

# Withdrawal management in the NSW NGO sector

**NADA Practice Leadership Group and Nurses Network**

**2024**

# WITHDRAWAL MANAGEMENT IN THE NGO SPECIALIST AOD SECTOR

## About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non-government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 80 organisational members that provide services in over 100 locations across NSW. They provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

## The NADA Practice Leadership Group (NPLG)

### Vision statement

Connecting clinical practice leaders in the NSW non-government alcohol and other drug sector for the purpose of increasing the capacity of service providers to deliver person-centred, culturally inclusive, and evidence-based practices, to improve the wellbeing of people accessing services.

The NPLG was established in July 2015 and is now made up of 15 members representing a variety of specialist non-government AOD treatment services. All members are clinical practitioners and are considered leaders in the sector as evidenced by their professional backgrounds and clinical experience.

The overall aim of the NPLG is to inform the development of NADA policy and advocacy, and sector program development in relation to sector clinical and therapeutic practices. It aims to provide a mechanism to consult with experienced, committed and skilled practitioners to advise NADA and other key stakeholders.

### **The NADA Nurses Network**

The NADA Nurse's Network was established in 2022 in acknowledgment of the growing nursing workforce within the non-government Alcohol and Other Drug (AOD) sector.

The group is comprised of nurses within NADA member services that provide AOD treatment as well as relevant stakeholders and NADA staff.

The aims of the Network are to build effective relationships between Network members and stakeholders; respond to opportunities where collaboration adds value to the Network purpose; support relevant activities and actions agreed by the Network; promote shared solutions to common issues.

### **Preparation of this paper**

The comments provided in this submission brief have been prepared by NADA staff with contribution from the NPLG, the NADA Nurses Network, and discussion with key stakeholders. It has been compiled to represent the interests of the NADA membership in relation to withdrawal management and identify areas of focus for the NPLG and the Nurses Network to improve outcomes for people accessing treatment for withdrawal management.

### **NADA contact for this position paper**

Michele Campbell

Clinical Director

**E:** [michele@nada.org.au](mailto:michele@nada.org.au)

**T:** 02 8113 1309 / 0416 120 530

## Purpose of the brief

Originally developed by the NPLG in 2018, this brief is being reviewed for relevance and currency given several changes over recent years.

The purpose of this brief is to describe the withdrawal management options provided by the NGO specialist AOD sector in NSW and to outline recommendations for improving the client's journey and transfer of care between services.

Withdrawal management is a key component of service provision in the specialist AOD treatment services sector in NSW. The purpose of withdrawal care is to provide appropriate support to clients to enable withdrawal to be completed safely, while ensuring people have a voice in their treatment options. The primary aims of substance withdrawal are to cease substance use, whether permanently or temporarily; treat symptoms, coexisting conditions and complications of chronic use; and engage the client in ongoing treatment and care. Withdrawal is not a standalone treatment.<sup>i</sup>

According to the NADA Treatment Service Specifications<sup>ii</sup> developed specifically for the NGO sector, effective withdrawal management care should include the following elements:

- Screening, comprehensive assessment and care planning
- Core program intervention (withdrawal management)
- Exit and transfer of care

These specifications are also in line with the NSW Health Clinical Care Standards: Alcohol and other Drug Treatment 2020<sup>iii</sup> which include the foundation standards of intake, comprehensive assessment, care planning, assessing and monitoring risk, ongoing monitoring and review, and transfer of care.

## Current NSW NGO Withdrawal Management Models

### Withdrawal management in NSW

Withdrawal management in NSW is delivered in a range of settings and is funded by NSW Ministry of Health, the Commonwealth government, Primary Health Networks and philanthropy.

