Victorian Alcohol and Other Drug Treatment Principles

Consultation paper

September 2012
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Introduction

According to the Co-occurring Centre for Excellence in the United States, a principle is “a basic generalization that is accepted as true and that can be used as a basis for reasoning or conduct” (2007, p.1). Principles serve to guide the design of systems and the implementation of service interventions, and inform the over-arching expectations of the workforce.

For the alcohol and drug treatment sector and the health sector more broadly, a set of evidence-based treatment principles help to inform service system improvement. As such, treatment principles are particularly valuable in times of change. In the context of current departmental initiatives, including Alcohol and Drug Treatment Reforms, cross-government work on the Whole of Victorian Government Alcohol and Drug Strategy, and the development of a new Alcohol and Drug Workforce Development Framework and Implementation Plan, it is timely to identify the principles of effective alcohol and drug treatment.

The purpose of this draft consultation paper is to present an overview of the principles currently informing alcohol and drug treatment in Victoria and other jurisdictions, and to seek feedback on how these might inform the development of a Victorian set of alcohol and drug treatment principles.

This work is being led by the Sector Quality team of the Mental Health, Drugs and Regions division of the Department of Health (the Department), in association with alcohol and drug sector peaks. The contributions of the Victorian Alcohol and Other Drug Association (VAADA), the Association of Participating Service Users (APSU), Harm Reduction Victoria (HRV), and ANEX are gratefully acknowledged.

Consultation paper

This consultation paper outlines the current Victorian alcohol and drug context, identifies contemporary evidence-based alcohol and drug and other treatment principles, and poses a set of overarching principles and concepts for consideration. The paper has been informed by:

- A brief literature review
- A scoping workshop held with alcohol and drug service providers and peaks at the March 2011 Service Provider’s Conference

Sector feedback is now sought on the alcohol and drug treatment principles consultation paper. All feedback should specifically address the questions in this consultation paper and be provided by Friday 5 Oct 2012.

Sector feedback will be coordinated by VAADA.
Consumer, carer and family feedback will be coordinated by APSU.

VAADA and APSU will collate feedback on the consultation paper and provide a written response to the Department. The department will then develop a set of draft alcohol and drug treatment principles that are:

- Informed by evidence
- Informed by Victorian alcohol and drug service providers, peaks, and consumer, carer and family representatives
- Suitable for the Victorian alcohol and drug treatment and broader health context
- Aligned with the Whole of Victorian Government Alcohol and Drug Strategy, Alcohol and Drug Treatment Reforms and Workforce Development activities
Alcohol and drug policy context

The Department’s vision for the future is currently articulated in the following key documents:

- New directions for alcohol and drug treatment services: A roadmap (2012)
- Victoria’s Alcohol Action Plan (VAAP) 2008-2013
- Victorian amphetamine-type stimulant (ATS) and related drugs strategy 2009-2012
- The Koori Alcohol Action Plan (KAAP) 2010-2020
- The Victorian Alcohol and Other Drug Quality Framework 2008

Significant work is also currently in progress that will help to shape future developments in the Victorian alcohol and drug sector. This work includes:

- Alcohol and Drug Treatment Reforms
- The Whole of Victorian Government Alcohol and Drug Strategy
- A Draft Alcohol and Drug Workforce Framework and Implementation Plan

Existing alcohol and drug principles and practice frameworks

Treatment principles vary in structure, focus, pitch and purpose. Across jurisdictions and service settings, principles may reflect broad aspirational goals for a service system or describe in detail program-specific practice standards expected of the workforce.

The examples of alcohol and drug principles below provide a useful starting point for considering new Victorian alcohol and drug treatment principles.


The United Nations Office on Drugs and Crime (UNODC) in partnership with the World Health Organisation (WHO) released a discussion paper *Principles of Drug Dependence Treatment* in 2008. This paper outlines nine preconditions for evidence-based and responsive alcohol and drug treatment systems:

1. Availability and accessibility of drug dependence treatment
2. Screening, assessment, diagnosis and treatment planning
3. Evidence-informed drug dependence treatment
4. Drug dependence treatment, human rights and patient dignity
5. Targeting special subgroups and conditions
6. Addiction treatment and the criminal justice system
7. Community involvement, participation and patient orientation
8. Clinical governance of drug dependence treatment services
9. Treatment systems: Policy development, strategic planning and coordination of services
National Institute on Drug Abuse

