

# Co-designing an Alcohol and Other Drugs (AOD) Care Charter

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## BACKGROUND

While some health services are safe and welcoming for people who use/have used alcohol and other drugs (AOD), stigma and discrimination continues to be pervasive in healthcare settings.

## AIM

The AOD Care Charter will guide all staff to deliver care that is safe, accessible, equitable and non-judgemental to improve experiences and health outcomes for people who use/have used AOD.

## METHODS

The NSW Ministry of Health used three commissioned reports, consulted with key partners, and leveraged other Australian and international resources inform the AOD Care Charter.



A co-design methodology was used, involving ten people who use/have used AOD and five clinicians who have diverse expertise in health settings across NSW. Members attended 6 co-design meetings, including a face-to-face workshop.

## RESULTS

The AOD Care Charter is the first *Centre for Alcohol and Other Drugs* resource to consider the roles and responsibilities of the workforce in contributing to address stigma and discrimination experienced by people who use/have used AOD.

The key principles of the AOD Care Charter are in Table 1. There is also an accompanying website (see QR Code and URL in the bottom left corner).

## IMPLICATIONS FOR PRACTICE

The AOD Care Charter will be used as a framework at the statewide and local service level to address the different levels of stigma including:

### Social stigma

- Raise awareness of the impact of clinician attitudes, beliefs and behaviours on patient outcomes
- Guide reflective practice for staff, with peers, and as a service
- Enhance leadership and workplace culture by role modelling positive behaviours and challenging or addressing any issues
- Guide development of education and training for health professionals and services.

### Structural stigma

- Assess policies, processes, organisational structures, service accessibility and the physical and social environment in line with the AOD Care Charter.

### Public stigma

- Ensure any communication or media about people who use/have used AOD aligns with the AOD Care Charter, and that the AOD Care Charter is actively promoted to external agencies and the community.

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Non-judgemental care builds trust and gets better outcomes

## Alcohol and Other Drugs Care Charter





The Alcohol and Other Drugs (AOD) Care Charter guides all staff to deliver care that is safe, accessible, equitable and non-judgemental. The AOD Care Charter aims to improve the experiences and health outcomes of people who use or have used alcohol and other drugs.

The AOD Care Charter calls on all staff to reflect on their work practice and provides a framework for services to assess their culture, policies, processes and physical and social environments.

All health services in NSW should deliver care in line with the AOD Care Charter.



### When working with people who use alcohol and other drugs (AOD)

What to do...		Why it matters...
 Communication and engagement	Treat the person with respect, dignity and courtesy.	Everyone deserves equal treatment, you may be the only health contact I have.
	Create a safe and welcoming environment.	When the environment is culturally safe, calm and contained, everyone is less stressed.
	Provide trauma-informed, person-centred care.	Be mindful, I may be vulnerable. My voice, choices and needs matter.
	Listen to the person's presenting needs.	Listen to understand my experience and challenges. Empathy and non-judgemental care builds trust.
	Use person-centred and accessible non-technical language and be aware of body language.	Clear and welcoming words allow me to understand my treatment and what I need to do next. Clear is kind. Scan th QR code below for <i>Language Matters guide</i> and other resources.
	Respect individual, cultural and religious differences.	Health services are for everyone. Respecting my values and beliefs promotes inclusion and equity.
 Right care, in the right place, at the right time	Objectively assess and treat the presenting issue to ensure correct diagnosis and timely, equitable treatment.	My drug or alcohol use may not be the reason I am here today. Do not assume I am drug seeking if I disclose drug use.
	Be informed or seek appropriate consultation to address the person's needs and provide appropriate referrals.	This will lead to a better therapeutic outcome and may reduce the number of times I have to come into a service. If I need pain medication, consider my pain threshold and medication tolerance, or seek appropriate consultation
	Develop treatment plans with the person and provide options for care. Include family/carers as partners with person's consent.	I am the expert of my life. Explore all options with me and take my views and suggestions into account.
	Seek permission to discuss substance use and if so, provide information on harm reduction and managing health effects of AOD use.	I may not want to change my AOD use or may have barriers to accessing treatment. Help me manage the side effects of using AOD.
 Safety, privacy and confidentiality	Respect the person's privacy and confidentiality and do not disclose information unless authorised.	My AOD use is a personal matter that I may not wish to share with everyone. When relevant to my care, use discretion.
	Be honest and upfront about mandatory reporting obligations.	Trust and connection enable me to be open and frankly discuss my issues. I can choose what I wish to disclose.
	Use non-stigmatising language in the person's medical records.	Communicate my story sensitively as this will affect how I'm perceived and treated now and in the future. Scan th QR code for <i>Language Matters guide</i> .
 Access to care and supportive environments	Be clear about care delivery policies when a person is under the influence of AOD and provide a supportive environment until treatment can occur.	This can help to de-escalate the situation in what could be one of my most unwell or difficult situations.
	Be transparent about what specialist AOD services are available and what you can and can't do. Refer and support the person to access other available services.	This helps me manage my expectations around care and what I need to do next.
	Provide access to peer workers within services where possible.	Peer workers help build trust, emotional safety, and help me navigate services and treatment.
	Provide opportunity for feedback.	I would like to have any concerns addressed and share my experience to improve quality of health care services.

'People will forget what you said, people will forget what you did, but people will never forget how you made them feel' - Maya Angelou

### Acknowledgements

The AOD Care Charter was co-designed with people with a lived or living experience of alcohol and other drug use and with clinicians. It is a partnership between the NSW Ministry of Health, NSW Agency for Clinical Innovation, NSW Users and Aids Association (NUAA) and Network of Alcohol and other Drug Agencies (NADA).



#### Signatories

Will you join us? Add your name to the list of signatories by scanning the QR Code.  
Visit [www.health.nsw.gov.au/aod-charter](http://www.health.nsw.gov.au/aod-charter)

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