



Frequently Asked Questions - Residential rehabilitation treatment services in the NGO sector

Residential rehabilitation (rehab) services in the NGO sector are diverse and provide treatment in a wide range of settings and modalities. These range from programs of 28 days to 12 months or more, depending on need and type of program. Some programs follow the Therapeutic Community model, whilst others are based on cognitive behavioural therapy, cultural and other models of care. Over the 2023-2024 year 35% of people accessing residential treatment had listed their primary drug of concern as alcohol, 31% methamphetamines, 14% cannabinoids and 4.5% heroin. The remaining percentage was split between other drugs.

Can people on opioid treatment can access residential rehabs?

Yes, there are a range of residential and non-residential treatment options for people on different medications and pharmacotherapies. Not everyone on opioid treatment requires or chooses residential treatment. People who do can access services that can cater to their needs. There are several residential rehabilitation programs that take people on opioid treatment programs ranging from methadone to Long-acting Injectable Buprenorphine.

Do NGO residential rehabs provide evidence-based treatment?

Residential programs have developed comprehensive evidence-based programs and models of care to meet the needs of the people who access them. There is no one-size-fits-all approach. Programs demonstrate their effectiveness by collecting data and client stories. Many have been independently evaluated.

All NADA member services have obtained accreditation or are working towards this to ensure a consistent standard of care is maintained. Any residential AOD NGO treatment service that receives government funding is required to be accredited under one of the accepted healthcare accreditation bodies. This ensures adherence to the same healthcare standards expected of NSW Health facilities. Ongoing funding is dependent upon the services demonstrating that the treatment they provide is evidence-based.

Do residential rehabs have a harm reduction approach?

Harm reduction and abstinence go hand in hand to ensure the safety of the client and to minimise harms whilst attending the rehab programs. Education is provided to continue these initiatives in the community. Some residential services are registered as secondary needle and syringe exchanges; and some provide Hepatitis C and HIV treatment; overdose prevention education and Take-Home Naloxone. Many programs accept people taking mental health and other medications, and on community treatment orders. NADA member services have policies and procedures in place to minimise harm and work with people according to their needs and preference.

Do residential rehabs provide a range of services?

Many residential services provide several additional services for which they are not specifically funded, however, to provide a continuum of care they utilise partnerships and are flexible. For example, some women's residential services can also provide for children and have arrangements for childcare. Aftercare or

continuing care services are often provided to the person leaving rehab to reduce the risks associated with potential lapse and to support people to transition back to living in community.

Do residential rehabs access have to mental health professionals?

Residential rehabs are competent at responding to mild to moderate mental health concerns, for more complex mental health presentations this generally requires strong partnership with a local mental health service. Many services have limited staffing after hours and limited access to emergency services or after-hours support. Limited resourcing and access to support may impact the ability of the service to accept a referral a person with co-occurring mental health needs. For example, there may be one staff member on-site on a sleepover shift overnight or on weekends. For these reasons, comprehensive assessments are completed for each client prior to them entering residential programs.

How do residential rehabs collaborate with medical practitioners?

There are a limited number of residential services that provide withdrawal management on-site and have contracted GPs to assist with medication and in some cases general health issues. Access to medical coverage can limit the number of admissions a service can take where a medical assessment is required even if there are beds physically available. Engagement with local GPs is maintained to facilitate on-site visits or clients are taken to the local GP practice.

Residential rehab is one stop in a client's journey, what other options do they have?

Some residential services provide aftercare programs which may also include the opportunity to apply for a place in a transition house. Clients may step up or step down to and from community-based services.

Is residential rehab the only option for someone needing support?

No, residential rehabilitation can be a great option for a person for many reasons; however, it will not be appropriate for everyone who wishes to access services. Many residential services also have community-based services available to support people who choose to access them or provide referrals to other services that better suit their needs. Staff referring to the NGO sector need to be aware of all treatment modalities to make appropriate referrals to evidence-based treatment services based on individual preference and need.

Are there a range of programs operating within residential rehab settings?

Yes, there are different therapeutic models used by different services. These models vary and include amongst others, the therapeutic community model, biopsychosocial model, Aboriginal Drug and Alcohol Residential Rehabilitation Network Model of Care and twelve step framework. It is important that referring services discuss with their clients the approach that would suit them best to ensure they are matched with the right service.

For more information on best practice in residential rehabilitation, including examples of models of care, can be found in the NADA Practice Guide: Providing alcohol and other drug treatment in a residential setting - <https://nada.org.au/wp-content/uploads/2022/08/providing-alcohol-other-drug-treatment-residential.pdf>. Further information on NGO withdrawal management - [Withdrawal-Management-in-the-NGO-Sector-Brief 2024.pdf](#). A full list of NADA member services can be found here - [NADA Members – NADA](#)