In the United States, the National Institute on Drug Abuse (NIDA) released their revised *Principles of Drug Addiction Treatment: A Research-Based Guide* in 2009. The 13 principles state that:

1. Addiction is a complex but treatable disease that affects brain function and behaviour
2. No single treatment is appropriate for everyone
3. Treatment needs to be readily available
4. Effective treatment attends to multiple needs of the individual, not just his or her drug abuse
5. Remaining in treatment for an adequate period of time is critical
6. Counselling – individual and/or group – and other behavioural therapies are the most commonly used forms of drug abuse treatment
7. Medications are an important element of treatment for many patients, especially when combined with counselling and other behavioural therapies
8. An individual’s treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs
9. Many drug-addicted individuals also have other mental disorders
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse
11. Treatment does not have to be voluntary to be effective
12. Drug use during treatment must be monitored continuously as lapses during treatment do occur
13. Treatment programs should assess patient for the presence of HIV/AIDS. Hepatitis Band C, Tuberculosis and other infectious diseases as well as provide targeted risk-reduction counselling to help patients modify or change behaviours that place them at risk of contracting or spreading infectious diseases

NIDA also recently released a companion document, *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide* (2012). This document contains the following 13 principles:

1. Drug addiction is a brain disease that affects behavior
2. Recovery from drug addiction requires effective treatment, followed by management of the problem over time.
3. Treatment must last long enough to produce stable behavioral changes
4. Assessment is the first step in treatment
5. Tailoring services to fit the needs of the individual is an important part of effective drug abuse treatment for criminal justice populations
6. Drug use during treatment should be carefully monitored
7. Treatment should target factors that are associated with criminal behavior
8. Criminal justice supervision should incorporate treatment planning for drug abusing offenders, and treatment providers should be aware of correctional supervision requirements
9. Continuity of care is essential for drug abusers re-entering the community
10. A balance of rewards and sanctions encourages pro-social behavior and treatment participation
11. Offenders with co-occurring drug abuse and mental health problems often require an integrated treatment approach
12. Medications are an important part of treatment for many drug abusing offenders
13. Treatment planning for drug abusing offenders who are living in or re-entering the community should include strategies to prevent and treat serious, chronic medical conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis

Co-Occurring Centre for Excellence (2007)

Also in the United States, the Co-Occurring Centre for Excellence (COCE) released their Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders in 2007. The COCE document identifies 12 overarching consensus-based principles that guide system and clinical responses to people with co-occurring disorders:

1. Co-occurring disorders (COD) are to be expected in all behavioural health settings, and system planning must address the need to serve people with COD in all policies, regulations, funding mechanisms and programming.
2. An integrated system of mental health and addiction services that emphasizes continuity and quality is in the best interest of consumers, providers, programs, funders and systems.
3. The integrated system of care must be accessible from multiple points of entry (i.e. no wrong door) and be perceived as caring and accepting by the consumer.
4. The system of care for COD should not be limited to a single “correct” model or approach.
5. The system of care must reflect the importance of the partnership between service and science, and support both the application of evidence and consensus-based practices for persons with COD and evaluation of the efforts of existing programs and services.
6. Behavioural health systems must collaborate with professionals in primary care, human services, housing, criminal justice, education, and related fields in order to meet the complex needs of persons with COD.
7. Co-occurring disorders must be expected when evaluating any person and clinical services should incorporate this assumption into all screening, assessment and treatment planning.
8. Within the treatment context, both co-occurring disorders are considered primary.
9. Empathy, respect and belief in individual’s capacity for recovery are fundamental provider attitudes.
10. Treatment should be individualised to accommodate the specific needs, personal goals and cultural perspectives of unique individuals in different stages of change.
11. The special needs of children and adolescents must be explicitly recognised and addressed in all phases of assessment, treatment planning and service delivery.
12. The contribution of the community to the course of recovery for consumers with COD and the contribution of consumers with COD to the community must be explicitly recognised in program, policy, treatment planning and consumer advocacy.


