



Contacts

Service type	Provider contact
Questions about AOD issues and access to services	Directline 1800 888 236
Referrals to AOD services <ul style="list-style-type: none"> - Assessment - Counselling - Withdrawal 	BayAODS 1800 229 263 Port Phillip, Stonnington, Glen Eira, Kingston and Bayside FaMDAS 1300 665 781 Frankston, Mornington Peninsula
Support for families	Family Drug & Gambling Help 1300 660 068 Family Drug Support 1300 368 186 Linking Youth and Family Together (LYFT) (Fston, Morn Pen only) 97816700
LGBTIQ+ services	Thorne Harbour 9865 6700
Aboriginal and Torres Strait Islander services	Ngwala Willumbong 9510 3233
Young people	TaskForce (Bayside) 9532 0811 YSAS (Fston, Morn Pen) 9769 6419 SHARC RSS 9573 1759
Primary Health Network - funded AOD services	1800 862 363

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Information and advice

Drug Facts

Information about AOD, including the prevention of related harms.

[ADF Drug Facts](http://www.adf.org.au/drug-facts) <www.adf.org.au/drug-facts> or call 1300 85 85 84.

Ready2Change

Early intervention web and telephone-based drug support service provided by Turning Point.

[Turning Point website](http://www.turningpoint.org.au) <www.turningpoint.org.au> or call DirectLine 1800 888 236.

Youth Drug and Alcohol Advice Service

Information, tools, advice and support for young people and families, carers, schools and professionals helping young people with AOD-related issues.

[YoDAA website](http://www.yodaa.org.au) <<http://www.yodaa.org.au>> or call 1800 458 685.

Family support

Family Drug and Gambling Help (FDGH)

24-hour helpline for families impacted by someone's alcohol or drug use, and/or gambling.

Information and referral to a range of supports including the FDGH family education groups BreakThrough – Families Understanding Addiction and InFocus, and Family Support Groups. See FDGH website for more information on supports available.

<https://www.sharc.org.au/sharc-programs/family-drug-gambling-help/>

Call 1300 660 068

FDGH is a program of Self Help Addiction Resource Centre (SHARC)

Family Drug Support (FDS)

National 24 hr, 7 day a week telephone support service for families affected by alcohol and other drug issues.

Information and referral to a range of supports, including FDS support groups and family education program Stepping Stones. See FDS website for more information on supports available.

<https://www.fds.org.au/>

Linking Youth and Family Together (LYFT)

Youth AOD counselling and care and recovery coordination for people aged 12-25. Family work

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related to harm minimisation, psychoeducation and family therapy.

Parenting group runs every term, aimed at parents/carers with children 12 to 25 who may be using AOD and have other challenging behaviours.

Frankston and Mornington Peninsula only

97816700, LYFT.Southern@anglicarevic.org.au

Additional support

Intake services can provide brief interventions and single session therapy to families and significant others, and also refer to counselling services, as required. Referrals to family and generalist supports or group and peer-based programs and forums may be appropriate for some people.



Harm reduction

Overdose prevention and response training

Community Overdose Prevention and Education (COPE) initiative increases awareness of the availability and use of naloxone to general practitioners (GPs), pharmacists, other health workers, drug users and their families

<https://www.penington.org.au/workforce-development/bookings-and-enquiries/>

Call 9650 0699

Harm Reduction Victoria naloxone training for everyone

1st day of every month, 4.30pm online. Free. Bookings not needed.

<https://www.hrvic.org.au/training>

Needle and syringe program

Provide injecting drug users with sterile injecting equipment, sharps disposal containers, a range of sexual health products, as well as information, education and support.

[Needle and Syringe Program locations.](#)

<https://docs.google.com/spreadsheets/d/18_ZDiuwWP_0z107Uo9xc-qK3WkkShPP7RoEqc2200jQ>

Peer support

A peer worker within the AOD treatment sector is a person, stable in their own recovery, who uses their lived experience of drug and alcohol issues, plus skills learned in formal training, to support a client's change processes and recovery. This means a peer worker will have experienced drug and alcohol use and associated issues, but have also transitioned onto a path of recovery.

