

Referral to the Women's Alcohol and Drug Service (WADS) Procedure



1. Purpose

The following document describes criteria for the referral to Women's Alcohol and Drug Service (WADS) and how a referral is taken and processed. This includes the referral for clinical care and secondary consultations.

2. Definitions

Women's Alcohol and Drug Service (WADS): The Women's Alcohol and Drug Service (WADS) provides specialist clinical services and professional support in the care of pregnant women with complex substance use and alcohol dependence. It utilises a multidisciplinary team approach to advance their health and well-being and the medical needs of their infants. In addition to clinical care, WADS provides assessments, training, clinical practice guidelines, secondary consultation and support to other maternity hospitals caring for pregnant women with drug and alcohol use, mentoring and secondary consultations to health professionals around Victoria.

Screening: A screening is undertaken to identify women who are likely to require more extensive assessment. The screening will identify women at risk and where outcomes can be improved by early intervention. Important considerations in a screening are:

- Nature and circumstances of alcohol and drug use
- Pregnancy factors
- Immediate risks for self-harm
- Past and present mental health disorders
- Past and present history of trauma and violence.

Assessment: Assessment is a process of identifying the nature and scope of the problem and determining specific treatment recommendations. An assessment will examine a woman's life in greater detail to ensure an accurate understanding of her drug and/or alcohol use, her experiences of physical, psychological harm and socio-economic history to determine specific treatment plans.

Assessment is not a once off event. Rather it is a fluid process undertaken throughout the course of treatment and care. An assessment will only be undertaken if a woman has been accepted into WADS care.

Secondary Consultations: Secondary consultations concern the provision of clinical advice and support to health and community professionals at their request. In a secondary consultation, patients may be seen.

3. Responsibilities

All clinical staff involved in the care of mothers and babies must be familiar with the procedure for referral to WADS.

Teamcare Coordinators and Social Workers are responsible for booking patients in for screenings by WADS.

Referral to the Women's Alcohol and Drug Service (WADS) Procedure



4. Procedure

4.1 Service

WADS routinely care for women with complex substance use and alcohol dependence, medical, social and psychiatric conditions. WADS aims to build a strong therapeutic relationship with women to ensure that both mother and infant have the best health and social outcomes.

The service is made up of the following specialties:

- Addiction Medicine
- Drug and Alcohol Counselling and Assessment
- Obstetric Care
- Midwifery Care
- Paediatric Care
- Assessing and Caring for babies with Neonatal Abstinence Syndrome
- Infant Home Based Withdrawal Program
- Methadone Stabilisation Program
- Mental Health Assessment
- Nutritional Care
- Pharmaceutical Advice and Assessment.

4.2 Criteria for Referrals

Referrals can either be self-referred, or referred by family, friends, community or health organisations or other service providers. Referrals are assessed under the following criteria in the Antenatal Period:

- Commencement of opiate substitution therapy/ treatment
- Alteration of opiate substitution therapy treatment
- Assistance with alcohol withdrawal and treatment
- Assistance with cannabis withdrawal/use and treatment
- Assistance with amphetamine withdrawal/use and treatment
- Assistance with benzodiazepine withdrawal/use and treatment
- Assistance with pain management in women with substance use
- Limited or no-antenatal care.

[Refer to Appendix 1: Complex alcohol and drug use criteria](#)

4.3 Procedure for Referrals

A referral must be faxed to WADS. When a referral is received, a screening will be undertaken within a 24 hour period by WADS. Contact is made with the referrer and the woman being referred to assess suitability. Following the screening, if the woman is assessed as appropriate for WADS, she will be booked in for assessment and a pregnancy booking.

Referral to the Women's Alcohol and Drug Service (WADS) Procedure



If the woman is suitable for care in Teamcare, contact will be made with the relevant referrer and a referral faxed to the Teamcare coordinator and social worker. If the woman is out of geographical location she will be referred to her local maternity hospital for management and care.

Refer to [Appendix 2: Women's Alcohol and Drug Service \(WADS\) Referral Flowchart](#).

Refer to medical record number: OP/20 for the 'Internal Referral' form.

Screenings will also be undertaken for women who present in the postnatal period.

