainability of client outcomes.

Prevention

Prevention includes measures that prevent or delay the uptake of harmful substance use as well as measures that protect against risk and reduce harm. Prevention can also include wider, broadly based social, health and welfare initiatives that can help to ameliorate risk and build resilience and protective factors in young people, adults, families and communities. Prevention measures therefore operate in all stages of the model.

Harm Reduction

Harm reduction measures reduce the health, social and economic impacts of harmful substance use for individuals, their families and communities. Harm reduction measures operate in all stages of the model with some measures delivering prevention, treatment or recovery outcomes as well as harm reduction outcomes.

Early Intervention

Early intervention measures address problematic or high risk use of alcohol or other drugs before the behaviour becomes entrenched, or the user becomes dependent and/or in need of intensive treatment interventions, especially residential services. Early intervention measures are preventative in that they can halt (or diminish) the further development of identified harmful substance use. Early intervention measures can be delivered by AOD treatment services, harm reduction services or other service systems such as primary health or welfare services.

Treatment

Treatment measures assist an individual to cease or reduce their harmful substance use. They have a therapeutic basis and seek to change behaviour to improve physical and mental health outcomes for the individual and improve social engagement or re-engagement with family and/or community.

Recovery

Alcohol and other drug dependence is characterised by health professionals and the sector as a 'chronic and relapsing' condition. Over 40% of AOD treatment clients in any year have accessed AOD treatment services in the previous three years and this does not include help or support that may have been sought through private or other services such as hospitals, GPs or self-help groups. Given the nature of dependence, supporting clients to prevent relapse and promote and sustain their health and wellbeing requires post-treatment support that recognises the importance of reconnecting people with family and community.

Emerging Issues

The significant challenge of the heroin crisis was met through a comprehensive, government-wide program. There are new challenges ahead as the community better understands the risks associated with cannabis and alcohol use and issues related to the increasing use of amphetamines emerge.

Cannabis & Amphetamines (including 'Ice')

Many people do not understand the health, social and psychological risks associated with cannabis use. Long-term cannabis smoking, like cigarette smoking, is linked to cancer, respiratory disease and other illnesses. Cannabis is also associated with psychological harms and can be a risk factor for mental illness. Raising community awareness of these risks through education programs and information is a key priority.

The most recent data shows that in 2004, 3.2% of Australians and 2.8% of Victorians had used amphetamines in the previous 12 months. Of the recent Australian amphetamine users, 38.6% reported using ice. The growing issues associated with amphetamines require a coordinated response. As one part of a pre-emptive package of responses, the Government has established an Amphetamine Type Substances Taskforce comprising key researchers, clinicians and front-line agencies. The Taskforce will help guide the development of a Victorian strategy to tackle ice and address emerging issues and community concerns associated with this class of drugs. The Strategy will focus on research and improving prevention and treatment responses. New treatment guidelines for methamphetamine abuse and
dependence have been developed. Alcohol and other drug workers will receive training to support the rollout of the treatment guidelines.

The Victorian Government will also conduct state-wide public awareness campaigns to discourage young people from using cannabis and amphetamines. The campaigns will target people aged between 15 and 25. The amphetamines campaign will raise awareness of the harms associated with use of methamphetamines, particularly 'ice', and identify where to get help.

Alcohol

Alcohol is a growing issue in our community, and is associated with social and health harms that affect individuals, families and communities including preventable illnesses like cancer and liver disease, road and pedestrian accidents, family violence and assaults.

Binge drinking is of growing concern, and drinking at risky levels, especially amongst young people and women, is increasing. Research indicates that risky consumption of alcohol as a teenager can lead to alcohol dependence in adulthood. Focusing efforts on early intervention can help reduce the health and social harms.

People with alcohol problems make up nearly forty per cent of those in our drug treatment system. A recent report estimates that only six per cent of people with alcohol problems seek help. More need help but do not seek it because they find treatment stigmatising or think that formal drug treatment services cannot meet their needs. The Government is committed to developing a Brief Interventions Strategy for alcohol that will target risky alcohol users and extend the reach of interventions into primary and other health settings.

Client centred model of drug* prevention, harm minimisation & treatment for Victoria

*Includes alcohol, tobacco and other licit and illicit drugs

Substance dependence is a chronic relapsing condition - individuals will not necessarily move in a linear direction along the continuum

Universal (Whole Population) ——— Targeted (individual) →

Stage of disease continuum	Well Population	At risk	At high risk	Established condition	Controlled chronic condition
Stage of drug use continuum	Pre-experimental	Experimental	Regular	Dependent	Recovering/stabilising
Level of prevention	Primary Prevention	Secondary Prevention	Indicated Prevention	Drug Treatment and Tertiary Prevention	
Prevention objective	Prevent uptake and harm	Prevent harm and progression to regular use	Prevent harm and progression to dependence	Prevent harm and complications	Prevent harm and relapse
	Promotion of healthy behaviours and environments across the life course				
Types of interventions	• Universal and targeted approaches	• Lifestyle education • Information provision • Brief interventions	• Control risk factors • Brief interventions • Single session interventions	• Intensive therapeutic interventions • Management of bio-psycho social issues	• Continuing support • Treatment and support services • Increased self management
Responsible sectors	• Whole-of-government • Public health • Primary health care • Other sectors	• Whole-of-government • Primary health care • P ublic health • Police	• Primary health care • Public health • Hospitals • Police	• Specialist services • Hospital care • Primary health care	• Primary health care • Community care
Examples of interventions	• Victorian Government drug prevention strategy • Tobacco control policy • Drug prevention research action plan • Legislation to limit availability and reduce harm	• Social marketing campaigns • Victorian Alcohol Action Plan • Enforcement of Tobacco Legislation • Legislation to regulate availability through health practitioners	• Needle & Syringe Program • Peer education • Drug Driver Programs • Telephone Support: DirectLine ; D&A Clinical Advisory Service (DACAS); Needle & Syringe Disposal Help Line; Drug Information Line; Family Drug Help; Youth Line.	• Youth, adult, and Koori withdrawal services • Forensic drug treatment services • Drugs & poisons regulation • Data collection	• A & D Counselling • Residential rehabilitation program • Post prison release services • Self-help groups

Priority Area 1: Responding To The Needs Of Young People

The youth alcohol and other drug (AOD) treatment system delivers treatment and support for young people up to the age of 21 engaged in, or at risk of engaging in, problematic substance use.[2] A feature of the Victorian system is the 'dual track' nature of services for 18 to 21 year olds, where providers can match an appropriate service response to the needs of the young person in a youth-specific or general adult service. It is an innovative approach to drug treatment for young people that is unique in Australia.

Victoria invests over $17 million annually for youth specific AOD treatment services, funding residential and home-based withdrawal, outreach, residential rehabilitation, supported accommodation, counselling services and a range of other therapeutic programs.

Next Steps

- A Client Charter so young people know more clearly what to expect from their treatment as well as their responsibilities.
- Flexible treatment models to meet the needs of young people with a stronger focus on reconnection with the community and family where appropriate.
- Improved access to alcohol and other drug services for Indigenous and culturally and linguistically diverse young people through the new Koori Youth Alcohol and Drug Healing Service and by fostering more responsive mainstream services.
- Promotion of further research into effective interventions that address harmful substance use by young people.
- A stronger prevention and early intervention approach that includes:
  - => Strengthening alcohol and other drug interventions for at risk young people engaged with other services such as mental health, accommodation, juvenile justice and child protection services;
  - => Co-location, co-delivery and more integrated service models for at risk young people;
  - => Targeted media campaigns to address harmful substance use, focusing on cannabis and amphetamines; and
  - => A Brief Interventions Strategy.
- Improved pathways into treatment and opportunities for early intervention for young people engaged with harm reduction services.
- Integrated service delivery of alcohol and other drug and mental health services to meet the needs of young people with co-existing conditions.

Introduction

Young people make up nearly 20 per cent of Victoria's population. Most young Victorians participate fully in education, training or employment. Most live at home and lead active and healthy lives, engaging and socialising with their friends, families and communities. Some young people will experiment with tobacco, alcohol, inhalants or illegal drugs, often out of curiosity or peer pressure. Some will develop a regular smoking habit, binge drink regularly or use other drugs as a regular part of their social activities. Most young people cease these activities soon after experimentation but some develop a serious and ongoing substance use problem and can also become increasingly disconnected from school, employment, family, friends and community. Preventing young people from using inhalants, becoming problematic alcohol users or from using illegal drugs is a key Victorian Government priority with the Government committed to introducing a four-year Alcohol and Drug Abuse Prevention Strategy.

Government funding for youth AOD treatment services and interventions contributes to a wider Youth Strategy[3] that recognises that young people want to:

- Lead healthy, active and culturally diverse lifestyles;
- Contribute more to their communities;
- Know how to access the information, support and services they need;
- Live in a secure environment; and
- Choose safe behaviours.

The Youth Strategy commits the Government to ensuring that:

- The institutions young people rely on work collaboratively and take a shared approach;
- Young people are considered in their family and community context; and
- Interventions and programs are put in place early recognising that prevention-based approaches work best.

Key Improvements

The Government has significantly improved the range of treatment services and interventions for young people and their families over the last seven years.

✓**Drug education programs** are in place in all government schools and over 80 per cent of non-government schools.

✓**New legislation** has given police powers to intervene with young people misusing inhalants.

✓**New residential treatment facilities** for young people opened at Kilmore (rural) and Eltham (metropolitan), and new residential youth withdrawal facilities have opened in Geelong and Ballarat, adding 35 new beds to the youth AOD treatment system.

✓**Over 80 youth outreach workers** now operate across the state, providing information, support, advice and referral to treatment for over 3,000 young people every year.

- ✓**A dual diagnosis service** has been established for young people who have mental health and alcohol and other drug problems, providing specialist help and support.
- ✓**Alcohol and drug youth consultants** provide support to child protection and secure welfare workers in addressing alcohol and other drug issues among young people in care.
- ✓**A new Koori Youth Alcohol and Drug Healing Service** will open in 2007.
- ✓**A Children's Court Clinic Drug Program** provides psychological assessment, AOD treatment and referral for juveniles whose drug use has led to their involvement in the criminal justice system.
- ✓**A Cambodian, Laotian and Vietnamese (CLV) Initiative** provides in-language alcohol and other drug information, training and consultation. Families and young people are linked to drug education, prevention and treatment and the initiative improves communication and liaison between alcohol and other drug services and CLV communities.

Purpose of Youth Alcohol and Other Drug (AOD) Treatment Services

Young people who present at youth AOD treatment services or who come into contact with AOD outreach workers often face a number of issues, such as dropping out of education, not having employment or skills, family relationship issues, physical and mental health problems or accommodation concerns. Assisting young people in managing these other areas of their lives can be a critical part of tackling their harmful substance use. Invariably treatment services advocate on behalf of their clients and youth alcohol and other drug workers play a significant role in linking young people into other health and welfare systems.

However, while a range of factors can prompt young people to seek assistance for harmful substance use, such as accommodation, family or legal issues, what differentiates youth AOD treatment systems from the other services young people might use, is the focus on changing their substance using behaviour. **Helping young people to prevent, reduce or cease their harmful substance use** is the therapeutic goal of treatment.

A Client-Centred Youth System

What Do Young People Want?

- Their voices to be heard.
- Effective interventions, eg: treatment that helps reduce alcohol/drug use.
- Better recognition of their achievements in treatment.
- Support with life skills - learning how to live independently and without drugs.
- Help in finding work and career advice.
- More family inclusive programs and family support.
- More access to professional counselling for mental health problems.
- Earlier intervention programs and connection to other services.
- More information about alcohol and other drug harms and services available, especially from peers.

