



# Alcohol and Other Drug Withdrawal Management Policy

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## 1. Purpose

The *Alcohol and Other Drug Withdrawal Management Policy* (the Policy) aims to:

- ensure that those requiring Alcohol and Other Drug (AOD) withdrawal treatment receive timely clinical care, including activating appropriate referral pathways where required.
- establish mechanisms for improving access to locally provided planned and unplanned AOD withdrawal services across Western Australia (WA), or referral to suitable services.
- support continuity of care by facilitating care and discharge planning, including to local rehabilitation services.

Ensuring that patients receive the right care at the right time and place, can prevent and reduce the adverse impacts of alcohol and/or other drug dependence.

Health Service Providers must provide access to a range of available AOD services closer to home, which may include inpatient, outpatient and community based AOD withdrawal services, to meet the needs of their communities. Access to these services may help support people in their ongoing journey to obtain follow up care and support as required.

This Policy is a mandatory requirement under the *Mental Health Policy Framework* pursuant to section 26(2)(a, c) of the *Health Services Act 2016*.

## 2. Applicability

This Policy is applicable to the Child and Adolescent Health Service, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service and WA Country Health Service. To the extent that the requirements contained within this Policy are applicable to the services purchased from contracted health entities, Health Service Providers are responsible for ensuring these requirements are accurately reflected in the relevant contract and managed accordingly.

### 3. Policy requirements

#### 3.1 Principles

The key principles that must be applied in implementing this policy are:

<b>Accessibility</b>	Patients can access the health services they need within an appropriate timeframe.
<b>Equity</b>	An equal standard of care is provided for all patients, including those with co-occurring mental or physical health and AOD problems, and those living in rural and remote regions.
<b>Safety</b>	Safe and high-quality health services are provided, with skilled and competent staff.
<b>Person-centred, holistic care</b>	The care provided is person-centred and holistic, including recognition of diverse individual circumstances, life experiences, needs, beliefs, preferences, aspirations, values and skills, while delivering culturally secure, goal-oriented treatment, care and support.
<b>Involvement of family and carers</b>	Resources and support for family and carers are provided to assist the person receiving care.
<b>Continuity of care</b>	Optimal admission, care and discharge processes and referral pathways for patients are provided.

#### 3.2 Practices

Relevant Health Service Providers and Contracted Health Entities must provide access to a range of AOD withdrawal services for their local communities, either through direct service provision or referral to another service. These services can be provided in settings such as primary health care, outpatient, home, or inpatient (within a hospital or specialist AOD facility).

Relevant Health Service Providers and Contracted Health Entities are responsible for the following in relation to providing access to AOD withdrawal services:

- Establishing local policy and governance arrangements.
- Developing, implementing and maintaining:
  - clinical protocols
  - referral pathways
  - care and treatment approaches to meet individual needs
  - discharge planning procedures.
- Identifying training needs for staff and organising relevant training.
- Providing skilled staff who are appropriately supervised.

If a relevant Health Service Provider or Contracted Health Entity is unable to directly provide an AOD withdrawal service or if it is more appropriate for patients to be managed by another service provider, the patients must be referred to an appropriate community or clinical setting, preferably close to home, based on the:

- individual's needs and circumstances.
- level of risk of complications associated with AOD withdrawal.
- capacity of a service to provide withdrawal management, such as the availability of public hospital based inpatient withdrawal beds and capacity of the service to provide high/complex medical withdrawal management.

## 4. Compliance monitoring

Relevant Health Service Providers and Contracted Health Entities are responsible for ensuring compliance with this policy.

The Department of Health's Mental Health Unit will monitor and evaluate Health Service Provider compliance with the Policy requirements for assurance purposes. Health Service Providers must email the Department of Health's Mental Health Unit each December with an Attestation Statement that indicates the status (Completed/Ongoing, In Development, Under Review, Not Started) of each of the following Policy requirements in relation to providing access to AOD withdrawal services, as well as provide brief comments about each.

- Established local policy and governance arrangements.
- Developed and implemented:
  - clinical protocols
  - referral pathways
  - care and treatment approaches to meet individual needs
  - discharge planning procedures.
- Identified and provided training for relevant staff.
- Provided skilled and appropriately supervised staff.

The Mental Health Unit may ask to sight evidence of documents that demonstrate the implementation of the above policy requirements.

