Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019
Annual Implementation Report 2015-16

- Character counts can be viewed using the Word Count tool in Review Ribbon in Microsoft Word.

1. ACTION PLAN INFORMATION	
Action plan name:	Alcohol and Other Drugs Action Plan 2015-17
Priority area name:	Demand Reduction
Action:	4. Establish Drug and Alcohol Brief Intervention Teams (DABITs)

2. ACTION STATUS

Choose *ONLY ONE* status below by checking the relevant box in the left hand column.

☐	Action not started
☒	Action commenced and on track
☐	Action commenced and not on track
☐	Action commenced but changed
☐	Action ongoing
☐	Action completed

3. IMPLEMENTATION

Enter your summary of implementation of the action during the 2015-16 financial year. The maximum number of characters is 1,300 including spaces. Dot points are preferred.

- In the reporting period new DABITs have been established and commenced service delivery in part or to full capacity in Logan, Rockhampton in Townsville Hospital Emergency Departments.
- Enhanced DABIT services at Gold Coast University and Robina Hospital Emergency Departments have allowed for extended hours of operation including evenings and weekends.
- DABITs are networked across the State through monthly teleconferences facilitated by the Mental Health Alcohol and Other Drugs Branch.
- A two-day training workshop for DABITs took place in Brisbane on 28 April, facilitated by Statewide Clinical Support Services, Metro-North Hospital and Health Service.
- A statewide DABIT model of service and data collection system are in development.

4. NEXT STEPS

Enter your summary of next steps for implementation of the action unless the action is completed. The maximum number of characters is 500 including spaces. Dot points are preferred.

- Finalisation of the DABIT model of service and data collection system, including provision of data training
- Continued permanent establishment of DABIT staff and delivery to full capacity
- Ongoing networking between DABITs across the State
- Monitoring and review of service delivery, client cohorts and drug types
- Enhance via training the capacity of ED clinical staff to identify and manage Drug and alcohol presentations
- Development of the consultation liaison role in order to deliver a high level of advice and consultative services to support improved service provision of drug and alcohol health services to hospital based clients

5. RESOURCES & CONTACTS

Only fill this section in if there is a relevant website for the initiative. The maximum number of characters in 250 including spaces. Dot points are preferred.

6. CONTACT DETAILS FOR OFFICER COMPLETING THIS IMPLEMENTATION UPDATE	
Name:	Steve Marshall
Position:	Principal Policy Officer

Phone Number:	
Email	[redacted]@health.qld.gov.au

7. INTERNAL APPROVER'S DETAILS Refer to instructions above regarding level of approval required	
Agency approver's name:	
Agency approver's position / title:	
Date of approval:	

Recd 19/9/16 - initial run analysis RBWH Dabit database 08-10
- incl. R code + tests
- for further discussion/review to inform further analysis + note no. confounders would influence interpretation

Report on DABIT data analysis

The DABIT file has presentation data on 7,122 individuals – 4,585 male and 2,537 female. There are also 40,263 presentations listed in the EDIS data.

An analysis would usually be performed using a "control group" where a DABIT intervention is not performed. However as there is no such group here, analysis is limited to looking for differences in group means between sets of two groups, using a t-test.

The group means examined were considering the change in presentation rates before and after the first DABIT treatment.

Presentation rates were measured between the first and last DABIT intervention (per year) – the "before" rate; and the last DABIT intervention and the "window end" (one year after the first DABIT intervention) (per year) – the "after" rate.

For example, a t-test was performed looking for a rate difference between males and females; between younger and older patients; between those with many ED presentations and those with fewer; and between different clinics.

A summary of the results is as follows

- There is no significant difference ($p=0.42$) in change in presentation rate comparing males to females
- There is a significant difference ($p < 0.05$) in change in presentation rate comparing patients older than 24 years to patients younger than 24 years; that is, the treatment is more effective in lower age groups. This result does depend on the patients with higher presentation rates as leaving out the top 5% of presentation rates erases this effect.
- Facility 201 (RBWH) has an improvement in presentation rate of 0.83 compared to non-RBWH facilities having an improvement of 0.54; and this is significant ($p < .01$)
- For facility 50 the improvement in presentation rate is slightly significant ($p=.06$, rate improvement of 0.74 versus 0.61).