A client centred focus requires a system that is flexible enough to respond to a range of young people's needs and developmental stages offering quality provision while engaging with young people in their own or youth-friendly environments. The dual track system that operates for 18-21 year olds recognises the need for flexibility in responding to young people. A client centred focus also means recognising the importance of family and community in reconnecting young people.

A Quality Framework – Know Your Rights, Understand Your Obligations

Young people should know what to expect from treatment including entry processes, treatment planning and exit linkages. They should know what their rights and responsibilities are when they sign up to a treatment plan. They should receive encouragement and recognition of their achievements in treatment. They should understand what they can expect from their service, receive quality care from suitably qualified staff while in treatment and support in reconnecting back into the community. The Department is introducing a quality framework for treatment that will include a Client Charter that is currently being developed in partnership with the Association of Participating Service Users (APSU). This Charter will document client rights to ensure a stronger client focus in service planning and delivery and explain client responsibilities to give young people information about how to get the most out of treatment. The Department will also examine ways to improve regular client input into service planning and delivery.

Flexibility – Services That Fit Clients

"Treatment and services are usually helpful but that doesn't mean it works first time"

Youth residential withdrawal models need to be able to take account of the varied needs of younger, more vulnerable clients. There should be capacity for longer-term treatment where a young person's needs require this. A longer-term treatment model should help reconnect young people to community and family and link them with mainstream health and welfare services.

Outreach is a valuable method of delivering early intervention and treatment programs. Its flexibility offers opportunities to engage with young people experiencing substance use problems in their own environments. Outreach workers currently deliver harm reduction and brief interventions and motivational interviewing and provide a pathway into other AOD treatment services through assessment and other preparatory work. Outreach can help young people connect or reconnect with other mainstream health and welfare services. Outreach has a role in encouraging and supporting behaviour change designed to prevent, cease or reduce substance use particularly in a harm reduction context. Delivering early intervention therapies and promoting progression to other treatment programs requires a strong therapeutic framework as well as a focus on engaging with young people. The therapeutic basis of treatment and interventions delivered through outreach work need to be clarified and secured through redrafted service specifications that reflect evidence-based practice.

Improved prevention and early intervention approaches should be explored through the outreach component of the youth alcohol and other drug treatment program. Drugs Policy and Services Branch will liaise with AOD youth treatment providers as well as mental health, disability, juvenile justice, child protection, housing, employment, education and training services to identify opportunities for improved co-delivery, co-location, better integrated service delivery and other support for vulnerable and 'at-risk' young people in these and other care settings utilising existing outreach workers.

Recognising The Importance of Families

"My mum made me ring the drug treatment service"

Families, parents and carers play a critical role in a young person's development. They provide support and care that help build a young person's self-esteem, confidence and skills. Families can also be crucial in intervening when a young person first begins to experiment with smoking, drinking or other drug use. Families need support when dealing with drug issues and access to helpline services, support groups and information.

"My family doesn't want to know about my drug problem.
I don't talk to them anymore"

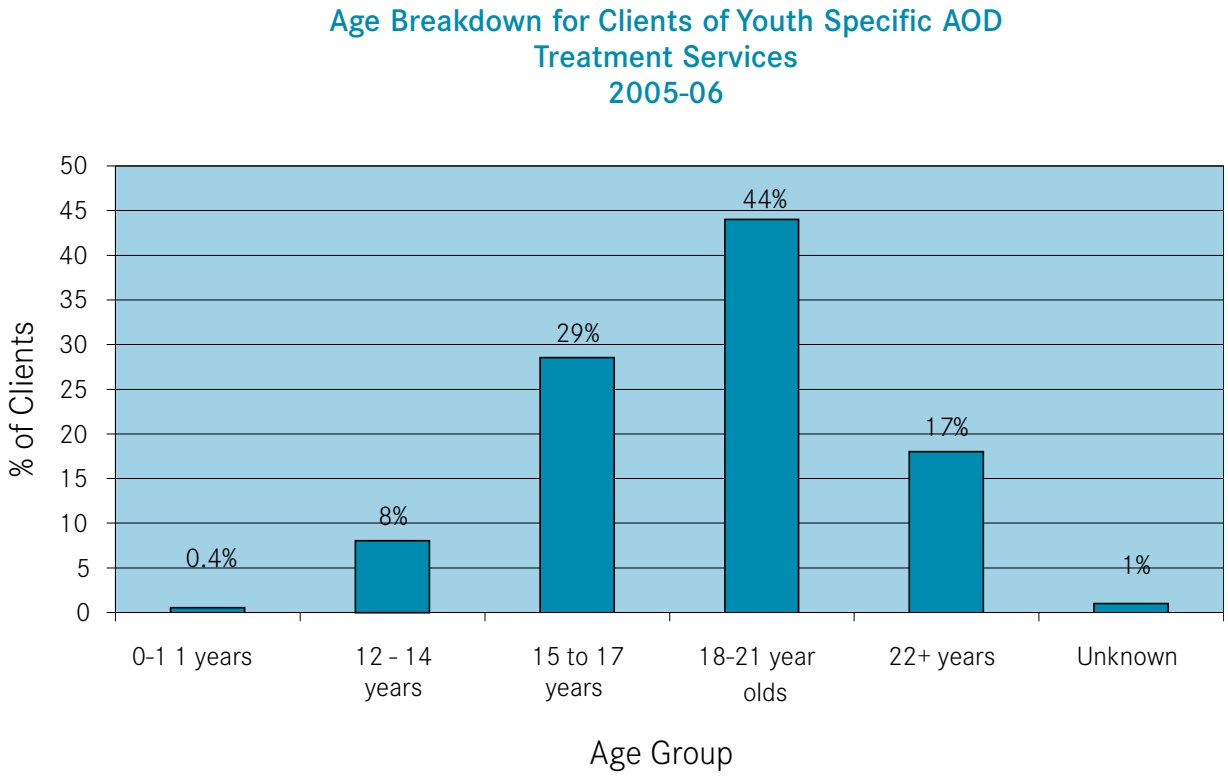
Families in conflict or under stress can sometimes have a negative influence on young people, particularly where there are serious issues in the home environment (such as domestic violence, abuse or parental problematic substance use). However, there is evidence that supports the effectiveness of family based therapies in reducing harmful substance use amongst young people and addressing correlated problem behaviours.[4] Youth AOD treatment services and interventions need to be able to connect young people with other family-related services including family counselling and support. Workers need to have the skills and confidence to engage with families and protocols in place to refer young people who need more intensive family therapies.

Improving Access

The current youth AOD treatment system provides a wide range of services to young people covering preventative and harm reduction interventions through to community based counselling services and more intensive withdrawal and residential rehabilitation programs. The breadth of programs ensures young people can access a range of services to meet their needs.

In terms of the age ranges of those using youth-specific AOD treatment, 12 to 15 year olds form a very small proportion of the system's clients. These young people have identified problematic substance use issues and most often receive treatment in their own or community based settings. Youth AOD treatment services are also required to provide specific interventions for young people using volatile substances as stipulated by the volatile substance protocol, with many of these clients being young teenagers.[5] Most work by youth AOD treatment services focuses on 15 to 21 year olds. There are also some older clients in youth-specific treatment (aged 22+).

Figure 2: Age Breakdown for Clients of Youth Specific AOD Treatment Services, 2005-06



Meeting Future Demand By Intervening Earlier

The number of clients entering youth-specific AOD treatment services has grown in the last 12 months with an additional 500 young people receiving treatment in 2005-06 - a 12% growth in youth-specific treatment uptake from 2004-05. Service types that have experienced the most significant increases are outreach, counselling/consultancy/continuing care (CCCC), and residential and home-based withdrawal. Uptake of youth supported accommodation and outpatient withdrawal has declined over recent years, although the differentiation between the delivery of episodes of outpatient and home-based withdrawal is less clearly defined in operational circumstances where clients may utilise aspects of both models of service delivery. Service providers take account of older clients' developmental and other needs when considering whether to refer to an adult system. Those aged 22+ comprise 17% of the clients in the youth specific system. This may become a bigger issue if demand for services continues to rise. Ensuring there are clear guidelines regarding age and developmental considerations for youth-specific treatment services may help to clarify appropriate points for referral and transition to adult services.

Many young people use alcohol and other drugs at problematic levels and in potentially harmful ways but don't necessarily access the youth-specific AOD treatment system. Some of these "at risk" young people will already be involved in other youth related services such as Juvenile Justice, Mental Health, Housing, Disability or Child Protection services. A stronger prevention and early intervention approach into these related areas requires youth AOD treatment services to consider more co-location, co-delivery, integrated and satellite outreach models. This will also assist in delivering more holistic services for young people.

While the range of rural AOD treatment services for young people has expanded over the last few years with new withdrawal and rehabilitation facilities and expanded forensic programs, rural areas sometimes have to rely on partnerships with metropolitan providers to deliver more intensive residential treatment programs. The complications associated with distance and transfer issues should be factored into episode of care targets to ensure these partnerships operate efficiently.

Responding To Complexity

Youth AOD treatment services need to be particularly aware of the co-occurrence of mental health and problematic substance use in young people. Youth specific AOD treatment services have indicated that a high proportion of young people that access their services have mental health concerns (predominantly the high prevalence disorders) although many have not been formally diagnosed[6] and most aren't eligible for acute mental health services. Youth AOD treatment services are becoming increasingly skilled in screening and identifying mental health concerns and responding appropriately to young people with a dual diagnosis. Collaborative work between youth mental health services and AOD treatment occurs through programs like the dual diagnosis initiative. New Commonwealth programs like *Headspace*[7], will help improve responses to young people with complex issues.

Responding To Indigenous & Cultural and Linguistically Diverse (CALD) clients

A new Koori Youth Alcohol and Drug Healing Service will open in 2007 to improve AOD treatment responses and access for Indigenous young people. Mainstream services also need to ensure that their programs are accessible and responsive to young people from Indigenous and culturally and linguistically diverse (CALD) backgrounds. Clients from a Vietnamese/South East Asian background form the second largest group in youth AOD treatment services after Australian born clients but there are also groups of young people from different cultural backgrounds where alcohol and other drug problems have been identified as an emerging issue. An Australian Drug Foundation report published in June 2006, identified Horn of Africa refugee communities as "at risk" of developing serious problems with alcohol and other drugs.[8] More research will help identify and disseminate good practice and improved consultation and outreach work with the CALD and Indigenous communities will improve treatment access for these young people. The Government's commitment to a Whole-of-Government Alcohol and Drug Abuse Prevention Strategy offers an opportunity to identify a range of prevention approaches for Indigenous, refugee and new migrant communities across Victoria.

Improving Quality

A quality youth AOD treatment system is one where appropriately qualified staff deliver treatment interventions, programs and services based on evidence of good and effective practice.

A Skilled Workforce

The Department is developing a refreshed workforce strategy to improve the competence, confidence and capacity of the AOD workforce that has benefited from the introduction of minimum qualification standards, core competencies and accredited training opportunities in the AOD field.

Programs like the Alcohol and Drug Youth Consultants (ADYC) enhance the competence and capacity of the workforce to provide advanced clinical interventions for young people with a range of complex needs. Building workforce skills and extending specialist clinical capacity are priorities for the emerging workforce strategy.

Research – Finding What Works Best

Traditionally, AOD treatment for young people reflects the experience of adult addiction. However it is now recognised that young people with problematic substance use have different treatment needs, and require different interventions and services to adults.[9] International research points to the efficacy of brief interventions and harm reduction approaches for young people.

There is also a need for more Australian research into new forms of AOD treatment for young people. Research evidence should be effectively disseminated to ensure translation into practice.

