



# Alcohol and Other Drug Withdrawal Management Policy

## 1. Purpose

The *Alcohol and Other Drug Withdrawal Management Policy* (the policy) sets the minimum requirements for a consistent approach of management of Alcohol and Other Drug (AOD) withdrawal treatment across the WA health system.

This policy aims to

- ensure that those requiring Alcohol and Other Drug (AOD) withdrawal treatment received 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.

This policy further aims to promote care that is

- accessible
- equitable
- safe
- person-centred and holistic
- continuous
- trauma-informed
- culturally competent
- recovery-oriented; and
- involves family and carers.

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

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 for Health Service Providers 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 Health Service Providers, excluding Health Support Services, PathWest Laboratory Medicine WA, and Quadriplegic Centre.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

HSPs 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).

HSPs must ensure they comply with the following requirements in relation to providing access to AOD withdrawal services:

- establish local policy and procedures
- develop, implement and maintain
  - clinical protocols
  - referral pathways
  - care and treatment approaches to meet individual needs
  - discharge planning procedures
- identify training needs for staff and organise the relevant training
- provide skilled staff who are appropriately supervised.

If HSPs are unable to directly provide an AOD withdrawal service or if it is more appropriate for an individual to be managed by another service provider, the individual 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 low, high or complex medical withdrawal management.

### 3.1 Reporting

HSPs must complete the Mental Health Unit (MHU) reporting template to demonstrate that the policy requirements are completed/ongoing, in progress, or have not yet commenced. Policy requirements that have not yet commenced will require explanatory information to be provided to the MHU.

## 4. Compliance Monitoring

The MHU, on behalf of the System Manager, will monitor policy compliance by requiring HSPs to complete the reporting template provided to them towards the end of each calendar year.

The reporting template captures data on the following policy requirements:

- establish local policy and procedures
- develop, implement and maintain
  - clinical protocols
  - referral pathways
  - care and treatment approaches to meet individual needs
  - discharge planning procedures
- identify training needs for staff and organise the relevant training
- provide skilled staff who are appropriately supervised.

Where a HSP has previously advised that a policy requirement is completed/ongoing, future reporting on this policy requirement will not be required.

The MHU 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 Australia Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025 \(Plan Update 2018\). Perth: Mental Health Commission.](#)
- [Department of Health and Aged Care. Guidelines on the Management of Co-occurring Alcohol and Other Drug Mental Health Conditions in AOD treatment settings.](#)
- [Department of Health Western Australia. WA Aboriginal Health and Wellbeing Framework 2015-2030.](#)
- [Australian Government Closing the Gap Implementation Plan 2023-2025.](#)

## 7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Accessibility	Patients can access the health services they need within an appropriate timeframe.
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).
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.
Continuity of care	Optimal admission, care and discharge processes and referral pathways for patients are provided.
Culturally competent	Cultural competence enables clinicians to provide care in cross-cultural situations, including with Aboriginal people and those from ethnoculturally and linguistically diverse backgrounds. An awareness of the cultural values and beliefs about health and illness that are held by an individual and their family is an important consideration in the way that care is provided.
Equity	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.
High medical withdrawal services	High medical inpatient withdrawal services provide 24-hour medically supervised alcohol and other drug withdrawal services, staffed by a combination of specialist alcohol and other drug doctors, General Practitioners, nurses, allied health workers, peer support workers, Aboriginal mental health workers and Aboriginal liaison officers. 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.
Involvement of family and carers	Resources and support for family and carers are provided to assist the person receiving care.

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.
Person-centred, holistic care	The care provided is person-centred and holistic, recognising diverse individual circumstances, life experiences, needs, beliefs, preferences, aspirations, values and skills, while delivering culturally secure, goal-oriented treatment, care and support.
Planned withdrawal	Planned withdrawal refers to when a patient is admitted for the primary purpose of withdrawing from a drug of dependence.
Recovery-oriented	Recovery-oriented practice supports people in their own recovery and well-being and pursuing their life goals.
Safety	Safe and high-quality health services are provided, with skilled and competent staff.
Trauma-informed	An approach to service provision based on understanding the ways trauma impacts people's lives, service needs and service usage. It incorporates physical and emotional safety, empowerment, collaboration, choice, and trustworthiness.
WA health system	The WA health system is comprised of: (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State.

## 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	Review date	Amendment(s)
MP 0062/17	10 August 2017	May 2019	Original version
MP 0062/17 v.1.1	29 May 2019	November 2019	Minor amendment – fixed broken links.

MP 0062/17 v.1.2	27 November 2019	August 2020	Minor amendment – fixed broken links.
MP 0062/17 v.2.0	28 June 2021	June 2024	Major amendment 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 fully policy review was undertaken, a new cycle with now commence.</li> </ul>			
MP 0062/17 v.2.1	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	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.			
MP 0062/17 v.3.0	14 April 2025	April 2028	Policy review and amendments as listed below.
<ul style="list-style-type: none"> <li>Purpose section: updated to remove duplication of information and improve readability. Replacement of the term patient with individual. Inclusion of principles from subsection 3.1 of the policy with the addition of three new principles (trauma-informed, culturally competent, recovery-oriented).</li> <li>Policy requirements section: relocation of subsection 3.1 principles to the purpose section of the policy. Removal of '3.2 Practices' heading, and content reformatted to improve readability. Addition of subsection 3.1 Reporting to state that HSPs must demonstrate compliance by completing a reporting template provided by the MHU.</li> <li>Compliance monitoring section: refined to improve readability.</li> <li>Supporting information section - removal of outdated supporting documents and the addition of supporting documents (Department of Health and Aged Care – Guidelines on the Management of Co-occurring Alcohol and Other Drug Mental Health Conditions in AOD treatment settings, Department of Health Western Australia – WA Aboriginal Health and Wellbeing Framework 2015-2030, The Australian Government Closing the Gap Implementation Plan 2023-2025).</li> <li>Definition section: update to 'High medical withdrawal services' to reflect the involvement of peer support workers, Aboriginal mental health workers and Aboriginal liaison officers. Inclusion of definitions of the policy principles that have been relocated to the purpose section.</li> </ul>			

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

<b>Approval by</b>	Dr David Russell-Weisz, Director General, Department of Health
<b>Approval date</b>	27 July 2017

**This document can be made available in alternative formats on request for a person with a disability.**

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Ensure you have the latest version from the [Policy Frameworks](#) website.  
Compliance with this document is mandatory.

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