A similar analysis was performed with ATODS presentations.

Considering ATODS data and the rate of "before" and "after" DABIT presentations, the rate of "after" presentations increases less for those aged under 25, and this effect is significant ($p < .001$).

For example, the rate increases from 0.088 to 0.100 for those aged under 25 and from 0.081 to 0.111 for those aged over 25, and from 0.079 to 0.107 for females and from 0.084 to 0.110 for males (male versus female difference not significant, $p=0.38$).

Drug and Alcohol Brief Intervention Team (DABIT) – Model of Service

(in draft – August 2016)

Queensland Health

Queensland Government

Published by the State of Queensland (Queensland Health)

For more information contact:
Mental Health alcohol and Other Drugs Branch, Department of Health, PO Box 2368, Fortitude Valley BC, QLD 4006, email ED_MHAODB@health.qld.gov.au, phone 3328 9538.

An electronic version of this document is available at
http://qheps.health.qld.gov.au/mentalhealth/

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Purpose of this document

This model of service aims to provide a clear description of Drug and Alcohol Brief Intervention Teams (DABITs) within the Queensland public alcohol and other drugs (AOD) service system. The model of service describes the target population, the functions and operation of the service. It describes the core and consistent components of statewide DABIT service delivery while acknowledging local variation based on different levels of human and financial resource availability and other local factors.

DABITs operate in accord with Queensland Health policies and procedures and align with the Queensland AOD Treatment Services Delivery Framework (2015), the Queensland Health Clinical Services Capability Framework v3.2 (2016) and the Queensland Health AOD Services Model of Service.

This document seeks to complement and support the delivery of high quality and safe AOD services. The accessibility of information allows greater transparency regarding public AOD services and informs clients, patients, families and carers, service partners, staff, managers and service planners.

The intended outcome of the development and successful implementation of a DABIT model of service is:

- clarity about what services and treatment types are delivered statewide by DABITs;
- improved delivery of, consistent, integrated and evidence-based specialist AOD services to people presenting to Queensland Health Emergency Departments and Hospitals;
- increased provision of clear and integrated treatment pathways and referrals for clients within hospital and community AOD treatment service settings and to other services that assist to meet identified health and psycho-social needs;
- improved awareness, knowledge, attitude and skill of non-specialist AOD health professionals in responding appropriate to people affected by problematic substance use;
- enhanced service development, evaluation and review;
- stronger service partnerships.

1. What does the service intend to achieve?

DABITs are a combination of a number of complementary components of AOD treatment service delivery including screening, assessment, brief intervention and consultation liaison. DABITs are specialised AOD treatment teams that provide services within the public hospital setting. It is important to note that Consultation Liaison may be delivered as a stand-alone service type by integrated AOD Consultation Liaison teams within some Hospital and Health Services (HHS).

DABITs aim to improve the delivery of timely, effective, culturally secure and integrated AOD services for client within the public hospital system.

The key functions of DABITs are:

- **Screening** and **assessment** of Emergency Department patients to identify those who are experiencing or are at-risk of problematic substance use and substance-related harm;
- **Brief intervention** provided by specialist AOD treatment clinicians;
- **Referrals** to specialist AOD treatment and other services related to the health and related psycho-social needs of clients;
- **Consultation Liaison** to provide advice and support to inpatients and Hospital clinical teams and their support workers; including services to other hospitals and health teams with the HHS region; and provision of information, education and training to build the capacity of non-AOD specialist health professionals and teams.

For people at risk or experiencing problematic substance misuse, DABIT services contribute to:

- enhancing the quality and experience of service delivery provided in Emergency Departments and Hospitals;
- improving integrated clinical care within the Hospital and community settings
- increasing understanding, contemplation and action by clients;
- increasing provision of harm reduction strategies and options to reduce risk from ongoing misuse;
- decreasing the potential of experiencing stigma and discrimination within the health system.

2. Who is the service for?

DABITs provide specialist AOD services for:

Primary population – people of all ages presenting to Emergency Departments who:

- may be at-risk of substance-related harm;
- present with mild-moderate problematic substance use;

- present with clinically significant AOD symptoms including dependence with or without co-occurring disorders such as mental illness or medical conditions.