Promoting Prevention and Early Intervention

A Whole-of-Government Alcohol and Drug Abuse Prevention Strategy will help embed prevention into mainstream health, education and welfare services. Prevention is a wide-ranging challenge. Activities that build protective factors in young people, education programs that improve awareness of the risks and consequences of substance misuse and early intervention initiatives aimed at those at highest risk of developing substance use problems are all forms of prevention. Harm reduction services operated by the Needle & Syringe Programs and Mobile Drug Safety Workers reduce and prevent the health risks associated with illicit drugs. Prevention can also include work on relapse prevention and other education/information activities to prevent increased harmful substance use and reduce longer-term health and social harms.

Prevention is multi-layered, operating across the continuum of prevention, early intervention, harm reduction, treatment and recovery in the Drug Prevention, Harm Reduction and Treatment Model (Figure 1). It is delivered through a wide variety of methods, and in multiple settings and contexts.

Interventions aimed at young people who are using substances at risky or harmful levels but are not dependent have been described as 'indicated prevention'. This term encompasses a wide range of interventions, from school-based programs for students with falling grades and low self-esteem,[10] through to intensive interventions such as different types of therapy for substance users who are at high risk but are not considered dependent users.[11]

The wide scope of activities possible under the indicated prevention banner means that a number of interventions could be delivered by the AOD treatment system. The setting has to be carefully considered to avoid stigmatising or 'contaminating' young people (i.e. exposing those experimenting with drugs to more entrenched users). Indicated prevention work should build on a young person's existing relationships and promote integrated health, education and welfare responses. Indicated prevention delivered by AOD treatment services should focus most strongly on young people "at risk", generally aged 15-18 years, with problematic but not yet dependent substance use.

Intervening Earlier - Brief Interventions

Brief interventions are a way to encourage young people to consider their substance use. There is a growing body of evidence that treatment, both psychosocial and pharmacological, is beneficial to young people. Recent research supports Cognitive Behavioural Therapy (CBT) for treating adolescent substance misuse.[12] Other studies have found that brief interventions offer an effective and flexible model for reducing youth substance misuse,[13] particularly when used with enhanced motivational techniques within a broader framework of indicated prevention.[14]

Brief interventions offer a way of addressing harmful use, particularly bingeing behaviours, without the 'traditional' stigma of treatment. Outreach workers already use brief interventions and motivational interviewing. Brief interventions could be delivered at varying levels of intensity by counselling (CCCC) services, and by harm reduction workers such as Mobile Overdose Response (MORS) workers where they come into contact with young people referred from emergency departments and others. Brief intervention approaches could also be utilised more effectively in other health, education and welfare services targeting young people. The Government has committed to developing brief interventions for alcohol use for those who might be reluctant to seek help through the treatment system and it is likely that at least some young people may therefore receive brief interventions through other health and care systems. A clear strategy for the use of brief interventions with young people is required. This strategy requires recognition of the role currently played by youth outreach workers as well as the potential for other AOD treatment, harm reduction, primary health and other youth-related services to deliver brief interventions in other contexts.

Preventing Harm - Building Harm Reduction Linkages

Nearly 13% of all NSP contacts are aged under 20 years,[15] indicating the need for improved connections between youth AOD treatment providers and these services. Currently NSPs, the primary health services located in five metropolitan hotspots, Mobile Drug Safety Workers (MDSW) and Mobile Overdose Response Services (MORS) do not have a specific mandate to work with young people and receive no specific training in addressing young people's needs. Stronger links need to be built between NSPs, MORS, MDSW and the youth-specific AOD treatment sector as an important early intervention approach to build stronger referral pathways for clients.

Better Education and Information

All public schools in Victoria have drug education programs. School nurses, GPs and school welfare counsellors are increasingly involved in delivering brief interventions for a range of health and wellbeing issues. Issues relating to problematic substance use forms part of this work. The Government funds Quit, Family Drug Helpline, YSAS-line, the DrugInfo Clearinghouse and Directline to provide support, information, referral and advice to families, young people and adults experiencing problems with substance use. The Government's commitment to amphetamines and cannabis campaigns will improve community awareness of the harms and risks associated with these drugs and highlight the information available to support families and clients.

Building Partnership

Young people presenting to youth AOD treatment services often have a variety of complex issues and needs. Among 15 to 18 year olds, there is a group of young people who have, or are beginning to have, problematic substance use issues and who are coming into contact both with drug and alcohol services and other systems, such as mental health, housing, child protection and juvenile justice. Effectively addressing the needs of these young people requires a collaborative response in conjunction with these other care systems.

Many youth AOD treatment agencies already have strong links in place, but there are opportunities to replicate and enhance this good practice and build further links.

Key Statistics

- Alcohol and other drugs are linked to the offences of one in two juvenile justice clients (48%), with 73% of clients using alcohol and 55% using cannabis.[16]
- Harmful substance use is a risk factor for youth crime, child abuse, poor mental health outcomes in young people and domestic violence.[17]
- Mental health and substance use disorders account for 60-70% of the burden of disease among 15-24 year olds.[18]
- Parents of children in out-of-home care have high rates of harmful substance use.[19]
- 73% of young homeless people have substance use problems and 22% have problems with both harmful substance use and mental health.[20]

Holistic & Integrated Treatment Responses

"They need to help you more to link in with training to get a job"

Retaining young people in AOD treatment delivers better long-term outcomes and can be more easily achieved by delivering holistic and integrated service responses. This does not imply youth AOD treatment services are responsible for every aspect of a client's needs. On the contrary, getting better long-term outcomes is as much about connecting or reconnecting young people with mainstream and other specialist services as it is about tackling their harmful substance use. Connecting young people could include closer collaboration with TAFE, Centrelink, primary health services, housing workers, and others. The Department will review service specifications and episode of care measures to take account of the work involved in establishing relationships with other agencies and maintaining holistic and integrated programs.

Youth AOD workers may need to develop or enhance relationships with other youth focused services and service organisations likely to be working with young people with harmful substance use issues. In many cases this will formalise existing collaborations, while in some instances, resources would need to be relocated to more strategic outposts. Examples where this might be immediately possible include collaborative initiatives to support Juvenile Justice, Mental Health, Housing and Child Protection clients. Options may include the development and piloting of new service responses for young people in these systems and strengthening co-casework through brief interventions, secondary consultation and direct treatment provision to clients, development of educational materials on drug use or the development of new group work practices.

Joined Up Government To Deliver Joined Up Services

Cross-Departmental and Cross-Governmental work can support stronger partnerships and more integrated delivery at the agency level through:

- The Victorian Mental Health Strategy that will focus on improved service access and responsiveness, system integration and partnerships, prevention and early intervention, and accountability.
- The Strategic Framework for Family Services which calls for "purposeful collaboration with other child and family services agencies, and other sectors"[21] and improved partnership, integration and coordination.
- The Youth Homelessness Action Plan Stage 2 that includes the development of youth transition hub services for young people aged 16-19 years many of whom will have complex and multiple needs.
- The new Commonwealth *Headspace* Initiative that aims to improve awareness of dual diagnosis among GPs and psychologists, offering opportunities for earlier intervention.
- New strategies for primary health services that will concentrate on promoting community health services to people with chronic disease, vulnerable families and young people.
- Stronger links with employment and training services to help reconnect young people and get them back on track.

Better Coordination, Better Casework

A more holistic and integrated treatment response implies a stronger casework approach on the part of youth-specific treatment workers, drawing together plans to access the range of services a client requires in collaboration with colleagues working in other health, education and welfare services. A range of workforce and service system development initiatives will be developed to recognise the complexity associated with effective case management.

Priority Areas for Action

- A new quality framework for treatment services incorporating a client charter of rights and responsibilities.
- Improve client input into service planning and delivery.
- Youth residential withdrawal service specifications reviewed to take account of client needs.
- Develop a stronger therapeutic framework for Youth Outreach service type.
- Development of clearer criteria and transition/service transfer arrangements for older clients of youth-specific services.
- Workforce development initiatives to improve case management skills and confidence in responding to family issues during treatment.
- Exploration of early intervention and integrated delivery opportunities with other services that deliver programs for vulnerable young people.
- Develop referral protocols with family service agencies to improve access to family therapies.
- Build stronger links with employment and training services and initiatives to improve connectedness of young people.
- Identify resources required to build effective partnerships and linkages for clients and review performance measurement systems.
- Develop Whole of Government Alcohol and Drug Abuse Prevention Strategy that incorporates prevention work with Indigenous and CALD communities.
- Establish an AOD research strategy for Victoria that identifies ways to better disseminate contemporary Australian research across the field.
- Develop a comprehensive Brief Interventions Strategy for application in primary health services, hospitals and the AOD treatment sector.
- Identify existing good practice and opportunities to build stronger links between AOD treatment services and harm reduction services.
- Improve access to youth-related AOD training opportunities for harm reduction workers delivering information, advice and referral to young people.
- Develop and conduct amphetamines and cannabis media campaigns to improve community awareness of harms and risks associated with these drugs and help and support available for individuals and families.

Priority Area 2:
Improving Interventions & Services for Adults and Young People

There is consistently high demand for Alcohol and Other Drug (AOD) treatment services and interventions in Victoria.[22] Nearly 13,000 clients receive treatment on a typical day in Victoria. AOD treatment agencies currently provide services to over 26,500 clients who achieve approximately 47,700 episodes of care per annum and undertake over 51,000 courses of treatment. The vast majority of people entering treatment achieve a positive outcome, with over 90% successfully completing an episode of care. In addition, approximately 10,000 people access pharmacotherapy treatment on any given day through General Practitioners (GPs), local pharmacies, community health services and specialist clinics.

The AOD treatment sector has a strong culture of quality and client service. Accreditation and workforce development initiatives have built quality and skills; research has helped develop and disseminate knowledge of what works best; and the growth in services under the Victorian Government Drug Initiative (VGDI) has improved access for people with harmful substance use issues across Victoria.

To promote a culture of continuous improvement, the Department will work with consumer representatives and the sector to develop a new quality framework, and build a stronger consumer focus in the planning and delivery of services. Clients can face barriers accessing services relating to culture, complexity, distance, information, availability, and in some cases, the flexibility of AOD treatment models. Finding ways to respond to these issues will help to deliver a better service to clients.

Next Steps

- Investigate options for more flexibility to help agencies respond to client needs.
- Improved access to information and education for clients and their families/carers including information about pharmacotherapies.
- A "no wrong door" approach for clients with co-occurring conditions such as mental health and acquired brain injuries.
- Better waiting list management so clients receive timely assessment and service matching.
- Identify cultural and practice barriers to treatment access.
- Promoting quality services that are responsive to client needs including Indigenous and culturally and linguistically diverse (CALD) clients and people with challenging behaviours.
- A comprehensive quality framework for alcohol and other drug treatment services defining the dimensions of quality and outlining key quality standards.
- Examination of success measures to focus more strongly on client outcomes.
- Enhanced prevention and early intervention approaches including initiatives to increase interventions by primary health providers.
- Promoting seamless service provision both within the alcohol and other drug treatment sector and with other service providers.

Service Improvements

The Government has significantly improved the range of treatment services and interventions for service users and their families over the last seven years.

✓**Specialist alcohol and other drug treatment agencies** now help more than 26,000 people with their alcohol or other drug problems every year.

✓**Specialist treatment beds** have increased by more than 80% since 1999.

✓**Waiting times** for treatment services are significantly shorter since 2000.

✓**Access to treatment in rural and regional Victoria** has improved, with new facilities in Bendigo, Warrnambool, Geelong, Ballarat and Kilmore, and a new combined hospital withdrawal and community rehabilitation service in Gippsland.

