

## **DRUG AND ALCOHOL DETOXIFICATION: A GUIDE TO OUR SERVICES**

**Boswyns provides medically-led drug and alcohol assessment, detoxification and stabilisation.**

**We aim to provide flexible treatment options that are based on the individual medical and psychosocial needs of each service user.**

**It is important to note that this is not an exhaustive guide and we will always attempt to meet clinical need wherever safely possible.**

**If none of the options contained in this leaflet suit the needs of your service user, we are able to consider other flexible ways to offer treatment.**

*Frequently, service users will present with more than one dependency, e.g. opiates and alcohol*

Under these circumstances, we will concurrently detoxify them from more than one drug. Alternatively, if this option is not tolerated by a service user, detoxification can take place one drug at a time.

*Treatment will depend on which drugs are being taken and the amounts being taken*

In cases where complete detoxification is not likely to be successful, or if this is not wanted by the service user, we will help them become stable on prescribed medication with a view to completing detoxification at a later date.

*Boswyns provides a programme of group and individual interventions*

We offer psychosocial interventions aimed at supporting detoxification, enhancing motivation to change, and fostering a range of relapse prevention skills.

This aspect of the programme may also be helpful for service users who may have completed detoxification elsewhere e.g. Community Hospital Alcohol Detox, or in an acute General Hospital, but who are still vulnerable and have unmet psychosocial needs.

*Boswyns is staffed by nursing and medical staff as well as staff from a social care background*

The staff team has experience of working in a variety of fields including mental health, physical health, substance misuse and social care. The team can therefore offer comprehensive bio/psycho/social assessment for service users when they have been admitted.

**Each** service user will be assessed prior to being offered admission.

## Opiates and Opioids

*Opiate detoxification is usually carried out using Methadone or Subutex (buprenorphine)*

Following admission, service users undergo a 24-hour period of assessment. This assessment is carried out by nursing staff using the Clinical Opiate Withdrawal Scale (COWS). Staff will repeatedly assess the service user over this 24-hour period and the service user will be given repeated small doses of Methadone or Subutex. The doses given will be determined by the severity of the withdrawal symptoms being experienced by the service user.

This process is called *titration* and it allows the service user to receive sufficient but not excessive medication, thus enabling detoxification to be carried out safely.

Titration is not always necessary. If a service user has been taking their Methadone or Subutex each day under the supervision of a chemist and has not been using additional opiates, detoxification can commence immediately.

## Detoxification

*Detoxification commences after the 24-hour titration period*

The amount of Methadone or Subutex given during titration is calculated and this serves as a starting dose for detoxification. As an example, if a service user received a total of 60mls of Methadone during titration, his/her detoxification will start at 60mls of Methadone daily and then each day he/she will take a lower dose than the day before. Depending on the starting dose the detoxification usually takes 10 to 21 days.

During detoxification, service users are offered other medications to help manage some of the withdrawal symptoms. These include pain killers such as Paracetamol and Ibuprofen plus anti-sickness and anti-diarrhoea medication. We also offer a restricted number of sleeping tablets towards the end of detox.

Whilst we endeavour to ease withdrawal, opiate detoxification is never easy and most clients do unfortunately experience some discomfort during their detoxification.

## Lofexidine

Once they have finished their detoxification and if they are taking no other opiate medication, service users may if they wish have up to 5 days taking a drug called lofexidine (also known as Britlofex). This can help ease some of the withdrawal symptoms they may still be experiencing.

## Naltrexone

*Often referred to as a "blocker"*

This is a drug which blocks the effects of opiates and some service users find it useful in helping them stay abstinent. It can only be taken when a urine test shows that no opiates are present and all service users who want this will need to have a blood test to examine liver function beforehand. Naltrexone can be started at Boswyns with the agreement of the Recovery Coordinator, who will then ensure the prescription can be continued after discharge from us.

## Transferring from one drug to another and Stabilisation

*Service users can be admitted to Boswyns in order to transfer from one drug to another*

Typically this would be from Methadone to buprenorphine or vice-versa, but transfers from other drugs, e.g. codeine or morphine, can also be undertaken. It is not normally possible to estimate accurately the dose of the new drug that will be required so normally the process of titration would be used.

*Stabilisation on a prescribed dose of Methadone or Subutex or in the case of benzodiazepine dependency onto diazepam is also provided in Boswyns*

This may be offered in the case of a service user who wants to change their lifestyle but does not feel able to manage while being totally drug-free. Stabilisation can also be offered as a first stage in moving toward a drug-free life for service users who are using very large amounts of substances and for whom complete detoxification is not a current practical option.

## Benzodiazepines

*Detoxification from benzos is usually carried out using diazepam or chlordiazepoxide*

Service users will normally be transferred to one of these alternatives for detoxification. Withdrawal symptoms which occur when a service user stops taking benzos can persist for a long time, particularly in those who have been taking large doses or who have been taking them for a prolonged period. It may not be realistic to expect that a service user who has been doing this will be able to completely detoxify during one stay in Boswyns. They may need to come to us more than once, or may need to complete detoxification in the community. In some circumstances it may be necessary to agree a longer stay at Boswyns to complete more complex benzo detox treatment.

Following admission, the service user will usually undergo a period of assessment and titration (see previous notes). In this case this may last up to 72 hours. Following this process they will then start to reduce their dose. The rate at which this can be done will depend very much on the individual service user and in Boswyns we tend to be flexible in our approach to benzo withdrawal.