Secondary populations

- hospital inpatients
- families and significant others of patients presenting to Emergency Departments or admitted to hospital
- clinical and support teams in Emergency Departments and hospitals

3. What does the service do?

The key components defined here are essential for the effective operation of DABITs.

As part of routine service delivery DABITs will:

- engage the assistance of specialist services such as designated workers and interpreters for patients with specific, cultural and/or language/communication barriers to facilitate effective engagement and quality service delivery;
- provide culturally secure services for Queensland Aboriginal and Torres Strait Islander peoples;
- comply with the policies and practices of the local Emergency Department and Hospital they operate in;
- collect, collate and report data on service delivery.

DABITs are not an acute or crisis service and clients who are displaying behaviours related to intoxication and/or aggression are not appropriate for referral to DABIT in the Emergency Department and Hospital setting. DABITs will have access to hospital security personnel (where available and as required) when conducting screening of patients deemed to be at risk of aggressive behaviour.

3.1 Screening

Screening aims to identify people presenting at Emergency Departments who are at risk or experiencing substance-related problems, risk factors or harms. It aims to identify the most suitable pathway and appropriate intervention for the client.

Key elements	Comments
Screening will be the first step following a referral to DABIT or identification of potential DABIT clients within the Emergency Department or Hospital setting.	Common screening tools for substance-related problems include: *The Alcohol Smoking & Substance Involvement Screening Test* (ASSIST). *The Alcohol Use Disorders Identification Test* (AUDIT). *The Substances and Choices Scale* (SACS) *The Indigenous Risk Impact Screen* (IRIS)

3.2 Brief assessment

Brief assessments are a common tool for assessing whether AOD problems are mild, moderate or severe in non-specialist AOD settings. Where DABITs identify moderate to severe problems, including on a background of other complex issues, this may require referral for comprehensive assessment and intervention from a specialised AOD treatment service within the community setting.

Key elements	Comments
DABITs will perform brief assessments targeted to identify AOD and related issues for people presenting in the Emergency Department and Hospital setting.	
DABITs will assess need for further and/or more comprehensive assessments.	The brief assessment and intervention provided by DABIT may include encouraging the patient to participate in or seek further assistance from another service. This includes referrals to mental health services as appropriate and where indicated from assessment. If mental health problems and substance misuse issues are both assessed as mild, a DABIT brief intervention may be provided with our without further referral.

3.3 Brief Intervention

DABITs provide brief interventions that are one-off structured interventions of between five and 60 minutes in length and involve eliciting information and providing feedback about the client's use of AOD and related issues. Useful contextual information may relate to the current, or series of presentations, to the Emergency Department and/or Hospital.

The structure and content of DABIT brief interventions will be guided by best practice and may be implemented in response to local context and need.

Key elements	Comments
The DABIT clinician conducting a brief intervention will involve the patient, and the family and/or carer (as appropriate), in a discussion about their substance use issues and the available interventions to assist in treatment of those issues.	The family/significant other has a central role to play in the treatment of any health problem, including substance use. Family work has become a strong and continuing theme of many treatment approaches. A primary challenge for services is the broadening of the treatment focus from the individual to the family.
The brief intervention may identify other specialist assessments, interventions or investigations that may be required and DABITs will actively refer and advise the patient and/or treating team of these.	Additional assessment and/ or intervention may relate to clients' medical, mental health, welfare and/or social needs.

3.4 Referral

Referrals to DABITs

DABITs operate on a referral and triage system and referrals to DABITs are prioritised based on urgency and clinical need.

Referrals to DABITs may be received from Emergency Department staff, Hospital teams and the proactive identification of clients by DABIT clinicians themselves.

DABIT referrals to other services

DABITs may make referrals to other AOD services, mental health services, community, welfare and support services as indicated through assessment and brief intervention in order to provide optimum treatment and care to clients.

Key elements	Comments
DABITs will identify and communicate clear referral processes to ensure effective referrals within their local context.	• Referrals can provided in person, via telephone, or through clinical documentation or system, depending upon local circumstances. • DABITs will identify and develop working partnerships with local key service stakeholders to ensure appropriate referrals of clients in and

Key elements	Comments
	out of the service.
DABITs will respond in a timely manner to all referrals based on local prioritisation processes that are clearly communicated.	

