

Alcohol and Other Drug services

CSCF v3.2

Module overview

Please note: This module must be read in conjunction with the *Fundamentals of the Framework* (including glossary and acronym list).

Alcohol and Other Drug (AOD) services are a specialised area of health care promoting the minimisation of harm for individuals, families and communities experiencing problems related to alcohol and other substance use. AOD treatment services provide intake and triage, screening, assessment, care planning, coordination, education, treatment, monitoring, support, referral, disengagement and/or aftercare interventions for clients at risk of harm, and/or for those experiencing harm arising from alcohol and other substance use.

AOD treatment services address the needs of a broad mix of people across the entire age spectrum (youth and young people, adults and older persons). An individual's need for AOD treatment services may be triggered by either acute medical or psychiatric crises, and/or more chronic dependency issues. Subsequently, the need for AOD treatment services can be either **elective** or **emergency-based**, short-, medium- or long-term, or intermittent, and often spans various levels of care and service areas across the broader healthcare system. AOD services also routinely consider and respond to the special needs that may be associated with the alcohol and other substance use of:

- Aboriginal and/or Torres Strait Islander people
- young people
- people of culturally and linguistically diverse backgrounds
- people living in rural and remote areas
- people experiencing complex needs arising from poly-substance use, co-morbid physical and/or chronic pain, and mental health problems.

By national convention, the accepted term to be used when referring to a person participating in AOD treatment is '**client**'. Whilst it is recognised other terms can be used including 'consumer' and 'patient', the terms 'client' and 'person' are used throughout the AOD services module.

An integrated Queensland AOD service system

A strong focus on integration of AOD services across Queensland ensures clients experiencing alcohol and other substance problems have access to the right level of care and support at the appropriate time. A range of inter-connected community service options are offered by the AOD service system so a client's treatment and care is coordinated and responds to changing needs over time. Along the service continuum, AOD treatment interventions may take place in a number of settings including hospital-based services, designated AOD community-based services, community-based primary health care services, a residential program, non-government organisations, an institutional facility such as a prison or Watch House, or in the person's home. All service components within the Queensland AOD service system are integrated and work together to promote continuity of care and a holistic approach to treatment.

Organisations providing AOD services distinguish themselves by the focus of their services i.e.

- **Queensland Health AOD services** typically provide specialist clinical services.
- **private hospital AOD services** typically provide inpatient and/or day patient withdrawal and associated programs.
- **non-government organisations** (NGOs) typically provide a mixture of clinical and non-clinical AOD services.

While a range of organisations provide AOD services, the CSCF applies only to those services provided in acute and sub-acute hospital orientated environments. Additionally, health care facilities providing AOD services are not obligated to provide all aspects of AOD services as outlined in the CSCF. Rather, where AOD services described within the CSCF are provided by health care facilities, minimum criteria relevant to the specified service capability levels need to be met.

AOD service areas

The AOD service module defines broad service areas separately so detailed description of minimum criteria requirements can be provided for each specific service area. These service areas are broadly defined as follows:

Ambulatory AOD services (Level 1 to 6) deliver services to non-hospitalised clients and may include services at hospital outpatient clinics, day programs and/or clinics, and Queensland Health community-based AOD services including specialist AOD service areas² such as the Needle and Syringe Program (NSP); Sexual Health, Immunisation Services, Screening, Assessment and Brief Interventions; Pharmacotherapy Substitution; Substance Withdrawal; and Psychosocial Interventions.

Emergency AOD services (Levels 1 to 6) deliver services to clients presenting via emergency, with key features of the service including, but not limited to:

- appropriate mechanisms to assist in the identification and management of people at risk of harm, and/or those experiencing harm arising from alcohol and other substance use
- access to specialist advice on alcohol and other problematic substance use
- processes to refer clients experiencing alcohol and other problematic substance use into appropriate treatment and/or care alternatives.

Inpatient AOD services deliver both acute and non-acute inpatient services to hospitalised clients, either on an elective or emergency basis, for short- to medium-term or intermittent periods for acute clients, or over a longer term period for non-acute clients, with non-acute AOD services possibly involving a specialist rehabilitation component and/or stabilisation service to care, such as Opiate Replacement Therapy. Clients requiring inpatient AOD services can be further grouped into either:

- child and adolescent cohorts (Levels 4 to 5), or
- adult cohorts (Levels 3 to 6).

General support services

Documented processes and collaborative partnerships—relevant to the service being provided and individual client need—should be established between an AOD service and a range of other services such as:

- clinical support services including (but not limited to) staff from medical units, maternity services, health services (ambulatory, acute and non-acute) for the target population, and mental health services as necessary.
- non-clinical support services including (but not limited to) housing, vocational, education and other appropriate government agencies (e.g. Queensland Police Service and Department of Communities, Child Safety and Disability Services) and non-government organisations.
- other service providers such as the Queensland Ambulance Service and Royal Flying Doctor Service.

