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Alcohol and other Drugs

Treatment and Quality Framework 2024–
2026

phn
ADELAIDE

An Australian Government Initiative

We acknowledge the Kurna peoples who are the traditional Custodians of the Adelaide Plains. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kurna Country.

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Version History

Date	Version	Author/Reviewer	Reason for Change
09/11/2020	1.0	Jane Goode / AOD Project Team	New Document
09/11/2020	2.0	Jane Goode / AOD Project Team	Clarifications for RFP
30/04/2024	3.0	NCETA Project Team	

Context

Purpose

This document provides guidance for the delivery of alcohol and other drugs (AOD) treatment services commissioned by Adelaide Primary Health Network during 2024–2026.

Outcomes of Adelaide PHN funded AOD Programs

The Adelaide PHN aims to shape the health system to deliver better outcomes for vulnerable people, and a healthier Adelaide. To achieve this, the PHN has four areas of focus:

- Promoting health equity
- Co-creating solutions
- Promoting partnerships
- Utilising data insights and stories.

This is summarised in the diagram below.



Figure 1: Diagrammatic representation of the Adelaide PHN's strategic objectives 2023-26.

In relation to AOD harms, the Adelaide PHN is required to demonstrate to its funders, achievement towards the following long term and medium-term outcomes. These are outlined in the national [PHN Program Performance and Quality Framework](#):

Long term:

- People in the Adelaide PHN region are at a decreased risk of AOD-related harm.
- Medium term:
- People in the Adelaide PHN region have access to appropriate AOD services.
- The health workforce within the Adelaide PHN region:
 - Provides culturally appropriate services to Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities and people from lesbian, gay, bisexual, transgender, intersex and queer/questioning, asexual (LGBTIQ+) communities
 - Has suitable cultural and clinical skills to provide AOD treatment services
 - Has an integrated approach to AOD services.

To assist in measuring progress towards these outcomes, Adelaide PHN has developed a program logic which identifies 13 short-term outcomes. These short-term outcomes underpin the contracts provided to commissioned service providers (CSPs). This program logic diagram appears in full in [Appendix A](#) and highlights the short-term outcomes and how they link to the medium and long-term outcomes. The list of 13 short term outcomes appears below:

- Youth mental health services have AOD screening interventions and referral pathways in place
- Young people using AOD are identified and linked with appropriate interventions
- Increased proportion of people accessing Adelaide PHN funded AOD services that are achieving their treatment goals (e.g., reduced substance use and harms)
- All Adelaide PHN commissioned service providers have screening interventions and referral pathways in place
- People, including those from culturally and linguistically diverse communities and people from lesbian, gay, bisexual, transgender, intersex and queer/questioning, asexual (LGBTIQ+) communities accessing Adelaide PHN funded AOD programs receive person-centred, trauma-informed treatment interventions based on their identified needs
- People accessing Adelaide PHN funded AOD services report positive treatment experiences and have improved health and social functioning
- Adelaide PHN funded services contribute to improved treatment availability for people from identified priority groups, timely access for at-risk priority group members, and a greater number who meet their treatment goals
- Aboriginal and Torres Strait islander people and communities have increased access to culturally appropriate, trauma-informed AOD treatment services and have reduced levels of substance use and associated harms
- Aboriginal and Torres Strait islander individuals and communities receive improved access to AOD treatment interventions in primary care
- People accessing primary care are screened for substance use issues and provided with options for appropriate treatment and/or referral as required substance use as required
- General practitioners have an improved understanding of the role of primary care in assisting people with substance use issues and are better equipped to identify and support people with these issues
- People accessing Adelaide PHN funded AOD services report seamless transitions between the AOD service and other services they are referred to
- Adelaide PHN funded services report: increased number of meaningful partnerships and formal links with related services; improved ability to refer patients to other services; and high quality, proactive communication provided to GPs and other service providers.

Principles

Adelaide PHN supports an AOD sector and service delivery system that is of consistently high quality to ensure communities receive best-practice and evidence-based care appropriate to their individual needs. This is regardless of where in the Adelaide PHN region treatment is sought, or the service is contacted.

The following principles addressing treatment, quality and clinical governance apply to all organisations commissioned by Adelaide PHN to provide AOD treatment services.