4.4 Criteria for Secondary Consultations

Secondary consultation is the key to WADS service provision and support to RWH staff and external service providers. Criteria for secondary consultations include:

- Brief intervention/ education/ information
- Commence medication
- Pain management in women with substance use
- Withdrawal management
- Smoking cessation
- Advice regarding post discharge follow up
- Advice post alcohol withdrawal
- Peri-operative advice
- Delirium associated with substance use
- Any concerns about a pregnant woman's current use of prescribed and unprescribed substances of dependence.

5. Evaluation, monitoring and reporting of compliance to this guideline

Not yet developed.

6. References

1. Drug and Alcohol Office, NSW Health. National clinical guidelines for the management of drug use during pregnancy birth and for the newborn. Sydney 2006.
www.health.nsw.gov.au/pubs/2006/ncg_druguse.html
2. Cochrane Database of Systematic Reviews. Randomized controlled trials enrolling opiate dependent pregnant women: Cochrane Database of Systematic Reviews. 2008; (2): (CD006318)
3. Australian Government Department of Health and Ageing. Clinical Guidelines and Procedures for the use of Buprenorphine in the Treatment of Heroin Dependence. 2006.
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/buprenorphine-guide>
4. NH&MRC. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. NH&MRC Reference No: DS10, 2009. <http://www.nhmrc.gov.au/publications/synopses/ds10syn.htm>

Referral to the Women's Alcohol and Drug Service (WADS) Procedure



7. Legislation/Regulations related to this guideline

Not applicable.

8. Appendices

Appendix 1: [Complex alcohol and drug use criteria](#)

Appendix 2: [Women's Alcohol and Drug Service \(WADS\) Referral Flowchart](#)

The policies, procedures and guidelines on this site contain a variety of copyright material. Some of this is the intellectual property of individuals (as named), some is owned by The Royal Women's Hospital itself. Some material is owned by others (clearly indicated) and yet other material is in the public domain. Except for material which is unambiguously and unarguably in the public domain, only material owned by The Royal Women's Hospital and so indicated, may be copied, provided that textual and graphical content are not altered and that the source is acknowledged. The Royal Women's Hospital reserves the right to revoke that permission at any time. Permission is not given for any commercial use or sale of this material. No other material anywhere on this website may be copied (except as legally allowed for under the Copyright Act 1968) or further disseminated without the express and written permission of the legal holder of that copyright. Advice about requesting permission to use third party copyright material or anything to do with copyright can be obtained from General Counsel.

Complex alcohol and drug use criteria

Complex alcohol and drug use criteria:

This document outlines criteria for complex alcohol and drug use, factors relevant in a psychological assessment determining levels of risk and complexity. This document provides a chart that can be used by staff to assist in their decision making of where a woman is best placed for her care.

| Complex alcohol and drug use: yes = 1 No: 0 | Score |
|---|-------|
| Poly drug use (current) | |
| Presents as substance affected at appointment | |
| Denies drug use but presents as in withdrawal or affected by drugs | |
| Recent heavy ⁱ and regular ⁱⁱ use of a single drug or multiple drugs | |
| A strong desire or sense of compulsion to take the substance | |
| Impaired capacity to control substance-taking behaviour ⁱⁱⁱ | |
| Dependent on alcohol or other drugs- unable to function without the drug ^{iv} | |
| Evidence of tolerance to the effects of the substance, such that there is a need for significantly increased amounts of the substance to achieve intoxication or the desired effect | |
| Patient withdraws when ceases using substance (s) ^v | |
| Patient requires medication and ongoing assessment by addiction medicine in WADS service to manage withdrawal symptoms and drug use ^{vi} | |
| Preoccupation with substance use, as manifested by important alternative pleasures or interests being given up or reduced because of substance use ^{vii} | |
| Patient has entrenched drug using – regular use over a period of years ^{viii} | |
| Patient is on a high dose of methadone >100mg methadone | |
| Patient is nearing maximum dose of buprenorphine >32mg at 20 weeks into pregnancy | |
| Previous attendance to WADS clinic | |
| Total score: | |

Complex psychosocial circumstance and identification of risk: In addition to assessment of complex drug use, the worker will also assess the patient's psychological well-being, social context and circumstances. This will involve identifying and assessing indicators of risk, including mental health and

Complex alcohol and drug use criteria



emotional well-being and vulnerability to violence. The following indicators combined with complex drug use indicate that a referral to WADS is recommended.

