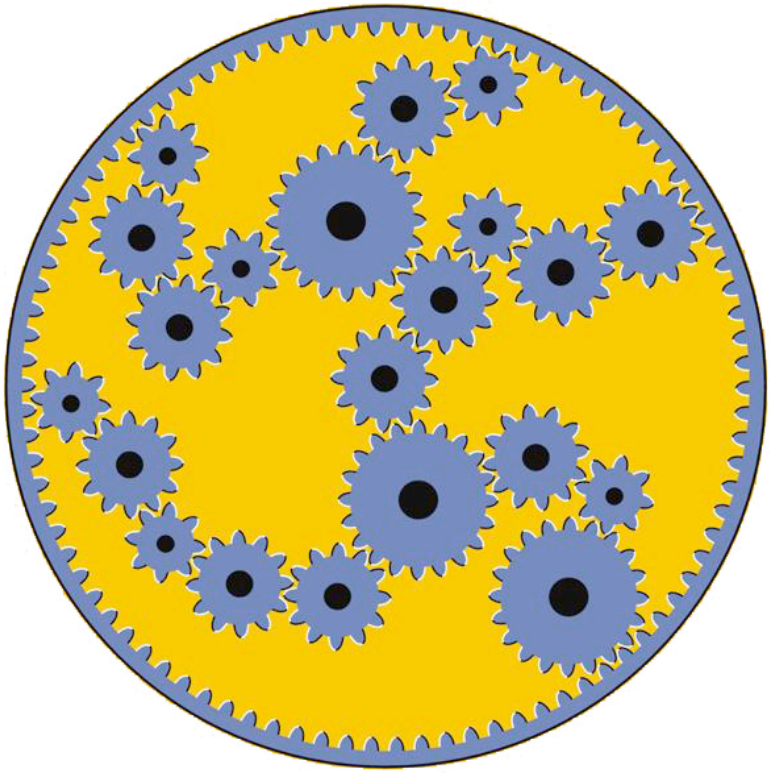
QUEENSLAND ALCOHOL AND OTHER DRUG TREATMENT SERVICE DELIVERY FRAMEWORK

March 2015

"The aim of Alcohol and Other Drug Treatment Services in Queensland is to provide effective, evidence-informed prevention, treatment and harm reduction responses that build a Queensland community with the lowest possible levels of alcohol, tobacco and drug related harm."



About this document

This framework document describes the 'common ground' underpinning alcohol and other drug (AOD) treatment service delivery in Queensland. It outlines the mission, aims, objectives, values, understandings, established tools, therapeutic approaches, practice principles and standards that inform the state's AOD treatment sector.

The document has been developed by a partnership of statewide AOD policy, sector and workforce development organisations based on direct input, feedback and research from AOD treatment providers from across Queensland.

The framework is not intended to replace organisational policy or compel workers to practice in a particular manner. However it is intended to reflect a consensus across AOD treatment providers – both government and non-government – on common and accepted good practice.

The potential applications of this framework include:

- Communicating with other sectors the overall aim, purpose and defining characteristics of AOD treatment in Queensland
- As a benchmark against which to assess new or alternative treatment approaches to determine whether they are consistent with what is commonly accepted as good practice
- As a critical reflection tool for individual workers and services to enhance their practice
- For orienting new workers to the sector

This framework was informed by

- Surveys conducted with Public Health Alcohol Tobacco and Other Drug Services (ATODS) and non-government AOD service providers in April and May 2014
- Data collected at the Queensland AOD Convention held on Wednesday 23rd July 2014 at Rydges Hotel, Brisbane. The Convention was attended by 107 service managers, policy makers and sector leaders from across the government and non-government AOD sector in Queensland
- The Queensland AOD Convention Report released in October 2014

The Queensland AOD Treatment Service Delivery Framework was officially released in March 2015.

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Introduction

The use of alcohol, tobacco and other drugs causes a range of issues and problems for many Queenslanders. Whilst many people are able to use substances without experiencing any significant harm, there is a proportion of the population who require specialist support ranging from brief, one-off assistance to complex, long term treatment. Providing the right support, at the right time, for the right duration, can help avoid or reduce a range of physical, psychological and social harms from occurring for these individuals, their families and their communities.

The way in which AOD services are delivered in Queensland is affected by a number of factors including national and state-based policies, geographical location, service system capacity and other broad economic, environmental and social determinants. In particular the vast distances and diverse make-up of the state's communities presents complex challenges in terms of meeting client need, minimising sector fragmentation and reducing barriers to treatment. The impact of recent natural disasters must also be considered when planning, delivering and reviewing AOD treatment services in Queensland.