✓**The Dual Diagnosis Initiative** leads Australia in offering specialist support and treatment for people with mental health and alcohol and other drug problems.

✓**People with brain injuries** linked to their alcohol or other drug use can access specialist services.

✓**Homeless people** have access to specialist support, advice and treatment.

- ✓**Family Drug Helpline (1300 660 068)** provides 24-hour telephone counselling and support to nearly 6,000 people every year who want help to address alcohol or drug use of family members.
- ✓**The Needle and Syringe Program** in Victoria is internationally acclaimed, and has been expanded to help prevent the spread of HIV/hepatitis C. It has been instrumental in maintaining one of the lowest drug-related HIV infection rates in the world.
- ✓**Directline (1800 888 236)** offers 24-hour confidential help, advice and referral to alcohol and other drug treatment to over 56,000 callers annually.
- ✓**A mobile overdose response service** operates across Melbourne linking overdose survivors with treatment, and providing crisis support and early intervention.
- ✓**Five primary health services** for injecting drug users operate in the Cities of Yarra, Greater Dandenong, Melbourne, Maribyrnong and Port Phillip linking people with health and AOD treatment services. In 2005–06 more than 2,000 people received health and treatment support.
- ✓**A specialist 15-bed family residential rehabilitation program** provides treatment and help to families and a parenting support service operates through alcohol and drug supported accommodation facilities.
- ✓**A specialist antenatal and post-natal support service** based at the Royal Women's Hospital provides treatment and support to pregnant women with a drug or alcohol problem.
- ✓**A parenting support toolkit** helps alcohol and other drug workers consider parenting issues and provide support to people with children.

Purpose of Alcohol and Other Drug (AOD) Treatment Services

People seeking help for harmful substance use are often dealing with a range of related issues, such as housing, relationships, physical and mental health, financial and legal problems. Importantly, clients distinguish the difference between their motivations for entering treatment and their treatment goals. Consequently, the goals of treatment for clients might include improved physical and mental health, improved social connectedness or reduced criminal activity, but the primary goal highlighted by clients, and their intention in attending a treatment service, **is to cease or reduce their drug use**. This is the therapeutic aim of treatment that focuses alcohol and other drug treatment activity on changing behaviour.

Harm minimisation underpins Victoria's AOD treatment policy. It recognises that drug treatment focused on assisting clients to cease or reduce their harmful substance use should take account of a client's other treatment goals. Ongoing engagement is recognised as an important part of the process as evidence indicates that it increases the likelihood of long-term, positive, behaviour change.

Clients can take many different pathways through the treatment system depending on their individual needs. The diversity of the current system is one of its strengths in that clients can get access to an array of treatment options. However it is also a potential weakness in that the system relies on agency linkages to ensure clients are appropriately referred to other service types as necessary.

Agencies may also operate their services with differing philosophies. Clients need to know, regardless of an agency's philosophical basis, that they will receive treatment that is consistent, high quality and based on the latest available evidence. Core standards should determine the foundation of quality treatment. There should be a sound evidence base to support every intervention.

A Client Centred System

"We are people first…not just drug users"

A quality, client-centred service delivery system should be accessible, evidence-based, effective, safe, efficient and flexible, providing integrated service delivery and coordination through holistic and professional case management. Clients should have opportunities to participate in service design, planning and delivery.

What Do Service Users Want?

- Ongoing opportunities to have their voices heard in agencies and by Government.
- Treatment services that meet their individual needs.
- Effective treatment.
- A more integrated and holistic approach to meeting their needs.
- To be treated with respect.
- Better information about what different agencies and different service types offer.
- Better information and advice for GPs, pharmacists and others involved in treatment.
- Recognition that group work and self-help groups are important to recovery.

A Quality Framework

People want to know what they can expect from AOD treatment including entry processes, treatment planning and exit linkages. They should know what their rights and responsibilities are when they sign up to a treatment plan. They should receive encouragement and acknowledgement when they achieve their goals. They should understand what they can expect from their service, receive quality care from suitably qualified staff while in treatment and support in reconnecting back into the community. If clients are refused service they should understand why, and be advised of the alternative support that can be arranged.

The Department is developing a quality framework for treatment incorporating a standard for achieving a stronger and more regular consumer input to service planning and delivery. The framework will define the dimensions of quality and outline key quality standards. It will incorporate standards for consumer focus, evidence based practice, corporate and clinical governance, workforce development and partnerships. One of the key components will be a Charter of Client Rights to be developed in association with the Association of Participating Service Users (APSU).

Flexibility – Services That Fit Clients

"Services need to cater more for individual needs"

Flexible funding models in rural areas have opened up new opportunities to deliver integrated client services that can be further developed.

A variety of treatment lengths and styles of intervention can help clients at different stages. A single session of motivational interviewing may help clients to maintain their readiness for treatment;[23] brief interventions can assist in early engagement; regular group sessions can provide recovery support and assist relapse prevention; and medium intensity support models can help people transition between intensive residential treatment and reconnecting with their families and community. All these treatment models should be available within Victoria's treatment system.

The Department will work closely with the Victorian Alcohol and Drug Association (VAADA) to identify existing good practice, service innovations and structural impediments to delivering quality, flexible services that can meet client needs more effectively, consistent with its own commitments in the "Regional Voices Consultation Strategy".

Retention In Treatment – The Hallmark of Success

"You are just getting yourself sorted out in detox when you have to leave."

The research is clear - retention in treatment is a critical factor for successful client outcomes. What is also clear is that the specific type of treatment or intervention is often less important than the length of engagement and the quality of service delivered. This indicates the need for the current system to take account of longer stays in services like withdrawal but more importantly, to support clients in accessing a range of treatment, interventions and other services in an integrated way through holistic case planning rather than a segmented or staged approach.

The individual needs of clients need to be considered in delivering quality, safe and efficient services. Issues surrounding performance-reporting measures (such as length of stay in residential programs) should not be an impediment to providing what a client needs.

Recognising The Importance of Case Management

"I don't know anybody who has succeeded in getting clean the first time they try"

Problematic substance use is often characterised as a 'chronic and relapsing condition', requiring a range of treatment options, connection to, and engagement with, other health and welfare services and ongoing support. The functions associated with post withdrawal and post residential linkage work provide useful models for future practice. Case management is a specific feature of the roles within Counselling, Consultancy and Continuing Care services and outreach work but all services provide important case management functions to connect their clients to the services they need.

Case management is a critical component of service delivery and needs to be recognised as such with clearly defined case management functions, dissemination of good case management practice, training in effective case management techniques and processes, clear referral protocols and mechanisms and performance measurement systems that recognise the complexity associated with connecting and reconnecting clients to other services and systems.

Measuring Client Success

Episodes of Care (EOC) are the measure of client outcomes in treatment. A review of EOC conducted in 2002 found that understanding of the measures was weak. This led to the introduction of Significant Treatment Goal Attainments (STGAs) in 2003 as a way of standardising interpretations of a treatment outcome and ensuring a range of client goals could be identified in treatment planning.

High achievement rates for episodes of care is encouraging but debate continues as to whether the tool constitutes an effective measure of client outcomes. Different stakeholders also hold different views regarding the benchmarks for successful treatment outcomes. There are also tensions between measuring outcomes for the client and recording effort and activity undertaken by services when working with clients. Current Episode of Care targets are often cited by agencies as an impediment to service innovation and partnership. Some agencies argue that focusing treatment efforts solely on behaviour change designed to achieve therapeutic goals of preventing, ceasing or reducing problematic substance use will make the achievement of episodes of care more challenging, if the parallel efforts to engage clients in other issues relevant to their harmful substance use are not recognised in performance measures.

The Department will work with VAADA to identify options for improving data collection, reporting and performance measures and improving data capabilities for service planning and development.

Core Standards and Specifications

A client entering an AOD service type in one locality should expect that the service they receive at that agency will address their individual needs and be of the same quality with the same core standards of service that they could expect to receive in another agency elsewhere in Victoria, not withstanding variations in service philosophy.

The Department will review existing service standards and specifications to identify and update core standards and specifications for service delivery taking account of the latest evidence based research and best practice.

Improving Quality

A Skilled Workforce

The Alcohol and Other Drug (AOD) Treatment Workforce Development Strategy 2006-2010 aims to foster the growth of a competent, confident and capable workforce through the provision of a wide range of workforce development initiatives and projects for individuals and organisations, focusing on systems and infrastructure (the organisation) and education, training and professional development (the individual).

Three strategic areas: Supportive Environments, Workforce Capacity and Future Capacity, have been identified to create, enhance and build the Victorian AOD treatment sectors' ability to effectively respond to the ever-changing needs of people with substance use issues. These initiatives will be informed by current and future feedback from the workforce that helps to identify the additional skills and competencies required for them to be able to confidently and competently respond to the needs of clients and their drug using behaviours.

The improvement in workforce skills within the sector also needs to be extended to other health and welfare workforces to:

- Improve recognition of the indicators of harmful substance use;
- Develop assessment and referral processes;
- Address preconceptions and prejudices;
- Promote earlier intervention; and
- Facilitate access to mainstream services.

The Workforce Development Strategy will address the skill and competency needs of the AOD workforce and identify key priorities in consultation with the sector to improve awareness of AOD issues in related health and welfare services.

As well as continuing to invest in our current workforce the strategy will focus on gaps and emerging pressures such as the level of engagement in addiction medicine by the medical workforce.

Research – Finding What Works Best

Current service types may need to be strengthened to ensure clients are receiving therapeutic interventions with a strong evidence base for achieving behaviour change. To accomplish this, evidence based interventions need to be expanded and further developed and the skill levels of the AOD treatment workforce supported.

Experimentation and piloting of new treatment options for alcohol, amphetamines and cannabis misuse may help potential clients who are not yet accessing services to address their substance misuse.

A research strategy will be developed to improve identification of current best practice and ensure better dissemination of the latest research across the AOD field.

Improving Information Sharing

"Every agency has a different philosophy but if it doesn't work for you they don't tell you what the other options are."

Clients are individuals with individual needs. Entry to treatment services requires a comprehensive assessment and clear information to prospective clients that identifies their options and the type of service that will best meet their particular needs. A summary of treatment options and service types available in Victoria would improve information to clients and their families. While there are regional service directories available, the Department will work on improving general information for current and prospective clients.

Common client recording and initial screening tools are now available through the Alcohol and Drug Information System (ADIS) and, with client consent, allow a client to be screened, assessed and then, if appropriate, referred to other services without the necessity for them to repeat their story to each agency or worker. Improved information sharing, taking account of privacy issues, should be an objective for all AOD treatment services. The Department also has a wider objective of improving information sharing between service sectors.

Improving Access

Better Waiting List Management

Improving access to services requires an immediate response and early assessment to ensure new and potential clients gain access to appropriate services quickly. This is particularly the case for alcohol and other drug treatment where a crisis often precipitates treatment seeking creating motivation or readiness to change. Any delay in responding to an initial contact can cause a loss of motivation.

Duty worker intake systems in larger agencies provide an immediate face-to-face response to walk-up-starts and those clients who present directly to an agency because of advice and referral from their peer group or friends. It also ensures that telephone helpline services are able to provide callers with clear information on the intake process they can expect from services. Standardising a duty worker intake system across the treatment sector with smaller agencies sharing a regional system could provide a clearer pathway to treatment entry particularly for first-time treatment seekers and ensure early treatment engagement and stabilisation to minimise initial drop out.

For residential services, waiting list management can be an issue with referring agencies, GPs and other health and welfare services unable to readily locate available beds. Some agencies operate their own referral systems through their own networks.

