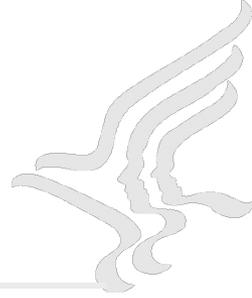


Module 4: Physical Detoxification Services for Withdrawal From Specific Substances



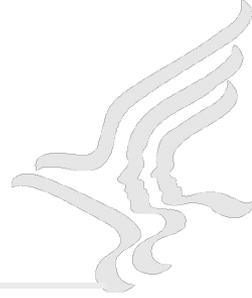
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
<http://www.samhsa.gov>

Module 4 Objectives



- Identify biochemical markers and their use in patient screening and assessment
- Describe key concepts for treatment regimens for detox from specific substances
- Explain why the management of polydrug abuse and the use of alternative approaches to detox are important
- Identify special considerations for special populations in the detox process

Biochemical Markers



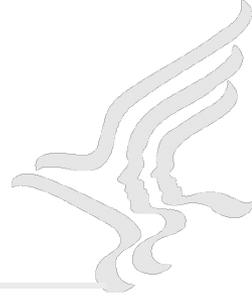
- Lab tests that detect the presence of alcohol or other drugs
- Used to *support* a diagnosis
- Used for forensic purposes
- Used to detect use of alcohol or drugs during treatment
- Can serve as a motivational enhancement
- Can help in moving patient from contemplation to action

Most Common Types of Biochemical Markers



- Blood alcohol levels
- Breath alcohol levels
- Urine drug screens
- Gama-glutamyltransferase (GGT)
- Carbohydrate-deficient transferrin (CDT)
- Mean corpuscular volume (MCV)

Alcohol Intoxication



Blood Alcohol Level

20–100 mg percent

101–200 mg percent

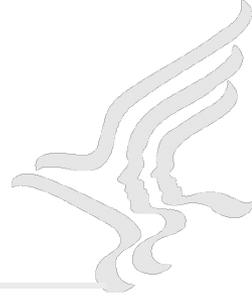
201–300 mg percent

Clinical Picture

- Mood and behavior changes
- Reduced coordination
- Impaired ability to drive a car

- Reduced coordination
- Speech impairment
- Trouble walking
- General impairment in thinking and judgment
- Marked impairment of thinking, memory, and coordination
- Marked reduction in level of alertness
- Memory blackouts
- Nausea, vomiting, blackouts

Alcohol Intoxication



Blood Alcohol Level

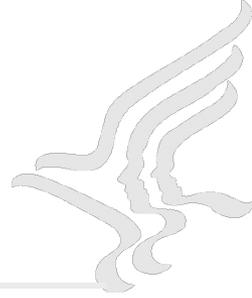
301–400 mg percent

401–800 mg percent

Clinical Picture

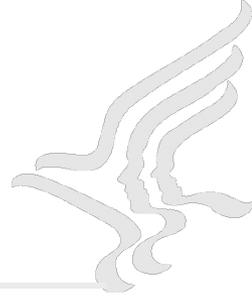
- Reduction of body temp and blood pressure
- Excessive sleepiness
- Amnesia
- Nausea and vomiting
- Coma
- Serious decrease in pulse, temp, blood pressure, and breathing
- Incontinence
- Death

Alcohol Withdrawal



- Restlessness, irritability, anxiety, and agitation
- Anorexia, nausea, and vomiting
- Tremors, elevated heart rate, and increased bp
- Insomnia, intense dreaming, and nightmares
- Poor concentration, impaired memory, and judgment
- Increased sensitivity to sound, light, and tactile sensations
- Hallucinations—auditory, visual, or tactile
- Delusions
- Grand mal seizures
- Hyperthermia
- Delirium

Opioid Intoxication



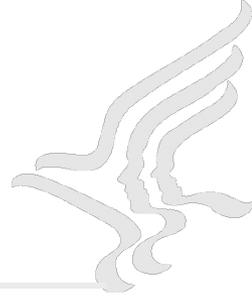
Opioid Intoxication Signs

- Slow pulse
- Low blood pressure
- Low body temp
- Sedation
- Pinpoint pupils
- Slowed movement
- Slurred speech
- Head nodding

