NSW HEALTH

Drug and Alcohol Plan 2006–2010

A plan for the NSW Health Drug and Alcohol Program

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NSW HEALTH DRUG AND ALCOHOL PLAN 2006 – 2010

Foreword

Drug and alcohol treatment services in New South Wales have undergone significant evolution since the NSW Drug Summit in May 1999 and more recently the NSW Summit on Alcohol Abuse in August 2003.

Both Summits highlighted that drug and alcohol issues can have serious, if not tragic, health, social and financial ramifications.

Drug and alcohol dependency is not simply a consequence of age, geography or social divide. It affects people from all backgrounds and walks of life. As such it is an issue for all of New South Wales and is one issue that the community takes very seriously.

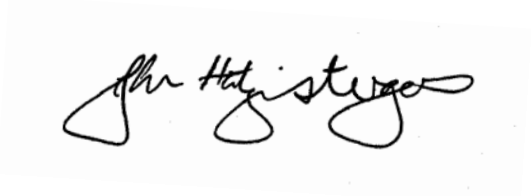
The *NSW Health Drug and Alcohol Program* administered by NSW Health continues to respond to the changing needs of the community. At a statewide level this is coordinated by the Centre for Drug and Alcohol, located in the NSW Department of Health. At a local level services and programs are run by eight Area Health Services and Justice Health.

In New South Wales, for every 100 people receiving methadone treatment, there are 12 fewer robberies, 57 fewer break and enters and 56 fewer motor vehicle thefts. Unprecedented drug treatment places are being made available to assist offenders with their dependency.

The collaborative efforts of NSW agencies such as NSW Police, Attorney General's Department, Juvenile Justice and Corrective Services, along with the non-government sector and Australian Government have ensured that achievements to date have been significant. For many people the treatment and support provided has been life changing.

A lot has been achieved, however there is still much more to be done to address a changing drug use landscape. Key initiatives are now being rolled out across rural and metropolitan New South Wales to address emerging drug use trends, while a number of existing programs are being enhanced to build on previous successes.

I present this Plan as the NSW Government's ongoing commitment to the provision of high quality, accessible and responsive health drug and alcohol services.



John Hatzistergos
Minister for Health

Executive Summary

The *NSW Health Drug and Alcohol Plan 2006 – 2010* outlines the NSW Government's commitment to reduce the problems caused by drug and alcohol use (excluding tobacco, which is addressed through the NSW Health's *Tobacco Action Plan 2005 – 2009*).

The Plan builds on the *NSW Drug Treatment Services Plan 2000–2005*, the Government's responses to the *NSW Drug Summit 1999* and the *NSW Alcohol Abuse Summit 2003,* and the *National Drug Strategy 2004–2009*. The goals of the Plan are to:

- Provide a policy framework for drug and alcohol services and health programs in New South Wales;
- Ensure that there are equitable and effective clinical services across New South Wales to assist people with drug and alcohol problems;
- To set directions based on high standards and the best scientific evidence to treat drug and alcohol related problems; and
- Increase the capacity and competency of the drug and alcohol workforce.

Three priority areas for future action have been identified and are detailed in this Plan. They include:

- Prevention;
- Brief and Early Intervention; and
- Treatment and Extended Care.

To support these three areas of future action the NSW Government will strengthen existing supporting structures, with a particular emphasis on:

- Workforce development;
- Infrastructure and governance; and
- Information management.

Drug and alcohol use has a significant impact on New South Wales.

Drug and alcohol use can give rise to many areas of concern. There are often social, cultural and economic consequences of drug and alcohol use, not just health consequences.

The health system responds to people with all kinds of use and patterns of harm, not just those at the level of dependence. The system aims to reach beyond treating those presenting for treatment to drug and alcohol services.

Dependence is recognised as a chronic relapsing condition requiring intervention by health services and the coordination of a wide range of other support services for those with multiple needs.

Treatment works. In the past decade there have been significant advances in the treatment of substance abuse problems and the development of the sub-speciality of addictions medicine.

This Plan provides the current best practice and evidence-based approaches to the treatment of drug and alcohol problems. The major treatment services are:

- Withdrawal services
- Opioid treatments like methadone and buprenorphine
- Other pharmacological treatments
- Consultation liaison services
- Psychosocial interventions
- Residential programs
- Diversion programs

2000 – 2005: What Have We Done?

Since the 1999 Drug Summit, the Government has taken a critical new direction in New South Wales, which acknowledges the complexity of substance abuse and tackles the problem on all levels, as a whole of government and a whole of community issue.

Considerable funding was allocated to the enhancement of drug and alcohol services ($153M over four years) and enabled in excess of 150 individual projects to be funded across New South Wales.

Over the past six years since the 1999 Drug Summit, the Government has made a substantial, ongoing commitment to and investment in drug and alcohol initiatives, particularly in the areas of prevention and treatment.

There is clear evidence that the approach that has been taken in New South Wales since the Drug Summit is paying off.

Most importantly, drug use is down. In 2004, the National Drug and Alcohol Research Centre (NDARC) reported that the number of regular heroin users in New South Wales has dropped by about 58 percent since 1999 — from 48,200 in 1999 to 19,900 in 2002.

The *2004 National Drug Strategy Household Survey* found that in New South Wales from 1998 to 2004:

- Recent illicit drug use is down from 19.8 percent to 14.6 percent;
- Recent cannabis use is down from 16.7 percent to 10.7 percent;
- Recent heroin use is down from 0.6 percent to 0.1 percent;
- Recent cocaine use is down from 2.1 percent to 1.2 percent; and
- Recent amphetamines use is down from 3.8 percent to 3.1 percent.

One of the key contributing factors to this has been the NSW Government's significant expansion of treatment services:

- More people are now being placed on pharmacotherapy treatment — up from 12,400 places in 1999 to over 16,400 in 2005;
- There is a wider range of treatment available — Buprenorphine started in 2001 with 2,700 patients now receiving this treatment instead of methadone;
- We have significantly increased residential rehabilitation beds and in-patient detoxification services in New South Wales including:
    - Nine hundred and thirty five residential rehabilitation beds representing a substantial increase since 2000; and
    - Two new medicated detoxification facilities in the Hunter and Illawarra with increased capacity to treat 1,020 extra patients a year.

This has helped lead to:

- Opioid overdose deaths falling from 481 in 1999 to 143 in 2003 – a 70 percent fall since 1999;
- Ambulance call outs to suspected opioid overdoses falling from 3,694 in 2000 to 1,770 in 2003 – a 52 percent fall since 2000;
- Emergency Department opioid presentations falling from 1,854 in 2000 to about 1,190 in 2003 – a 35 percent fall since 2000; and
- The number of needles and syringes distributed falling 28 percent from about 12.6 million in 2000 to about nine million in 2003 – a 28 percent fall since 2000.

The past six years have seen a dramatic improvement in the availability and quality of drug treatment services in NSW.

The Government's commitments arising from the 1999 Drug Summit and the 2003 Summit on Alcohol Abuse include the following initiatives.

Achievements in…prevention

- Through the Family and Carers Training Project, 100 frontline workers have provided quality advice and education to families seeking information about drug related harm and available services.
- Operation Drinksafe has run in licensed premises in Sydney South West Area Health Service. Drinksafe is a community education program, originating in the North Coast Area Health Service, aimed to reduce risky and high-risk levels of alcohol consumption.
- One Stop Shop prevention trials have been implemented to enhance the capacity of rural drug and alcohol services for 'at risk' young people.
- Initiatives under the *NSW Heroin Overdose Prevention and Management Strategy* have been implemented such as the Red Cross HOPE program. This program aims to deliver vital first aid prevention skills to reduce the levels of heroin overdose.
- Education resources have been printed and distributed that provide information on alcohol for Aboriginal women.

Achievements in…early and brief interventions

- A statewide Controlled Drinking by Correspondence Program has been established to provide clinical advice and assistance to over 1,300 individuals to reduce excessive drinking.
- Two Multi Purpose Treatment centres have been built in New England and the Mid North Coast areas.
- Diversion initiatives aimed at reducing rates of incarceration have been established in all Area Health Services, including the Magistrates Early Referral into Treatment (MERIT) program and the Youth and Adult Drug Court programs. To date:
  - Sixty-seven MERIT residential rehabilitation beds have been established;
  - Two Rural Alcohol Diversion programs have been established in Orange and Bathurst;
  - As at 31 December 2004, 350 young people had been referred to the Youth Drug and Alcohol Court Program, with 158 people being accepted into treatment; and
  - As at 30 June 2004, 979 offenders had commenced the Adult Drug Court Program based in Parramatta. There were 146 offenders undertaking Adult Drug Court program at that date and 833 finalised cases.

Achievements in…treatment and extended care

- An additional 3,700 new methadone maintenance treatment places have been made available since the 1999 Drug Summit, bringing the total number of available places for people receiving pharmacotherapy treatment at any given time to 16,200.
- An additional 3,500 treatment places have been provided.
- Eight drug and alcohol Clinical Nurse Consultant positions have been established to provide clinical supervision, service planning and policy development to the health workforce.
- Eight new Rural Drug and Alcohol Counsellor positions have been established.
- A statewide Opioid Treatment Facility accreditation program has been established which requires all clinics to become accredited.
- Four cannabis treatment clinics have been established in Western NSW, South East Sydney, Western Sydney and Central Coast.

- "Case management" or "enhanced care" has been funded as an additional service for clients on the Opioid Treatment Program.
- Residential rehabilitation treatment services have been expanded through the provision of an additional 62 beds.
- Buprenorphine has been introduced as a new treatment option, with a rigorous and stringent policy to limit problems and increase public acceptance.
- Three new detoxification units have been established in Wyong, Lismore and the Nepean, with Nepean having developed a specific service for young people.
- Redeveloped detoxification units have been established in regional New South Wales at Belmont and Port Kembla.
- Fourteen Opioid Substitution to Abstinence Rehabilitation (OSTAR) beds have been established.
- A Pharmacy Incentive Scheme has been introduced, which provides support payments to pharmacists to provide dosing.
- NSW Health has established co-morbidity liaison teams. These teams comprise a general practitioner, a mental health specialist and a drug and alcohol specialist and aim to ensure better identification, referral and treatment of clients with a co-morbidity through interactive learning sessions with general practitioners.
- A range of improvements to the pharmacotherapy program have been introduced to improve the quality of treatment services, including:
  - Development of treatment agreements that patients sign; these detail the responsibilities of the client and service agency and enable a clear focus on treatment outcomes;
  - Development of treatment plans for each patient, which extends treatment beyond medication to include a wide range of psychological and socio-economic concerns;
  - Introduction of an accreditation system for all pharmacotherapy clinics. The standards for accreditation include a requirement that issues of congregation, and effects on the local amenity, be appropriately addressed. The accreditation guidelines also address issues related to staff capability, building and clinic management, work practices and encouraging reflective work practice. This has resulted in positive changes to clinic culture across the State;
  - Revised guidelines on the criteria for authorising takeaway doses. The guidelines are now clear, unambiguous and prescriptive;
  - Increased monitoring and tighter rules related to the provision of take away doses;
  - The introduction of clinical audits to ensure clinical competence and compliance;
  - Revised guidelines that govern the granting of a license to supply methadone and buprenorphine;
  - The establishment of the Pharmacotherapy Credentialing Subcommittee of the Medical Committee, which has responsibility for credentialing pharmacotherapy prescribers and monitoring clinical standards;
  - The Pharmacotherapy Accreditation Course has been rewritten to ensure it is based on State and National competency standards; and
  - Legislative changes that authorise the clinical audit of prescribers.

Achievements in…workforce development

- Professional standards of practice, quality training initiatives and other resources have been developed and tested by individuals and professional organisations such as the Pharmaceutical Society (PSA) and Pharmacy Guild (PGA) in community pharmacies.
- Professional organisations have invested significantly in establishing infrastructure to support ongoing delivery of practice support in pharmacies with the aim of facilitating the implementation of professional services within pharmacies and associated practice change.

- In 2003 NSW Health established the Aboriginal Drug and Alcohol Network (ADAN) with the Aboriginal Health and Medical Research Council of NSW and the Office of Aboriginal and Torres Strait Islander Health (NSW). The role of ADAN is to share information, build knowledge and skill, and to create support networks for Aboriginal drug and alcohol workers.
- An Aboriginal Drug and Alcohol website has been established as a joint project between the Network of Alcohol and Other Drug Agencies and the Aboriginal Health and Medical Research Council of NSW. The website includes information for Aboriginal health workers and Aboriginal communities.

Achievements in…infrastructure and governance systems

- The NSW Health Drug and Alcohol Council has been established to provide guidance and direction to the NSW Health Drug and Alcohol Program. Sub-governance structures have been established that sit under the Council including the Quality in Treatment Committee and the Pharmacotherapy Sub Committee.
- Coordinating committees have been established to address specific issues and assist in the development of particular strategies. These include the Information and Systems Integration Committee and the Nursing Advisory Committee.
- A Non-Government Organisation accreditation program has been established in partnership with Quality Management Services to improve the capacity of service delivery in the non-government sector. An infrastructure grants scheme has been established to support organisations seeking to comply with the accreditation program.
- NSW Health has established a Co-morbidity Steering Committee made up of experts and senior clinicians from across New South Wales, to oversee projects related to Co-morbidity. In addition, the Committee has supervised an independent, systems-wide analysis of services provided to people with co-morbidity.

Achievements in…information management

- Since 1 July 2000, all publicly funded government and non-government agencies (with the exception of opioid pharmacotherapy agencies and services delivered by Justice Health) have been required to record data about clients according to the NSW Minimum Data Set for Drug and Alcohol Treatment Services.
- The Brief Treatment Outcome Measure BTOM was developed as a joint project between NSW Health and the National Drug and Alcohol Research Centre (NDARC) to collect clinical data relevant to measuring outcomes for clients of methadone and buprenorphine treatment programs.
- Each Drug Summit project was required to report regularly regarding progress (financial and activity) and the Drug and Alcohol Performance Indicator Reporting system was developed to assist this purpose.
- The Pharmaceutical Services Branch of NSW Health is responsible for managing the safe distribution of pharmacotherapy doses. The Pharmaceutical Drugs of Addiction System was developed to maintain a register of prescribing doctors and authorised dispensing agencies approved under the methadone and buprenorphine treatment programs.
- All Area Health Services have been funded to appoint a Drug and Alcohol Data Coordinator to manage the system development and ongoing support for data collection activities in Area Health Services.

Approaching 2010: The Vision

"The State will experience the full effect of the post-war baby boom, declining fertility rates after 1971, and increasing life expectancy … Population growth will result in increased needs for health and community services, as well as for other basic infrastructure. Changing regional distributions — particularly population declines in inland areas — will create challenges in maintaining levels of health and other services."

