DRUG HEALTH GP GUIDE

Referral flowchart, treatment options and medication comparison

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

1. IDENTIFY AOD CONCERN

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2. SCREEN URGENCY

Overdose, severe intoxication/withdrawal, seizure, delirium, chest pain, severe agitation/psychosis, suicidality or serious medical instability?

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YES - URGENT

Call 000 or arrange ED assessment. Seek specialist advice as required.

NO - CONTINUE

Complete focused assessment, consent and risk screen.

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3. DEFINE THE REQUEST

Assessment | withdrawal planning | counselling | OTP/LAIB | medication advice | harm reduction | shared care | stable OTP transfer

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4. REFER TO WSLHD DRUG HEALTH CENTRAL INTAKE: (02) 9840 3355

Include consent, substance/last-use history, withdrawal and overdose risks, medicines/OTP, health risks, reason for referral and requested action.

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5. CLOSE THE LOOP

Confirm receipt, document interim care owner, provide safety-net advice, follow up outcome and use ISBAR for handover.

MINIMUM ASSESSMENT

- Substance, route, amount, frequency and last use
- Dependence, withdrawal, seizures/delirium and overdose history
- Current medicines, OTP/LAIB, prescriber and pharmacy
- Medical, mental health, pregnancy and psychosocial risks
- Patient goals, consent, supports and cultural/interpreter needs

MEDICATION COMPARISON

GP summary - use current guidelines, product information and individual assessment

Condition / option	Main role	Potential advantages	Key cautions / monitoring
Alcohol: acamprosate	Supports abstinence after withdrawal.	Non-opioid option; useful when the goal is maintaining abstinence.	Renal function and adherence burden; adjust/avoid according to renal status and product guidance.
Alcohol: naltrexone	Reduces relapse to heavy drinking and alcohol reward.	May suit a reduction or abstinence goal.	Do not use with current opioid dependence/use or anticipated opioid analgesia; assess liver status.
Alcohol: disulfiram	Creates an aversive reaction if alcohol is consumed.	May help selected, motivated patients, especially with supervised dosing.	Not first-line; alcohol interaction can be serious. Review contraindications, interactions and monitoring.
Opioids: methadone	Full opioid agonist maintenance treatment within OTP.	Effective, flexible dosing; may suit higher opioid tolerance.	Over-sedation, respiratory depression, interactions and QT risk. Requires authorised OTP prescribing/supply arrangements.
Opioids: sublingual buprenorphine +/- naloxone	Partial agonist maintenance treatment within OTP.	Lower overdose risk than full agonists; office/community options.	Can precipitate withdrawal if started too early; interactions with sedatives; authorised OTP arrangements apply.
Opioids: long-acting injectable buprenorphine	Weekly or monthly depot maintenance treatment.	No daily dosing; improves convenience and reduces diversion risk.	Requires trained administration, correct induction/transfer and injection-site monitoring under NSW guidance.
Nicotine: NRT	Reduces nicotine withdrawal and cravings.	Multiple forms; patch plus short-acting NRT improves control for many patients.	Match dose/form to dependence; review pregnancy and recent unstable cardiovascular disease individually.
Nicotine: varenicline	Reduces craving and reward from smoking.	Effective single medicine when clinically suitable.	Review renal function, adverse effects and individual neuropsychiatric history; combine with behavioural support.
Nicotine: bupropion SR	Non-nicotine smoking-cessation medicine.	Alternative when other options are unsuitable.	Contraindicated in seizure disorders and some eating disorders; check interactions and clinical suitability.

IMPORTANT

This table is a comparison aid, not a prescribing protocol. Confirm indications, contraindications, authority requirements, dosing, interactions, pregnancy/breastfeeding considerations and monitoring in current NSW guidance and product information. Medication works best as part of a comprehensive plan with psychosocial treatment and follow-up.

ABC OF DRUG HEALTH CARE

A practical consultation prompt

A	Assess Ask permission; clarify use pattern, last use, dependence, withdrawal, overdose, health and social risks.
B	Build goals Agree whether the goal is safety, reduction, abstinence, withdrawal, medication treatment or referral.
C	Counselling Offer brief intervention, motivational support, relapse prevention, peer/family and social supports.
D	Detox safely Match withdrawal setting to risk. Alcohol and benzodiazepine withdrawal can be dangerous.
E	Evidence-based medicines Consider appropriate medicines for opioid, alcohol and nicotine dependence within scope and guidelines.
F	Follow up Review response, adherence, side effects, mental health, function and shared-care responsibilities.
G	Give harm reduction Naloxone, overdose prevention, avoid mixing sedatives, sterile equipment, BBV testing/vaccination and driving advice.
H	High risk: escalate Call 000 for immediate danger; seek Drug Health/Addiction Medicine advice for complex care.

CONTACTS

WSLHD Drug Health Central Intake: (02) 9840 3355
DASAS for NSW health professionals: (02) 9361 8006, 24/7
ADIS: 1800 250 015, 24/7
Opioid Treatment Line: 1800 642 428, Mon-Fri 9:30am-5pm
Stimulant Treatment Line: (02) 9361 8088, 24/7

Sources checked 23 September 2026: NSW Health opioid dependence clinical guidance, NSW withdrawal guidance, NSW contact services, NSW nicotine guidance, and Australian alcohol-treatment guidance.