## Other Drugs

*The majority of service users who attend Boswyns have problems with opiates, benzos, or alcohol. However, we recognise that our service can also be of help to individuals who are experiencing problems with other substances.*

These substances may include the more traditional stimulants such as amphetamine, cocaine or ecstasy, or the newer 'novel psychoactive substances' - legal highs.

These other drugs may not give rise to the overt physical withdrawal symptoms associated with opiate use, but many users will have developed a severe dependency and will experience a very distressing withdrawal syndrome when they stop using.

In Boswyns we will offer psychological support, participation in a group programme, and preparation for a rehabilitation placement where appropriate. In addition we also provide medication to assist in managing distressing withdrawal symptoms.

## Alcohol

*Alcohol detoxification is usually carried out using chlordiazepoxide (Librium)*

*Occasionally Oxazepam may be used instead*

Following admission, service users undergo a 24-hour period of assessment. This assessment is carried out by nursing staff using the Clinical Institute Withdrawal from Alcohol scale (CIWA-Ar). Staff will repeatedly assess the service user over the 24-hour period and they will be given repeated small doses of chlordiazepoxide. The doses given will be determined by the severity of the withdrawal symptoms being experienced by the service user.

This process is called *titration* and it allows the service user to receive sufficient but not excessive medication, thus enabling detoxification to be carried out safely.

## Detoxification

*Detoxification commences after the 24-hour titration period*

The amount of chlordiazepoxide given during titration is calculated and this then serves as a starting dose for the detoxification. As an example, if a service user received a total of 200mg chlordiazepoxide during titration, his/her detoxification starts at 200mg chlordiazepoxide daily and then each day he/she takes a lower dose than the day before. Depending on the starting dose the detoxification usually takes 7 to 10 days.

Shorter regimes can be prescribed if the service user only has limited time available but these may cause the service user a greater degree of discomfort than with the regular regimes.

## Vitamins

*Service users who have been drinking heavily may have become deficient in certain vitamins, particularly B vitamins*

Deficiency in these vitamins can cause nerve damage so in Boswyns, as in other inpatient units, service users are prescribed vitamin supplement tablets. In addition, during the first few days after admission, service users are prescribed high potency vitamin injections, called Pabrinex. This will help stop any further nerve damage happening.

## Disulfiram (also known as Antabuse)

Boswyns can initiate treatment with disulfiram if the service user wants this treatment, and if the Recovery Coordinator can ensure this will be continued after the service user has left Boswyns.

## **SPECIFIC CLIENT GROUPS:**

### **Dual Diagnosis**

*Boswyns offers an inpatient service for service users with a dual diagnosis, which is defined as concurrent substance dependency and a mental illness*

We have registered mental nurses and a psychiatrist as part of our staffing which enables us to provide mental health assessments.

Boswyns is not, however, a mental illness unit and we would not normally be able to initiate treatment for acute psychoses or provide a service for persons detained under sections of the Mental Health Act.

### **Physical ill health and disability**

*Boswyns is staffed 24-hours a day by nursing staff and is able to offer a service to service users with moderately severe health problems and disabilities*

We have one room with an en suite wet room which can accommodate a service user with limited mobility. Boswyns cannot at present offer a service to service users who are totally non-weight bearing.

### **Pregnancy**

*Boswyns offers a service for pregnant women and we can offer these service users detoxification from alcohol and from other drugs*

With regard specifically to drugs, full detoxification may not always be the best option for pregnant service users. It may be preferable to aim for stabilisation on a prescribed medication.

The best treatment for a pregnant woman and her child will vary according to which drugs are being used and how much is being taken. An important factor will also be what stage in her pregnancy the service user has reached.

Opiate detoxification is best undertaken in the middle trimester and often it may be in the best interest of the child for benzo reduction/detoxification to be prioritised over opiate detoxification. Ideally and whenever possible the treatment programme will be agreed between the service user, maternity services, community drug services and Boswyns.

## **Boswyns' flexible and responsive approach**

*Treatment at Boswyns is only a small part of each service user's overall treatment journey, but it is often one of the most difficult and stressful stages of recovery*

Our approach is to work with the service user and their Recovery Coordinator to ensure that treatment at Boswyns is an integral part of their recovery journey. We take into account the work they have already done as well as what their plans are following treatment with us. We will discuss all the treatment options available during the pre-admission stage with the service user and their Recovery Coordinator, and agree an initial treatment plan that takes into account the needs and wishes of each individual. For example, some service users may wish to break down their treatment into more than one admission as part of an agreed recovery process. Others may need a little time to prepare for treatment at Boswyns by reducing their current drug or alcohol use in order to complete detox in one stay.

Our flexibility doesn't end when the service user is admitted. Each service user's treatment plan is reviewed throughout their stay in Boswyns and we are responsive to their individual progress and their wishes. As an example, a service user may come to Boswyns intending to detox but decide during their stay that they would prefer to stabilise and return at a later date to complete their detox. Conversely, service users sometimes choose to detox fully when they had originally planned to stabilise.

We are always looking for ways to provide the best treatment options for each service user. If individuals and their Recovery Coordinators have specific requests or treatment approaches they would like us to consider, we encourage them to ask us about this.