Treatment principles

The [National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029](#) outlines six treatment principles for organisations delivering AOD treatment services. The Adelaide PHN expects organisations delivering funded AOD treatment services to adhere to these principles when designing, implementing and evaluating all aspects of treatment.

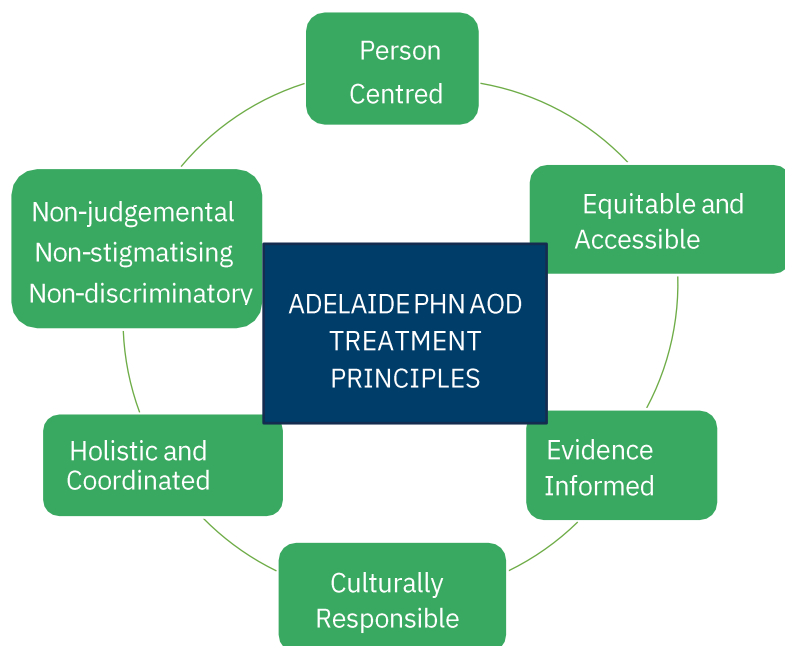


Figure 2. Six treatment principles from the National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029.

Resources to assist in the implementation of treatment practices that address these principles are listed on [page 27](#).

Quality principles

The [National Quality Framework for Drug and Alcohol Treatment Services \(NQF\)](#) outlines nine guiding quality principles.

The NQF also requires AOD service providers to have accreditation with at least [one relevant accreditation standard](#). This is also an expectation of all providers of Adelaide PHN funded programs. The Adelaide PHN also utilises six dimensions of quality based on the [Australian Health Performance Framework](#) for reporting and governance purposes across all of its funded programs. These two national frameworks are matrixed below to demonstrate the links between them and ensure that, where necessary, CSPs can meet the requirements of both.

