

The **Detox** Handbook



The **Detox** Handbook

Eighth edition

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The Detox Handbook

Eighth edition

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The Detox Handbook is regularly updated and revised. If there are any comments or suggestions you would like to make, please send them to:

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Introduction

The Detox Handbook gives you the basic information you need if you are coming off, or thinking about coming off, any of the opiate drugs such as heroin or methadone.

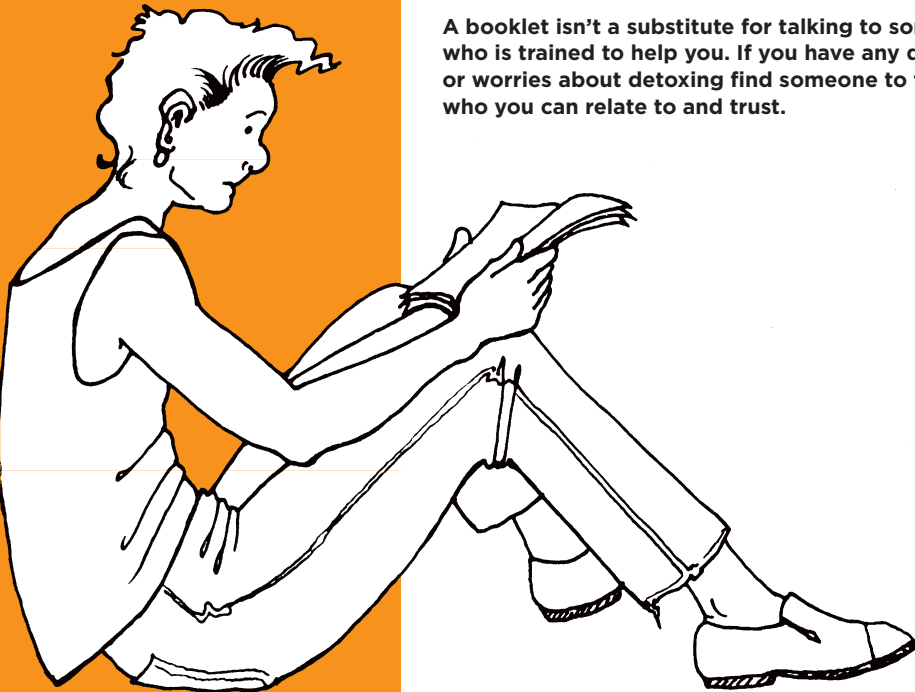
If you **only** use opiates occasionally or **only** take other drugs such as amphetamines or temazepam then some of the information in the book won't apply to you. If you're in doubt check with a drug worker or doctor.

The handbook aims to help you make decisions and achieve what you want before, during and after a detox. You can use the book to detox on your own, or with help from prescribing or other services.

The book is divided into three sections:

- **Part 1: 'Before you detox'** looks at the plans and preparations you can make to help improve your chances of successful detox (including deciding which drug to detox on);
- **Part 2: 'Coming off'** gives information to help you through the withdrawals; and
- **Part 3: 'Once you are off'** gives you some ideas on staying clean following a detox.

A booklet isn't a substitute for talking to someone who is trained to help you. If you have any questions or worries about detoxing find someone to talk to who you can relate to and trust.



Part 1:

Before you detox

Detoxing involves the physical, psychological and social processes of:

- clearing the opiates you have been taking out of your system;
- your body adjusting to being opiate free;
- your mind and feelings adjusting to being opiate free; and
- you, and the people around you, getting used to you being off opiates.

It is easy to get completely involved in the issue of what you are going to take during the detox in order to make the withdrawals less severe. But **it is important to remember that the detox is unlikely to be successful if you don't spend some time thinking and talking about how you will cope without opiates** and who you will see, and what you will do once you are off.

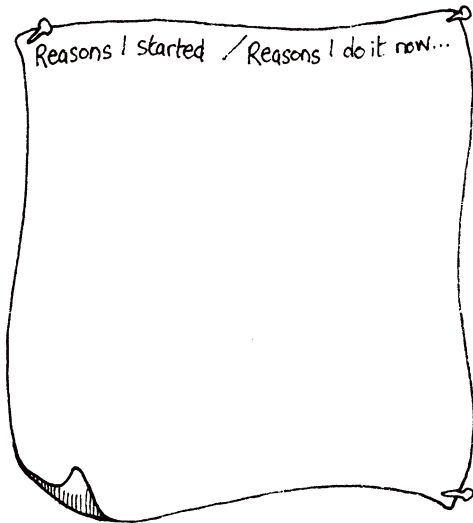
This first section of the handbook is the longest because planning can make all the difference to the success of a detox. It outlines the things you can do, and the help that might be available, to help you make the changes you want to make to your drug use.



Understanding why you take drugs

It may feel like the only reason you take opiates is to stop yourself withdrawing, but it isn't usually that simple. **Understanding your drug use may help you control it.**

It may be that the reasons you started using opiates are different from the reasons why you are taking them now. **Try listing the reasons why you take opiates under these two headings:**



Look at your lists and see which:

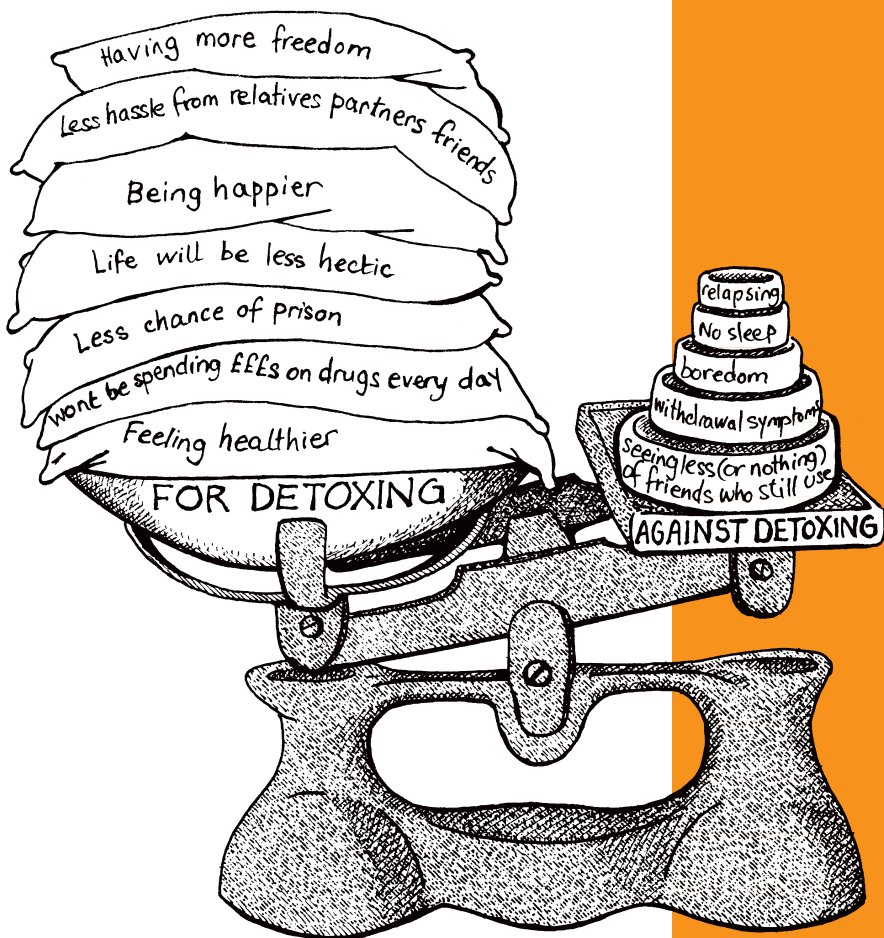
- are as a result of your drug use;
- will still be around when you come off;
- you can do something about;
- you can't do anything about;
- are your responsibility; and
- aren't your responsibility.

This exercise isn't something you do to make yourself feel guilty, or to find people to blame. It is something you can do to understand your situation, so that you can start sorting things out.

We may not be responsible for many of the things that have happened to us, but we can choose how much, if at all, drugs are part of our response to them.

Pros and cons of detoxing

To help you sort out what detoxing could mean for you it may help to make a list of the things that would be better if you detoxed, and the things that would be worse. Below are a few suggestions: miss out any that don't apply to you and add your own.



Look through your lists and see what you can do to get the scales to tip in the direction you want them to go.

Alternatives to detoxing

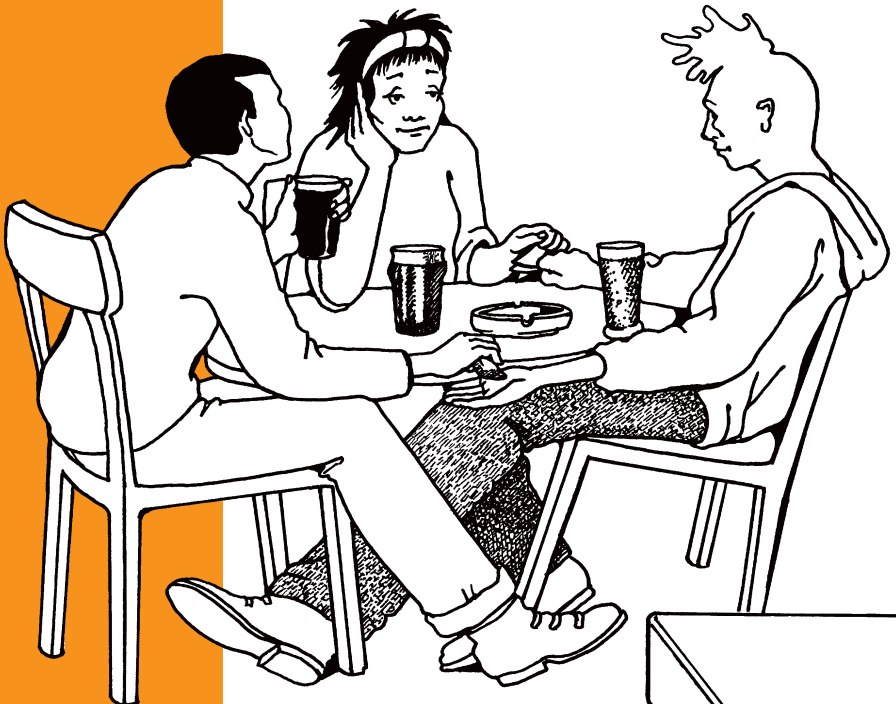
Having gone through the pros and cons, and thought about why you take opiates, **you may have decided that you aren't ready to detox yet.**

You may want to consider making other changes, some of which could help set the scene for a future detox.