Better vacancy information and waiting list management for residential services might be better achieved through a centralised bed vacancy list. The pros and cons of such an approach should be further debated.

Co-Occurring Issues – "No Wrong Door"

Treatment services are reporting increased client complexity that has been attributed to increasing polydrug use and a greater prevalence of clients with co-morbid conditions and related social problems.

Key Statistics

- Mental Health services estimate that more than 50% of their 58,000 clients per annum have a co-morbid substance misuse problem.[24]
- Cognitive impairment/Acquired Brain Injury (ABI) is a significant and underreported issue for most long-term alcohol and other drug users, with estimates of more than 15% of users having significant cognitive impairment as a result of prolonged drug or alcohol misuse. A study of heroin users found that 73% of those sampled were physically disabled to some degree and 93% were mentally disabled to some degree, the majority severely.[25]
- Over 80% of prisoners have drug or alcohol problems and 63% of prisoners have drug and alcohol issues that relate to the circumstances of their imprisonment.[26] Approximately 6,800 people per annum are placed on community-based orders with AOD treatment conditions rather than imprisoned.

A range of services and interventions are in place to assist clients where they have other health and social problems including the dual diagnosis initiative, alcohol and drug youth consultants (ADYC) and Acquired Brain Injury (ABI) workers who provide support and expertise to other sector workforces. A pilot initiative is currently being developed to build expertise in forensic AOD treatment.

Client complexity should not be a barrier to treatment. Additional support is available and existing multi-dimensional models provide a good foundation for future growth. Workforce development programs can be further developed and cross-sectoral training promoted to ensure clients with complex or multiple needs get the help and support they need.

New opportunities are available through the Victorian Mental Health Strategy and the COAG agenda for improved mental health to build upon the achievements of the Victorian Dual Diagnosis Initiative and deliver better integrated, quality services and interventions for clients.

Indigenous Clients & Culturally and Linguistically Diverse (CALD) Clients

Koori-specific services form an important component of the treatment system for Indigenous clients. While there is a strong Koori-specific treatment program and plans to enhance this further through the Koori Youth Alcohol and Drug Healing Service, the high proportion of Indigenous clients in mainstream services means that these services need to ensure they are inclusive and accessible to Indigenous clients, taking account of language, cultural beliefs and practices.

Building links between Koori-specific services and mainstream agencies can deliver real benefits to clients as Koori-specific agencies do not deliver the full range of treatment options and interventions their clients might need, particularly medical withdrawal. A strong relationship between Koori and local AOD treatment agencies offers greater choice and clearer pathways for clients.

The benefits of such partnerships are evidenced through the developing relationship between a mainstream service organisation and a Koori-specific alcohol and drug agency to deliver the Koori Youth Alcohol and Drug Healing Service.

Access to treatment services for people from a different cultural background can be difficult. There can be particular cultural issues for CALD clients and their families including an unwillingness to seek external support because of issues of stigmatisation and often a reluctance to engage in treatment due to "unfamiliarity with the concepts of counselling and treatment…"[27] Some services already operate programs with high levels of cross-cultural awareness but these methods need to be documented so that good practice can be translated across the sector.

Cross-cultural awareness training for staff in mainstream agencies will help to ensure culturally appropriate treatment delivery, enhancing client retention and improving service accessibility. The sector also needs to position itself to respond effectively and appropriately to emerging cultural groups such as refugee and new migrant communities.

Delivering Services in Rural Areas

Rural treatment services are often more holistic and collaborative in their approach because they have to be – they work with the other local services that are available to make sure their clients get what they need. Enabling rural and regional services to work together to examine service demand and configure the mix of treatment services and interventions across a region may help to improve flexibility in responding to client needs.

Negotiation of regional service targets within agreed tolerance levels could promote the partnering arrangements that already operate informally between agencies in rural and regional areas.

Outer Metropolitan Services

"There's a lot of stuff in St Kilda and Fitzroy but not much if you live further out"

There are gaps in alcohol and other drug treatment service delivery in some areas of metropolitan Melbourne, where demand is growing but services are currently limited. The Department is working with community health centres to identify opportunities to improve local access to counselling programs. New opportunities arising out of the Council of Australian Governments (COAG) National Action Plan for Mental Health may also help to improve access to GPs, psychiatrists and psychologists. The issue of demographic change is relevant to a wide range of human services. Ongoing dialogue with the other health and welfare sectors is required to ensure that new services and infrastructure planned for growth corridors takes account of alcohol and other drug service requirements.

More Accessible Pharmacotherapy

Over 10,000 Victorians access pharmacotherapy treatment on any given day. Pharmacotherapy is a critical component of the Victorian alcohol and drug treatment service. Improvements in the types of pharmacotherapy treatments available are helping people to move from drug dependency to re-engage in the labour market and in training and education.

Work continues to improve the spread of prescribing and dispensing services across the State in close collaboration with GPs and pharmacists. The Government funds training for GPs and pharmacists and also funds the Pharmacotherapy Advice and Mediation Service (PAMS), the Drug and Alcohol Clinical Advisory Service (DACAS) and Specialist Pharmacotherapy Services to support clients with multiple and complex needs.

Pharmacotherapy policy currently promotes community-based delivery through GPs and local pharmacies. This policy recognises the importance of client access and promotes multiple delivery points to ensure clients don't have to travel significant distances to access the service. Accessible pharmacotherapy however, remains constrained by the low numbers of prescribers and dispensers and, despite continued efforts the system relies upon a small number of prescribers accounting for a significant proportion of clients. In rural areas the numbers of participating doctors and pharmacists is even more limited.

Efforts to increase the numbers of community-based pharmacotherapy prescribers and dispensers will continue and the Department will also consider other options to grow the number of prescribers and dispensers. The Department will work with the Royal Division of GPs and the Pharmacy Guild to promote pharmacotherapy prescribing as part of mainstream medical and pharmacy practice. New opportunities to encourage and support this will be pursued through COAG initiatives that prompt consideration of alcohol and other substance use problems in the context of treating mental health issues. The Department will also work with AOD treatment agencies and community health centres to improve outreach models of support to GPs and pharmacists and deliver better linkages and pathways to treatment and relapse prevention for clients.

Local AOD partnerships and treatment agencies will continue to be encouraged to link with pharmacotherapy prescribers and dispensers through local networks to improve the connections and pathways for clients between pharmacotherapy and treatment.

Prospective clients, their families and the community will have access to improved information about pharmacotherapy and related treatment options. Work will be undertaken with pharmacies and General Practitioners to improve their awareness of referral and other support services available locally for clients and staff.

Options to improve awareness and understanding of pharmacotherapy services among AOD treatment agency staff, pharmacy staff and General Practice staff will be explored.

Research is currently being undertaken to explore the reasons for low uptake of alcohol pharmacotherapies. Findings from the research will inform Departmental work on responding to harmful alcohol use and may lead to awareness raising work with GPs regarding alcohol pharmacotherapies.

Tackling Emerging Drug Types

Amphetamine use has been identified as a increasing problem for frontline health care staff and concerns have also been expressed by alcohol and other drug workers. The development of a Victorian ATS (Amphetamine Type Substances) Strategy will seek to identify key issues and appropriate responses and set out a coordinated approach to responding ATS use. It is envisaged that the main focus of the strategy will be on methamphetamine.

Research has identified that many problematic ATS users do not present to traditional alcohol and other drug treatment services. It has been estimated that only 6-11% of problematic ATS users in Victoria seek treatment each year. They do however present in a range of other settings, including GPs, emergency departments, and psychiatric units. These can provide an important intervention and referral point.

Dealing with ATS-affected persons (particularly those exhibiting psychotic symptoms) may be stressful and resource-intensive for service providers, particularly those on the frontline such as police, ambulance and emergency department workers. The Australian Government Department of Health and Ageing has developed national guidelines for the management of psycho stimulant users for GPs, police, emergency departments and ambulance services. These guidelines provide clear protocols for the management of ATS intoxicated persons, however they need to be more broadly disseminated and supported by training. In particular, it has been identified that training in effective interventions, dual diagnosis, primary mental health assessment skills, de-escalation skills and risk management skills will enhance the capacity and confidence of frontline workers to respond to ATS users.

Turning Point Alcohol and Drug Centre have developed clinical guidelines to assist workers in the alcohol and other drug treatment sector as well as the broader health sector to respond more effectively to ATS users.

Prevention and Early Intervention

"I wish I'd known about the damage cannabis can do…"

Alcohol, cannabis and amphetamine users are typically reluctant to seek help. A 2001 analysis found that less than 30% of those with alcohol dependence sought help for their problems and most of those who did saw a General Practitioner (GP). Furthermore, many thought treatment was "stigmatising". The study called for improved information about alcohol misuse and provision of a wider range of services.[28] Similar results are found for amphetamine users. They are less likely to have been in treatment, more likely, if they sought help at all, to have sought it from a GP than a drug treatment service and often did not access existing treatment services because of perceived stigma.[29] The growth in the numbers of people experiencing problems with alcohol, amphetamines and cannabis requires consideration of new responses to improve the relevance of treatment and entry pathways for people who may not be interested in accessing traditional AOD treatment services.

Intervening Earlier - Brief Interventions

There is evidence that brief interventions, delivered either through opportunistic interventions, or as brief treatments, offers an effective treatment modality for problematic alcohol users. Brief interventions are "…as effective as more intensive interventions for heavy drinkers, more cost-effective due to their length and can be used in a wide variety of primary care settings to reach a large number of clients".[30] Similarly, there is growing evidence of the efficacy of brief interventions for cannabis and amphetamines users.[31]

Formalising and structuring the role and function of brief treatment interventions within alcohol and other drug treatment services could help those who are reluctant to seek treatment or who lack the motivation to access more extended treatment programs. At the same time, GPs, Community Health Services, Hospital staff and others could be delivering opportunistic brief interventions. The Department will develop a Brief Interventions Strategy in consultation with VAADA and other peak bodies to explore all of these possibilities and examine ways to intervene earlier for people experiencing problems with substance use.

Using New Technology To Promote Self-Help

There is growing recognition of the potential for utilising internet and telephone helpline services to address psychological and social problems. Over 1.5 million Victorians are now internet subscribers.[32] In addition to information about services, treatments and drug and alcohol issues, self-paced brief intervention therapies via the internet are becoming more available.

Studies have found "…numerous potential advantages of web counselling including convenience, cost effectiveness, accessibility, reduction of inhibitions, reduction of stigma, levelling the power balance between consumers and providers and clarification of issues".[33] On-line services may help to improve treatment uptake for those who would not otherwise access formal treatment services including those living in rural and remote areas of Victoria.

Helping Families and Improving Information

Prospective clients and their families need access to improved information about the types of services available and where to find them. Marketing of individual services occurs on an ad hoc basis. Sharing marketing opportunities on a regional basis and raising awareness of helpline services will improve information to families and clients.

"I've never heard of Directline. Why don't we know about it?"

Improving the telephone service available to prospective clients and their families could also help facilitate access and entry to AOD treatment services. Linked with a duty-worker intake system, an enhanced Direct Line service would help to ensure that treatment agencies receive more appropriate referrals; that clients obtain a clearer understanding of their treatment options; and those people in crisis or distress obtain immediate assistance and support.