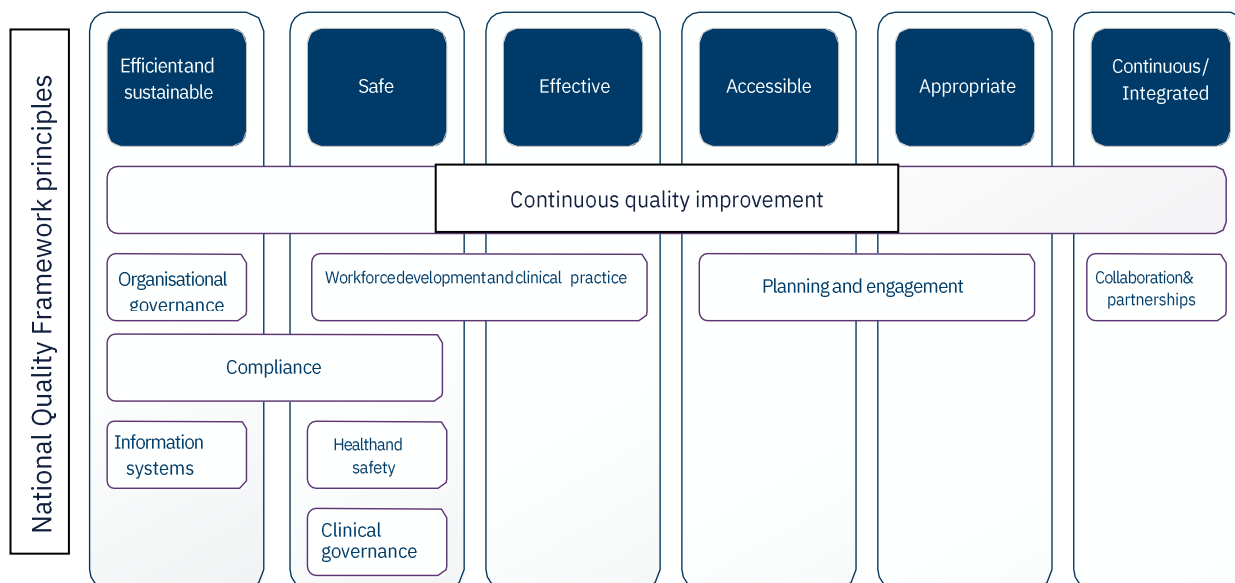


Figure 3. Adelaide PHN Quality AOD Service Matrix

Governance

All organisations providing Adelaide PHN funded AOD treatment services are expected to have quality service and clinical governance systems in place as described in the [National Model Clinical Governance Framework](#) developed by the Australian Commission on Safety and Quality in Health Care.

Treatment services

Service parameters

The Adelaide PHN works to help deliver better outcomes for vulnerable people and enhance the overall health of the Adelaide population. The Adelaide PHN has parameters concerning the types of services for which funding is available. These define: delivery settings; population and priority groups; substances of concern; and treatment interventions.

Delivery settings

The Adelaide PHN is committed to funding treatment services within, or connected to, the primary care sector. This includes providing care in non-residential settings, outreach / in-reach settings; and via telehealth and online.

Services may also be provided in primary healthcare services such as: general practices; Aboriginal community-controlled health organisations; community pharmacies (excluding the provision of opioid agonist therapy); allied health services (including mental health services); and youth services.

Populations and priority groups

The Adelaide PHN is focused on supporting people living in its region to access affordable, appropriate, and high-quality health care irrespective of background or personal circumstances. The PHN prioritises support for those who need it most. Based on the available quantitative and qualitative evidence, the PHN has identified that some populations or communities are consistently demonstrating the poorest health outcomes, experiences, or reduced access to services. Consequently, the Adelaide PHN is committed to improving the quality of AOD treatment services for certain groups:

- Aboriginal and Torres Strait Islander people
- People experiencing homelessness
- Children and young people
- Culturally and linguistically diverse communities
- Lesbian, gay, bisexual, transgender, intersex and queer/questioning, asexual (LGBTIQ+) communities
- Older people
- People in contact with the criminal justice system
- People with co-occurring mental health conditions and substance use¹
- People with complex needs.²

It is also important to acknowledge that many people accessing AOD services have a history of exposure to trauma. Trauma-informed care is therefore a critical component of AOD service provision. This involves: AOD services recognising the high rates of trauma exposure among their clients and its potential impact; providing safe environments that accommodate the needs of clients presenting with a history of trauma; and having healing environments that avoid re-traumatising clients.

Substances of concern

The Adelaide PHN acknowledges that the following substances cause the greatest harm in its region:

- Alcohol
- Methamphetamine / amphetamines
- Cannabis
- Non-medical use of pharmaceuticals including opioids and benzodiazepines
- Vaping (as an emerging issue).

Adelaide PHN expects organisations providing AOD treatment services to:

- Maintain an understanding of current trends in substance use in the region and to be flexible and adapt to these trends if required
- Align interventions in priority populations with the substances causing the greatest harm in those populations (including poly substance use).

Treatment interventions

The Adelaide PHN is responsible for funding AOD treatment services across primary care in its region. These interventions are further described in [Appendix B](#).

¹ The use of the Australian [Comorbidity Guidelines](#), is a requirement of Adelaide PHN Commissioned Service Providers.

² Complexity issues may include: poor mental or physical health; lack of meaningful activities; housing insecurity; pregnancy; gambling concerns; legal problems; or domestic and family violence or dysfunction.

In keeping with the [National Framework for Alcohol, Tobacco and other Drug Treatment](#) the Adelaide PHN funds evidence-based interventions that:

- Reduce harm
- Screen, assess and co-ordinate care
- Are of a more intensive nature.

Interventions to reduce harm

Harm reduction interventions include: peer and family support; drop-in services; and information and education programs. Adelaide PHN also encourages all funded services to support the utilisation of the [DASSA-operated take-home naloxone program](#) and to actively promote other harm reduction interventions, such as needle and syringe programs.