Opioid Intoxication Symptoms

- Euphoria
- Imperviousness to pain
- Calmness

Opioid Withdrawal



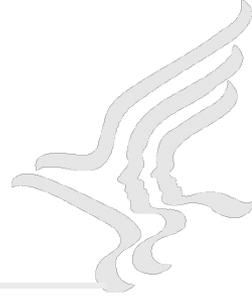
Opioid Withdrawal Signs

- Fast pulse
- High blood pressure
- High body temperature
- Insomnia
- Enlarged pupils
- Heightened reflexes
- Sweating
- Increased respiratory rate
- Tearing
- Runny nose
- Muscle spasms

Opioid Withdrawal Symptoms

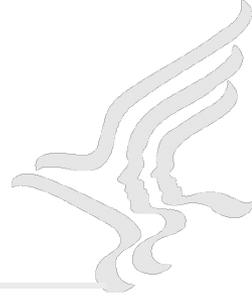
- Abnormal cramps, nausea, vomiting, diarrhea
- Bone and muscle pain
- Anxiety

Common Medications Used to Manage Opioid Withdrawal



- Methadone
- Clonidine
- Buprenorphine
- Rapid and ultrarapid detoxification (narcotics)

Benzodiazepines and Other Sedative Hypnotics



Important factors for success in detox:

- Start detox during period of low external stressors
- Patient must be committed to taper off substance
- Develop a plan for managing any underlying anxiety disorders
- Frequent patient contact

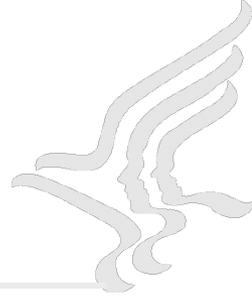
Stimulants: Cocaine, Crack Cocaine, Amphetamines



Withdrawal Symptoms

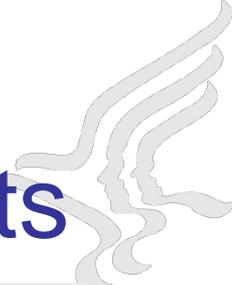
- Depression
- Hypersomnia or insomnia
- Fatigue
- Anxiety
- Irritability
- Poor concentration
- Psychomotor retardation
- Increased appetite
- Paranoia
- Drug craving

Inhalants/Solvents



Types	Example	Chemicals Present
Adhesives	Airplane Glue	Ethyl Acetate
Aerosols	Spray paint	Butane, propane, fluorocarbons
Cleaning agents	Spot remover	Xylene
Solvents and gases	Paint thinner	Toluene, methylene chloride
Food products	Whipped cream	Nitrous oxide

Symptoms of Inhalants and Solvents



Withdrawal symptoms:

- Delirium and tremors
- Weakness
- Tremors
- Weight loss
- Inattentive behavior
- Depression

Other medical complications:

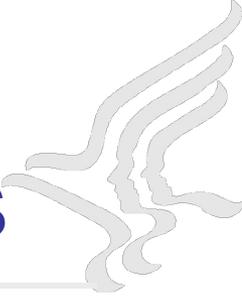
- Impaired cognitive, motor, and sensory functioning
- Internal organ damage, including heart lungs, kidneys, liver

Medical Management of Inhalant Abuse and Dependence



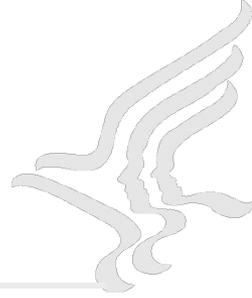
- Provide safe environment
- Provide environment free from inhalants
- Provide supportive care, including ample sleep and well-balance diet
- Determine if patient is abusing other substances
- Assess mental status
- Provide appropriate therapy and interventions

Nicotine Withdrawal Symptoms



- Depressed mood (dysphoria)
- Insomnia
- Irritability, frustration, anger
- Anxiety
- Difficulty concentrating
- Restlessness
- Decreased heart rate
- Increased appetite or weight gain

Medical Management of Nicotine Withdrawal



- Self-help interventions
- Behavioral interventions
- Nicotine replacement therapy
- Bupropion SR/Sustained Release
- Combination therapy