In Australia, the National Drug Strategy (NDS) 2010-2015 provides a framework for action on alcohol, tobacco and drugs. The framework outlines an overarching harm minimisation approach which includes three key pillars: supply reduction, demand reduction and harm reduction. These pillars are underpinned by commitments to:

- Partnerships across sectors
- Consumer participation in governance
- Building the evidence base, evidence-informed practice and innovation
- Monitoring performance against the strategy and its objectives
- Developing a skilled workforce that can deliver on the strategy (Commonwealth of Australia, 2011)
Western Australian Alcohol and other Drug Interagency Draft Strategic Framework (2010)

In Western Australia, the Alcohol and other Drug Interagency Draft Strategic Framework 2010-2015 provides a guide for government sector strategy, development and implementation of alcohol and drug policy and services. Western Australian alcohol and drug policies, strategies and programs are supported by the following principles:

- Applying comprehensive responses to complex issues
- Promoting access and equity
- Supporting evidence based practice and applying innovation
- Developing and maintaining effective partnerships
- Being responsive to emerging issues
- Promoting sustainable change

Fourth National Mental Health Plan 2009-2014

In the Australian mental health field, the Fourth National Mental Health Plan 2009-2014 (Commonwealth of Australia, 2009) identifies eight principles which underpin its five priority areas for action. The plan’s principles include:

1. Respect for the rights and needs of consumers, carers and families
2. Services delivered with a commitment to a recovery approach
3. Social inclusion
4. Recognition of social, cultural and geographic diversity and experience
5. Recognition that the focus of care may be different across the life span
6. Services delivered to support continuity and coordination of care
7. Service equity across areas, communities and age groups
8. Consideration of the spectrum of mental health, mental health problems and mental illness

National Standards for Mental Health Services 2011

The National Standards for Mental Health Services 2011 (p.5) identifies eight key principles that have informed development of the Standards and are consistent with national mental health policy. The principles include:

- Mental health services should promote an optimal quality of life for people with mental health problems and/or illness
- Services are delivered with the aim of facilitating sustained recovery
- Consumers should be involved in all decisions regarding their treatment and care, and as far as possible, the opportunity to choose the treatment and setting
- Consumers have the right to have their nominated carer(s) involved in all aspects of their care
- The role played by carers, as well as their capacity, needs and requirements as separate from those of consumers is recognised
- Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services
- Mental health treatment, care and support should be tailored to meet the specific needs of the individuals consumer
Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers taking account of their living situation, level of support within the community and the needs of their carer(s).

**Victorian framework for recovery-oriented practice (2011) – mental health sector**

The *Framework for Recovery-Oriented Practice* (Department of Health, 2011) identifies ‘the principles, capabilities, practices and leadership that should underpin the work of the Victorian mental health workforce’ (p1). Reflecting a growing interest in, and uptake of, recovery-oriented approaches in the mental health field and beyond, this Victorian document articulates nine domains that reflect key aspects of recovery-oriented practice. The domains include:

- Promoting a culture of hope
- Promoting autonomy and self-determination
- Collaborative partnerships and meaningful engagement
- Focus on strengths
- Holistic and personalised care
- Family, carers, support people and significant others
- Community participation and citizenship
- Responsiveness to diversity
- Reflection and learning

**Victorian alcohol and drug principles**

In the absence of Victorian-specific alcohol and drug principles, Victoria has previously drawn on the widely accepted and utilised US NIDA principles (2009). This is consistent with the approach of other Australian jurisdictions, such as New South Wales.

Feedback from a March 2011 workshop with a small group of Victorian alcohol and drug service providers and peaks (n=14), identified a number of key issues critical to the development of Victorian alcohol and drug treatment principles. Participants reported that alcohol and drug treatment principles should guide and inform the sector, reflect broad, universally-accepted notions and be dynamic to account for advancements in knowledge over time. Participants reported that Victorian alcohol and drug treatment principles might reflect the following specific domains:

- Treatment effectiveness
- Accessibility and equity
- Service quality and continuous improvement
- Consumer, carer and family participation
- Service responsiveness
- Workforce capacity
- Accountability and evaluation
- Continuity of care
- Holistic, strengths-based approaches to care

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Evidence and best practice

In the context of key Victorian developments in the alcohol and drug sector, including a new Whole of Victorian Government Alcohol and Drug Strategy, a new Workforce Development Strategy and broader Alcohol and Drug Reform, the identification and articulation of Victorian-specific alcohol and drug treatment principles is both timely and critical.
Proposed Victorian alcohol and drug treatment principles

The purpose of a new set of Victorian alcohol and drug treatment principles is to guide the design of alcohol and drug systems, programs and interventions, and inform the over-arching expectations of the workforce.

The principles will sit within a new framework for quality and safety developed as part of broader treatment reform. This framework will set out the key quality requirements of the funded service sector and will inform the development of new performance monitoring systems.