Interventions to screen, assess and coordinate care

The following types of interventions are within scope for programs funded by Adelaide PHN: screening; brief interventions; assessment; and care (and recovery) coordination and case management.

Many of these interventions can occur in settings other than the AOD specialist treatment services such as: emergency departments (in-reach); primary healthcare settings; community programs and events; housing services; co-located services; and clinical outreach.

Intensive interventions

Adelaide PHN funds the following types of intensive AOD interventions:

- Counselling
- Withdrawal support
- Non-residential rehabilitation (intensive structured support providing people with tools and strategies to address their AOD issues)
- Limited pharmacotherapy (excluding opioid agonist therapy) support including shared care and supporting interventions.

Counselling is the main form of intensive intervention funded by the Adelaide PHN, but any proposed counselling modalities must be evidence-based.

Treatment interventions that are not funded.

Adelaide PHN's AOD Program does not support treatment types or activities that:

- Are non-evidence-based / or use unapproved treatment models
- Are court diversion programs
- Duplicate existing treatment activity
- Involve the provision of sobering up shelters, mobile assistance patrols, needle and syringe programs or supervised drug consumption centres
- Involve residential rehabilitation or the provision of opioid agonist therapy.

Funding and commissioning

Adelaide PHN provides funding to organisations to deliver AOD treatment services through an evidence-informed commissioning model. Further information about Adelaide PHN's commissioning processes [can be found on the Adelaide PHN website](#).

Integration and continuity of care

The Adelaide PHN expects all CSPs to actively integrate with other organisations and services to meet the needs of people accessing their services. All Adelaide PHN funded services need to demonstrate clear referral pathways between their programs and additional services required by the individual. This includes linkages and referrals to Adelaide PHN-funded AOD services, specialist AOD treatment services, mental health services (including psychosocial programs) and generalist health services (such as general practices and social services). Ideally, funded services should have established partnerships and ongoing relationships with linked services.

Integration

Adelaide PHN has developed an Integrated Care Framework to describe the types and other dimensions of integration and integrated care.

Integration is the responsibility of all involved organisations and must be undertaken collaboratively. Integration may be horizontal or vertical.

Vertical integration describes the process of coordination between different levels of care (i.e., primary, secondary and tertiary).

Horizontal integration describes collaboration and cooperation between services operating in the same part of the healthcare system. For the AOD treatment sector, both are important. However, the Adelaide PHN requires AOD treatment service providers to demonstrate horizontal integration with the following:

- Other AOD treatment services
- Prevention and early intervention services and programs for substance use
- Mental health care services including psychosocial support services
- Primary health care, including general practice
- Allied health and community pharmacies.

Continuity of care

Continuity of care refers to a package of AOD or other treatments that occur sequentially or simultaneously. The Adelaide PHN expects its CSPs to implement processes that ensure continuity of care.

Workforce

The National Quality Framework for Drug and Alcohol Treatment Services requires that AOD treatment services engage and maintain a workforce that has the appropriate qualifications, skills, knowledge, and supervision. Commissioned organisations are required to implement merit-based recruitment and selection processes, support ongoing workforce development through management and clinical supervision and provide access to professional development for their workforces.

Qualifications and credentialing

The South Australian Specialist Alcohol and Other Drug Treatment Service Delivery Framework highlights that the AOD workforce is comprised of a variety of roles and professions. While South Australia does not have a minimum qualification strategy for the specialist AOD workforce, the

Adelaide PHN requires CSPs to have appropriate clinical governance frameworks and processes in place.

Clinical supervision

The intent of clinical supervision is to ensure employees providing AOD interventions are reflecting on their practice and undertaking planned, systematic, and thorough reviews on their work with clients. Organisations should ensure that all employees are provided with access to clinical supervision as a part of their agency's service and clinical governance framework. Clinical supervision is generally provided by a more experienced employee to one with less experience. As such, clinical supervisors should have relevant formal qualifications and / or extensive experience in the area in which they are to provide clinical supervision.

Further information on clinical supervision is available in the [Resources and Reference section](#).

Workforce development

Workers delivering interventions as part of an AOD treatment service (either in paid employment or volunteering) should be provided with opportunities to enhance their skills and knowledge through workforce development. The Adelaide PHN requires CSPs to demonstrate their commitment to workforce development in service and activity planning processes and reports.