| Psychosocial risks | Score |
|---|-------|
| Financial difficulty / Poverty | |
| Diagnosis of one or more psychiatric disorder | |
| Risk of self-harming behaviour | |
| History of trauma | |
| Instability of housing | |
| Limited or no family or social support | |
| Vulnerability to the violence's of others ^{ix} | |
| Forensic history, including recent incarceration | |
| History of child protection with self or older children | |
| Children out of care | |
| Family members using AOD | |
| Violent history towards others and / or capacity to harm others | |
| Lack of attendance and/ or engagement in care | |
| Poor historian/ Lack of disclosure | |
| Total score | |

A score of five or more in the category of complex alcohol and drug use in conjunction with a score of five or more in psychosocial risks indicates need for WADS management.

Non-complex Drug use: Patients identified as having less risk factors in both their drug use and their social functioning can be cared for via team care and managed through secondary consultation. The following factors can assist in determining non-complex drug use.

- Use of a single drug only over a short or extended period of time (for e.g. Cannabis)
- Irregular or non- recent drug use
- No or limited withdrawal on cessation of substances
- Limited psychological and physical harm associated with the drug use
- Strength in social functioning, including relationships with family and significant others and in meeting basic needs
- Does not spend long periods drug seeking.

Complex alcohol and drug use criteria



- Requires minimal medical consultation and management around AOD use or withdrawal
- Majority of pregnancy care has been in team care
- Engaged with Social work and/or social work is a good source of information and support
- Engaged with external psychosocial supports

¹ Heavy use relates to daily use, IV drug use. Periods of bingeing for 2-3 days. Patient is unable to engage in other activities. The patient spends long periods of time drug seeking. Patient experiences physical and psychological symptoms of withdrawal.

¹ Regular drug use is defined as daily use or use that occurs at a set time each week

¹ In terms of its onset, termination, or levels of use, as evidenced by the substance being often taken in larger amounts or over a longer period than intended

¹ <https://www.psychology.org.au/Assets/Files/Perspectives-Substance-Use.pdf>

¹ It's important not to be confused with the symptoms of a withdrawal state. For e.g. a 'hangover' is not necessarily an indicator or severe of dependent use

¹ Physical symptoms vary according to the substance being used. Psychological disturbances (e.g. anxiety, depression, and sleep disorders) are also common features of withdrawal. Typically, the patient is likely to report that withdrawal symptoms are relieved by further substance use. See CPG's in relation methadone stabilisation, alcohol and cannabis dependence in pregnancy and methamphetamine dependence in pregnancy

