

# *Substance misuse*



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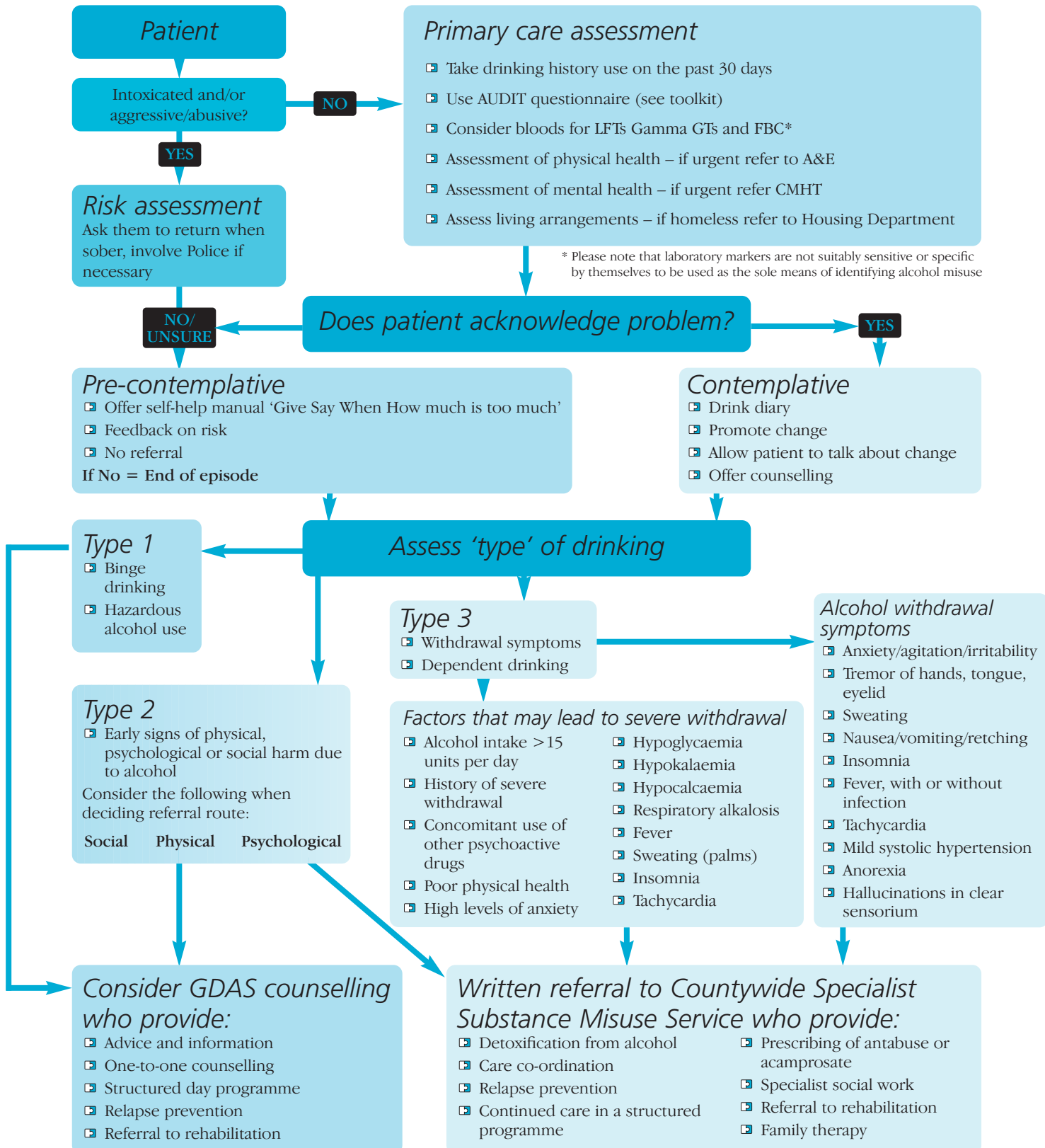
## **PATIENT FACTSHEET**

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# Substance misuse guideline: Alcohol

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.



## Treatment after Detoxification

Detoxification is only the very first step in stopping drinking. The patient will need follow on help and support to maintain abstinence. This will probably include the Countywide Specialist Substance Misuse Service, but other services and supports can be very beneficial. Here are some local groups and contact telephone numbers:

<b>AA</b>	<b>01452 414515</b>
<b>Drink Line</b>	<b>0800 9178282</b>
<b>NHS Direct</b>	<b>01454 627000</b>
<b>Gloucestershire Drug &amp; Alcohol Service (GDAS)</b>	
<b>Gloucester</b>	<b>01452 385757</b>
<b>Cheltenham</b>	<b>01242 584881</b>
<b>Stroud</b>	<b>01453 755711</b>
<b>Forest of Dean</b>	<b>01594 825656</b>

## Aftercare for supporters

We believe that the process of stopping drinking is not only difficult for the patient but also for their close relatives and friends. This may include couple or family work at the Countywide Specialist Substance Misuse Service.