You might want to:

- **talk to a drug worker;**
- **get onto a maintenance prescribing programme;**
- **reduce or stop injecting;**
- **inject more safely;**
- **not take dangerous combinations of drugs** - like alcohol or tranquillisers and opiates - on the same day any more;
- **cut down how much you use;** and
- **get help with other problems that might make detoxing harder** (such as housing, debts, relationships, illness or pain).

If you are not ready to detox, or the detox doesn't work, a maintenance prescription is likely to make life much easier and much safer.



Getting ready to detox

If you talk through your feelings and plans, you are going to be more likely to get off and, if you want to, stay off.

If you have detoxed before it can be useful to look back on past detoxes to see what worked - and what didn't work - to see if there are any lessons you can learn.

The best time is when things are as good as they are likely to get, in terms of support, housing and your state of mind, etc. **But if things don't look like they'll get any better - the best time may be now.**

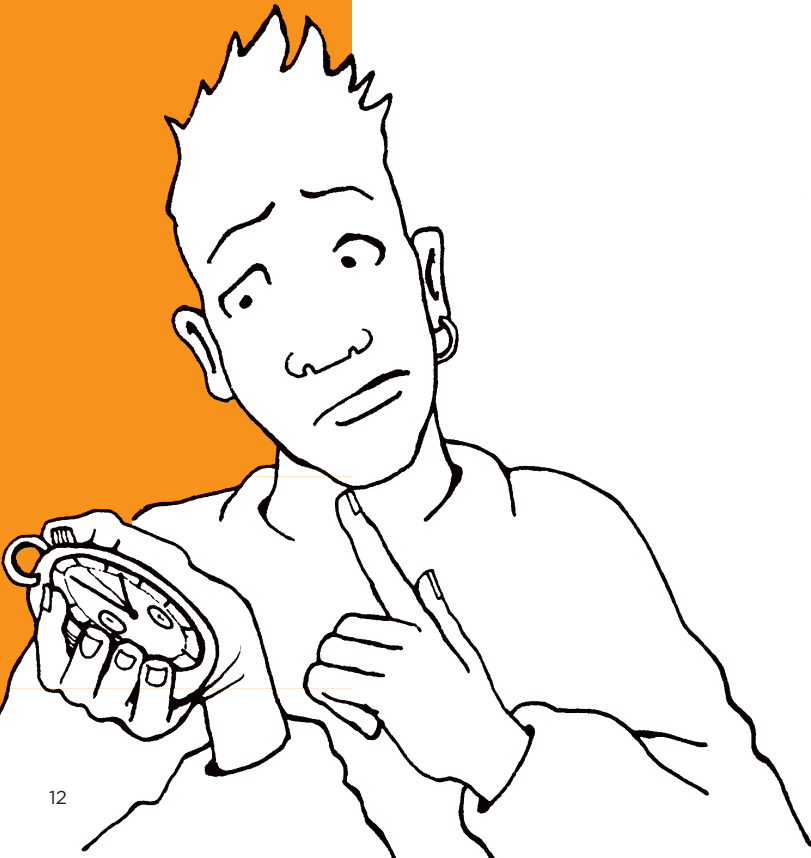
Giving up opiates is like anything - the more often you do it the better you get at it. **Planning will usually increase your chances of success.** But if you get an unexpected chance to detox - for instance admission to hospital or prison - or if you decide that enough is enough, you may want to go for it.



Deciding how fast to detox

Most detoxes are done over 10 to 21 days. Taking longer doesn't really improve your chances of success.

If you aren't ready to come off that quickly then it might be worth talking to your drug service/doctor about a steady dose prescription to stabilise things until you're ready to detox.



Who can help?

Help and support before, during and after a detox can make all the difference.

■ Drug services

Drug services should have experienced workers or volunteers who can get to know you well, and help you sort out the problems that often crop up during and after a detox. **They may have a detox support group to help people during and after a detox.**

Drug services are there to help and are usually understanding and supportive. If you are worried about contacting them you could ring or meet with an outreach worker without giving your name. You can get details of local drug services by ringing the **National Drugs Helpline on: 0800 77 66 00.**

■ Friends and family

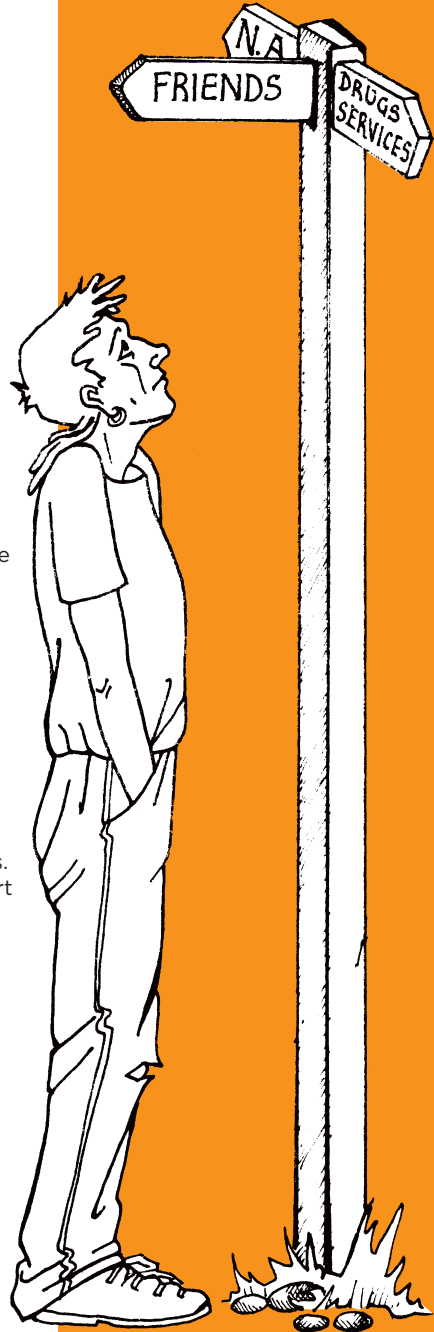
If you have friends, family and/or a partner who you can talk to, and who will support you, it can make it easier. Although if you have been using for a long time it may take a while to convince them that you are serious enough for them to want to help you.

If you are planning to stay off, friends who are still using opiates are unlikely to be helpful to you. Even if they want to help, it will probably be very difficult for you to be around them and not use. **It also really helps if you can build up a network of non-using friends.**

■ Narcotics Anonymous

NA is a self-help organisation run by and for ex-users. The combination of meetings and one-to-one support helps keep many people drug-free. Many members have been clean for a long time, so they can be very supportive for those who have just given up. NA doesn't suit everyone, but if you want to give up all drugs – including alcohol and cannabis – then NA may work for you.

How meetings are run, and who goes, varies from place to place and from time to time: so if you don't like one – try another. **You can get details of local meetings by ringing the national NA helpline on: 020 7730 0009.**



Where to detox

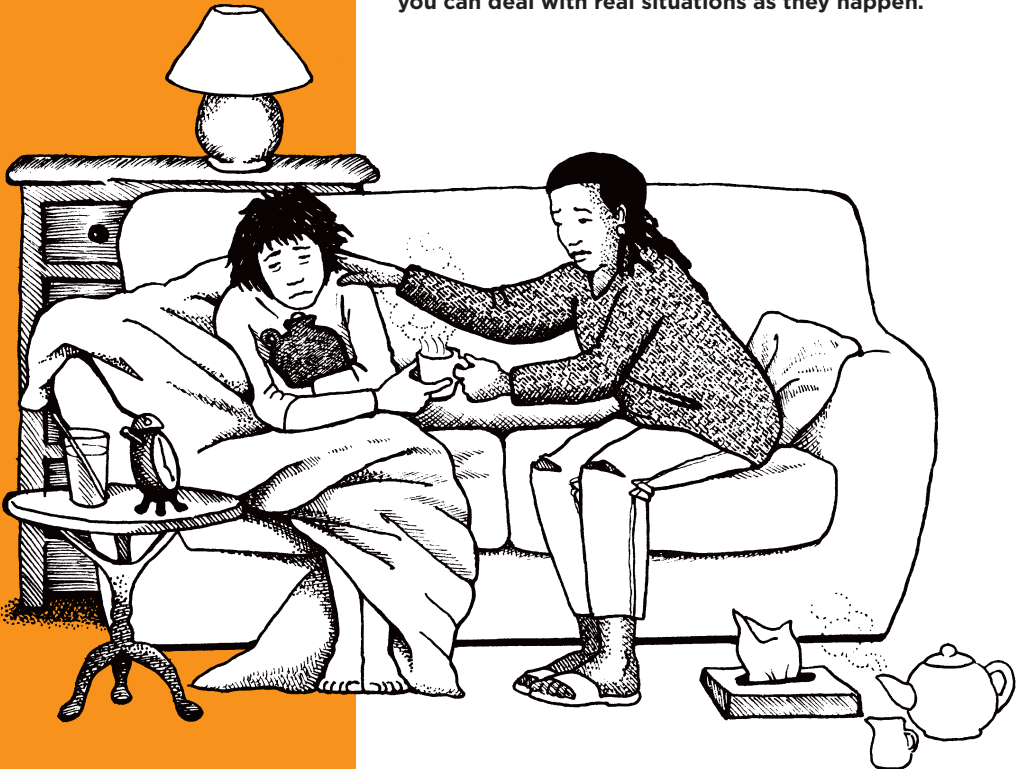
Where you detox may be decided by how fast you want to come off. If you feel able to come off quickly then most of the options on the following pages may be open to you.