This consultation paper presents a set of proposed alcohol and drug treatment principles that have been informed by the international and national examples outlined above. Your feedback on the set of principles and their key concepts is welcomed.

Each proposed principle is briefly described. A number of key concepts are listed to reflect the intent of each principle.

You are invited to draw on your knowledge and experience to consider each proposed principle and its concepts, and provide feedback via the questions that follow.

Ten core alcohol and drug treatment principles are proposed, based on the literature. The proposed principles address the following core issues:

1. The nature of addiction  
2. Treatment accessibility  
3. Continuity of care  
4. Harm minimisation approach  
5. Individualised and holistic care  
6. Evidence-based practice  
7. Integrated care  
8. Recovery focussed  
9. Client, carer and family participation  
10. Workforce

1. The nature of addiction

The NIDA principles make an explicit statement about the nature of alcohol and drug addiction. This principle speaks to the neurological and ongoing impact of alcohol and drug use and treatment opportunities.

Key concepts:

a) Addiction affects brain function and behaviour  
b) Addiction is complex  
c) Addiction is treatable  
d) Lapse and relapse are a feature of recovery from addiction
1.1 Is a principle about the nature of addiction appropriate?

1.2. Have you any comment about the key concepts provided?

2. Treatment accessibility

A common principle identified in the literature relates to treatment accessibility. Such a principle draws on theories of individual treatment readiness to highlight the importance of a treatment system that can meet demand and respond to individuals at times most beneficial to their treatment outcomes.

Key concepts:

- a) Treatment should be readily available
- b) The treatment system should be accessible from multiple points of entry i.e. a ‘no wrong door’ approach
- c) Treatment should be perceived as caring and accepting by the consumer

2.1 Is a principle about treatment access appropriate?

2.2 Have you any comment about the key concepts provided?

3. Continuity of care

Continuity of care principles typically acknowledge the importance of providing treatment systems and programs which respond to the chronic and relapsing nature of addiction. This means offering multiple episodes of treatment, treatment of adequate duration, post-treatment follow-up and appropriate intra- and inter-sectoral linkages.

Key concepts:

- a) Remaining in treatment for an adequate period of time is critical
- b) Effective drug abuse treatment may require multiple treatment episodes
- c) Post-treatment follow-up is important
- d) Continuity of care typically requires working with other providers
- e) Treatment should address community reintegration

3.1 Is a principle about continuity of care appropriate?

3.2 Have you any comment about the key concepts provided?
4. Harm minimisation approach

A harm minimisation approach focuses on reducing the harm to individuals and the community from alcohol and drug use. The National Drug Strategy 2010-2015 (2011) identifies supply reduction, demand reduction and harm reduction as key pillars of a harm minimisation approach. In the Victorian treatment sector, harm minimisation approaches are reflected in the provision of safer using information, needle and syringe exchange programs, brief interventions and a range of other work focussed on enhancing the safety of clients.

Key concepts:

a) the safety of clients is paramount
b) interventions range from information and education to the provision of safer using equipment
c) delivered in treatment settings as well as through harm reduction services

4.1 Is a principle about harm minimisation appropriate?

4.2 Have you any comment about the key concepts provided?

5. Individualised and holistic care

Principles addressing individualised care focus on providing services that respond to the individualised needs of clients. This requires a service system that can provide multiple service types and treatment modalities, appropriate treatment pathways, capacity to engage in care coordination and leverage intra and inter-sectoral linkages. This includes responding to co-occurring conditions such as mental illness and working with forensic and other specialist treatment systems.

In some literature, a holistic service response is a key component of individualised care. Holistic care reflects a broad understanding of the life circumstances of individuals in treatment and recognises the importance of responding to diversity in the treating population. Holistic practice is cognisant of the age, gender, race, ability, location, social, cultural, economic, family, and relationship circumstances of the individual. It requires cultural competence, gender sensitivity, capacity to work across different ages and stages of life and to work with client, family and other people in caring relationships.

Key concepts:

a) Treatment systems should offer a variety of treatment types, interventions and modalities
b) Treatment should be individualised according to unique needs of clients
c) Effective treatment attends to multiple needs of the individual, not just his or her drug abuse

5.1 Is a principle about individualised and holistic care appropriate?

5.2 Have you any comment about the key concepts provided?
6. Evidence-based practice

Principles focussed on evidence-based practice articulate a need for robust and timely knowledge transfer from research and practice to the field of direct service delivery and treatment. Some evidence-based practice principles are high level and systems-oriented, identifying the importance of using the best evidence available, while others identify specific clinical interventions known to be effective.