Building Harm Reduction Linkages

"The NSP is great for finding out about a whole range of other services even if it's just up on the board so you can find it when you need it"

Needle and Syringe Programs (NSP) are effectively early intervention services, offering education, advice and information – offering a pathway into treatment and to other health and welfare services. NSPs in Victoria record more than 400,000 contacts with injecting drug users every year.[34] This represents a significant proportion of Victoria's drug using population. The philosophy of NSPs is to provide access to clean injecting equipment with access to health care and education to reduce the harms associated with drug use. The culture of NSP staff is non-judgemental access to the services provided with no requirement for engagement unless requested by the client. Some have argued that this is a missed opportunity to promote engagement in treatment. NSPs and related services like the Mobile Drug Safety Workers could be used more effectively to intervene earlier with high-risk groups, and options will be explored in conjunction with ANEX.

Stronger connections between NSPs, treatment services and pharmacies should be encouraged and supported. Clients are already aware of the information available through NSPs and ensuring NSP staff have the skills and knowledge to engage clients for referral to treatment is important. The Department will work with Anex, VAADA and other peak bodies to improve access to training for NSP staff and to build stronger linkages between NSPs, AOD treatment agencies and other health and welfare services including community pharmacies.

Prevention Campaigns

The Government will be conducting awareness-raising campaigns about the risks and harms associated with using cannabis and amphetamines.

Building Partnership

People with substance misuse problems often have a number of other health, welfare and social issues that they may need to address including their housing, education, employment, relationships, legal and physical and mental health needs. Treatment services therefore need to be involved with a range of other professionals, agencies and service providers to build referral networks and improve access to mainstream services for clients.

Holistic & Integrated Treatment Responses

"I saw helpful people from different institutions but they have no connection with each other. I found the discharge dismal."

Withdrawal services do not, in themselves, deliver behaviour-change interventions and therefore need to be linked with other treatment programs. Service providers are already addressing this concern through local networks and links to other service types, such as counselling, to improve treatment preparation and provide post-withdrawal treatment services. Post withdrawal linkage workers provide dedicated resources for this work.

The Department has recently undertaken reviews of the withdrawal models with the aim of ensuring contemporary and evidence-based practice is delivered throughout the network of withdrawal services in Victoria. Review findings will be disseminated and incorporated within the planned quality framework for alcohol and other drug treatment services and will also inform the development of core standards and service specifications for this treatment type.

"AA and NA are really important in giving me ongoing support"

Self help groups can be an important part of a person's journey to recovery. At the moment there are a range of formal and informal links between these support groups and treatment services. Counselling services also run group therapy programs to support clients over a longer period of time. Integrated treatment responses should include advice to clients about support groups.

Joined Up Government To Deliver Joined Up Services

Cross-Departmental and Cross-Governmental work supports stronger partnerships and more integrated delivery at the agency level. Taking into account the overarching frame of *A Fairer Victoria*, the Drugs Policy and Services branch is working across Government with primary and community health, disability services, rural and regional health services, mental health, acute hospitals, the Office for Children, the Office of Housing, Corrections, Office for Youth, the eight regional offices of the Department and other relevant Government agencies. Our aims are to improve awareness and understanding of the issues facing those who have alcohol or other drug problems; to build connections between the work done by our prevention, treatment and harm reduction services and other health and welfare services; and to identify opportunities for better integrated and joined-up delivery on the ground.

Examples of partnership initiatives developed and being implemented across government include the Dual Diagnosis initiative that is increasing expertise and capability in both alcohol and drug treatment and mental health services to respond holistically to clients with co-existing alcohol and drug and mental health conditions; the Acquired Brain Injury program that provides additional expertise and secondary consultation capacity in the sector to respond appropriately to clients with this condition; and the Homelessness and Drug Dependency Program that links clients in crisis accommodation services with AOD treatment and support.

Priority Areas for Action

- New quality framework for treatment services incorporating a client charter of rights and responsibilities and improved client input into service planning and delivery.
- Promote service innovation and flexibility to respond to the needs of clients.
- Core standards and specifications for service delivery to be reviewed and updated taking account of evidence based research and best practice.
- Recognition of the importance of case management in service delivery in quality frameworks, service specifications and performance measurement.
- Current information and education provision for clients and families/carers to be reviewed and enhanced where possible.
- Review performance measurement systems in collaboration with VAADA and other stakeholders including options for regional service targets.
- A refreshed Workforce Development Strategy to improve the skills and competencies of workers in responding more effectively to the needs of AOD clients.
- Ensure AOD workforces have access to cross-cultural training to improve service accessibility for Indigenous and CALD clients and ensure the sector is able to respond appropriately to emerging refugee and new migrant communities.
- Establish an AOD research strategy for Victoria.
- Explore options for a central residential vacancy management system and regional intake networks to ensure clients receive timely assessment and matching to appropriate services.
- Review options to build a more diverse pharmacotherapy system in Victoria to improve access to services for clients and access to training and information about pharmacotherapy for AOD agencies and other health and welfare services.
- Ensure services have access to up-to-date training, support and information to respond effectively to emerging drug types.
- Develop a comprehensive Brief Interventions Strategy for application in primary health services, hospitals and the AOD treatment sector.
- Development of stronger links between AOD treatment services and harm reduction services with improved access to training opportunities for harm reduction services delivering information, advice and referral.

Priority Area 3: Building Partnership

Clients with harmful substance use concerns often have a range of needs such as their physical and mental health, welfare, employment or training and accommodation issues. Delivering a coordinated and effective service for clients means alcohol and drug agencies have to make strong linkages and partnerships within the alcohol and other drug service system and also with other health and welfare service providers.

"We want to be treated for all our needs, not just our addiction."

A wide range of joint programs have been successfully developed and established in Victoria. Collaborative programs are addressing the mental health, family support, accommodation, and primary health needs of clients. Drug treatment expertise is offered in custodial and out of home settings. Services are more holistic and clients are getting better support.

However, easy access to the most appropriate services may not always be achieved. Better coordination and integration of service provision within the alcohol and other drug treatment service system and with other health and welfare services, will be promoted by:

Next Steps

- Improved pathways for clients of harm reduction services such as needle and syringe services to facilitate access to alcohol and other drug treatment programs and other health and welfare services.
- Better engagement with GPs, GP Divisions, and GP practice staff to support improved responses to alcohol and other drug issues, including pharmacotherapy prescribing.
- Improved hospital setting responses to clients with alcohol and other drug issues and enhanced linkages with alcohol and other drug services.
- Continued access to alcohol and other drug treatments for clients who commit alcohol and drug-related offences and an improved range of treatment options.
- Stronger linkages with family and parenting support services to raise awareness of substance use issues and improve preventative and early intervention approaches.
- Better coordination and referral through Primary Care Partnerships.
- Integrated planning and delivery of health services through the 'Care in Your Community' initiative.
- Stronger links with employment, education and training programs and initiatives to assist people recovering from substance use issues to re-engage in the labour market or in training.
- Stronger links with Housing Programs to address clients' accommodation needs and intervene earlier for those at risk of homelessness.
- Investigation of resources required to sustain effective linkages for clients before, during and after treatment.

Existing Good Practice

The alcohol and other drug program is characterised by considerable investment in partnerships that operate to meet the needs of clients more effectively:

- ✓**The Homelessness and Drug Dependency Program** partners alcohol and other drug agencies with crisis accommodation and mental health services, providing a more integrated and holistic service.
- ✓**Primary health services** in five drug hotspot areas in Melbourne provide street based and injecting drug users with access to a range of health programs. Services include needle and syringe provision, wound care, screening for blood borne viruses, sexual health screening, and linkages to treatment services.

"It's great to have a place where you can get support, wound care, a health check up, and your teeth looked at."

- ✓**Alcohol and Drug Youth (ADY) consultants** provide expertise and training for child protection workers and access to treatment for young people living in out-of-home care, residential facilities or in Adolescent Community Placements.
- ✓**The Victorian Dual Diagnosis Initiative** builds the capacity and expertise of the mental health and alcohol and other drug sectors to better assess and respond to client needs. Adult and youth dual diagnosis teams provide training, consultation and treatment services, whilst staff rotations increase workers' confidence and capacity to respond to mental health or substance use issues in each sector.
- ✓**Outreach to local General Practitioners** to deliver shared care models of treatment that support the delivery of pharmacotherapy in a range of community settings.

New Opportunities

The new Mental Health and Drugs Division within the Department of Human Services aims to improve services for clients in the specialist mental health and drug treatment systems; promote prevention and early intervention for people with mental health problems and harmful substance use issues; and build collaboration across Government to improve client outcomes.

With increasing presentations of clients with multiple needs there is an onus on services to work closely with other sectors to assist clients to access the services they need. Partnering and linkages provide real benefits for clients and there are new opportunities emerging but there is also the challenge of addressing the discrimination that clients with harmful alcohol and drug use issues sometimes encounter.

The Department of Human Services is responsible for identifying and facilitating new opportunities such as those offered by the proposed Whole of Government Victorian Mental Health Strategy, the COAG National Reform Agenda, new directions for community health services, the Children First agenda, Care in Your Community and others.

For the alcohol and other drug treatment sector, nearly every agency and the majority of workers and clinicians are already engaged at some level in partnership or linkage with other sectors for the benefit of clients. The challenge is to build upon the existing good practice to deliver better outcomes for drug treatment clients and to make sure that existing systems and resources do not impede collaborative work. The overt and covert discrimination of clients is to be addressed through information and education provision to adjoining sectors and where necessary training of workers to raise awareness and ensure client needs are met.

Harm Reduction Services

"The NSP and Primary Health Centres have all the information there. It's on the walls. When you need it that's where you can get it."

Harm reduction services are an important element of the service system providing health protection, welfare advice, access to pharmacotherapy and resources such as needles and syringes to injecting drug users. They also provide a critical point for engaging clients who might not otherwise consider treatment. Key service improvements over the last few years has seen:

- ✓**An increase in the number of needle and syringe services** many of which are based in community health centres.
- ✓**Primary health services** in five Melbourne locations offering a range of health and alcohol and other drug support services for street-based and injecting drug users.
- ✓**Mobile Overdose Response Services and Mobile Drug Safety Workers** connecting overdose survivors and drug users with treatment and other services and providing information, education and advice to reduce the harms caused by substance use.
- ✓**Pharmacotherapy uptake** has significantly increased.

More can be done to support and broaden the role of harm reduction services as potential referral points into treatment and to improve understanding and awareness of the role of harm reduction services in Victoria's treatment system. Pharmacies are potential untapped sources of referral into both harm reduction and treatment services.

Additional training and support is required for NSP and other service outlets such as community based pharmacies to identify and respond to client needs, and to link clients into appropriate specialist and generalist services.

General Practitioners

"Doctors need to know more about alcohol and drug problems and let us have a say in what works for us."

General Practitioners (GPs) and hospitals are important delivery agents for alcohol and other drug treatment. GPs are often a first contact point for people with an alcohol or drug problem and they also provide the bulk of prescribing services for the community pharmacotherapy program.

- ✓**Education and training of GPs** has been a feature of alcohol and other drug treatment responses over the last decade.
- ✓**Addiction Medicine Registrar training** is funded by Government with registrars completing rotations through inpatient services in hospital, specialist pharmacotherapy clinics and drug and alcohol services such as withdrawal units.

GPs are the most frequently consulted professionals by those with alcohol dependence.[35] It is therefore crucial that GPs and their practice staff are supported to recognise and respond appropriately to alcohol and other drug concerns.

The level of involvement by GPs in the community pharmacotherapy system is limited in some localities with a reliance on a small number of GPs to deliver this service.

New COAG initiatives are supporting stronger GP involvement in mental health assessment and treatment planning. This offers opportunities to promote alcohol and other drug treatment services and interventions to GPs who have clients with mental health issues where substance use is a factor in their condition. The Government's commitment to improving early responses to people experiencing alcohol problems through wider use of brief interventions in primary health settings is relevant here and DHS will work closely with GP peak associations to improve early intervention services to people with substance use issues. Training and support being offered to GPs as part of the COAG initiatives could incorporate brief intervention models.