3.5 Consultation Liaison

AOD consultation liaison (CL) is the provision of advice and support to clients and health professionals at the interface between the AOD sector and the broader health sector, usually in hospital or community health settings.

DABITs provide CL services to patients and clinical teams within the general hospital in which they are based and as appropriate to community-based services and teams.

Depending on local resources and context DABITs provide CL services to regional and satellite hospitals, particularly to smaller, rural hospitals that do not have the benefit of specialist AOD staff. This can be through training, case review, personal phone or web-based individual support and other means as appropriate and identified to meet regional and local need.

CL services assist in the quality care of people affected by substance misuse through the provision of expert advice and assistance to non-AOD specialist health professionals and clinicians, and direct provision of specialist AOD services for patients or clients referred to DABIT.

DABIT CL services in the hospital setting can be undertaken on admission, during the hospital stay and to assist with discharge planning.

DABITs can provide appropriate and expert information, education and training to increase the awareness and knowledge of non-AOD specialist professionals, teams and services to respond to people affected by substance misuse. This may be delivered in response to request and/or identified need. It may involve skills development where indicated and is delivered within local DABIT resources.

Key elements	Comments
DABITs provide expert AOD consultation liaison within the hospital setting they are based for clinical teams and identified and referred patients and clients. *N.B. this function may also be delivered in some HHS hospitals by a dedicated AOD CL service (i.e. already existing) and where this does not exist, may be provided by a community-based AOD service*	Core DABIT CL activities include: • Specialist AOD Assessment • Treatment planning • Consultation specific to substance use withdrawal • Pharmacotherapy consultation and advice to medical staff • Patient Education and Brief Intervention • Consultation with Mental Health

Key elements	Comments
	Liaison Team • Liaison with Opioid Replacement Services • Referral reference for patients requiring ongoing AOD intervention post discharge • Pain Management advice for long term therapeutic Opioid Dependence

3.6 Record keeping, collection, reporting and use of data and documentation

Key elements	Comments
DABIT clinicians will enter and review all required information into their chosen database (note: the preferred statewide data collection system is the tailored DABIT module on ATODS-IS which allows timely central reporting and supports consistency of information collection and reporting)	Minimum DABIT data set: • Date and time (of DABIT intervention) • Date of Birth • Sex • Indigenous status • Postcode • Drug/s used (from ATOD-IS list) • Primary reason for presentation at ED • DABIT intervention provided: Assessment only, Brief intervention, Consultation and liaison, counselling, information and education only and intake and screening • Note: this includes the Queensland Health mandatory client identification data set.
All clinical contact with the patient, including the results of assessments, diagnoses, formulations and management plans are documented for the treating team within required local clinical systems and records.	

4. Key Service Stakeholders

- Emergency Departments
- Hospital inpatient units
- Local community-based AOD services including HHS and non-government providers
- Local community-based Mental Health Services
- Aboriginal and Islander Community Controlled Health Services (AICCHS) and specialist Indigenous AOD services
- Other relevant HHS health services

5. Hours of operation

DABITs operate at a minimum during normal business hours Monday to Friday. However, it is ideal to operate according to local demand and in response to identified patterns of patient flow within EDs (i.e. when people are predominately presenting; days/times when AOD presentations are higher).

Individual DABITS may operate over extended hours dependent upon demand and resources.

DABITs clearly identify and implement processes to ensure adequate clinical handover.

6. DABIT staff training

At a minimum DABIT clinicians should have access to core and ongoing training to ensure they have appropriate capabilities to deliver contemporary and evidence-based AOD screening, assessment and brief intervention.

DABIT staff will undertake any mandatory or other training required by the setting in which they deliver services.

