

Interventions and Treatment in the non-government alcohol and other drugs (AOD) sector

NADA member services are diverse in their structure, philosophy, and approach to service delivery. They provide a broad range of alcohol and other drugs services, including health promotion and harm reduction, early intervention, treatment and continuing care programs. Some options are described below:

Community Based programs range from harm reduction and early intervention to outreach and community-based day programs. Abstinence is not always a goal for people, they may wish to cut down or maintain a level of use that works for them. This needs to be considered when discussing the right type of service for them. Some examples of community-based programs are listed below:

Harm Reduction

- **Needle and Syringe Programs (NSP)** Some NGOs provide NSPs as a core part of their service and others are secondary NSPs, such as a residential service that dispenses fit packs upon client's discharge when appropriate, and with a brief intervention in overdose prevention. NSPs are a public health initiative designed to minimise the spread of blood-borne viruses such as HIV and Hepatitis C amongst people who inject drugs. It is evidence based, focusing on harm reduction strategies to improve health outcomes and ensures participants can access necessary resources without stigma.
- **Drug Checking Services** also known as pill testing, is a free and confidential health and harm reduction service. Teams include chemical analysts, registered nurses and qualified harm reduction workers. Currently, this service is only operating in the ACT on a permanent basis. In NSW, there is a 12-month pill testing trial at selected music festivals underway as part of the NSW Drug Summit recommendations.
- **Medically Supervised Injecting Centre** includes a team of registered nurses, paramedics and health education officers who supervise drug injecting. In the event of an overdose or other health issue, there is immediate access to emergency medical care. Clients are offered referrals to a variety of services, including specialist AOD treatment.

Specialist AOD counselling and psychosocial support

- This is the most common form of treatment provided and includes online, over the phone or in person 1:1 counselling and group-based programs which are delivered across the state. These services include post custodial support, outreach, continuing coordinated care and groups such as SMART

Recovery. These services can provide support to people at any stage of their journey. There are also options for family members to receive support and information.

- Additional support is provided by case management to support clients with access to stable housing, training, employment, budgeting support, mental health and general health needs.
- Some services have a peer or lived experience workforce who are trained to support clients by utilising their own experience of alcohol and/or other drug use.

Day Programs

- Day programs range from one day to five days per week and cover a range of topics such as living skills, relapse prevention and related health topics. They are run by skilled clinicians and groupwork facilitators.
- Day programs are often attended by people who cannot attend a live-in program due to other responsibilities. They can also be used to step up or step down from residential treatment.

Withdrawal Management

- Withdrawal management is a key component of service provision in the specialist AOD treatment services sector in NSW. The purpose of withdrawal care is to provide appropriate support to clients to enable withdrawal to be completed safely, while ensuring people have a voice in their treatment options.
- The primary aims of substance withdrawal are to cease substance use, whether permanently or temporarily; treat symptoms, coexisting conditions and complications of chronic use; and engage the client in ongoing treatment and care. Withdrawal is not a standalone treatment.
- Medications to manage physical symptoms are provided and psychological support is offered.
- **Ambulatory withdrawal management programs** - There are options available for people to remain in their homes and receive withdrawal management support where that is the most suitable for them. Support can be provided by a registered nurse in collaboration with a general practitioner.
- **Residential withdrawal management** - Withdrawal management services are sometimes connected with residential rehabilitation facilities. Length of stay varies between 5-10 days to allow for withdrawal from different substances. Care plans are developed in collaboration with clients to determine their next steps, some may step down to community-based supports, others will continue residential treatment in a residential rehabilitation facility.
- In some instances, such as a person who has chronic health conditions or severe withdrawal symptoms, there may need to be a referral to an in-patient hospital based withdrawal program.

For further information - [Withdrawal-Management-in-the-NGO-Sector-Brief 2024.pdf](#)

Residential Rehabilitation

- Rehabilitation 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.
- There are a range of options for people from abstinence-based residential services to services that cater for people on a range of different medications and pharmacotherapies including opioid replacement therapy such as methadone, suboxone or Long-acting Injectable Buprenorphine.
- Harm reduction and abstinence go hand in hand to ensure the safety of the client and to minimise harms whilst in the rehab programs. Education is provided to continue these initiatives in the community. Some residential services are registered as secondary NSPs; HEP C and HIV treatment is provided; overdose prevention education and Take-Home Naloxone is also provided.
- Many programs accept people on mental health and other medications, and community treatment orders. NADA member services have policies and procedures in place to minimise harm and work with people where they are at.
- 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. Comprehensive assessments are completed for each client prior to them entering residential programs to ensure the treatment is matched to their needs.
- Some residential services have withdrawal management services on-site and have contracted GPs to assist with medication and in some cases general health issues. Engagement with local GPs is maintained to facilitate on-site visits or clients are taken to the local GP practice.
- For further information see the [FAQ Residential Rehabilitation Treatment Services in the NGO Sector](#)

When referring to the NGO AOD sector all treatment modalities need to be known to make appropriate referrals to evidence-based treatment services based on individual preference and need. 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 including examples of models of care and working with specific populations see the NADA Resource page - [Resources – NADA](#). For a list of NADA member services see [NADA Members – NADA](#).