Initiatives to improve the capacity and capability of GP practices to screen for and provide brief interventions are supported and promoted. Plans for a Brief Interventions Strategy will explicitly address the role of GPs. Collaborative work with the Royal Australian College of General Practice and the Divisions of GPs will be pursued through mental health initiatives and other partnerships.

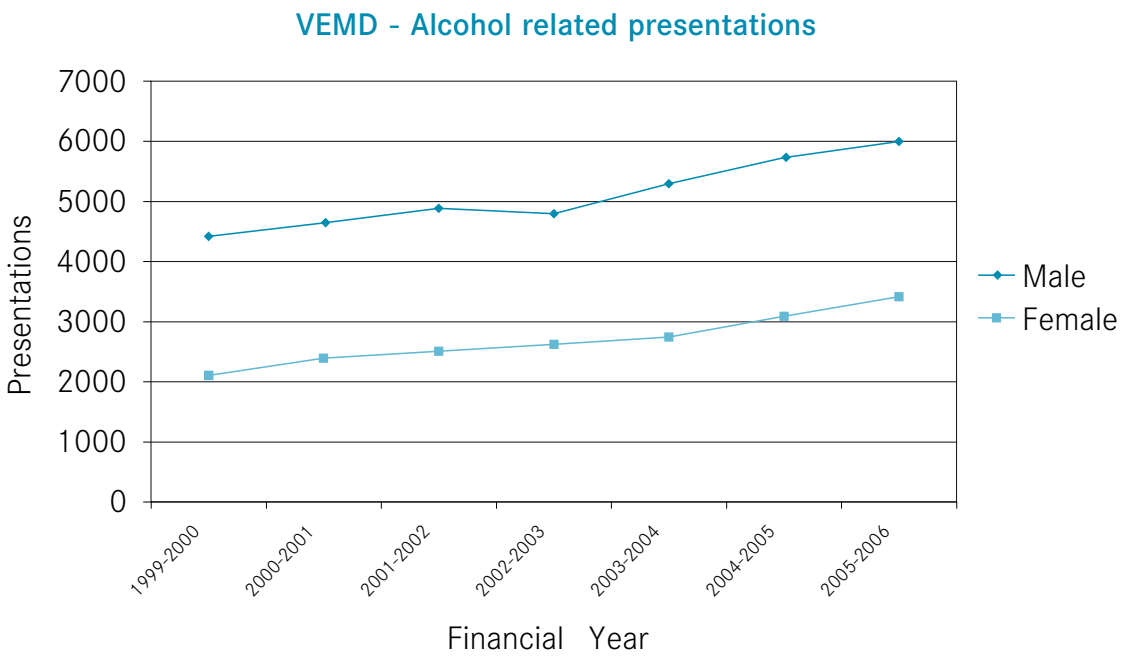
Work will continue to build the number of GPs prescribing pharmacotherapies with future efforts targeting high need areas and information campaigns focusing on Medicare Benefits Schedule treatments available under the new mental health initiatives.

Hospitals and Alcohol and Other Drug Services

Hospitals are vital service providers that broaden the available responses for alcohol and other drug clients, particularly in areas with limited specialist drug treatment infrastructure such as rural Victoria. More than 11% of hospital admissions between 1999 and 2006 were for drug related concerns.[36] Similarly, Victorian public accident and emergency (A&E) Departments in 2005-06 identified more than 19,000 presentations where drugs or alcohol were a factor.[37]

The table below shows the increasing number of alcohol related presentations in emergency departments. These figures are likely to be an underestimate as busy emergency departments may overlook underlying causes or contributory factors when completing data entry. With significant numbers of patients with drug and alcohol issues, hospitals may benefit from additional expertise in working with drug and alcohol affected patients.

Figure 3: Victorian Alcohol Related Emergency Presentations (VEMD) by sex, 1999-2000 to 2005-06



"After I recovered from my overdose the hospital just sent me home with a taxi voucher and a list of agency telephone numbers. I had no money to use the phone and it took a long time to find the services I needed."

Pilot programs are developing and trialling responses in some hospital settings:

- ✓**Specialist support and training is provided to local hospitals** in Gippsland region to enhance their capacity to respond to patients with harmful substance use and improve referrals to alcohol and other drug treatment services.
- ✓**An alcohol and drug nurse advisory position** operates in a Southern Region hospital providing specialist expertise and training to staff and developing more effective links with drug treatment agencies.
- ✓**An Emergency Department screening tool** has been piloted in St Vincent's Hospital in Melbourne to identify clients with alcohol problems, demonstrating that screening can be effective in raising awareness of potential harms even without follow up counselling.
- ✓**The AUDIT screening tool** for alcohol use disorders is being piloted in Hume region to screen presentations in a hospital emergency department and among admitted patients. The initiative provides training and support for hospital staff in screening and brief interventions and seeks to enhance referral pathways to alcohol and other drug treatment agencies including those patients with alcohol use disorders and mental health co-morbidities.

Wider acceptance of screening tools in accident and emergency departments in Victoria may provide improved awareness of alcohol and other drug issues by acute health staff and improved treatment referral and uptake.

Mobile Overdose Response Services (MORS) already work closely with some hospitals and could provide more effective links and referral pathways to treatment for patients identified with harmful substance use disorders. MORS workers could potentially play a stronger role in providing brief interventions and referrals for people presenting in emergency departments due to alcohol, cannabis or amphetamines intoxication.

A small number of hospitals have dedicated alcohol and drug units, and are adopting a leadership role in building medical expertise.

DHS has commissioned an *Alcohol in Hospitals* research project to identify the current incidence of problematic alcohol consumption issues among inpatients and examples of good practice by hospitals in responding to these concerns.

Findings from the Hospital Demand Management Program in supporting hospitals to establish more effective responses to clients presenting with alcohol and other drug and mental health concerns will also be valuable in identifying good practice and capacity to respond effectively to clients who present with alcohol and other drug problems, especially those with withdrawal syndrome.

Improved mental health service provision in hospitals also provides opportunities for collaboration and service innovation to better meet patient needs.

Forensic Services

Forensic programs enable offenders with alcohol or drug-related issues to participate in treatment as alternative to, or in conjunction with, conventional correctional measures. Department of Justice in collaboration with DHS delivers a wide range of programs that cater for clients at all points of contact with the criminal justice system including pre-arrest, pre-sentence, post-sentence and post-prison to ensure assessment and the purchase of treatment for clients. Partnership approaches have led to a range of initiatives being established:

- ✓T**he Juvenile Justice Alcohol and Drug Strategy** has underpinned the development and implementation of initiatives to address harmful substance use amongst Juvenile Justice clients.
- ✓**Custodial Health and Alcohol and Drug (CHAD) Nurses** is a joint initiative between the Department of Human Services and the Police providing assessment, treatment and referral for prisoners held in police custody who have demonstrable alcohol or drug problems.

Demand for the drug treatment services brokered by the Community Offenders Advice and Treatment Services (COATS) has continued to increase as the range of initiatives developed and implemented has been enhanced. Drug driver education, Koori Courts and drug diversion services are more recent examples of programs that have been developed and implemented in partnership programs, and these are being further refined as evaluations identify opportunities for improvement.

There is strong evidence that offenders need to be engaged longer in treatment if lasting behaviour change is to be effected and agencies are to be encouraged to ensure this objective is a priority for treatment interventions.

A new Forensic Treatment pilot is exploring practical ways to engage and retain offenders in community-based treatment. Good practice emerging from the pilot will be used to inform future work with this client group.

Work will soon commence on modelling funding systems for forensic treatment to support the provision of after-hours care for offenders who are in full-time employment.

Family Services

Families are important potential sources of support for many clients with harmful substance use concerns, and many also have support needs where there is alcohol and other drug misuse within the family. Programs available that take account of a client's family circumstances include:

- ✓**Clients with children** can be accommodated within the therapeutic community residential program.
- ✓**Parenting programs and support** from mainstream family support agencies are delivered through a partnership between the Drug Program, Community Care, family agencies and drug treatment agencies for parents living in Alcohol and Drug Supported Accommodation.
- ✓**Juvenile Justice Clients** with problematic alcohol or drug use are supported by referral to youth alcohol and drug counselling agencies and other treatment services if required.
- ✓**Family Counselling and Parent Support Programs** offer services to parents and families of drug users in a variety of locations across Victoria.

✓**Family Drug Help** provide information and support for family members of drug users through a telephone help line and peer support groups.

A number of initiatives support families of drug and alcohol users whilst in treatment but more can be done to respond to client and family needs.

"It was really hard to get anything from my counselling sessions when my 3-year old was running around the room."

Ensuring families are engaged in the treatment of clients is an important therapeutic tool in responding to clients' needs and providing ongoing support to address their harmful substance use issues. This continues to be an important focus in direction setting for the sector.

Discussions are underway with the Office for Children to identify opportunities for better integrated approaches across program areas particularly following the rollout of Family Support Innovation Partnerships across the State.

Primary Care Partnerships And Care in Your Community

Primary Care Partnerships (PCPs) provide a mechanism for an integrated approach to the primary health needs of clients across a range of health services whilst ensuring continuing care. Many alcohol and other drug agencies, particularly those based in community health centres, are already involved in these partnerships.

"There's no coordination. Your worker leaves or you get sent to a different agency and you have to tell your story all over again."

The drug treatment sector already recognises PCPs as a regionally responsive platform for the delivery of primary and specialist services that can provide alcohol and other drug clients with more coordinated and integrated services to meet the broad range of their health and support needs.

Some managers/team leaders have raised concerns at the time commitment required to develop the appropriate knowledge and relationships and negotiate integrated practices with other service providers in their respective PCPs to ensure that seamless service provision is available to clients with multiple needs. Drugs Policy and Services Branch will explore the potential for more flexible application of Episode of Care targets for funded agencies to recognise this investment.

The Care in Your Community initiative is trialling new approaches to integrated planning and delivery of a range of health services in the community, supported by the alcohol and other drug treatment sector. Outcomes from the trial will inform future development of service practice in the sector.

All treatment agencies will be able to engage with PCPs as common processes are introduced across all PCPs enabling statewide and regional services to link clients across their boundaries and into health and welfare services.

Drugs Policy and Services Branch has introduced the PCP Service Coordination Tool Template (SCTT) to improve cross-agency referral. This allows clients to give permission for their details and relevant history to be forwarded to other health and welfare services engaged in their treatment, and so remove the need for them to repeat their story.

Drugs Policy & Services Branch is working with Primary Health Branch to improve access to community and dental health services for alcohol and other drug treatment clients.

Employment, Education and Training

Identified risk factors for problematic substance use include low academic achievement and lack of engagement in the labour market. The Australian Treatment Outcomes Study found low levels of education and employment among those entering treatment programs and a 12-month follow up study for heroin users found more had gained employment after completing treatment.

Assisting people to reconnect to their community and re-engage in training or employment plays a significant role in building pathways to long term recovery. Drugs Policy and Services Branch will work closely with the Department for Victorian Communities and the Department for Education and Training to improve awareness of substance use issues and identify opportunities to link AOD services with employment and training services and programs.

Accommodation Services

Many clients of alcohol and other drug treatment services also require assistance with finding accommodation either for crisis/short term needs, or for medium/longer term accommodation.

A partnership initiative with the Office of Housing facilitated the successful introduction of alcohol and drug supported accommodation for clients who are sufficiently stable to live with low levels of support whilst recovering from their harmful substance use and moving towards independent living in the community. These services include programs for women with children.

