AOD CLINICAL GUIDELINES

Printable summary | Four key guidance documents

HOW TO USE THIS SUMMARY

Use these boxes as an orientation and bedside prompt. They do not replace the full guideline, authorised medication chart, product information, local procedure, prescriber direction or clinical judgement. Always access the current online version before making treatment decisions.

1. NSW CLINICAL GUIDELINES: TREATMENT OF OPIOID DEPENDENCE (2018)

Main purpose
Clinical guidance and policy direction for opioid treatment in NSW across specialist and general health settings.

Core approach
• Complete a comprehensive opioid, polysubstance, physical health, mental health and psychosocial assessment.
• Match treatment intensity and setting to the person's complexity and treatment needs.
• Use collaborative treatment planning, regular review and coordinated care across providers.

Treatment options
• Opioid agonist treatment with methadone or buprenorphine.
• Opioid withdrawal management with supportive care and linkage to continuing treatment.
• Psychosocial interventions, harm reduction, naloxone and management of comorbidities.

Safety focus
• Assess intoxication, overdose, reduced tolerance, sedative use, pregnancy and medical/psychiatric complexity.
• Do not dose an intoxicated patient.
• Missed doses require clinical review because tolerance can fall and overdose risk can rise.
• Transfers, takeaways and unsupervised dosing require documented risk assessment and coordination.

2. MANAGEMENT OF WITHDRAWAL FROM ALCOHOL AND OTHER DRUGS

Main purpose
Guide safe withdrawal assessment and management across specialist units, hospitals, emergency care, community health and primary care.

Withdrawal is a stage, not the endpoint
The plan should continue into relapse prevention, AOD treatment, primary care, mental health care and psychosocial support.

Assessment
• Substance, amount, frequency, route and last use.
• Dependence, previous severe withdrawal, seizures, delirium and failed outpatient care.
• Polysubstance use, physical/mental health, pregnancy, medicines, supports and safe accommodation.

Choose the right setting
Outpatient care may suit lower-risk withdrawal. Specialist, residential or inpatient care may be needed for severe past withdrawal, unstable health, poor supports or complex polysubstance use.

Management
• Supportive care, observations, hydration, nutrition and symptom monitoring.
• Substance-specific medication under an authorised plan.
• Alcohol care includes preventing Wernicke's encephalopathy and monitoring for seizure or delirium.
• Escalate reduced consciousness, breathing concerns, seizure, delirium, severe agitation, hallucinations or unstable observations.

3. GUIDELINES FOR THE TREATMENT OF ALCOHOL PROBLEMS (4th ed., 2021)

Main purpose
Evidence-based guidance for identifying, assessing and treating people experiencing alcohol-related problems.

Screen and assess
• Ask about quantity, frequency, standard drinks, heavy-use pattern, dependence and consequences.
• Assess withdrawal risk, physical and mental health, medicines, other substance use, pregnancy and social circumstances.

Treatment options
• Brief intervention and motivational approaches.
• Planned withdrawal when indicated, with the setting matched to risk.
• Psychological treatment, relapse prevention and long-term follow-up.
• Medicines for relapse prevention, such as naltrexone or acamprosate when clinically suitable; disulfiram is reserved for selected patients.

Whole-person care
• Address liver disease, nutrition, cognition, sleep, mood, anxiety and other comorbidities.
• Include patient goals, preferences and readiness for change.
• Support reduction or abstinence goals according to clinical safety and patient preference.
• Provide continuing care because alcohol problems commonly require repeated review and adjustment.

4. LONG-ACTING INJECTABLE BUPRENORPHINE FOR OPIOID DEPENDENCE (NSW HEALTH, 2024)

Main purpose
Support clinicians prescribing and administering LAIB for opioid dependence. Current Australian products include weekly or monthly Buvidal and monthly Sublocade.

Potential benefits
• Weekly or monthly dosing rather than daily supervised dosing.
• Stable buprenorphine exposure, convenience and reduced diversion risk.
• May improve treatment access and continuity for suitable patients.

Before commencing or transferring
• Confirm opioid dependence, current tolerance, recent opioid use and treatment goals.
• Review other sedatives, pregnancy, medical/mental health conditions and previous buprenorphine response.
• Explain duration, administration, expected effects, pain management implications and injection-site care.

Ongoing management
• Administer only by an appropriately trained clinician using the correct product instructions.
• Monitor withdrawal, cravings, ongoing opioid use, sedation, adverse effects and injection sites.
• Plan appointments, missed injections, transfers, travel, hospital care and discontinuation in advance.
• Provide naloxone, overdose education and psychosocial support alongside medication.

COMMON PRACTICE ACROSS ALL FOUR GUIDELINES

• Engage respectfully and use person-centred, culturally safe and trauma-informed care.
• Assess the person, not only the substance: physical health, mental health, social context, safeguarding and supports matter.
• Match the treatment and setting to risk, complexity, patient goals and available supports.
• Combine medication with psychosocial care, harm reduction and continuing follow-up.
• Document risks, responsibilities, monitoring, escalation, transfer arrangements and patient understanding.
• Use closed-loop communication and ensure the receiving clinician or service accepts the plan.

URGENT RED FLAGS

• Reduced consciousness or slow breathing
• Overdose or severe intoxication
• Seizure, delirium or hallucinations
• Severe or rapidly worsening withdrawal
• Chest pain, severe agitation or acute psychosis
• Imminent self-harm, violence or serious medical instability

CLINICAL SUPPORT

Emergency: 000
WSLHD Drug Health Central Intake: (02) 9840 3355
DASAS clinician advice: (02) 9361 8006, 24/7
ADIS: 1800 250 015, 24/7

Always check: current online guideline, local procedure, authorised chart and prescriber direction.

Sources: NSW Health opioid dependence guidance (2018); NSW Health withdrawal guidance (2022); Guidelines for the Treatment of Alcohol Problems, 4th edition (2021); NSW Health LAIB guidance (2024).