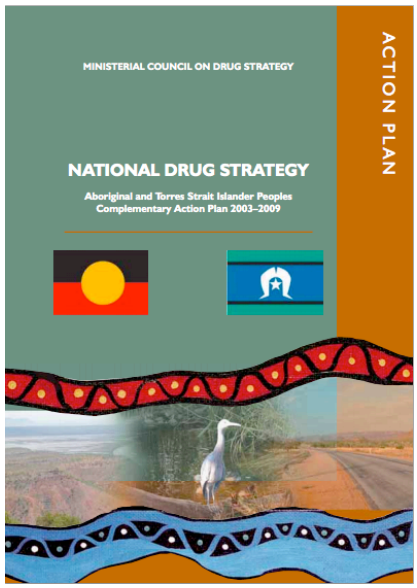
Current AOD Policy Context

National AOD Policy

Australia is recognised internationally as having a comprehensive and pragmatic approach to AOD policy which for the past 30 years has been based upon the principles of **harm minimisation**. This approach is enshrined within the **National Drug Strategy 2010 – 2015.**

Harm minimisation comprises three pillars: **supply reduction** (efforts to reduce the availability of alcohol and other drugs), **demand reduction** (efforts to reduce people seeking to use alcohol and other drugs through prevention, early intervention and treatment measures) and **harm reduction** (measures to minimise the harms that a person may experience as a result of their substance use). The majority of AOD treatment provision falls under the domains of demand reduction and harm reduction.

Alongside the National Drug Strategy sits the **National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003-2009**, which provides a nationally co-ordinated and integrated approach to reduce drug-related harm among Aboriginal and Torres Strait Islander People.



The Plan strongly advocates the need for a holistic approach to health and the importance of community controlled services, detailing 6 Key Result Areas based on the themes enhanced capacity; a whole-of-government commitment; improved access; holistic approaches; workforce initiatives; and sustainable partnerships.

Despite having lapsed in date, the Complementary Action Plan is still considered to be a relevant and useful framework for guiding AOD service delivery with Aboriginal and Torres Strait Islander communities.

Queensland AOD Policy

The Queensland Mental Health Commission (QMHC) has responsibility for setting statewide Mental Health, Alcohol and Other Drug strategic direction. The QMHC Whole of Government Strategic Plan released in October 2014 identifies a commitment to developing a Drug and Alcohol Action Plan as a Stage 1 Priority. Due to be released in 2015, the Drug and Alcohol Action Plan will focus on actions to prevent and reduce the adverse impacts of alcohol and drugs on the health and wellbeing of Queenslanders.

Queensland Mental Health Commission

Queensland Government

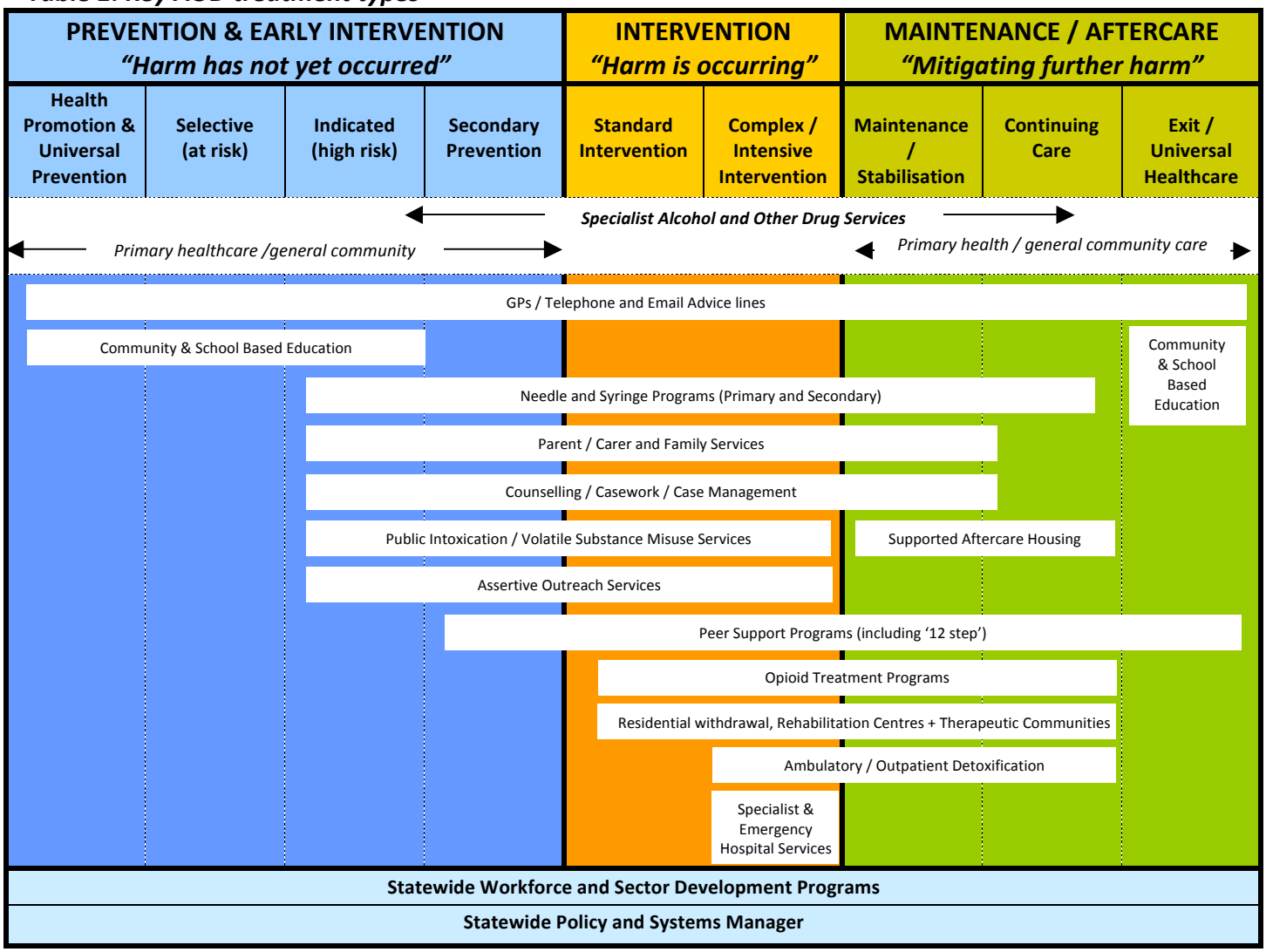
The Mental Health Alcohol and Other Drugs (MHAOD) Branch within the Department of Health is responsible for setting the state's AOD treatment services policy and investment framework. The Branch also set targets and collects data on public health AOD treatment provision and administers funding of non-government AOD services.