## 5. Related documents

The following documents are mandatory pursuant to this Policy:

- N/A.

## 6. Supporting information

The following information is not mandatory but informs and/or supports the implementation of this Policy:

- [Department of Health Western Australia. Alcohol and Other Drugs: Partnerships and Pathways.](#)
- [Department of Health Western Australia. Alcohol and Other Drugs Early Intervention: Practice and Pathways.](#)
- [Department of Health Western Australia. Alcohol and Other Drugs Withdrawal Management: Practice and Pathways.](#)
- [Department of Health Western Australia Mental Health Unit. Contacts for Alcohol and Other Drugs Treatment and Support.](#)
- Mental Health Commission. 2018. [Western Australian Alcohol and Drug Interagency Strategy 2018-2022.](#) Perth: Mental Health Commission.
- Mental Health Commission. 2018. [Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 \(Plan Update 2018\).](#) Perth: Mental Health Commission.

## 7. Definitions

The following definition(s) are relevant to this Policy:

Term	Definition
Alcohol and other drug withdrawal management	Alcohol and other drug withdrawal management is the supervised withdrawal from a drug of dependence so that serious medical complications and withdrawal symptoms are reduced to a minimum. Withdrawal services can be undertaken in a number of different settings, including primary health care, outpatients, at home, or as an inpatient (within a hospital or specialist alcohol and other drug facility).
Low medical withdrawal services	Low medical withdrawal is most appropriate when the withdrawal symptoms are likely to be low to moderate.  This type of service provides supervised alcohol and other drug withdrawal. Where appropriate, low medical withdrawal services can also be provided in home by registered nurses and General Practitioners.
High medical withdrawal services	High medical inpatient withdrawal services provide medically supervised alcohol and other drug withdrawal, 24-hour staffed by a combination of specialist alcohol and other drug doctors, General Practitioners, nurses and allied health workers. Generally, withdrawal takes place over a short-term inpatient admission period (e.g. seven days). High medical inpatient withdrawal is for clients with withdrawal symptoms that are moderate to severe.
Complex medical withdrawal services	Complex medical inpatient withdrawal is similar in all aspects to high medical except it provides a greater level of service with regard to complicating medical or mental health issues or a history of complicated withdrawals.
Planned withdrawal	Planned withdrawal refers to when a patient is admitted for the primary purpose of withdrawing from a drug of dependence.
Unplanned withdrawal	Unplanned withdrawal may occur when a patient is admitted as an emergency or for some other medical reason and withdrawal occurs as a secondary concern.

## 8. Policy contact

Enquiries relating to this Policy may be directed to:

Title: Program Manager, Mental Health Unit  
Directorate: Governance and System Support  
Email: [mhu@health.wa.gov.au](mailto:mhu@health.wa.gov.au)

## 9. Document control

Version	Published date	Effective from	Review date	Amendment(s)
MP 0062/17	10 August 2017	10 August 2017	May 2019	Original version
MP 0062/17 v.1.1	29 May 2019	29 May 2019	November 2019	Minor amendment – fixed broken links.
MP0062/17 v.1.2	27 November 2019	27 November 2019	August 2020	Minor amendment – fixed broken links.
MP 0062/17 v.2.0	28 June 2021	28 June 2021	June 2024	Major amendments as listed below.
<ul style="list-style-type: none"> <li>• Policy was reviewed and updated as part of the ‘Walk with Me Project’.</li> <li>• Policy transitioned to the current Policy template.</li> <li>• Policy amended to include minor edits under the Purpose and Policy requirements sections, and changes to compliance monitoring requirements.</li> <li>• Addition of four new supporting documents; and removal of two supporting documents.</li> <li>• As a full Policy review was undertaken, a new cycle will now commence.</li> </ul>				
MP 0062/17 v.2.1	11 July 2023	11 July 2023	June 2024	Amendment as listed below.
Inclusion of supporting information document: Alcohol and Other Drugs Withdrawal Management Practice and Pathways.				
MP 0062/17 v.2.2	23 August 2023	23 August 2023	June 2024	Amendment as listed below.
Policy contact updated from Patient Safety and Clinical Quality Directorate to Governance and System Support Directorate due to the Mental Health Unit transferring from the Clinical Excellence Division to the Strategy and Governance Division.				

## 10. Approval

<b>Initial approval</b>	Dr David Russell-Weisz, Director General, Department of Health
	27 July 2017

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