The Rehab Handbook (see back cover for details) contains full information on community and in-patient detox services and may help you decide which, if any, will meet your needs.

At home

If you have to look after children, go to work, want to come off slowly or can't find (or get funding for) a residential detox then you'll probably have to detox at home, or staying with someone.

It can be hard to make changes at home, especially when other people around you are likely to be doing what they've always done. The positive side of this is that wherever you detox you are probably going to have to end up staying clean at home, and **by detoxing there you can deal with real situations as they happen.**



Moving away

The idea of moving away from the place where you are – either to be on your own, or to stay with people you know, can be attractive. You may feel like going somewhere where you don't know people, or where to score. It does help some people, but it won't solve all your problems.

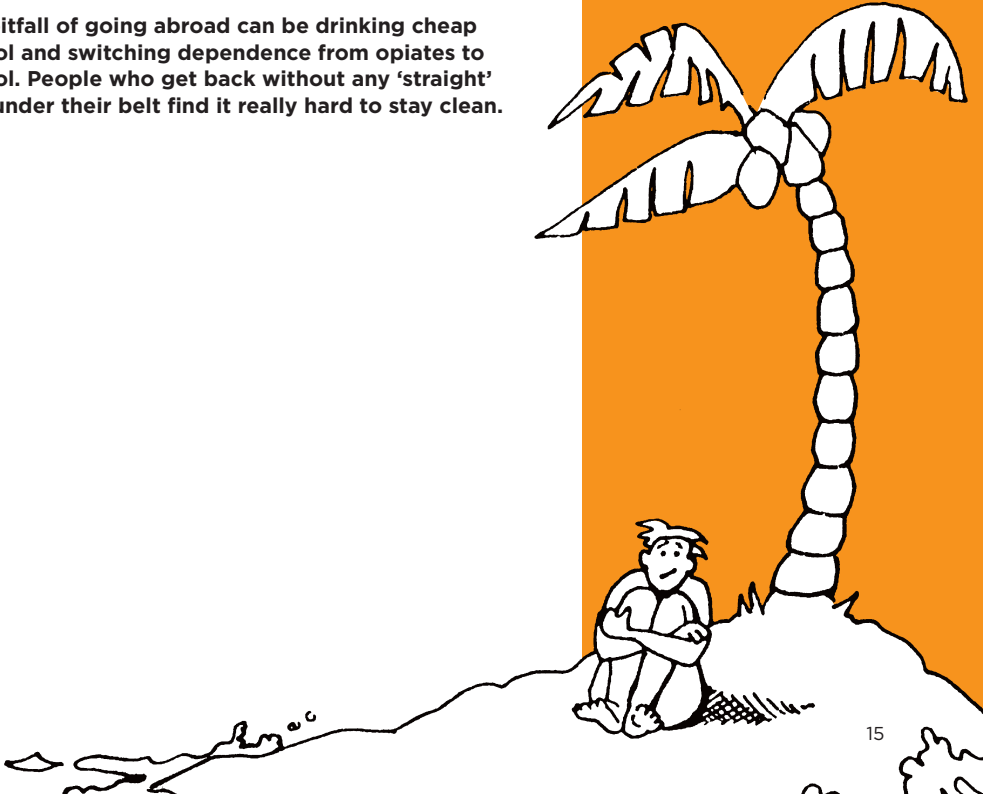
There isn't really anywhere in Britain where you can't somehow get hold of opiates. **Getting off opiates is about stopping taking what is there – if you don't want to get off, you can't move away from it to stop.**

Going abroad

Sometimes getting right away for, or just after, a detox can give you a break from using that gives you extra strength when you get back, but there are opiates and other drugs available in most countries of the world – so going away is no substitute for wanting to stop using.

If you want to take prescribed drugs away with you it is important to check out the legal situation regarding getting them out of this country and getting them into the country you want to go to. You can do this by ringing Release on 0845 4500 215 (11 am to 1 pm and 2 pm to 4 pm)

One pitfall of going abroad can be drinking cheap alcohol and switching dependence from opiates to alcohol. People who get back without any 'straight' days under their belt find it really hard to stay clean.



Hospital

Even though opiate withdrawals can make you feel like you are dying, they are not life-threatening or physically dangerous, **so most general hospitals refuse to admit people for opiate detox.** Some psychiatric hospitals do admit people to general psychiatric wards for detox.

A psychiatric hospital isn't always the perfect place to detox – other patients may have serious mental health problems – but it is warm, there are deep baths and plenty of hot water, the food is free and there are people around to talk to 24 hours a day.

Sometimes the staff are understanding and helpful and sometimes they don't like drug users – usually it's a mixture of both.

Specialist units

Some hospitals have a specialist unit offering detox.

These can be very helpful – and people who detox in specialist units are more likely to complete the detox than those who try it at home. Some specialist units just do opiate detox; others do detoxes for people who are alcohol and/or tranquilliser dependent as well.

To be admitted to any hospital you usually have to be referred by a GP and/or your drug service.



Rehab

Residential services for people with drug problems (rehab) mainly suit people who can't get their drug use under control and want:

- to stop altogether and quickly;
- to stay off forever;
- a new way of looking at drugs; and
- time to sort out why they are taking them.

Not all rehabs offer detox as part of the service and some require you to have been drug-free for a period before you go in.

If you are thinking about going into a residential service for people with drug problems, it will probably help if you talk to a drugs worker and/or someone from the rehab you want to go to. **You may also find it useful to read *The Rehab Handbook* (details are on the back cover).**

Funding for rehab is provided by social services departments, so if you want funding you will have to be seen by a social services' approved assessor or care manager – this may be a social worker, drugs worker or a probation officer.

Prison

Prisons are being encouraged to provide support and treatment for drug users in custody.

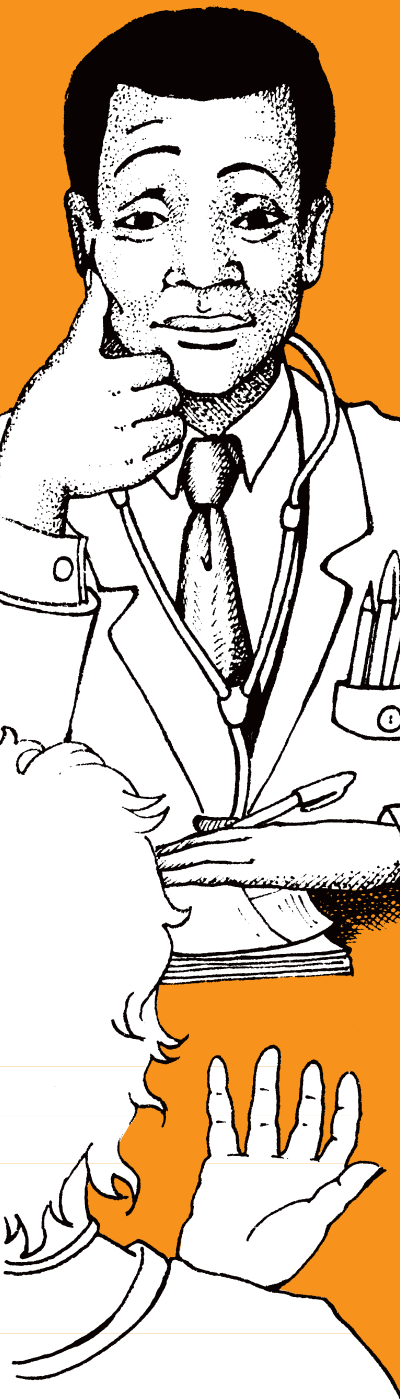
All prisons have a 'Counselling, Advice, Referral, Assessment and Throughcare' (CARAT) service which is responsible for organising treatment and support for prisoners, and helping them make contact with services following release.

Some prisons have flexible prescribing regimes which can include:

- methadone maintenance;
- methadone detox; and
- lofexidine detox.

If you can, suss out the system at the prison you are going to before you get sent there.





Prescribing services

Unfortunately there is no right to a prescribed detox from opiates, **but detoxing from opiates is a 'health need' and the NHS health authorities have to ensure that services are available to meet health needs.** You should be properly assessed and, if necessary, treated within a reasonable length of time.