For the purposes of this module, the terms:

- **case management** comprises the planning, coordination, brokering and monitoring of a treatment plan.

- **casework** is the implementation or actual doing of that plan, and is driven by the client and practitioner.
- **harm minimisation** comprises three pillars including **supply reduction** i.e. efforts to reduce the availability of alcohol and other drugs, **demand reduction** i.e. efforts to reduce people seeking to use alcohol and other drugs through prevention, early intervention and treatment measures, and **harm reduction** i.e. measures to minimise the harms that a person may experience as a result of their substance use, noting the majority of AOD treatment provision falls under the domains of demand reduction and harm reduction.
- **outreach** is a non-agency based approach to working with clients in order to facilitate interventions (rather than an intervention in and of itself) with four main outreach modalities practiced in the Queensland AOD sector:
 - assertive street work which involves actively looking for individuals who are not currently in AOD treatment in public space locations such as the streets, malls, parks and/or shopping centres, sometimes after hours.
 - assertive community outreach which involves 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 and/or boarding houses.
 - clinical outreach which involves 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 which involves structured, planned work with clients in their own homes, workplaces or other agreed settings.
- **recovery** describes 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.

Service networks

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific network requirements include:

- established lines of communication and collaboration between AOD service providers i.e. lower level services partnering with higher level (Level 5 and/or 6) services as well as across public, private and NGO sector service areas e.g. across substance withdrawal and psychosocial interventions
- linkages with specialist AOD services e.g. opioid substitution services, specialist positions within youth services and/or homelessness teams that might only be based in distinct geographical sites
- collaborative partnerships between government and non-government organisations including Aboriginal and Torres Strait Islander community controlled health organisations
- service links with the primary care sector including general practitioners, private clinicians, pharmacists, residential withdrawal and rehabilitation services, other withdrawal services, counselling services, youth services, women's services, family support services, and accommodation services.

Service requirements

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific service requirements include:

- accessible in relation to any physical, environmental or procedural barriers
- easily contactable in terms of location and opening hours
- clear explanation from outset of client rights and responsibilities including confidentiality and privacy provisions and how to lodge a complaint

- timely assessment and intervention reflecting evidence-based cultural, age and gender appropriate care
- service delivery reflects specific needs of target population and/or client
- written care plan developed in collaboration with client summarising current substance use (including prescribed medication), substance related harm and risk behaviours, physical and mental health, significant social and legal issues, and plans to address areas of need
- liaison with Department of Health to obtain client's Schedule 8 and/or opioid treatment history, where relevant and/or any relevant advice on implementation of Schedule 8 medications
- compliance by prescribers with statutory requirements
- safe, welcoming and non-stigmatising treatment
- access to appropriately trained security and/or law enforcement personnel
- treatment and counselling approaches offered that match individual needs and circumstances identified by each client
- proactive client (significant other and family where appropriate) support to initiate contact with, and engage in health, welfare and community support services as required
- multidisciplinary (and where possible, multi-systemic) collaboration for review of all care plans in cases where client risk status escalates beyond capability of current service level, including consultation-liaison with higher level services (may be via telehealth arrangements)
- consideration of decision-making capacity and/or role of alternate, legally appointed individual or agency in decision-making on behalf of the client
- transition planning commencing in earlier stages of treatment including preparation of documented exit plan where needed
- all national minimum data set requirements recorded in Alcohol, Tobacco and Other Drugs Information System (ATOD-IS) or replacement (public sector only)
- regular revisiting of relapse prevention strategies in lead-up to transition
- maintaining regular communication during transition
- relevant clinical indicator data provided to satisfy accreditation and other statutory reporting obligations.

Integrated recovery plans should include:

- developmental / educational / vocational tasks relevant to the client
- risk assessments pertaining to each presentation
- assessments pertaining to each client's family / carer factors including family / carer risk factors
- family / carer and community roles in ongoing care and support of the client.

Workforce requirements

In addition to the requirements outlined in the *Fundamentals of the Framework*, specific workforce requirements include:

- staffed by appropriately trained and skilled personnel and where mandated, registered health professionals
- appropriate staff training in recognition of early predictors of challenging behaviour and immediate management of challenging behaviour
- ongoing training, workforce and sector capacity building to improve practitioner and service provider ability to work better with target population.

Risk considerations

In addition to the requirements outlined in the *Fundamentals of the Framework*, risk considerations in relation to AOD services include:

- intentional harm to others and aggression
- unintentional harm to others (accidents when intoxicated, blood-borne virus transmission, neglect of parenting responsibilities, crime)
- intentional self-harm and suicide
- unintentional self-harm (infection, overdose, accidents, neglect of physical and psychological health).

