



1.1 General description

The Rata Alcohol and Other Drugs Service (ROADS) is situated in 3 WCDHB premises. Services are provided Monday to Friday between 8.30am and 5.00pm. The Service provides assessment, intervention, and treatment, referral to residential treatment, opioid substitution treatment, detoxification, education, and referral to other services to adults residing in the West Coast DHB region. There is a multidisciplinary approach to service delivery through a number of positions including counsellors, psychologist, medical officer, administration support, and psychiatrist. The Service has a commitment to work for and in partnership with those whose lives have been affected by substances by offering professional services that reduce harm and promote change.

1.2 Best Practice/Functions

The functions of ROADSD include the provision of a multidisciplinary approach to service delivery, the encouragement of access on a voluntary basis, the involvement of family/whanau and significant others where appropriate, consideration of cultural factors, timely and appropriate contact, and the encouragement of effective links with other providers and appropriate community agencies.

Service delivery is based on best practice as determined by current research which tends to merge the biopsychosocial theoretical perspective of addictive disorders. This includes supportive counselling, motivating client readiness for change and coping skills training techniques. The goals of treatment are to establish and maintain reduction/abstinence from the illicit use of all psychoactive drugs, foster development of non chemical coping and problem solving skills to reduce/stop and ultimately eliminate impulses to 'self medicate' with psychoactive drugs, and to enhance and sustain client motivation for change. The approach is based on insight oriented techniques, motivational counselling techniques, cognitive behavioural techniques, 12 step facilitation therapies, relapse prevention strategies, psychodynamic techniques, social learning dynamics, etc. to each client's individual needs. These best practice counselling standards can be applied in any level of care and throughout the continuum of treatment.

The therapeutic approach is empathic, client centred, and flexible. Strong emphasis is placed on developing a good working alliance with the client to facilitate behavioural change. Clinicians attempt to work with and through rather than against a client's resistance to change. Aggressive confrontation of denial is seen as counterproductive and antithetical to this approach.

Group and individual counselling are delivered within the context of a flexible treatment program that also includes psych-education, pharmacotherapy for coexisting disorders and where indicated, laboratory testing, urine testing, and alcohol breathalyser tests to encourage and verify abstinence. Client participation in self help is encouraged.

1.3 Treatment goals

The broad goals of treatment are reduction of alcohol/drug use and/or abstinence. In order to attain these goals, clients need to: recognise their problem, understand the effects of drugs/alcohol on their lives and the implications for recovery, and learn to successfully apply effective coping and relapse prevention skills.

1.4 Theoretical Rationale/Mechanism of Action

Psychoactive substance addiction is viewed as a multidetermined addictive behaviour and maladaptive coping style with biological, psychological, and social components. Accordingly, treatment must provide the structure, support, and feedback required to break the behavioural cycle of compulsive psychoactive substance use and provide opportunities to learn adaptive (non chemical) problem solving skills to prevent relapse.



1.5. Agent of Change

Best practice standards promote the development of a strong therapeutic alliance between client and clinician along with positive bonding among clients in a group setting. Caseload size may vary according to the given needs of each client.