Services that can prescribe drugs to help with a detox vary from area to area. There are three types of service:

- **statutory drug services** – services run by health or social services and usually mainly staffed by nurses and/or social workers working with doctors;
- **non-statutory drug services** – usually a registered charity funded by health and/or social services. The staff may or may not have professional qualifications and are more likely to include ex-drug users; and
- **general practitioners** – GPs are responsible for providing 'general medical care.' Unfortunately many GPs believe that this does not include treatment for opiate dependence. GPs who do prescribe will usually do so with support from a specialist drugs service.

Some areas have statutory services, some have non-statutory services and some have both. Everyone has the right to a GP.

Pages 21 to 26 describe the drugs that might be prescribed for you – but **what is on offer varies from area to area according to local prescribing policy.**

If you have to wait a long time for an assessment, or if you are not happy with the outcome of the assessment process, you can complain. **If you want to complain about a service you can go to the manager of the service or to the health authority that funds it.**

Your local Community Health Council (CHC) will be able to help and support your complaint. Their number will be in the phone book.

Services for drug-using parents

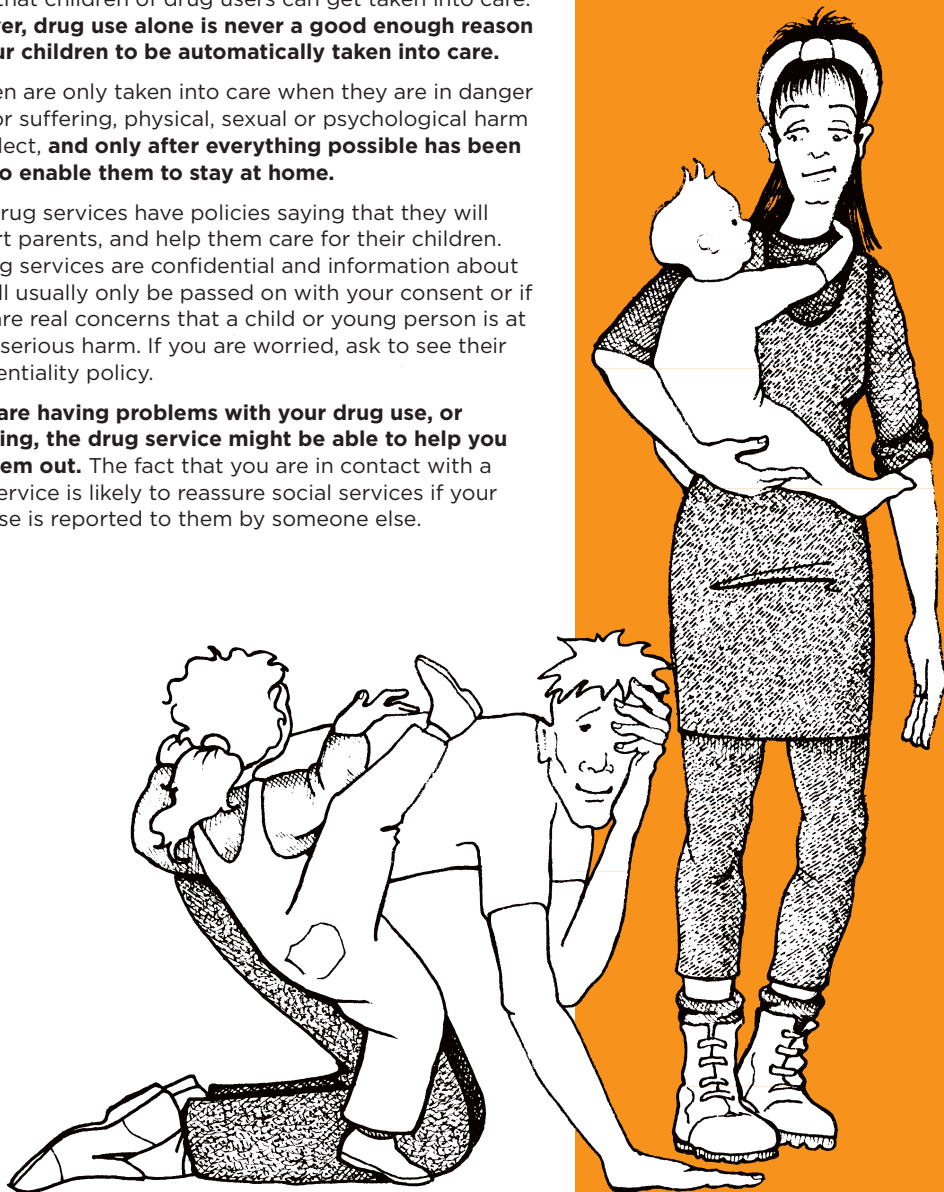
If you have children who are under 16, you may have worried about making contact with drugs services or your doctor about your drug use because you have heard that children of drug users can get taken into care.

However, drug use alone is never a good enough reason for your children to be automatically taken into care.

Children are only taken into care when they are in danger from, or suffering, physical, sexual or psychological harm or neglect, **and only after everything possible has been done to enable them to stay at home.**

Most drug services have policies saying that they will support parents, and help them care for their children. All drug services are confidential and information about you will usually only be passed on with your consent or if there are real concerns that a child or young person is at risk of serious harm. If you are worried, ask to see their confidentiality policy.

If you are having problems with your drug use, or parenting, the drug service might be able to help you sort them out. The fact that you are in contact with a drug service is likely to reassure social services if your drug use is reported to them by someone else.



Fertility

Women using opiates may stop having periods – but they can still get pregnant.

If you start to cut down the amount of opiates you are taking, your level of fertility will probably increase and you may find that you have an increased desire to have sex. **This means that you are more likely to get pregnant when you are detoxing.**

So as well as protecting you from HIV, hepatitis and other infections, condoms can stop you getting pregnant – even when you aren't having periods.

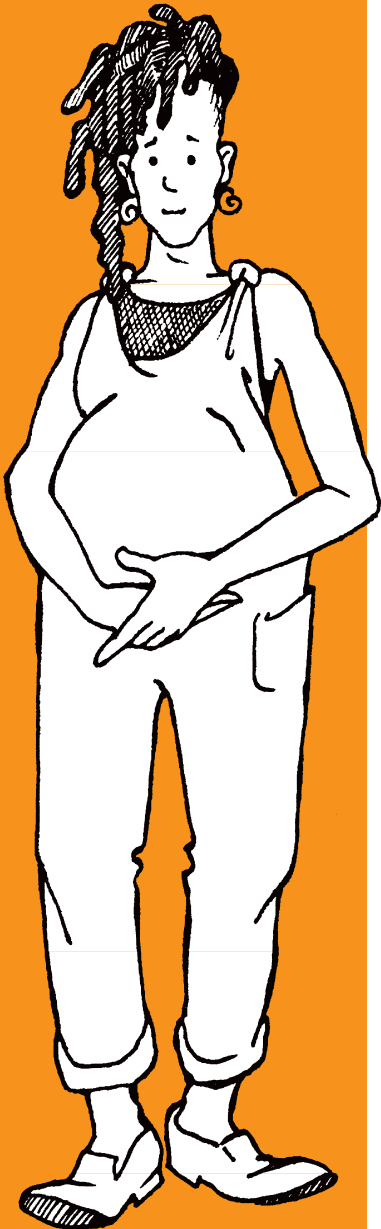
Pregnancy

If you are physically dependent on opiates and think you might be pregnant it is not safe to suddenly stop on your own. **You can detox at any time during pregnancy – but you should do it with help from your doctor.**

Opiates alone don't affect the development of the unborn baby, but whether or not you want to have the baby, it is important for your health – and that of the baby – that you get proper antenatal care from a GP as soon as possible.

Being pregnant can change the way you see things, and often women are able to stop using during pregnancy when they haven't been able to do it before. **But it can also be a very stressful time** and confusing too – especially if you are finding it difficult to stop using, or using more to cope with the stress. **Either way a sympathetic drug service and doctor could be a big help to you.**

If you are still taking opiates when the baby is born it may suffer withdrawal symptoms which can be treated if the doctors know what is going on. Some hospitals admit babies born to opiate-using mothers to the special care baby unit, although this is not usually necessary. The withdrawals soon pass and there isn't any lasting damage.



Choosing a drug to reduce on

Sorting out the mechanics of which drug you are going to detox on, and how fast, are important parts of the planning of a detox. However, **choosing a drug to reduce on is not the only, or even the most important, part of the detox process.**