Aboriginal and Torres Strait Islander AOD workforce development

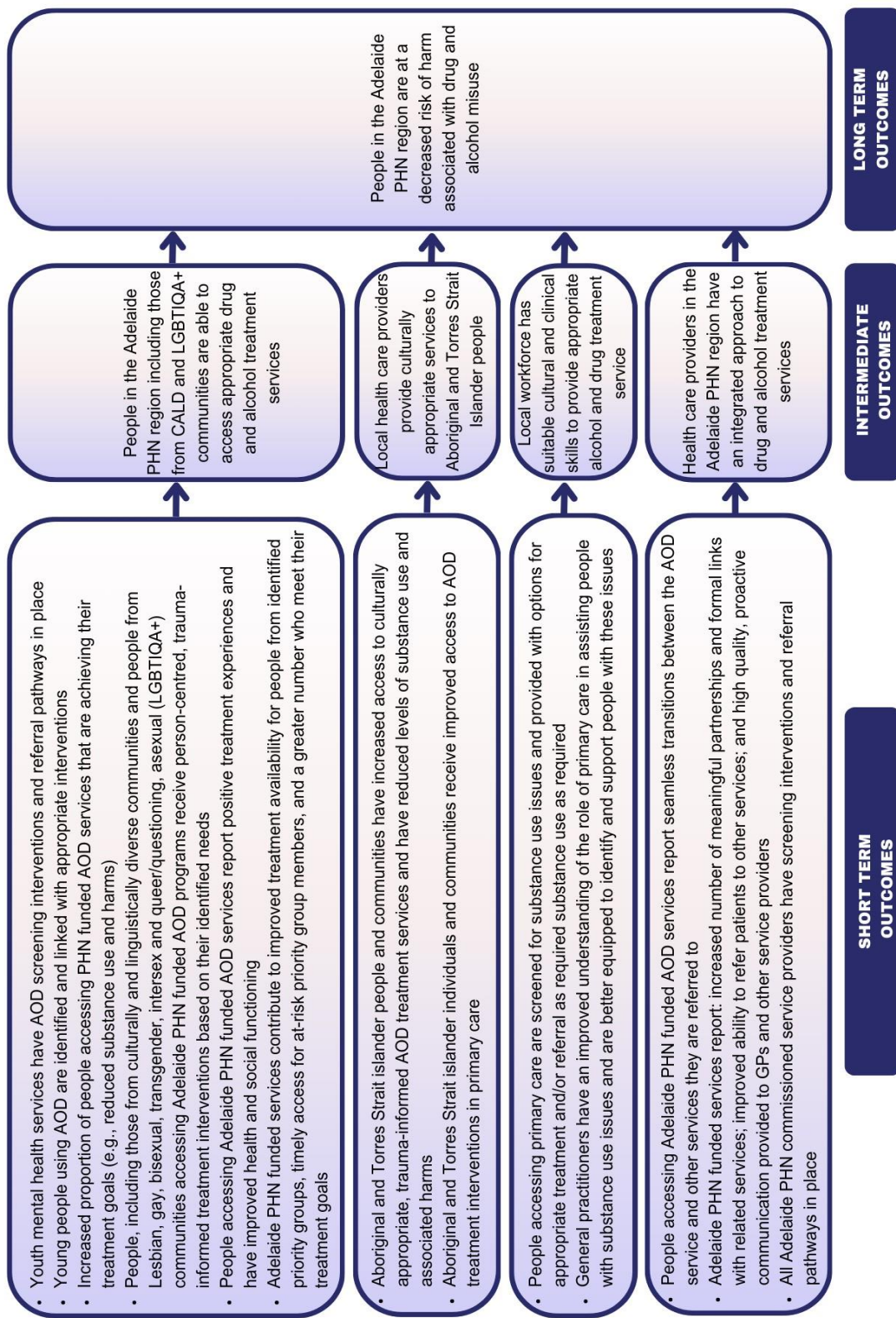
Services employing Aboriginal and Torres Strait Islander people in AOD treatment roles have a responsibility to ensure these workers are supported with workforce development opportunities that address their specific needs. They also have a responsibility to work towards culturally appropriate, supportive and safe workplaces, so that cultural needs and knowledge are built into workplace policies and practices.

Further information about relevant strategies and frameworks is provided in the [Resources and References Documents section](#).

