

<b>Te Whatu Ora</b> Health New Zealand Hauora a Toi Bay of Plenty	<b>COMMUNITY ALCOHOL WITHDRAWAL</b>	<b>Protocol CPM.M5.12</b>
<b>CLINICAL PRACTICE MANUAL</b>		

## PURPOSE

It is Te Whatu Ora – Health New Zealand Hauora a Toi Bay of Plenty’s aim that individuals with alcohol abuse / dependency issues have access to appropriate assessment and treatment options to meet their needs. To enable this, access to a community-based alcohol withdrawal programme is available to Bay of Plenty Addiction Service (BOPAS) tāngata whai ora / service users who have been assessed as suitable and have consented to the programme.

## OBJECTIVE

- To provide an appropriate treatment regime for tāngata whai ora / service users who access help for alcohol dependency and require assistance in managing withdrawal symptoms.
- To provide a framework for the referral, assessment and placement of tāngata whai ora / service users in the most appropriate treatment programme / regime for the tāngata whai ora / service user at any given stage of their recovery
- To provide a co-ordinated service between BOPAS, the tāngata whai ora / service user and their General Practitioner (GP).

## EXCLUSIONS

Tāngata whai ora / service users identified as high risk of alcohol / substance withdrawal should be considered for inpatient withdrawal refer to [CPM.M5.41 Alcohol Withdrawal – Mental Health & Addiction Services](#)

## STANDARDS TO BE MET

### 1. Alcohol Withdrawal Programmes

- 1.1 BOPAS adopts a harm reduction approach, which determines all decisions made for alcohol withdrawal.
- 1.2 BOPAS role is to offer and provide an appropriate treatment regime for tāngata whai ora / service users who access help for alcohol abuse / dependency.
- 1.3 Tāngata whai ora / service users of Te Whatu Ora Hauora a Toi Bay of Plenty will receive timely, competent and co-ordinated treatment services that meet their individual assessed needs, and support the achievement of their identified outcomes or goals.
- 1.4 Te Whatu Ora Hauora a Toi Bay of Plenty’s alcohol withdrawal programmes will be structured to provide the least restrictive and least intrusive treatment and / or support possible to each tāngata whai ora / service user.
- 1.5 Alcohol withdrawal programmes are a component of Te Whatu Ora Hauora a Toi Bay of Plenty’s comprehensive services rather than a stand-alone treatment. Best Practice recommendations will be followed which regard alcohol withdrawal programmes (either inpatient or community based withdrawal) as an essential part of the treatment continuum that includes community education, access and referral systems, health screening, comprehensive assessment, withdrawal regimes, treatment and after-care programmes (residential and community based), follow up and monitoring of tāngata whai ora / service users after treatment for acute conditions.

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## 2. Community Alcohol Withdrawal Regime

### 2.1 Access

- a) Tāngata whai ora / service user access to community alcohol withdrawal services is via the Intake Co-ordinator from BOPAS Tauranga. The Intake Co-ordinator accepts referrals from GPs, other health professionals and self-referrals.
- b) The community Detoxification Nurse will assess the tāngata whai ora / service user and set a plan in place to commence the withdrawal treatment. This plan will be reviewed at the BOPAS Adult Multidisciplinary Team (MDT) meeting prior to the treatment plan progressing.
- c) It is expected that tāngata whai ora / service users will make their own transport arrangements to get to and from the hospital for assessment or other safe settings as arranged by the Detoxification Nurse. Where tāngata whai ora / service users are unable to provide their own transport, the Detoxification Nurse and / or case manager may provide transport.

### 2.2 Assessment

- a) All tāngata whai ora / service users will receive a full bio psychosocial assessment (comprehensive) inclusive of risk assessment.
- b) All tāngata whai ora / service users shall be offered treatment appropriate to need. If community withdrawal is clinically indicated then this should be discussed with the tāngata whai ora / service user, significant others and GP and a treatment plan agreed upon.
- c) From the assessment, the need for community alcohol withdrawal will be ascertained using the following criteria. The DSM IV criteria for dependency to be met (see [Appendix 1](#)) and inclusive of any of the following: -
  - i. The tāngata whai ora / service user consents to the BOPAS community alcohol withdrawal assessment and treatment plan including monitoring and follow-up by a case manager.
  - ii. The tāngata whai ora / service user is assessed as being at risk for mild to moderate withdrawal syndrome.
  - iii. The Detoxification Nurse to be aware of primary health-care initiatives i.e. CarePlus, WINZ allowances as a means of reducing the cost to the tāngata whai ora / service user regarding GP consultations
  - iv. The tāngata whai ora / service user has nominated a support person who is available throughout the withdrawal period.
  - v. There are no current mental health or physical health problems, which would require inpatient withdrawal.
  - vi. The tāngata whai ora / service user has no history of withdrawal seizures or Delirium Tremens.
  - vii. The tāngata whai ora / service user has no history of acute psychosis.
  - viii. The tāngata whai ora / service user has no recent history of self-harm / suicide attempts
- d) The tāngata whai ora / service user's history of previous withdrawal / treatment will be taken into account. This information will be gathered in the comprehensive assessment phase.
- e) At the point of initial assessment by either referral agency, tāngata whai ora / service users will be informed of their rights and be provided with relevant literature regarding their rights and responsibilities.