As part of the guidance around the use of the Drug and Alcohol Community Health Outpatient Care Clinical Documentation Suite, NSW Health suggests the following decision matrix to determine the appropriate pathway for withdrawal management:

	<b>Inpatient hospital</b>	<b>Residential/Community residential</b>	<b>Ambulatory</b>
<b>Predicted withdrawal severity</b>	Moderate – Severe	Moderate – Severe Mild – Moderate	Mild - Moderate
<b>Likelihood of severe withdrawal complications</b>	Moderate – High (Prior/current withdrawal delirium, seizures of unclear cause)	Moderate – High (Prior/current withdrawal delirium, seizures of unclear cause)  Minor – Moderate (prior withdrawal seizures, hallucinations, DTs)	Minor
<b>Medical or psychiatric comorbidity</b>	Significant comorbidity	Significant comorbidity Minor or no comorbidity	Minor or no comorbidity
<b>Other substance use</b>		Heavy or unstable use of other drugs	No heavy/regular other drug use
<b>Social environment</b>		Unsupportive home environment or not conducive to ambulatory withdrawal	Alcohol/drug free 'home' Regular monitoring by reliable support people Emergency plans in place
<b>Previous attempts</b>		Repeated failure with ambulatory withdrawal	Limited or no previous failure with ambulatory withdrawal

Matching the service setting in consultation with the client to assess their level of level of need is important. "Always consider ambulatory withdrawal management (client at home, supported by visits to the clinic or visits from the clinician and telephone) as the first option" where clinically appropriate<sup>iv</sup>.

Withdrawal management in the NGO sector requires specific considerations for optimum care and client outcomes.

The following section introduces the NGO services currently providing withdrawal management, describes the intervention and outlines transfer of care:

### **Calvary AOD Services (Wagga Wagga)**

The Calvary Riverina Drug and Alcohol Centre is situated on site adjacent to Wagga Wagga Base hospital and provides drug and alcohol treatment services for individuals, families and communities. The service identifies and treats clients with complex health and social needs while supportive effective mental health interventions.

The 10-bed in-patient withdrawal unit is housed within the residential service and has the capacity for withdrawal services, offering withdrawal for low to moderate risk clients. Due to the co-location of all the Calvary services, there is also the opportunity for clients to transition between different treatment types including residential treatment, outpatient/day programs. Calvary also offers home detoxification and transitions support services.

### **Directions Health – Sapphire Health and Wellbeing Service AOD Hub (SHaWS) – Bega**

SHaWS AOD Case Managers, Co-occurring Needs Clinicians and the Registered Nurse work collaboratively with clients and their GP to support, where appropriately indicated, community-based alcohol and other drug withdrawal.

The client is assessed for appropriateness of this using clinical guidelines (mild with nil or limited co-morbidity, suicidality, complicating chronic disease, history of withdrawal related seizures or delirium tremens). If the client is deemed suitable for community-based withdrawal, a plan will be developed with the client, support person, SHaWS team and their GP, via case conference, to discuss the initial assessment, explaining the baseline requirements including observations, explanation of procedure and gaining informed consent. This process ensures that the withdrawal is completed as safely and as comfortably as possible for all participants.

Clients are supported to see their GP for the first three days of the community-based withdrawal, face to face, and if deemed suitable can remain home for the remaining two days. If so, the support team and the RN will visit the client and support person at home and relay observations and CIWA-AR outcomes back to GP on days four and five. Clients are followed up by case managers and provide a follow up report to the GP into within the next week.

SHaWS also work closely and collaboratively with the LHD Community AOD team to assess a mutual client and support community-based withdrawal on day four, utilising the support of the clients GP and Practice Nurse.

### **Jarrah House**

Jarrah House is a residential drug and alcohol treatment facility catering for women and women with their children (0-5yrs).

Registered Nurses are available 24/7 to assist in facilitating medicated withdrawal management for clients entering the program. Options include medicated and non-medicated detoxification programs and women on opioid treatment programs are accepted as are women at all stages of pregnancy and medical support can be provided for babies with neonatal abstinence syndrome (NAS).

The focus is a 10-week, trauma informed, residential treatment program for women who require the skills to prevent relapse and prepare for in-depth therapeutic work. Program content is drawn from Dialectical Behaviour Therapy (DBT) and is designed to assist women increase their capacity of emotion regulation, cope with stressful situations, improve interpersonal relationships and formulate a sense of self and identity. Content is delivered through daily psychoeducation sessions and reinforced through individual collaborative care planning sessions.

In the onsite childcare space, children from newborn to the time when they are eligible to start school can be accommodated although they cannot be taken to school during their time at Jarrah House. While at Jarrah House, children are monitored on a regular basis and supported through a structured, child-centred learning environment. Childcare support and age-specific activities are provided seven days a week by early childhood childcare workers.

The Jarrah House program is built on the belief that women have the right to choose the ways in which they wish to make the desired changes in their lives. This translates to the collaboration with the women and their support systems to ensure their treatment experience is one which they feel empowered to commit to.

