

THE MAT STANDARDS EXPLAINED

1. All people accessing services have the option to start MAT from the same day of presentation.
This means that a person can begin medication on the day they ask for help

2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
People will decide which medication they would like to be prescribed and the most suitable dose options after a discussion with their worker about the effects and side effects. There should also be discussion about dispensing arrangements, and this should be reviewed regularly

3. All people at high risk of drug-related harm are proactively identified and offered support to commence, re-commence or continue MAT.
If a person is thought to be at high risk because of their drug use, then workers from substance use services will contact the person and offer support including MAT.

4. All people are offered evidence based harm reduction at the point of MAT delivery.
While a person is in treatment and prescribed medication, they are still able to access harm reduction services – for example, needles and syringes, BBV testing, injecting risk assessments, wound care and naloxone. They would be able to receive these from a range of providers including their treatment service, and this would not affect their treatment or prescription.

5. All people will receive support to remain in treatment for as long as requested.
A person is given support to stay in treatment for as long as they like and at key transition times such as leaving hospital or prison. People are not put out of treatment. There should be no unplanned discharges. When people do wish to leave treatment, they can discuss this with the service, and the service will provide support to ensure people leave treatment safely. Treatment services value the treatment they provide to all the people who are in their care. People will be supported to stay in treatment especially at times when things are difficult for them.

6. The system that provides MAT is psychologically and trauma informed (Tier 1); routinely delivers evidence based low intensity psychosocial interventions (Tier 2); and supports the development of social networks.
Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.

7. All people have the option of MAT shared with Primary Care.
People who choose to will be able to receive medication or support through primary care providers. These may include GPs and community pharmacy. Care provided will depend on the GP or community pharmacist as well as the specialist treatment service.

8. All people have access to advocacy and support for housing, welfare and income needs.
People have the right to ask for a worker who will support them with any help they need with housing, welfare or income. This worker will support people when using services, make sure they get what best suits them and that they are treated fairly.

9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.

10. All people receive trauma informed care.
The treatment service people use recognises that many people who use their service may have experienced trauma, and that this may continue to impact on them in various ways. The services available and the people who work there, will respond in a way that supports people to access, and remain in, services for as long as they need to, in order to get the most from treatment. They will also offer people the kind of relationship that promotes recovery, does not cause further trauma or harm, and builds resilience.

ACCESS, CHOICE, SUPPORT

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