## Involuntary Drug and Alcohol Treatment Program

### Information for Medical Practitioners

### What is the Involuntary Drug and Alcohol Treatment Program?
The Involuntary Drug and Alcohol Treatment (IDAT) Program provides short term care, with an involuntary supervised withdrawal component, to protect the health and safety of people with severe substance dependence who have experienced, or are at risk of, serious harm and whose decision making capacity is considered to be compromised due to their substance use.

The IDAT Program is a structured drug and alcohol treatment program that provides medically supervised withdrawal, rehabilitation and supportive interventions for Identified Patients (IPs).

The NSW Drug and Alcohol Treatment Act 2007 (DAT Act) provides the legislative basis for IDAT. The DAT Act “provides for the health and safety of persons with severe substance dependence through involuntary detention, care, treatment and stabilisation”.

The DAT Act aims to ensure that involuntary treatment is only used when it will be in the best interests of the individual and when no other less restrictive means for treating them are appropriate. The DAT Act also protects the rights of people while they are undergoing involuntary treatment.

The DAT Act is accompanied by:
- A Memorandum of Understanding, which sets out the roles and responsibilities of key NSW Government agencies involved in IDAT
- A Model of Care, which contains specific protocols regarding the medical management and psychosocial interventions during treatment.

### Why IDAT?
The establishment of the NSW Drug and Alcohol Treatment Act 2007 was the result of the 2004 NSW Government Review of the Inebriates Act 1912. The Inebriates Act was introduced early last century and has been the subject of consistent criticism over many years. Under the Inebriates Act, people with severe substance dependence are committed to mental health units, which may not have direct access to the appropriate drug and alcohol facilities and expertise, including withdrawal treatment.

The DAT Act was trialled from 2009 to 2010. A comprehensive independent evaluation of the legislation determined that the new legislation and treatment model is more effective for providing drug and alcohol treatment to the target group and is more consistent with contemporary values regarding human rights and dignities of severely substance dependent people.

### Subsequent to the review of the legislation, the Government approved the proposal to implement the Act statewide in the form of the IDAT Program.

### The Inebriates Act 1912
The Drug and Alcohol Treatment Act 2007 (NSW) is replacing the Inebriates Act 1912. The Inebriates Act has been suspended and will be repealed.

### How do I refer?
Referrals to an Accredited Medical Practitioner (AMP) for assessment for a dependency certificate can be made by phone, fax or email and can only be received from Medical Practitioners (MP), such as General Practitioners (GPs), emergency doctors and psychiatrists. A screening and referral form is used that captures as many details as possible. Referrals are logged by a MP, recording the time, date and details of the referral, in line with reporting requirements. A written acknowledgement for the referral must be provided to the referrer within a working day of receiving the referral.

Once the AMP at the Treatment Centre has received a referral from a MP, a determination will be made as to whether there is sufficient information (a local comprehensive assessment) for the AMP to assess the IP for a Dependency Certificate. If not, further screening and a comprehensive assessment at the local level will be requested of the MP and local Involuntary Treatment Liaison Officer (ITLO). Contact details of local ITLOs will be provided to the MP for liaison regarding further drug and alcohol screening and assessment needs.

Involuntary Treatment Liaison Officer may be:
- at the statewide in-patient unit (for patients residing in areas where the in-patient units are located), or
- part of the Referring Person’s Network (for patients residing in other areas in NSW).

The role of an ITLO is to assist in the screening and information gathering required to support a referral by a MP to an AMP for assessment for a Dependency Certificate. An ITLO is a qualified professional, including doctors or nurses who are trained, have at least five years experience of providing direct drug and alcohol patient care and skilled to screen persons who may be eligible for a Dependency Certificate under the Drug and Alcohol Treatment Act (2007). An ITLO conducts screening, triage and assessment to a standard of, and in liaison with, the MP. Treatment Centre and AMPs to determine if a person should be recommended for referral for assessment by an AMP for a Dependency Certificate.
### What are the criteria for involuntary admission?