Peer workforce development

Adelaide PHN acknowledges the peer / lived experience workforce plays a key role in AOD service provision. Organisations delivering AOD treatment services commissioned by Adelaide PHN can utilise peer workers in an employed or voluntary capacity but must ensure that they meet the appropriate guidelines for supervision and oversight.

Appendix A – Outcomes



Appendix B – Description of interventions

An outline of all AOD services funded by the Adelaide PHN is available [here](#).

This Appendix describes the expected activity associated with each intervention provided by CSPs.

Referral and intake

Aims and objectives

Referral describes the processes by which people access and enter AOD treatment services. Intake is the introductory process which gathers information in preparation for treatment.

Outcomes

Suggested outcomes for referral and intake include:

- People at high risk of harm to themselves or others are identified and contacted within 24 hours
- People seeking treatment are matched with a service that provides interventions to meet their needs
- Intake is conducted in a way that is person-centred and reduces the impact of stigma
- All essential information is collected.

Eligibility criteria

Adelaide PHN expects treatment services to prioritise vulnerable and at-risk clients. People referred to an Adelaide PHN funded service should be triaged according to risk and need.

Information and/or education

Aims and objectives

Information and education interventions aim to raise awareness about the harms associated with substance use. This can motivate people to participate in treatment seeking or other actions.

Outcomes

Suggested outcomes for the provision of information and / or education include:

- People engage with AOD treatment services
- People seek further treatment for substance use.

Eligibility criteria

Information and education must be freely accessible to all individuals, families, and communities.

Peer strategies

Aims and objectives

Peer strategies seek to actively involve communities and individuals with lived experience of substance use, in service responses. This includes activities focusing on self-determination, participation, recovery and harm reduction.

Outcomes

Suggested outcomes for peer strategies include:

- Increased client empowerment
- Increased client engagement in treatment
- Clients report and demonstrate increased social functioning.

Eligibility criteria

All people seeking treatment for substance use are eligible for peer strategies.

Screening

Description and aim

Screening is a process for evaluating the possible presence and severity of an AOD problem. Screening is often considered part of a brief intervention but can also be undertaken with or without brief interventions. Screening is a treatment intervention on its own and can be provided to people seeking to understand and act upon substance use issues.

Outcomes

Suggested outcomes include people needing further assessment or treatment are identified.

Eligibility criteria

All people – even those not actively seeking treatment can be provided with screening.

Brief interventions

Description and aim

Brief interventions are tailored activities that aim to motivate an individual to act on a substance use issue or concern. Brief interventions aim to make the most of opportunities to raise awareness and share knowledge about substance use issues.

Outcomes

Suggested outcomes for brief interventions include:

- People identify substance use issues of concern
- Increased awareness of the impacts of AOD use
- Clients are provided with information and advice as appropriate to their identified needs.

Eligibility criteria

Brief interventions are often offered to people who have not specifically sought treatment for substance use but have been identified by a screening process.

Assessment

Description and aim

Assessment is a 'point in time event' intended to gather detailed information for a treatment plan that meets the individual needs of the person. Assessment defines the nature of that problem, determines a diagnosis, and is used to develop specific treatment recommendations for addressing the problem or diagnosis. Assessments should seek to ascertain clients' past exposure to trauma.

Outcomes

Suggested outcomes for assessment are:

- People identify substance use issues of concern
- People develop a treatment plan in line with their identified needs
- People are supported to access further treatment if required.

Eligibility criteria

People seeking to engage in intensive AOD treatment interventions such as counselling, withdrawal, pharmacotherapy, and non-residential rehabilitation should all complete a comprehensive assessment.

Assessments are also a treatment intervention on their own and can be provided to people seeking to understand and act upon their substance use issues.

Care coordination / case management

Description and aim

Care coordination / case management aims to:

- Coordinate treatment planning and care in accordance with identified goals
- Support access to other health, social, and support services
- Support meaningful involvement of the person and their family in care and goal setting.

Outcomes

Suggested outcomes for care coordination / case management include:

- People achieve their identified treatment goals
- People are supported to access appropriate services and resources
- People report improvements in quality of life and / or psychological wellbeing
- Co-occurring morbidities are addressed.

Eligibility criteria

Care coordination / case management seeks to support people at the highest need / risk, who present with complex needs.

Aftercare

Description and aim

Aftercare is a form of care coordination / case management, which follows a period of other treatment, such as withdrawal, rehabilitation or to provide ongoing support. Aftercare generally involves less frequent contact with treatment services and workers.

