PURPOSE

To ensure the most appropriate treatment for patients who present for support with Substance Abuse/Dependency and detoxification in services such as the Emergency Department (ED) or other medical settings.

An unplanned detoxification may also occur when the patient is under the care of a clinician for reasons other than Addiction Services and may begin to undergo withdrawal. They may be receiving acute care in hospital or being assisted with psychiatric, medical or surgical problems in other settings.

PRINCIPLES

Best practice for successful treatment of substance use is for a planned, managed treatment package within the specialist area.

The key to a successful, planned detoxification is preparation; the first job of therapy is to bring the patient to a point of readiness to change their drinking behaviour (Duncan Raistrick 2000).

However, people with substance abuse/dependency will often present as a medical emergency. This policy addresses these scenarios and should not be confused with planned detoxification.

Detoxification should not be seen as a stand alone treatment, please refer to Appendix 2 "Information to consider prior to initiating a detox". This would be relevant to ED or any other setting that has to initiate the management of substance withdrawal situations.

SCOPE

This policy applies to all Hawke's Bay District Health Board (HBDHB) staff and to patients admitted to any clinical area within the HBDHB.

ROLES AND RESPONSIBILITIES

- It is the role and the responsibility of the attending doctor and nursing staff to assess and treat all medical conditions according to best practice and manage any presenting complications related to withdrawal/detoxification.

- The patient can be referred to the Alcohol and Drug (A&D) Services who will assess for follow-up/ treatment by their service.

- Alcohol and Drug Services staff are available for advice and support during normal working hours.

PROCEDURE

- Patients presenting at the Emergency Department will be assessed by the attending doctor(s) who will decide on the best management options for any medical conditions, including any immediate medical need for admission.

- If a significant alcohol or substance abuse/dependency problem is identified and admission is not indicated then the attending doctor should either make a referral to the Alcohol and Drug Service or direct them to attend for assessment by the duty Alcohol and Drug Counsellor. Self referrals are encouraged and no appointment is required (see Appendix 3).

- A planned inpatient medical detoxification is available through the Alcohol and Drug Service (see Appendix 1).

Please contact the Alcohol and Drug Service Mon - Fri between 9.00 am - 4.00 pm
Napier Phone8341815 ext 4219 Fax 8341861
Hastings Phone8788109 ext 5700 Fax 8781359

GUIDELINES

The medical need of the client is of prime concern. Detoxification may not be indicated at this time and one option is to advise the client to continue to consume alcohol (or other substance), but be given best advice around management of withdrawal and cessation. Consideration should be given to harm minimization techniques and to seek support from the Alcohol and Drug Services.

As above If the patient is not in need of immediate medical treatment they should be directed to the Alcohol and Drug Services for assessment for planned detoxification. No need to make referral if client is refusing to accept treatment at this stage. Self referral is always an option and the patient should be informed of this.

Medication (Benzodiazepine) should not generally be prescribed or given as a take away medication, substance abuse relapse rates are high and benzodiazepines in combination with alcohol or other substances present a serious risk to the patient. If a Benzodiazepine is indicated consider prescribing this as a short term daily prescription for safety to avoid misuse.

Please refer to Appendix 2.

MEASUREMENT CRITERIA

By establishing a clear patient pathway for an Unplanned Detoxification, clients and staff should be able to receive and deliver a consistent and clear service. The policy shall be reviewed regularly to monitor its' effectiveness.

REFERENCES

Substance Withdrawal Management Guidelines for medical and nursing practitioners in primary health, specialist addiction, custodial and general hospital settings. Matua Raki 2011.

Management of alcohol detoxification. Advances in Psychiatric Treatment 2000 6:348-355.

Saunders, J.B., & Junie Yang, Junie. (2002). Clinical Protocols for Detoxification in Hospitals and Detoxification Facilities. www.health.qld.gov.au/atods/documents/24904.pdf

NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines-NSW Health 2008. www.health.nsw.gov.au/policies/gl/2008/pdf/GL2008_011.pdf

NSW Drug and Alcohol Withdrawal Clinical Practice Guidelines

RELATED DOCUMENTS

Alcohol withdrawal Policy - HBDHB/IVTG/230

KEYWORDS

Alcohol
Withdrawal
Substance Abuse/Dependence
Detoxification
Benzodiazepines

For further information please contact The Alcohol & Drug Service ph 834-1815

Appendix 1

OPTIONS FOR PLANNED SUBSTANCE WITHDRAWAL IN HBDHB

Options for a planned in-patient detoxification include:

Kenepuru Hospital, Capital and Coast DHB

Indicators for referral:

- Assessment indicates the potential for moderate to severe withdrawal symptoms
- Consumption exceeds 150g (15 standard drinks) daily
- Early morning drinking
- Raised blood alcohol level greater than 150 mg/dl plus tolerance
- Past history of severe alcohol withdrawal, i.e. seizures, hallucinations, confusion
- Hypokalaemia, hypomagnesaemia
- Incurrent illness (sepsis, hypoxia)
- Recent general anaesthesia

Mental Health In-patient Service, Hastings

Indicators for referral:

- Patients who present with significant mental health problems
- Low to moderate detoxification concerns
- Patients without appropriate support and/or environmental concerns
- Has previous failed Supported Home Detoxifications

Medical Ward, Hawke's Bay Hospital

Indicators for referral (must be arranged through the on call physician. Refer to Dr John Gommans, Head of Department of Medicine if there is uncertainty)

- Complex co morbid medical conditions; if the client has a chronic stable medical condition that the detoxification process would significantly exacerbate
- When there is a history of unstable medical problems e.g. uncontrolled insulin-dependant diabetes, uncontrolled hypertension or if there is serious organ damage from the substance e.g. acute alcoholic pancreatitis, hepatic decompensation
- When the patient is assessed as unfit to travel to Kenepuru Hospital

Clients who are assessed to have minimal risk of experiencing complicated withdrawal will have the option of a Supported Home Detoxification. These too can be arranged by contacting the Alcohol & Drug Service.