Harm Reduction Victoria and SHARC deliver a range of peer-based programs. In addition, most AOD activities require service providers to incorporate peer workers or peer support elements in their service models.

SHARC, call 9573 1700, info@sharc.org.au

Harm Reduction Victoria, call 93291500, info@hrvic.org.au

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Outreach and engagement

Mobile drug safety workers and overdose response workers support Needle and Syringe Program outlets and emergency services in dealing with overdose, providing education on harm reduction and treatment pathways for drug users.

Harm reduction outreach programs proactively engage with vulnerable people experiencing harm from AOD who are not engaged with mainstream health, social support or AOD treatment services. Often these vulnerable people are homeless with minimal social support. Outreach workers provide sterile injecting equipment, information, education and referral to a range of health and social services.

These programs often operate in areas where there are high levels of drug use, particularly injecting drug use. They can provide crisis overdose response, overdose prevention workshops, education, assessments, short-term case management and to support access to a range of social and health services.

SHARPS (Peninsula Health) 20 Young St, Frankston, 9784 7409

SHARPS Freeway Outreach, mobile service 6.30pm to 9.45 pm 7 days/week, 1800 642 287

Salvation Army, 29 Grey St, St Kilda, 9536 7780

Tailored facilities with trained staff

Specialist AOD primary health services in five metropolitan Melbourne drug use hotspots to provide a 'one-stop-shop' for vulnerable people including street-based injecting drug users and at-risk youth.

These services incorporate in-house healthcare services and case management, harm reduction education, and information about drug use and related health issues. Primary health services also provide advice and information via linkage and referral to other appropriate services and outreach.

Salvation Army, 29 Grey St, St Kilda, 9536 7780

Monash Health Drug and Alcohol Services (formerly SEADS), 122 Thomas St, Dandenong, 1800 14 25 26



Treatment services

From <https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines>

Community-based and residential treatment options include:

- statewide screening and referral
- catchment-based intake
- assessment
- counselling
- care and recovery coordination
- non-residential withdrawal
- residential withdrawal
- therapeutic day rehabilitation
- residential rehabilitation
- specialist dual diagnosis residential rehabilitation
- subacute withdrawal and intensive stabilisation
- pharmacotherapy.

Access to Victoria's state-funded alcohol and other drug treatment system is generally free. Some residential services charge a nominal fee. Most publicly-funded residential rehabilitation services charge a rental fee. This is usually a percentage of a person's Centrelink payments, for the duration of their stay in residential rehabilitation. These payments vary from service to service.

DirectLine – statewide screening and referral service

Statewide centralised point of access to the AOD service system

1800 888 236

- 24 hours a day, seven days a week
- online and telephone screening and facilitated referral to catchment-based intake services
- refers people who do not require AOD treatment services out of the system and to other health and human services as appropriate

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Catchment-based intake

Intake for people aged 16 years and older. Young people aged up to 25 years are offered the choice to attend a youth AOD service.

Intake services also support families and significant others of people with AOD issues.

- Identify and respond to the clinical AOD treatment and support needs of all clients and their families (including dependent children)
- Provide brief interventions in the form of education and advice that aims to achieve a short-term reduction in harm associated with AOD use. This may include crisis intervention, harm reduction measures, relapse prevention planning, and support for co-occurring issues, such as mental health.
- Provide bridging support in the form of regular contact which aims to support client engagement, retention, motivation and stability while clients wait for assessment and treatment.
- Provide advice to assist families in their support role, and engage family members in the intake process where appropriate.

FaMDAS

Frankston and Mornington Peninsula Drug and Alcohol Service

Frankston and Mornington Peninsula areas

Contact through Peninsula Health ACCESS: 1300 665 781

BayAODS

Port Phillip, Stonnington, Glen Eira, Kingston and Bayside area

Provided by Star Health/BHN

Call 1800 229 263

Email: BAODS@starhealth.org.au.

<https://baysidealcoholanddrugservices.org.au/>

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Counselling

Counselling supports positive behavioural change in people by providing evidence-based therapeutic individual, group and family counselling interventions.