Other support is available from:

<b>Al Anon</b>	<b>020 7403 0888</b>
<b>Families Anonymous</b>	<b>0171 498 4680</b>
<b>Gloucestershire Drug &amp; Alcohol Service (GDAS)</b>	
<b>Gloucester</b>	<b>01452 385757</b>
<b>Cheltenham</b>	<b>01242 584881</b>
<b>Stroud</b>	<b>01453 755711</b>
<b>Forest of Dean</b>	<b>01594 825656</b>
<b>Frank drugs help line</b>	<b>0800 917 8282</b>

**Countywide Specialist  
Substance Misuse Service**

**Telephone: 01452 891260 / 01242 274838**



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## ***What is home detoxification?***

The home alcohol detoxification process enables people who are physically dependant upon alcohol to withdraw from alcohol in their own homes.

Whilst withdrawing from alcohol the patient will be visited daily for the first 3 days by a professional Health Care Worker, thereafter the frequency of visits will depend on how the patient is progressing and how everyone is coping with the detoxification.

The Health Care Worker will monitor withdrawal symptoms, offer support, and will liaise with your General Practitioner (Doctor) regarding the prescribing of the detoxification medication

## ***What are alcohol withdrawal symptoms?***

Physical withdrawal symptoms from alcohol normally last 3 to 5 days and most symptoms are over after 7 days.

The most common symptoms occur approximately 8 hours after stopping drinking and may include shaking, irritability, restlessness, sweating and vomiting.

Between 48 hours and 72 hours after stopping drinking there is a very small risk of severe withdrawal symptoms such as epileptic type fits and delirium tremens (DTs). These are usually prevented by medication,

but if they do occur emergency medical help should be sought.

## ***What medication is used?***

- Chlordiazepoxide - reduces the withdrawal symptoms and is taken over a period of 7 to 10 days as part of the reducing regime. It is not recommended for longer periods due to the risk of addiction.
- Carbamazepine (an anti fit tablet) many people will be prescribed this for 7 to 10 days.
- Thiamine and/or Vitamin injections help prevent brain and nerve damage

## ***Diet & fluid intake during detoxification***

Because of the excessive sweating and possible vomiting it is important to drink plenty of fluids such as water, squash or milk during the detoxification. It is advisable to avoid tea or coffee as these might cause further dehydration.

If possible take small regular meals but do not worry if food cannot be tolerated within the first 3 days. It is important not to force people undergoing detoxification to eat.

## ***Environment***

When people detoxify from alcohol their nervous system is over excited. This may cause them to be oversensitive to light and noise, and make them feel anxious and irritable. It is important to keep the surroundings calm and quiet whenever possible.

## ***When do people start to feel better?***

Alcohol withdrawal symptoms are worse 24 to 48 hours after stopping alcohol. The patient usually feels a lot better within 3 to 4 days providing they adhere to their plan of care and treatment.

Dysphoria (sadness) and anxiety can also occur in the weeks after detoxification. Most of the time these symptoms go spontaneously. Occasionally antidepressant treatment is necessary.

## ***Contact Numbers***

We will visit you for the first 3 days of your detoxification and will also be available during office hours.

Community team nurse:

Telephone No:

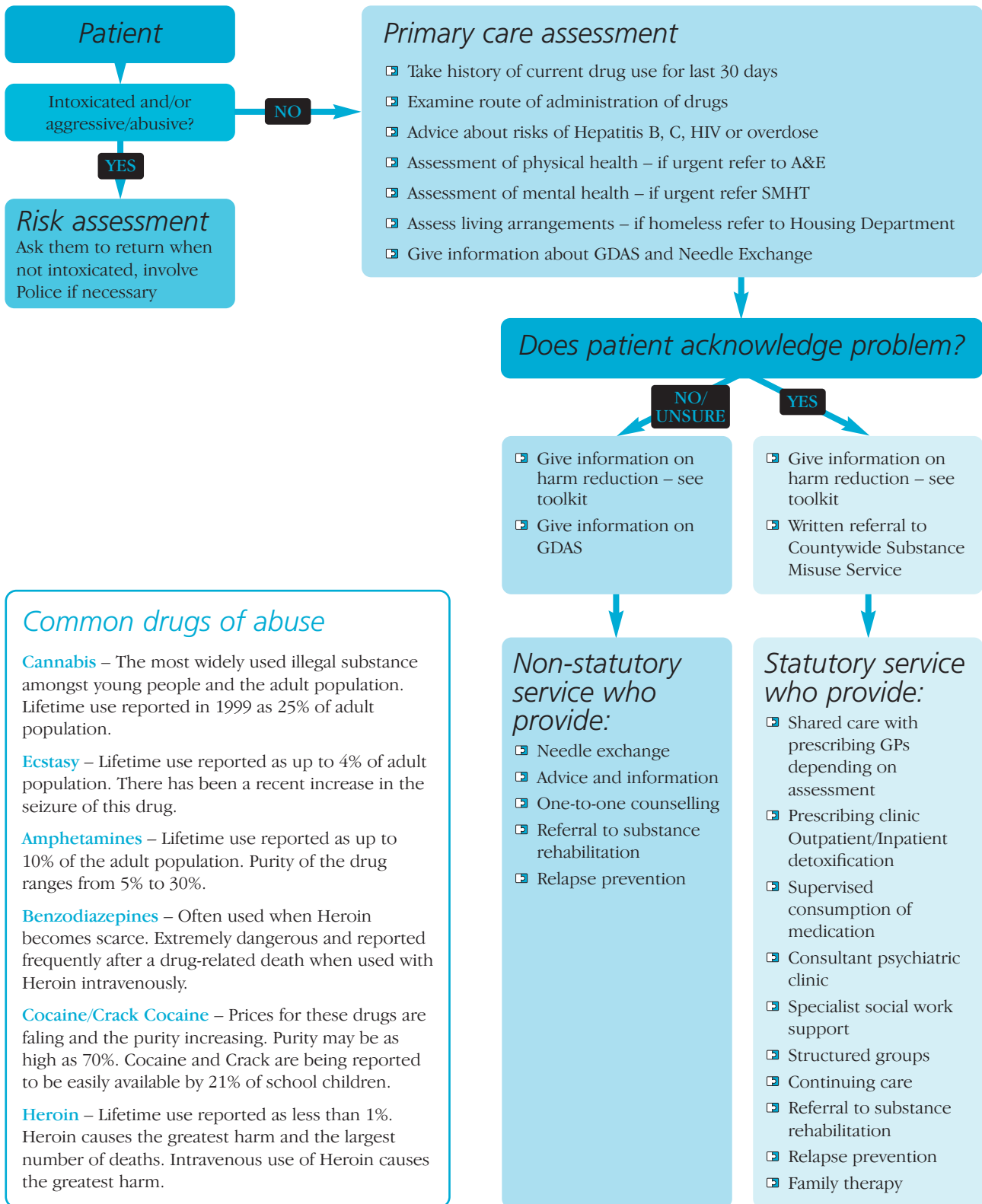
GP Name:

Telephone No:

In case of emergency call the GP

# Substance misuse guideline: Drugs

This guideline gives general guidance only and cannot replace clinical judgement in individual cases.



## **Naltrexone**

Everyone who is detoxing should think about going on Naltrexone afterwards. It is available in tablet form. You take it on a daily basis. It blocks your body's Opiate receptors for 3 days after taking Naltrexone. If you do use on top either there will be no effect, or you may experience withdrawal symptoms. If you try to override the Naltrexone by taking bigger doses you will overdose (OD) before you experience any pleasure, and also Naloxone (the usual medication given by Doctors to treat overdose) will not work.

### **Important**

***Please remember that once you have detoxified from Opiates and/or Methadone, your tolerance to these drugs (the amount your body can cope with) is reduced to that of someone who has not been addicted. Therefore, if you do relapse/or use Opiates lower the amount taken or you will overdose.***

## **Aftercare for patient**

Detoxification is only the very first step in stopping drugs. The patient will need follow on help and support to help maintain abstinence.

**Local groups and contact phone numbers:**  
Narcotics Anonymous (NA) 01452 418515  
Frank Help Line 0800 776600  
NHS Direct 0845 4647

## **What is community detox?**

Community drug detoxification enables people who are physically dependent upon drugs to withdraw from drugs without going into hospital.

Whilst withdrawing from drugs the patients will be visited daily for the first 3 days by a professional Health Care Worker, or seen in the daily Supervised Consumption Clinic. Thereafter the frequency of visits will depend on how the patient is progressing and how everyone is coping with the detoxification.

The Health Care Worker will monitor withdrawal symptoms, offer support and will liaise with the General Practitioner (Doctor) regarding the prescribing of the detoxification medication.

