Queensland Health | Alcohol and Other Drug (AOD) Services

AOD state-wide model of service – a consistent HHS* AOD service approach

1. Why do we need a Queensland Health AOD model of service?

Due to the significant harms that can result from AOD use, we have created a state-wide HHS model of service to ensure that clients will receive consistent specialised AOD treatment in the Queensland public health system.

These services have been designed to:

- provide people with a range of accessible, client-focused and evidence-informed interventions;
- reduce harm to individuals, families and the community;
- ensure continuity of care by working with other services.

This document outlines the scope of AOD services in Queensland and seeks to complement and support the delivery of high quality and safe AOD services. Additionally, it seeks to support consistency of practice and reduce variation across the state. The accessibility of information allows greater transparency about public AOD services and informs clients, carers, service partners, staff, managers and services.

2. What are the benefits?

Queensland Health has traditionally provided varying levels of service delivery across each HHS reflecting:

- the resources available; and
- the needs of the clients in each region.

By creating an AOD HHS state-wide model of service, Queensland Health is promoting a high quality and consistent service provision that translates into improved client outcomes while continuing to tailor services to meet local needs.

3. Queensland Health AOD services are well placed to provide interventions to people experiencing significant harm

The HHS AOD model of service draws upon the Queensland AOD Treatment Service Delivery Framework, as well as the Queensland Health CSFv3.2*. The full spectrum of AOD services encompass three main components:

1. Prevention and Early Intervention
2. Intervention/Treatment
3. Maintenance/Aftercare

4. Maximising our impact by focusing our services

Our core focus as a HHS AOD service

Phase 1 - PREVENTION AND EARLY INTERVENTION
Harm has not yet occurred

Our primary role as a HHS AOD service

We collaborate with our partners to deliver services

Where the service system is unable to support community needs

We lead the delivery of services as needed

Phase 2 - INTERVENTION/TREATMENT
Harm is occurring

We collaborate with our partners to deliver services

Our core focus as a HHS AOD service

We lead the delivery of services as needed

Phase 3 - MAINTENANCE/AFTECARE
Mitigating further harm

We collaborate with our partners to deliver services

For more information contact:

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Chae, AOD Service Improvement Group, Queensland Health

5. Our core partners

We work collaboratively with our partners to ensure that the client receives the appropriate care

Specialist AOD NGOs
= (including Aboriginal and Torres Strait Islander community controlled organisations) provide a complementary range of services and coordinate care with our services where appropriate.

Other HHS services
= provide treatment to clients who may also require AOD services (e.g. Mental Health, Hospital Inpatient and Sexual Health, etc.).

Primary Health
= These services include GPs (AMS*) and are often the first to identify people who may need AOD services.

Other NGOs
= These services include community managed mental health, housing, welfare services etc., who provide a range of other essential support.

Private providers
= The Queensland Mental Health Commission provides evidence informed framework and services

Queensland Community
= The Queensland community provides reliable feedback on our service provision and allows for more responsive service delivery as resources allow.

Other government departments
= Other government departments often identify people who are experiencing AOD related issues.

For more information contact:

MSM AOD Services Improvement Group, Queensland Health

HHS = Hospital and Health Service
CSFv3.2 = Clinical Services Capability Framework
DABIT = Drug and Alcohol Brief Intervention Team
AMS = Aboriginal Medical Service

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