Mental Health and Addictions

Addiction Services

Tier 2 Service Specification

September 2024

Health New Zealand
Te Whatu Ora

Contents

1. Status

Approved to be used for mandatory nationwide description of services to be provided.

MANDATORY ☑ RECOMMENDED ☒

Mandatory- it is compulsory to use this Specification when purchasing services. No Districts should use a local service specification instead of this mandatory specification.

2. Review History

Review History	Date
First Published on NSFL	**January 2010**
Amended: removed MHDK74C, MHDK74D MHDK72C from Section 10 tier three service specification table that had been included in error.	**March 2012**
Amended: added linkage to Infant, Child, Adolescent and Youth Crisis Respite MHI42.	**May 2011**
Amended: clarified reporting requirements, updated Purchase unit table to include MHD53	**February 2013**
Amended: added purchase units MHD/ MHDI 'S' series	**April 2017**
Moved to Health NZ template. Updated links for PUDD and NSFL only. Amended DHB to become District/Region where appropriate. No other changes to content made.	**September 2024**
Consideration for next Service Specification Review	**Within five years**

Note: In September 2024 a small programme of work moved all Service Specifications to Health New Zealand branded templates. No amendments were made to the body text or content of the Service Specification, so references to DHB, Ministry of Health or other pre-2022 reforms vocabulary will still exist. A larger programme of work to review and revise all Service Specifications is planned for late 2024 to early 2025.

Note: Contact the NSF Team, Te Whatu Ora | Health New Zealand to discuss proposed amendments to the service specifications and guidance in developing new or updating and revising existing service specifications. NSF@tewhatuora.govt.nz

Nationwide Service Framework Library web site here

3. Introduction

The tier two service specification (the Service) for Addiction Services is the overarching document for a range of tier three Addiction service specifications. Its purpose is to define the services and their objectives in the delivery of a range of secondary and tertiary services for people experiencing addiction.

This service specification must be used in conjunction with the tier one Mental Health and Addiction Services specification,other relevant tier two service specifications and one of a range of tier level three Addiction service specifications listed in section 10 below. Local DHB service specifications may also be included under this service specification as appropriate.

4. Service Definition

The continuum of Addiction services will offer a range of high quality treatment options of varying intensity and delivered in various settings. Treatments will be available and accessible to those who need them. Addiction can often be chronic and relapsing and people may choose to access a variety of different services to meet their needs.

The aim of Addiction services is to support recovery and wellness and minimise the harm that addiction can cause. Although the approaches to achieve recovery and wellness will vary between services, wherever possible treatment approaches should be evidence-based.

5. Service objectives

5.1 General

The following objectives apply to all Addiction Services:

Supporting recovery

Recovery is about building a satisfying and meaningful life as defined by the person themselves. It is not simply about harm minimisation, but includes a movement towards health, wellbeing and participation in society. Recovery will vary between individuals often taking time to achieve and effort to maintain. The recovery process involves inclusion, or re-entry into society, improved self-identity and the idea of 'giving back' to society and others, such as family members, who may have been adversely affected by the individual's addiction.

Acknowledge and address co-existing problems

Along with addiction, many Service Users may also experience mental health issues. This is evidenced in New Zealand and international literature. Addiction services are expected to respond to these multiple issues. A response might include screening, assessment and then providing a range of responses which may include interventions, co-working or referral. Services should also pay attention to people's general health needs and refer them to health services than can assist with these.

Inclusiveness of family and whānau[1]

Inclusiveness of family and whānau is vital to achieve and maintain successful treatment outcomes. This involves engaging family and whānau in the therapeutic and treatment process; prevention measures to ensure family and whānau members do not also follow the same path of addiction; and providing services to family and whānau members if it becomes apparent that they also have an addiction. Family and whānau involvement in the treatment process will help enhance their knowledge and understanding of how best to respond to the needs of their family member.

A continuum from harm reduction[2] to abstinence

Harm reduction and abstinence approaches occur within a spectrum of treatment approaches for a spectrum of needs (NCAT, 2008). Both abstinence and harm reduction are widely accepted approaches to addiction treatment with both approaches have their place within the continuum. Harm reduction includes policies, programmes, services and actions that work to reduce the health, social and economic harms to individuals, communities and society.

Integrated care

The continuum of addiction and mental health services will likely be delivered by different providers. However these services should appear integrated to the Service User. A competent workforce will allow people to access the right treatment regardless of where they enter the system.

Collaboration

Collaboration between sectors and services is important for addiction services to be effective. Collaboration includes developing capacity and capability to assess and treat co-existing addiction and mental health problems. Collaboration involves working with other health, community and social services, as well as working across government and non-government agencies including Housing, Work and Income New Zealand, Child Youth and Family, Police, Courts and Corrections.

Engagement and access

The prevalence of alcohol and other drug abuse and dependence for males is around double those for females. Māori and Pacific people experience a higher prevalence of addiction and greater problems related to substance use disorder and dependency. The youthfulness of these populations along with relative socioeconomic disadvantage plays key part in this. Services need to engage these populations to assist with reducing the harm caused by addiction. This should include local iwi as a major point of contact and development of relationships to support the reduction in harm caused by addiction within their communities. The prevalence of alcohol and other drug use in gay, lesbian and transgender populations is more than double that of the general population. Services need to engage with these populations to ensure accessibility.

Treatment options for young people and their families

Services will provide a range of point of access services for young people and will address their developmental needs and achievements.

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[1] The definition of family is guided by the Service User. This can include as relatives, whānau, partners, friends or others nominated by the Service User. Whānau is a key component of Maōri identity and the healing process. Whānau can be used to describe groups interconnected by kinship ties, often linked through a common purpose and values.