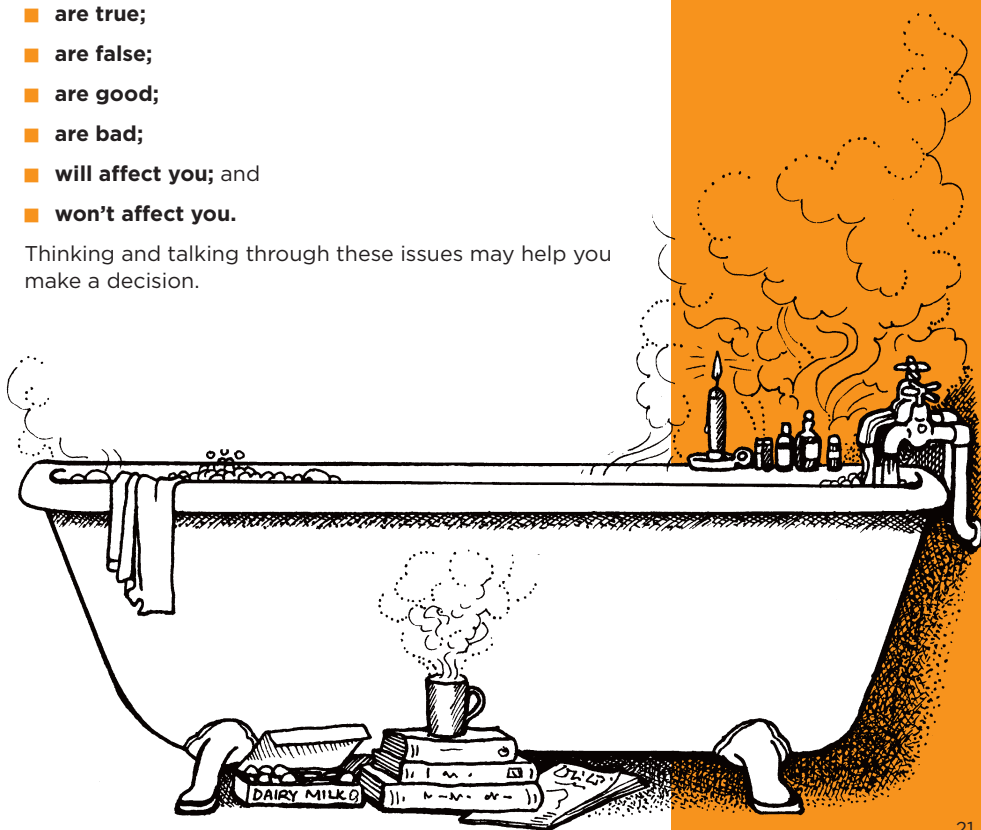
Many people get too hung up on which drug they will detox on, and set themselves up to fail with unrealistic expectations of what the treatment can and can't do for them.

The main options of drugs that may be available for you to take as you detox are discussed on the following pages, with their pros and cons, and how they might affect the process of physical withdrawal.

By each drug is a list of statements that may or may not be true for you. Read through them and see if you can decide, for you, which:

- are true;
- are false;
- are good;
- are bad;
- will affect you; and
- won't affect you.

Thinking and talking through these issues may help you make a decision.





Heroin

Most opiate detoxes involve people coming off heroin on their own. **Detoxing on illicit heroin may mean that you:**

- **don't have to see a doctor;**
- **don't have to go to a drug service;** and
- **don't have to go into hospital.**

But:

- **controlling a reducing dose can be very difficult if not impossible** (especially if you're finding your heroin habit hard to manage);
- you may have to see other opiate users to score;
- **if you have a stock it can be very difficult to make it last;** and
- **you can still get busted.**

If you are planning to come straight off heroin without taking anything else, things that might help are:

- **cutting down as much as you can in the run-up to your detox;**
- **switching to smoking it, if you are an injector;**
- **expecting to feel bad, and not sleep well, for at least a fortnight** and possibly much longer (see page 30);
- **picking a time and place when you will use heroin for the last time;** and
- **remembering that once you've gone 24 hours without any opiate you will be prolonging the physical withdrawals if you use again.**

Methadone

If you go for a prescribed detox the first task is to get off all other opiates and take only the medication – if you don't manage this the chances of a successful detox are slim.

Methadone has got a reputation as a drug that is difficult to detox on. But research has shown that it can be as effective as other prescribed drugs and that, overall, the same number of people drop out of heroin detoxes as methadone detoxes.

The fact that cravings for heroin are usually much stronger than cravings for methadone means that, overall, it is not much more addictive than heroin.

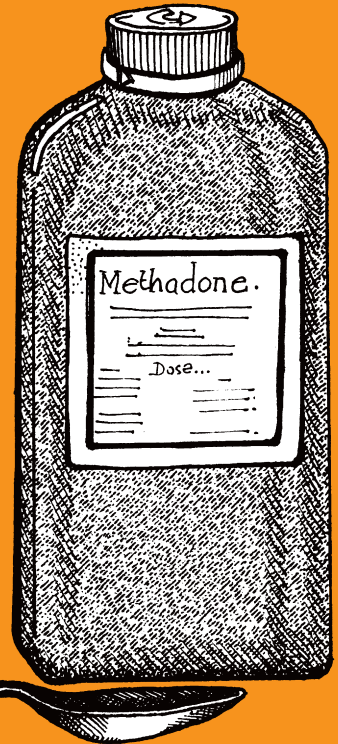
A detox on prescribed methadone may mean that you:

- **will probably have to spend time with a drugs worker and/or a doctor;**
- **spend a lot less on drugs;**
- **are at less risk of getting busted;**
- **stop injecting;**
- **don't get a heroin-like hit;**
- **can take your opiate once a day;**
- **know how much you're getting;**
- **get off heroin at the start of the detox;** and
- **withdrawal symptoms may be worse, and may last longer than coming off heroin.**

Other things that might help are:

- **taking the methadone in a regular pattern** (and not little sips here and there);
- **avoiding taking more one day and less the next;**
- **expecting to feel rough and sleep badly for several days after each dose drop;**
- **expecting poor sleep to go on for weeks;** and
- **picking a day to end your detox – taking some one day and none the next will confuse your body, and prolong the withdrawals.**

There is much more information about methadone in *The Methadone Handbook* – details on the back cover.



Lofexidine

On page 28 there is a description of how a chemical that the body produces, called noradrenaline, is largely responsible for physical withdrawal symptoms.

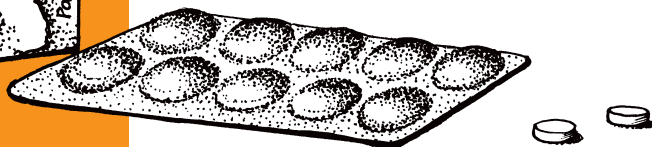
Lofexidine (which has the trade name Britlofex) is a drug that reduces the effect of the excess noradrenaline that is in your system during a detox.

It isn't an opiate and its only function is to prevent the action of extra noradrenaline in your system. This means that you can't get dependent on it in the same way as you can with opiates, but it also means that you will get none of the psychological effects of an opiate during the detox.

Lofexidine can be taken as part of an inpatient detox programme or at home.

Lofexidine:

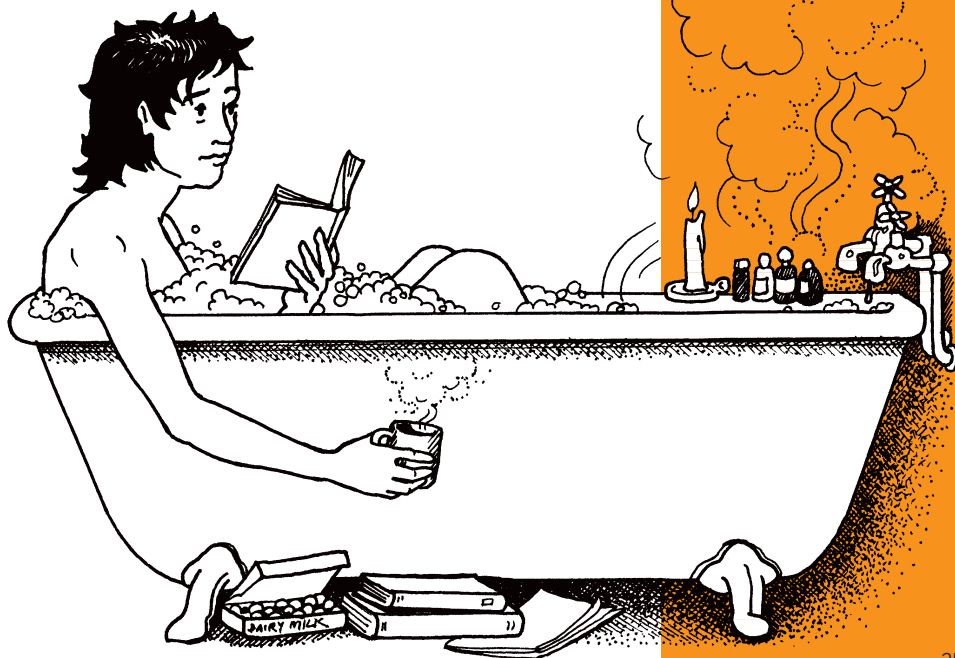
- reduces the physical withdrawals, but doesn't deal with the cravings for opiates;
- is non-addictive;
- has to be prescribed for you by a doctor;
- makes a quick detox less painful than it would have been with nothing;
- works better for some people than for others;
- can be helpful in detoxing from high or low doses of opiates;
- means that you can stop taking opiates as soon as you have decided that is what you want to do;
- enables you to know from the start that the detox won't drag on: usually just 5 to 10 days;
- can make you drowsy;
- can make you feel faint/giddy;
- won't really help you sleep; and
- can't be stopped suddenly: the dose has to be reduced over 2 to 3 days.

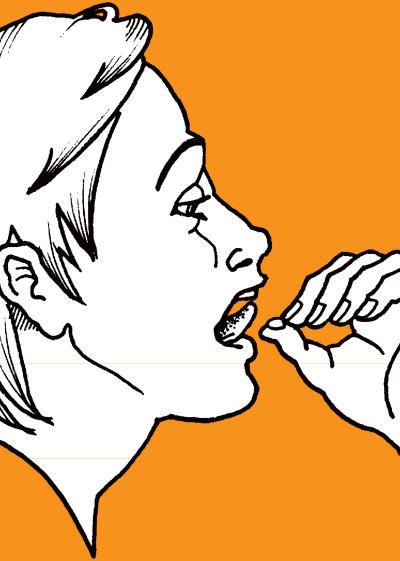


A lofexidine detox is much more likely to be successful if you:

- are certain that you want to get off quickly;
- are ready to cope with withdrawal symptoms (especially in the first 3 to 4 days);
- can get a bed in a specialist detox unit, or support from a community drug service;
- **don't take more than you are prescribed:** you will only increase the side-effects and you won't reduce the withdrawals;
- expect to feel the psychological effects of the detox (see page 30) even though the physical symptoms may be reduced; and
- expect to feel bad and not sleep well for at least a fortnight and possibly much longer (see page 32).