The U.S. Public Health Service's Nicotine Intervention: The 5 "As"



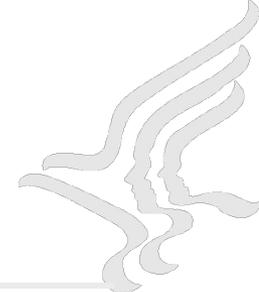
- **Ask** about tobacco use
- **Advise** to quit
- **Assess** willingness to make a quit attempt
- **Assist** in the quit attempt
- **Arrange** follow-up

When a Patient in Detox or Substance Abuse Treatment is a Smoker



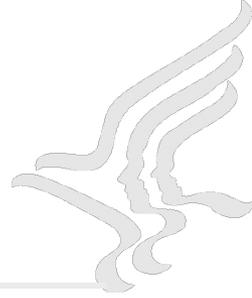
- Present a supportive nonjudgmental attitude
- Develop a therapeutic alliance
- Emphasize relapse (from not smoking) is common
- Discuss withdrawal symptoms from nicotine
- Provide strategies to avoid weight gain
- Stress the importance of smoke-free environment
- Refer patient to a smoking cessation program

Marijuana



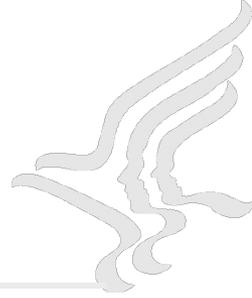
- THC abstinence syndrome
- Symptoms include:
 - Anxiety
 - Restlessness
 - Irritability
 - Sleep disturbance
 - Change in appetite
- No medical complications of withdrawal

Anabolic Steroids



- Subject to abuse
- Aggressive, manic-like behavior
- Withdrawal symptoms include:
 - Fatigue, depression
 - Restlessness, insomnia
 - Anorexia
 - Reduced sex drive
 - Headaches, nausea
- Side effects can be reversed and may include:
 - Urinary tract infections
 - Skin blistering
 - Redness
 - Swelling of hands and feet (edema)
 - Behavioral disturbances
- There is no detox protocol for steroids

Club Drugs



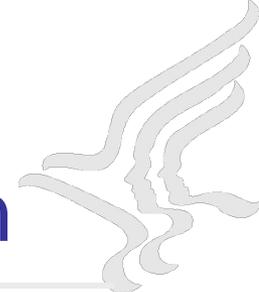
- A diverse class including
 - GHB
 - Ecstasy
 - Rohypnol
- Used in nightclubs and “raves”
- Withdrawal symptoms may include
 - Intoxication
 - Severe intoxication with overdose
- Have destructive effects on the nervous system and on mental health

Best Practices in the Management of Polydrug Abuse



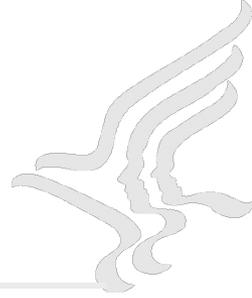
- Prioritize substances for each patient according to withdrawal severity
- Alcohol and sedative hypnotics have the most severe withdrawal symptoms
- Opioid detox is the next priority
- Some substances will not require treatment during detox, including:
 - Stimulants
 - Marijuana
 - Hallucinogens
 - Inhalants

Considerations for Pregnant Women



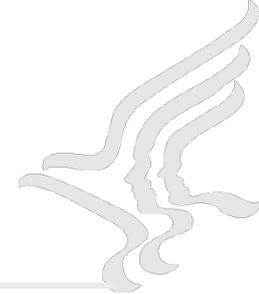
- Detox on demand
- Women-centered medical services
- Transportation
- Childcare
- Counseling and case management
- Access to drug-free, safe, affordable housing
- Help with legal, nutritional and other social service needs
- Ensure health and safety of both mother and fetus
- Clarify risks and benefits of any medications (informed consent)
- Protocol for withdrawal may vary with each pregnancy

