Ambulatory Gamma-hydroxybutyrate withdrawal management in a regional ambulatory withdrawal management clinic in Australia: a retrospective medical record review

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Abstract:
Objectives: Non-medical use of Gamma-hydroxybutyrate (GHB) is increasingly reported by individuals seeking treatment for substance use disorders. For dependent users, the management of GHB withdrawal often requires close monitoring due to the risk of complications, including delirium. Inpatient withdrawal management is the preferred treatment setting when complex withdrawal is anticipated. However, this setting is associated with barriers of availability, treatment delay, reduced patient acceptability and increased costs. Our health service implemented an ambulatory withdrawal management protocol to address this gap in treatment. We present clinical characteristics and treatment outcomes of individuals who received ambulatory withdrawal from GHB as their primary substance of dependence in 2025.

Material and Methods: We retrospectively reviewed records (01 January 2025-31 December 2025) and included presentations which were ≥ 18 years of age and ambulatory withdrawal management for GHB was commenced. Individuals were assessed for GHB usage pattern, treatment provided and treatment outcomes.

Results: We report 28 episodes of ambulatory withdrawal treatment in 20 patients. Eighty-five percent were female, 35% were Aboriginal people with mean age of 33.6 +/- 5.1 years (range: 25 – 45 years). Methamphetamine was reported as the secondary substance of concern in 82% of treatment episodes. The average time between the assessment and the commencement of treatment was 4.0 +/- 3.8 days (range: 0 – 12 days) and the average treatment duration for all patients was 8 +/- 6.5 days (range 1 – 27 days). Median self-reported GHB use was 30mL/24hours (range 3 – 108). Nine episodes (32%) were classified as successful treatment completion. There were no recorded episodes of seizure or delirium during withdrawal treatment. There was one unplanned hospital admission.

Conclusion: GHB withdrawal can be conducted safely in the ambulatory setting even at levels above the jurisdictional guidelines of 20mL per day, with no serious adverse events with appropriate safeguards in place.

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