Duration can range from a brief intervention/single session to extended periods of one-to-one engagement or group work.

Care and recovery coordination

Care and recovery coordination supports integrated treatment and care pathways for the highest-need/risk people within AOD treatment services, who require a coordinated care response by, at a minimum:

- coordinating treatment planning and care in accordance with recovery goals
- supporting access to other health, human and support services
- supporting meaningful involvement by the person and their family in care coordination and goal setting to maximise opportunities for meaningful social and economic participation.

Target group

People with the highest need or who are at the greatest risk.

People eligible for care and recovery coordination typically present with behaviours or conditions that:

- place the individual at high risk to self, to staff or the community
- are identified at assessment as requiring a long-term supportive service, often requiring residential treatment

Non-residential withdrawal

Non-residential withdrawal supports people to safely achieve neuroadaptation reversal or stabilisation through an abrupt cessation or gradual reducing regime.

Target group

- low to medium-risk people aged 16 and over with an AOD dependence
- people with a level of stability in their lives exhibited by supportive friends or family, or stable housing
- higher-risk people requiring non-residential treatment, including targeted step-down withdrawal support following residential withdrawal treatment.

Residential withdrawal

The primary purpose is to achieve effective neuroadaptation reversal from alcohol and other drugs of dependence.

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Target group

People with complex needs, including medically complex withdrawal symptoms and other life, family and accommodation circumstances. The following populations may be better suited to residential withdrawal treatment options:

- people who require 24-hour supportive care and medical supervision to withdraw
- people with psychological or social crises requiring a high level of support
- people requiring pharmacotherapy and medical care for acute withdrawal symptoms and non-acute illnesses
- people assessed as 'complex' with a moderate to high AOD dependence, poly drug use, or a history of previous unsuccessful withdrawal attempts
- people whose family or accommodation circumstances are less stable, such as people lacking supportive friends or family, or stable housing.

Therapeutic day rehabilitation

Therapeutic day rehabilitation is a non-residential intensive structured therapeutic program. Therapeutic day rehabilitation occurs over a period of weeks, and includes counselling and program elements designed to build life skills and promote general wellbeing. The key difference between therapeutic day rehabilitation and traditional bed-based rehabilitation services is that people do not live on site but rather live at home while participating in daytime activities, so that connections with family, friends and community can be maintained throughout the rehabilitation period.

Target group

People who require more intensive support than individual counselling, particularly those for whom the ability to maintain links with home, family and friends are part of achieving sustainable recovery.

Withdrawal, stabilisation of use, or pharmacotherapy treatment prior to admission may be required in order for the person to be able to commit, participate in and benefit from the program. In some cases, it may be to transition from residential rehabilitation into therapeutic day rehabilitation.

Residential rehabilitation

Residential rehabilitation services provide 24-hour supervision in a residential treatment program of an average of three months duration. It is a structured and therapeutic environment for people to address issues related to their AOD use.

Services typically deliver individual and group counselling and life skills with an emphasis on self-help and mutual support to support reintegration into community living.

It is a statewide service. Participants may access residential rehabilitation services from anywhere in Victoria.

Target group

- people who have experienced substance dependence and/or harm
- people seeking to address the issues related to their AOD use

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- people at high risk of harm from AOD misuse impacted by multiple life complexities, such as mental illness, homelessness, family violence
- people whose home setting or social circumstances are not supportive of non-residential rehabilitation options
- people who are assessed as treatment-ready at admission (i.e. AOD-free, stabilised on pharmacotherapy treatment or undertaking slow-stream pharmacotherapy withdrawal treatment).
- Some residential rehabilitation services provide services specific to certain populations including women, youth, and Aboriginal people



Population-specific service systems

Youth AOD services

Youth AOD services help vulnerable young people up to the age of 25 years to address their AOD use issues and build resilience. This is achieved through a family-based approach, where appropriate, that is integrated with a range of other services including mental health, education, health, housing, child protection and family services.

Youth services accept referrals from catchment-based intake services as well as self-referrals and direct referrals from other services, including child protection, out-of-home care providers and youth justice providers.