Section 1: Ambulatory AOD services

Ambulatory AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service description</p>	<ul style="list-style-type: none"> □ provides <i>low-risk</i> ambulatory generalist clinical services, typically delivered by sole health practitioner. □ clients requiring higher level care can be managed for short periods before referral or transfer to higher level service. □ access to inpatient beds as required. 	<ul style="list-style-type: none"> □ provides <i>low-risk</i> ambulatory generalist clinical services, typically delivered by registered nurse and/or general practitioner. □ access to outpatient assessment and inpatient beds for clients with AOD issues. 	<ul style="list-style-type: none"> □ provides <i>low to moderate-risk</i> ambulatory AOD services, typically delivered by at least one suitably qualified and experienced AOD health professional. □ service transcends child, youth, adult and older person lifespan. 	<ul style="list-style-type: none"> □ provides <i>moderate to high-risk</i> ambulatory AOD services, typically delivered by team of AOD health professionals including resident and/or visiting specialists. □ access to inpatient AOD service. □ may provide shared care AOD services with GPs, pain specialists, Hepatitis C treatment service and/or ambulatory mental health team/s. 	<ul style="list-style-type: none"> □ provides <i>moderate to high-risk</i> ambulatory AOD services, typically delivered by team of AOD health professionals including resident and visiting specialists. □ local inpatient AOD service. □ provides shared care AOD services co-jointly with GPs, pain specialists, Hepatitis C treatment service and/or ambulatory mental health team/s. □ provides outreach ambulatory services to lower level services. 	<ul style="list-style-type: none"> □ highest level specialist AOD ambulatory services 'one-stop-shop' for clients experiencing AOD issues, with primary focus and concern to address client's substance use. □ co-located inpatient AOD service. □ once level of risk or harm addressed client transitioned to another service or exits service.

Ambulatory AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service requirements</p>	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ access to AOD phone information and counselling service. □ access to AOD consultation liaison service. □ access to secondary Needle and Syringe Program (NSP) or equivalent and/or machine-dispensing service. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> □ provides AOD service capacity building for generalist service providers through teaching and mentoring role. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> □ provides various individual or group AOD clinic-based appointments. □ access to general practitioner (GP)-led ambulatory withdrawal programs and/or other AOD in-patient/outpatient withdrawal and/or rehabilitation programs. □ may offer clinical outreach services. □ access to Opioid Substitution Treatment prescriber (shared care arrangement). □ access to sexual health testing services and maternity services for pregnant women. □ access to mental health team. □ access to primary NSP shop front and/or non-government organisation (NGO) provider. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ AOD consultation liaison service providing in-reach service for admitted clients or clients presenting to Emergency with AOD issues. □ provides various AOD-related programs including Opioid Substitution Treatment, Withdrawal Management and/or access to diversion programs. □ provides and/or contracts out primary NSP. □ access to: <ul style="list-style-type: none"> – client-led group therapy – mobile outreach services – dedicated services for homeless people – persistent pain services – Dual Diagnosis services – Hepatitis C treatment services. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ offers assertive street work, assertive community and detached / mobile outreach services inclusive of homeless health outreach. □ provides outpatient withdrawal service. □ provides psychosocial rehabilitation and access to social inclusion re-training. □ access to chronic liver disease clinics. □ access to community-based drug and alcohol brief intervention services. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> □ access to general medical services, dental services and return to work services. □ provides chronic liver disease clinic. □ provides community-based drug and alcohol brief intervention service. □ provides Dual Diagnosis service. □ includes brief intervention and referral Watch house Program provided by suitably qualified and experienced AOD nursing staff. □ provides AOD services for people on parole and probation.