Identifying the AOD Treatment Sector in Queensland

In Queensland, AOD treatment is provided by:

- Public health Mental Health and Alcohol, Tobacco and Other Drug Services (MH-ATODS) and public hospitals
- Non-government organisations (NGOs), including Aboriginal and Torres Strait Islander community controlled organisations
- General Practitioners and other private healthcare providers

Table 1: Key AOD treatment types



The AOD Services Spectrum

Table 1 locates key AOD treatment types across each domain of health care. It also attempts to match these service types against changing levels of substance-related harm.

NB: This table is indicative only. Individual organisations and programs may conceptualise their role differently to what is presented here.

As Table 1 suggests, AOD treatment takes many forms, occurs in a variety of settings, has varying levels of intensity and takes varying lengths of time. Together, these services comprise a diverse and comprehensive AOD treatment system bridging the primary health sector, early intervention, acute care, community-based and longer-term rehabilitation service spectrum.

For example, treatment can include:

- opportunistic interventions involving brief, informal interactions by primary health care services,
- more intensive interventions such as drug withdrawal for severe dependence in a hospital setting,
- long term counselling and relapse prevention interventions provided on a community outpatient basis, or
- long term, intensive rehabilitation services including residential rehabilitation and therapeutic communities.

Specialist AOD Treatment Services

There is an important difference between generalist services who offer some AOD related support as part of their service mix, and specialist AOD treatment services.

Due to the complex nature of problematic substance use a distinct standalone treatment services system is essential to ensure clients receive an appropriate and effective treatment response. This type of care is not always able to be provided in primary health care, general practice or mental health care settings.

For example, specialist AOD services focus specifically on individuals whose level of substance use exposes them to significant risk (ie Needle and Syringe Programs) through to the provision of specific treatments to address substance dependence or problematic substance use (i.e. detoxification services and therapeutic communities) and to maintenance and stabilisation services (such as Opioid Treatment Programs).

Whilst specialist AOD treatment services can respond to a range of issues, addressing the client's substance use is their primary focus and concern. Once the level of risk or harm has been addressed transition to another service or exit usually occurs.

Statewide AOD Workforce and Sector Development

In Queensland, statewide AOD workforce and sector development services are performed by:

- The Queensland Network of Alcohol and Other Drug Agencies (QNADA) - a membership based not for profit organisation focusing on non-government AOD service providers;
- The Queensland Indigenous Substance Misuse Council (QISMC) through Queensland Aboriginal and Islander Health Council which supports community controlled specialist AOD service providers and Aboriginal and Torres Strait Islander health services; and
- Queensland Health's Statewide Clinical Support Services comprising Insight Training and Education Services, Dovetail Youth AOD Practice Support Unit, Aboriginal and Torres Strait Islander Practice Support Unit and an AOD Research and Development Unit, based within Metro North Mental Health – Alcohol and Drug Service, Metro North Hospital and Health Service.