Key concept:

a) Treatment should be based on the best evidence available

6.1 Is a principle about evidence-based practice appropriate?

6.2. Have you any comment about the key concept provided?

7. Integrated care

Integrated care principles typically focus on the need for coordinated care responses across a range of providers to meet the multiple needs of alcohol and drug clients. Integrated care may involve practitioners from different sectors.

Key concepts:

a) alcohol and drug treatment systems should be integrated with mental health systems to reflect comorbidity among alcohol and drug clients
b) alcohol and drug treatment providers should coordinate with related specialist and generalist health providers, according to client need
c) alcohol and drug treatment providers should coordinate with housing, employment and other community service providers, according to client need

7.1. Is a principle about integrated care appropriate?

7.2. Have you any comment about the key concepts provided?

8. Recovery approach

A recovery approach is strength and hopes based. It recognises and builds on an individual’s strengths and resilience, connecting them with systems and supports to assist them in their journey towards wellbeing. A recovery approach sees the individual’s time in treatment as just part of this journey and acknowledges meaningful social engagement, self-determination and choice.

Key concepts:

a) individuals can and do recover
b) service providers build on individuals’ strength and resilience
c) collaborative partnerships with other services and systems are critical
d) social inclusion as a treatment goal
8.1 Is a principle about recovery appropriate?

8.2 Have you any comment about the key concepts provided?

9. Client, carer and family participation

Reference to meaningful participation by clients and those in caring relationships is articulated in the 2007 COCE principles and as an underpinning commitment (rather than principle) of the National Drug Strategy 2010-2015. Key Victorian policy documents, including the Alcohol and Other Drug Client Charter 2011, also articulate the importance of client, carer, family and community participation in care.

Key concepts:

a) The knowledge and experience of alcohol and drug clients, carers and families should be recognised at all levels of the alcohol and drug treatment system
b) Clients should be active participants in their treatment planning
c) Where appropriate, carers and family of the primary alcohol and drug client should be meaningfully engaged in treatment planning
d) The community has a vital role in supporting the recovery of alcohol and drug clients

9.1 Is a principle about client, carer and family participation appropriate?

9.2 Have you any comment about the key concepts provided?

10. Workforce

A strong and capable workforce is an essential component of any robust service system. Victoria’s Specialist Alcohol and Other Drug Workforce Framework: Setting the Agenda identifies opportunities to build, strengthen and grow the alcohol and drug workforce consistent with contemporary knowledge about treatment, systems and workforce development.

Key concepts:

a) Suitably qualified and experienced workforce
b) Competencies should be based on requisite skills, knowledge, values and attitudes
c) Staff are supported at team, organisational and sector levels

10.1 Is a principle about workforce appropriate?

10.2 Have you any comment about the key concepts provided?
Summary

This consultation paper has thus far asked you to consider a draft set of principles and concepts. The paper has posed questions to assist you to assess whether the principles and the key concepts identified are fit for purpose in the Victorian alcohol and drug context.

Relevant areas for principles identified from the literature and presented here relate to:

1. The nature of addiction
2. Treatment accessibility
3. Continuity of care
4. Harm minimisation
5. Individualised and holistic care
6. Evidence-based practice
7. Integrated care
8. Recovery approach
9. Client, carer and family participation
10. Workforce

11. Is this an appropriate set of principles for the Victorian alcohol and drug treatment sector? Please outline any suggested changes.
Submitting your feedback

VAADA will be consulting directly with the sector regarding feedback on the principles consultation paper. Enquiries can be directed to Brad Pearce on (03) 9412 5606.

APSU will be consulting directly with A&D consumers, carers and family members re the principles consultation paper. Enquiries can be directed to Jeff Gavin on (03) 9573 1778.

The closing date for providing feedback to VAADA and APSU is Friday 5 Oct 2012.
References

Centre for Substance Use Treatment (2007) *Overarching Principles to Address the Needs of Persons with Co-Occurring Disorders*, COCE Overview paper 3, Substance Abuse and Mental Health Services Administration, Rockville MD


Victorian Government (2007) *Dual diagnosis: Key directions and priorities for service development*, Department of Human Services, Melbourne

Victorian Government (2009) *Aboriginal Health Promotion and Chronic Care Partnership program Guidelines*, Department of Health, Melbourne


