

**CREST**

CLINICAL RESOURCE EFFICIENCY SUPPORT TEAM

***Northern Ireland Protocol  
for  
Opiate Detoxification***

September 1999

This booklet has been published by the Clinical Resource Efficiency Support Team (CREST).

CREST is a small team of doctors established under the auspices of the Central Medical Advisory Committee, to promote clinical efficiency in the Health Service in Northern Ireland while ensuring the highest possible standard of clinical practice is maintained.

CREST wishes to thank Dr Diana Patterson and the Working Group for producing this protocol.

Copies of this booklet may be obtained from the CREST Secretariat,  
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## **Foreword**

This protocol is for use in Northern Ireland for opiate detoxification. It has been devised by a small working group of Consultant Psychiatrists and senior professionals across Northern Ireland, and deals with clinical management of patients presenting with opiate misuse. The CREST Committee felt that it would be useful for this document to accompany the UK Clinical Guidelines, as it will set the comprehensive UK guidelines into the Northern Ireland context. This protocol will act as a simple reference point and guidance to general practitioners and other clinicians acting as the first point of contact for this difficult group of patients.

PROFESSOR AHG LOVE

Chairman of CREST



## Introduction

The widespread consensus among the medical profession in Northern Ireland is that methadone prescribing should be strongly discouraged.

In Northern Ireland it is not common practice to issue scripts for methadone at outpatient level. General Practitioners are encouraged to approach the Specialist Drug Services in cases where methadone is considered. Good secondary services are available through the following contact points: -

Belfast	Shaftesbury Square Hospital	Dr D Patterson 028 9032 9808
Rest of Eastern Board	Downshire Hospital	Dr D MacFarlane 028 4461 3311 Ext. 3237
Northern Board	Holywell Hospital	Dr B Gregg 028 9446 5211
Southern Board	Addiction Service, Armagh	Dr C Cassidy 028 3752 2831 Ext. 2342
Western Board	Tyrone & Fermanagh Hospital	Dr D Connolly 028 8224 9156
	For Notification - Addicts Index, N Ireland	028 9052 0602

## 1. Acute withdrawal

Patients may present in acute withdrawal, particularly from heroin or methadone. In many cases patients have entered Northern Ireland recently and cannot gain easy access to street heroin or methadone.

**There are now very satisfactory non-methadone treatments for opiate withdrawal.**

These are: -

- ◇ **Effective in alleviating opiate withdrawal symptoms.**
- ◇ **Less open to misuse by the patient.**
- ◇ **Less likely to be diverted to the black market.**

Treatments include: -

### ▲ Lofexidine

This drug relieves withdrawal symptoms inpatients undergoing opiate detoxification. It is a central alpha 2 agonist. Treatment normally lasts about 14 days. Daily monitoring of other drug use, withdrawal symptoms and signs, pulse and blood pressure are necessary. The drug should not be stopped abruptly because of a potential risk of rebound hypertension.

Dosage: -                   Initially 1 tablet twice daily.  
                                  Increase by 1 or 2 tablets daily until relief of symptoms.  
                                  Maximum dosage 12 tablets daily  
                                  Continue for 7-10 days  
                                  Withdraw gradually over 2-4 days.

See BNF for contra indications, interactions and specific precautions.

### **▲ Symptomatic Treatment**

In milder cases of opiate withdrawal symptomatic treatment may be offered at primary care level. Drugs such as Thioridazine (Melleril) (at doses of 25 mg tds) will partly alleviate the psychological effects of withdrawal, including anxiety and insomnia. Diphenoxylate hydrochloride (Lomotil), 2 tablets every 6 hours may help alleviate diarrhoea and abdominal cramps. Buscopan 10 mg may also help relieve GI spasm.

### **▲ Methadone Detoxification**

Methadone detoxification is normally offered at in-patient level only. Calculation of the initial dose of methadone requires careful titration against symptoms and requires a degree of expertise. In-patient methadone detoxification usually lasts about 2 weeks.

- ▲ A combination of the above may be offered to suit the individual case. This is usually done by the secondary level services and most often involves a combination of methadone and lofexidine at in-patient level.

The number of patients presenting in this way is small in Northern Ireland in comparison with other areas in the UK. For this reason the secondary services are keen to be involved in all cases and general practitioners are encouraged to involve the Specialist Drug Services in all cases. One advantage of this is that it enables the Specialist Services to begin to engage patients for counselling during the spell of detoxification and may lead to more of these patients engaging in counselling and rehabilitation at a later stage. Issues such as hepatitis and HIV can also be addressed through the Specialist Services. Statutory notification is still mandatory to the Northern Ireland Addicts Index.

## **2. Non acute withdrawal**

Patients may present while still using street heroin or other opiates and may request detoxification and other help “to come off” their opiate drugs. In this event it is important to refer the patient to the secondary services where time and expertise is available to plan an elective withdrawal and to offer appropriate counselling and rehabilitation. Health issues arising from injecting drug use can be addressed through these services.