Appendix 2

INFORMATION TO CONSIDER PRIOR TO INITIATING A DETOX IN ED OR ANY OTHER MEDICAL SETTING

Addictions are chronic disorders, for some physicians and for the general public there can be a tendency to perceive them as being acute conditions more like a broken leg or pneumococcal pneumonia. In this context the acute-care procedure of detoxification has been thought of as appropriate treatment. If the patient relapses, research would suggest that most do sooner or later, “detox” is regarded as a failure. However, addiction problems do not end when the drug is removed from the body (detoxification).Rather, the underlying addictive disorder persists, and this persistence produces a tendency to relapse to active drug-taking. Therefore, although, detoxification can be successful in cleansing the person of drugs and as means to manage withdrawal symptoms, it does not address the other underlying problems of the disorder.

As a result detoxification should not be seen as a “stand alone treatment”

Addictions are similar to other chronic disorders such as arthritis, hypertension, asthma, and diabetes. Addictive drugs produce changes in brain pathways that endure long after the person stops taking them. Further, the associated medical, social, and occupational difficulties that usually develop during the course of addiction do not disappear when the patient is detoxified. These protracted brain changes and the associated personal and social difficulties put the former addict at great risk of relapse. Treatments for addiction, therefore, should be regarded as being long term, and a "cure" is unlikely from a single course of treatment.

Unless it is a medical emergency, the person has a significantly higher chance of long term recovery if they engage with Addiction Services and look at a full package of care for their addiction issues.

Detoxification as a treatment on its own is not effective and is unlikely to bring about lasting change.

Without follow up support relapse rates are high. There are risks with prescribing Benzodiazepines for withdrawal without a support plan that should include daily dispensing of medication. Patients are at high risk of relapse and may consume alcohol and/or other substances alongside Benzodiazepines causing accidental overdose.

If the person who presents to ED is requesting support with withdrawal then it is most likely that that they have a physical dependency to a substance/s and therefore the addiction to alcohol has been long term and will have impacted on many areas of their life (not just their physical health).

Their main focus maybe on withdrawal (as well as the clinical team responding to their presentation) but the person will need help to set goals that address other areas of their life at the same time, or even before you begin to deal with the substance addiction such as chronic pain or mental health problems.

The best evidence we have in the way we help people change their substance use is to concurrently treat all the problems that are presented, much as you would with other medical disorders. If someone has both hypertension and diabetes you don’t say, ‘well, we have to get one of these under control before we do anything about the other’. You need to treat both simultaneously.

Years ago, people equated detoxification with rehabilitation; some still maintain this belief today. But detoxification alone does not have any impact on the fundamental psychological, social and physical aspects of addiction.

Kindling in alcohol withdrawal - in many alcoholics, the severity of withdrawal symptoms increases after repeated withdrawal episodes. It is important to ensure that each withdrawal is planned to ensure it has every chance of success.

Appendix 3

ACCESS TO SPECIALIST ALCOHOL AND OTHER DRUG SERVICES

Roles and Responsibilities

Alcohol Service staff will provide assessment, advice and brief interventions to clients and their family/whanau who are having difficulties with alcohol or other drugs. Staff employed elsewhere in the wider Mental Health Service i.e.: Emergency Mental Health Team, Mental Health Community teams, Child & Family Services and the Mental Health Inpatient Service will be able to provide assessment and be co-existing practitioner capable.

Staff employed in other areas e.g.: the main hospital will be able to advise clients where to seek help for their addiction issues and following training be able to provide brief interventions.

Guideline

All clients presenting to the Mental Health specialist addiction clinician will be assessed using the appropriate tools and a brief intervention delivered. Where clients are assessed as being pre-contemplative this may be the sole intervention at this stage with a goal of harm minimisation. For clients who are more open to change staff will use motivational interviewing techniques to try and support them in addressing their addiction issues.

There is a daily duty service Monday to Friday 9am -4pm that the public and referrer's can access and clients will be allocated to an appropriate member of the team at a weekly allocation meeting. Regular reviews will be undertaken at weekly multi disciplinary team meetings and the team will work closely with other agencies for example, Probation, the Police in order to support these agencies in managing people with significant addiction problems.

Crisis Presentation

Many people present in crisis either to emergency medical services or the police or relationship breakdowns/loss of job. The service is not a crisis service but these situations should be seen as an opportunity to engage with the person either in harm minimisation or engagement in full treatment options including managed withdrawal and residential treatment.

Pain Management

Clients who are known to be on Opioid Substitution Treatment Programmes will require specific assessment of their pain management needs and the admitting service should liaise closely with the Opioid Substitution Treatment Team.

Dependency

Where a client is assessed as having a dependency on a substance then referral should be made to the specialist Alcohol and other Drug Service in order to develop a managed withdrawal treatment plan. This may result in treatment taking place either at home, at an appropriate "social detox" placement or medical admission.

PROCEDURE

Planned In patient admission for substance withdrawal

The client will be allocated an Alcohol and Drug clinician who will coordinate with the Detox Nurse when they have established that the client is ready to look at abstinence and has a follow up plan

Access to Residential Treatment

In order to access residential treatment clients need to be opened to the Alcohol and other Drug Service who will develop a treatment and recovery plan with the client prior to them being referred to residential treatment. There are a number of options for residential treatment and these will discussed on an individual basis. It is expected that the majority of people will recover in the community.

Measurement Criteria

All clients entering the Service will be requested to complete the Alcohol and Drugs Outcome Measure Tool (ADON) or the Audit Tool or the Cycle for Change.