Sector Mission

"The provision of effective, evidence-informed prevention, treatment and harm-reduction responses that build a Queensland community with the lowest possible levels of alcohol, tobacco and other drug related harm."

Our Values

AOD practice with individuals, families and communities in Queensland is characterised by a commitment to the following set of ***practice values***:

- Harm minimisation
- Social justice
- Non-discrimination
- Respect and dignity
- Compassion
- Non-judgment
- Empowerment
- Client-centred practice
- Strengths-based practice
- Holistic care
- Inclusivity, accessibility, flexibility and responsiveness
- Voluntary access

AOD treatment providers in Queensland are committed to the following set of ***sector and workforce values***:

- Being informed by evidence
- Professionalism
- Ethical practice
- Accountability and transparency
- Confidentiality and privacy
- Cultural security
- Collaborative practice
- Innovation and creativity
- A commitment to safety
- A commitment to excellence
- A commitment to achieving outcomes and results, and
- A commitment to continuous quality improvement.

Aims, Objectives and Anticipated Outcomes of AOD Treatment

In Queensland the primary objectives of AOD treatment are:

1) To reduce the client's level of substance use
2) To reduce the client's experience of AOD-related harm
3) To build the client's capacity to better understand and manage their own health and wellbeing.

Secondary objectives or outcomes of AOD treatment include:

1) Improved physical and mental health
2) Improved resilience, confidence, self-esteem and sense of self-worth.

Other outcomes which may be achieved through AOD treatment include:

1) Improved relationships with partners, family members and friends
2) Improved life skills
3) Improved housing or living conditions
4) Improved education, training and employment-related outcomes
5) Improved legal and justice-related outcomes.

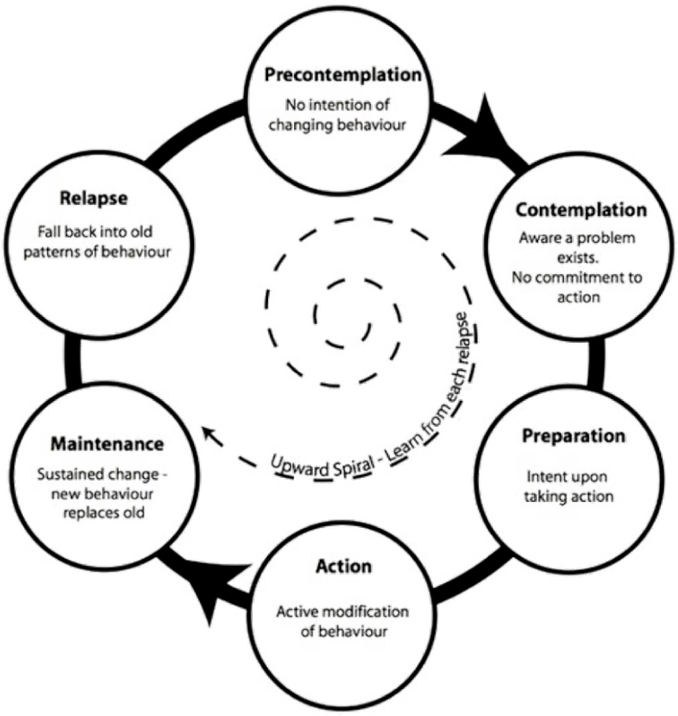
Ultimately, an effective AOD treatment is where a client is provided with appropriate information and support to identify their own treatment goals and then assisted to achieve these goals in a safe, effective and timely manner.

Stages of Change Model

The Transtheoretical (or 'Stages of Change') Model developed by James Prochaska and Carlo DiClemente in the 1980s is widely used in AOD treatment services as a tool for guiding psycho-social interventions. It proposes that all individuals move through the following series of stages when attempting to change or modify problematic behaviour:

- pre-contemplation
- contemplation
- preparation
- action
- maintenance
- relapse

Identifying the client's 'stage' in relation to their readiness or motivation to change determines what types of interventions may best be applied, as well as the range of possible outcomes that may be achieved.



1. Prochaska J O, DiClemente, C C. The transtheoretical approach. In Norcross, J C, Goldfried, M R (eds.) Handbook of psychotherapy integration. 2nd ed. New York: Oxford University Press; 2005, 147 - 171

Recovery in AOD Treatment Settings

In the context of Queensland AOD treatment, the term 'Recovery' is used to describe any approach that seeks to identify and achieve goals that are meaningful to the client, which may include safer using practices, reduced use or abstinence. For many people, recovery describes a holistic approach that offers greater opportunity for positive engagement with families, friends and communities.