Planning for the Future, NSW Health 2005: the Current and Future Health Status of the New South Wales Population

A Vision for 2010

Working with a range of partners, the Plan aims to deliver on the following principles by 2010:

- The community will have a greater understanding of the health risks related to the use of alcohol and other drugs.
- The community will have an understanding of the benefits and expected outcomes of drug and alcohol service delivery.
- The non-government sector will be a significant provider of drug and alcohol services. Public, private and non-government programs will be well integrated.
- The NSW Health Drug and Alcohol Program will continue to delivered publicly funded drug and alcohol treatment for those in need, while pursuing innovative programs that will lead to more effective and efficient services and more diverse treatment options.
- The principles identified in the National Drug Strategic Framework will continue to form the basis of the drug and alcohol system.
- Frontline staff across health disciplines will be adequately skilled to recognise drug and alcohol conditions and have networks available to seek specialised drug and alcohol support.
- The NSW Health Drug and Alcohol Program will be a leading contributor to improvements in society through integration with whole of government initiatives.
- Achievements and operation of the NSW Health Drug and Alcohol Program including a system for ongoing professional development. Support for drug and alcohol workers will ensure employment within the drug and alcohol workforce is prestigious and motivates people from across health and non-health related backgrounds to participate.
- The NSW Health Drug and Alcohol Program will be recognised as a key player in national and international drug and alcohol research.
- The NSW Health Drug and Alcohol Program will have a reputation for delivering best treatment outcomes by international standards.
- Addictions medicine will be a highly valued specialty within the medical specialty framework.
- An effective health information management system will be used to respond to statewide issues related to drug and alcohol service delivery, performance management and planning.

How the Plan was Developed

The NSW Health Drug and Alcohol Plan 2006 – 2010 was based on consultations with key stakeholders including drug and alcohol specialist services, generalist service providers, other agencies and the non-government sector.

It was guided by a Steering Committee formed by members of the NSW Health Drug and Alcohol Council.

Intensive consultations were held with Drug and Alcohol Directors and the Director of the Network of Alcohol and Other Drug Agencies (NADA) over two days. Strategies were developed in relation to each of the priority areas. The strategies have been incorporated into the Plan.

Partners to the Plan

The NSW Health Drug and Alcohol Program consists of a range of partners including Government services, Non-Government Organisations and a wide range of private sector service providers, including General Practitioners, Specialists and Community Pharmacists.

Service Delivery and Care Partners

PARTNER	ROLE OF PARTNERS
Area Health Services	Designated drug and alcohol services have an important role to play in prevention and treatment at the regional and local level, particularly for target and at-risk groups identified in their population. This role varies between direct delivery of programs and services to working in partnership with other parts of the Area Health Service, other government agencies, non-government organisations and the community. Since 1999 a new range of providers and models for addressing harmful drug and alcohol use from a population health approach have been established, such as Community Drug Action Teams. Area Health Services play an important role in these coordinated efforts.
Justice Health	Justice Health fulfils a valuable role in improving the health status of prisoners and detainees. Justice Health provides: detoxification and assessment for all inmates on entry to the custodial system; long term pharmacotherapies treatment programs; and post release care. Justice Health is a crucial partner in diversion programs and the Compulsory Drug Treatment Program.
Non-Government Organisations (NGOs)	The non-government sector is a significant provider of drug and alcohol services in New South Wales. NGOs provide a variety of services, including: counselling, outreach, co-morbidity, education, group and family support and life skills training. Residential rehabilitation services in New South Wales are predominantly provided by NGOs. Currently, there are approximately thirty-five NGOs providing residential services for drug and alcohol dependent people and two government (Area Health Services) agencies providing these services. These agencies range from large therapeutic community style programs to short stay residential rehabilitation services.
Aboriginal Medical Services and the Aboriginal Health and Medical Research Council of NSW (AH&MRC)	The AH&MRC is the peak body for Aboriginal health in New South Wales and is comprised of over 60 Aboriginal Community Controlled Health and Medical Organisations throughout the State. The AH&MRC is a member of the NSW Health Drug and Alcohol Council.

	NSW Health and the AH&MRC are signatories to the NSW Aboriginal Health Partnership Agreement which acknowledges Aboriginal self-determination, a partnership approach and inter-sectoral collaboration as its guiding principles. Its primary function is to provide the NSW Minister for Health with "agreed positions" with regard to Aboriginal health policy, strategic planning and broad resource allocation issues. The partnership exists at the state and local level and commits NSW Health, the AH&MRC, Area Health Services and Aboriginal Community Controlled Health Services to working in partnership on programs and services for Aboriginal people.
Nurses and Midwives	Nurses and midwives have long been identified as primary caregivers. In this context they are well positioned to recognise early symptoms, hazardous use and complications from drug and alcohol use and to intervene appropriately. In addition to this frontline role, registered nurses, midwives and nurse practitioners make up the bulk of the workforce in specialist drug and alcohol services.
General Practitioners (GPs)	GPs are important providers of drug and alcohol interventions. GPs see approximately 80 percent of the population each year and often have an opportunity to link a drug and alcohol intervention to a presenting health problem. GPs provide continuity of care over time and are seen as credible sources of health information by patients.
Community Pharmacies	Community pharmacies are licensed, under the provisions of the *Pharmacy Act 1964*. Pharmacists and pharmacies are required to operate in accordance with the *Poisons and Therapeutic Goods Act*. The *NSW Pharmacotherapy Program* incorporates pharmacies providing methadone and buprenorphine to clients as prescribed.
Private Clinics	The Opioid Treatment Program incorporates public and private clinics and pharmacies providing methadone and buprenorphine to clients prescribed by clinic based doctors and psychiatrists, and community-based GPs. Private clinics are facilities that are licensed to possess and supply drugs of addiction.

Policy Development and Coordination

PARTNER	ROLE AND RESPONSIBILITY OF PARTNERS
The NSW Health Centre for Drug and Alcohol	The Centre is responsible for the development of health policies to address drug related harm and for implementing initiatives resulting from the NSW Drug and Alcohol Summits' Government Plans of Action and other government strategies across the health system in New South Wales. The NSW Government quarantines drug and alcohol service and program funding so that the financial allocations are spent on drug and alcohol programs.
The NSW Health Drug and Alcohol Council	The Council was established by NSW Health to bring together Drug and Alcohol Senior Officers and Directors from Central Office, Area Health Services, the AH&MRC and NGOs. The Council: ▪ Leads the development of health system drug and alcohol policy, planning and responses; ▪ Monitors performance; and ▪ Supports drug and alcohol related whole of government initiatives.

The Quality in Treatment Committee (QIT)	The QIT is responsible for the development of service delivery guidelines and clinical practice guidelines which specify the requirements for minimum standards of care, ensure services reflect current best practice and enable the systematic monitoring and development of these services across the State.
Information Systems Integration Subcommittee (ISIS)	The key functions of the ISIS are to set strategic directions for the appropriate development, quality improvement and utilisation of information; to assist in the streamlining of information systems; and to develop and implement an information management and technology strategy.
The NSW Health Drug and Alcohol Nursing Advisory Committee	This Committee provides nursing advice and analysis to the NSW Health Drug and Alcohol Council. Broadly, its aims are to increase Nurse and Midwife drug and alcohol knowledge and skills, and to develop/enhance supporting structures, organisations and systems to improve health outcomes. It also works with other health sectors through the development of organisations, knowledge, skills and systems of nursing and midwifery practice to improve health outcomes.
The NSW Health Drug and Alcohol Allied Health Workers Advisory Committee	This Committee provides advice to the NSW Health Drug and Alcohol Council regarding the management and implementation of strategies that maintain and develop specialist drug and alcohol allied health workers' knowledge and skills.
The Network of Alcohol and Drug Agencies Inc (NADA)	NADA is the peak organisation for the alcohol and drug non-government sector throughout New South Wales. NADA is funded by NSW Health and is a member of the NSW Health Drug and Alcohol Council.
NSW Government Agencies	NSW Health works with a range of other government agencies on the delivery of drug and alcohol policies and programs. The Centre for Drug and Alcohol is a member of the Senior Officers Committee on Drugs and Alcohol, a multi-agency committee established to assist the coordination of program delivery across all NSW agencies.
The Commonwealth Government and State/Territory Jurisdictions	The Ministerial Council on Drug Strategy (MCDS) is a national Ministerial-level forum responsible for developing policies and programs to reduce drug and alcohol harm. Both the Health and Police Ministers represent NSW on MCDS. The Intergovernmental Committee on Drugs (IGCD) supports the MCDS. The IGCD consists of senior officers that represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, as well as representatives of the Australian Department of Education, Science and Training and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs.

Goals

The Plan represents a shared commitment to continuously improve and build on the standard of care within the drug and alcohol field. The Plan will enhance the high quality of care already available through drug and alcohol services in New South Wales and will provide an opportunity to build on the achievements of the *NSW Drug Treatment Services Plan 2000– 2005.*

The Plan is aligned with the Government's commitments determined in responses to the 1999 NSW Drug Summit and the 2003 Summit on Alcohol Abuse.

The Plan provides a template to assist each Area Health Service develop a *Drug and Alcohol Clinical Services Plan* (Appendix 1).

The Plan adopts a population health approach and provides a systematic approach to drug treatment services aimed at improving access, quality and innovation in drug and alcohol treatment services across all regions of New South Wales.

The four goals of the Plan

1. **Provide a policy framework for drug and alcohol services and health programs in New South Wales;**

2. **Ensure that there are equitable and effective clinical services across New South Wales to assist people with drug and alcohol problems;**

3. **Set directions based on high standards and the best scientific evidence to treat drug and alcohol related problems; and**

4. **Increase the capacity and competency of the drug and alcohol workforce.**

Providing Treatment and Care: Coordination of Services

Integrated Service Provision: Treatment, Care and Support

There are a number of services and systems that commonly work with drug and alcohol agencies to provide clients with a treatment program that meets their specific needs. Integrated service provision involves the coordination of multiple services to meet individual client's need.

This Plan proposes a systemic approach for managing the care of individuals across service providers so treatment and care is client-centred, continuous, and responsive to complex and changing needs. Some of the services required for an integrated program of care are detailed below.

Mental Health Services

Diagnosis and treatment of people with co-existing mental health and substance use problems requires collaboration between mental health and drug and alcohol services, and other community-based service providers.

In many cases, patients with co-existing mental health and substance use problems (for example, an anxiety disorder and heavy levels of drinking) may best be treated in a primary care setting, such as a general practitioner's surgery. In other cases intervention may require action from specialist mental health and/or drug and alcohol services.

General Hospital Services

Partnerships with the general health sector are essential to effective treatment of drug and alcohol problems. The general health sector is particularly important for the widespread delivery of brief and early interventions and the education of staff regarding their role in this field.

General Practitioners, Nurses and Midwives

General Practitioners, Nurses and Midwives are key partners in the delivery of the NSW Health Drug and Alcohol Program. Continued attention to the coordination of service delivery with these professionals is a priority.

Services For Domestic Violence/ Family Violence

Problems with drug and alcohol use may be present in settings where there is domestic violence. Drug and alcohol use does not cause or provide an explanation for domestic violence but may exacerbate underlying problems and add an additional layer of management and intervention when responding to domestic violence situations.

Child Protection Services

Child protection and drug and alcohol services have a shared interest and responsibility in working with vulnerable families. Parents and carers with problematic drug and alcohol use form a significant proportion of the families that the Department of Community Services works with, and many adult clients of drug and alcohol treatment services are parents and carers.

The safety and well being of children whose parents or carers have problematic drug and alcohol use is more likely to be ensured when the parents or carer is provided with appropriate and effective drug treatment.

Effective service for families is dependent on the provider of drug and alcohol interventions, the Department of Community Services and other agencies involved working collaboratively, cooperatively and with a clear understanding of each other's roles and responsibilities.

Justice Health and the Courts

Justice Health has responsibility for the drug and alcohol treatment services it provides directly or purchases from other providers. Many of the principles outlined in this Plan regarding drug and alcohol responses also apply within the corrections settings.

The vast majority of prisoners are in a correctional setting for less then six months. Therefore, shared case management of clients in the justice system and community drug and alcohol treatment providers is critically important. Drug and alcohol services in New South Wales need to work with the justice system in order to provide coordinated care for offenders. The main points of coordination between mainstream services and service provided in a correctional setting are:

- Ongoing management of individuals with drug and alcohol issues post–release;
- Transition arrangements for opioid treatment patients entering or leaving a correctional facility;
- Participation in case management models led by the Department of Corrective Services and it's Probation and Parole Service; and
- Provision of treatment for people diverted from the criminal justice system, in collaboration with the Attorney General's Department.

Services for Aboriginal People

All services need to be able to cater for Aboriginal people. In some areas of New South Wales specific services have been established for Aboriginal people, particularly primary care services. However, it is vitally important that all non-Aboriginal services (government and non-government) are able to provide services that are culturally appropriate for Aboriginal people.

Community-Based Services

Community-based services are treatment services provided on an outpatient**,** ambulatory or outreach model. They include psychosocial interventions, ambulatory and home-based withdrawal services, opioid substitution and community extended care programs following residential rehabilitation or corrections incarceration.

Community-based drug and alcohol services are usually provided in settings where clients travel to the service provider. These services may also be provided in a form where the service providers travel to a location suitable to the client (see Outreach Services below).

The role of community-based services is to provide a comprehensive assessment and develop a care plan with the client and potentially a range of service providers.

Pharmacists

Pharmacists currently play an active role in the provision of methadone maintenance therapy. With greater demands on specialist services such as methadone clinics, there are opportunities for more pharmacists to become involved in drug treatment strategies.

Outreach Services

One component of community-based drug and alcohol treatment services is the provision of treatment services on an outreach basis. This can include psychosocial interventions, ambulatory and home-based withdrawal services, opioid substitution and community extended care programs following residential rehabilitation or corrections incarceration.

Outreach services are useful in providing services to particular communities who would otherwise be unable to access treatment in a timely and equitable manner, including rural and remote, Aboriginal and cultural and linguistically diverse communities.

Generalist Workers in Rural Settings

Generalist health workers such as Occupational Therapists and nutritionists are in an ideal position to identify and provide treatment for people with drug problems when they access general health care services. Training of these staff in drug and alcohol interventions is a priority.

Private Providers

Private providers play a significant role in the provision of drug and alcohol treatment services.

Special Population Groups

Within the community there are specific population groups that experience barriers in accessing and receiving drug and alcohol interventions. These groups have specific needs and the service delivery models for these groups are still evolving.

This Plan commits to equity of service delivery so that services are accessible geographically and available to culturally diverse groups, and to people with complex and special needs.

Co-Existing Mental Health and Substance Misuse Disorders

There are a considerable number of people with co-existing mental health and substance use problems and its prevalence may be increasing. It varies in severity and degree of impairment and cannot be defined in terms of a specific syndrome with a discrete treatment approach.

Co-morbidities are associated with a host of social, behavioural, psychological and physical problems, including: increased symptom severity and suicidal behaviour; greater non-compliance with treatment; more hostile and aggressive behaviours; increased risk of violence to others; higher rates of offending, imprisonment and homelessness; and longer duration of admission to psychiatric inpatient units (Hegarty, M (2004)).