## **What are Opiate withdrawal symptoms?**

Physical withdrawal symptoms from Opiates are often described as 'like a bad dose of flu'. These physical symptoms are accompanied by psychological symptoms such as dysphoria (sadness), and you may find that you are very emotional in the first few weeks after detox. There are several reasons for this. One possibility is that the level of the brain chemical Dopamine may be low because of your drug use (it will



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## **GUIDELINES**

## **FOR HOME**

## **DETOXIFICATION**

## **FROM OPIATES AND METHADONE**

**Countywide Specialist**

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**Telephone: 01452 891260 / 01242 274838**

return to normal after a few weeks). Another is that the drugs enabled you to blot out sad or unhappy events in your life, and coming off drugs brings the feelings flowing back because you have not dealt with them emotionally.

These emotional symptoms will be helped by counselling and support, you don't have to suffer in silence! Occasionally antidepressant medication is necessary.

### ***What medication is used?***

Patients detoxifying from Methadone are usually prescribed the following medication to help reduce withdrawal symptoms:

- Patients are normally stabilised on Methadone or Subutex and then detoxify. Some people convert from Methadone to Subutex. Subutex detoxification is usually achieved by reducing the dose gradually over 12 to 36 days. Very little additional medication is needed except sleeping tablets.
- Lofexidine acts by blocking the chemical Noradrenaline which is responsible for most of the withdrawal symptoms. It can affect blood pressure, so the dose is increased gradually over the first 3 to 4 days of treatment, and gradually tailed off at the end of the detox.

- Diclofenac / Brufen are anti-inflammatory drugs similar to aspirin. They are useful for muscular back and joint pain. They are not addictive. They can irritate the stomach lining, so should be taken with food or milk. They should not be used in pregnancy, Paracetamol should be used instead.

- Buscopan is an anti diarrhoea drug which will also reduce stomach cramps.

If sleep is a problem please try some of the methods suggested on the "sleep handout", and remember it will get better.

Sedatives such as Zopiclone, Zolpidem, or Benzodiazepines (Nitrazepam, Lometazepam or Lorazepam) may be used to restore your sleep pattern.

They should not be taken continually for more than 3 weeks due to the risk of becoming addicted to them.

### ***Diet & Fluid intake during detoxification***

If possible take small regular meals, but do not worry if food cannot be tolerated within the first 3 days. It is important not to force people undergoing detoxification to eat, but it is important to drink plenty of fluids avoiding caffeine which might increase anxiety and make your sleep worse.

### ***Environment***

When people detoxify from drugs their nervous system is over excited. This may cause them to be over sensitive to light and noise and make them feel anxious and irritable. It is important to keep the surroundings calm and quiet whenever possible.

### ***When do people start to feel better?***

Opiate withdrawal symptoms peak at day 5 in the standard Lofexidine detoxification, and can occur 2 to 3 days after stopping Subutex.

Most acute symptoms are significantly improved by the second week of detox. Sleep problems can last for several weeks after stopping opiate/opioid medication, and short term low mood can also occur. For these reasons it is important to maintain contact with your care co-ordinator, and to receive support and information on relapse prevention in the weeks immediately after detox.

# Management of drug and alcohol problems in primary care

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## Evidence base

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- ❑ Problem drinkers are twice as likely to visit their GP than the average patient (Deehan 1998)
- ❑ Brief interventions delivered by GPs and practice staff have been shown to be effective in changing drinking behaviour (Bien 1993)
- ❑ Treatment (medical and social) is effective in maintaining the health of the individual and promoting the process of recovery (DoH, 1999)

It is important to realise that some alcohol misusers may:

- ❑ have symptoms of alcohol withdrawal overlooked during an intercurrent illness (DBT 2001)
- ❑ be, or appear to be, sober or unexceptional at interview
- ❑ have no obvious signs of substance misuse.

## Brief intervention

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- ❑ **Feedback** – review the problems experienced by the patient.
- ❑ **Responsibility** – emphasise that changing drugs use is the patient's choice.
- ❑ **Advice** – advise that the patient cut-down or abstain.
- ❑ **Menu** – provide options such as self-help manual, GDAS, or other options.
- ❑ **Empathy** – use a warm understanding approach.
- ❑ **Self-efficacy** – encourage optimism about change.

## Motivational interviewing

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- ❑ Express empathy
- ❑ Avoid argument
- ❑ Roll with resistance
- ❑ Support self-efficacy and optimism
- ❑ The client/patient should present the argument for change.

# Audit: Alcohol use disorders identification test

This questionnaire was developed by the World Health Organisation to identify persons whose alcohol consumption has become hazardous to their health.