Ambulatory AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ NSP staff authorised by Queensland Health Director-General to distribute sterile injecting equipment. <p>and access to one or more of following:</p> <p>Medical</p> <ul style="list-style-type: none"> □ registered medical practitioner (general practitioner). <p>Nursing</p> <ul style="list-style-type: none"> □ registered nurse. <p>Allied health</p> <ul style="list-style-type: none"> □ suitably qualified and experienced AOD allied health professionals (may be in community or home-based setting) to deliver preventative and/or rehabilitation services. <p>Other</p> <ul style="list-style-type: none"> □ Aboriginal and Torres Strait Islander health worker, where required. 	<p>As per Level 1, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access to registered medical practitioner (general practitioner). <p>Nursing</p> <ul style="list-style-type: none"> □ access to RNs suitably qualified and experienced in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ access to suitably qualified and experienced AOD allied health professionals (may be in community or home-based setting) to deliver preventative and/or rehabilitation services. <p>Other</p> <ul style="list-style-type: none"> □ access to Aboriginal and Torres Strait Islander health worker, where required. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> □ may have visiting AOD workers. □ access to child and youth drug and alcohol workers. <p>Medical</p> <ul style="list-style-type: none"> □ access 24/7 to registered medical practitioner/s. <p>Nursing</p> <ul style="list-style-type: none"> □ access 24/7 to at least one RN with suitable qualifications and experience in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ at least one suitably qualified and experienced AOD allied health professional available e.g. Social Worker or Psychologist. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ access to either registered medical practitioner or Nurse Practitioner prescriber. □ primary NSP trains and supports secondary NSP. <p>Medical</p> <ul style="list-style-type: none"> □ access—during business hours—to Addiction specialist/s. □ access to psychiatrist/s. <p>Nursing</p> <ul style="list-style-type: none"> □ nurse manager (however titled) for ambulatory AOD service. □ access to RNs suitably qualified and experienced in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to Psychologist or Social Worker. <p>Other</p> <ul style="list-style-type: none"> □ access to harm reduction officers (however titled). □ access to specialist child and youth drug and alcohol workers. □ access to health support staff who receive supervision and support in provision of generalist AOD treatment services. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ access to dual diagnosis worker/s. <p>Medical</p> <ul style="list-style-type: none"> □ access—7 days per week—to Addiction specialist/s. <p>Nursing</p> <ul style="list-style-type: none"> □ access—7 days per week—to RNs suitably qualified and experienced in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ team of suitably qualified and experienced AOD allied health professionals. <p>Other</p> <ul style="list-style-type: none"> □ suitably qualified and experienced health support staff. 	<p>As per Level 5, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access 24/7 to Addiction specialist/s. <p>Nursing</p> <ul style="list-style-type: none"> □ access 24/7 to at least one RN with suitable qualifications and experience in AOD services.
Specific risk considerations	□ access to security.	□ As per Level 1.	□ As per Level 1.	□ As per Level 1.	□ As per Level 1.	□ As per Level 1.

Support services requirements for Ambulatory AOD services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible										
Emergency		1		2		3		3		4		5
Emergency – Children’s								4		4		5
Geriatric (relevant sections)		1		2		3		4		5		5
Maternity		1		2		3		3		4		5
Medical		1		2		3		3		4		5
Medical imaging		1		1		1		2		2		2
Medication		1		2		2		2		3		4
Mental Health (relevant sections)		1		2		3		4		5		5
Pathology		1		1		2		2		2		2

Table note: *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 2: Emergency AOD services

Please note: This section should be read in conjunction with the *Emergency services* module (for adults and children). These minimum criteria by capability level apply only where dedicated Emergency AOD services have been established.

Emergency AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 1 emergency care centre typically staffed by registered nurse/s only, who may be accessible 24-hours for emergency presentations. <input type="checkbox"/> access to specialist AOD clinicians at least during business hours. <input type="checkbox"/> once level of risk or harm addressed client transitioned to another service or exits service. 	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 2 emergency care centre typically staffed by on-site 24-hour nursing staff. <input type="checkbox"/> access—24 hours—to specialist AOD clinicians. <input type="checkbox"/> visiting specialist AOD clinicians. 	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 3 emergency care centre typically staffed by on-site 24-hour emergency nursing staff. <input type="checkbox"/> on-site specialist AOD treatment service at least during business hours with primary focus and concern to address client's substance use provided by specialist AOD clinicians. <input type="checkbox"/> access to inpatient AOD service. 	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 4 emergency department typically staffed by on-site 24-hour emergency staff. <input type="checkbox"/> typically mixed-aged service with both adults and children presenting for care and treatment. <input type="checkbox"/> access—24 hours—to specialist AOD treatment service with primary focus and concern to address client's substance use. <input type="checkbox"/> on-site access to inpatient AOD service. 	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 5 emergency department by on-site 24-hour emergency staff highly qualified and experienced in delivery of comprehensive trauma care and client stabilisation until transfer (if necessary). <input type="checkbox"/> co-management of AOD clients between ED and AOD service. <input type="checkbox"/> on-site specialist AOD treatment service at least during business hours with primary focus and concern to address client's substance use provided by specialist AOD clinicians stationed within emergency department. 	<ul style="list-style-type: none"> <input type="checkbox"/> provided in a Level 6 emergency department by on-site 24-hour staff highly qualified and experienced in initial treatment and advanced care for all emergency presentations by AOD compromised clients. <input type="checkbox"/> may be designated children's only emergency service. <input type="checkbox"/> shared care service between emergency department and AOD service provided by specialist AOD clinicians stationed within emergency department, with primary focus and concern to address client's substance use.