Jarrah House is a voluntary program, however there is an expectation that each resident commits to the values of residential treatment and respectful communal living. Jarrah House is a smoke-free service and is committed to providing an effective and therapeutic residential drug and alcohol treatment service. All women seeking admission to Jarrah House will need to complete an online admission form on the website. Once this is complete staff will follow-up with an AOD and psychosocial assessment.

### **Lives Lived Well -Coffs Harbour Youth Residential Rehabilitation Centre**

The Service, funded by the NSW Department of Communities and Justice, Youth Justice, offers young people a holistic rehabilitation program including psychoeducation sessions and group counselling.

Referrals are taken via Youth Justice New South Wales (YJNSW) for young people who live in NSW. This will include young people under supervised orders, those transitioning from custody, and young people being

diverted away from the criminal justice system by YJNSW, who have a history of significant alcohol and other drug use and related offending behaviour.

Young people who have a dual diagnosis, as well as young people on methadone, buprenorphine and/or other medically supervised medications may access the service.

Support is provided by Alcohol and other Drugs Treatment Facilitators and Support Workers. A supported withdrawal option as required for low to moderate detoxification. The program is staffed 24/7 including weekends. As required, the support worker can be accessed including in an emergency at any time.

### **Lives Lived Well – Nana Muru**

Nana Muru "Better Road" is a free day withdrawal support service based in Nowra, with mobile outreach to surrounding communities, supported by a general practitioner and registered nurse.

This includes completing a health assessment with a general practitioner who will develop a tailored withdrawal plan based on your personal history with the support of our registered nurse.

This service is available to people 18yrs and over living in stable accommodation with a support person and low to moderate substance use.

### **Lives Lived Well – Watershed**

Watershed is a withdrawal and residential rehabilitation service that also provides a day program. Each client is assessed based on medical history, drug of choice, length of use and psychological status to determine the most appropriate care.

The Watershed Withdrawal Management is for Illawarra Shoalhaven residents and lasts 7 days with a further 7-day step down option, depending on substance of dependence. The withdrawal management is accompanied by a social and medical assessment, an early intervention plan, an individually suited withdrawal regime (medicated and non-medicated as required by the client) as well as a supportive individual and group counselling. Clients are supported through their withdrawal and provided with 24-hour care.

Watershed aims to integrate withdrawal as intimately as possible into our drug rehabilitation programs, thus allowing our clients to build on the momentum gained from the withdrawal experiences in pursuing more comprehensive addiction treatment.



### **Lives Lived Well - Wyla Withdrawal Unit**

Wyla is an 8-bed withdrawal and 16 bed Rehab unit catering for men and women over the age of 18.

The withdrawal program is 7 days and the residential rehabilitation program is 6 -12 weeks.

The aim of the program is to help men and women address their needs in a supportive environment, learn new skills and re-build relationships with children and families to enable a transition to a substance free lifestyle. Support is provided by Treatment facilitators, Registered Nurses, a Senior clinician, Pre/ post worker and Support Workers. The program is staffed 24/7 including stand up and sleep-over shift.

It offers education and awareness in drug and alcohol; relapse prevention; physical health and wellbeing; parenting and relationship strengthening; sexual and reproductive health; family and domestic violence issues; legal issues and housing and financial support. Activities include mindfulness/ relaxation, personal fitness, gardening, cooking, arts and crafts. Case management will be on an individual basis to better meet client needs.

### **Mission Australia - Triple Care Farm: Withdrawal Unit (David Martin Place) for Young People**

Triple Care Farm's Withdrawal Unit is a 10-bed in-patient medically supervised detox unit situated on 110 acres at Knights Hill in the Southern Highlands of New South Wales.

The Withdrawal Unit aims to help young people to overcome addiction and lead healthy and safe lives. It provides a safe place for them to withdraw from drugs and/or alcohol, focussing on both physical and psychosocial needs to address multiple presenting issues and support longer term sustained change. It allows them to access effective treatment earlier including further treatment programs they may be ineligible for without proper withdrawal first.