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- f) Privacy and information sharing issues will be also be discussed with the tāngata whai ora / service user at the point of initial assessment and documented in the tāngata whai ora / service user's health record - refer to [2.5.1 P2 Health Information Privacy & Information Sharing](#).
- g) These issues include but are not limited to:
  - i. When and what information can be released to family / whānau and third parties,
  - ii. The tāngata whai ora / service user's preferences for when their information may be released, and
  - iii. Which family / whānau members might be informed about admission and treatment matters
  - iv. Support person
  - v. GP and / or referrer - (as some tāngata whai ora / service users may not realise that information will be shared between the GP / referrer and the BOPAS Community Alcohol Withdrawal programme
- h) All tāngata whai ora / service users will be required to sign an informed consent form agreeing to the community withdrawal regime. This will be lodged in the tāngata whai ora / service user's health record.

### 2.3 Treatment

- a) All tāngata whai ora / service users will have a Detox Treatment Plan completed. Information about the tāngata whai ora / service user and their family / whānau gathered by clinicians from the assessment identifies interventions and priorities for treatment. This information is recorded on the initial treatment plan following the completion of the assessment.
  - i. Both tāngata whai ora / service user and clinician contribute to and sign off the initial treatment plan, with input of the support person involved.
- b) The Alcohol Withdrawal Treatment Plan will include:
  - i. follow-up post withdrawal, including outpatient or residential treatment
  - ii. medication regime
  - iii. signed contract
  - iv. relapse prevention plan
- c) Copies of the treatment plan will be made by the Detoxification Nurse and forwarded to the tāngata whai ora / service user, the GP and kept in the tāngata whai ora / service user's health record.
- d) The Detoxification Nurse shall have daily contact with the tāngata whai ora / service user during the withdrawal period.
- e) During the withdrawal period the tāngata whai ora / service user, the Detoxification Nurse, BOPAS Medical Officer and support person will review the initial treatment plan as necessary.
- f) Any changes to the treatment plan are agreed to by the tāngata whai ora / service user and clinician and documented in the tāngata whai ora / service user's health record.
- g) For community alcohol withdrawal the plan will only proceed with the agreement of four (4) parties (tāngata whai ora / service user, support person, BOPAS Medical Officer, Detoxification Nurse). In cases where medium or high risk is identified, community alcohol withdrawal will not proceed.

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- h) At completion of the withdrawal the Detoxification Nurse will provide a written report to the GP, and this will be placed in the tāngata whai ora / service user's health record and be accessible to Mental Health & Addiction Services staff (including physical, self-discharge, other issues related to care). The report will also be offered to the tāngata whai ora / service user.

#### 2.4 Discharge

- a) All tāngata whai ora / service users will have a discharge plan that commences at assessment and continues during treatment. It is part of the treatment planning and MDT and tāngata whai ora / service user review processes, and involves the tāngata whai ora / service user, their support person, their GP, the BOPAS MDT and other services. Relapse prevention (maintaining the change) measures are included in discharge planning.
- b) The Detoxification Nurse and the tāngata whai ora / service user will review progress to ascertain that they are fit to be discharged from the withdrawal programme when:
  - i. The treatment goals have been achieved, or when
  - ii. The tāngata whai ora / service user indicates they do not want further treatment (see discharge against medical advice below), or when
  - iii. The tāngata whai ora / service user is involuntarily discharged.
- c) The discharge plan regarding withdrawal service provision will be managed by the BOPAS Case-Manager to ensure continuity of treatment.
- d) In the case of a tāngata whai ora / service user being involuntarily discharged the Detoxification Nurse will inform the GP by phone immediately, and follow through with the written report stating the reasons for the discharge and alternative service provision arranged.
- e) Discharge Against Medical Advice
  - i. The tāngata whai ora / service user will be discharged from the withdrawal programme if they begin consuming alcohol whilst on withdrawal (benzodiazepine) medication.
  - ii. The tāngata whai ora / service user's support person and GP will be informed immediately. The tāngata whai ora / service user's response and actions shall be documented in the tāngata whai ora / service user's health record and referral made to the appropriate service with the tāngata whai ora / service user's consent.
  - iii. The BOPAS Adult team will attempt to meet with the tāngata whai ora / service user to discuss future treatment as soon as possible after notification.