Youth AOD day programs

Youth AOD day programs supports young people who are currently linked or involved in treatment with youth AOD treatment services by providing a post-treatment pathway.

Purpose

To assist a person in developing life skills that aid in community living, and to provide continuity of care for young people who are engaged in AOD treatment.

Target group

Youth AOD day programs vary according to local need but may be suitable for:

any young person aged 14–21 years who may be either linked or involved in treatment with the AOD treatment sector

12–14 year olds who are not involved in formal education and therefore do not have access to its support services.

Youth AOD outreach services

An outreach service is a mobile treatment and support service that provides assessment, support and ongoing case coordination to young people with AOD problems, in their own or in a neutral environment. It also supports generalist agencies that work with young people, through information, education and training.

Target group

Young people up to the age of 25 years whose use of licit and illicit drugs causes significant physical, psychological and social harm.

Youth home-based withdrawal

Youth home-based withdrawal services are provided to young people where the withdrawal syndrome is of mild-to-moderate severity and the young person is able to be supported by a family member or friend at home. The service is provided by an experienced nurse in conjunction with a medical practitioner.

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As well as support to manage drug withdrawal and coordinate care with GPs and other medical professionals, youth home-based withdrawal nurses also address the primary health, psychological and emotional wellbeing needs of young people and provide links to other health, welfare, educational, vocational and recreational services.

Target group

Young people up to the age of 25 years requiring withdrawal where the withdrawal syndrome is of mild-to-moderate severity and not complicated by significant illness or psychosocial problems, and where a support person is available and in the immediate vicinity during withdrawal.

AOD youth consultants

AOD youth consultants provide secondary consultation, support and advice to child protection clients and staff in out-of-home care residential facilities, adolescent community placement and secure welfare services.

Target group

Child protection clients and staff in out-of-home care residential facilities, adolescent community placement and secure welfare services.

Youth residential withdrawal

Youth residential withdrawal services provide short-term intensive support, time out and drug withdrawal services to young people in a residential setting. This includes psychosocial, medical and pharmacological support, treatment and intervention in a safe, secure and drug-free environment on a 24-hour basis.

The average length of stay in the service is approximately ten days and is supported by pre- and post-support including assessment, active holding, community treatment planning, community reintegration and aftercare.

Youth AOD supported accommodation program – Wilum

The Youth Support and Advocacy Service (YSAS) Wilum AOD supported accommodation program supports young people who are in need of accommodation and wish to remain abstinent after completing AOD withdrawal.

Wilum operates in the inner north-west of Melbourne.

Purpose

To provide accommodation and a support program for young people to reintegrate with the wider community after completing AOD withdrawal.

Target group

Young people aged 16–20 years who, having completed AOD withdrawal, wish to remain drug-free and are in need of accommodation.

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Youth AOD supported accommodation program – SHARC’s Recovery Support Service (RSS)

Recovery Support Service (RSS) is an alcohol and other drug treatment service offering community-based affordable safe and supported housing and a day program for young people aged between 16-25 years who want to learn to live without using drugs.

RSS offers a balance between support and independence; residents have the opportunity to recover with a group of like-minded people while living in the community. RSS believes that making new friends, helping others and building a fun and balanced life is essential to long term recovery.

Each resident sets their own recovery goals; these can include returning to work and study, regaining the trust of people they love, reconnecting with family, becoming healthy and working on psychological issues as well as enjoying life to the full.

Youth residential rehabilitation

Residential rehabilitation programs are offered to young people who have undergone an AOD withdrawal or treatment program and have not been successful in reducing or overcoming their AOD use problem and are not suited to attend an outpatient program. Clients include those who suffer the more severe consequences of harm associated with AOD use, such as criminal involvement or social disadvantage, and whose home setting or social circumstances are not supportive of non-residential treatment options.

Purpose

The primary purpose of the youth residential rehabilitation program is to provide the opportunity for young people to address their AOD problems and develop skills that enable them to re-enter the community.