Young people are offered support up to 28 days, providing supervised withdrawal and a range of holistic supports and therapies. The initial focus of the program is primarily focused on comprehensive individual bio-psychosocial assessment, development of an individual treatment plan and management of the physical symptoms of withdrawal. As treatment progresses and physical symptoms are reduced the focus shifts to addressing psychosocial issues. At the centre of the integrated treatment are individual assessment, treatment planning and review. Supports include: 24/7 nursing care, regular onsite medical clinic, individual and group counselling, adapted Dialectic Behaviour Therapy, educational and recreational programs, and family support.

The Withdrawal Unit combines evidence based best practice guidelines for withdrawal and working with young people. The service model is underpinned by the following principles: health promotion; harm

reduction; a focus on safety and successful completion of withdrawal; providing a youth specific service; taking a holistic and individualised approach to care; understanding withdrawal management as one part of an integrated approach to treatment; providing ongoing support including aftercare; offering adapted Dialectic Behaviour Therapy; offering a longer, flexible length of care to ensure young people can stabilise before discharge; and incorporating trauma informed care principles into all aspects of service delivery.

Several collaborative partnerships are key to the support provided to young people at TCF. These include the Robertson Family Practice (GP), Southwestern Sydney and Illawarra Shoalhaven Local Health Districts, and a range of referral partners including other NGOs to assist young people maintain an ongoing healthy lifestyle after completion of the DMP program. On discharge, young people may move on to the residential rehabilitation program at TCF, alternative rehabilitation program, other treatment services, or may be ready to transition back to the community.

### **Odyssey House**

Odyssey House provides a variety of alcohol and other drug services including withdrawal management. Both medicated and non-medicated withdrawal management regimes are available based on assessment of need. Depending on the severity of their withdrawal symptoms, clients are referred to either Community Detoxification or In-patient Withdrawal Unit Services.

Community Services offer a range of individualised non-resident treatment services for those affected by Alcohol and Other Drugs (AOD), including withdrawal management for those with mild to moderate withdrawals who can be safely detoxed without the need for in-patient treatment. Working in conjunction with local GPs and with nursing support.

The Milton Luger Detoxification unit is an inpatient service in Ingleburn for clients over the age of 18. This unit has a small admission fee and accommodates up to 12 people. It is staffed 24 hours a day by nursing staff with all clients initially assessed by a doctor to determine the appropriate individual detoxification plan. The program lasts 7 – 10 days and offers a way for a person to detox with high quality medical and emotional support. Clients on Buvidal are accepted, the unit does not take clients on methadone.

Program elements include a choice of undergoing supervised medical or non-medical detoxification, various group and individual activities such as art therapy, aromatherapy, meditation, dietetics and nutrition, and physical exercise. Medical management of complex and chronic illnesses where required, and referrals can be made to other services including other Odyssey House programs. In the event someone has a history of

complex withdrawal symptoms, they may be referred to a hospital-based withdrawal program and then transferred to Odyssey.

### **Salvation Army - William Booth**

William Booth withdrawal management unit (WMU) is a 10-bed unit offering medically supervised withdrawal management services for people experiencing low-moderate level withdrawals. The WMU program generally lasts 5-7 days and participants are managed on an individual basis. Admissions are completed on Thursdays, when there is a specialist drug and alcohol medical practitioner on site to assess participants and prescribe an appropriate medication regime. Nursing staff then continue to monitor withdrawal symptoms, physical observations and administer medication where appropriate and are present on site 24/7.

On completion of WMU, a lot of participants will then transfer to WB residential rehab program, which is a 12-week program that offers 1:1 case management, psychoeducational groups and a structured environment that focuses on patient-centred and strength-based approach to re-integrate participants to the community with the skills and tools they need to continue their path to recovery.

Individuals interested in WMU services can self-refer via the centralised intake team. Once an enquiry has been made, an assessment will be arranged either via phone or face-face to assess the individual's suitability. This is then discussed internally and try to work towards finalising an admission date, if appropriate, or refer people to services more suitable to their needs.

### **St Vincent de Paul - Freeman House**

Since securing MERIT funding in 2023 Freeman House has had 6 withdrawal beds. However, with the repurposing of 2 beds, there is no longer access to transitional units.

Ambulatory Withdrawal trials are occurring in Armidale (Hub/Freeman House) and Campbelltown (Rendu House).

Freeman House has 6 self-contained units. Four units are used for the men and men with children, who are experiencing or at risk of experiencing homelessness, and two units are still used for sole parents with children (sole parent able to attend rehabilitation programs).