#### REFERENCES

- [Ngā Paerewa Health and Disability Services Standard. NZS 8134:2021](#)
- [National Alcohol Strategy. Ministry of Health. 2000 – 2003](#)
- [National Drug Policy 2015 - 2020. Ministry of Health. 2015](#)

#### ASSOCIATED DOCUMENTS

- [Appendix 1 Alcohol Dependency – DSM IV definition](#)
- [Appendix 2 Community Alcohol Withdrawal Process Flowchart](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 1.1.1 Informed Consent](#)

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- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.10 Assessment](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.17 Transition from MHAS](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual protocol CPM.M5.41 Alcohol Withdrawal – Mental Health & Addiction Services](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty policy 2.5.1 protocol 2 Privacy & Information Sharing](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual CPM.M5.25 Referral to MHAS](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Clinical Practice Manual CPM.M5.30 Treatment Plan](#)
- [Te Whatu Ora Hauora a Toi Bay of Plenty Relapse Prevention Plan Form Ref: MHS RPP](#)
- Te Whatu Ora Hauora a Toi Bay of Plenty BOPAS Assessment (Detox) form
- Te Whatu Ora Hauora a Toi Bay of Plenty BOPAS Consent to Request / Release Information Form
- [Te Whatu Ora Hauora a Toi Bay of Plenty Form 8014 Careplan for Clinical Institute Withdrawal Assessment for Alcohol \(CIWAA-R\)](#)
- Te Whatu Ora Hauora a Toi Bay of Plenty Family Support Scale Form
- Te Whatu Ora Hauora a Toi Bay of Plenty Consumer Contract (Detox) Form
- Te Whatu Ora Hauora a Toi Bay of Plenty Community Alcohol Withdrawal Clinical Pathway Checklist
- Te Whatu Ora Hauora a Toi Information Pamphlet: Supporting Someone Through Alcohol Withdrawals

## Appendix 1 Alcohol Dependence

- A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:
- Need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount of alcohol
  - The characteristic withdrawal syndrome for alcohol; or drinking (or using a closely related substance) to relieve or avoid withdrawal symptoms
  - Drinking in larger amounts or over a longer period than intended.
  - Persistent desire or one or more unsuccessful efforts to cut down or control drinking
  - Important social, occupational, or recreational activities given up or reduced because of drinking
  - A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of drinking
  - Continued drinking despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by drinking.
- B) No duration criterion separately specified, but several dependence criteria must occur repeatedly as specified by duration qualifiers associated with criteria (e.g., “persistent,” “continued”).

Source: Adapted from American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision*. Washington, DC: APA, 2000.

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## Appendix 2 COMMUNITY ALCOHOL WITHDRAWAL PROCESS FLOWCHART

ACTION	RATIONALE	TOOLS
<b>Referral</b> Referral received by Intake Co-ordinator	Reduce waiting times	CADS Intake form.
<b>Assessment</b> CADS. Intake Co-ordinator assesses consumer possibly requires withdrawal.	Assessment as close as possible to referral maximising tāngata whai ora / service user motivation.	Risk assessment
Handover at earliest opportunity to Detoxification Nurse	Efficient management of new referrals	CPM.M5.25 Referral to MHAS
Detoxification Nurse to complete comprehensive assessment.	Safety of tāngata whai ora / service user to receive home withdrawal service. Inclusion / exclusion criteria	Assessment form (Detox). Consent Form Family support scale Home Environment and Support Indicator Risk Assessment form
Detoxification Nurse to assess mental health and motivation to change.	Safety Exclusion criteria	Assessment form (Detox). Turning Point Booklet
BOPAS Medical Officer to conduct physical assessment to establish physical safety of tāngata whai ora / service user to undergo withdrawal process	Safety Inpatient detoxification referral if required.	Assessment form (Detox).
<b>MDT Meeting</b> Multidisciplinary Team Meeting to discuss assessment information.	Treatment decision point. Yes or no Start date set.	Consumer Detox Contract Treatment plan
<b>Treatment</b> Daily home visits.	Daily assessment and monitoring, Titrate medication, education. Support, relapse prevention	Clinical Pathway form CIWAA-R Form
<b>DISCHARGE</b> Discharge Planning	Referral on to appropriate counselling services and after-care programmes. Support until engaged in follow up services.	Discharge plan Relapse Prevention Plan

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