Considerations for Older Adults



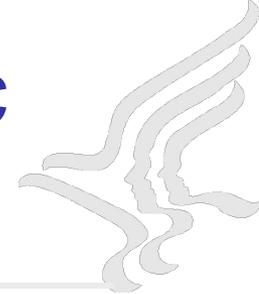
- Supportive, nonconfrontational age-specific group
- Screen for depression, grief, and loss
- Provide linkages to specialized services
- Alcohol and drug disorders are more severe with elderly
- Older adults are at risk for co-occurring disorders
- Ongoing assessments and monitoring for medical problems common to older adults

Considerations for People with Disabilities



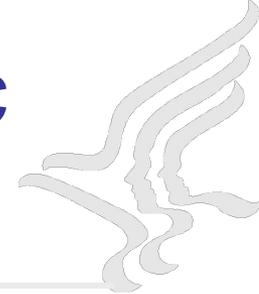
- Elimination of barriers to treatment:
 - Attitudinal barriers
 - Discriminatory policies, practices, and procedures
 - Communication barriers
 - Architectural barriers
- Clarify definitions of terms:
 - Disease
 - Impairment
 - Disability
 - Functional capacities
 - Functional limitations
- Four main categories of impairments:
 - Physical
 - Sensory
 - Cognitive
 - Affective
- Detox programs must:
 - Routinely screen for disabilities and co-occurring medical and/or psychiatric conditions
 - Be compliant with all Federal laws
 - Provide access to needed services
 - Coordinate treatment needs outside of program's expertise
 - Know local and national disability resources

Considerations for Racial/Ethnic Minorities



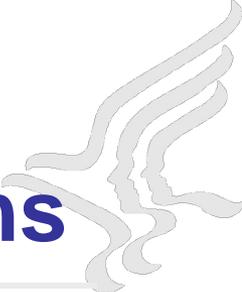
- African Americans:
 - Are at greater risk for diabetes and high blood pressure
 - May display distrust with counselors of a different culture
 - May be at greater risk of toxic side effects with antidepressants
- Asians and Pacific Islanders:
 - Diverse group with many languages, beliefs, practices, and values
 - May show concern for counselors' credibility, trustworthiness, and cultural sensitivity
 - Asians have greater sensitivity to alcohol than whites
 - Smoking rates tend to be high
 - Some detox meds are metabolized more slowly for those of Asian descent
 - Important to use traditional healing methods
 - Discuss how patients feel about Western medicine

Considerations for Racial/Ethnic Minorities



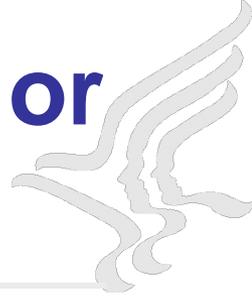
- Native Americans:
 - Have great diversity in practices, languages, traditions, beliefs, and values (more than 500 American Indian tribes)
 - Have the highest rates of alcohol and drug use among all racial/ethnic groups
 - Gain trust by not rushing the process; be nonconfrontational
 - Use fables, illustrative stories, and “Talking Circles”
 - Avoiding eye contact is traditional
 - Fetal Alcohol Syndrome is 33 times higher than national average
 - Frame 12 Steps in terms of a circle, not a ladder
 - Tend to seek treatment later and have more medical complications
- Hispanic/Latinos
 - The largest racial ethnic minority group in the U.S.
 - Helpful to assess patient’s level of acculturation
 - Language competency is helpful
 - Family is very important
 - Alcohol and drug use is often viewed as a moral weakness

Considerations for Other Populations



- Gay, Lesbian, and Bisexual Individuals:
 - Monitor feeling among staff
 - Important that staff not impose their beliefs and values on patients
 - Help patients heal from negative experiences of homophobia and heterosexism
 - Help patient accept personal power over their own lives
- Adolescents
 - Physical dependence not as severe; response to detox is more rapid than for adults
 - Retention is a problem
 - Peer relationships play a large role in treatment
 - 75% of those reporting steroid use are adolescents
 - Use of club drugs is higher

Considerations for Incarcerated or Detained Individuals



- Substance use disorders are common
- 70–80% of inmates have experienced regular drug use or had committed drug offenses
- Abrupt withdrawal from alcohol can be life-threatening
- Abrupt withdrawal from opioids or benzos can cause great stress
- Restrictions on methadone are common
- Substance abuse continues during incarceration
- Access to detox continues to be a problem