Clients are supported to go from Freeman House to Maayu Mali and vice versa when it meets their treatment needs.

The SVDP AOD Service Network includes:

- Freeman House Residential Rehabilitation and Medicated Withdrawal Unit
- New England Alcohol and Other drug Outreach Service
- New England Comorbidity Psycho-social Program
- Regional AOD Connection Hub – In reach to Armidale and Outreach to the New England
- Day rehabilitation programs, Rendu House – Campbelltown and Rosalie House – Tamworth.
- Statewide Continuing and Coordinated Care program.

The AOD Services Network Model of care is founded on the following principles:

Person centred, trauma informed, strength based, family inclusive, recovery orientated, harm minimisation, evidenced informed, lived experience and partnerships.

### **St Vincent Hospital - Gorman House**

Gorman Unit transitioned in 2017 from a non-medicated facility to a specialised acute 14-bed inpatient unit and outpatient service which is staffed by a dedicated team of medical, nursing, allied health and administrative staff. In addition, there is a Consumer participation worker and an Aboriginal counsellor position to help engage our clients and provide culturally appropriate care.

This unit offers short-stay medically supervised management of withdrawal for the inner-city Sydney community and wider NSW. Treatment is holistic, client centred and individualised, with a strong focus on the client playing a key role in treatment planning. Care is delivered 24 hours a day, 7 days a week by a committed team of health professionals. Priority is given to clients who identify as Aboriginal and Torres Strait Islander.

The Gorman Unit fosters an environment of inclusiveness and provides services that are culturally safe to diverse populations, including our LGBTQI+ community. The service acknowledges that withdrawal management is only part of treatment and the client journey. St Vincent's Hospital Sydney Alcohol and Drug Service (ADS) multidisciplinary outpatient service was developed to offer comprehensive treatment planning, relapse prevention, counselling, education and post discharge care to support our patients in all stages of their recovery. This service also offers ambulatory withdrawal for those clients who wish to manage their substance use disorder outside of the inpatient setting.

### **The Buttery**

The Buttery has over 50 years of experience enriching lives and assisting people with alcohol and substance misuse to achieve recovery and rebuild their lives. The Buttery offers two withdrawal management programs, Maintenance to Abstinence and a withdrawal management program.

Maintenance to Abstinence is a 3-month live-in program that has been operating for over 10 years in Northern NSW. It provides specialist opiate replacement withdrawal within a Therapeutic Community. Participants must be 18 years or older and on an opiate replacement program.

The withdrawal Management Program provides ambulatory withdrawal to people aged 16 years and above who reside in the North and Mid North Coast. The Buttery's General Practitioner and Registered Nurses offer flexible care through telehealth, community, and in-person services, collaborating with families, carers, and other supports to ensure a comprehensive approach. Participants receive a comprehensive assessment, an individualised treatment plan, and medically supervised withdrawal. Participants must have their predicted withdrawal severity assessed as low to moderate, with a minor likelihood of severe withdrawal complications and comorbidities.

Alongside the Withdrawal Management Program, The Buttery provides participants with counselling, case management, day rehabilitation, and peer support for up to 12 months. Upon exit, all participants receive 12 months of aftercare.

The holistic approach of The Buttery ensures that participants not only receive medical care but also the necessary support to rebuild their lives.

### **We Help Ourselves (WHOs) Withdrawal Management**

WHOS provides withdrawal management to individuals with mild to moderate needs seeking to engage with the WHOS longer term therapeutic community (TC) program. Nursing staff at the facilities assess all prospective new admissions for the appropriate withdrawal management pathway, ambulatory onsite withdrawal is monitored and managed by the nurses within the TC program and liaison with external inpatient units occurs for those individuals requiring complex needs withdrawal.

Additional medical management, including people with co-occurring conditions, is provided throughout the program by GP's and other health professionals. Individuals with complex medical needs or at risk of withdrawal complications will be referred to inpatient facilities across NSW. WHOS nurses follow up individuals in an inpatient withdrawal service prior to their transition to the WHOS program to ensure continuity of care. WHOS has well developed pathways in partnership with the respective LHD inpatient and outpatient withdrawal management services.