**One unit of alcohol is:**

½ pint average strength beer/larger

**OR** one glass of wine

**OR** one single measure of spirits.

**Note:** A can of high strength beer or larger may contain 3–4 units.

Enter relevant number in the box for each question

**1. How often do you have a drink containing alcohol?**

- (0) Never
- (1) Monthly or less
- (2) 2–4 times a month
- (3) 2–3 times a week
- (4) 4 or more times a week.

**2. How many units of alcohol do you drink on a typical day when you are drinking?**

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8 or 9
- (4) 10 or more

**3. How often do you have six or more units of alcohol on one occasion?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**4. How often during the last year have you found that you were not able to stop drinking once you had started?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**5. How often during the last year have you failed to do what was normally expected from you because of drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**7. How often during the last year have you had a feeling of guilt or remorse after drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?

- (0) No
- (1) Yes but not in the last year
- (2) Yes, during the last year

10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?

- (0) No
- (1) Yes but not in the last year
- (1) Yes, during the last year

Record total of specific items here

If the total is over 8, alcohol use disorder is very likely.

## References:

Conigrave KM *et al.* (1995) *Predictive capacity of the AUDIT questionnaire for alcohol-related harm.* *Addiction* 90: 1479–1485

Piccinelli M *et al* (1997) *Efficacy of the alcohol use disorders identification test as a screening tool for hazardous alcohol intake and related disorders in primary care: a validity study.* *Brit Med J* 314: 420–424

MacKenzie DM *et al* (1996); 31 591–599

## ALCOHOL DETOXIFICATION RECOMMENDED REGIME

Detoxification Regimen: Example  
10 Day Treatment – Chlordiazepoxide Reducing Scale

Day 1	20mg qds	= 80mg
Day 2	20mg qds	= 80mg
Day 3	15mg qds	= 60mg
Day 4	15mg qds	= 60mg
Day 5	10mg qds	= 40mg
Day 6	10mg qds	= 40mg
Day 7	5mg qds	= 20mg
Day 8	5mg qds	= 20mg
Day 9	5mg qds	= 10mg
Day 10	5mg qds	= 10mg

### EXPLANATORY NOTES

#### CHLORDIAZEPOXIDE/other BENZODIAZEPINES

- Detox regimes should last 7–10 days, THEN STOP!
- The starting dose of 20mg Chlordiazepoxide qds assumes that the patient is drinking at least 30 units per day.
- For patients drinking less than this amount the starting dose should be reduced accordingly e.g. 24 units would start at 15mg qds and the detoxification regime would therefore run for only 8 days.
- Alcohol withdrawal symptoms should be monitored closely throughout detox. If the patient is over sedated doses may be omitted. Overt signs of withdrawal should lead to an increase in Benzodiazepine dose max dose is 120 mg daily (Chlordiazepoxide).
- Patients who are elderly or have severe liver disease are probably better treated with Oxazepam or Lorazepam (although they are not licensed for alcohol detox).

#### DIAZEPAM RECTAL TUBES

10mg stat dose PR should be the first intervention in the case of alcohol withdrawal fit.

#### CARBAMAZEPINE

(Not specifically licensed for Alcohol Detox)  
For patients at risk of fitting and those drinking in excess of 30 units per day Carbamazepine 200mg bd for 5 days, followed by 200 mg od for 2 nights.

#### ACAMPROSATE

For clients who seek abstinence but are struggling to resist cravings:

Acamprosate (CampralEC): A non-aversive therapy to maintain abstinence in recently detoxified alcohol dependent clients. Initiate from day one of detox.

### VITAMIN REGIMES

- For established Korsakoffs/Wernicke's:  
2 pairs of Pabrinex amps in 100 ml infusion of saline or 5% glucose given over 15-30 minutes, 8 hourly for 3 days.
- For partial Wernicke's/Korsakoffs syndrome and continuation of treatment of Wernicke's or Korsakoffs:  
1 pair of Pabrinex amps given by slow IV injection over 10 minutes or IM daily for 5 days.
- For patients with no established signs of Wernicke's or Korsakoffs:  
Thiamine (Oral) 100 mg bd for 10 days.
- For follow up after Pabrinex treatment  
Thiamine 100 mg bd for 28 days.

### MANAGEMENT OF DTs

- Chlordiazepoxide starting dose of 30mg qds for 2 days then reduce. If symptoms do not respond change to:
- Chlormethiazole (Heminevrin) 2–3 capsules 4–6 hourly maximum dose 12 capsules in 24 hours. Once the dose is established the same dose the next day then reduce the dose by 2–4 capsules each day. End the detox on Day 7.

