GETTING HELP WITH ALCOHOL OR DRUGS

Patient and family handout | Support is confidential and respectful

YOU CAN ASK FOR HELP AT ANY STAGE

You do not have to wait until things are very bad. Treatment can help you reduce harm, stop or cut down, manage cravings, avoid overdose, improve your health and reconnect with what matters to you.

Treatment option	What it means
Talk with your GP	A private health check, discussion of your goals and referral to suitable support.
Counselling and peer support	Help with motivation, coping skills, triggers, relapse prevention and family support.
Withdrawal support	A planned reduction or stopping process. Some people need medicines, close monitoring or hospital care.
Medication treatment	Medicines can help some people with opioid, alcohol or nicotine dependence. The choice depends on your health, goals and other medicines.
Community or residential treatment	Structured support, rehabilitation and help with health, housing and other needs.
Harm reduction	Naloxone, overdose prevention, sterile injecting equipment, testing and advice to reduce harm.

WHAT TO EXPECT

- Respectful, non-judgmental care
- Choices explained in plain language
- A plan made with you, not for you
- Support for physical and mental health
- Interpreter or culturally safe support where available

SAFETY

Call 000 if someone is unconscious, not breathing normally, having a seizure, severely confused, experiencing chest pain, extremely agitated, or at immediate risk of harm.

Do not suddenly stop heavy alcohol use or regular benzodiazepines without medical advice. Withdrawal can be dangerous.

MEDICINES THAT MAY HELP

Simple comparison - your clinician will help decide what is safe for you

Used for	Medicine option	How it may help	Important to know
Alcohol	Acamprosate	Helps some people remain alcohol-free after stopping.	Usually taken regularly; kidney health and other factors matter.
Alcohol	Naltrexone	Can reduce alcohol reward and return to heavy drinking.	It blocks opioid medicines and is not suitable with current opioid use; liver health is checked.
Alcohol	Disulfiram	Causes an unpleasant and potentially serious reaction if alcohol is consumed.	Only suits selected people with a clear plan and monitoring.
Opioids	Methadone	Prevents withdrawal and reduces cravings within the Opioid Treatment Program.	Can cause sedation and overdose if mixed with other sedatives. Take only as prescribed.
Opioids	Buprenorphine / buprenorphine-naloxone	Prevents withdrawal and reduces cravings.	Starting time matters because it can trigger withdrawal if taken too soon after other opioids.
Opioids	Long-acting buprenorphine injection	A weekly or monthly option that avoids daily dosing.	Given by a trained clinician; injection-site effects can occur.
Nicotine	Nicotine replacement	Patches, gum, lozenges or other forms reduce cravings and withdrawal.	A patch plus a short-acting form may help some people. Ask how to use them correctly.
Nicotine	Varenicline or bupropion	Prescription tablets that can reduce cravings and help quitting.	Not suitable for everyone. Your clinician will check health conditions and other medicines.

REMEMBER

Medication is only one option. Many people benefit from medication plus counselling, peer support and regular follow-up. Do not share medicines, change doses or stop prescribed treatment without speaking with your clinician.

CONTACTS

WSLHD Drug Health Central Intake: (02) 9840 3355
ADIS information, counselling and referral: 1800 250 015, 24/7
Family Drug Support: 1300 368 186, 24/7
Opioid Treatment Line: 1800 642 428, Mon-Fri 9:30am-5pm
Stimulant Treatment Line: (02) 9361 8088, 24/7
Emergency: 000

General information only. It does not replace advice from your doctor, pharmacist or Drug Health clinician. Sources checked 23 September 2026: NSW Health and Australian clinical guidance.