Treatment Types Defined

In Queensland, the following treatment types are offered:

ACTIVITY	DEFINITION
Alcohol Pharmacotherapy	The use of medication to support abstinence for individuals with alcohol dependence.
Ambulatory / Out-client / Home-based withdrawal management and support (detoxification),	The provision of short term management or support to people who do not require, or no longer require, inpatient withdrawal management. Suitable for low level, withdrawal with low predicted withdrawal complexity, though in some cases, withdrawal pharmacotherapies may be clinically indicated.
Assessment only	Undertaking a stand-alone AOD assessment with the understanding that there will be no subsequent treatment offered (i.e. upon request by other professions / practitioners for court, for external treatment planning or for clients referred by a GP or hospital for an assessment for therapeutic use of prescription opiates)
Brief Intervention	A one-off structured intervention between 5 and 60 mins in length, which involves a brief or basic assessment and provision of information and feedback.

ACTIVITY	DEFINITION
Case Management	The planning, coordinating, brokering and monitoring of a treatment plan.
Casework	The implementation of a treatment plan, driven by both client and practitioner.
Consultation and liaison	Provision of advice and support to clients and health professionals at the interface between the AOD sector and the broader health sector, usually in hospital or community health settings.
Counselling	Establishing a professional therapeutic relationship utilising a structured, intentional conversational method to assist clients to identify and resolve personal, social or psychological difficulties.
Discharge planning, aftercare/continued care	A process of identifying and documenting a client's needs post treatment, generally including relapse prevention and harm reduction information. May include the provision of supported accommodation during the initial transition stage from residential withdrawal or treatment.
Information and education only for *clients individually*	No treatment provided to an individual client other than information and education.
Information and education only for *clients in groups*	No treatment provided to clients in a group setting other than information and education.
Inpatient / Residential withdrawal management and support (detoxification)	The provision of a "very high" (hospital setting or withdrawal unit) or "moderately high" (residential settings) level of medically assisted care for clients undertaking an alcohol or other drugs withdrawal process. It is the preferred treatment setting for those assessed as having a risk of complex or severe withdrawal symptoms.
Intake and screening	A process to determine if engagement with a client is appropriate based on their needs, what treatment and support options are available in the service system, whether the client is voluntary or coerced and whether the client has additional needs related to their age, ability, gender, sexuality or cultural background.
Medical Interventions	The provision of AOD related medical interventions including pharmacotherapies, withdrawal management, BBV screening, Hepatitis vaccination, and medical assessment, intervention and referral for a range of physical and psychological conditions.
Mentoring programs	Non-clinical, personalised support programs that involve matching volunteer mentors with client 'mentorees' for life-skill or interest-based interactions, including cultural men's and women's groups.
Needle and Syringe Program – Primary Service	Provision of a full range of sterile injecting equipment alongside harm reduction interventions such as Blood Borne Virus (BBV), vein care, safe disposal and referral info.
Needle and Syringe Program – Secondary Service	Provision of basic sterile injecting equipment only, distributed by non-NSP staff or through vending machines.
Nicotine Replacement / Smoking Cessation Therapy	The administration of either nicotine or a nicotine-receptor-partial-agonist via means other than tobacco to reduce or eliminate withdrawal symptoms and nicotine cravings.
Opioid Treatment Program	Clinically supervised replacement of the drug of dependence with a legally obtained, longer-lasting opioid that is administered to reduce or eliminate withdrawal symptoms and drug cravings.
Peer support groups	Voluntary, self help groups open to individuals seeking to address their AOD use, or to maintain abstinence (including AA, NA, SMART Recovery). These groups may also support the family and friends of people with AOD issues (e.g. Alanon).
Police Diversion, Illicit Drugs Court Diversion, and Drug and Alcohol Assessment Referral Courses	Provision of a one-off 1-2 hour assessment and brief intervention session for clients referred by Queensland Police or by a Queensland Magistrates Court.
Queensland Court Referral	A bail-based program that enables defendants to engage with government agencies and non-government organisations to address the causes of offending behaviour by identifying those defendants who come into contact with the criminal justice system as a result of: drug and/or alcohol dependency; mental illness; intellectual disability; cognitive impairment; and/or homelessness, or risk of homelessness.

ACTIVITY	DEFINITION
Queensland Magistrates Early Referral Into Treatment Program	A bail-based diversion program for defendants with illicit drug use issues operating in the Maroochydore and Redcliffe Magistrates Courts.
Residential Rehabilitation	An intensive treatment program conducted in a residential setting typically offering a mixture of one-on-one, group work, peer support and team/community building processes.
Standalone Client Advocacy	Provision of direct support to a client in navigating a service system.
Therapeutic Community	A residential treatment program that utilises the 'Community as method' approach, incorporating distinct stages of treatment (generally covering assessment/orientation, treatment, transition and re-entry).
Therapeutic groups	Structured groups for individuals seeking help with their AOD use, facilitated by a clinician.
Treatment Planning and review	A process of identifying and documenting a client's goals in relation to their alcohol and drug use to be used to guide their interaction with a treatment service, as well as the periodic review (at least every 90 days) of these goals to ensure continuing relevance of the treatment approach.