**No one should be discharged on  
Chlormethiazole.  
It is not recommended for use in the  
Community.**

- Pabrinex IMHP injection (instead of oral thiamine) one pair of ampoules daily for 5 days.
- Carbamazepine as per regime.
- Fluids should be maintained U&Es + Glucose should be checked during period of confusion.
- Haloperidol 5mg qds PRN can be given to treat acute psychotic symptoms and agitation.

# Patient fact sheet

## 1 Responsible drinking guidelines

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### Responsible or low risk:

Level at which drinking is unlikely to cause health problems

#### *Men*

3 units per day, with a maximum of 21 units per week spread throughout the week (including at least 2 alcohol free days per week)

#### *Women*

2 units per day with a maximum of 14 units per week spread throughout the week (including at least 2 alcohol-free days per week)

### Hazardous or increased risk:

Level at which there is an increasing risk of problems such as raised blood pressure, stroke, liver cirrhosis

#### *Men*

3–7 units per day, or 22–49 units/week

#### *Women*

2–5 units per day, or from 15–35 units/week

### Harmful or definitely dangerous:

Sustained drinking at this level is likely to cause physical, mental, social problems

#### *Men*

7+ units per day, or 50+ units per week

#### *Women*

5+ units per day, or 35+ units per week

*Source: Medical Council for Alcohol Abuse*

### Alcohol content of alcoholic drinks

#### *Beers, lagers, cider*

Ordinary strength (3.5 or 4% ABV)

1 pint = 2 units

1 large can (500 ml) = 2 units

### *Table wine*

- 1 small glass white (8 or 9% ABV) = 1 unit
- 1 small glass red (11 or 12% ABV) = 1.5 units
- 1 large glass (175 ml) red (12%) = 2 units
- 1 bottle = 7–10 units
- 1x 75 cl bottle of 12% proof red = 9 units
- 1x 75 cl bottle of 9% proof white = 7 units

### *Extra strong beers, lagers, cider*

- Extra strong (8 or 9 % ABV)
- 1 pint = 4 units
- 1 can = 4 units

### *Spirits*

- 1x standard measure = 1 unit
- 1x 75cl bottle of spirits = 28 units

### *Alco-pops*

- 1x 330 ml bottle (5%) = 1.5 units
- 1x 20cl bottle (13.5%) = 2.7 units

**1 unit = 8g or 10ml (1cl) of pure alcohol**

**ABV = Percentage of Alcohol by Volume**

**To work out the exact number of units in a drink, multiply the volume of the drink (in ml) by the %ABV and dividing it by 1000.**

*World Health Organisation Collaborating Centre for Research & Training for Mental Health, eds. WHO Guide to Mental Health in Primary Care. London: Royal Society of Medicine*

# 2 Harm reductions: Advice about safer drug use

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## Where?

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### *Safer places to use drugs*

Taking drugs with friends is safer than doing it alone.

Avoid using drugs in isolated places eg toilets, derelict buildings, canal banks, railway lines

## How?

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### *Safer methods of taking drugs*

Swallowing, smoking or inhaling drugs is safer than injecting, though still not without risks – once you have swallowed or eaten a drug the effects can be delayed for 1–2 hours and may be stronger than you expected.

Injecting drugs is more risky because there is a greater chance of:

- ❑ overdose
- ❑ blood poisoning (septicaemia)
- ❑ infection
- ❑ abscesses
- ❑ gangrene
- ❑ blood clots (thromboses)
- ❑ death.

If you intend to inject drugs, help and advice is available from your local needle and syringe exchange. It is more dangerous to inject in big veins like the groin or neck.

## It is safer not to inject

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- ❑ **Sharing** needles, syringes, filters, spoons and water should always be avoided to reduce the risk of HIV, Hepatitis B and C transmission. Ask your GP about Hepatitis B vaccination. Don't be tempted to use other people's 'wash outs'. It isn't just the needle that's dangerous; it's everything used for injecting that could pass on the virus.
- ❑ **Hygiene** is very important when injecting drugs – always remember to use clean, preferably new, equipment and make sure your hands and the injection site are clean.
- ❑ **Mixing drugs.** Avoid cocktails of drugs – mixing drugs makes it more difficult to predict what will happen and for how long.
- ❑ **Combining alcohol and drugs is surprisingly risky** – it can lead to respiratory depression which means you may stop breathing. A further risk is that you may choke on your vomit. Many accidental overdoses and deaths are thought to be due to people mixing drugs, particularly alcohol.