Emergency AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ access to AOD phone information service (ADIS). □ access to AOD consultation liaison service. □ referral for ambulatory follow up. □ all staff encouraged to report acts of violence including notifying law enforcement authorities where relevant.³ 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> □ provides AOD service capacity building for generalist service providers through teaching and mentoring role. □ access to AOD consultation liaison service with capacity for post-discharge client follow up and/or visitation. 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> □ access to drug and alcohol brief intervention team (however titled). □ access to acute response mental health team. □ referral to dedicated services for homeless people. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ separate waiting area for children. □ on-site drug and alcohol brief intervention team. □ on-site acute response mental health team. □ access to psychiatric emergency care. □ access to isolation room/s and/or private area/s, where required for client assessment and treatment. □ access to quiet room. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ access to designated space for client assessment and treatment. □ on-site AOD consultation liaison service with capacity for post-discharge client follow up and/or visitation. □ on-site psychiatric emergency care. □ quiet room in emergency department. □ access to 'transition area' where clients can sober up once medically stable. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> □ psychiatric emergency care centre attached to ED. □ designated space in emergency department for client assessment and treatment. □ on-site withdrawal accommodation staffed independent of emergency department roster. □ on-site—24 hours—AOD consultation liaison service providing hospital in-reach service and outpatient service.
Workforce requirements	<p>As per module overview and relevant Level 1 emergency services module workforce requirements, but limited to access to one or more of following:</p> <p>Medical</p> <ul style="list-style-type: none"> □ registered medical practitioner. <p>Nursing</p> <ul style="list-style-type: none"> □ registered nurse. <p>Allied health</p> <ul style="list-style-type: none"> □ limited medication services by pharmacist (or approved registered nurse). <p>Other</p> <ul style="list-style-type: none"> □ Aboriginal and Torres Strait Islander health worker, where required. 	<p>As per Level 1 and relevant Level 2 emergency services module workforce requirements.</p>	<p>As per Level 2 and relevant Level 3 emergency services module workforce requirements, plus:</p> <p>Nursing</p> <ul style="list-style-type: none"> □ access—during business hours—to RN/s with suitable qualifications and experience in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to psychologist or Social Worker. 	<p>As per Level 3 and relevant Level 4 emergency services modules (adult and children) workforce requirements, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ access to addiction medicine specialist and/or addiction psychiatrist. <p>Nursing</p> <ul style="list-style-type: none"> □ access—7 day per week—to RN/s with suitable qualifications and experience in AOD services. <p>Allied health</p> <ul style="list-style-type: none"> □ access to suitably qualified and experienced AOD allied health professional e.g. Social Worker, Psychologist and/or other relevant allied health professional/s. 	<p>As per Level 4 and relevant Level 5 emergency services modules (adult and children) workforce requirements, plus:</p> <ul style="list-style-type: none"> □ AOD staff based in emergency department during business hours to coordinate management of all aspects of care for clients presenting with complex needs and chronic dependency. □ access—24 hours—to specialist AOD clinicians or ED staff trained to care for AOD compromised client. 	<p>As per Level 5 and relevant Level 6 emergency services modules (adult and children) workforce requirements, plus:</p> <ul style="list-style-type: none"> □ AOD staff based in emergency department 24 hours to coordinate management of all aspects of care for clients presenting with complex needs and chronic dependency. □ on-site access—24 hours—to acute mental health and AOD staff.

Emergency AOD services	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Specific risk considerations	<input type="checkbox"/> increased potential for staff exposure to acts of violence such as physical assault, verbal abuse, threats and/or aggressive behaviours. <input type="checkbox"/> access to security.	<input type="checkbox"/> As per Level 1.				

Support services requirements for Emergency AOD services	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible										
Emergency	1		2		3		4		5		6	
Geriatric (relevant sections)		2		2		3		4		5		5
Intensive care		4		4		4		4		5		6
Maternity		2	2		2			3	4			5
Medical		2	2		2		4		4			5
Medical imaging		1		1		1	4		5			5
Medication		1		2	3		4		5			5
Mental Health (relevant sections)				2		4		4		5		5
Pathology		2		2		3		4	4			5

Table note: *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Section 3: Inpatient AOD services

Please note: This section is divided into 2 sub-sections.

3.1: Inpatient Adult AOD services

This section should be read in conjunction with the *Medical services* module (for adults).