- Prevalence rates of substance abuse issues in mental health settings have been consistently reported at between 30 and 80 percent (Todd, F.C., Sellman, D. and Robertson, P.J. (2002)).
- More than half of the people who use or abuse substances have experienced psychiatric symptoms significant enough to fulfil diagnostic criteria for a mental illness (Regier et al., 1990).
- People living with a mental illness are at an increased risk of developing problematic alcohol or drug use especially those aged between 18 and 25 years.

Aboriginal People and Communities

The 2002 *National Aboriginal and Torres Strait Islander Social Survey* (NATSISS) provides the following data:

- One quarter of Aboriginal people aged 15 years or over in non-remote areas reported having recently used an illicit substance.
- Forty percent of Aboriginal people reported having tried at least one illicit substance in their lifetime.
- Substance use was more prevalent among Aboriginal males – 43 percent of males compared with 37 percent of females.
- Aboriginal people aged 25 – 34 years were the most likely to have ever tried substances (55 percent).
- Marijuana was the most commonly reported illicit drug used by Aboriginal and Torres Strait Island people in 2002. Amphetamines/speed and painkillers or analgesics (for non-medical use) was the second most commonly reported illicit drug used.

As at 31 December 2004 in New South Wales, there were 1,314 Aboriginal people on the Opioid Treatment Program, which equates to 10.7 percent of total number of clients on the program. This figure is high as the percentage of Aboriginal people in New South Wales is only 2 percent. Buprenorphine, introduced in August 2001, is now part of the treatment mix for some Aboriginal clients with 10 percent of people on buprenorphine being Aboriginal.

Research has consistently shown that while a greater proportion of Aboriginal and Torres Strait Island people abstain from drinking alcohol than is the case amongst non-Indigenous Australians, those Aboriginal and Torres Strait Island people who consume alcohol are more likely to do so at hazardous levels. It should be noted that, according to the Australian Institute of Health and Welfare:

- Heaviest drinking occurs amongst Aboriginal and Torres Strait Island people aged 25 – 34 years, while hazardous drinking in the general population is most common amongst people aged 14 – 24 years.
- 48.7 percent of Aboriginal and Torres Strait Islanders are at risk of long term alcohol related harm, compared to 9.7 percent of non-Indigenous populations.
- At all ages, Aboriginal and Torres Strait Islander males are more likely to drink than women.
- 20.6 percent of Aboriginal and Torres Strait Island people abstain from alcohol, compared to 17.3 percent of non-Indigenous Australians.

Sexual and Gender Diverse Groups

National and international research into Lesbian Gay Bisexual and Transgender (LGBT) health highlights a strong relationship between homophobia, heterosexism, social exclusion and the health status of individuals.

The percentages of same sex attracted young people injecting drugs dropped from 11 percent in 1998 to four percent in 2004. Nevertheless drug use still remains substantially higher than for heterosexual young people, for example, double the number of same sex attracted young people have injected drugs.

In 1998 and 2004 same sex attracted young women were more likely to have used marijuana and tobacco and to have injected drugs than young men. Alcohol use is similar to heterosexual young people, however there is a marked gender difference in drug use.

Ageing Population

As the age of the Australian community increases it is necessary to recognise the needs of the elderly. Elderly people with drug and alcohol issues have greater need for support services. Their increased age, coupled with the effects of drug or alcohol misuse, make them less able to cope in the community.

For men and women aged 65 years and over on a day when alcohol was consumed, 40 percent of all men and 45 percent of all women had one or two drinks, 23 percent and seven percent had three or four drinks, and 15 percent and one percent, respectively, had five or more drinks.

To examine the prevalence and pattern of alcohol use among community-living elderly Australians, a survey was conducted of randomly selected non-institutionalised people aged 75 years and older living in the inner suburbs of Sydney. It was found that:

- Seventy two percent of men and 54 percent of women drank alcohol. The median usual daily volume of ethanol consumed by drinkers was 10 grams for men and 1.3 grams for women.
- Eleven percent of male drinkers and 6 percent of female drinkers consumed at defined hazardous or harmful levels.

Although a sizable majority of these older people were either non-drinkers or very light drinkers, a small but significant proportion drank in the hazardous to harmful range. It remains important to be alert for potentially harmful alcohol use among older people.

Offenders

Approximately 16,000 people are received into custody each year in New South Wales. Of these: over 60 percent of prisoners in the NSW Correctional System are estimated to have been under the influence of drugs

or alcohol at the time of offending; 80 percent have committed drug related crimes; 60 percent have a history of injecting drug use; and 40 percent are current injectors.

People from Diverse Cultural and Linguistic Backgrounds

Use of drugs and alcohol can have different meanings for particular cultures and there can be diversity in patterns of use within cultural groups. For example, people from a European background are more likely to have used both alcohol and cannabis than those from both an Asian or Arabic background.

People from culturally and linguistically diverse backgrounds are less likely to have drunk alcohol in the past week (44.5 percent of alcohol users) than in the wider community (56.5 percent of alcohol users).

Rural Communities

Rural and remote populations have specific challenges in providing comprehensive health care – distance, travelling times, availability of clinicians and dispersal of the population. These factors affect the delivery of an integrated drug and alcohol service system. Telecommunications and the use of technology in service delivery have a special role to play in making services accessible to these populations.

In NSW in 2003, 15 percent of rural people were at high risk of harm in the short term as a result of their drinking. The proportion of males reporting short term high risk drinking was greater than the proportion of females across all age groups.

The proportion of people participating in high risk drinking behaviours was greatest among those aged 16–24 years for both males (34 percent) and females (27 percent). High risk drinking declined progressively with age. Fifteen percent of both urban residents and rural residents reported high risk drinking.

In rural New South Wales, eight percent of men report consuming alcohol at a hazardous or harmful level compared to five percent in metropolitan areas; 82 percent of 14–19 yr olds in rural communities regularly consume alcohol compared to 71.5 percent in metropolitan areas; and 22 percent of rural road fatalities are alcohol related compared to 14 percent for metropolitan areas.

Children in Developmental Stages

Alcohol consumed by mothers during pregnancy can seriously affect the health and development of their unborn child. Some babies will be born with foetal-alcohol syndrome. This can include weighing less than expected at birth and having unusual facial features. Foetal-alcohol syndrome is more prevalent in Indigenous than non-Indigenous infants. The World Health Organisation has stated that foetal-alcohol effects are the commonest cause of congenital developmental delay.

Secondary effects of alcohol related developmental disorders are those that are not present at birth but occur later. These can include mental health and behavioural problems as well as learning difficulties: these children are also more likely to go on to develop a substance dependence problem themselves.

Young People with Emerging Problems

While many young people do not use drugs and alcohol at dangerously high levels, there are known harms associated with all levels of misuse. It is also recognised that some young people will develop chronic patterns of drug use and engage in frequent harmful binge use.

A NSW Health report, *The Health Behaviours Of Secondary School Students in New South Wales 2002*, found that the number of NSW secondary students reporting recent tobacco and cannabis use has almost halved in the last 20 years. The data shows that since 1984 the number of high school students reporting recent tobacco use had fallen by 40 percent while the number of students reporting recent cannabis use had fallen by 47 percent since 1996.

In 2002, 69 percent of NSW secondary school students reported drinking in the last year, and 45 percent reported drinking in the last four weeks.

Thirty percent of students reported being recent drinkers (within the last seven days). As expected, the percentage of recent drinkers generally increased as the age of students increased, from 13 percent among students aged 12 years to 39 percent among students aged 17 years in 2002.

Males were more likely to report being recent drinkers than females, with 32 percent of females aged 17 years reporting that they were recent drinkers compared with 46 percent of males. The exception to this was in female students aged 15 years, where the percentage of recent drinkers was higher than in males of the same age (43 percent versus 37 percent) and higher than in females aged 17 years (33 percent).

For alcohol, the mean age of initiation remained relatively stable between 1995 and 2004 at 17 years of age. The mean age of initiation for first use of all illicit substances surveyed either remained stable or increased between 2001 and 2004.

In 2004, over one-third (38 percent) of the population aged 14 years and over had ever used an illicit drug. Across all age groups, males were more likely than females to have recently used an illicit drug with the exception of those aged 14–19 years, where females (21.8 percent) were more likely to have used an illicit drug in the preceding 12 months than their male (20.9 percent) counterparts.

More than one in five teenagers (21.3 percent) had used illicit drugs in the past 12 months.

ACHIEVING THE GOALS

THREE PRIORITY AREAS FOR ACTION

The goals of the Plan will be achieved through strategies developed in a number of priority action areas. These are:

1. Prevention
Prevention strategies provide and advance a reduction in the establishment of drug and alcohol related problems.

2. Brief and Early Intervention
Brief and early intervention strategies aim to ensure that the generalist health workforce intervenes early to reduce the severity of drug and alcohol problems by early identification and treatment.

3. Treatments and Extended Care
Treatment describes a range of interventions that are intended to remedy an identified drug and alcohol related problem relating to a person's physical, psychological or social (including legal) well-being.

Treatment and extended care also provides respite and recovery for established drug and alcohol related problems. Addiction is a chronic relapsing disorder for which single treatment episodes are often not successful in achieving long-term positive outcomes. Rather, health interventions and treatments recognise that treatments may be required for long periods and sometimes for life, and that many patients will go in and out of treatment.

STRENGTHENING STRUCTURES

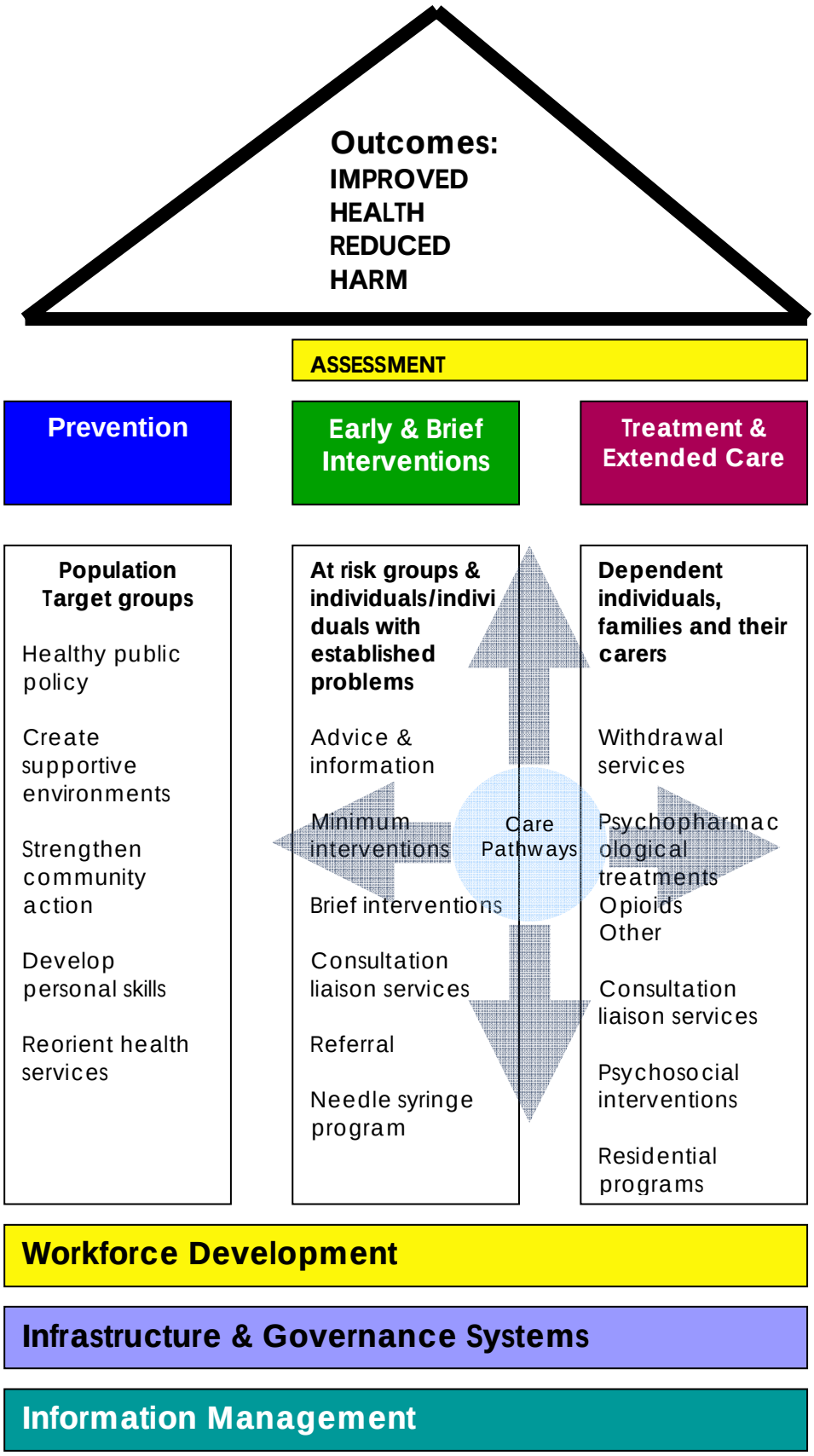
Workforce development, governance structures and information management will be strengthened to support the priority areas for action.

1. Workforce Development
Workforce development is a multifaceted approach to the education, training and up-skilling of workers that encompass individual, organisational and structural factors. Workforce development can be defined as "improving the capacity of the occupations that respond to drug and alcohol by systematically identifying and addressing the many complex factors that influence the skill level and sustainability of the workforce".

2. Infrastructure and Governance
Governance is the system through which the NSW Health Drug and Alcohol Program is accountable for continuously improving the quality of services and safeguarding high standards of care. It involves the development and maintenance of relationships, formal partnerships, advisory and consultation structures and planning processes; and the development of policies, systems and structures, which create and sustain the work environment.

Clinical governance is the main vehicle for continuously improving the quality of patient care and developing the capacity of the NSW Health Drug and Alcohol Program to maintain high standards. It requires clinical leadership, and positive organisational cultures are particularly important.

3. Information Management
The health industry is constantly evolving with information management and the use of information technology being an important influence. Health care practitioners use information for patient care, service planning, educational and research activities, medico-legal and for legislative reasons. Government uses information to formulate evidence-based policy. Only over the last decade has a greater focus been on developing suitable data collection approaches for drug and alcohol services.


Outcomes:
IMPROVED
HEALTH
REDUCED
HARM
ASSESSMENT
Prevention
Early & Brief Interventions
Treatment & Extended Care
Population Target groups
Healthy public policy
Create supportive environments
Strengthen community action
Develop personal skills
Reorient health services
At risk groups & individuals/individuals with established problems
Advice & information
Minimum interventions
Brief interventions
Consultation liaison services
Referral
Needle syringe program
Care Pathways
Dependent individuals, families and their carers
Withdrawal services
Psychopharmacological treatments
Opioids
Other
Consultation liaison services
Psychosocial interventions
Residential programs
Workforce Development
Infrastructure & Governance Systems
Information Management

PRIORITY ACTION AREA 1: PREVENTION

Prevention strategies provide and advance a reduction in the establishment of drug and alcohol related problems.