Training should include (but not be limited to):

- triage and assessment training
- clinical and operational skills/knowledge development
- basic life support
- principles of the service (including cultural awareness and training, safety, challenging stigma and discrimination etc.)
- clinical case formulation and case note writing skills
- medication management
- harm reduction principles
- substance-specific responses
- client focussed care planning and collaborative goal setting

- detection and management of co-occurring mental health problems
- aggressive behaviour management training
- response to emergencies
- engaging and interacting with other service providers, including statutory departments
- risk and suicide assessment, and associated planning and intervention
- client engagement and participation
- cultural capability training
- population-specific approaches (e.g. young people, older persons, pregnant and parenting etc.), and
- routine outcome measurement training.

7. DABITs function best when:

- the service is embedded in the routine work and practices of the ED and Hospital setting;
- ED and Hospital staff members clearly understand the roles and functions of the DABIT and how it operates as an essential component of their service;
- there is an adequate skill mix, with a senior level of AOD clinical expertise and knowledge being demonstrated by the majority of staff;
- senior team members take an active role in supervising and developing required AOD clinical skills in less experienced staff;
- strong and effective internal and external partnerships with key service stakeholders are established and maintained;
- there are clearly defined clinical and operational leadership and governance roles within the team;
- all staff are provided with professional support, clinical supervision and training;
- there is strong collaboration with the patient, their family and the treating team about all aspects of the patient's AOD care;
- there is statewide consistency, networking and sharing of practice amongst DABIT teams including through the regular and ongoing participation in statewide working groups, DABIT training and networking events

8. Review and evaluation

DABITs will undertake continuous quality improvement activities to ensure the highest quality delivery of services within the local context.

At a statewide level, further evaluation and review of the DABIT model of service will be undertaken.

DRAFT - V1 14/11/16

Queensland Health | Alcohol and Other Drug (AOD) Services

Drug and Alcohol Brief Intervention Teams

1. What does a DABIT intend to achieve?

DABITs are specialised AOD treatment teams that provide services within the public hospital setting. DABITs aim to improve the delivery of timely, effective, culturally secure and integrated AOD services for client within the public hospital system.

For people at risk or experiencing problematic substance related harm, DABIT services contribute to:

- enhancing the quality and experience of service delivery provided in EDs and Hospitals;
- improving integrated clinical care within the Hospital and community settings;
- increasing understanding, contemplation and action by clients;
- increasing provision of harm reduction strategies and options to reduce risk from ongoing use; and
- decreasing the potential of experiencing stigma and discrimination within the health system.

2. Our service is for...

people of all ages, presenting to Emergency Departments, who:

1. may be **at-risk** of substance-related harm

AND 2. present with **mild-moderate problematic substance use;**

AND 3. present with **clinically significant AOD symptoms** including dependence with or without co-occurring disorders such as mental illness or medical conditions.

Our secondary populations include

- hospital in-patients
- families and significant others of patients presenting to EDs or admitted to hospital
- clinical and support teams in EDs and hospitals

3. DABITs provide brief interventions...

a Referral and triage

DABITs operate on a triage system and referrals to DABITs are prioritised based on urgency and clinical need.

HOW?

- Referrals can be made in person, via telephone, or through clinical documentation or other data systems
- Referrals can be made by ED staff, hospital teams or through the proactive identification of clients by DABIT clinicians

TO ENABLE THIS, DABITS WILL:

- identify and communicate clear referral processes for local stakeholders
- identify and develop working partnerships with local key service stakeholders to ensure appropriate referrals (into and out of the service)
- Respond in a timely manner to all referrals based on local prioritisation processes that are clearly communicated.

b Screening

Using common tools including:

- The Alcohol Smoking & Substance Involvement Screening Test (ASSIST).
- The Alcohol Use Disorders Identification Test (AUDIT).
- The Substances and Choices Scale (SACS)
- The Indigenous Risk Impact Screen (IRIS)

c Brief assessment

Used to:

- **identify mild/moderate/severe** AOD and related issues
- **assess need** for further, more comprehensive assessments and/or interventions (from a specialised AOD treatment service)

d Brief intervention

- **One-off, structured interventions** of between five and sixty minutes in length
- Focused on **eliciting information** and **providing feedback** about the client's use of AOD and related issues.
- Involves the **patient**, and the **family and/or significant other** (as appropriate), in a discussion about their substance use issues and the available interventions to assist in treatment of those issues.