## Remember, less is safer

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### *Special risks*

A **drug-free period** (eg prison, rehab) leads to reduced tolerance. You will find that a smaller dose is needed to achieve the same effects. Your previous dose is likely to result in **overdose, even death.**

Intoxication can reduce your inhibitions and make you less careful, putting you at greater risk of:

- ❑ Sharing injecting equipment
- ❑ Overdose
- ❑ Unsafe sex
- ❑ Being a victim of crime

### *Drugs from an unknown source*

Illicit drugs vary considerably in their strength which may lead to overdose. Be careful (eg take a test before you use your usual amount) when using any drugs which look different from those you are used to. When buying from an unknown dealer or when you know the drugs come from a different source (eg Pakistan not Turkey), pay attention to the experiences of your friends.

## What to do if someone overdoses

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- ❑ Make sure they've got fresh air.
- ❑ Turn them onto their side (not their back) on the floor and try not to leave them alone (otherwise if they are sick, they may inhale vomit).
- ❑ Dial 999 immediately and ask for an ambulance.
- ❑ Collect any powders, tablets or anything else that may have been used in taking the drug – give them to the ambulance driver. If you know what drugs have been taken, tell the emergency services. This could save their life.
- ❑ If you are aware of other First Aid measures, use them.

*Taken, with permission, from: World Health Organisation Collaborating Centre for Research & Training for Mental Health, eds. WHO Guide to Mental Health in Primary Care. London: Royal Society of Medicine Press, 2000.*

## *Naltrexone after detoxification*

Everyone who is detoxing should think about going on Naltrexone afterwards. It is an opiate blocker. It is available in tablet form. The usual starting dose is 25mg tablets, increasing to a maintenance dose of 50mg tablets daily. If Opioids or Opiates (Heroin, Methadone, Dicanol etc) are used within 3 days of taking Naltrexone, either there will be no effect or you may experience withdrawal symptoms. If you try to over-ride the Naltrexone by taking bigger doses you will overdose (OD) before you experience any pleasure. Also Naloxone (the usual medication given by Doctors to treat overdose) will not work.

Using on top of Naltrexone is therefore potentially fatal. It may be helpful for you to take it for a short time after your detox to boost self-control. It is best if a partner, parent or friend supervises you taking it. This may increase their faith in you and help rebuild your relationship with them.

Naltrexone does have some side effects. Before you take it you must have a blood test to check your liver function and this must be monitored whilst you take Naltrexone. The Naltrexone booklet gives you more information about side effects.

Please ask for one.

## **IMPORTANT**

*Please remember that once you have detoxified from Opiates and/or Methadone your tolerance to these drugs (the amount your body can cope with) is reduced to that of someone who has not been addicted. Therefore, if you do relapse or use opiates then lower the amount taken or you will overdose.*



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## *Types of*

## *Detoxification*

## *available for Opiate*

## *withdrawal*

## *Side Effects*

**Countywide Specialist**

**Substance Misuse Service**

**Telephone: 01452 891260 / 01242 274838**

## Introduction

This leaflet is designed to inform you about medication that is used in opiate detoxification. It should help you to make a decision about what type of detox you want to have.

It is important to plan your detox carefully with your Care Co-Ordinator, and also to work out a plan of what you will do afterwards. Detoxification is only the beginning of the process and should not be treated lightly.

## Drugs used in withdrawal programmes:

### LOFEXIDINE:

Acts by blocking the chemical Noradrenaline, which is responsible for most of the withdrawal symptoms. It can affect blood pressure, so the dose is increased gradually over the first 3 to 4 days of the treatment, and gradually tailed off at the end of treatment. It has very few other side effects, except for causing a dry nose and mouth.

### DICLOFENAC/BRUFEN:

Are anti-inflammatory drugs similar to aspirin. They are useful for muscular, back and joint pain. They are not addictive. They can irritate the stomach lining and so should be taken with food or milk. They should not be used in pregnancy.

### BUSCOPAN:

Is an anti diarrhoea drug which will also reduce stomach cramps.

### SEDATIVES:

Such as: **Zolpidem or Benzodiazepines (Nitrazepam, Lormetazepam, Lorazepam)**

may be used to help restore your sleep pattern. They should not be taken continually for more than 3 weeks due to the risk of addiction.

If sleep is a problem please try some of the methods suggested on the sheet "sleep problems", and remember it will get better.

### SUBUTEX:

Is a new drug which acts both as a replacement for Heroin or Methadone, and also as a blocker for other opiates. It seems to be easier to detox from. You can convert to Subutex once you are down to 30ml of Methadone or we can use Subutex during your inpatient admission to help with withdrawal symptoms. Three days after stopping Subutex, Naltrexone can be started.