The *NSW Health Drug and Alcohol Program* recommends the use of broad-based prevention strategies that address common protective factors, common risk factors, and involve a broader base of delivery than that traditionally offered by a specialist drug and alcohol workforce. This delivery will be offered across both government and non-government domains. Strategies will be tailored for specific communities and groups, be evidence based, and will include a sustainable framework characterised by planning, evaluation and funding.

The *Public Health Systems Model for Prevention* (Holder, 1989, Lenton, 1996) provides the framework for the national prevention agenda and illustrates that individual health outcomes are subject to a complex web of influences and processes. These range from macro-social impacts to the risk protection profiles particular to individuals, families and communities.

While specialist drug and alcohol services have a major role to play in prevention programs, they are not solely responsible for prevention. Effective prevention has been demonstrated to involve partnerships comprised of various sections of the Public Health System, such as Health Promotion, Population Health, Aboriginal Health, and Mental Health, as well as other sectors such as Education, Police, Corrective Services, Juvenile Justice, and the Alcohol Industry.

Public health, population health and planning staff in Area Health Services will have a key role in partnership planning and in coordinating activities across the Area Health Services.

Principles of Prevention

- Be evidence-informed and incorporate research and evaluation;
- Add to the evidence base through pilot or demonstration projects that are evaluated to test their suitability for wider adoption across the system;
- Encourage innovation in responding to drug and alcohol, and population trends;
- Be developed and delivered in partnership with other health specialties, local, state and federal agencies, and the non-government sector, and include locally developed and coordinated activities;
- Be available across Area Health Services.
- Be tailored in response to identified need within the community;
- Be assessed on the basis of indicators established as relevant to persons or groups of identified need within the community.

PRIORITY ACTION AREA 1: PREVENTION			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
PROVIDE A POLICY FRAMEWORK FOR NSW HEALTH DRUG AND ALCOHOL SERVICES AND PROGRAMS IN NEW SOUTH WALES			
1.1	Development of a NSW Health Drug and Alcohol Prevention Strategy and enhanced partnerships between the Centre for Drug and Alcohol and other key branches within NSW Health to advance prevention initiatives.	▪ Improved health outcomes for specific population groups within the community.	NSW Health / NSW Health Drug and Alcohol Program partners.
1.2	Establishment of a NSW Health Drug and Alcohol Council Prevention Sub-committee.	▪ Relationships within and across NSW Health with regard to Drug and Alcohol Prevention are improved.	NSW Health / NSW Health Drug and Alcohol Program partners.
1.3	Work to increase the investment of other health specialties (for instance Area Health Service Aboriginal Services Plans and Mental Health Services Plans) in drug and alcohol prevention approaches and have this investment reflected in their strategic plans.	▪ Relationships within and across NSW Health with regard to Drug and Alcohol Prevention are improved.	NSW Health / NSW Health Drug and Alcohol Program partners.
1.4	Develop specific partnerships within NSW Health to address the needs of specific groups. For instance, development of partnerships to assess and address identified need within CALD, Aboriginal Communities, Sexually and Gender Diverse Groups, Youth and the Elderly.	▪ Well-integrated prevention initiatives across the health system and across whole of government initiatives.	NSW Health / NSW Health Drug and Alcohol Program partners.
1.5	Contribute to, and inform, the development of a whole of government and national drug and alcohol prevention agendas.	▪ Well-integrated prevention initiatives involving the public, private and non-government sectors.	NSW Government / NSW Health Drug and Alcohol Program partners.
1.6	Develop and enhance partnerships between the Centre for Drug and Alcohol and other key government agencies, for instance Corrective Services, Juvenile Justice, Attorney General's, Police to advance prevention initiatives for people utilising such services.	▪ An increase in the delivery of drug and alcohol prevention programs involving public, private and non-government sectors.	NSW Health / NSW Health Drug and Alcohol Program partners.
1.7	Develop and examine innovative initiatives directed toward prevention.	▪ Literature and practice review of recent initiatives pertaining to the prevention of the supply, delivery or misuse of substances both within the Australian community and internationally.	NSW Health Drug and Alcohol Program.

PRIORITY ACTION AREA 1: PREVENTION		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
1.8 Development and enhancement of relationships with the non-government sector through the Network of Alcohol and other Drugs Agencies and the Aboriginal Health and Medical Research Council to further the sector's prevention agenda.	▪ Identification, assessment and enhancement of relationships, information sharing ability, the delivery of drug and alcohol prevention programs by the non-government sector. ▪ Assessment of key indicators of information sharing, and indicators of efficacy of programme delivery.	NSW Health Drug and Alcohol Program.
1.9 Participate in key national forums to advance the national prevention agenda.	▪ Advance the national prevention agenda to domains that are already targeted as well as novel domains.	NSW Health Drug and Alcohol Program.
1.10 Extend participation into a range of domains both commonly and not commonly associated with prevention, for instance Licensing, Advertising, Sport, Sponsorship, Road Safety etc.	▪ Assessment of efficacy on the basis of epidemiological indicators, medical presentations, reduction in identified need.	NSW Health Drug and Alcohol Program.
1.11 Allocate appropriate levels of funding for drug and alcohol prevention initiatives State-wide in line with nationally and interagency benchmarked levels.	▪ The community will have a greater understanding around health risks and issues related to the use of alcohol and other drugs. ▪ A reduction in the need for drug and alcohol treatment and acute care services ▪ Assessment of prevention initiatives against international literature, benchmarks, and community identified need. ▪ Identify and assess prevention initiatives with regard to long-term decreases in epidemiological indicators, medical presentations, reduction in identified need, given sufficient and consistent funding levels.	NSW Health Drug and Alcohol Program.
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
1.12 Report on the number and outcomes of prevention initiatives and services delivered each year.	▪ A clear and transparent resource allocation model for the provision of prevention activities.	NSW Health Drug and Alcohol Program partners.

PRIORITY ACTION AREA 1: PREVENTION		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
1.13 Support research that advances the national and international knowledge base on prevention approaches.	▪ Research that advances the national and international knowledge base on prevention approaches.	NSW Health Drug and Alcohol Program partners.
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
1.14 Establishment of a NSW Health Drug and Alcohol Council Prevention Sub-committee (repeat of 1.2 above).	▪ Baseline measure of prevention, health education and health promotion workforce in Drug and Alcohol Program.	NSW Health / NSW Health Drug and Alcohol Program partners.

PRIORITY ACTION AREA 2: EARLY AND BRIEF INTERVENTIONS

Brief and early intervention strategies aim to ensure that the generalist health workforce intervenes early and thereby reduces the severity of drug and alcohol problems by early identification and treatment.

Evidence suggests that early and brief interventions can be effective in guarding against the development of drug and alcohol problems. Evidence also suggests that it is possible to intervene early in the development of substance use, before significant problems develop.

Early interventions are typically beneficial for people at risk of developing problems, and refer to screening, assessment, and the delivery of services to identify and limit problematic drug and alcohol use.

Brief intervention describes a wide variety of strategies that aim to change behaviour. These include brief advice, referral, brief motivational interviewing and brief counselling interventions. Brief interventions can be offered by generalist service providers supported by appropriate education and training. Specialist drug and alcohol services have an important role to play in supporting interventions by non-specialist workers.

The demonstrated efficacy of early and brief interventions supports the case for drug and alcohol issues to be addressed at every point of contact in the health system and not simply when specialist drug and alcohol services are required.

Principles of Intervention

- Be evidence informed and subject to evaluation
- Be consistent with research and supported by clinical judgement;
- Be offered by generalist service providers supported by appropriate education and training;
- Be supported by specialist drug and alcohol services if non-specialist workers deliver them; and
- Be available across Area Health Services.
- Accompany the delivery of other interventions that target factors of risk and protection common to a range of mental health and substance use problems.
- Be tailored in response to identified need within the community;
- Be assessed on the basis of indicators established as relevant to persons or groups of identified need within the community.

PRIORITY ACTION AREA 2: EARLY AND BRIEF INTERVENTIONS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES		
2.1 Develop a framework that supports access to early and brief intervention services for all people who visit health services in NSW. Most commonly, assessment, referral and provision of such services will be available at the first point of contact with the health system, or directly upon referral from it, and will involve developing and enhancing relationships with primary health practitioners, GPs and acute care practitioners.	▪ Framework developed and available to all drug and alcohol services. ▪ First point of contact with the health system used as a screening opportunity for assessment of drug and alcohol use problems. ▪ Early and brief intervention resources, education and training are available to primary health practitioners, GPs and acute care practitioners.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
2.2 Develop an *Alcohol Disease Prevention Action Plan* with a focus on early and brief interventions designed to advance knowledge of substance related disease, to interrupt the development of substance related disease, and to effect a reduction in the incidence of substance related disease.	▪ Alcohol Disease Prevention Action Plan developed. ▪ Plan implemented.	NSW Health Drug and Alcohol Council and the Centre for Drug and Alcohol.
2.3 Develop culturally appropriate drug and alcohol policy and strategies utilising the interagency health cluster established under the Aboriginal Affairs Plan: *Two Ways Together*.	▪ Policy and strategies agreed to by cluster agencies. ▪ Strategies implemented.	Centre for Drug and Alcohol
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
2.4 Develop interagency links and protocols to ensure the consistency of advice being publicly disseminated. Modes for information updates to be communicated and distributed across the State.	▪ Central lines give out the same information. For example Alcohol and Drug Information Service (ADIS) advice and information to Area Health Service Central Intake Lines is linked.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.

PRIORITY ACTION AREA 2: EARLY AND BRIEF INTERVENTIONS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL RELATED PROBLEMS		
2.5 Establish strong and sustainable links with Early Childhood Services (ECS) to intervene with vulnerable families with children 0–8 years. ▪ Advance sufficient information to new parents and existing parents on the relation between parental substance use behaviour and its potential to influence the development of substance use behaviour in children. ▪ Develop links with DET to ensure families that are assessed as being at increased risk for the later development of problems of substance use (on the basis of assessment of factors of risk) are offered appropriate referral.	▪ Improved capacity of Early Childhood Services, school staff and workers to address the needs of parents with drug and alcohol problems, and children with particular child behaviour problem needs, and make appropriate referrals for intervention on their behalf. ▪ Enhanced delivery of information to parents related to the potential for their substance use behaviour to influence their children's substance use behaviour.	Centre for Drug and Alcohol and Area Health Services. DET.
2.6 Document and promote models of early and brief intervention for specific groups and a range of interventions, including risk identification and crisis response, minimalist or opportunistic interventions, and appropriate referral.	▪ Early and brief interventions models are developed in consultation with identified groups and tailored to need.	Centre for Drug and Alcohol. Health Promotion. Public Health.
2.7 Establish drug and alcohol consultation liaison services in NSW hospitals to ensure early assessment and screening by generalist hospital staff.	▪ Consultation liaison services established and supported.	Centre for Drug and Alcohol and Area Health Services. NSW Health. NSW Ambulance Service.
2.8 Develop and document pathways to ensure an individual is managed appropriately, carefully and efficiently through the NSW Health system.	▪ Model for pathway developed. ▪ Develop and trial a model able to track and meet the needs of patients presenting with multiple care needs and requiring multiple areas of assistance including mental health, finance and legal issues.	Quality in Treatment Committee.
2.9 Provide child protection training for generalist workers who come into contact with minors on subjects related to risk factors for child abuse, indicators of abuse, the impact of harmful drug and alcohol use on parenting. Develop relationships between generalist workers, specialist drug and alcohol services, and DOCS/child protection agencies in the interests of information sharing and referral.	▪ Training programs delivered to generalist health workers and competency developed.	Centre for Drug and Alcohol and the Child Protection Program.

PRIORITY ACTION AREA 2: EARLY AND BRIEF INTERVENTIONS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
2.10 Develop and enhance links with the Department of Gaming and Racing to ensure a coordinated response to drug and alcohol, and gambling issues. The Departments will review and consider areas of overlap in the work of the two programs, including: ▪ Client data set and service mapping; ▪ Treatment outcome measures; ▪ Quality improvement accreditation; ▪ Counsellor competencies; ▪ Research; and Interagency working arrangements.	▪ Development of an agreed work plan to address the areas of overlap between the two programs. ▪ Enhanced service provision and improved outcomes for clients with drug and alcohol, and gambling problems.	
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
2.11 Assess and develop the delivery of evidence based psychosocial interventions in a range of delivery modes tailored for the identified need of specific client groups. Particular emphasis may be placed on the assessment, development and enhancement of online counselling and support services in conjunction with innovative Tele-health initiatives. Interest may also be given to correspondence based models and Mobile service models.	▪ Funding is available for online counselling and support services. ▪ An increased capacity to provide online information and interventions. ▪ Trial and evaluation of tele-health initiatives. ▪ Development of correspondence based models and mobile service models.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
2.12 Investigate and promote the most effective tools and training in the delivery of evidence based practice and state-of-the-art brief and early interventions for the range of clinical, case and frontline workers delivering intervention.	▪ Easy to use information and education packages for mainstream clinicians and frontline health workers, including a summary of the evidence around brief intervention. ▪ An increase in the availability of evidence based tools that can be used effectively by mainstream clinicians and frontline workers. ▪ The delivery of such interventions is enhanced by developing and strengthening the links between generalist workers and specialists in the area and promotes clear understanding of the spectrum of early and brief intervention models and local implementation.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services.

PRIORITY ACTION AREA 2: EARLY AND BRIEF INTERVENTIONS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
2.13 Consolidate relationships already established between general practitioners and NSW Health in recognition of their role as the most common first point of contact, and encourage their provision of brief and early interventions to patients whose presentations are characterised by drug and alcohol issues. This to include methods for self-administered patient screening and structures to support prevention initiatives.	▪ Further development of the role of general practitioners in the delivery of brief and early interventions. ▪ An increase in the early identification of drug and alcohol related harms, including in specific populations.	Clinicians via the Quality in Treatment Committee.
2.14 Include the early and brief intervention role of specialist drug and alcohol staff in position descriptions, performance and business plans, case management frameworks and guidelines.	▪ Position descriptions, performance and business plans include the early and brief intervention role. ▪ Case management frameworks and guidelines include the early and brief intervention role.	Nursing Advisory Committee and Allied Health Workers Committee.
2.14 Identify resources (under-utilised or unutilised) at the Federal, State and Area Health Service levels to ▪ to provide brief and early intervention training to generalist and frontline staff. ▪ to provide brief and early intervention training to specialist clinical staff. ▪ improve the state of the art in implementation and delivery of brief and early intervention programmes. ▪ develop brief and early intervention programmes for cultural and identified need groups.	▪ Resources available to fund the provision of training for generalist and frontline staff.	Nursing Advisory Committee and Allied Health Workers Committee.

PRIORITY ACTION AREA 3: TREATMENT AND EXTENDED CARE

Treatment and extended care also provides respite and recovery for established drug and alcohol related problems. Addiction is a chronic relapsing disorder for which single treatment episodes are often not successful in achieving long-term positive outcomes. Rather, health interventions and treatments recognise that treatments may be required for long periods and sometimes for life, and that many patients will cycle in and out of treatment.