WHOS TC program was established in 1972 as a residential service for individuals with drug and alcohol dependence. WHOS has seven residential TC's; four of those based in Sydney at Broughton Hall, Lilyfield

comprising of two gender specific services, an all-male service – “Gunyah” and a woman only service – “New Beginnings”. Two other services are specifically for individuals on opioid substitution treatment (OST), being supported reduction from OST - OSTAR (Opioid Substitution to Abstinence Residential) and the other a stabilisation program for those choosing to remain on OST during the program – RTOD (Residential Treatment of Opioid Dependence). WHOS Hunter TC in Cessnock and WHOS Southern NSW TC in Goulburn are mixed gender programs both have an abstinence focus for individuals experiencing drug related harms. WHOS takes a holistic approach to the individual’s treatment with nurses at all the TC services and well-established links with GP’s and other health professionals to address physical and mental health issues, withdrawal needs and at Lilyfield, NSW, the provision of OST onsite.

## Aggregated Minimum Data Set data regarding withdrawal management

Of the 28,519 episodes of AOD treatment provided by the NGO sector in 2022/23, withdrawal management accounted for just over 6.5% of main treatment type. Most withdrawal episodes (72.5%) are conducted within a residential setting.

The outcomes for withdrawal according to the NSW NGO Treatment Service Specifications (2022) include:

1. Reduce alcohol and other drug use related harm by delivering client-centred, high quality and safe residential withdrawal management.
2. Improve the health, well-being and social outcomes of clients by delivering comprehensive alcohol and other drug treatment and support interventions that include the following clinical care standards:
  - Intake
  - Comprehensive assessment
  - Care planning
  - Identification, responding to, and ongoing monitoring of risk
  - Monitoring treatment progress and outcomes
  - Transfer of care
3. Interrupt a person's period of alcohol and other drug use and treat withdrawal symptoms, coexisting conditions and complications of chronic alcohol and other drug use.

## Inpatient withdrawal management

Withdrawal management episodes in the NSW NGO sector often occur in a residential setting, usually as the point of entry into a residential rehabilitation program. Outlined below are some of the key considerations identified by NPLG members for good transition of care.

### **Medicated inpatient/hospital based to residential rehabilitation**

- Liaison between the hospital and residential service is essential to ensure streamlined transfer of care
- Coordinating an admission date to the residential service and entry to the inpatient medicated service needs to happen in a timely manner i.e. timing of bed availability must line up with time in in-patient withdrawal management services.
- Planned admissions coming from inpatient withdrawal units ideally transfer directly to the residential service in line with the client's goals as a best practice initiative to reduce potential harms.
- Discharge summaries are essential at the time of discharge from the inpatient service to provide the residential service with an overview of treatment, medications provided and facilitate transfer of care.
- A minimum of 5 days of medication or a script for same on discharge to ensure the client does not miss any medication times until the client is reviewed by a GP.

### **Residential rehabilitation to medicated inpatient withdrawal unit**

- At times potential clients present intoxicated at the admission centre of a residential service. Intoxicated clients are often unable to be admitted where there are no withdrawal management beds at the service. In these instances, a referral pathway to an inpatient withdrawal management service can be offered with the option of a new admit date direct from the inpatient withdrawal unit where possible
- Self-report of drug use may not have been accurate at time of assessment for admission and previous withdrawal may have been complex therefore requiring a medicated withdrawal management in an inpatient setting
- Client is admitted on self-report of drug use however withdrawal symptoms become more severe than expected with chance of seizure, client is transferred to a medicated inpatient service



## Ambulatory withdrawal management

Community-based and outpatient facilities may be the preferred option with the ability to move into a hospital or inpatient facility if required. For this to occur good networks and open communication between withdrawal environments is critical and the assessment process needs to be as comprehensive and sensitive as possible.<sup>v</sup> There are more ambulatory withdrawal management options emerging in the NSW NGO sector and there are opportunities for effective models to be expanded.

### Home-based with shared care

Home based withdrawal is suitable for people likely to experience mild to moderate withdrawal symptoms with no history of complex withdrawal. Ideally the client's home environment is conducive to a period of withdrawal syndrome and that there is availability of some support. Clinical care is provided by health professionals who conduct regular home visits. Adjunct support is advised either through a community program or use of the available telephone support services. There are few examples within the NSW NGO sector of home-based withdrawal, although rural and remote areas may be optimum targets for this intervention approach.