Occasionally patients present on holiday in Northern Ireland, claiming to be in receipt of a regular methadone script from elsewhere. Most Drug Treatment Centres will make prior arrangements in this event so a request for such a script should be very carefully checked. It is imperative to contact the normal source of such a script and to check the identity of the patient in this event. In such cases holiday scripting would rarely exceed 14 days, and would be pre-arranged, usually with the secondary services in Northern Ireland. In such cases the formulation of methadone should always be 1mg/ml mixture to avoid the risk of injecting or entry of the drug to the black market.

## **Longer Term Treatment for Drug Misusers**

### **▲ Current users**

All patients who misuse opiates will require longer term treatment. Current users require attention to general health, (including treatment of unrelated conditions and injecting-related harm such as abscess), education about harm minimisation (such as safer injecting procedures, risks of blood-borne viruses, hepatitis B vaccination) and motivational counselling to try to encourage the patient to reduce the number of drugs taken, and possibly to reduce or stop drug use completely. Such patients may be difficult to engage in treatment and may default from counselling. A “shared-care” model is the best approach with the general practitioner providing general health care and opportunistic intervention on drug related issues with support from the local secondary services and specialist intervention including assessment and counselling.

### **▲ Recently Detoxified Patients**

Those who have recently withdrawn from opiate drug misuse will require ongoing support to remain abstinent. Counselling is available from the secondary services and from the non-statutory agencies including Narcotics Anonymous. The Community Addiction Teams operating from the secondary services are ideally placed to ensure these patients have access to appropriate services and further interventions. Appropriate interventions include education about the

addictive process, supportive counselling, specialist psychotherapies, counselling and testing for HIV and hepatitis B and C for ex-injectors, and referral of hepatitis C positive cases to appropriate centres of expertise on liver disorders. Notification should be made of hepatitis. Rehabilitation issues such as housing and adult education or job training may be appropriate. Shared care between the primary and secondary services is the best method of dealing with such patients to ensure they have access to optimum treatments.

### **3. Injecting Drug Misusers**

This group of patients is difficult to engage in therapy and will often be seen “opportunistically” - when they present for another reason. All such patients should be offered an assessment by the secondary services so that all appropriate treatments and interventions may be offered.

#### **▲ Harm Minimisation**

All such patients must be offered advice about the risks and dangers of injecting and must be given advice about obtaining clean needles and works. They should be given specific advice about risks of HIV and hepatitis B and C and should be offered counselling and testing where appropriate. Hepatitis B vaccination should be actively considered in seronegative individuals. General health care must be offered regarding direct injecting harm such as abscesses. Screening should be carried out for infection such as TB.

The secondary services are well placed to offer this but patients may resist referral in which case primary physicians may deliver this care, possibly with support from secondary services. Patients found to be positive for hepatitis C should be offered referral for assessment to a physician with a special interest in this field. Appropriate notification of hepatitis should be made.

#### **4. Notification**

The Misuse of Drugs (Notification of and Supply to Addicts) (Northern Ireland) Regulations 1973 require any Doctor to notify the Chief Medical Officer of the Department of Health and Social Services in writing within 7 days if he attends a patient who he considers to be, or has reasonable grounds to suspect is, addicted to any of the following controlled drugs: -

- Cocaine
- Dextromoramide (Palfium)
- Diamorphine (Heroin)
- Dipipanone (constituent of Diconal)
- Hydrocodone
- Hydromorphone
- Levorphanol
- Methadone (Physeptone)
- Morphine
- Opium
- Oxycodone
- Pethidine
- Phenazocine
- Piritramide

Failure to notify within 7 days can result in disciplinary action against the doctor.

The name, address, sex, date of birth and health service number of the patient (if known), together with the date of attendance and the name of the drug or drugs concerned, must be given. Notification does not imply that a prescription has been or will be given. It is helpful, however, if information about any controlled drugs the doctor has prescribed or intends to prescribe is given. These notifications are recorded in the Addicts Index. The Index is used to provide epidemiological data which contribute to the development of national policies on the management of the drug problem, and as a check against notifiable drug users seeking simultaneous treatment from more than one doctor.

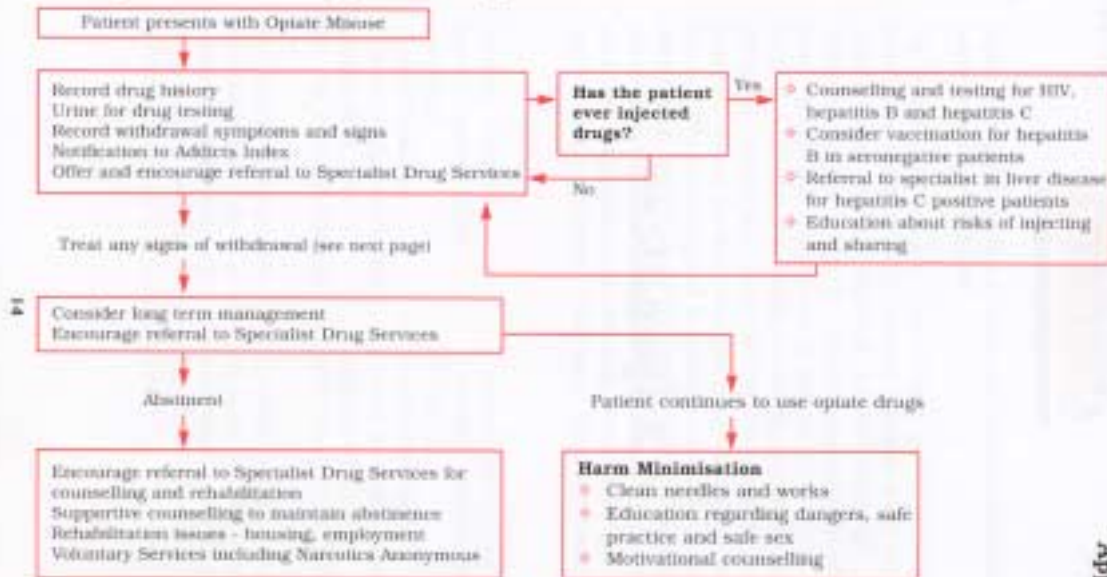
Medical Contact  
Senior Medical Officer  
Room C3  
Castle Buildings  
Upper Newtownards Road  
Belfast  
BT4 3PP  
Tel. No. (028) 9052 0602