Service Quality, Standards and Improvements

Queensland's AOD treatment services use a range of standards and clinical guidelines where it is relevant to practice and treatment settings. Commonly used tools and guidelines include:

Alcohol treatment guidelines for Indigenous Australians (Dept of Health)
AOD: A Handbook for Health Professionals (Dept of Health)
Australian Therapeutic Community Standards
Brief Cognitive Intervention for Regular Amphetamine Users (Dept of Health)
Brief Intervention for Substance Use (WHO)
Can I Ask?.... AOD Clinicians Guide to Addressing Domestic and Family Violence (NCETA)
Clinical Guidelines for the care of persons with comorbid mental illness and substance use disorders in acute care settings (NSW Health)
Clinical guidelines for the provision of residential treatment (NSW Health)
Counselling Guidelines: AOD Issues (WA Drug and Alcohol Office)
Dovetail Youth AOD Good Practice Guides
Drug and alcohol clinical supervision guidelines (NSW Health)
Guidelines for AOD Clinicians (Turning Point)
Guidelines for psychosocial interventions (NSW Health)
Management of Patients with Psychostimulant Toxicity (NDS)
National Clinical Guidelines for Managing Drug use during Pregnancy (NSW Dept of Health)
National Comorbidity Clinical Guidelines (NDARC)
Protocols for the delivery of social and emotional wellbeing and mental health care in Indigenous settings: Guidelines for health workers, clinicians, consumers and carers.
Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines (May 2012)
Queensland Health Dual Diagnosis Clinical Guidelines
Queensland Opioid Treatment Program: Clinical Guidelines 2012
The Standard on Culturally Secure Practice (AOD Sector)
Therapeutic Practice Frameworks in Youth AOD Services (YSAS)
Working Together 2nd Edition: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principals and Practice

Key Features of Effective Services

Effective AOD treatment services in Queensland are:

- evidence-informed,
- targeted to the right clients,
- timely, responsive and comprehensive,
- safe, welcoming and non-stigmatising,
- accessible and easily contactable in terms of location and opening hours,
- accessible in relation to any physical, environmental or procedural barriers,
- culturally, religiously, gender, age and developmentally appropriate, and
- are of adequate standard, staffed by appropriately trained and skilled staff.

Effective AOD services also:

- promote choice and control by clients
- monitor progress of all clients to ensure that their service is targeted, coordinated and efficient,
- provide continuity of care not only with other AOD services, but also with other health and welfare systems (eg mental health, disability, housing, homelessness and statutory care services),
- encourage and enable clients and their carers to provide input and feedback to the service, including opportunities for further engagement where appropriate,
- regularly monitor and evaluate their own qualitative and quantitative performance, and use this to inform a process of continuous service quality improvement.

Case Management and Casework

Case management and casework are common models of support offered to clients across a range of AOD treatment settings.

While it is acknowledged that many practitioners use these terms differently, even interchangeably, particularly in official job titles and role descriptions, the Queensland AOD Sector considers there to be an operational distinction between the practise of case management and casework, as per the following statement:

> *"In the context of AOD treatment, **Case Management** comprises the planning, coordinating, brokering and monitoring of a treatment plan, whereas **Casework** is the implementation or actual doing of that plan, and is driven by the client and practitioner"*

Endorsed Counselling Approaches

AOD services must offer treatment and counselling approaches that match the individual needs and circumstances identified by each client.

Evidence-informed counselling approaches that are commonly utilised in AOD treatment in Queensland include:

- Motivational enhancement / interviewing
- Cognitive Behavioural Therapy
- Mindfulness
- Acceptance and Commitment Therapy
- Solution Focussed Therapy
- Narrative Therapy
- Emotional Regulation Therapy
- Contingency Management

The following approaches, whilst not commonly practised in AOD treatment settings across Queensland, are recognised as valid and appropriate for use in certain contexts:

- Dialectical Behavioural Therapy
- Art / Music Therapy
- Exercise and Healthy Lifestyle Programs

Other counselling, therapeutic or experiential approaches not listed here may offer positive benefits to clients, however they are not commonly practised in Queensland.

Outreach

Many AOD services in Queensland use outreach approaches to locate and/or provide treatment to clients. Importantly, outreach is not an intervention in and of itself. Rather it is a non-agency based approach to working with clients in order to facilitate interventions.

