

Detoxification

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Stages of treatment

- Getting stable
- Staying stable
- Detoxifying (withdrawing)
- Staying drug-free

Getting stable

- Medical – right dose of methadone/SBX
 - Holds for 24 hours?
 - Feels satisfied?
 - No buzz if uses heroin on top?
 - Not sedating?
- Psychosocial – disengaging from illicit drug scene

Staying stable

- Medical – adjusting pick-up:
 - Start with daily supervised consumption
 - Move to less frequent pick-ups when:
 - Attending appointments with doctor and worker
 - Understand risks of take-home medication
 - Trust and confidence has developed
 - Individual wants to come off supervised consumption
- Psychosocial – making lifestyle changes

Effects of dose increases

Date	Dose	PU	Meth	Op
19.09.00	50	DSC	+	+
16.10.00	60	DSC	+	+
30.10.00	70	DSC	+	+
16.11.00	80	DSC	+	+
06.02.01	80	DSC	+	-
15.05.01	80	3x	+	-

Summary of pre-detox prescribing

- High enough dose
- Safe enough pick-up
- Long enough duration
- Between clinic analysis:
 - Higher doses
 - Significantly fewer opiate+ urine samples
 - Significantly less injecting
 - Off daily supervised consumption
 - Significantly more opiate positive urine samples
 - Significantly more injecting

Detoxifying – overview 1

- Detoxification is DESTABILISING
 - Relapse:
 - Illicit drug use
 - Injecting
 - Infectious diseases
 - Imprisonment
- It is unusual for a person to only need one detox
- Expensive resources are frequently wasted
- Detox from a prescription is more successful than detox from heroin

Detoxifying – overview 2

- Patient should be **ready** (but patients should not stagnate on a script)
- **Setting** for detox should be considered
- **Method** of detox should be considered
- **Aftercare** should be in place

Detoxifying - readiness

- Is the patient “ready”?
 - Not using on top of their prescription
 - Can cope with being in a high risk environment without using
 - Can cope with crises and periods of distress without using
 - Has developed a lifestyle conducive to maintaining abstinence from drugs
 - Can cope with dose reductions without using
- Current circumstances stable
 - Separation?
 - Arrest/Imprisonment?
 - Holiday?
 - “It’s quicker than getting a script”?
 - Very chaotic?

Detoxifying - readiness

- Helpful to develop **detox criteria**
 - When to consider detox
 - Where to do detox - community/home/in-patient
- Helpful to have an agreed **care pathway** (which is adhered to and reviewed)
 - Everyone knows who does what, and when
 - Pre-detox work defined
 - Detox work defined
 - Post-detox work defined

Detoxifying – setting 1

- Community/home?
 - Good support
 - Comfortable environment
 - Food, warmth, toilets, quiet enough
 - Other drug users in house?
 - Dealers in neighbourhood?
- When costs and success rates are taken into account, the cost effectiveness of community detox is about the same as specialist detox units (but cases differ in severity)

Detoxifying – setting 2

- In-patient psychiatric beds – 2/3rd of service provision
 - Lower success rates (<45%), lots of problems, but work out cheaper than specialist units per completed detox
- Detox units – 1/3rd
 - Higher success rates (>70%), specialist nurses
 - Referral to a range of other useful agencies
 - Severe cases, pregnancy, mental health/suicidal, physical health, unsuitable home circumstances, forensic concerns
 - Can achieve a lot more than just a detox:
 - Problem-solving, relapse prevention, motivation work, PTSD/abuse
- Rehab units
 - Less severe cases?
 - Post-detox care immediately available

Detoxifying – methods

- Duration of detox
 - Large variations
 - Days - years for community
 - 4-77 days in-patient
 - Difficult to draw conclusions
 - Patient readiness
 - Method used
 - Setting used
 - No point in dragging it out - life events intervene
 - No point in going too quickly - patient feels out of control
- Medication
 - Symptomatic relief
 - Detox medication - Methadone, Subutex, Lofexidine?
 - Plus or minus naltrexone

Detoxifying – method 1 community detox from heroin

- Stop heroin
 - Short history of dependence (<6 months)
 - Not injecting
 - Psychosocial stability
- Give symptomatic relief
 - Ibuprofen – for muscle cramps
 - Buscopan – for abdominal cramps
 - Mirtazapine – for sleep
- Usually fails!

Detoxifying – method 2

community detox from a script

- Gradual dose reductions of methadone or Subutex in community
 - High starting doses:
 - Typically 10mls methadone per fortnight down to 30-40mls daily
 - Then 5mls methadone per fortnight
 - 2-4mg per fortnight reductions in Subutex down to 6mgs daily
 - Then 0.8 – 0.4mg Subutex per fortnight
- Often requires re-stabilisation as heroin use starts again during withdrawal
- Main means of detox in some areas, especially if little access to home detox nurses or in-patient unit

Effects of dosage reduction

Date	Dose	PU	Meth	Op
21.01.97	75	DSC	+	-
11.02.97	65	DSC	+	-
20.05.97	55	DSC	+	+
03.07.97	60	DSC	+	+
04.09.97	75	DSC	+	+
16.10.97	75	DSC	+	-

Detoxifying – method 3

home detox with specialist nurses

- Home:
 - Lofexidine
 - Subutex
 - Nursing support
 - 2-3 weeks
 - +/- naltrexone
- Success rates depend on patient selection

Detoxifying – method 4

Detox unit – New House

- Methadone reductions - detox:
 - 29 days, 40% completion
 - Late “failures”
- Lofexidine – detox:
 - 10 days, 50-70% completion
 - Early “failures”
- Subutex/naltrexone - transfer:
 - 5 days, 80% completion
 - Early “failures”

Methadone vs Lofexidine 1998/9

- Methadone
 - Days/failure = 17 (58%)
 - Days/success = 34 (42%)
 - £/failure = £3,266
 - £/success = £8,131
- Lofexidine
 - Days/failure = 3 (29%)
 - Days/success = 11 (71%)
 - £/failure = £1,434
 - £/success = £4,823

Lofexidine vs Subutex/naltrexone 2004/5

- Lofexidine
 - Medication = £53.04
 - Beds = 6.1 days
 - Completed = 56%
 - £/success = £ 2,273
- Subutex/naltrexone
 - Medication = £37.45
 - Beds = 4.4 days
 - Completed = 82%
 - £/success = £1,118

Staying drug-free

- Naltrexone (? plus antidepressant)
 - Availability of open Mu receptors correlates with level of craving
- Close support +/- specific therapy
- Rescript if required
- Re-detox

Summary - basics

- **Stabilise** on a prescription before detox (ideally)
- Have a **care pathway**
 - patient has understanding of the treatment journey
 - providers are as “joined up” as possible
- Have **criteria** for community/home/in-pt detox
 - so patient has targets and goals to aim for
 - resources are not wasted
- Prepare for post-detox **aftercare**
 - intensity of work will increase after a detox
- More will be gained by **getting basics right** than by doing fancy detoxes!