



Alcohol and Other Drug Withdrawal Management Policy

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 appropriate clinical care, including through referral pathways.
- 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 inpatient, outpatient and community based AOD withdrawal services closer to home to meet the needs of their communities. Access to these services may help people to enter rehabilitation services.

This policy is a mandatory requirement under the *Mental Health Policy Framework*.

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, WA Country Health Service and Contracted Health Entities to the extent this policy forms part of the contract.

3. Policy requirements

Principles

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

Accessibility	Patients can access the health services they need.
Equity	An equal standard of care is provided for all patients, including those with co-occurring mental or physical health and AOD problems.
Safety	Safe and high quality health services are provided, with skilled and competent staff.

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Person-centred, holistic care	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 goal oriented treatment, care and support.
Involvement of family and carers	Involvement of family and carers to support the person receiving care.
Continuity of care	Optimal admission, care and discharge processes and referral pathways for patients are provided.

Relevant Health Service Providers and Contracted Health Entities must provide access to a range of AOD withdrawal services for their local communities, including low, high and complex medical AOD withdrawal services, 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.

4. Compliance, monitoring and evaluation

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

The System Manager will monitor changes in activity for relevant diagnosis and procedure codes for AOD withdrawal and detoxification annually after the release of this policy. This data will be sourced from the Department of Health's Mental Health Data Collection.

Based on the monitoring of this activity, the System Manager may request additional information from Health Service Providers about their policies, protocols, referral pathways, procedures, and staff training and supervision in relation to providing access to AOD withdrawal services.

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5. Related documents

The following documents are required to give affect to this policy (i.e. the documents included are mandatory):

- N/A

6. Supporting information

The following documents inform this policy (i.e. documents that are not mandatory to the implementation of this policy but may support the implementation of the policy):

- Department of Health Western Australia Mental Health Unit. [Alcohol and Other Drug \(AOD\) Withdrawal Management – Advice for health professionals about AOD withdrawal management](#) (internal document).
- Department of Health Western Australia Mental Health Unit. [Alcohol and Other Drug \(AOD\) Withdrawal Management – Where to Access Training and Resources for Staff](#) (internal document).
- Drug and Alcohol Office. *Drug and Alcohol Interagency Strategic Framework for Western Australia 2011-2015*. Perth: Drug and Alcohol Office.
- Mental Health Commission. 2015. *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives*. Perth: Mental Health Commission.

7. Definitions

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 24-hour supervised alcohol and other drug withdrawal. Where appropriate, low medical withdrawal services can also be provided in home by registered nurses and General Practitioners.

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Term	Definition
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 owner

Assistant Director General System Policy and Planning

Enquiries relating to this policy may be directed to:

Title: Program Manager, Mental Health Unit, Clinical Support Directorate

Division: System Policy and Planning

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9. Review

This mandatory policy will be reviewed and evaluated as required to ensure relevance and recency. At a minimum it will be reviewed within three years after first issue and at least every three years thereafter.

Version	Effective from	Effective to	Amendment(s)
MP0062	10 August 2017	29 May 2019	Original version
MP0062 v1.1	29 May 2019	27 November 2019	Minor Amendment – Fixed broken links
MP0062 v1.2	27 November 2019	10 August 2020	Minor Amendment – Fixed broken links

The review table indicates previous versions of the mandatory policy and any significant changes.

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10. Approval

This mandatory policy has been approved and issued by the Director General of the Department of Health.

Approval by	Dr David Russell-Weisz, Director General, Department of Health
Approval date	27 July 2017
Published date	29 May 2019
RMR#	F-AA-52752

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