You should also take care when you get up out of a chair or bed or out of a bath as **lofexidine can lower your blood pressure and make you feel faint.**





Buprenorphine

Buprenorphine (which has the trade name Subutex) is now often prescribed for opiate detox.

Subutex gives some opiate effects (but less 'euphoria' than heroin or methadone) **and can significantly reduce the physical withdrawal symptoms of detox.** However, it does not offer a completely pain-free detox and, as with methadone, the different feelings can take some getting used to at the start of treatment.

Subutex is taken once a day, by putting a tablet under the tongue and letting it dissolve - **it has little or no effect if chewed or swallowed.**

If people are transferring from methadone they usually have to be on a dose of 30 mg or less, as the changeover from higher doses can cause withdrawal symptoms.

If you are taking methadone you will have to go at least 24 hours from the last methadone dose before taking Subutex for the first time, and if you are using heroin there should be 4 to 6 hours between your last heroin dose and your first Subutex tablet. This is because Subutex can send you into withdrawals if you start treatment without waiting for opiates to begin to clear out of your system.

A Subutex detox can be completed in 12 to 14 days, or it can be done gradually over a longer period.

Part 2: Coming off

This section explains what is happening to your body when you are detoxing and gives some tips on coping with coming off.

Research has shown that understanding what to expect during withdrawals actually makes them less severe, and that anxiety makes them worse. So it may help to read this section carefully, and discuss your thoughts and feelings about withdrawals with your drug worker, or someone else you trust.

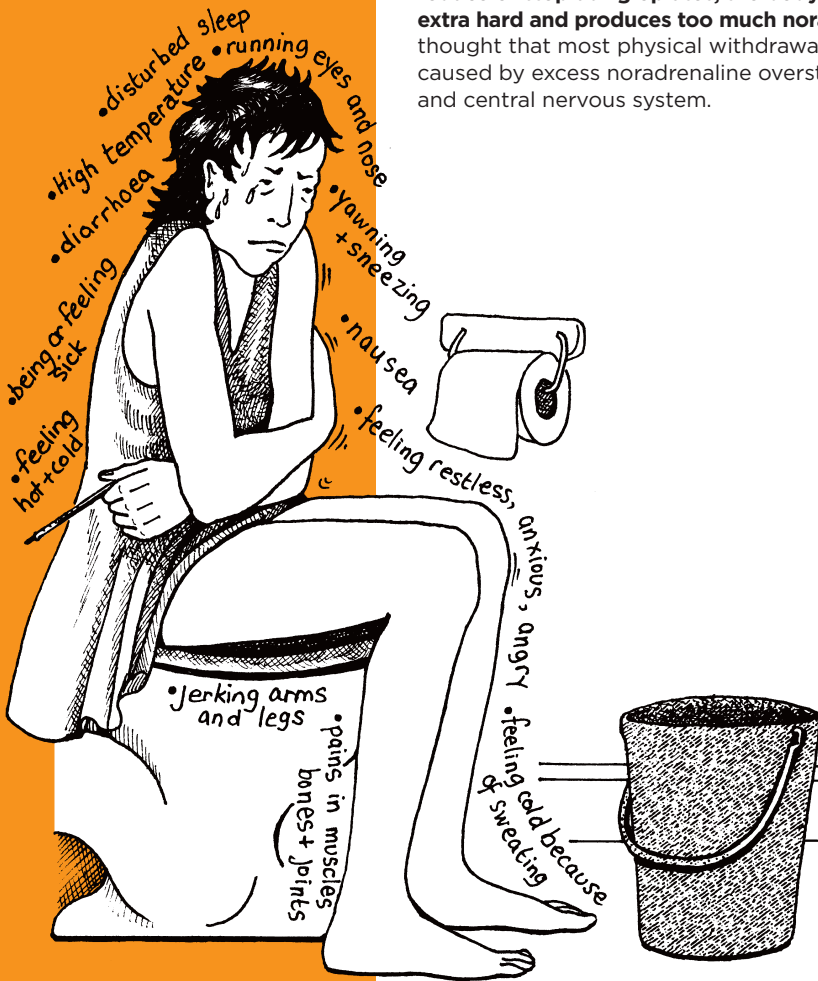


Withdrawals – your body

After a period of daily opiate use your body becomes used to the drugs and needs higher doses to get the same effect. This is called developing tolerance. Sometimes this takes only a few days to happen; usually it takes a few weeks.

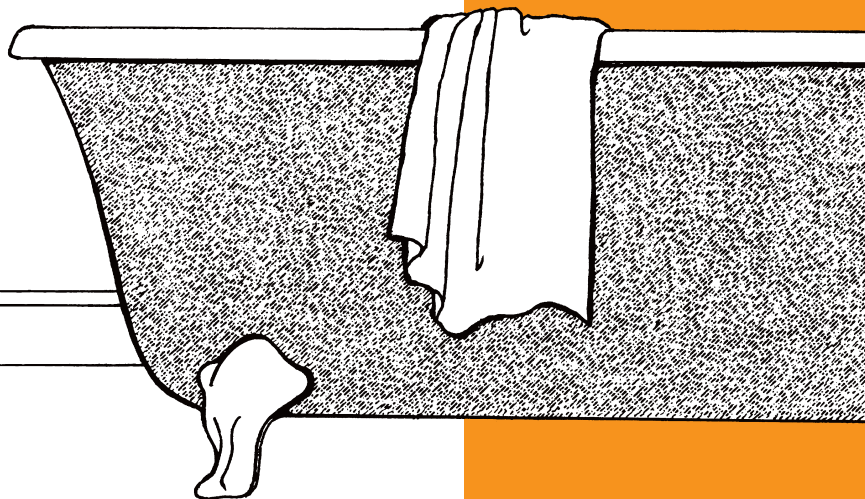
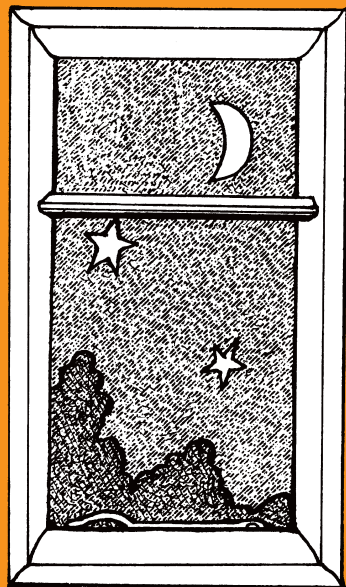
Once you have developed a tolerance to opiates you will experience withdrawal symptoms when the amount of opiates in your system drops below a certain level.

Using opiates makes it harder for the body to produce a chemical called noradrenaline. So your system learns to work extra hard at producing noradrenaline. **When you reduce or stop using opiates, the body carries on working extra hard and produces too much noradrenaline.** It is thought that most physical withdrawal symptoms are caused by excess noradrenaline overstimulating the brain and central nervous system.



Most of the physical symptoms should begin to fade after 14 to 21 days, as the production of noradrenaline starts to get back in balance. Withdrawal symptoms are usually at their worst around the second and third day after stopping or reducing the dose.

Another possible physical cause for some of the longer lasting problems following detox, including feeling low and sleeping badly, is lack of natural endorphins. Endorphins are a natural part of the body's painkilling and 'feeling good' systems. It is thought that when you take opiates your body gives up production of endorphins - and that, once stopped, it can take up to six months for them to return to normal levels.



Withdrawals – your mind and feelings



Opiates don't only kill physical pain; they also kill psychological pain and level out all feelings – good and bad. So one of the things that happens as you stop taking opiates is that you step into a world where your feelings aren't controlled by drugs any more.

At first this often seems like being on a long, fast roller-coaster that has all the biggest highs and lows at the beginning. **Things usually settle down as you get used to coping with the emotions and feelings – but it can seem like it is taking forever.**

People react to detoxing differently. People often experience:

- **rushes of emotion;**
- **thinking lots of uncomfortable thoughts;**
- **being unable to stop thinking;**
- **feeling tired, stunned or 'spaced out';**
- **feeling anxious and/or having panic attacks;**
- **feeling useless;**
- **remembering bad things that happened while you were using – or before you started;**
- **feeling like everything was OK when you were using; and**
- **craving drugs.**

All of these things can make you feel like using again. It might help to tell yourself that things are being made worse by the fact that you've just made a huge change. There may be things you want to get sorted out, or you may decide to wait a while and see how things settle down before you take action.

Withdrawal symptoms aren't just physical. If you have ever had withdrawal symptoms start suddenly because you were about to score or just thinking about heroin, you will know that your head is capable of creating withdrawals in no time.

Anyone who feels anxious, frightened and/or low may experience withdrawal-like physical symptoms: feeling sick, headaches, stiffness and muscle aches, etc.

The symptoms of anxiety and stress can get added to the physical effects of coming off opiates – this may partly explain why some people suffer much more, or for longer, than others.

Coping with withdrawals

Each time you reduce during a slow detox, or throughout a quick one, there are things that you might be able to do to help you cope with the withdrawal symptoms.