Evidence shows the main factor that predicts good outcomes for drug and alcohol dependency is retention in treatment. Treatment services must be able to offer both brief and longer-term interventions as appropriate to a patient's situation. The delivery of drug and alcohol treatment and extended care services in New South Wales is characterised by diversity in the type of treatment that can be tailored to meet a range of patient's needs.

These treatment services are for patients with established patterns of harmful or dependent drug use and their families and carers. These types of treatment are provided by both government and non-government specialist drug and alcohol services. Services are designed by health providers to address the level of dependency or problematic usage: some services are more appropriate for dependency while others are more suited for problematic usage.

Treatment and extended care interventions can have both abstinence or controlled reduction as their primary goals. As many patients have complex and often chronic issues, there is no one treatment approach that will meet every patient's needs.

Treatment approaches are often complex and may have to address issues related to pregnancy, blood borne viruses (such as Hepatitis C or HIV), pain management and mental health concerns. To meet these needs drug and alcohol treatment services and addictions medicine specialists work closely with other sections of NSW Health to ensure that appropriate comprehensive treatment services can be provided.

This section of the Plan addresses treatment types, as well as the settings where the treatment is delivered. These are categorised in the following sections.

Different Types of Treatment:

- Withdrawal Services
- Opioid Treatment Program
- Relapse Prevention and Psychological Based Programs
- Consultation Liaison Programs
- Residential Rehabilitation

Different Settings for Treatment Delivery:

- Residential
- Outpatient Clinics
- Outreach Provision
- Correctional Settings
- Hospital and Acute Care Services

Principles of Treatment and Extended Care

- Harm reduction is the main aim of NSW Health drug and alcohol treatment services;
- Providers may be government or non-government organisations, private health clinics, General Practitioners and other health professionals;
- Area Health Services are to ensure through either direct delivery of services and/or partnerships with other providers that treatment outcomes include, both Abstinence Maintenance, and Controlled Reduction Programs;
- Comprehensive assessment and preparation of the individual is an important pre-requisite to entry to any of these services;
- A designated treatment plan will be developed for each patient within the service in consultation with families and carers where appropriate;
- Treatment plan development and changes are to be made in consultation with the individual and with families and carers where appropriate;
- Appropriate coordinated and integrated care pathways are developed to ensure individuals have access to a comprehensive range of services that meet their needs;
- Patients agree to participate in a structured program of care with certain attendance requirements;
- Discharge planning will provide clients, and their families and carers where appropriate, with information on post treatment support and service and encourage further contacts with the health system;
- Appropriate discharge and care planning can achieve improved longer-term outcomes for hospital patients with drug and alcohol problems; and
- Access to other specialty services for patients requiring them are coordinated and organised.

Treatment Type: Withdrawal Services

Withdrawal is a neurophysiological adjustment that the body undergoes following the cessation or significant reduction of drug use. The nature and severity of withdrawal depends on an individual's drug use history and the types of drugs used. The aim of withdrawal management is to ensure that withdrawal is completed safely and comfortably. This is often a necessary first step before further treatment can commence.

Managing withdrawal involves providing a combination of information, support, monitoring, and medication. These components can be delivered in hospital, residential, home or outpatient settings, depending on people's needs and circumstances.

TREATMENT TYPE: WITHDRAWAL SERVICES		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES		
3.1 Review and implement *the NSW Health Withdrawal Management Guidelines* at 5-year intervals.	▪ *NSW Health Withdrawal Management Guidelines* reviewed in 2009.	Centre for Drug and Alcohol.
3.2 Area Health Service Aboriginal Drug and Alcohol Treatment Services Plans will be linked to existing Area Drug and Alcohol Treatment Services Plans. NSW Health will develop specific Guidelines for Drug and Alcohol Detoxification in Aboriginal Communities (Alcohol Summit 3.18).	▪ Area Health Service Aboriginal Drug and Alcohol Treatment Services Plans exist and are linked to Area Plans. ▪ Guidelines in use for Drug and Alcohol Detoxification in Aboriginal Communities.	Aboriginal Health Services, Area Health Services and NGOs.
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS		
3.3 Ensure the equitable distribution and development of withdrawal services across the State, by monitoring relevant data and reporting systems.	▪ An equitable distribution of a range of withdrawal management services across New South Wales.	NSW Health Drug and Alcohol Program partners.
3.4 Implement Consultation Liaison Services to ensure the availability of on-call specialist Drug and Alcohol advice and support.	▪ Consultation liaison services established and supported.	Centre for Drug and Alcohol and Area Health Services.
3.5 Encourage and support the joint management of complex clients	▪ Improved patient outcomes through joint consultations.	Centre for Drug and Alcohol and the Centre for Mental Health.

TREATMENT TYPE: WITHDRAWAL SERVICES		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
▪ ***TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS***		
3.6 Develop state minimum standards for withdrawal services based on *NSW Health Withdrawal Management Guidelines*.	▪ *NSW Health Withdrawal Management Guidelines* underpin withdrawal management services in New South Wales.	Centre for Drug and Alcohol.
3.7 Develop clinical guidelines informed by evidence.	▪ Implement guidelines and progressively review. ▪ Area Health Services to include the Guidelines in their plans.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.8 Develop clinical governance and care coordination systems (e.g. shared care models) for withdrawal management in line with *NSW Withdrawal Management Guidelines.*	▪ Area Health Services will have standardised clinical policies and procedures for withdrawal services based on NSW Health Withdrawal Management Guidelines.	Centre for Drug and Alcohol.
3.9 Integrate approaches for aftercare and relapse prevention after withdrawal by ensuring inclusion within the *NSW Health Withdrawal Management Guidelines.*	▪ Guidelines include approaches for aftercare and relapse prevention.	Centre for Drug and Alcohol, Area Health Services and NGOs.
3.10 Develop and implement performance indicators for withdrawal services that reflect the desired outcomes for treatment.	▪ Performance indicators established and used to guide service delivery.	Centre for Drug and Alcohol.
3.11 Integrate specialist services for specific presentations such as chronic pain, including patient referrals from psychologists and other professionals.	▪ Improved patient outcomes through integration of specialist services with withdrawal services.	Centre for Drug and Alcohol.
3.12 Examine new pharmacotherapy treatments other than opioids.	▪ The NSW Health Drug and Alcohol Program will have a reputation for delivering best treatment outcomes by international standards.	Centre for Drug and Alcohol.
3.13 New models will be examined and potentially trialed for the detoxification of young people who are under the age of 16 years old and who cannot leave their local community, particularly for Aboriginal young people.	▪ New models for detoxification examined.	NSW Health Drug and Alcohol. Council, Centre for Drug and Alcohol, Aboriginal Health Services, Area Health Services and NGOs.

TREATMENT TYPE: WITHDRAWAL SERVICES		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
▪ ***INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE***		
3.14 Ensure that general hospitals and mental health inpatient units have the capacity to manage withdrawal as a primary or secondary diagnosis.	▪ General hospitals and mental health units have the capacity to manage withdrawal as a primary or secondary diagnosis.	Centre for Drug and Alcohol and Area Health Services.
3.15 Increase the role of nurse practitioners in the delivery of inpatient and community withdrawal services, particularly in rural areas.	▪ Nurse practitioner positions are created and filled and have legislative capacity to prescribe pharmacotherapies.	Centre for Drug and Alcohol and Area Health Services.
3.16 Ensure the availability of withdrawal management training for GPs, other health professionals and specialist non-government providers.	▪ Formal links and clinical partnerships established with GPs.	Centre for Drug and Alcohol and Area Health Services.

Treatment Type: NSW Opioid Treatment Program

The NSW Opioid Treatment Program oversees the use of pharmacotherapies such as methadone or buprenorphine for the treatment of opioid dependence. Considerable research has demonstrated the effectiveness of pharmacotherapy treatment for opioid dependence. Additional benefit may be achieved when combined with psychological treatment approaches.

Treatment is most commonly provided through outpatient clinics (public or private), community pharmacies and local hospitals (particularly in rural areas). Prescribers can be in either public or private practice.

TREATMENT TYPE: OPIOID TREATMENT PROGRAM			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NSW			
3.17	Review and implement the NSW *Opioid Treatment Program – Clinical guidelines for methadone and buprenorphine treatment for opioid dependence* at 5-year intervals.	▪ *Clinical guidelines for methadone and buprenorphine treatment for opioid dependence* reviewed in 2009.	Centre for Drug and Alcohol.
3.18	Review the Opioid Treatment Program to increase the capacity to protect children at risk. Increase the capacity of systems to capture the information relating to reporting parents with children who are at risk.	▪ Increased child protection.	Centre for Drug and Alcohol and the Department of Community Services.
3.19	Build on adverse event monitoring processes and review these actions to develop a statewide policy.	▪ A framework for adverse monitoring in place.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS			
3.20	Ensure a range of effective and appropriate opioid treatment services are available and accessible to all New South Wales residents through: ▪ Comprehensive assessment and preparation of the individual as an important pre-requisite to entry to opioid treatment. ▪ A designated treatment plan will be developed for each patient within the service and will be reviewed regularly. ▪ Treatment plan development and changes are to be made in consultation with the patient.	▪ The *NSW Opioid Treatment Program – Clinical guidelines for methadone and buprenorphine treatment for opioid dependence* underpins the NSW Opioid Treatment Program.	Centre for Drug and Alcohol, Area Health Services and NGOs.

TREATMENT TYPE: OPIOID TREATMENT PROGRAM			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
	▪ Appropriate coordinated and integrated care pathways are developed to ensure patients have access to a comprehensive range of services that meet their needs. ▪ Patients must adhere to a Treatment Agreement and agree to participate in a structured program of care with certain attendance requirements. ▪ Discharge planning will provide clients with information on post treatment support and services and encourage further contacts with the health system.		
3.21	Integrate opioid treatment services into multipurpose facilities providing medical management services alongside a range of other treatment services. Ensure that treatment programs offer both Abstinence Maintenance and Controlled Reduction options.	▪ A range of opioid treatment options are available to opioid dependent people across New South Wales, including access to the full spectrum of pharmacotherapies.	Area Health Services.
3.22	Increase the capacity of the service system to facilitate the transition of stable patients to private providers and to successfully achieve abstinence for some patients.	▪ An increased number of trained and competent GP prescribers.	Centre for Drug and Alcohol, Area Health Services and NGOs.
3.23	In order to facilitate the induction of priority cases, all opioid treatment clinics (public and private) will be encouraged to have an appropriate and negotiated number of treatment places that are provided free of charge to priority population groups for their first month of treatment.	▪ Priority population groups gain increased access to treatment.	Centre for Drug and Alcohol, Justice Health and other Area Health Services and NGOs.
3.24	Ensure that services are available to provide interventions across all treatment types and settings at all stages of treatment including induction, stabilisation, maintenance and withdrawal to abstinence.	▪ Services in place.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS			
3.25	Develop clinical guidelines informed by evidence.	▪ Implement guidelines and progressively review. ▪ Area Health Services to include the Guidelines in their plans.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.

TREATMENT TYPE: OPIOID TREATMENT PROGRAM			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
3.26	Monitor and implement new pharmacotherapy treatments (such as buprenorphine/naloxone) as they become available.	▪ Monitor and implement new pharmacotherapy treatments once identified and trialled.	NSW Health Drug and Alcohol Council.
3.27	Support clinical trials of new pharmacotherapies (including combining opioid treatment with psychological interventions).	▪ Increased availability of supported treatment options.	Centre for Drug and Alcohol, Area Health Services and NGOs.
3.28	Expand psycho-pharmacotherapies as a central element of client treatment plans in combination with other interventions as new treatments emerge to assist in the management of alcohol, cannabis, amphetamine and cocaine dependency.	▪ Number of Areas with plans and guidelines to include psycho-pharmacotherapy initiatives used as a central element of client treatment plans in combination with other interventions.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.29	Implement the human services sector pilot of the Integrated Challenging Behaviours Project to develop best practice models of care for people with high-level, complex behavioural issues associated with co-morbid conditions – *draft NSW Mental Health Plan.*	▪ As a result of the pilot of the Integrated Challenging Behaviours Project, best practice models of care have been developed.	DADHC, DoH, Centre for Mental Health.
3.30	Facilitate research that will expand treatment options building on the growth in knowledge in neuroscience and gene therapy.	▪ Increase in treatment options.	NSW Health Drug and Alcohol. Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE			
3.31	Expand the role of public hospitals, GPs and community pharmacists in the delivery of opioid treatment services, especially in rural settings.	▪ An increased number of GPs and community pharmacists in rural areas who are prescribing and dosing.	Centre for Drug and Alcohol, Area Health Services and NGOs.
3.32	Increase the role of nurse practitioners in the delivery of opioid treatment services, particularly in rural areas.	▪ A seamless transition for patients from stabilisation in the public sector to treatment in a community setting.	Centre for Drug and Alcohol, Legal Branch, Area Health Services and NGOs.
3.33	Ensure the availability of opioid treatment training for GPs and other health professionals, developed in conjunction with relevant professional organisations.	▪ An increased number of trained and competent GP prescribers. ▪ An increased number of trained and competent nurses.	Centre for Drug and Alcohol.

Treatment Type: Relapse Prevention and Psychological Based Programs

To provide evidence informed relapse prevention and psychological based programs across New South Wales accessibly and equitably.

TREATMENT TYPE: RELAPSE PREVENTION AND PSYCHOLOGICAL BASED PROGRAMS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES		
3.34 Develop Clinical Guidelines for the provision of relapse prevention services and other psychological based interventions in non-residential settings including definitions of minimum standards of care. ▪ Psychologically based services should be consistent with research and supported by clinical judgement. ▪ A range of relapse prevention and psychological based programs should be available in all Area Health Services. ▪ Psychological based services adhere to standards that ensure that services are provided safely, effectively and efficiently. ▪ Services adhere to minimum standards as developed by NSW Health in partnership with clinicians. ▪ Ensure the management of alcohol dependency is included in the Clinical Guidelines. ▪ Incorporate discharge-planning protocols into the Clinical Guidelines. ▪ Build the clinical skill sets in drug and alcohol services for assessing and referring commonly occurring co-morbidities, through training, agreed pathways and service agreements.	▪ Clinical Guidelines for the provision of relapse prevention services developed and distributed to Area Health Services.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and non government organisation (NGO) specialist providers.
3.35 Include agreed paradigms for assessment, care planning and case management in the Clinical Guidelines.	▪ Paradigms for assessment, care planning and case management are included in the Clinical Guidelines.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.
3.36 Define and document the entry pathways into psychological based interventions from withdrawal service and residential rehabilitation.	▪ Entry pathways defined.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.