## The Naloxone challenge: (Sezincote Ward inpatients only)

Naloxone injections are used in Heroin/Methadone overdoses to neutralise the effects of Opiates. It can also be used to clear Opiates out of the body more quickly (and therefore reduce the length of time that

you will suffer withdrawal symptoms) and as a test before going on Naltrexone. It is given as a slow I.V. injection, and the dose given depends very much on your response. You will experience withdrawals for 40 to 60 minutes.

Usually the Naloxone is given on 2 to 3 consecutive days until a maximum dose is reached.

After you have completed the course you may go on to take Naltrexone.

## Naltrexone detox: (Sudeley Ward inpatient only)

This is a short sharp detox. People can detox from high doses of Methadone.

The patient is sedated and then given half a tablet of Naltrexone which causes an irreversible withdrawal. Withdrawal symptoms are therefore more severe but may be less prolonged with this method.

# 4 Resources for drugs and alcohol

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## National organisations

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### *Al – Anon Family Groups UK and Eire (local groups)*

61 Great Dover Street, London SE1 4YF  
**24-hr helpline: 020 7403 0888**  
Alateen for young people aged 12–20 affected by others' drinking.

### *Alcoholics Anonymous (local groups)*

PO Box 1, Stonebow House, General Service Office, Stonebow, York YO1 7NJ  
**Administration: 01904 644026**  
**Helplines:**  
**020 7352 3001/0207 833 0022 (London);**  
**0141 226 2214 (Scotland);**  
**01907 6255574 (Mid-Wales);**  
**01685 875070 (South Wales);**  
**01639 644871 (Swansea)**

### *Detox 5*

Clinics across UK Freephone **0800 515282**

### *Drinkline*

**UK helpline: 0800 9178282**  
(Mon to Fri 11 am–11 pm)  
**Asian line: 0990 133 480** (Mon 1 pm–8pm)  
Hindi, Urdu, Gujarati and Pujabi

### *The Council for Involuntary Tranquilliser Addiction (CITA)*

Cavendish House, Brighton Road, Waterloo, Liverpool L22 5NG  
**Tel: 0151 474 9626;**  
**Helpline: 0151 949 0102**  
(10 am–1 pm Monday to Friday)

### *Narcotics Anonymous*

For advice, information and counselling on drug addiction **020 7730 0009**

### *National Drugs Helpline*

Healthwise, 1st Floor, 8 St Mathew Street, Liverpool L2 6RE **0151 2274150** (Admin)  
**0800 776600 (Helpline 24hr)**

### *Adfam National*

Waterbridge House, 32–36 Loman Street, London SE1 0EE  
**020 7928 8900 Helpline** 10 am–5 pm Mon, Wed– Fr, 10 am–6.45 pm Tuesday

### *Families Anonymous (local groups)*

UK Office, Unit 37, The Doddington and Rollo Community Association, Charlotte Despard Avenue, Battersea, London SW11 5JE  
**020 7498 4680** (Mon–Fri 1 pm–5 pm)

### *Release*

**Advice line: 020 7729 9904** (10 am–6 pm);  
**24 hour helpline: 0207 603 8654;**  
**Drugs in Schools helpline: 0345 366 666**  
(10 am–5pm Mon–Fri)

## Local organisations

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### *Countrywide Specialist Substance Misuse Service Gloucester & Forest of Dean Team*

44 London Road, Gloucester GL1 3NZ  
**01452 891260**

## *The Criminal Justice Drugs Team*

1 Spa Road, Gloucester  
01452 545779

## *Stroud & Cotswold Team*

44 London Road, Gloucester GL1 3NZ  
01452 891260

## *Cheltenham & Tewkesbury Team*

Lexham Lodge Resource Centre, Copt Elm  
Road, Charlton Kings, Cheltenham  
01242 274838

## *Gloucestershire Drug & Alcohol Service – (GDAS)*

Eastgate Street, Gloucester GL1 1NA  
01452 385757

Monrose House, Wellington Street,  
Cheltenham  
01242 584881

Bellevue Centre, 6 Bellevue Road, Cinderford  
01594 824455

23 King Street, Stroud, Glos GL5 3BX  
01453 755711

## Suggested reading

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**Free information pack: Think About Drink,**  
*Health Education Authority Customer  
Services*, Marston Book Services, PO Box 269,  
Abingdon OX14 4YN

**The Family Partners Pack,** *Alcohol Concern*,  
1996

**Drinking Problems: Information and Advice  
for the Individual, Family and Friends.** *Chick  
J and Chick J*, Optima 1992

**Say When... How Much is too Much**  
*available from* Health Promotion on  
01452 429340 or from most of the above  
numbers. Produced by the Health Education  
Authority and Alcohol Concern.