Telephone calls are made at designated times by experienced drug and alcohol counsellors to support clients struggling with their alcohol or other drug (AOD) use.

What you need to know:
- The Alcohol and Drug Support Line can offer a call back service for clients that are:
  - On the waitlist for treatment at an AOD service.
  - Socially or geographically isolated and unable to access other AOD treatment services.
  - Requiring out of hours support around AOD high risk times while in treatment with your service.
- Telephone support will be short term using a solution-focused approach to help the client maintain motivation and work towards their stated goals.
- A counsellor will contact the client at the designated time and then will negotiate a regular call back time with the client. Waitlist support clients are usually contacted weekly; After Hours support clients may be called 2 – 3 times over a short period of time (eg: Friday night, Saturday, Sunday).
- If the call is made at the designated time and there is no answer, the counsellor will try twice more to contact the client. If the client does not answer, the referrer will be notified and the referral will be closed.
- The client can call the Alcohol and Drug Support Line at any time for additional support without compromising the call-back arrangement.
- At the end of the period of support, the counsellor will provide feedback to the referrer.
- At any time, the Alcohol and Drug Support Line can terminate the call back arrangement with the client if it is no longer deemed appropriate. The referrer will be notified if this occurs.
- The Alcohol and Drug Support Line has access to a tracing system and if the client indicates they are a danger to themselves or another person, the counsellor has a duty of care to call the appropriate emergency services. The referrer will be advised if this occurs.

Who is not suitable for this service:
- Clients seeking intensive treatment involving processing historical issues or trauma.
- Clients with significant mental health issues or those at moderate to high risk of suicide or self-harm. In these circumstances, the Alcohol and Drug Support Line is not an appropriate referral option. The client should be referred to the Mental Health Emergency Response Line: 1300 555 788 or Rural Link (for regional clients): 1800 552 002.

How to arrange this service

1. Contact the Alcohol and Drug Support Service Coordinator on 6553 0310 to discuss.
2. If the referral is appropriate, complete the two page ‘Request for Call Back’ form (attached) in consultation with the client and fax this to the service.

If you have any concerns, compliments or complaints about the service please call the Coordinator on 6553 0310 during office hours or email alcoholdrugsupport@mhc.wa.gov.au

Fax: (08) 9442 5020
Email: alcoholdrugsupport@mhc.wa.gov.au
Client’s Name: 

D.O.B: 

Telephone No: Home: Mobile: 

Client’s Address: 

Ethnicity: Aboriginal [ ] Non Aboriginal [ ] CaLD [ ] 

Next of Kin Contact Details in case of emergency (as appropriate): 

I give the Alcohol and Drug Support Line permission to leave a message on my phone if I don’t answer. Yes [ ] No [ ]

Referrer’s Name and Position: 

Service Name: 

Phone Number: Fax Number: 

Date: 

**CLIENT CONSENT:**

I ___________________________ (print name) would like to be supported with a telephone call from an Alcohol and Drug Support Line counsellor at a time I deem appropriate.

I understand:

- If the call is made and there is no answer, the counsellor will try again twice more. If they cannot contact me they will inform my referrer of the loss of contact.

- By agreeing to this call back referral I am giving the Alcohol and Drug Support Line permission to create a record of my contact with the service and to share relevant information with my referrer.

- At the end of the call back period the counsellor will send a summary of contact to the referrer.

- The Alcohol and Drug Support Line has access to a tracing system and if I tell the counsellor I am likely to harm myself or others, the counsellor has a duty of care to call the appropriate emergency services and inform my referrer. My Next of Kin (if provided) may also be contacted in an emergency.

Signed __________________________ Date________________ (client) 

Signed __________________________ Date________________ (by referrer if verbal consent is provided by client) 

**Select Waitlist or After Hours Support Below:**
Waitlist Support  [ ]
Best time for a counsellor to contact me is: (tick appropriate box)

Weekdays       □ Morning       □ Afternoon       □ Evening       □ Anytime
Weekends       □ Morning       □ Afternoon       □ Evening       □ Anytime

The counsellor will then negotiate further contact times with me.

After Hours Support   [ ]

Date: ___/___/___ around ___ in the morning, ___ in the afternoon, ___ in the evening
Date: ___/___/___ around ___ in the morning, ___ in the afternoon, ___ in the evening

Translator required? □ Yes __________________________ (Language required)

Primary Drug(s) of Concern:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Reason for Referral:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Current Treatment or Other Health Professionals Involved (eg: GP, medications):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Current Risk Management Plan (include action to be taken in an emergency):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

PLEASE NOTE: INCOMPLETE AND UNSIGNED REFERRAL FORMS WILL NOT BE PROCESSED

The email inbox below is only monitored during office hours. The fax number below is monitored after hours.

Email: alcoholdrugsupport@mhc.wa.gov.au
Fax: (08) 9442 5020
The Alcohol and Drug Support Line is a state-wide, confidential, 24 hour telephone service providing information, counselling, referral and support for anyone concerned about their own or another person’s alcohol or other drug use. This line is run by the Alcohol and Drug Support Service (ADSS) and staffed by professionally qualified counsellors. Parents accessing the service can also speak to a parent peer volunteer with a lived experience of having an alcohol or drug using child.

If you would like more support or information around alcohol or drug use your health professional can arrange for a counsellor from the Alcohol and Drug Support Line to call you.

For this to occur, your health professional will complete a referral form to send to the Alcohol and Drug Support Line. You must sign the consent section of this form which gives the Alcohol and Drug Support Line access to your name, contact details, best time to contact you, the reason you are being referred for call back support, permission to create a record about your contact with the Alcohol and Drug Support Line and permission to share information with your health professional.

Once this form is received by the Alcohol and Drug Support Line, a counsellor will call you within 72 hours or as close to your ‘best time to phone’ as possible. This call may be a one-off or further calls may be offered if required. When the last call has been made to you, the Alcohol and Drug Support Line counsellor will send a completion note to the health professional that made this referral.

What you need to know:

- Counsellors will do their best to call you at your preferred time. If you are not available a message may be left or a text message may be sent if you have given permission for a message to be left.
- Counsellors will try contacting you up to three times before they will not try again. After this time you can call the service on (08) 9442 5000 or 1800 198 024 (country callers) at any time should you wish to seek support.
- If the counsellor thinks that you, or any other person, are in imminent danger of being harmed they have a duty of care to call the appropriate emergency service. Your call may be traced, a welfare check may be arranged and your referrer will be informed. Your support person (if provided) may also be contacted in an emergency.
- By agreeing to this call back referral you are giving the Alcohol and Drug Support Line and your referring service permission to share relevant information where necessary. You are also giving permission for the Alcohol and Drug Support Line to create a record of your contact with the service. All information related to your contact with the service will be stored securely.
- At the end of the support period the counsellor will forward a summary of contact to your referrer.

If you have any concerns, compliments or complaints about the service please call the ADSS Coordinator on 6553 0600 during office hours or email alcoholdrugsupport@mhc.wa.gov.au