Inpatient Adult AOD services	Level 3	Level 4	Level 5	Level 6
Service description	<ul style="list-style-type: none"> <input type="checkbox"/> provides 24/7 short-term treatment only for clients with mild to moderate AOD problems without co-morbidities or anticipated complications and/or complex psychosocial intervention requirements. <input type="checkbox"/> transfers AOD compromised client to higher level service as needed. 	<ul style="list-style-type: none"> <input type="checkbox"/> provides 24/7: <ul style="list-style-type: none"> – short-term treatment for clients with mild to moderate AOD problems without significant co-morbidities or anticipated complications and/or – longer term treatment for clients requiring less medical support and more allied health intervention via therapy program/s and/or AOD consultation-liaison support from higher level service. <input type="checkbox"/> adolescent clients older than 14 years may access this service where clinically and developmentally appropriate, and in line with policy and procedural documentation of adult service. <input type="checkbox"/> integrated adult ambulatory and inpatient service. <input type="checkbox"/> may accept back transfers from higher level services. 	<ul style="list-style-type: none"> <input type="checkbox"/> provides 24/7 treatment for clients with severe AOD conditions without severe co-morbidities or severe complications in designated AOD bed/s or unit. 	<ul style="list-style-type: none"> <input type="checkbox"/> provides 24/7 treatment for most complex AOD clients including severe co-morbidities or complications e.g. management of delirium, acute intoxication and seizures. <input type="checkbox"/> on-site access to close observation bed/s for treatment of either medically or psychiatrically compromised clients.
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to AOD consultation liaison service. <input type="checkbox"/> access to peer consumer support service/s e.g. self-help groups. <input type="checkbox"/> facilitated client transition to ongoing AOD treatment service. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to multidisciplinary AOD consultation liaison service. <input type="checkbox"/> access to individual or group psychosocial therapy program/s appropriate to client mix and duration and stage of treatment. <input type="checkbox"/> inpatient visitation by AOD consultation liaison registered nurse/s. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> on-site multidisciplinary AOD consultation liaison service providing inpatient visitation and a telehealth service to host sites. <input type="checkbox"/> individual or group psychosocial therapy program/s appropriate to client mix and duration and stage of treatment. <input type="checkbox"/> access to Authorised Mental Health Facility under <i>Mental Health Act</i>. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> on-site multidisciplinary AOD consultation liaison service providing both in-reach and out-reach service. <input type="checkbox"/> on-site Authorised Mental Health Facility under <i>Mental Health Act</i> and close observation area.

Inpatient Adult AOD services	Level 3	Level 4	Level 5	Level 6
<p>Workforce requirements</p>	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> □ minimum one staff member on-site each shift trained in advance life support. □ access to AOD workers including nursing or allied health professionals. □ access to registered medical practitioner and/or registered medical specialist and/or AOD Nurse Practitioner. <p>Nursing</p> <ul style="list-style-type: none"> □ on-site 24 hour nursing coverage. <p>Allied health</p> <ul style="list-style-type: none"> □ access—during business hours—to suitably qualified and experienced AOD allied health professionals, as required. <p>Other</p> <ul style="list-style-type: none"> □ Aboriginal and Torres Strait Islander health worker/s, as required. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> □ access to addiction medicine specialist and/or addiction psychiatrist and/or AOD Nurse Practitioner. <p>Medical</p> <ul style="list-style-type: none"> □ access 24/7 to registered medical practitioner. <p>Nursing</p> <ul style="list-style-type: none"> □ on-site—during business hours—suitably qualified and experienced consultation liaison registered nurse. <p>Allied health</p> <ul style="list-style-type: none"> □ on-site—during business hours—suitably qualified and experienced AOD allied health professionals, as required. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> □ 24/7 on-site medical emergency response team (however titled). <p>Medical</p> <ul style="list-style-type: none"> □ on-site—during business hours—addiction medicine specialist and/or addiction psychiatrist. □ access 24/7 to both addiction medicine specialist and addiction psychiatrist. □ access to registered medical specialists in general medicine and psychiatry. <p>Nursing</p> <ul style="list-style-type: none"> □ suitably qualified and experienced nurse manager (however titled). □ on-site—during business hours—registered nurse with suitable qualifications and experience in AOD services or AOD Nurse Practitioner. □ on-site 24 hour nursing coverage by suitably qualified and experienced nursing staff. <p>Allied health</p> <ul style="list-style-type: none"> □ well-developed multidisciplinary allied health care management team, with some allied health professionals holding specific qualifications and/or experience in adult AOD services. 	<p>As per Level 5, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> □ on-site addiction medicine specialist and addiction psychiatrist. □ on-site access to range of registered medical specialists. <p>Nursing</p> <ul style="list-style-type: none"> □ 1:1 nursing care by RN for clients requiring close observation. <p>Allied health</p> <ul style="list-style-type: none"> □ well-developed multidisciplinary allied health care management team with enough diversity to also manage transition care.
<p>Specific risk considerations</p>	<ul style="list-style-type: none"> □ access to security. □ policies and protocols in place to manage potential risks associated with caring for substance compromised clients. 	<ul style="list-style-type: none"> □ As per Level 3. 	<ul style="list-style-type: none"> □ As per Level 3. 	<ul style="list-style-type: none"> □ As per Level 3.

Support services requirements for Inpatient Adult AOD services	Level 3		Level 4		Level 5		Level 6	
	On-site	Accessible	On-site	Accessible	On-site	Accessible	On-site	Accessible
Anaesthetic		3		4	4		5	
Geriatric* (relevant sections)		3		4	4		5	
Intensive care		4		4	4		5	
Maternity		3		3		3	5	
Medical		3		3	4		5	
Medical imaging		2		3	4		5	
Medication		3	3		4		5	
Mental Health (relevant sections)		3		4		4	4	
Neonatal		3		3	3		5	
Pathology		3		4	4		5	
Perioperative (relevant sections)		3		3	4		5	
Surgical		3		3	4		5	

* = only applicable if providing older persons AOD services

Table note: *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

3.2: Inpatient Child and Youth AOD services

This section should be read in conjunction with the *Medical services* module (for children) as well as the *Children's Preamble*.