TREATMENT TYPE: RELAPSE PREVENTION AND PSYCHOLOGICAL BASED PROGRAMS			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
3.37	Provide case management support to Opioid Treatment Programs.	▪ Case management support provided for all patients in opioid treatment programs.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.
3.38	Clearly define the role of psychosocial interventions as a component of an integrated treatment plan, incorporating these interventions into the Withdrawal Management Guidelines, residential rehabilitation services and the Opioid Treatment Program.	▪ Integrated treatment plans include psychosocial interventions.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.
3.39	Incorporate newly developed standards into Area clinical governance systems, including NSW Health funded NGOs.	▪ Area clinical governance systems incorporate standards.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.
3.40	Memoranda of Understanding will be developed between human service agencies that will identify the available services, roles and responsibilities of each agency in dealing with drug or alcohol dependent individuals.	▪ Memoranda of Understanding between human service agencies exists.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS			
3.41	Ensure that Drug and Alcohol Consultation Liaison Services provide assessment and referral services.	▪ Referral systems in place.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.
3.42	Area Health Services will develop a plan that: ▪ Supports non drug and alcohol specialist services to identify harmful drug and alcohol use; ▪ Defines specialist service referral pathways; ▪ Documents the model for care planning and case management; ▪ Further develops a clinical governance framework and clinical supervision paradigms to be used with this treatment modality; and ▪ Ensures resource allocation models and associated performance indicators and funding agreements reflect practice as defined in the guidelines.	▪ Reduced discrimination and improved generalist drug and alcohol assessment and intervention.	Centre for Drug and Alcohol in conjunction with Area Health Clinicians and NGO specialist providers.

TREATMENT TYPE: RELAPSE PREVENTION AND PSYCHOLOGICAL BASED PROGRAMS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
3.43 Develop outreach models to support services providing accommodation to at-risk groups such as youth refuges, housing services and homeless shelters.	▪ Models developed and trialled.	Centre for Drug and Alcohol.
3.44 Placements in community services for aged care patients to be requested in order to prevent access blocks in hospitals.	▪ Access block prevented.	NSW Health in partnership with clinicians.
3.45 Build on programs for people with co-morbidities, including those with mental health problems, intellectual disability and physical health problems.	▪ Increase in the capacity of co-morbidity services across the State thus ensuring appropriate referral and intervention for the management of this client group.	DADHC, SAAP.
3.46 Ensure that services are available to provide interventions across all treatment types and settings at all stages of treatment including induction, stabilisation, maintenance and withdrawal to abstinence.	▪ Services in place.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
3.48 Develop Clinical Guidelines informed by evidence.	▪ Implement Guidelines and progressively review. ▪ Area Health Services to include the Guidelines in their plans.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.49 Promote the further uptake of validated tools for assessment.	▪ NSW Health Drug and Alcohol Council to agree on a set of valid tools for assessment.	NSW Health in partnership with clinicians.
3.50 Trial and evaluate the use of alternative service delivery mechanisms for these interventions, for example, correspondence based services, online services and telehealth. If successful, NSW Health will develop strategies to integrate into the menu of service provision.	▪ Alternative service delivery mechanisms trialled, evaluated and appropriate strategies developed.	NSW Health in partnership with clinicians.
3.51 Implement the human services sector pilot of the Integrated Challenging Behaviours Project to develop best practice models of care for people with high-level, complex behavioural issues associated with co-morbid conditions.	▪ As a result of the pilot of the Integrated Challenging Behaviours Project, best practice models of care have been developed.	DADHC, DoH, Centre for Mental Health.

TREATMENT TYPE: RELAPSE PREVENTION AND PSYCHOLOGICAL BASED PROGRAMS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
3.52 Continue the development of competency standards and accreditation for counsellors implementing these interventions.	▪ Competency standards and accreditation for counsellors are in place.	NSW Health in partnership with clinicians.
3.53 Support the development and implementation of protocols for the screening and brief assessment by non-drug and alcohol specialist health workers.	▪ Protocols are in use for the screening and brief assessment by non-drug and alcohol workers.	NSW Health in partnership with clinicians.
3.54 Centralised Intake Services will continue to be a central point of entry for these interventions.	▪ Use of Centralised Intake Guidelines in all Area Health Services.	Centre for Drug and Alcohol and Area Health Services.

Treatment Type: Consultation Liaison Programs

Principles

- Drug and alcohol services should be regarded as a core service for all acute care hospitals because of the high prevalence of problems in presenting and admitted patients, including co-morbid disorders;
- There is a 'window of opportunity' to reach people with drug and alcohol related problems that present to hospitals, who may not otherwise come to the health sector's attention;
- Hospitals have a duty of care to all patients, which includes appropriate care for drug and alcohol users;
- Broader health outcomes can be improved through a reduction in, or abstinence from, drug and alcohol use;
- Specialist drug and alcohol interventions may reduce the likelihood of re-injury or return visits to emergency departments; and
- Acute care facilities should have staff available on all shifts that have, at a minimum, a basic level of drug and alcohol training, as well as access to on-call specialist drug and alcohol advice.

TREATMENT TYPE: CONSULTATION LIAISON PROGRAMS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES		
3.55 Develop service models to facilitate appropriate management and reduce access block.	▪ Increased identification of hospital presentations for drug and alcohol problems, regardless of the primary presentation.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.56 Specific drug and alcohol protocols and service agreements will be put in place to facilitate consultation and liaison.	▪ Appropriate general hospital services, including partnerships in the following specific care environments: ▪ Maternity and neonatal care ▪ Blood-borne virus control ▪ Psychiatric Emergency Services ▪ General Hospital wards.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS		
3.57 Establish Consultation Liaison Services across New South Wales to deliver clinical drug and alcohol interventions that match the needs of different Health Service configurations.	▪ Improved health outcomes and prevention of complications resulting from treatment delays or health system and/or patient inactivity/neglect. ▪ Improved support and resources of the role of Consultation Liaison Services in hospitals.	Centre for Drug and Alcohol, Area Health Services and NGOs.

TREATMENT TYPE: CONSULTATION LIAISON PROGRAMS			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
3.58	Provide improved support (protocols, resources, training) to strengthen drug and alcohol interventions.	▪ Improved delivery of general medical treatment and health outcomes.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.59	Develop 24 hr on-call Consultation Liaison Services linked by telemedicine across Area, and roll out the model as resources become available, to provide services to: (i)hospital inpatients/EDs (ii)community centres, clinics	▪ Alleviated pressures and reduced health burden that drug and alcohol related problems currently place on the hospital system.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.60	Integrate each Consultation Liaison team with all other Area drug and alcohol services, including intake/triage to ensure prompt and accurate referral and continuity of care following hospital discharge.	▪ Increased referrals to drug and alcohol services made by generalist clinicians.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.61	Establish Addictions Medicine Service.	▪ Addictions Medicine Service established.	Centre for Drug and Alcohol.
3.62	Participate in general hospital auditing, benchmarking, quality assurance, education and operational processes.	▪ Drug and Alcohol Program is involved in general hospital processes.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.63	Ensure that services are available to provide interventions across all treatment types and settings at all stages of treatment including induction, stabilisation, maintenance and withdrawal to abstinence.	▪ Services in place across all treatment types and settings.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS			
3. 64	Develop clinical guidelines informed by evidence.	▪ Implement guidelines and progressively review. ▪ Area Health Services to include the Guidelines in their plans.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.65	The further development and implementation of joint liaison/ collaborative approaches as the preferred model of care is a priority. This model capitalises on the skills and expertise of the mental health services and specialist drug and alcohol services.	▪ Skills and expertise of mental health services and specialist drug and alcohol services are combined to provide the best care.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.

TREATMENT TYPE: CONSULTATION LIAISON PROGRAMS		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
3.66 Offer education and training services for generalist staff in drug and alcohol issues.	▪ Frontline staff across health disciplines will be adequately skilled to detect drug and alcohol conditions and have links available to seek specialised drug and alcohol support to address the complex multiple morbidities often affecting drug and alcohol patients.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.67 Utilise Consultation Liaison as an induction training program for new drug and alcohol staff.	▪ Increased brief interventions undertaken in hospital settings.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.68 Support D&A staff to rotate across a range of settings to allow up-skilling in medical knowledge and current medical management models.	▪ Ad hoc local (eg ward) intervention/education/training as specific problems arise and are identified.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.69 Improve generalist staff expertise in, and increase capacity to undertake drug and alcohol screening, assessment and brief or opportunistic interventions.	▪ Reduction in inappropriate admissions.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
3.70 Ensure cyclical in-service drug and alcohol educational programs for resident medical officers, and for general nursing and allied health staff.	▪ Reduction in length of hospital stay for some patients.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.

Treatment Type: Residential Rehabilitation

Residential rehabilitation is a term used to describe 24 hour, staffed, residential treatment programs that offer drug and alcohol interventions. Residential treatment is based on the principle that a structured drug/alcohol-free residential setting can provide an appropriate context to address the underlying causes of dependence.

There are a variety of modalities or treatment approaches for residential treatment available in New South Wales reflecting the range of philosophies and interventions available; the variety also reflects the special populations serviced by different programs. Specialist co-morbid conditions, short term Cognitive Behavioural Therapy (CBT) based programs, Aboriginal approaches, 12-step programs, and the Therapeutic Community model are some of the different types of residential programs in existence. The main distinction that has emerged amongst residential treatment programs is:

Residential Rehabilitation programs emphasise a holistic approach to treatment and address the psychological and social issues behind substance abuse; they also provide CBT based counselling, specialist psychological interventions, skills training and relapse prevention etc.

- In the *Therapeutic Community* modality, the 'community' is thought of as both the context and method in the treatment process. That is, treatment is "peer driven".

- In other non-Therapeutic Community residential modalities, the emphasis on staff driven interventions and active case management.

Principles

- Residential rehabilitation services adhere to standards that ensure that services are provided safely, effectively and efficiently, and that programs are developed on the evidence of best practice. To ensure ongoing quality all services participate in an accreditation process;
- Residential rehabilitation services are integrated with other services, including drug and alcohol treatment services and generalist health and welfare services to enhance client outcomes. Treatment objectives range from an exclusive emphasis on abstinence to include other treatment outcomes sought by clients; and
- Transparent and equitable resource models support statewide priorities and goals.

TREATMENT TYPE: RESIDENTIAL REHABILITATION			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES			
3.71	Develop models for greater service collaboration between Centre for Drug and Alcohol / NADA and Area Health Services to promote a statewide catchment approach to residential rehabilitation provision particularly in relation to rural and remote areas.	▪ The Residential Rehabilitation sector will continue to deliver drug and alcohol treatment for those most in need whilst pursuing innovative programs that will lead to more effective and efficient services and more diverse treatment options. ▪ Models exist for statewide integrated planning for NGO's with statewide catchment. Services will be maintained and delivered consistent with the goals 1 and 2 of this Plan.	Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
3.72	Develop treatment standards for residential rehabilitation including treatment outcome and performance information that are based on evidence.	▪ Treatment standards developed and implemented.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS			
3.73	The range of residential rehabilitation program models, their locations, treatment and service delivery approach, and the mix of these services in each area of New South Wales will reflect statewide priorities and goals.	▪ The Residential Rehabilitation sector will be a significant provider of drug and alcohol services with programs that are well integrated with other treatment modalities and health services.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
3.74	Develop a consistent and transparent funding and service delivery model.	▪ Funding is consistent and transparent.	Centre for Drug and Alcohol.
3.75	Develop more diversity among residential rehabilitation programs, with a focus to the transition to independent living including: day programs, home visiting, outpatient counselling, case management (refer to Priority 4.1 Residential Settings). This will promote greater responsiveness to specific communities and specific needs of clients.	▪ Greater diversity of programs and services delivered to clients in Residential Rehabilitation.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
3.76	Develop and implement appropriate funding models and benchmarks for residential rehabilitation services using the outcomes of the Drug and Alcohol Services Costing Study.	▪ Funding model developed.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.

TREATMENT TYPE: RESIDENTIAL REHABILITATION		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
3.77 Ensure that services are available to provide interventions across all treatment types and settings at all stages of treatment including induction, stabilisation, maintenance and withdrawal to abstinence.	▪ Services that provide interventions across all treatment types and settings are in place.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
3.78 Develop clinical guidelines informed by evidence.	▪ Implement guidelines and progressively review. ▪ Area Health Services to include the Guidelines in their plans.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
3.79 Increase the capacity of residential rehabilitation services to appropriately assess commonly occurring co-morbidities through training and the development of service models and service agreements.	▪ Models and service agreements developed.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, NADA and NGOs.

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT

Workforce development is a multifaceted approach to the education, training and up-skilling of workers that encompasses individual, organisational and structural factors and takes a systems approach. Workforce development is defined as "improving the capacity of the occupations that respond to drug and alcohol by systematically identifying and addressing the many complex factors that influence the skill level and sustainability of the workforce".

The drug and alcohol field is confronted by almost constant change. In recent years the scientific knowledge base from which the field operates has developed significantly. The patterns and prevalence of drug use have changed and, in many cases, increased. The drug and alcohol field has to be responsive to communities that have particular risks and needs in relation to drug and alcohol use and is required to develop a workforce that can:

- Rapidly embrace new technologies and interventions;
- Respond effectively to emerging drug issues; and
- Continue to develop as a professional, efficient and quality workforce.

Principles

- Identify current and emerging workforce challenges and provide long-term directions in response to those challenges;
- Build partnerships, systems and infrastructure to support the health drug and alcohol workforce (Infrastructure and Partnerships);
- Identify and define the health drug and alcohol workforce;
- Identify the different components of the NSW Health Drug and Alcohol Program that can support workforce development initiatives;
- Forecast and plan for the workforce needs of the NSW Health Drug and Alcohol Program (Workforce Planning); and
- Promote a learning culture within the NSW Health Drug and Alcohol Program.