Note. The structure and content of DABIT brief interventions will be guided by best practice and may be implemented in response to local context and need.

e Referrals to other services

- Where the brief intervention identifies other specialist assessments, interventions or investigations that may be required, DABITs will **actively refer and advise the patient and/or treating team of these.** *(Additional assessment and/ or intervention may relate to clients' medical, mental health, welfare and/or social needs.)*
- DABITs may make referrals to other AOD services, mental health services, community, welfare and support services as indicated through assessment and brief intervention in order to provide optimum treatment and care to clients.

4. Some DABITs also provide Consultation Liaison services

We provide advice and support to clients and health professionals at the interface between the AOD sector and the broader health sector, usually in hospital or community health settings. DABITs can provide appropriate and expert information, education and training to increase the awareness and knowledge of non-AOD specialist professionals, teams and services to respond to people affected by substance use.

WHERE

- to **patients and clinical teams** within the general hospital
- to **community-based services and teams**
- to **regional and satellite hospitals**, particularly to smaller, rural hospitals that do not have the benefit of specialist AOD staff (through training, case review, personal, phone- or web-based support etc)

WHEN

DABIT AOD CL services in the hospital setting can be undertaken on admission, during the hospital stay and to assist with discharge planning. This may be delivered in response to request and/or identified need. It may involve skills development where indicated and is delivered within local DABIT resources.

WHY

AOD CL services assist in the quality care of people affected by substance use through the provision of expert advice and assistance to non-AOD specialist health professionals and clinicians, and direct provision of specialist AOD services for patients or clients referred to DABIT.

5. All DABITs collect and maintain clear, useful data for other clinicians and service planning

DABIT clinicians will enter and review all required information into the ATODS-IS DABIT module (https://atods.health.qld.gov.au:49150/atods/). This database has been designed to allow timely central reporting and supports consistency of information collection and reporting).

- Date and time (of DABIT intervention)
- Date of Birth • Sex • Indigenous status • Postcode
- Drug/s used (from ATOD-IS list)
- Primary reason for presentation at ED
- DABIT intervention provided (Assessment only, Brief intervention, Consultation and liaison, counselling, information and education only and intake and screening)

Key service stakeholders

- Emergency Departments • Hospital inpatient units • Local community-based AOD services including HHS and non-government providers • Local community-based Mental Health Services
- Aboriginal and Islander Community Controlled Health Services (AICCHS) and specialist Indigenous AOD services • Other relevant HHS health services

DABIT staff training

At a minimum DABIT clinicians should have access to core and ongoing training to ensure they have appropriate capabilities to deliver contemporary and evidence-based AOD screening, assessment and brief intervention. DABIT staff will undertake any mandatory or other training required by the setting in which they deliver services.

Training should include (but not be limited to):

- triage and assessment training
- clinical and operational skills/ knowledge development
- basic life support
- principles of the service (including cultural awareness and training, safety,
- challenging stigma and discrimination etc.)
- clinical case formulation and
- case note writing skills
- medication management
- harm reduction principles
- substance-specific responses
- client focussed care planning and collaborative goal setting
- detection and management of co-occurring mental health problems
- aggressive behaviour management training
- response to emergencies
- engaging and interacting with other service providers, including statutory
- departments
- risk and suicide assessment, and associated planning and intervention
- client engagement and participation
- cultural capability training
- population-specific approaches (e.g. young people, older persons, pregnant
- and parenting etc.), and
- routine outcome measurement training.

Hours of operation

DABITs operate at a minimum during normal business hours Monday to Friday. However, it is ideal to operate according to local demand and in response to identified patterns of patient flow within EDs (i.e. when people are predominately presenting; days/times when AOD presentations are higher).

Individual DABITS may operate over extended hours dependent upon demand and resources. DABITs clearly identify and implement processes to ensure adequate clinical handover.

Review and evaluation

DABITs will undertake continuous quality improvement activities to ensure the highest quality delivery of services within the local context.

At a statewide level, ongoing evaluation and review of the DABIT model of service will be undertaken.

DABITs function best when...