The Queensland AOD Sector adopts the following definitions to describe the four main outreach modalities offered:

Assertive Street Work:
Actively looking for individuals who are not currently in AOD treatment in public space locations such as the streets, malls, parks, shopping centres etc, sometimes after hours.

Assertive Community Outreach:
Actively looking for individuals who are not currently in AOD treatment at other health, social and accommodation service settings, such as hospital emergency departments, Centrelink offices, boarding houses etc.

Clinical Outreach:
Structured, planned work with clients in another health or support service's venue, such as a hospital, health service, community centre or youth service.

Detached / Mobile Outreach:
Structured, planned work with clients in their own homes, workplaces or other agreed settings.

Intake, Screening and Assessment

Intake, screening and assessment should be conducted in a way that enables a service to successfully determine whether further engagement with an individual is appropriate based on the client's needs and the services available. The process should begin with effective engagement and rapport building so that the client feels safe and welcomed. The client's rights and responsibilities must be clearly explained from the outset, including confidentiality and privacy provisions and how to lodge a complaint. The client should be provided with information on all treatment options available (including those offered by other nearby services) to ensure they are able to make an informed choice of service based on appropriate treatment, matched to their needs.

Where the person conducting the assessment believes there is a strong chance the client will not return for further treatment, the session should include a discussion on harm reduction strategies and an exploration of further support options.

Screening and Assessment Tools

The following screening and assessment tools are most commonly used by the Queensland AOD Sector:

- Alcohol Use Disorders Identification Test (AUDIT)
- DASS 21 (Depression, Anxiety, Stress Scales)
- Kessler 10 (K-10)
- Severity of Dependence Scale
- Self Harming / Suicidal Ideation
- Indigenous Risk Impact Screen (IRIS)
- Substance and Choices Scale
- Folstein Mini Mental State Examination
- DSM Dependence Rating
- Aggressive/Homicidal Ideation
- Fagerström Nicotine Tolerance Questionnaire
- Psycheck.

Waiting List Management

Where an AOD treatment service is deemed appropriate but not immediately available, service providers should operate a fair, equitable and clearly explained waiting list. If the service is not deemed suitable, service providers should refer the client to the most appropriate service or option available as soon as possible, and offer assistance to make contact with these services.

Treatment Planning and Referral

Effective treatment planning and referral is essential to maximising client outcomes. Treatment plans should be documented, developed in negotiation with the client and reflect issues identified during the screening and assessment process. The documented plan should clearly articulate the client's treatment goals, strategies in place to achieve these goals and be regularly reviewed and updated (either triggered by a review timeframe or by the client or clinician).

Post-treatment referral processes should be documented, ensuring the client is not required to re-tell their story unless they request it. Referrals should only be made once the client has provided informed consent. It is good practice for agencies to follow up their referrals to determine if they were successful and for the receiving agency to provide feedback to the referrer on the process and outcome of the referral. A successful referral is one that results in the client receiving services from the agency to which they were referred.

Case Coordination and Service Integration

Many individuals seeking AOD treatment also experience a range of co-occurring issues or co-morbidities including poor physical and mental health, relationship breakdown, housing stress, financial strain and legal problems. Effective case coordination is required so that clients experience continuity of care.

Case coordination between agencies that have a client in common should be conducted with full client knowledge and consent, unless in exceptional circumstances when there is significant or urgent risk of harm to the client or someone else.

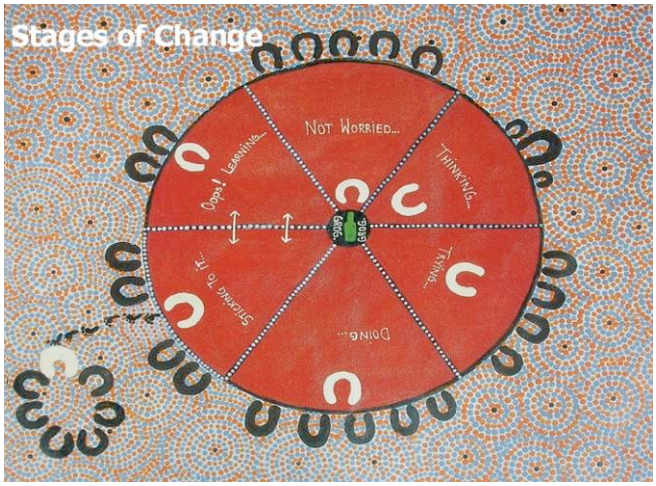
Case coordination is generally more effective when:

- A 'lead agent' is identified who ensures competent case management
- Clear agreements are reached between agencies (e.g. Terms of Reference, MOUs)
- Coordinated treatment plans are regularly monitored and reviewed
- A crisis intervention plan is prepared in advance.