Outcomes

Suggested outcomes for aftercare include:

- People achieve their identified aftercare goals
- People are at less risk of relapse
- People are supported to access appropriate services and resources
- People report improvements in quality of life and / or psychological wellbeing.

Eligibility criteria

Aftercare should be provided to anyone who has undergone an intensive intervention.

Counselling

Description and aim

Counselling aims to provide people with the necessary psychological and physical resources to positively change their substance use behaviours. Counselling includes a range of psychosocial and psychological therapeutic interventions conducted either as a standalone single session or multiple sessions of one-to-one engagement. Counselling should be trauma-informed.

Outcomes

Suggested outcomes for counselling interventions include:

- Clients achieve their identified treatment goals
- Clients reduce or cease their substance use or the harm from that use
- Clients report improvements in physical health, quality of life and / or psychological wellbeing.

Eligibility criteria

All people seeking treatment for their substance use issues, or those affected by another person's substance use, can access counselling interventions.

Withdrawal support

Description and aim

Withdrawal support seeks to:

- Assist people to cease or reduce substance use to a level that restores health and wellbeing in the short-term
- Prevent withdrawal complications and overdose following withdrawal
- Form part of an integrated and coordinated care pathway by linking people with other services as appropriate.

Outcomes

Outcomes for withdrawal should include:

- Reduction in substance withdrawal symptoms
- Management of psychological distress
- Achievement of the person's identified goals
- Tolerance reversal.

Eligibility criteria

Withdrawal support is appropriate for those with a substance dependence who want to reduce or cease their substance use.

Non-residential rehabilitation

Description and aim

The Adelaide PHN does not specifically fund any intensive structured day rehabilitation programs. Non-residential rehabilitation (for example day programs) is an intensive structured program aimed at supporting people seeking to change their substance use patterns. Programs should provide responsive models of services that are suitable for a wide range of substance use issues.

Outcomes

Suggested outcomes for non-residential rehabilitation include:

- People achieve their personal social, health and family goals
- People have improved quality of life and / or psychological wellbeing
- People report a reduction or cessation of substance use or harms from that use.

Eligibility criteria

Non-residential rehabilitation is suitable for people who require more intensive support than individual counselling. Day programs are preferred for people who have strong social support and stable accommodation and for whom the ability to maintain links with home, family and friends are part of achieving sustainable recovery.

Pharmacotherapy

Description and aim

The Adelaide PHN does not fund opioid agonist pharmacotherapy programs.

Pharmacotherapy is the use of alternative, regulated medicines, in place of an illicit or non-medical substance (including pharmaceutical drugs used in non-medical ways), to assist in the treatment of physical dependence. Pharmacotherapy also aims to support people to improve their physical and psychological health, social functioning, and to facilitate reintegration into the workforce and education system.

Outcomes

Suggested outcomes for pharmacotherapy include:

- People improve their quality of life and / or psychological wellbeing
- People reduce, cease or minimise the harms of substance use
- People report improved social functioning.

Eligibility criteria

Pharmacotherapy is an appropriate treatment modality for people experiencing a substance dependence who wish to reduce or minimise the impact of their substance use. Eligibility for community-based pharmacotherapy is dependent on the client having a degree of stability in areas such as accommodation and social support. It is also important that the person has stable (or no) psychiatric or medical co-morbidities.

Resources and reference documents

The link to the National Centre for Education and Training on Addiction's Screening and Withdrawal Tools Collection is [here](#).

Aboriginal and Torres Strait Islander resources

- Aboriginal Health Council of South Australia. [Valuing and Strengthening Aboriginal and Torres Strait Islander Workforce](#)
- Australian Health Ministers' Advisory Council. [Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016-2026](#)
- Department of Health. [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework Implementation Plan 2021–2031](#)
- Australian Commission on Safety and Quality in Health Care. [National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health](#)
- National Centre for Education and Training on Addiction. [Indigenous AOD Worker Publications](#)

Adelaide PHN documents

- Adelaide Primary Health Network. [Needs Assessment](#)
- Adelaide Primary Health Network. [Commissioning Handbook: The Service Provider's Guide](#)