Administrative Contact  
Health Promotion Branch  
Room C4  
Castle Buildings  
Upper Newtownards Road  
Belfast  
BT4 3PP  
Tel. No. (028) 9052 0532

The Regulations provide that “a person shall be regarded as addicted to a drug if, and only if, he has as a result of repeated administration become so dependent on the drug that he has an overpowering desire for the administration of it to be continued”.

## **Appendices**

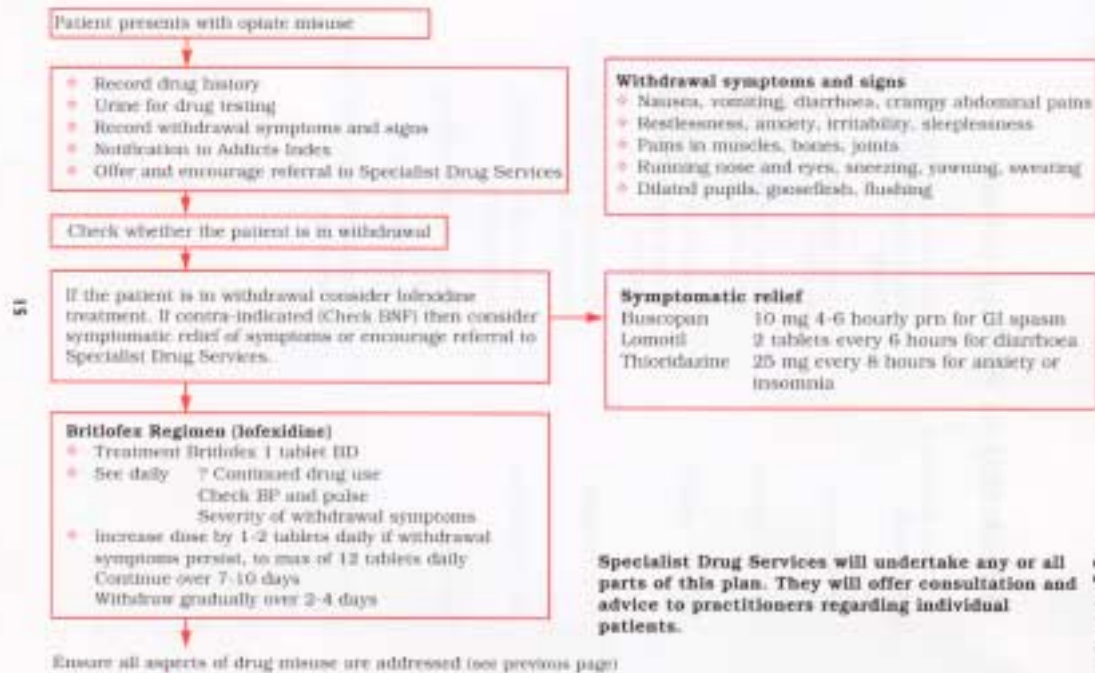
## Algorithm for management of Opiate Misuse in Northern Ireland



Specialist Drug Services will undertake any or all parts of this Algorithm. They will offer consultation and advice to practitioners regarding individual patients.

Appendix 1

## Management of withdrawal from Opiate Misuse in Northern Ireland



Specialist Drug Services will undertake any or all parts of this plan. They will offer consultation and advice to practitioners regarding individual patients.

Appendix 2

### **Appendix 3 Membership of Working Group**

Dr Diana Patterson (Chairman)	Consultant Psychiatrist Shaftesbury Square Hospital Belfast
Mr M Bradley	Chief Nursing Advisor WHSSB
Dr C E Cassidy	Consultant Psychiatrist South Tyrone Hospital
Dr D F Connolly	Consultant Psychiatrist Tyrone and Fermanagh Hospital
Dr P Donaghy	Consultant in Public Health Medicine EHSSB
Mr J Houlahan	Director of Northlands Londonderry
Dr G Mock	Senior Medical Officer DHSS Castle Buildings
Dr L Woodhouse	Community Addiction Services Ballymena