Inpatient Child & Youth AOD services	Level 4	Level 5
Service description	<ul style="list-style-type: none"> <input type="checkbox"/> provides 24/7 inpatient treatment for clients up to 18 years of age. <input type="checkbox"/> clients under 12 years of age admitted to children's general service in first instance to rule out potential medical risks and/or co-morbidities. 	<ul style="list-style-type: none"> <input type="checkbox"/> integrated ambulatory and inpatient child and youth service providing 24/7 treatment for most complex clients who may have significant comorbidities. <input type="checkbox"/> designated AOD bed/s or unit for treatment of clients with alcohol and other drug related conditions up to 18 years of age. <input type="checkbox"/> may provide inpatient treatment for clients 18 years up to 24 years in a separate area from clients up to 18 years of age. <input type="checkbox"/> may include statewide and/or interstate superspecialty service.
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> provides consultation-liaison service. <input type="checkbox"/> access to peer client support service e.g. self-help groups. <input type="checkbox"/> access to child and youth ambulatory AOD services including Needle and Syringe Program and other related AOD services post discharge. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> access to Authorised Mental Health Facility under <i>Mental Health Act</i>. <input type="checkbox"/> access to 24 hour psychiatry coverage and Authorised Mental Health Practitioner staff including community visitors. <input type="checkbox"/> access to sensory modulation room.
Workforce requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> minimum one staff member on-site each shift trained in advanced paediatric life support. <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> access 7 days per week to either Child & Adolescent Psychiatrist or Child & Adolescent Addiction Medicine Specialist. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> suitably qualified and experienced nurse manager (however titled). <input type="checkbox"/> on-site—during business hours—suitably qualified and experienced RN/s or AOD Nurse Practitioner. <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> access 5 days per week to an adolescent psychologist and/or Social Worker holding specific qualifications and/or experience in child and youth AOD services. <p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Aboriginal and Torres Strait Islander health worker, as required. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> dedicated on-site child and youth AOD multidisciplinary team. <p>Medical</p> <ul style="list-style-type: none"> <input type="checkbox"/> on-site 24 hour medical coverage. <input type="checkbox"/> access 24 hours to Child and Adolescent Psychiatrist with credentials in Addiction Medicine and/or Addiction Psychiatry. <p>Nursing</p> <ul style="list-style-type: none"> <input type="checkbox"/> on-site 24 hour nursing coverage by suitably qualified and experienced RN/s. <input type="checkbox"/> 1:1 nursing care by RN for clients requiring close observation. <p>Allied health</p> <ul style="list-style-type: none"> <input type="checkbox"/> well-developed multidisciplinary allied health care management team, with some allied health professionals holding specific qualifications and/or experience in child and youth AOD services.
Specific risk considerations	<ul style="list-style-type: none"> <input type="checkbox"/> access to security. <input type="checkbox"/> policies and protocols in place to manage potential risks associated with caring for substance affected clients. 	<ul style="list-style-type: none"> <input type="checkbox"/> As per Level 4.

Support services requirements for Inpatient Child & Youth AOD services	Level 4		Level 5	
	On-site	Accessible	On-site	Accessible
Anaesthetic—Children’s		4	4	
Intensive care—Children’s		4	4	
Maternity		3		3
Medical—Children’s		3	4	
Medical imaging		3	4	
Medication	3		4	
Mental Health (relevant sections)		4		4
Neonatal		3	3	
Pathology		4	4	
Perioperative (relevant sections)		3	4	
Surgical—Children’s		3	4	

Table note: *On-site* means staff, services and/or resources located within the health facility or adjacent campus including third party providers.

Accessible means ability to utilise a service (either located on-site or off-site) or skills of a suitably qualified person (who may be either on-site or off-site)—without difficulty or delay—via various communication mediums including but not limited to face-to-face, telehealth, telepharmacy, and/or outreach.

Legislation, regulations and legislative standards

In addition to what is outlined in the *Fundamentals of the Framework*, the following are relevant to AOD services:

- Bail Act 1980 <https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/B/BailA80.pdf>
- Domestic and Family Violence Protection Act 1989
<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DomeFamVPA12.pdf>
- Drug Diversion Amendment Act 2002
<https://www.legislation.qld.gov.au/LEGISLTN/ACTS/2002/02AC059.pdf>
- Drug Rehabilitation (Court Diversion) Act 2000
https://www.legislation.qld.gov.au/LEGISLTN/REPEALED/D/DrugRehabCtDivA00_01B.pdf
- Drugs Misuse Act 1986
<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DrugsMisuseA86.pdf>
- Drugs Misuse Regulation 1987
<http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DrugsMisuseR87.pdf>
- Penalties and Sentences Act 1992
<https://www.legislation.qld.gov.au/LEGISLTN/ACTS/1992/92AC048.pdf>
- Police Powers and Responsibilities Act 2000
<https://www.legislation.qld.gov.au/au/LEGISLTN/CURRENT/P/PolicePowResA00.pdf>
- Summary Offences Act 2005
<https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/S/SumOffA05.pdf>

