

GHB Withdrawal Admissions in an Australian Residential Detox

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Introduction and Aims: *A range of data sources suggest increasing GHB use in Australia over the past decade. This has been accompanied by trends in rising harms observed in community samples, particularly associated with co-use of methamphetamine. However, there is limited data available on patterns of dependent GHB use in Australian residential treatment samples, or severity of withdrawal, leading to a gap in evidence to guide clinical practice.*

Design and Methods: *We conducted a retrospective audit of electronic medical records for all GHB detoxification admissions at a metropolitan residential withdrawal unit (Turning Point) over a 12-month period (April 2020-March 2021). Cases were included if individuals reported at least weekly GHB use. Information audited included: (i) demographics (age, gender), (ii) substance use history (duration of GHB use, quantity and frequency of use, history of overdose; other substance use; previous detoxification history), (iii) clinical course and severity of withdrawal (seizures, transfers to ICU, clinical management, length of stay). Statistical analysis included characterisation of the sample using descriptive statistics.*

Results: *GHB withdrawal compromised a small proportion of admissions and few withdrawals were complicated. Diazepam was sufficient for medication-assisted withdrawal management in most cases with few prescribed baclofen. Most individuals were female, also methamphetamine-dependent and identified a forensic history and history of previous GHB overdoses.*

Discussions and Conclusions: *Co-use of methamphetamine, overdose and forensic history is prevalent in individuals attending for GHB withdrawal. GHB withdrawal can be safely managed in the inpatient setting, with reported quantities of GHB used not predictive of complicated outcomes.*

Implications for Practice or Policy (optional): *Individuals seeking inpatient GHB withdrawal should be screened for concurrent overdose, forensic and co-use of other drugs to facilitate appropriate harm reduction approaches and support. High doses of diazepam and baclofen can be safely administered in the inpatient setting to support withdrawal management, with complicated withdrawal outcomes uncommon.*

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