Key features of effective AOD treatment services

The framework provides a whole-of-system approach to working with AOD clients. From the time of their initial engagement with the service, the Queensland AOD workforce is attempting to actively engage the client integrated service sector to ensure continuity of support for the client. The key features of these services are articulated further in this document.

Key features of effective services

Effective AOD treatment services in Queensland are:

- evidence-informed, targeted to the right clients
- family sensitive
- timely, responsive and comprehensive
- safe, welcoming and non-stigmatising

- accessible and easily contactable in terms of location and opening hours
- available in relation to any physical, environmental or physical barriers
- culturally, religiously, gender, age and developmentally appropriate
- of adequate standard, staffed by appropriately trained and skilled staff
- bio-psycho-social in nature

Effective AOD services also:

- promote choice and control by individuals and communities
- monitor progress of all clients to ensure that their service needs are met
- are transparent and accountable to both clients and agencies, the provision of clear, honest feedback is a priority
- are consistent, reliable and of high quality
- reflect the highest ethical and professional standards
- are supported by evidence and best practice principles necessary for effective continuing care and/or referral
- are driven by the client and practitioner

Key features of effective AOD treatment services

1. Intake, triage, screening and assessment

These should be conducted in a way that enables a service to successfully determine whether further engagement with an individual is appropriate and 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 at 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.

2. Counselling and other therapies

AOD services must offer treatment and counselling approaches that are appropriate and respectful of the individual circumstances identified by each client and that are family inclusive. These evidence-informed psychotherapeutic approaches have been shown to be effective.

3. Case coordination and service integration

Many individuals seeking treatment also experience a range of co-occurring issues or co-morbidity including poor mental health, relationship breakdowns, housing stress, financial strain and legal problems. Effective case coordination is regarded as an essential component of care. Case coordination between agencies that have a client in common should be conducted with full client knowledge and consent, unlike in exceptional circumstances when there is significant or urgent risk of harm to the client or someone else.

4. 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 wait is not deemed suitable, service providers should advise the client to the most appropriate service or option available as soon as possible.

5. Treatment planning and referral

Treatment plans need to be documented with the client and significant others to reflect issues identified during the screening and assessment process. The document should clearly articulate the client’s treatment needs, including a plan to achieve those goals and be regularly reviewed and updated (preferably triggered by a review timeframe or by the client or clinician).

6. Case management and coordination

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

7. Engagement strategies

Effective AOD treatment services in Queensland use outreach approaches including community-based, individual and telephone-based approaches to engage and support individuals who are not currently in AOD treatment in public space locations such as streets, malls, parks, shops and centres etc. Sometimes, outreach is not an intervention in itself. Rather it is a non-agency-based approach to working with AOD clients in order to build trust and rapport.

8. Harm reduction

Harm minimization acknowledges that some people will continue to use alcohol and other drugs, and therefore incorporates policies which aim to prevent or reduce associated harms. Harm reduction is at the centre of the National Drug Strategy’s Harm Minimization Agenda, along with demand and supply reduction. The defining features of harm reduction are the focus on the prevention of harm, rather than the prevention of use, and the recognition that change is a gradual process, and the focus on people who continue to use substances, as well as a range of services that provide intervention into the controlled management of problematic use.

AOD strategies are designed to minimize the harm from substance use and should be coordinated and balanced across the three pillars of demand reduction; supply reduction; and harm reduction.

9. Continuing care and exit of service

The Queensland AOD Sector acknowledges the continuing care is just as important as treatment. Providers are, therefore, committed to high quality post-intervention services where necessary alongside well-sequenced exit processes when treatment is complete or when a client no longer requires treatment.

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

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

Putting the client’s journey at the centre of our service approach

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 appropriate service in relation to these groups.

- Family members and significant others
- Intoxicated clients
- Children
- People with co-existing mental health issues
- People with a physical disability and/or intellectual impairment
- People who are experiencing homelessness

Queensland AOD Services acknowledge that both intoxication, workforce and sector development to improve practitioners’ and service providers’ ability to work effectively with specific populations.

AOD treatment in Aboriginal and Torres Strait Islander communities

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 appropriate service in relation to these groups.

- Intoxicated clients
- Children
- People with co-existing mental health issues
- People with a physical disability and/or intellectual impairment
- People who are experiencing homelessness

Queensland AOD Services acknowledge that both intoxication, workforce and sector development to improve practitioners’ and service providers’ ability to work effectively with specific populations.

AOD practice with specific populations

Community controlled alcohol and other drug services are available in local Aboriginal and Torres Strait Islander people and deliver holistic services which are appropriate care to people within their communities. Aboriginal and Torres Strait Islander issues are around AOD use complex and multi-causal and the Queensland AOD Sector recognises that this requires a comprehensive approach that considers social determinants, prevention, culturally safe care and treatment and support to clients, families and communities.

Queensland AOD Sector recognises the importance of community development for Aboriginal and Torres Strait Islander communities, culturally appropriate and culturally safe care and treatment services. The Queensland AOD Sector also recognises that this is contextually based and is driven by the client and practitioner.

This includes the development of capacity in Aboriginal and Torres Strait Islander people and communities, cultural awareness training and opportunities to support the development of these services.

Client organisation

Client organisations for Aboriginal and Torres Strait Islander communities:

- Provide appropriate assessment and treatment options for clients
- Address social and emotional wellbeing issues of clients such as tobacco, care, family, limb and spirituality
- Consider the role of family and community in the development and support of the organisation
- Develop culturally appropriate services for Aboriginal and Torres Strait Islander people and communities.