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF v3.2)

In addition to what is outlined in the *Fundamentals of the Framework*, the following are relevant to AOD services:

- Alcohol and Other Drugs: A Handbook for Health Professionals
[http://www.health.gov.au/internet/main/publishing.nsf/content/E5203E6D5CBAA696CA257BF0001E02ED/\\$File/aodgp.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/E5203E6D5CBAA696CA257BF0001E02ED/$File/aodgp.pdf)
- Alcohol and Other Drug Brief Interventions in Primary Care
<http://www.turningpoint.org.au/site/DefaultSite/filesystem/documents/AOD%20Brief%20Interventions%20in%20Primary%20Care,%20Final%20Report,%202008.pdf>
- Child Safety Practice Manual
<https://www.communities.qld.gov.au/resources/childsafety/practice-manual/cspm-collated.pdf>
- Dovetail Youth Alcohol and Other Drug Good Practice Guides - Queensland:
<http://dovetail.org.au/i-want-to/open-the-good-practice-toolkit.aspx>
- Guidelines for the treatment of alcohol problems
[http://www.health.gov.au/internet/main/publishing.nsf/content/0FD6C7C289CD31C9CA257BF0001F96BD/\\$File/AustAlctreatguidelines%202009.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/0FD6C7C289CD31C9CA257BF0001F96BD/$File/AustAlctreatguidelines%202009.pdf)
- Management of cannabis use disorder and related issues: A clinician's guide
<https://ncpic.org.au/media/1594/management-of-cannabis-use-disorder-and-related-issues-a-clinicians-guide.pdf>
- Management of Patients with Psychostimulant Toxicity: Guidelines for Emergency Departments
[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/content/9DFC79ECB850641ECA2571F40016229F/\\$File/emergency-book.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/content/9DFC79ECB850641ECA2571F40016229F/$File/emergency-book.pdf)
- National Clinical Guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn
<http://www.health.act.gov.au/sites/default/files/Clinical%20Guidelines%20-%20Drug%20Use%20During%20Pregnancy,%20Birth,%20Early%20Development.pdf>
- National Drug Strategy 2016–2025. <http://www.nationaldrugstrategy.gov.au/>
- National Drug Strategy Aboriginal and Torres Strait Islander People's Drug Strategy 2014-2019
<http://www.nationaldrugstrategy.gov.au/>

- National Guidelines for Medication-Assisted Treatment of Opioid Dependence April 2014 [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/AD14DA97D8EE00E8CA257CD1001E0E5D/\\$File/National_Guidelines_2014.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/AD14DA97D8EE00E8CA257CD1001E0E5D/$File/National_Guidelines_2014.pdf)
- Second National Hepatitis B Strategy 2014-2017 <http://www.hepatitisaustralia.com/strategies/>
- Queensland Alcohol and Other Drugs Action Plan 2015 – 2017 <http://www.qmhc.qld.gov.au/work/queensland-mental-health-and-drug-strategic-plan/alcohol-and-other-drugs/>
- Queensland Alcohol and Other Drug Treatment Service Delivery Framework (pending)
- Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/medicines/drugs-of-dependence/detox-guidelines.pdf>
- Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033 <http://qheps.health.qld.gov.au/atsihb/docs/atsiccf.pdf>
- Queensland Health ATODS Comprehensive Assessment Proforma and Supplementary Tools
- Queensland Health dual diagnosis clinician tool kit – co-occurring mental health and alcohol and other drug problems http://www.dovetail.org.au/media/16126/dd_tkit_2011.pdf
- Queensland Health dual diagnosis clinical guidelines – co-occurring mental health and alcohol and other drug problems http://dovetail.org.au/media/16123/dd_guidelines_2011.pdf
- Queensland Mental Health, Drug and Alcohol Strategic Plan 2014 – 2019 http://www.qmhc.qld.gov.au/wp-content/uploads/2014/10/QMHC-Mental-Health-Drug-and-Alcohol-Strategic-Plan-2014-2019_web.pdf
- Queensland Opioid Treatment Program: Clinical Guidelines 2012 <https://www.health.qld.gov.au/publications/clinical-practice/guidelines-procedures/medicines/drugs-of-dependence/qotp-clinical-guidelines.pdf>
- Seventh National HIV Strategy 2014-2017 http://www.ashm.org.au/Documents/Seventh_HIV-Strategy2014-v3.pdf
- Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017 <http://www.hepatitisaustralia.com/strategies/>
- Fourth National Hepatitis C Strategy 2014-2017 <http://www.hepatitisaustralia.com/strategies/>

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3. Australian College for Emergency Medicine. (March, 2011). Policy on Violence in Emergency Departments.