DRUG HEALTH GP LIAISON SERVICE

QUICK REFERENCE WSLHD | Blacktown focus | Adults 18+

VERIFIED PUBLIC CONTACTS WSLHD Drug Health Central Intake: (02) 9840 3355 | ADIS 24/7: 1800 250 015 | Emergency: 000

WHO CAN BE SUPPORTED?

- Adults with hazardous substance use or a substance use disorder
- Existing Drug Health clients transitioning to primary care
- Stable OTP clients suitable for community management
- Priority groups include Aboriginal people, CALD communities, refugees, people experiencing homelessness, co-occurring mental illness and socioeconomic disadvantage

WHAT THE LIAISON FUNCTION DOES

- Specialist advice and case discussion
- Referral navigation and coordinated shared-care planning
- GP, pharmacy, Mental Health and community-service liaison
- Support for alcohol, opioids/OTP, LAIB, stimulants, benzodiazepines, withdrawal and harm reduction
- GP education and capacity building

NOT SUITABLE / REDIRECT

- Immediate medical or psychiatric emergency: call 000 or send to ED
- Likely severe or complicated withdrawal: urgent clinical assessment
- Needs acute inpatient care or intensive case management
- Outside catchment: contact the relevant LHD intake or ADIS

OFFICIAL CONTACT AND REFERRAL DETAILS

WSLHD Drug Health Central Intake
Phone: (02) 9840 3355
Use for access to local public AOD assessment and treatment pathways.

GP clinical advice anywhere in NSW
DASAS: (02) 9361 8006 (Sydney metro), 24/7

Patient/family information and referral
ADIS: 1800 250 015, 24/7
Family Drug Support: 1300 368 186, 24/7

Specific advice
Opioid Treatment Line: 1800 642 428, Mon-Fri 9:30am-5pm
Stimulant Treatment Line: (02) 9361 8088, 24/7

GP Liaison direct line/email: not publicly listed in the sources reviewed. Confirm the internal service mailbox/direct number before external distribution.

MINIMUM REFERRAL INFORMATION

- Patient identifiers, contact details and consent
- Substances used, route, amount, frequency and last use
- Withdrawal, overdose, seizure or delirium history
- Current medicines, OTP/LAIB dose, prescriber and pharmacy
- Medical, mental health, pregnancy and psychosocial risks
- Reason for referral and requested assistance
- Interpreter, cultural and accessibility needs

SAFE HANDOVER

Use ISBAR: Identify, Situation, Background, Assessment, Recommendation.

Document advice, agreed responsibilities, timeframe, follow-up and escalation/re-entry plan.

GP REFERRAL FLOWCHART

Alcohol and other drug concerns | Western Sydney

1. GP IDENTIFIES AN AOD CONCERN

▼

2. CHECK IMMEDIATE SAFETY

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

▼

YES - URGENT

Call 000 or arrange Emergency Department assessment. Seek specialist advice as needed.

NO - CONTINUE

Complete focused AOD assessment, consent and initial risk screen.

▼

3. DECIDE WHAT HELP IS NEEDED

Specialist assessment | withdrawal planning | counselling | OTP/LAIB | harm reduction | shared care | transfer of stable OTP care

▼

4. REFER / SEEK ADVICE

WSLHD Drug Health Central Intake: (02) 9840 3355

For GP-to-specialist clinical advice: DASAS (02) 9361 8006, 24/7

For patient/family information and referral: ADIS 1800 250 015, 24/7

▼

5. SEND A COMPLETE REFERRAL

Consent + patient details + substance history + last use + withdrawal/overdose risks + medicines/OTP + medical/mental health risks + reason for referral + requested action

▼

6. CLOSE THE LOOP

Record referral, confirm receipt, clarify who owns care while waiting, provide safety-net advice, follow up outcome, and use ISBAR for handover.