Target group

The target age group for the service is young adults aged 16–21 years wishing to address their problematic AOD use and equip themselves with life skills that enable them to live independently in the community. It should be a matter of clinical judgement and client choice whether young people up to age 25 years are considered developmentally appropriate for the youth residential service, or would be more suited to a general adult residential rehabilitation service.

Referrals to the program may be from youth and adult AOD treatment services and other youth service providers.

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Aboriginal AOD services

The department works with Aboriginal people, organisations and communities, other parts of government and the Commonwealth to ensure access for Aboriginal people to a range of AOD treatment services.

Aboriginal AOD workers

Aboriginal AOD workers work in a culturally informed way with Aboriginal individuals and families to address problematic AOD use. Aboriginal AOD workers provide services based on a harm reduction approach, including assessment, counselling, care coordination, group work including therapeutic cultural groups, health promotion, education, information, referral, advocacy and liaison services. Victorian Aboriginal AOD workers are based in a range of ACCHOs and Aboriginal Community Controlled Organisations (ACCOs).

Purpose

To provide Aboriginal people and families with a range of prevention, early intervention and group support services including counselling, brief intervention, referral to appropriate AOD services including withdrawal and rehabilitation treatment, care coordination and ongoing support.

Target group

Aboriginal people experiencing issues related to problematic AOD use and their families, friends and carers.

Aboriginal AOD clinical nursing program

The Aboriginal AOD clinical nursing program funds nursing positions that are integrated with AOD and Social and Emotional Wellbeing teams to provide appropriate treatment and support to clients and families. These teams provide holistic, culturally appropriate clinical care and support throughout their AOD recovery pathway and link in with Aboriginal AOD workers.

Purpose

To provide Aboriginal people and families with a range of prevention and early intervention group support activities, counselling, brief intervention and referral to appropriate AOD withdrawal and residential rehabilitation services.

Target group

Aboriginal people experiencing issues related to problematic AOD use.

Bunjilwarra Aboriginal Youth AOD Healing Service

The Bunjilwarra Aboriginal Youth AOD Healing Service is a purpose-built statewide 12-bed AOD residential rehabilitation and healing service. The service is managed by the Victorian Aboriginal Health Service (VAHS) in partnership with YSAS with the support of local Aboriginal and non-Aboriginal health services.

Purpose

Bunjilwarra offers Aboriginal youth a supportive environment to address their AOD issues, through Bayside Peninsula Alcohol and Other Drug Services

Updated 19/05/2023

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active participation in therapeutic and structured programs designed to assist them to develop living skills, and to strengthen their cultural identity and spiritual wellbeing.

Target group

Aboriginal young people aged 16–25 years experiencing issues related to problematic AOD use.

Aboriginal community AOD resource service

The AOD resource service is Melbourne metropolitan-based and provides responsive support as an alternative to incarceration for Aboriginal persons who are found to be intoxicated or drug-affected in public.

Purpose

The service provides support for Aboriginal people who come into contact with Victoria Police for public intoxication.

Target group

The primary target for this service is Aboriginal people who are AOD affected. The service can support up to six people at a time.

Aboriginal AOD diversion workers in mainstream AOD services

Aboriginal AOD diversion workers provide culturally safe support and referral service for Aboriginal forensic clients referred from the courts into AOD treatment.

Purpose

Aboriginal AOD diversion workers operate in mainstream AOD services located near Koori courts. Their role is to provide a link between the Koori court, the Aboriginal community and the AOD treatment service system, and provide a service tailored to the needs of offenders appearing before the Koori court.

Target group

Clients appearing before the Koori court.

Mainstream AOD treatment services – access for Aboriginal people

All AOD services are expected to provide friendly, welcoming and culturally safe environments for Aboriginal people, and also provide service models that meet the needs of Aboriginal people.

Client pathways

Aboriginal-specific services provided by ACCHOs and ACCOs accept referrals from catchment-based intake services, as well as self-referrals and direct referrals from other services or through DirectLine.

Aboriginal people can also choose to access mainstream services through catchment-based AOD intake services.

A designated Aboriginal care and recovery coordination function must be available in each catchment.

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The function encompasses a diversionary and generalist service response as required.

