

DRUG HEALTH: ONE-PAGE QUICK REFERENCE

Substances | withdrawal | OAT | missed doses | treatment options

ALC

Alcohol

Tremor, sweat, anxiety

Seizure/delirium risk

OPI

Opioids

Aches, cramps, diarrhoea

Overdose after tolerance drops

BZD

Benzos

Anxiety, tremor, insomnia

Seizure risk; do not stop abruptly

STM

Stimulants

Crash, fatigue, low mood

Chest pain, psychosis, suicide risk

CAN

Cannabis

Irritable, poor sleep

Usually supportive care

GHB

GHB/GBL

Rapid agitation/confusion

Can become severe very quickly

1. ASSESS FIRST

- Substance, route, amount, frequency and last use
- Past severe withdrawal, seizure, delirium or overdose
- Other sedatives, medicines, medical and mental health risks
- Observations, mental state, pregnancy, supports and safe setting

2. RED FLAGS: ESCALATE

- Reduced consciousness, slow breathing or overdose
- Seizure, delirium or severe/rapidly worsening withdrawal
- Chest pain, severe agitation, psychosis or suicidal intent
- Unstable observations, pregnancy complications or unsafe setting

3. WITHDRAWAL: A-P-M-T-C

A

Assess risk

P

Place safely

M

Monitor

T

Treat to plan

C

Continue care

Alcohol/benzodiazepine/GHB withdrawal may be dangerous. Withdrawal is one stage, not the whole treatment plan.

4. OAT MADE SIMPLE

- Methadone: full agonist; strong craving/withdrawal control; accumulation and sedation risk
- Sublingual buprenorphine: partial agonist; lower overdose risk; may precipitate withdrawal if started too early
- LAIB: weekly/monthly buprenorphine injection; do not invent catch-up dosing
- Never dose an intoxicated patient. Stop, assess and notify the prescriber

5. MISSED OAT DOSES

- 1-3 days: dosing clinician reviews; usual dose may be given if safe; notify prescriber
- 4-5 days: review plus prescriber contact; reduced restart may be authorised
- More than 5 days: prescriber review and re-induction
- Frequent individual misses: clinical review; tolerance and exposure may be unpredictable

6. TREATMENT OPTIONS + CONTACTS

- Options: harm reduction and naloxone | OAT | planned withdrawal | counselling | relapse-prevention medicines | rehabilitation | peer/family and social support
- WSLHD Drug Health Central Intake: (02) 9840 3355 | DASAS clinician advice: (02) 9361 8006, 24/7
- ADIS: 1800 250 015, 24/7 | Emergency: 000