### Community-based

A community-based withdrawal management approach is where support is provided through a clinic, health centre, AOD service or general practitioner (GP). Clients present daily for management of the withdrawal symptoms and are linked in with community-based support. There are some effective examples of community-based withdrawal within the NSW NGO sector – and increasing opportunities to adopt best practice models of in a variety of regions.

### Ambulatory withdrawal within residential rehabilitation

Residential rehabilitation services can assess withdrawal management needs prior to admission to determine if ambulatory withdrawal can occur once a client has been admitted into the respective residential program. This type of withdrawal management is targeted at mild to moderate withdrawal that can be managed by a medical practitioner /nurse whilst the client participates in the residential program. This type of withdrawal management is an alternative for services without identified withdrawal management beds. This process would be developed with the client and aligned with their treatment goals, ensuring the treatment is individualised and person-centred.

## IMPROVING WITHDRAWAL MANAGEMENT IN THE NSW NGO SECTOR: RECOMMENDATIONS

Withdrawal management provided within the NGO sector does not occur in isolation. It is a short-term intervention that often signifies the start of a treatment journey that may require specific links with other health care providers to respond to acute health needs or ongoing care. It is for this reason that NGO providers in NSW have established strong links with GPs, Addiction Medicine Specialists, Nursing, Allied Health and services in primary, tertiary and community-based health care settings. Connections and linkages to these services can be inconsistent across LHDs and is one area for development.

Non-government organisations are funded to deliver alcohol and other drug withdrawal management, primarily in a residential setting, for clients assessed as being at low risk of serious health or medical complications during withdrawal. Clients with severe dependence to high-risk substances such as gamma hydroxybutyrate (GHB), alcohol or benzodiazepines, polysubstance dependence, complex physical or mental health needs, or histories of complex withdrawals are not generally suitable for withdrawal at an NGO facility.<sup>vi</sup> They would generally be referred to an inpatient/hospital-based withdrawal unit due to the risks associated.

A key focus of safe withdrawal management is medical support. Many client's dependent on substances experience comorbidities including – physical health problems such as chronic pain, as well as the secondary impacts of substances on organ function – lungs, gastrointestinal and neurological. Co-occurring mental health issues are also commonplace. Most NGOs providing withdrawal treatment have sought to address this by employing their own medical staff or purchasing consultation hours. However, access to timely and effective medical consultation could be improved in some regions. Consumer consultation is also a key area for improvement and engagement.

Target groups include men, women, pregnant women and/or women with children, and young people 18-24.

## Recommendations: Focus areas

The NPLG and the Nurses Network have engaged in further discussions regarding areas for improvement in withdrawal management – specifically regarding access to withdrawal management and transition of care to residential settings. Consultations with the NPLG and nurses Network informed the following recommendations:

- 1. The NPLG, in collaboration with LHD providers, develop of standardised processes and/or forms for transfer of care between NGOs and LHDs where needed– based on existing best practice models**
- 2. The NPLG to identify currently funded models that could be further expanded to increase access to quality ambulatory and residential withdrawal management services available in NGO services**
- 3. The NPLG to establish opportunities for expanding collaborations with medical professionals including general practitioners and Addiction Medicine Specialists who can support NGO services to respond more effectively to acute or chronic medical needs of their withdrawal management clients**
- 4. Investigate opportunities for improved access to withdrawal management for young people and women with children**

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## References

<sup>i</sup> NSW Health, Management of Withdrawal from Alcohol and other Drugs: Clinical Guidance, August 2022. NSW Ministry of Health

<sup>ii</sup> AOD NGO Service Specification Guideline: Funded Activity Descriptions and Requirements. Updated October 2022. NSW Centre for Alcohol and other Drugs, Ministry of Health

<sup>iii</sup> NSW Health Clinical Care Standards: Alcohol and other Drug Treatment 2020

<sup>iv</sup> Management of Withdrawal from Alcohol and Other Drugs, Clinical Guidance NSW Ministry of Health, August 2022

<sup>v</sup> Frank, L., & Peard, J. (1995). *New Concepts in Drug Withdrawal: A Resource Handbook. Services for alcohol and drug withdrawal Monograph Series, No. 4*. Melbourne: The University of Melbourne, Department of Public Health and Community Medicine.