Prioritisation

All mainstream AOD treatment services are expected to prioritise access for Aboriginal people. Where people with a similar level of need are assessed as requiring AOD treatment services, priority is given to Aboriginal people.

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LGBTIQ+ services

Thorne Harbour Health

Phone 9865 6700

<https://thorneharbour.org/lgbti-health/alcohol-and-other-drug-services-aod>

PHN-funded services

Comprehensive AOD support

State-funded services

Counselling services on referral from BayAODS intake

In addition to supporting the LGBTIQ+ community, our AOD services are also available to anyone who is HIV+ or has hepatitis C is also eligible.

Therapeutic groups

- Re-wired is a free, eight-week program for men who have sex with men (MSM) aimed at helping learn skills and strategies to change methamphetamine use and better manage mental health.
- ADMIN is a free and confidential group for transgender, non-binary and gender diverse people looking to better manage their alcohol and other drug use
- Drink Limits is a free, six week group for lesbian, bisexual and queer women (cis and trans) and anyone female identifying who is concerned about their drinking.
- Re-Wired 2.0 is a weekly peer led, goal-based support group. The group is open to men who have sex with other men (MSM) who want support in a peer led environment to change, control or stop their methamphetamine use.

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Forensic AOD treatment services

The department funds the assessment and treatment for all community-based forensic clients across the state. Forensic AOD treatment is part of the broader AOD treatment system and includes specific targeted programs, as well as access to general community treatment.

Purpose

AOD treatment for forensic clients is aimed at reducing the harms associated with AOD misuse, including the offending-related behaviour.

Target group

Forensic treatment programs and services are provided to people with AOD use issues who have had contact with the justice system. The majority of forensic clients are mandated to attend treatment as a condition of a judicial order

Key service requirements

Forensic intake and assessment service

ACSO is funded by the department through the COATS program to provide a range of services for community based offenders, including:

- intake and screening
- assessment
- treatment planning
- bridging
- administration of forensic brokerage funding on behalf of the department
- reconciliation and demand monitoring of all forensic treatment



PHN-funded services

ResetLife

Intensive outpatient Alcohol and Other Drug treatment program, based on the evidence-based Matrix Treatment Model. 16 weeks of structured, intensive outpatient treatment, followed by 36 weeks of continuing care. During the intensive phase, participants attend formal treatment three days per week and informal treatment the other days. The formal treatment consists of:

- individual therapy sessions
- early recovery skills groups
- relapse prevention groups
- family education groups (adult program)
- youth education (youth program)
- continuing care social support groups (youth program)
- weekly mandatory (random) urine/saliva and breath testing (to inform treatment only, not used to exit people from program).

Eligibility

Adult

- aged 18 years and over
- have a severe substance use disorder

Youth

- Aged 11-25 years
- are experimenting with alcohol or other drugs, or who have developed a mild, moderate, or severe substance use disorder

Further eligibility:

- if drug of concern is methamphetamines, opiates, alcohol, and/or benzodiazepines, the participant must have undergone withdrawal from the substance, with last use more than two weeks prior to program commencement
- willingness to pursue abstinence from all substances
- agreement to weekly drug testing
- commitment to attend the program three times/week, on time, for 16 weeks
- willingness to discuss drug and alcohol use
- willingness to involve key support people in their treatment.

Providers

First Step — St Kilda, 9537 3177

Peninsula Health — Frankston, 1300 665 781

TaskForce — Cranbourne (Adult) and Moorabbin (Youth)

Phone: SEMPHN Access & Referral (8.30am-4.30pm): ph: 1800 862 363.

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ADLOW (Alcohol and Drug Liaison and Outreach Worker)

Short-term alcohol and drug support through brief interventions to help clients overcome substance use while connecting them with secure, longer-term community services to continue their path of recovery.

Service target - Moderate to High Risk

Taskforce Community Agency

Phone 1800 862 363

General practices

Addiction health services, including Opioid Replacement Therapy

Access Health, St Kilda, 9536 7781

First Step, St Kilda, 9537 3177

Frankston Healthcare, Frankston, 9770 0023

Mediclinic, Clayton, 9544 1555