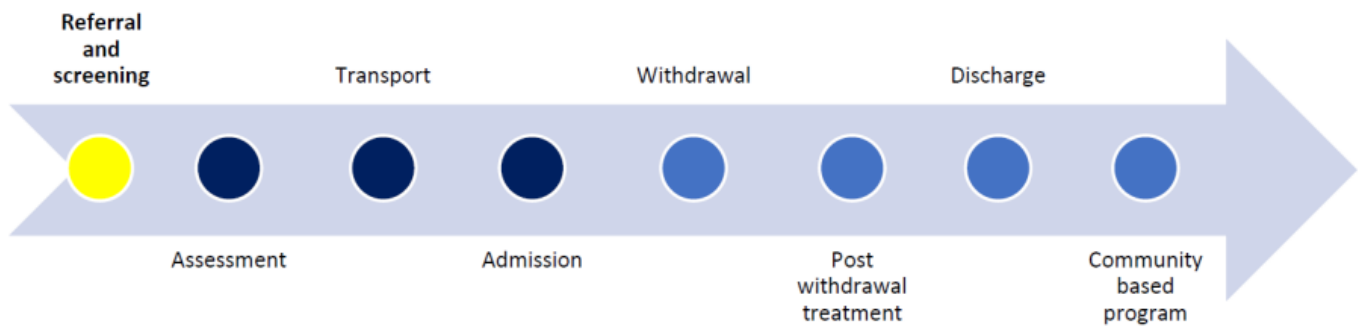


The Involuntary Drug and Alcohol Treatment Program

This fact sheet discusses the characteristics of an appropriate referral and should be read in conjunction with the [Involuntary Drug and Alcohol Treatment Program Model of Care](#).



What is the Involuntary Drug and Alcohol Treatment (IDAT) program?

The IDAT program provides involuntary treatment as an option of last resort to people with severe substance dependence. The NSW Drug and Alcohol Treatment Act 2007 (the Act) provides the legislative basis for assessment, stabilisation and treatment in an involuntary capacity, and outlines the criteria for admission into the program.

The aim of the IDAT program is to protect the health and safety of people with severe substance dependence who are at risk of serious harm while also safeguarding their human rights. IDAT provides medically supervised withdrawal management and post-withdrawal assessment and treatment in a specialised inpatient unit. This is followed by a voluntary community care component provided by the patient's local health district for up to six months.

There are 12 IDAT beds across two hospital-based treatment centres: one at Royal North Shore Hospital campus with four beds, and Bloomfield Hospital campus in Orange with eight beds.

What the IDAT program isn't

The IDAT program:

- is **not** a first or early treatment option. IDAT is a treatment of last resort, only for patients who meet the criteria outlined in the Act
- is **not** equivalent to scheduling a person under the Mental Health Act 2007

- is **not** a long term rehabilitation program or a complete treatment option. It is a short term, intensive therapeutic intervention for people with severe substance dependence that facilitates the stabilisation of patients for a longer treatment journey.
- is **not** a palliative care option
- is **not** behavioural management or a solution for patients with chaotic lives
- is **not** designed to be punitive or a gaol. However, units are locked wards:
 - each unit has staged access to leave from the unit, mobile phone use and visitor access
 - patients are not permitted to smoke cigarettes or e-cigarettes (vapes) in the IDAT unit.

How to access the IDAT program

Referrals should be made via Local Health District Alcohol and Other Drug Services (AODS) who have specialised skills to advise whether a referral is appropriate, and how to complete the required referral form including providing evidence that would satisfy the referral criteria. Referrals should also be planned in partnership with the referrer and the local AODS including agreement on the continuation of treatment following the IDAT Unit admission. [Contact your local AODS.](#)

Referral criteria explanation - Objective evidence of all four criteria is required

Essential criteria under the Act	Example of how the criteria should be addressed in the referral	Examples indicating a patient is unlikely to meet the criteria
Patient has severe substance dependence	Evidence of: <ul style="list-style-type: none"> • tolerance and withdrawal • attempts to cut down or control use that were unsuccessful • continued use despite life threatening harm • life dominated by use & recovery. 	The patient: <ul style="list-style-type: none"> • has mild or moderate dependence • no recent use • is better managed under the Mental Health Act 2007.
Care, treatment or control is necessary to protect the patient from serious harm	Evidence of the following that are causally related and/or exacerbated by the patient's substance use: <ul style="list-style-type: none"> • severe and deteriorating physical or mental health issues and/or • severe financial, legal or public health issues and/or • severe impact on children and dependents. 	The patient: <ul style="list-style-type: none"> • is at high risk of suicide • poses a risk to other patients • is undergoing palliation • is at high risk of absconding.

The patient is likely to benefit from treatment but has refused treatment	<ul style="list-style-type: none"> Evidence of complex needs that would benefit from the care of a multidisciplinary team. E.g. Cognitive impairment needing assessment that cannot be assessed while the person is using substances. The referring service proposes a detailed aftercare plan, showing preparation for its implementation, consultation with the patient and services to engage upon discharge. 	The patient has an unmanaged medical or mental health condition with a severity that is the primary condition and warrants treatment in a mental health unit or hospital.
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There are no other less restrictive treatment options available	<p>A comprehensive summary of the range of voluntary treatments (of varying modes and intensities) that have been attempted for treating the patient's dependence over time, such as:</p> <ul style="list-style-type: none"> voluntary admission for detox residential rehabilitation community based treatment day programs. 	<p>The patient:</p> <ul style="list-style-type: none"> is engaged in, or willing to engage in, voluntary treatment has not attended a range of high-quality professional treatments has had prior IDAT admissions and ongoing reluctance to engage with services.
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Please note: Applications are assessed on a case-by-case basis, and admission will depend on the capacity of the Unit and whether there is already a waiting list.

Criteria for priority admission includes pregnancy, or risk to children.

Need more information?

- [Other treatment options and local health district central intake phone lines.](#)
- More information about IDAT can be found on the [NSW Health website](#).

NSW Health staff can participate in online learning about the IDAT Program by visiting [My Health Learning](#) and searching for IDAT.