A Dependency Certificate, which allows a person to be involuntarily admitted, may only be issued if the AMP at the Treatment Centre is satisfied the person meets the following criteria:

- The person has a severe substance dependence, meaning they:
  - have a tolerance to a substance
  - show withdrawal symptoms when they stop or reduce levels of its use
- Do not have the capacity to make decisions about their substance use and personal welfare primarily because of their dependence on the substance \textbf{AND}
- The care, treatment or control of the person is necessary to protect the person from serious harm; \textbf{AND}
- The person is likely to benefit from treatment for his or her substance dependence but has refused treatment, \textbf{AND}
- No other appropriate and less restrictive means for dealing with the person are reasonably available.

Referrals will be accepted from all over the state as long as the person is 18 years or older.

In deciding whether a person requires involuntary care the AMP may also have regard to any serious harm that may occur to children in the care of the person, or other dependants.

### How long can a person remain in involuntary care?

An AMP can issue a dependency certificate detaining the person for treatment under the Act for up to 28 days in the first instance.

### Extension for a dependency certificate

There is an option to extend the Dependency Certificate for up to a total treatment period of 3 months, in extreme circumstances, where withdrawal, stabilisation and discharge planning may take longer.

### Transportation to the Treatment Centre

Depending on the patient’s level of risk of withdrawal or risk of harm to self or others during transport, patient’s can be transported to the Treatment Centre via the following options:

- Family member/carer/friend/guardian
- Local Health District staff
- Health Transport Unit, in certain circumstances
- Ambulance, in certain circumstances
- Police, in certain circumstances

### What will happen at the Treatment Centre?

While at the Treatment Centre the person will be comprehensively assessed on their capacity to make decisions about their substance abuse, personal welfare and future treatment options. They will undergo medically assisted withdrawal as well as medical treatment for any concurrent physical and/or mental illness.

A comprehensive Treatment Plan will be developed, which includes a structured psychosocial program following a period of medicated withdrawal and a thorough discharge plan for community based care.

The seclusion, restraint and sedation of patients is only permitted if they are of significant risk to themselves or others. Specific protocols are in place if this is necessary.

### Clinical Outcomes:

Expected clinical outcomes for patients could include, but are not restricted to:

- Safe completion of the withdrawal episode
- Improved general health through facilitated access to medical care
- Improved nutrition
- Improved social functioning through better management of housing and welfare needs
- Reduced risk of relapse through the establishment of prevention strategies

### Community Based Care

Post discharge Community Based Care is a very important component of IDAT due to the high risk of relapse amongst people who have undergone withdrawal.

For this reason participants will be provided with comprehensive community based treatment by the discharge planning and aftercare team. They will:

- comprehensively assess the person’s needs including living skills and needs, mental health and cognitive functioning
- develop a discharge and community treatment plan that identifies immediate and long term needs
- provide ongoing case management and active follow up
- engage culturally specific support services where required
- co-ordinate and link to suitable community services in accordance with a person’s discharge plans, including medical and psychosocial interventions as well as welfare support such as housing and vocational services
- where required, link to appropriate residential rehabilitation and care.
What are the safeguards for human rights?
IDAT contains provisions to ensure that:
 involuntary detention is a last resort
 the interests of the person are paramount
 the person will receive the best possible treatment in the least restrictive environment
 any interference with the rights, dignity and self-respect of the person is kept to a minimum.

IDAT also contains provisions to ensure that a person and their primary carer are provided with clear information about their legal rights and their rights of appeal.

All Dependency Certificates must be reviewed by a Magistrate as soon as possible after issuing.

Independent Official Visitors have been appointed to inspect the Treatment Centres regularly, to act as an advocate on behalf of patients if required, and to provide reports to the Minister for Health.

Need more information?

If you require additional information, please contact: ADIS (Alcohol and Drug Information Service) at 9361 8000 or 1800 422 599 (outside Sydney); or

More information can also be found on the Health website along with all the necessary forms required to make a referral.


You can also participate in online learning about the IDAT Program by visiting;

user name: idat  password: ccwt1