WHILE THE PATIENT IS WAITING

Continue appropriate GP care, review risk, provide harm-reduction advice, offer naloxone where indicated, address physical and mental health needs, and advise the patient not to abruptly stop alcohol or benzodiazepines without clinical assessment because withdrawal can be dangerous.

ABC OF DRUG HEALTH TREATMENT

GP quick guide | Assessment to ongoing care

A	Assess and ask Ask permission and use non-judgmental language. Clarify substance, route, amount, frequency, last use, dependence features, previous treatment, withdrawal, seizures/delirium, overdose, injecting, pregnancy, medicines, physical health, mental health, suicide risk and social supports.
B	Build a shared plan Agree on the person's goals: safer use, reduction, abstinence, withdrawal, medication treatment or referral. Use shared decision-making and document who will do what and by when.
C	Counselling and psychosocial care Offer brief intervention, motivational interviewing, relapse-prevention support, counselling, peer support, family support and links for housing, legal, financial and cultural needs.
D	Detox / withdrawal management Withdrawal care may be outpatient, inpatient or residential after assessment. Alcohol and benzodiazepine withdrawal can be medically dangerous. Do not advise abrupt cessation without a safe plan.
E	Evidence-based medicines Depending on assessment and scope: opioid agonist treatment such as buprenorphine or methadone; medicines for alcohol dependence; nicotine replacement and other cessation medicines. Prescribing must follow current guidelines, authority and local pathways.
F	Follow-up and shared care Review symptoms, substance use, adherence, side effects, pathology where indicated, mental health, functioning and goals. Coordinate with Drug Health, pharmacy and other providers.
G	Give harm-reduction support Discuss naloxone, overdose prevention, avoiding substance combinations, safer injecting and sterile equipment, hepatitis/HIV testing and vaccination, driving/work safety and contraception/pregnancy care where relevant.
H	High risk means escalate Urgent escalation for overdose, severe withdrawal, seizures, delirium, chest pain, marked agitation/psychosis, suicidality, pregnancy complications or serious medical instability. Call 000 when immediate danger is present.

GP NUMBERS TO KEEP

WSLHD Drug Health Intake: (02) 9840 3355 | DASAS clinical advice: (02) 9361 8006 | ADIS: 1800 250 015 | Emergency: 000

GETTING HELP WITH ALCOHOL OR DRUGS

Patient and family information | Confidential, respectful support

YOU CAN ASK FOR HELP AT ANY STAGE

You do not have to wait until things are very bad. Treatment can help you stop, cut down, stay safer, manage cravings, avoid overdose, improve sleep and health, and reconnect with the people and activities that matter to you.

Option	What it may involve
A conversation with your GP	A private health check, discussion of your goals and referral to the right support.
Counselling and peer support	One-to-one or group support, coping skills, relapse prevention and help for family members.
Withdrawal support	A planned reduction or stopping process with clinical support. Some people need medicines, close monitoring or inpatient care.
Medication treatment	Medicines may help with opioid, alcohol or nicotine dependence. Your clinician will explain choices, benefits, risks and monitoring.
Community or residential programs	Structured treatment, rehabilitation and support with health and social needs.
Harm reduction	Naloxone, overdose prevention, sterile injecting equipment, blood-borne virus testing, safer-use advice and links to health care.

WHAT TO EXPECT

- Respectful and non-judgmental care
- A discussion about what you want to change
- A health and safety assessment
- Choices explained in plain language
- A plan made with you, not for you
- Interpreter or culturally safe support where available

IMPORTANT SAFETY MESSAGE

Call 000 now if someone is unconscious, not breathing normally, having a seizure, experiencing severe confusion, chest pain, extreme agitation, or is at immediate risk of harming themselves or someone else.

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

CONTACTS

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

Sources checked 23 September 2026: NSW Health, Contact information, support and treatment services; WSLHD Drug Health service listing; WentWest Alcohol and Other Drugs resources. This handout gives general information and does not replace individual medical advice.