National frameworks and documents

- Australian Commission on Safety and Quality in Health Care. [National Model Clinical Governance](#)
- Commonwealth of Australia. [National Framework for Alcohol, Tobacco and other Drug Treatment 2019-2029](#)
- Commonwealth of Australia. [National Quality Framework for Drug and Alcohol Treatment Services](#)
- Commonwealth of Australia. [National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019](#)
- Department of Health and Aged Care. [PHN Program Performance and Quality Framework](#)
- National Health Information and Performance Principal Committee. [The Australian Health Performance Framework](#)
- Pennington Institute. [Australia's Annual Overdose Report 2023](#)

Clinical interventions and related resources

- Association of Alcohol and other Drug Agencies NT. [Case management in non-Government Alcohol and Other Drug Services: A Practical Toolkit](#)
- Australian Prescriber. [Brief Interventions for Alcohol and other Drug Use](#)

- Comorbidity Guidelines. [Managing Co-occurring Alcohol and other Drug and Mental- Health Conditions](#)
- Coordinare. [A review of Evidence-Based Alcohol and other Drug \(AOD\) Interventions Suitable for Young People in a Community Setting](#)
- Drug and Alcohol Clinical Advisory Service. [FRAMES – Brief Intervention for Risky or Harmful Alcohol Consumption](#)
- Dovetail. [Alcohol and other Drugs in Schools](#)
- Dovetail. [Working with Families and Significant Others](#)
- Headspace. [Clinical Tips: Alcohol and Other Drugs Trauma-Informed Care](#)
- Health.Vic. [Alcohol and other Drug Program Guidelines](#)
- Health.Vic. [Intake Processes and Tools](#)
- Insight. [Brief Interventions: Tools & resources](#)
- Mental Health Online. [A Practical Guide to Video Mental Health Consultation](#)
- Network of Alcohol and other Drugs Agencies. [Language Matters](#)
- Network of Alcohol and other Drugs agencies. [Alcohol and Other Drugs Treatment Guidelines for working with Aboriginal and Torres Strait Islander people in a Non-Aboriginal setting](#)
- NSW Health. [Non-government Organisation Alcohol and other Drugs Treatment Service Specifications](#)
- NSW Health. [Prevention and Response to Violence Abuse and Neglect Government Relations \(PARVAN\). Integrated Trauma-Informed Care Framework: My story, my health, my future.](#)
- Queensland Health. [Drug and Alcohol Brief Intervention Team](#)
- Queensland Health. [Screening Tools](#)
- [Queensland Health. Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines](#)
- SA Health: [Alcohol, Tobacco and Other Drugs: Clinical Guidelines for Nurses and Midwives](#)
- SA Health. [Alcohol Withdrawal Management](#)
- SA Health. [Benzodiazepine Withdrawal Management](#)
- SA Health. [Drug and Alcohol Services](#)
- SA Health: [Medication Assisted Treatment for Opioid Dependence](#)
- SA Health. [Preventing and Responding to Adverse Effects of Opioids: Naloxone](#)
- South Australian Network of Drug and Alcohol Services. [The South Australian Specialist Alcohol and other Drug Treatment Service Delivery Framework](#)
- Turning Point. [Alcohol and Drug Withdrawal Guidelines](#)
- Western Australian Drug & Alcohol Office [Introduction to Alcohol and Other Drug Prevention](#)

Workforce development resources

- Coordinare. [Peer Workforce Models in Alcohol and Other Drug Treatment](#)
- National Centre for Clinical Research on Emerging Drugs. [Translate: Research into Effective Clinical Practice](#)
- National Centre for Education and Training on Addiction. [Clinical Supervision Kit](#)
- National Centre for Education and Training on Addiction. [Stress and Burnout: A Prevention Handbook for Alcohol and Other Drug Services. 2nd edition.](#)
- NSW Health. [Drug and Alcohol Clinical Supervision Guidelines](#)
- Queensland Network of Alcohol and other Drug Agencies. [Clinical/practice supervision in alcohol and other drugs settings online learning.](#)
- Self Help Addiction Resource Centre. [Strategy for the Alcohol and Other Drug Peer Workforce in Victoria](#)

Client diversity resources

- ACON. [AOD LGBTQI Inclusive Guidelines for Treatment Providers](#)
- Network of Alcohol and other Drugs Agencies [Working with Diversity in Alcohol & other Drug Settings](#)
- Victorian Alcohol and Drug Association. [Cultural Cues: Working with Cultural Diversity in AOD Counselling](#)