If you can, plan to:

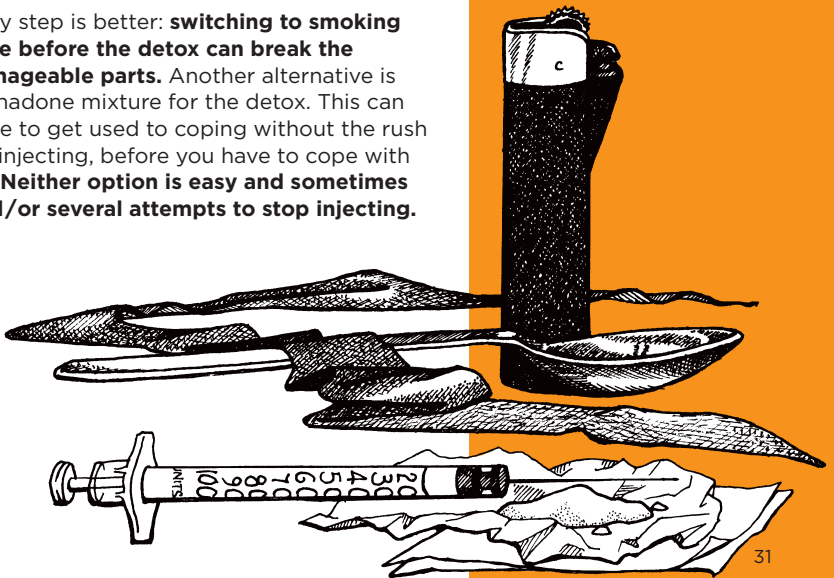
- **take it easy for a few days;**
- **expect to sleep badly** (at the end of a detox poor sleep can be a problem for months);
- **take time off work** – your doctor may give you a sick note or you may want to take some holiday;
- **stay somewhere warm with supportive people around you;**
- **keep things as stress-free as you can;**
- **get in a stock of food and alcohol-free drinks;** and
- **take long hot baths.**

Alcohol and cannabis will probably not help reduce the withdrawal symptoms.

Stopping injecting

Stopping injecting can take as much effort and willpower as detoxing. You can do both together and deal with everything at once. Although this is hard, you know where you stand and with no 'half measures' it can feel like the only way to do it.

For some, step by step is better: **switching to smoking heroin for a while before the detox can break the process into manageable parts.** Another alternative is to switch to methadone mixture for the detox. This can give you a chance to get used to coping without the rush and the ritual of injecting, before you have to cope with being drug-free. **Neither option is easy and sometimes it takes time and/or several attempts to stop injecting.**



Sleep

Not being able to sleep during and after a detox can be one of the worst parts of it all. People always get enough sleep to survive, but it doesn't always feel like it; and sleep doesn't always come when you want it.

Getting yourself into a sleep routine is probably the most important part of learning to sleep without drugs. For most people a normal night's sleep is between 7 and 9 hours, but many people get by on 5 or 6 hours' sleep. **Learning how much sleep you can realistically expect will be an important part of getting into a routine.**

Other things you can do to help include:

- **forcing yourself to get up at the same time every morning** (whether you have slept well or not);
- **be active during the day as this can help you sleep at night;**
- **if you are awake in the night for more than half an hour, get out of bed;**
- **don't sleep in a chair;**
- **take a clock, pen and paper to bed and write down the time every 15 minutes** - you will probably be surprised at how long you were asleep when you see how many times you missed during the night (doing this regularly can also help you chart improvements in your sleep pattern);
- **avoid tea and coffee in the evening;**
- **practice relaxation techniques;** and
- **count your breaths in and out up to ten and backwards to zero.**

Using opiates to help with sleeping is one of the commonest reasons for giving up on a detox: if you want to stay off, be prepared to deal with poor sleep.

A short course of sleeping tablets from your doctor may help, but many doctors refuse to prescribe them because it is so easy to get dependent on them (see page 34) and because they can easily put people in the frame of mind to relapse (especially if they take too many in desperation to get to sleep).

Some drug services offer auricular (ear) acupuncture, which can help relaxation and sleep.



Part 3:

Once you are off

If, having detoxed, you plan to stay opiate-free you will probably find that the saying 'staying off is harder than getting off' is true. This section has some pointers to help you avoid the pitfalls and mistakes that can lead to lapse and relapse.

Overdose

Within a few days of being off, your tolerance to opiates will be back at zero. Quantities of opiates that would have 'done nothing' just a short while ago could now kill you! A methadone dose of 40 mg can be fatal once you have lost your tolerance to opiates – less if you've got benzodiazepines or alcohol in your system at the same time.

Accidental overdose following detox is one of the most common causes of death in opiate users.

Often people mix alcohol and/or tranquillisers which makes even smaller amounts of opiates deadly.

If someone has taken opiates and they can't be woken, they have overdosed. If they are still breathing, lie them in the recovery position (illustrated below) and watch them. If they stop breathing, mouth-to-mouth resuscitation could save their life.

Call an ambulance. Opiate overdoses can be reversed – but only if the ambulance crew get there in time.



Other drugs

Using other drugs can cause problems: be very careful about what you take during and after a detox. It is easy to stay in a 'I've got to have something to sort me out' frame of mind, which is the sort of thinking you'll have to change if you want to get off and stay off opiates.

The problems of the benzodiazepine class of drugs (often called benzos, tranquillisers or tranx), such as valium and temazepam, are often underrated by opiate users. If used in doses that are too high, or for too long, they can easily get out of hand.

Benzodiazepine dependence can develop within a couple of weeks. The withdrawal symptoms that people can suffer from when they stop include panic attacks, anxiety and fear of going out of the house.

There are a number of drugs that people don't always realise are opiates such as Temgesic, DF118 or other brands of prescribed medicines and over-the-counter preparations (e.g. cough mixtures such as codeine linctus). **These are all best avoided if you are trying to stay clean.**



Alcohol

Alcohol is, in some ways, similar to opiates: it numbs feelings too. It is common for people to switch dependence from opiates to alcohol following a detox.

Switching dependence from opiates to alcohol (or benzodiazepines) is not the only risk. A lot of people have lost their resolve to stay drug-free, and slipped back into opiate use, whilst 'off their heads' on alcohol, benzos or a combination of both.

If you don't want this to happen to you, **watch your alcohol consumption so you can stop it increasing to 'replace' the opiates.** If you haven't sought help before and your alcohol intake increases after a detox, it might be a sign that you need some help now.

It might be worth finding out how to count your alcohol consumption in units from your drug worker, GP, practice nurse or local alcohol service.



Staying off

Staying off can be harder than getting off, and is seldom easy. Your frame of mind is important: being positive about being clean and knowing that there will be hard times and times when you feel like using again (but that these will pass) will all help.

To start with you'll probably find that each drug-free day feels like a week. Often, after only a few days, people feel like they've been off for ages and deserve a 'treat.' **If you give in to the desire to have a 'treat,' your chances of it being just the once and staying clean are very slim – and the risks of overdose are very high.**

People don't often finish a detox feeling great. In theory you should be free of drugs and have more money to spend on other things. In practice this rarely happens. This doesn't mean that it isn't worth coming off!

Being around people who have just given up is often nearly as dangerous as being around people who are still using. If you start remembering your using days together it probably won't be long before you are both craving and ready to lapse. A lapse with another person happens more easily if you kid yourself by blaming them rather than taking responsibility for yourself.

Use all the help and support you can get. Some drug agencies run groups and relapse prevention programmes to help people following detox – these can increase your chances of staying clean.



Cravings and triggers

The desire to take opiates can feel overwhelming, especially if it takes you by surprise. If you want to overcome cravings it helps to be prepared: plan to do something active when you get a craving. They do pass, and can be controlled.

There will be all sorts of things that are linked with using in your mind. These are known as triggers.

There is a list below of the more common ones. Cross out the ones you find don't apply to you and add on any other things that you know will trigger thoughts about opiates. **As time goes on, if you stay off you will probably find more and more. Knowing what they are is the first step to beating them**, so it may help to keep adding to the list as you become aware of them.

Common triggers include:

- stress;
- arguments;
- money in your pocket;
- £10 notes;
- people;
- houses;
- streets;
- smells;
- silver foil;
- needles and syringes;
- anxiety;
- memories; and
- dreams.

Each time you cope with a triggered craving it may get a little easier next time, but don't get complacent or test yourself by unnecessary exposure to high-risk situations or people.

You will change from day to day and a situation you coped with easily one day may cause a lapse another. **In time you will find the triggers lose their strength, but it is best to allow this to happen naturally.**

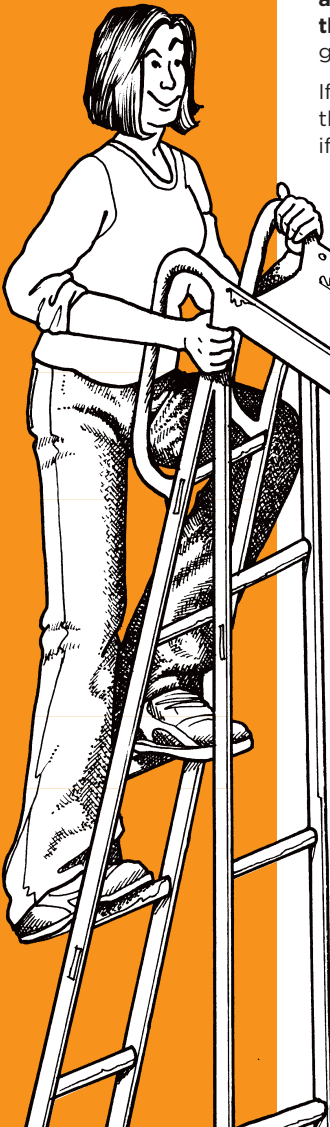


Just every now and then?