AOD Treatment in Aboriginal and Torres Strait Islander Communities

Community controlled alcohol and other drug services are initiated by local Aboriginal and Torres Strait Islander people and deliver holistic and culturally appropriate care to people within their communities.

Aboriginal and Torres Strait Islander issues around AOD misuse are complex and multi causal and addressing these issues requires a comprehensive approach that considers social determinants, prevention, culturally safe care and treatment and support to clients, families and communities.



Indigenous Stages of Change model developed from the Cycle of Behaviour Change, Living With Alcohol Program (2000) Artists: Terry Simmons and Sophia Conway from Titjikala Community [www.health.nt.gov.au]

In providing treatment services Aboriginal and Torres Strait Islander community controlled organisations:

- Provide appropriate assessment and treatment options for clients
- Address social and emotional wellbeing needs of clients which includes connection to culture, family, land and spirituality
- Consider implications of family and community in treatment
- Provide holistic treatment services
- Provide ongoing support post treatment

For non-Indigenous services this includes developing, sustaining and demonstrating cultural competency in service delivery through:

- Partnering and collaborating with the Aboriginal and Torres Strait Islander AOD sector and communities
- Participation of Aboriginal and Torres Strait Islander people in governance, management and service delivery levels of the organisation
- Delivering meaningful outcomes for Aboriginal and Torres Strait Islander people and communities.

AOD Practice with Specific Populations

The Queensland AOD Sector recognises that specific population groups have particular needs, concerns and barriers that need to be addressed in order to provide fair and accessible AOD treatment. These groups include:

- Intoxicated clients
- People who inject
- People with co-occurring mental health issues
- People who have a physical disability and/or intellectual impairment
- People who live in rural and remote areas
- Criminal justice clients
- Pregnant women and parents
- Young people
- Culturally and linguistically diverse clients
- Refugees and asylum seekers
- Lesbian, gay, bisexual, transgender and intersex populations
- Family members and significant others

Queensland AOD Services acknowledge the need for ongoing training, workforce and sector capacity building to improve individual practitioners' and service providers' ability to work better with these population groups.

Engaging Clients and Service Users

The Queensland AOD Sector acknowledges the value of meaningful engagement with clients to ensure services meet their needs.

Available engagement strategies include a mix of quick, opportunistic tools (such as feedback forms, surveys, questionnaires and suggestion boxes) to deeper engagement options (such as client meetings, focus groups, consumer committees and opportunities to be a member on boards, reference groups and interview panels where appropriate).

In order to maximise the benefit of the engagement for both client and agency, the provision of clear, honest communication – including a feedback loop from management – should be maintained.

Clients who participate in service development activities should ideally be paid for their contribution and reimbursed for any outlay or expense they incur. Furthermore clients should be supported to build practical skills and competencies wherever possible.

Continuing Care and Exit

The Queensland AOD Sector acknowledges that continuing care is just as important as treatment. Providers are therefore committed to high quality post-vention services where necessary alongside well-executed exit processes when treatment is complete or when a client exits treatment earlier than planned.

The Queensland AOD Sector considers the following practice principles necessary for effective continuing care and/or exit:

- Commence transition planning in the earlier stages of treatment which may include the preparation of a documented exit plan
- Explore and regularly revisit relapse prevention strategies in the lead-up to transition
- Maintain regular communication during transition.

Measuring Client Outcomes

Measuring the impact of AOD treatment in the lives of clients and communities is essential to ensuring that organisational practice standards continue to improve.

Because clients of AOD services often have multiple and complex needs, the same set or types of outcomes are not sought for each and every individual.

Nevertheless there is general consensus around a number of outcome domains that can be reasonably expected to be impacted by AOD treatment which could be measured.

These are:

- Changes in amount and/or frequency of substance use
- Changes in risky behaviour
- Changes in social and emotional wellbeing
- Changes in mental health
- Changes in physical health
- Increased knowledge of health / AOD risks and harms
- Increased life skills
- Changes in self esteem

Conversely, it is difficult to measure or reasonably establish the impact of AOD treatment on the following domains:

- Ability to comply with legal or statutory directives
- Changes in housing / accommodation
- Changes to participation in education / training / work
- Changes in criminal / offending behaviour

Developing new and improved outcomes measurement tools that offer a good balance between validity, reliability and utility across treatment settings is a priority for the AOD services sector in Queensland.

Conclusion

Queensland boasts a vibrant, skilled and dedicated AOD treatment service sector committed to reducing alcohol and drug related harms and increasing the quality of life for the state's residents.

Queensland's AOD services are also committed to building their connections with each other and with other health and welfare services in order to provide comprehensive and integrated care to our state's most vulnerable.

This framework document is a product of this commitment and serves as a foundation for the future advancement of the AOD treatment sector in Queensland.

Date for Review: July 2017