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
S.1.1 Develop a NSW Health Drug and Alcohol Workforce Development Framework, including a three-year Implementation Plan.	▪ Capacity and competency of the NSW Health drug and alcohol workforce is increased. ▪ Increased uptake of professional development opportunities within fields of speciality. ▪ A range of guidelines to assist health staff to identify and respond to drug and alcohol issues within the health system are developed as part of the Implementation Plan.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.2 Market and promote the NSW Health Drug and Alcohol Program and the specific career opportunities within the field to facilitate recruitment.	▪ NSW Health Drug and Alcohol Program workforce and related funding is defined through completion of a statewide workforce audit. ▪ The potential for recruiting is assessed both from within and without existing structures in an effort to maximise recruitment efficacy. ▪ Skilled and qualified individuals are targeted and clearly defined career paths exist in the Drug and Alcohol Program.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.3 Develop a model for work exchange/assignments between government and non-government sectors	▪ Work exchange opportunities are identified and evaluated to enable professional development across government and non-government sector. ▪ Enhanced working relationship exists between NSW Health and the Network of Alcohol and other Drug Agencies (NADA).	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.4 Specialist training for medical officers in the field of drug and alcohol to be expanded in New South Wales.	▪ Non-specialist drug and alcohol medical officers at first points of contact identify and respond to drug and alcohol and co morbid presentations, including at emergency departments. ▪ The number, availability, education and training of early and brief interventions resources by non-specialist drug and alcohol medical officers is increased.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
S.1.5	Support Drug and Alcohol staff to rotate across a range of settings.	▪ A variety of work rotation opportunities across health settings are assessed. ▪ As at S1.3, a short-term pilot is trialled between government and non-government settings to enhance service delivery.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.6	Ensure collaboration across the health system to support drug and alcohol workforce development.	▪ NSW Health Drug and Alcohol Workforce Development Framework is aligned with the key priorities of the NSW Health Aboriginal Workforce Development Strategic Plan and the NSW Health Workforce Action Plan. ▪ Corporate and clinical governance structures are regularly reviewed and monitored. ▪ The capacity of the drug and alcohol workforce to respond to co morbidity issues is strengthened through collaborative responses with the mental health field.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.7	Ensure that workforce development initiatives are incorporated within local Area Health Drug and Alcohol Services Plans.	▪ Workforce development is included as a component of Area Health Drug and Alcohol Services Plans. ▪ Workforce development initiatives are promoted across the NSW Health Drug and Alcohol Program	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.8	Drug and Alcohol Services will work to promote access for male and female Aboriginal clients by developing the Aboriginal workforce.	▪ A governance structure exists to provide direct input from Aboriginal workers into the drug and alcohol field. ▪ Recruitment and professional development of Aboriginal and Torres Strait Islanders is enhanced. ▪ Access to service delivery by Aboriginal and Torres Strait Islanders is improved. ▪	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.9	Work across government at all levels to support the drug and alcohol workforce agenda.	▪ NSW Health's involvement in the whole of Government approach to drug and alcohol workforce development is articulated and documented.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
	▪ NSW Health participates in National Competency Development processes and the NSW Drug and Alcohol Workforce Development Council. ▪ NSW Health Drug and Alcohol Program is developed as a leading discipline and a key player in contributing to broader improvements in society through integration with whole of government initiatives.	
S.1.10 Encourage the retention of staff within the drug and alcohol program through establishing supportive structures for new and experienced staff and by implementing effective supervision, consultation, mentoring and management systems.	▪ Staff are supported through supervision, consultation, mentoring and management initiatives. ▪ Reasons for loss of drug and alcohol program staff have been identified, where possible. ▪ The efficacy of retention initiatives is assessed.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.11 Develop a framework to assist with translating research into practice/policy.	▪ Links have been established with research bodies, NGOs and tertiary institutions who have expertise in developing, running and presenting research for peer review. ▪ A research framework is developed including initiatives to encourage utilisation of research into policy and practice. ▪ External funding opportunities are identified and links enhanced between research bodies, NGOs, tertiary institutions and NSW Health to support drug and alcohol related research.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs
S.1.12 Explore the options for training paediatricians in identifying and dealing with drug and alcohol issues.	▪ Increase appropriate responses for children with early developmental needs.	Centre for Drug and Alcohol
S.1.13 Develop Nurse Practitioner positions in the NSW Health Drug and Alcohol Program.	▪ Models are identified to enable Drug and Alcohol Nurse Practitioners to address service delivery gaps and achieve optimal outcomes. ▪ Separate funding is provided for implementation of sustainable Drug and Alcohol Nurse Practitioner positions.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
	▪ Pharmacotherapies Credentialing processes for the training and authorisation of NP's to prescribe opioid treatment pharmacotherapies is reviewed. ▪ Statements which are inclusive of NP practice are included in clinical guidelines, documents and policy. ▪ NSW Health Drug and Alcohol Nursing Advisory Committee has provided advice on operational models for NP practice in the field and other issues related to NP establishment.	
S.1.14 Improved training for health workers who provide services to Aboriginal communities will be promoted through partnerships with the Aboriginal Health and Medical Research Council in developing new Aboriginal Drug and Alcohol Traineeships, training agreements, accredited drug and alcohol courses for Aboriginal workers, and new culturally appropriate training resources.	▪ The Aboriginal Drug and Alcohol Network of about 30 Aboriginal Health workers is continually supported. ▪ An Annual Aboriginal Drug and Alcohol Network Symposium is held. ▪ Formal structures are enhanced and strengthened to promote interagency information sharing, and culturally appropriate training and development of workers. ▪ Specific training courses are developed, including Drug and Alcohol Certificate 3 and 4 Courses developed in conjunction with TAFE and Aboriginal Health and Medical Research Council and a Diploma of Community Services (Case management with a focus on Aboriginal Dual Diagnosis). ▪ Uptake of training by Indigenous workers is assessed across Area Health Drug and Alcohol Services. ▪ Drug and Alcohol services participate in the Cultural Respect and Communication training program developed by the NSW Health Aboriginal Workforce Development Unit.	Aboriginal Health and Medical Research Council, Centre for Drug and Alcohol, Area Health Services and NGOs

STRENGTHENING STRUCTURES 1: WORKFORCE DEVELOPMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
S.1.15 Trial short-term clinical traineeships within the NSW Health Drug and Alcohol Program utilising new graduates.	▪ The feasibility of providing "Clinician in Training" opportunities to appropriate people, both for recent graduates and for those in training, has been considered and documented. ▪ Tertiary and other appropriate educational institutions are targeted in an effort to flag the potential of careers within NSW Health Drug and Alcohol Programs to graduates.	Centre for Drug and Alcohol
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
S.1.16 Examine the feasibility of a Drug and Alcohol Clinical Training and Research Institute, specialising in clinical teaching and research.	▪ Current partnership opportunities with research and clinical training institutions are considered. ▪ The needs and issues regarding education, training and research have been determined through consultations with key stakeholders in drug and alcohol, training and education and related fields. ▪ The opportunities of establishing a clinical training facility have been assessed and options considered. ▪ NSW Health Drug and Alcohol Program is recognised as a key player in national and international drug and alcohol training and research.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol. Tertiary and other training Facilities. Education.

STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE

Governance is the system through which the NSW Health Drug and Alcohol Program is accountable for continuously improving the quality of services and safeguarding high standards of care, by creating an environment in which service excellence will flourish. It involves the development and maintenance of relationships, formal partnerships, advisory and consultation structures and planning processes; and the development of policies, systems and structures, which create and sustain the work environment. Clinical governance is the main vehicle for continuously improving the quality of patient care and developing the capacity of the NSW Health Drug and Alcohol Program to maintain high standards. It requires clinical leadership and positive organisational cultures are particularly important.

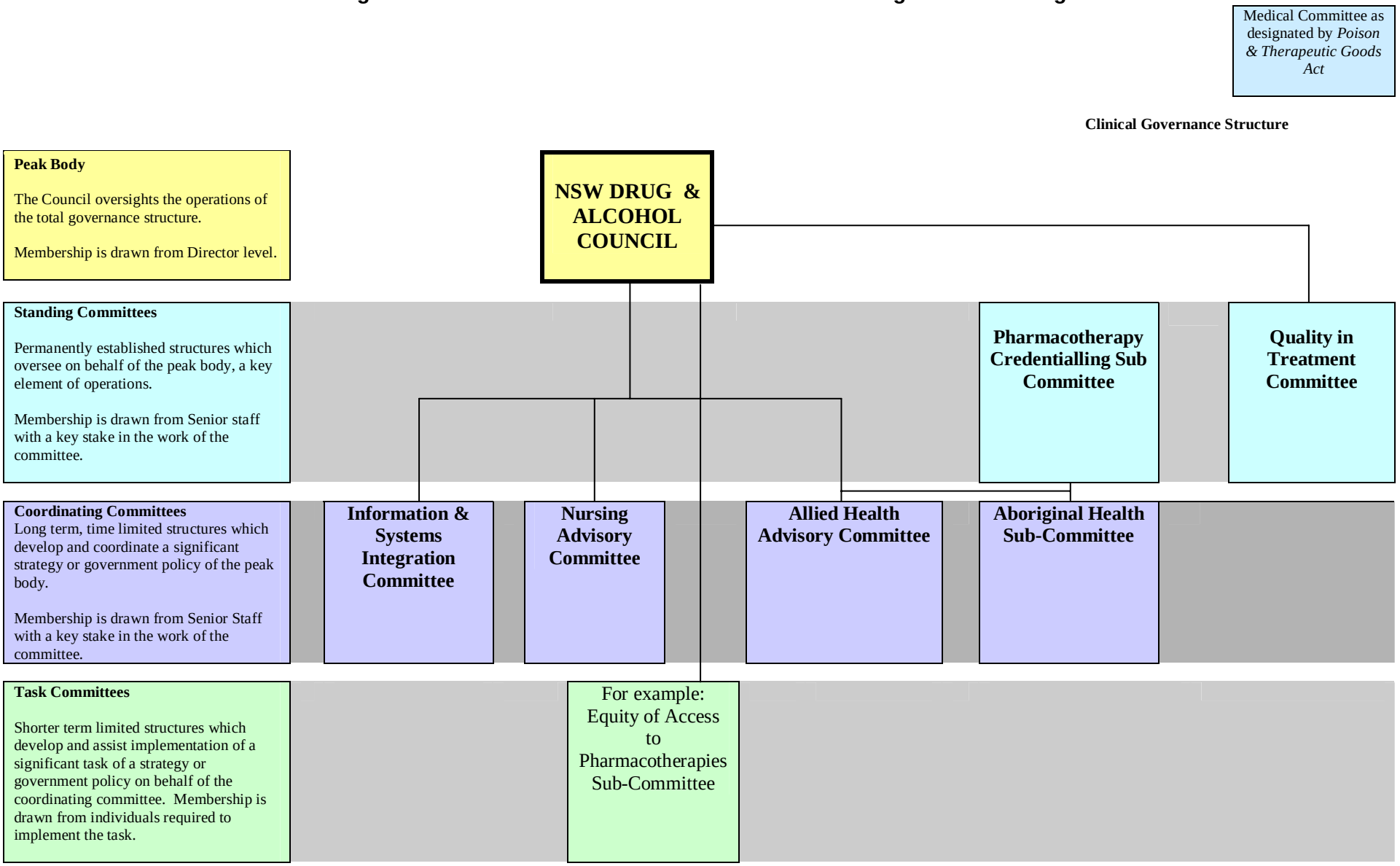
This section is concerned with the future directions for the infrastructure, corporate governance arrangements and clinical governance systems that support the NSW Health Drug and Alcohol Program.

Figure 1 (below) depicts the relationship between the NSW Health Drug and Alcohol Program's clinical and corporate governance structures. The structure comprises three key 'players': the Centre for Drug and Alcohol, the NSW Health Drug and Alcohol Council and the Area Health Services.

Principles

- NSW Health and Area Health Services support and participate in structures that ensure the effective corporate governance of the NSW Health Drug and Alcohol Program;
- NSW Health and Area Health Services support and participate in structures that ensure the effective clinical governance of the NSW Health Drug and Alcohol Program;
- Structures are inclusive and ensure effective consultation and collaboration with key stakeholders;
- Decision-making processes are evidence informed;
- Resources are allocated on the basis of identified principles; and
- Quality Improvement processes are maintained to ensure the highest standards of clinical practice and patient care.

Figure 1: Governance Structure of the NSW Health Drug & Alcohol Program



STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
PROVIDE A POLICY FRAMEWORK FOR DRUG AND ALCOHOL SERVICES AND HEALTH PROGRAMS IN NEW SOUTH WALES			
S.2.1	Develop a systematic approach to clinical integration at the local area level. This will involve strong leadership from drug and alcohol services and clinical links with key areas such as maternity services, child protection, mental health and medical units, and emergency departments.	▪ Current models of clinical integration use indicators of service delivery. ▪ Links between maternity services, child protection, mental health and medical units, and emergency departments will be enhanced with leadership from drug and alcohol services. ▪ The clinical role and activities of drug and alcohol services will be understood and valued by mainstream and specialist services. ▪ Quality of services will be of the highest standard and continuously improving.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services and NGOs.
S.2.2	Area Health Services to develop plans under this Plan.	▪ The NSW Health Drug and Alcohol Program will be consistent across the State.	Area Health Services.
S.2.3	NSW Health will examine the opportunities for marketing the NSW Health Drug and Alcohol Program. This will involve research and consultation to establish the key issues, purposes and potential for improved communication about NSW Health Drug and Alcohol Program.	▪ Strategies to enhance the profile of NSW Health Drug and Alcohol, its programmes and services have been considered. ▪ Key issues, purposes and potentials for the NSW Health Drug and Alcohol Program have been assessed. ▪ The level of understanding and recognition of the NSW Health Drug and Alcohol Program among the community, workforce and Government has been assessed.	Centre for Drug and Alcohol.
S.2.4	Continue to develop the Indigenous Drug and Alcohol Services Plan and link to the outcomes of the Alcohol Summit and this Plan. (Alcohol Summit 3.18)	▪ An Indigenous Drug and Alcohol Services Plan will guide services across New South Wales. ▪ The Indigenous Drug and Alcohol Services Plan will be linked with the outcomes from the Alcohol Summit. ▪ The outcomes guide service development and delivery across New South Wales' Area Health Services. ▪ Indicators are used to evaluate programs.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, Aboriginal Drug and Alcohol Network and NGOs.

STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE			
ACTIONS		**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
S.2.5	Area Health Service Indigenous Drug and Alcohol Treatment Services Plans will be linked to existing Area Drug and Alcohol Treatment Services Plans. (Alcohol Summit 3.18)	▪ Indigenous Drug and Alcohol Treatment Services Plans inform Area drug and alcohol treatment services plans. ▪ Indigenous Drug and Alcohol Services Plans have the potential to guide the development and delivery of drug and alcohol services across New South Wales.	Area Health Services, Aboriginal Drug and Alcohol Network and NGOs.
S.2.6	Develop an Aboriginal Health Impact Statement and Area specific Aboriginal Drug and Alcohol Plans. These Plans need to provide detail of how they will attract and support Areas in the provision of sustainable drug and alcohol interventions.	▪ The Aboriginal Health Impact Statement informs Area drug and alcohol treatment services plans. ▪ The Aboriginal Health Impact Statement guides the development and delivery of drug and alcohol services across New South Wales.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, Aboriginal Drug and Alcohol Network and NGOs.
S.2.8	Support and encourage the establishment of a drug and alcohol operational clinical stream led by an Area Director in Area Health Services.	▪ Drug and alcohol operational clinical streams exist in each Area Health Service.	Area Health Services.
S.2.9	Review the development of clinical and service delivery every five years.	▪ The formal assessment of clinical and service delivery at five yearly intervals.	NSW Health Drug and Alcohol Council.
S.2.10	Drug and alcohol services will collaborate with the Community Relations Commission for a Multicultural NSW, the Drug and Alcohol Multicultural Education Centre (DAMEC) and other key stakeholders to identify at risk populations within culturally and linguistically diverse communities.	▪ At risk populations within culturally and linguistically diverse communities access services. ▪ Strategic links between NSW Health, Community Relations Commission for a Multicultural NSW, the Drug and Alcohol Multicultural Education Centre (DAMEC) and other identified key stakeholders are enhanced.	NSW Health Drug and Alcohol Council, Area Health Services, Community Relations Commission for a Multicultural NSW, DAMEC.
S.2.11	Maintain the NSW Health Drug and Alcohol Council (established in 2003) to support the NSW Health and Area Health Services to manage the NSW Health Drug and Alcohol Program.	▪ The NSW Health Drug and Alcohol Council supports and guides NSW Health and Area Health Service drug and alcohol programs. ▪ Effective leadership enhances planning, policy and performance management of the NSW Health Drug and Alcohol Program. ▪ Whole of government drug and alcohol related initiatives are developed and supported.	Centre for Drug and Alcohol.

STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
S.2.12 Maintain the NSW Health Drug and Alcohol Council's clinical governance role by supporting the Quality in Treatment committee.	▪ The clinical role and activities of drug and alcohol services will be understood and valued by mainstream and specialist services. ▪ The NSW Health Drug and Alcohol Council's role in clinical governance is maintained and enhanced.	Centre for Drug and Alcohol.
S.2.13 Build better relationships and strengthen structures with special population groups identified in this Plan, i.e.: ▪ Co-Existing Mental Health Disorders and Substance Misuse; ▪ Aboriginal People and Communities; ▪ Offenders; ▪ People from Diverse Cultural and Linguistic Backgrounds; ▪ Children in Developmental Stages; ▪ Young People with Emerging Problems; and ▪ Women; ▪ Rural Communities; ▪ Sexual and Gender Diverse Groups; ▪ Ageing Population.	▪ Current links with agencies representing the interests of population groups identified in this Plan are enhanced. ▪ Relationships and service delivery to identified population groups are enhanced. ▪ Identified key indicators can be used to evaluate improvements.	Centre for Drug and Alcohol and other partners.
S.2.14 Maintain a strong leadership and coordination role centrally for the NSW Health Drug and Alcohol Program through NSW Health.	▪ The governance frameworks support Program excellence and identify leadership and coordination shortfalls in the NSW Health Drug and Alcohol Program with respect to the dissemination/sharing of information and the delivery of services at an Area level. ▪ The governance framework supports the delivery of services at Area level.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.2.15 Establish a consultation and planning process in collaboration with AH&MRC and other key Aboriginal Stakeholder organisations to enable effective Aboriginal input and advice regarding all key initiatives.	▪ The governance framework enables effective collaboration and consultation with all key stakeholders and enhances the development of relationships between NSW drug and alcohol services and key Aboriginal stakeholders. ▪ The governance framework enables effective collaboration and consultation which results in the delivery of input from key stakeholders, and the input informs key initiatives.	NSW Health Drug and Alcohol Council, Centre for Drug and Alcohol, Area Health Services, Aboriginal Drug and Alcohol Network and NGOs.

STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
ENSURE THAT THERE ARE EQUITABLE AND EFFECTIVE CLINICAL SERVICES ACROSS NEW SOUTH WALES TO ASSIST PEOPLE WITH DRUG AND ALCOHOL PROBLEMS		
S.2.16 Build on programs for people with co morbidity, including those with mental health problems, intellectual disability and physical health problems.	▪ Increase in the capacity of comorbidity services across the State thus ensuring appropriate referral and intervention for the management of these client groups. ▪ Increase in the capacity of services state-wide to accept, refer or appropriately manage clients presenting with substance use problems co-morbid with additional illness against identified indicators co-morbidity services across the State thus ensuring appropriate referral and intervention for the management of this client group. ▪ Communication and information sharing systems are enhanced and developed across health services to aid the engagement, treatment, and referral of patients suffering more than one presenting problem.	DADHC, SAAP, Centre for Mental Health.
S.2.17 Maintain and enhance clinical and corporate governance structures that support: ▪ Effective consultation and collaboration; ▪ Transparent and timely decision making; ▪ Effective use of resources; ▪ Evidence informed intervention; and ▪ High standards of care.	▪ NSW Health Drug and Alcohol Program goals are achieved. ▪ Care is evidenced based and represents best practice in terms of clinical care and patient outcomes.	Centre for Drug and Alcohol.
S.2.18 Use the NSW Health Drug and Alcohol Costing Study (2005) as a baseline to develop new funding models for the allocation of resources that will be implemented over five to ten years.	▪ Transparent allocation of resources. ▪ New approaches to funding developed.	Centre for Drug and Alcohol.
S.2.19 Develop a domestic violence screening tool.	▪ Drug and Alcohol presentations are screened to assess the potential to screen for domestic violence more effectively. ▪ The primary importance of client care and welfare is upheld while maintaining cultural sensitivity.	NSW Health.

STRENGTHENING STRUCTURES 2: INFRASTRUCTURE AND GOVERNANCE		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
TO SET DIRECTIONS BASED ON HIGH STANDARDS AND THE BEST SCIENTIFIC EVIDENCE TO TREAT DRUG AND ALCOHOL RELATED PROBLEMS		
S.2.20 Establish an addictions medicine service and market the plan across the State.	▪ An addictions medicine service has been established. ▪ Understanding and recognition of the functions of the addictions medicine service are improved among the community, workforce and Government.	DADHC, NSW Health.
S.2.21 Establish a research strategy for the NSW Health Drug and Alcohol Program, which coordinates the distribution of internal research funding and makes recommendations for research priorities in New South Wales in general	▪ A research strategy for the NSW Health Drug and Alcohol Program has been established. ▪ Research funding is coordinated and establishes agreed priorities. ▪ Recommendations for research priorities in New South Wales are informed by relevant data, and local and international research initiative and findings.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
INCREASE THE CAPACITY AND COMPETENCY OF THE DRUG AND ALCOHOL WORKFORCE		
S.2.22 Use the new Medicare item numbers of case-conferencing as an opportunity to involve general practitioners in shared care arrangements.	▪ Increase utilisation of case conferencing among GPs by assessing and further enhancing links between General Practice and the specialist and non-specialist drug and alcohol workforce.	Quality in Treatment Committee.
S.2.23 Review and improve the distribution and adequacy of medical officer resources, to ensure adequate medical coverage in rural areas.	▪ Adequate medical coverage exists in all Areas. ▪ Areas have a means of reporting on their requirements with regard to medical officer resources. ▪ Areas are able to respond to shortcomings in coverage.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.

STRENGTHENING STRUCTURES 3: INFORMATION MANAGEMENT

The health industry is constantly evolving and information management and technology are important influences on its evolution. Health care practitioners use health related information for patient care, service planning, educational and research activities, medico-legal and legislative reasons. Government uses information to formulate evidence-based policy. Traditionally, obtaining quality data in a consistent format, particularly in service areas that have a strong ambulatory or community orientation has been difficult and often relegated to low priority. It has only been over the last decade that a greater focus has been placed on developing suitable data management approaches for community services.

The genesis for establishing data collection for drug and alcohol services began in the mid-1990s through national forums assembled in conjunction with the then Alcohol and other Drugs Council of Australia and the National Drug Summit. That national focus led to the development of the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and this collection commenced on 1 July 2000.

The National Drug Strategy endorsed the development of a national minimum dataset to describe drug and alcohol community service delivery (amongst a range of other initiatives) and the 1999 NSW Drug Summit resulted in funding being allocated to support the development, implementation and ongoing collection of the NSW-based minimum dataset incorporating the national dataset. Subsequently, the 2003 NSW Drug Summit extended funding for an additional four years through to 2007.

In the next five years, drug and alcohol data collection will be characterised by maintenance, integration and continuous improvement (definitions, data quality, infrastructure, work practice and skills) of existing data collections. Activities will be put in place to:

- Increase the role of evidence in policy and practice;
- Develop and manage information for better client management;
- Improve data quality and utilisation;
- Work towards integrating systems across the NSW Drug and Alcohol Program;
- Ensure that drug and alcohol is aligned with broader NSW Health information management and technology directions and meets privacy legislation; and
- Clarify the information needs of key stakeholders.

Principles

- Recognise (and manage) complexity;
- Deliver tangible and visible benefits;
- Prioritise according to business needs;
- Communicate extensively; and
- Aim to deliver a seamless user experience.

STRENGTHENING STRUCTURES 3: INFORMATION MANAGEMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
INFORMATION DEVELOPMENT AND MANAGEMENT		
S.3.1 Oversee drug and alcohol information systems and ensure that they are consistent with NSW Health's goals and objectives, and relevant to the drug and alcohol field.	▪ Performance monitoring and accountability will be supported by an integrated data system and infrastructure.	Centre for Drug and Alcohol, Area Health Services and NSW Health Strategic Information Management Unit.
S.3.2 Identify opportunities and deficiencies in information systems relevant to the drug and alcohol field, and develop appropriate strategies to address these.	▪ Performance monitoring and accountability will be supported by an integrated data system and infrastructure. ▪ Data collection processes become more efficient through better systems and infrastructure.	Centre for Drug and Alcohol and Area Health Services.
DATA QUALITY AND UTILISATION		
S.3.3 Improve the quality of data by: ▪ Providing regular reports for Drug and Alcohol on Minimum Data Set and other mandatory reports. ▪ Area Health Services producing reports to provide feedback to agencies and clinicians. ▪ Encouraging the use of the data in treatment delivery, service planning and policy activities to improve the quality of drug and alcohol services and systems.	▪ Provision of accurate readily available data. ▪ Regular cross-tabulation and clinical reports provided to each drug and alcohol treatment agency. ▪ Meet national responsibilities to provide National Minimum Data Set data to the Commonwealth. ▪ Greater use of data for service planning and patient management.	Centre for Drug and Alcohol and Area Health Services.
S.3.4 Identify and monitor existing state, Area Health Service and local performance indicators, and ensure that analysis and reporting on existing data collections is congruent with the required indices.	▪ The establishment of performance indicators that assess information relevant to improved health outcomes.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.3.5 Review and develop increasingly meaningful performance indicators pertinent to the drug and alcohol field including relevant service throughput, financial, and outcome indices for various clinical streams.	▪ The review of current measures of outcome and development of indices of outcome to more appropriately reflect treatment and guide practice. ▪ The establishment of performance indicators that measure information relevant to improved health outcomes	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.3.6 Develop prototype/s for service bench marking.	▪ Develop appropriate treatment benchmarks that provide a yardstick for improved service delivery and health outcomes	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.3.7 Maintenance of the support role for data collection.	▪ Stability of data coordination activities and single point of contact within each Area Health Services and NADA.	Centre for Drug and Alcohol.

STRENGTHENING STRUCTURES 3: INFORMATION MANAGEMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
S.3.8 Undertake regular data quality checks of the NSW Minimum Data Set for DS DATS at agency/Area Health Services level.	▪ A review of activity for a set period on an annual basis to assess recording practice and make recommendations for improved practice. ▪ The development of a plan to implement this process by each Area Health Service. ▪ The establishment of processes to ensure continual quality improvement, including identification of issues and processes to rectify and clean data.	Drug and Alcohol Data Coordinator in each Area Health Service.
S.3.9 Develop training plans on data collections and information systems.	▪ All new staff involved in drug and alcohol treatment service provision (government and non-government) provided with training in drug and alcohol data collections and use of information systems.	Drug and Alcohol Data Coordinator in each Area Health Service.
S.3.10 Develop core skills training modules/guidelines for the professional development of Area Health Services' Drug and Alcohol Data Coordinators.	▪ Drug and alcohol workforce is capable of dealing with changes, electronic systems, training others and the implementation of local business processes. ▪ Drug and Alcohol Data Coordinators gain experience in data usage and analysis.	Centre for Drug and Alcohol and Drug and Area Health Services.
S.3.11 Facilitate the development of reporting 'modules' relevant to Area Health Service reporting and enable Area Health Services to modify these, as appropriate, for local reporting requirements.	▪ Feedback of drug and alcohol information through the production of regular reports within Area Health Services.	Centre for Drug and Alcohol.
S.3.12 Review the current NSW Minimum Data Set for Drug and Alcohol Treatment Services Annual Report (Area Health Services as well as statewide) and seek to produce these within six months of the end of the financial year being reported on.	▪ Comparative data with other Area Health Services or statewide measures.	Centre for Drug and Alcohol and Area Health Services.

STRENGTHENING STRUCTURES 3: INFORMATION MANAGEMENT		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITY**
SYSTEM INTEGRATION AND TECHNOLOGY		
S.3.13 Advise on the alignment of information management and technology (IM&T) in the drug and alcohol area with the broader goals of NSW Health.	▪ Work towards information and system integration. ▪ Reduce the duplication of data entry processes. ▪ Improve access to, and quality of, NSW Health's drug and alcohol information collection by providing data users with a single source and user account. ▪ Provide standard, consistent reports. ▪ Facilitate use of reports by managers to respond to statewide issues related to D&A service delivery, performance management and planning.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.3.14 Advise on the integration of important information initiatives (such as Unique Patient Identifier and Electronic Health Record) specific to NSW Health.	▪ Greater analysis and reporting on different dimensions i.e. by person and/or episode. ▪ Improved co-ordination of care between service providers and a reduction in duplication of services. ▪ Ability to track clients (and therefore trends) at Area Health Services level (through greater integration).	Centre for Drug and Alcohol and NSW Health Strategic Information Management Unit
S.3.15 Monitor and provide advice to the NSW Drug and Alcohol Council on innovations in information technology that may be relevant to the drug and alcohol field.	▪ Improved co-ordination of care, enhanced service delivery and treatment outcomes.	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
S.3.16 Monitor and review the functionality of drug and alcohol information systems.	▪ Work towards information and system integration. ▪ Reduce any duplication in data entry (through greater integration).	NSW Health Drug and Alcohol Council and Centre for Drug and Alcohol.
INCREASE THE ROLE OF EVIDENCE IN POLICY AND PRACTICE		
S.3.17 Bring together practice teams, researchers and policy officers and encourage sharing of projects, ideas and concerns about future research and application to clinical outcomes and policy development.	▪ Identification and discussion of emerging trends. ▪ Contribute to the development of better service delivery approaches supported by evidence.	Centre for Drug and Alcohol.
S.3.18 Facilitate a suitable forum for the drug and alcohol workforce to interact on emerging trends from the data being collected.	▪ Identification and discussion of emerging trends.	Centre for Drug and Alcohol.

Appendix 1 Planning Template for Area Health Services

THREE PRIORITY AREAS FOR ACTION

PRIORITY ACTION AREA: **1. Prevention / 2. Brief and Early Intervention / 3. Treatment and Extended Care**		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
Provide A Policy Framework For Drug And Alcohol Services And Health Programs In New South Wales		
Set Directions Based On High Standards And The Best Scientific Evidence To Treat Drug And Alcohol Related Problems		
Ensure That There Are Equitable And Effective Clinical Services Across New South Wales To Assist People With Drug And Alcohol Related Problems		
Increase The Capacity And Competency Of The Drug And Alcohol Workforce		

STRENGTHENING STRUCTURES

STRENGTHENING STRUCTURES: **S1 Workforce Development / S2 Governance Structures / S3 — Information Management**		
ACTIONS	**MEASURES AND OUTCOMES**	**RESPONSIBILITIES**
Provide A Policy Framework For Drug And Alcohol Services And Health Programs In New South Wales		
Set Directions Based On High Standards And The Best Scientific Evidence To Treat Drug And Alcohol Related Problems		
Ensure That There Are Equitable And Effective Clinical Services Across New South Wales To Assist People With Drug And Alcohol Related Problems		
Increase The Capacity And Competency Of The Drug And Alcohol Workforce		

NSW HEALTH