We are **embedded in the routine work and practices of the ED and Hospital setting**

ED and Hospital staff members clearly understand the functions of DABIT and its **essential role in their service**

The team has an adequate skill mix, with a senior level of AOD clinical expertise and knowledge being demonstrated by the majority of staff;

senior team members take an active role in supervising and developing required AOD clinical skills in less experienced staff;

We establish and maintain strong and effective internal and external partnerships with key service stakeholders maintained

All staff have **professional support, clinical supervision and training**

The team has **clearly defined clinical and operational leadership and governance roles**

We **collaborate with the patient, their family and the treating team** about all aspects of the patient's AOD care

For more information contact:

MSMHS_ADS@health.qld.gov.au
Chair, AOD Service Improvement Group, Queensland Health

Department of Health

Media response

Queensland Government

Enquiry received: Tuesday 15 November 2016

Journalist: Anthony Templeton

Organisation: Courier Mail

Contact number/s: 3666 6169 | 0402 713 499

Contact email: anthony.templeton@news.com.au

Deadline: 5.00pm Tuesday 15 November

Subject: DABIT

Questions:

I wanted to get some stats/info on the DABIT programs over the past three calendar years, also with a hospital breakdown.

How many patients have presented through the DABIT program in each year?

What drugs have they been on (or suspected)?

How many were discharged after being admitted to DABIT?

How many needed further hospital treatment?

Is ice becoming more prevalent in these admissions?

What other ice programs are being run by the department, particularly in regional/remote or indigenous communities?

Response:

Please attribute the following to a Queensland Health spokesperson:

In September 2016, approximately 600 patients were seen through the six DABIT services. Patient services range from screening and brief assessment, through to interventions and referrals.

The principal drugs identified through DABIT presentations include alcohol (on average between 50 and 80% of presentations), followed by cannabis and psychostimulants (including crystal methamphetamine and ecstasy). Drug type is identified predominantly through patient self-report.

Approximately 10 per cent of DABIT clients require admission or further treatment in the hospital setting.

In October 2016 the Queensland Government announced it would invest $43 million over five years towards alcohol and drug services provided by non-Government agencies as part of its $350 million *Connecting Care to Recovery* plan.

Media response

Queensland Government

Connecting Care to Recovery is a five-year plan to guide the government's investment in mental health and alcohol and other drug services.

In addition, funding of more than $55 million is available to implement the Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021, announced in September 2016.

The objective of this strategy is to strengthen Queensland Health mental health, alcohol and drugs services for Aboriginal and Torres Strait Islander Queenslanders.

Background

On 20 September 2015 the Queensland Government announced additional funding of $6 million for the immediate roll-out of new frontline initiatives to particularly address problems associated with crystal methamphetamine (ice) as well as other drugs, including alcohol, across six Hospital and Health Services.

Services funded under the $6 million include establishing three new Drug and Alcohol Brief Intervention Teams (DABITs) in Rockhampton, Logan and Townsville Hospital Emergency Departments and enhancing existing teams at Gold Coast University and Robina Hospitals. This complements an existing DABIT team at the Royal Brisbane and Women's Hospital.

In addition to DABIT other service responses funded under the $6 million include:

- new clinical positions in Cooktown and Weipa to deliver services for Aboriginal and Torres Strait Islander clients;
- youth-specific clinical positions in Rockhampton and the Gold Coast to deliver services for young people;
- clinical positions in Logan to provide intensive case management for parents using substances through the Parents Under Pressure program;
- community engagement and prevention positions on the Gold Coast and in Logan to support local programs and projects, including Logan Together;
- funding support for the prevention initiative - the HOPE Project in Cunnamulla and Charleville.

The funding also supports state-wide workforce education, training and support activities, including:

- 17 free full-day 'Crystal Clear' methamphetamine training workshops delivered across Queensland targeting alcohol and other drug, mental health and community service practitioners;

- 5 full-day culturally responsive methamphetamine training workshops delivered by the Queensland Aboriginal and Islander Health Council to Indigenous Queensland workforces and communities (with additional locations to be added in early 2017);
- production and dissemination of a suite of clinical 'Meth Check' resources comprising a clinical flowchart, brief intervention guide, harm reduction booklet and families factsheet;
- a number of methamphetamine specific webinars, training for youth services and Drug and Alcohol Brief Intervention Teams and family support training workshops.

ENDS

Media contact: 3234 1439