Clients leaving residential withdrawal services also often have immediate accommodation needs, but these clients are often not sufficiently stable to be suited to the more independent living characteristics of supported accommodation services. The findings from a current review of the Alcohol and Drug Supported Accommodation service models will inform discussions about how best to respond to the needs of this client group.

Drugs Policy and Services Branch will continue to work with partners to ensure appropriate levels of accommodation services to meet the needs of clients at all stages of their treatment and recovery, but especially in the critical phases following residential withdrawal.

New housing initiatives for young people announced during the last election offer opportunities for improved collaboration and potential collocation of delivery for youth housing and alcohol and other drug treatment programs targeting a high risk and vulnerable group of young people.

Systems To Promote Collaboration

The resources required to establish, develop and maintain, effective partnerships are not currently acknowledged within the funding profile of drug treatment services. While there are some very successful linkage worker positions connected to withdrawal and residential treatment services, linkage, case management or casework forms a significant component of the day-to-day work for alcohol and other drug clinicians and workers. There is a need to further explore the resource and service implications of effective case management both within the AOD sector and across different programs, and to also assess whether a differentiation is required between therapeutic counselling roles and case management/coordination functions of workers.

Workforce development initiatives should provide workers and clinicians with the tools for effective case management. Measurement and performance systems should recognise the time and effort involved in linking clients with a range of health and welfare services and functional arrangements take account of case management/coordination of clients.

Priority Areas for Action

- Development of stronger links between AOD treatment services and harm reduction services including community pharmacies and NSP services with improved access to training opportunities for harm reduction services delivering information, advice and referral.
- Develop a comprehensive Brief Interventions Strategy for application in primary health services, hospitals and the AOD treatment sector.
- Work with Divisions of General Practice and the Royal Australian College of GPs in the development of the Brief Interventions Strategy and to improve awareness of AOD issues and responding to alcohol and other substance use in the context of mental health initiatives.
- Promote service innovation and existing good practice in hospitals to identify and respond to clients with AOD issues.
- Pilot treatment models for forensic clients that secure long-term behaviour change and explore funding models that promote after hours access to treatment for forensic clients in full time employment.
- Explore partnering opportunities with other program areas such as Office for Children and Primary Health to improve family and community connections, access to mainstream health and dental services, encourage take-up of secondary NSPs and other services to better address client needs.
- Strengthen links with the Department for Victorian Communities and the Department for Education and Training.
- Review workforce development programs and performance measurement systems to ensure recognition of the roles of case management and partnership building.

Blueprint Discussion Paper: Next Steps

Minister Neville launched the blueprint discussion paper at the Service Providers' Conference on 29 March 2007. The Providers' Conference incorporated workshops with participants on the paper's three main themes. Following on from the Conference, regional offices of the Department will coordinate regional consultation forums in April to facilitate verbal feedback and discussion on the paper.

Additional copies of this paper and a submission form can be downloaded at:
www.health.vic.gov.au/drugservices/pubs/blueprintdisc

The Department will also consult peak organisations in this period. In addition, written feedback on the discussion paper is welcomed and can be emailed to:

Katrina.currie@dhs.vic.gov.au and/or **Derek.chilton@dhs.vic.gov.au**

Or posted to:

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Drugs Policy & Services Branch
Department of Human Services
GPO Box 4057
Melbourne 3001

Submissions should be clearly marked "Blueprint Discussion Paper" and submitted no later than **Friday 11 May 2007**.

Appendix 1

Background

The Stage Two Report of the Drug Policy Expert Committee defined the AOD treatment system in Victoria as comprising "several interdependent components…including the primary health system (general practitioners and hospitals); the broader service system (mental health, juvenile justice, homelessness, corrections…and other services) and the specialist drug treatment service system."[38]

The Department of Human Services (DHS) directly funds over 100 specialist drug and alcohol service agencies with many operating services from multiple sites. Services are provided by a variety of agencies including charitable and/or non-government organisations (NGOs), Community Health Centres (CHCs), hospitals and local governments. There are also a small number of targeted services that are delivered through specialist agencies such as Aboriginal Cooperatives, telephone helpline services such as Directline and prison and community based services as part of the criminal justice system. The Government also provides support to community pharmacotherapy services and Needle & Syringe Programs (NSPs) delivered in a range of sites across Victoria.

In addition to State funded AOD treatment services, Victorians can access alcohol and other drug support, advice and treatment through private clinics, their GP, self-help groups such as Alcoholics Anonymous and in some cases, directly through the hospital system which often treats alcohol and other drug problems as a secondary condition in the course of treating another illness or injury. It is also clear that many Victorians with problematic alcohol or other drug use recover completely without any professional support.

Hospitals are an important part of the AOD treatment system providing bed-based withdrawal services particularly in rural areas. On occasion, they also provide pharmacotherapy prescribing or dispensing as well as Needle & Syringe Programs (NSP) and primary health services. Increasingly, hospitals are providing alcohol and other drug treatment as a secondary treatment when a person is admitted for a drug or alcohol related injury or illness. More than 11% of hospital admissions between 1999 and 2004 were for drug related concerns.

General Practitioners (GPs) make a significant contribution to pharmacotherapy treatment. There are 460 prescribers in Victoria, the majority of which are GPs. GPs are also well placed to deliver brief interventions to problematic drug and alcohol users as over 80% of Australians visit their GP annually. The *Pathways* report produced by Turning Point Alcohol and Drug Centre in 2003 found that five per cent of alcohol and other drug treatment (predominantly brief interventions or pharmacotherapy prescribing) was delivered through GPs on a single census day.[39]

Other systems that cater directly for drug and alcohol users include the self-help groups such as Alcoholics Anonymous and Narcotics Anonymous. The Turning Point census found that 13% of treatment was received in self-help groups probably as either support that followed on from AOD treatment programs or as an alternative to formal AOD treatment programs.

Any proposed changes to the AOD treatment system must take into account the linkages and interrelationships between the different treatment service types as well as the sector's wider interactions with primary and acute health systems, broader health and welfare service systems and self-help groups.

The Alcohol and Other Drug (AOD) Treatment System

There are currently over 15 service types for alcohol and other drug (AOD) treatment in Victoria including community based services (described here as community rehabilitation) or bed-based services (residential rehabilitation), as shown in the table below. Specific youth services are not listed separately here.

Community and residential rehabilitation services provide a range of treatment options for clients. Clients can also access pharmacotherapy services, specialist pharmacotherapy clinics, a range of harm reduction services including Needle and Syringe Programs, Mobile Overdose Response and Drug Safety Workers and Primary Health Services that target injecting drug users.

Community Rehabilitation	Residential Rehabilitation
• Counselling, Consultancy & Continuing Care (CCCC) • Youth Outreach/Rural Outreach Diversion Workers • Home Based Withdrawal • Outpatient Withdrawal • Rural Withdrawal • Post Withdrawal & Post Residential Linkage • Extended Hours Capacity • Koori Community A&D Resource Service/Workers • Pharmacotherapy Regional Outreach Workers • Peer Support • Specialist Pharmacotherapy Service • Day Programs • Other Specialist Service Types	• Residential Withdrawal • Therapeutic Communities • Alcohol & Drug Supported Accommodation

Victoria invests over $96 million annually for alcohol and other drug treatment services. Investment in community and residential rehabilitation services forms the largest component of the Government's alcohol and other drug budget. The charts below show the mix of treatment types, the proportion of Government AOD treatment resources and the episodes of care (EOC) Victorians achieve when undertaking treatment.

Figure 4 shows the investment in alcohol and other drug treatment services in 2005-06, by episode of care (EOC) targets.

Figure 4: Investment Mix In Episodes Of Care For 2005-06

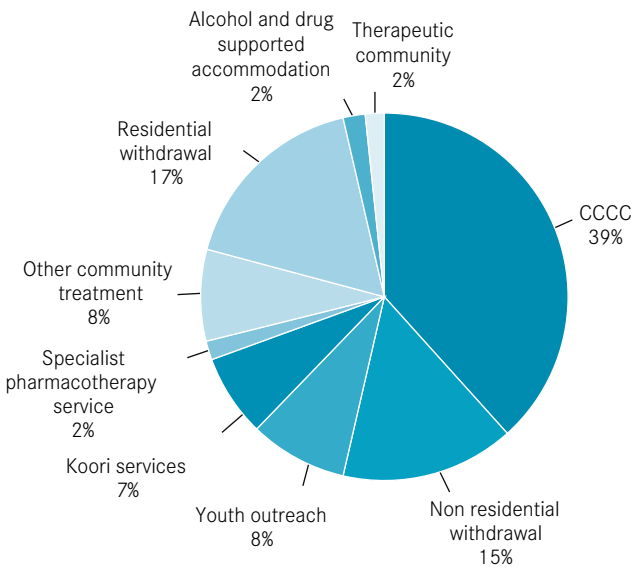
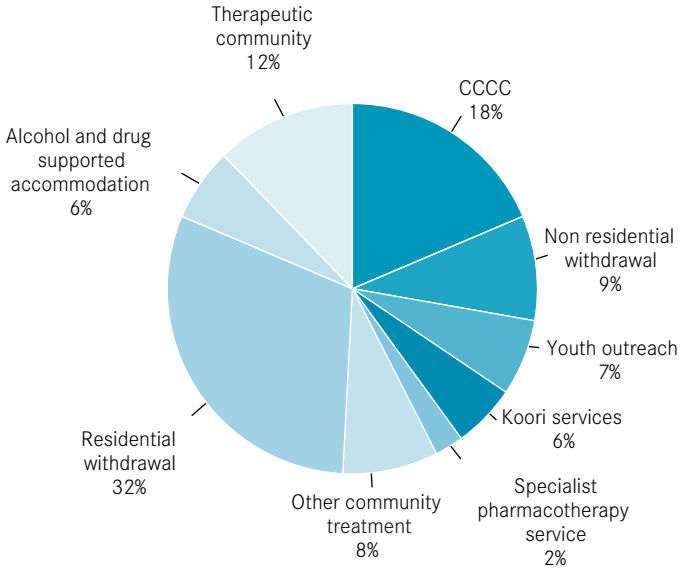


Figure 5 shows the investment of funding in treatment.

Figure 5: Investment Mix In Funding For 2005-06



System Issues

Changing Drug Use

The user profile in treatment services has changed over the last few years with higher proportions of poly-drug users. People with alcohol problems are the largest group entering treatment services and there are increasing numbers of people seeking help for problems with cannabis and amphetamines. These changes have implications for service accessibility, research and service quality.

Treatment Penetration

Treatment penetration for problematic alcohol users has been estimated at between 2.6% and 6.4% in 2000-01.[40]

This compares with opioid users where treatment penetration is estimated to be between 35% to 62%, cannabis users - between 4% and 7%,[41] and stimulant users - between 4% to 17%. While not all those who have substance use problems need access to formal treatment services (some get help through their GP or self-help groups while others recover without ever needing formal treatment) those who want help need earlier support and interventions to reduce the harms caused by long-term harmful substance use.

Evidence Based Practice

There is increasing evidence of the efficacy of different treatment interventions that can help to shape service delivery for the future. New pharmacotherapies are emerging that are likely to significantly improve access and flexibility for clients. Research into treatment outcomes is showing positive results for brief interventions, cognitive behavioural therapies and group therapy techniques for some users. Newer delivery methods such as e-counselling and telephone helpline services are also showing positive impacts with the potential to increase treatment uptake among people reluctant to access formal treatment systems and those who live in remote and rural areas. A new Chair of Alcohol Policy at Melbourne University is leading a research program to identify what works best for tackling alcohol problems and research institutions are continually disseminating evidence based practice tools and the latest research into treatment options and outcomes.

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