[2] Also referred to as harm minimisation

Offering choice

Within the boundaries of what is geographically and practically possible, offering choice may include a choice of service providers, treatment models, setting and times that services are delivered.

Treatment must adequately address people's needs, not just their addiction

Increasingly addiction treatment embodies a holistic focus combined with a strengths-based approach, incorporating the strengths of the person and their family and viewing the whole person in the context of what it means to be well for them (NCAT, 2008). This includes Service Users who have dependents.

Continuing care services

Continuing care involves providing ongoing treatment and support so the gains made in treatment are not lost. The importance of continuing care is widely accepted in recognition that there is a high risk of relapse in the period immediately post treatment. All treatment services need to pay attention to ongoing support. Continuing care can include relapse prevention, support groups and individual support for those wishing to maintain the changes they have made in treatment. Access to education or training, advisory services, peer support and social networks and employment support may be included.

Ability to re-engage with services

Addiction problems often involve relapse. In these instances, it is important that mechanisms are in place to allow people to re-enter service immediately if there is a problem with their success in recovery. Service Users and their family and whānau should be made aware of how to re-enter with services if necessary. Services may at times have waiting lists, and these should be managed in conjunction with other services and prioritised according to level of risk.

5.2 Māori Health

Refer to tier one Mental Health and Addiction Services service specification.

5.3 Pacific Health

Refer to tier one Mental Health and Addiction Services service specification.

6. Service Users

Refer to tier one Mental Health and Addiction Services service specification.

7. Access

Entry and exit criteria specific to the Service are described in tier three service specifications.

8. Service Components

8.1 Process

The processes include but are not limited to the following: health education; engagement; assessment; diagnosis; treatment; case management; consultation, advocacy, liaison; support; review process and discharge.

8.2 Settings

The Service may be provided in community, home and hospital based settings.

8.3 Key Inputs

The key input for Addiction Services is the workforce.

9. Service Linkages

Linkages include, but are not limited to the following:

Service Provider	Nature of Linkage	Accountabilities
Addiction Providers	Facilitate Service access and participation	Liaise with local addiction providers to facilitate accessibility to services and ensure pathways to access are known.
Mental health service providers Primary Care providers	Referral Liaison processes	Establish relationships and referral pathways and liaison processes to promote timely access to services for physical and mental health problems
Other health service providers such as medical services and emergency departments within a general hospital	Liaison processes	Liaise and work with other providers to ensure needs of clients are met, ie, managed withdrawal.

10. Exclusions

Refer to tier one Mental Health and Addiction Services service specification.

11. Quality Requirements

The Service must comply with the Provider Quality Standards described in the Operational Policy Framework[3] or, as applicable, Crown Funding Agreement Variations, contracts or service level agreements.

12. Purchase Units and Reporting Requirements

12.1 Purchase units

Purchase Units are defined in Health New Zealand's Nationwide Service Framework Purchase Unit Data Dictionary[4]. The following Purchase Units apply to this service:

Specific reporting requirements apply at tier three service specifications.

Tier Three Service Specifications

The following service specifications and Purchase Units are for Addiction Services:

Title	Purchase Unit Codes
Community Support Service with Accommodation	MHD53, MHD53C, MHD53D, MHD53E, MHD53F, MHD53S
Opioid Substitution Treatment	MHD69, MHD69A, MHD69B, MHD69C, MHD69D, MHD69S MHD70, MHD70A, MHD70B, MHD70C, MHD70D, MHD70S
Alcohol and other drug consultation and liaison service	MHD71A, MHD71B, MHD71C, MHD71D MHD71S
Early intervention alcohol and other drug service	MHD72A, MHD72B, MHD72C, MHD72D, MHD72S MHDI72A, MHDI72B, MHDI72C, MHDI72D, MHD172S
Alcohol and other drug- community support	MHD73C, MHD73D, MHD73S
Community based alcohol and other drug services	MHD74A, MHD74B, MHD74C, MHD74D, MHD74E, MHD74S

[3] http://nsfl.health.govt.nz/accountability/operational-policy-framework-0
[4] www.nsfl.health.govt.nz

Title	Purchase Unit Codes
Alcohol and other drug day treatment programme	MHD75A, MHD75B, MHD75C, MHD75D, MHD75S
Intensive alcohol and other drug service with accommodation	MHD76, MHD76A, MHD76B, MHD76C, MHD76D, MHD76S
Managed withdrawal- inpatient services	MHD77
Managed withdrawal- home/community	MHD78, MHD78A, MHD78B, MHD78C, MHD78D, MHD78S
Alcohol and other drug acute packages of care	MHD79, MHD79C, MHD79D, MHD79E, MHD79S
Child, Adolescent And Youth Alcohol And Other Drug Community Services	MHDI48A, MHDI48B, MHDI48C, MHDI48D, MHDI48E, MHD148S
Child, Adolescent And Youth Community Alcohol And Drug Services With Accommodation Component	MHDI49, MHDI49C, MHDI49D, MHDI49E, MHD149S
Community Based Child, Adolescent And Youth Co-Existing Problems Of Mental Health And Alcohol And/Or Drug Use	MHDI50A, MHDI50B, MHDI50C, MHDI50D, MHDI50E, MHD150S
Child, Adolescent And Youth Planned Respite Mental Health And Alcohol And Other Drugs/ Co Existing Disorders	MHDI52, MHDI52C, MHDI52D, MHDI52E, MHD152S MHI52, MHI52C, MHI52D, MHI52E MHI52S
Infant, Child, Adolescent And Youth Crisis Respite	MHI42, MHI42C, MHI42D, MHI42E MHI42F, MHI42S

12.2 Reporting Requirements

The Service must comply with the requirements of national data collections where available.

13. Glossary

Not required

14. Appendices

Not required