¹ http://www.who.int/substance_abuse/terminology/definition1/en/

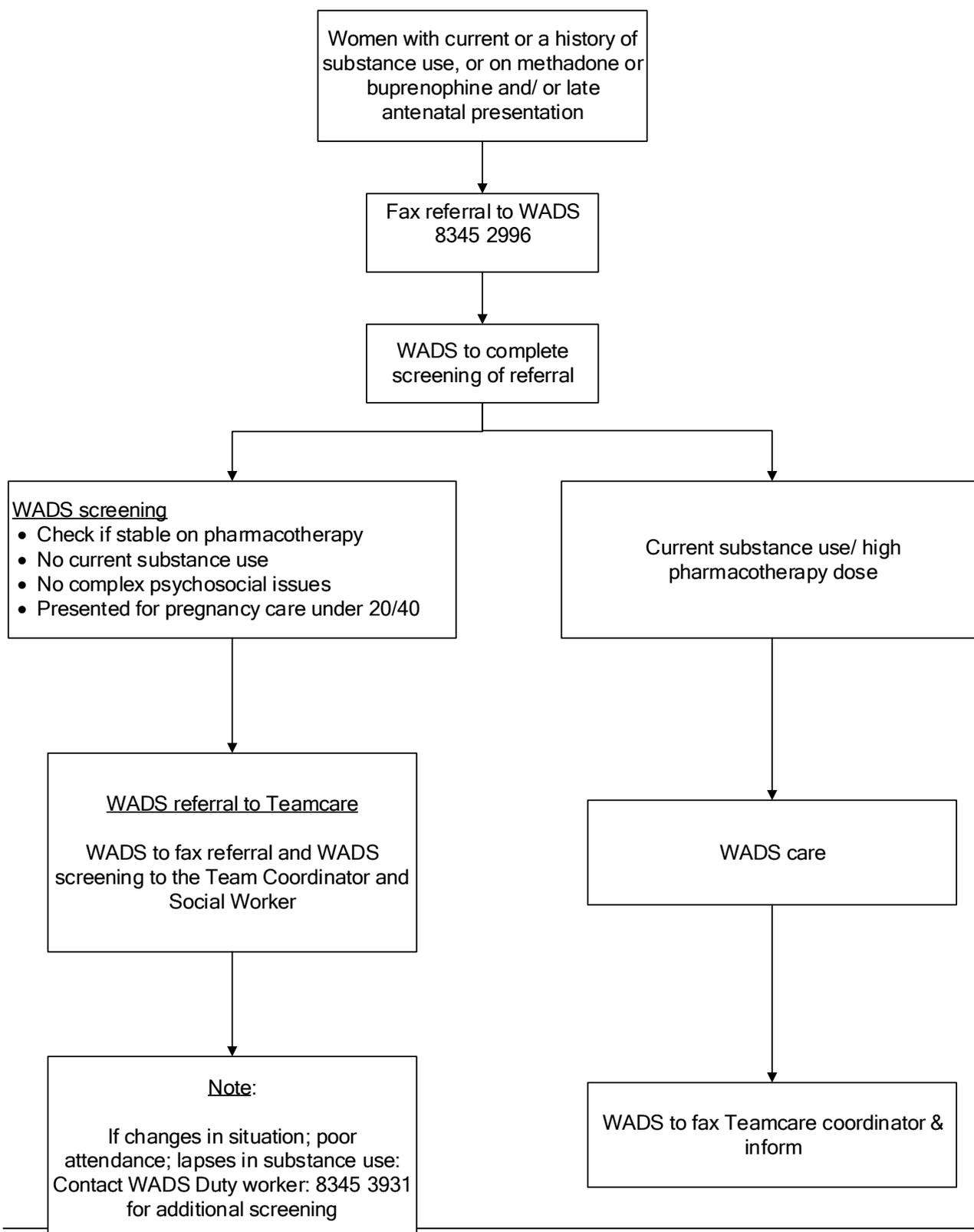
¹ Entrenched drug use relates to a patient that uses regularly and psychosocial circumstances are affected by the ongoing use. The patient is not able to do without the drug, engages in regular drug seeking behaviour and experiences withdrawal symptoms if not using the drug.

¹ http://www.who.int/substance_abuse/terminology/definition1/en/

Women's Alcohol and Drug Service (WADS) Referral Flowchart



Women's Alcohol and Drug Service (WADS) Referral Flowchart



Women's Alcohol and Drug Service (WADS) Referral Flowchart



ⁱ Heavy use relates to daily use, IV drug use. Periods of bingeing for 2-3 days. Patient is unable to engage in other activities. The patient spends long periods of time drug seeking. Patient experiences physical and psychological symptoms of withdrawal.

ⁱⁱ Regular drug use is defined as daily use or use that occurs at a set time each week

ⁱⁱⁱ In terms of its onset, termination, or levels of use, as evidenced by the substance being often taken in larger amounts or over a longer period than intended

^{iv} <https://www.psychology.org.au/Assets/Files/Perspectives-Substance-Use.pdf>

^v It's important not to be confused with the symptoms of a withdrawal state. For e.g. a 'hangover' is not necessarily an indicator or severe of dependent use

^{vi} Physical symptoms vary according to the substance being used. Psychological disturbances (e.g. anxiety, depression, and sleep disorders) are also common features of withdrawal. Typically, the patient is likely to report that withdrawal symptoms are relieved by further substance use. See CPG's in relation methadone stabilisation, alcohol and cannabis dependence in pregnancy and methamphetamine dependence in pregnancy

^{vii} http://www.who.int/substance_abuse/terminology/definition1/en/

^{viii} Entrenched drug use relates to a patient that uses regularly and psychosocial circumstances are affected by the ongoing use. The patient is not able to do without the drug, engages in regular drug seeking behaviour and experiences withdrawal symptoms if not using the drug.

^{ix} http://www.who.int/substance_abuse/terminology/definition1/en/