Opiates are powerful things and the temptation to want to take them again is very strong. Often people say 'I'll just do it every now and then, as a treat.' In theory this should be possible. But in practice the drug experience is very powerful and if you've been opiate dependent **it is practically impossible to take them again without sliding, however slowly, back into your old pattern of use.**

Generally speaking, the longer the gap since you last used the slower the slide. **But if you use again within a year or two in the hope that it will be 'just this once,' the chances of relapse are very high.** People can quickly get dependent again after five or more years drug-free.

If you have been opiate dependent it is also very unlikely that you will be able to control cocaine use - particularly if you inject it or use crack or freebase.



Lapse

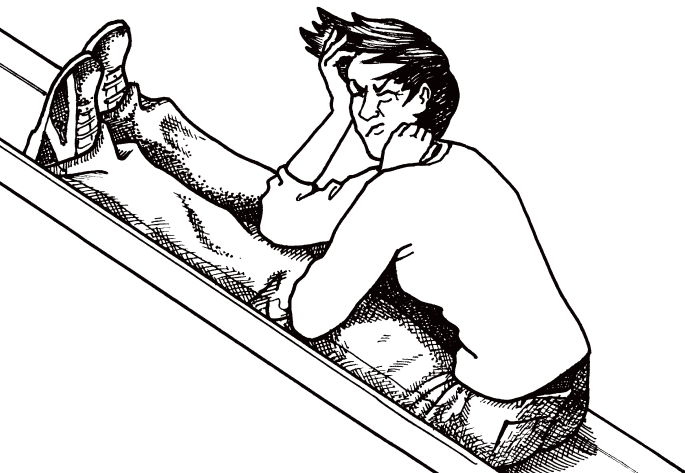
If you do use again and then decide you want to stop, provided you stop within a couple of weeks you shouldn't suffer physical withdrawal symptoms caused by the opiates. You may suffer anxiety, worry or physical symptoms caused by the stress of remembering what withdrawals are like. Don't be afraid to ask for help - you aren't letting people down if you do.

Try not to see a lapse as a disaster, or as proof you can't do it, but as an opportunity to work out what happened and, more importantly, what you can learn to stop it happening again.

Relapse

If a lapse turns into a relapse and you get back into opiates you may feel like you are back at square one. But if you have learned from the experience you will be wiser and more likely to succeed in getting off, and staying off, next time around.

Many people who have been off opiates for years will tell you that they relapsed several times after their first decision to come off and stay off - so don't give up giving up. **But if you can't get off, a maintenance prescription may offer a way forward that can get you off illegal drugs, reduce your problems and risk of overdose.** Talk to your drug service about the options.



Naltrexone

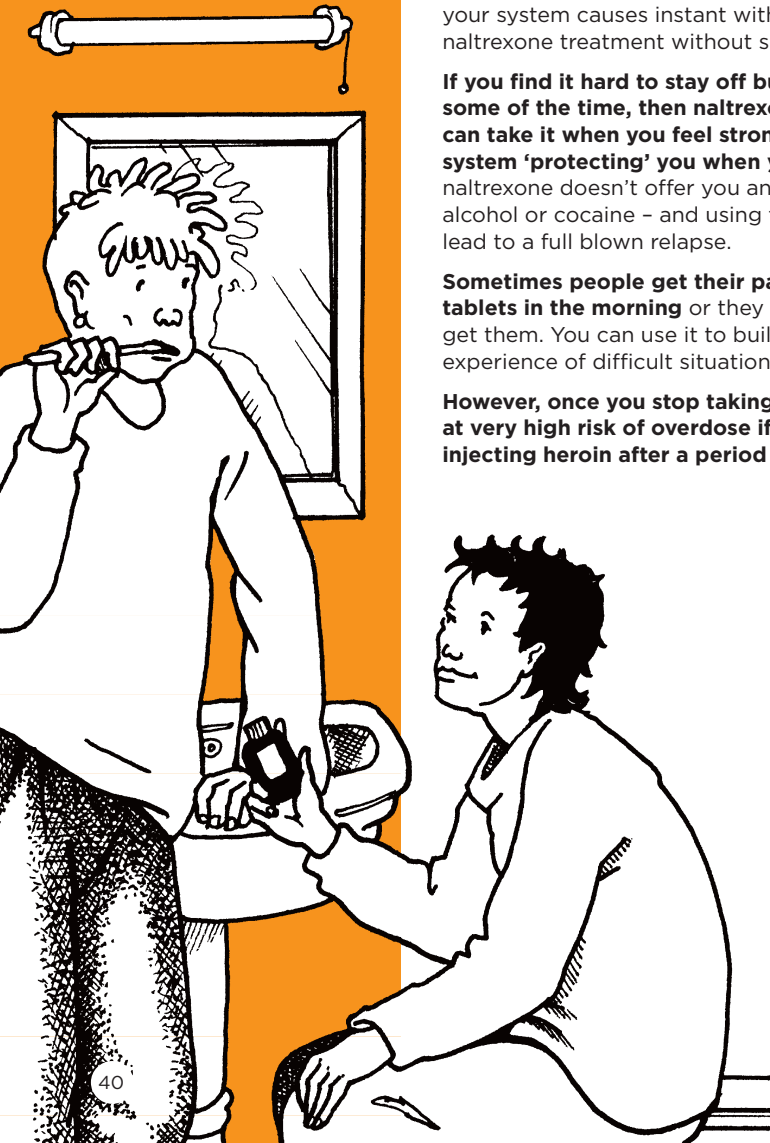
There is a drug, available on prescription, called **naltrexone** (sometimes prescribed under the trade names of **Opizone** or **Nalorex**) that can help prevent **relapse**. Naltrexone doesn't affect mood at all, but it does block all your opiate receptors. Taking one naltrexone tablet every day will stop opiates having any effect.

Naltrexone treatment cannot start until 7 to 10 days after you have taken your last opiate. This is because taking naltrexone before opiates are completely out of your system causes instant withdrawals. Never start naltrexone treatment without seeking medical advice.

If you find it hard to stay off but are well motivated some of the time, then naltrexone can be ideal: you can take it when you feel strong and have it in your system 'protecting' you when you feel weak. However, naltrexone doesn't offer you any protection against alcohol or cocaine - and using them instead is likely to lead to a full blown relapse.

Sometimes people get their partners to give them the tablets in the morning or they go into a drug service to get them. You can use it to build up opiate-free time, and experience of difficult situations.

However, once you stop taking naltrexone you will be at very high risk of overdose if you lapse/relapse: injecting heroin after a period on naltrexone often kills.



Filling time

For many people using opiates is a 'full-time job,' and once they stop the endless rush of getting money together, scoring and using there are many unfilled hours in the day. It is important to find something to fill this time. **Things such as:**

- college courses;
- meeting new people;
- recontacting old friends;
- repairing family relationships;
- NA meetings;
- hobbies;
- voluntary work;
- a job; and
- exercise

can all help fill the gap and build up your confidence.

It can all seem strange especially if, for a period of time, you feel half way between one way of life and another. The best defence against using again is your pride in being clean and looking forward to the positive things that can follow your detox.



Coping and the future

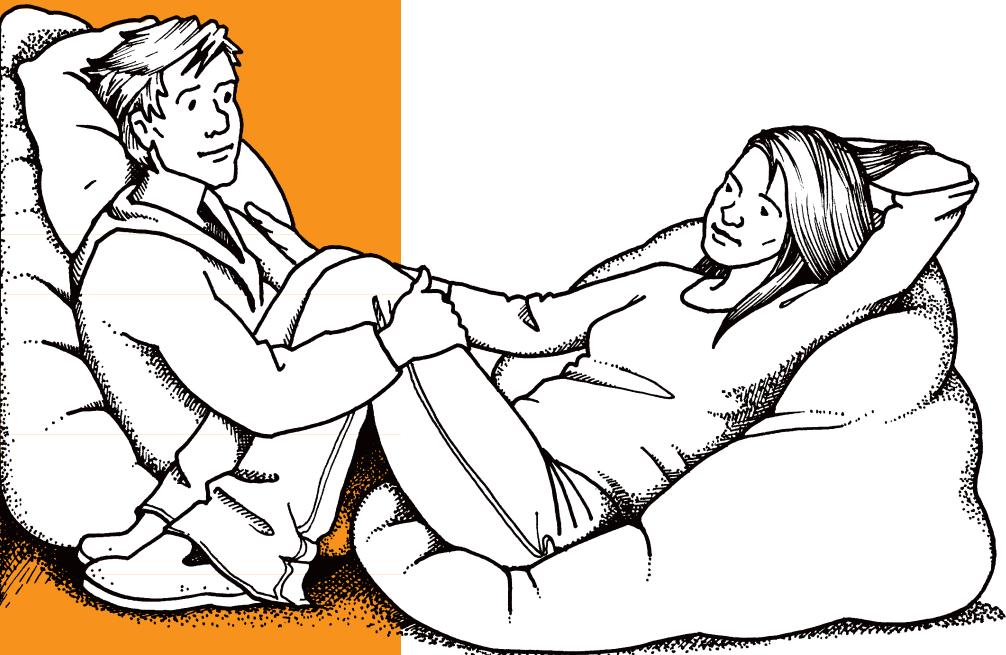
When you're using opiates the main response to hassles or trouble of any kind tends to be to score. When you have detoxed one of the main keys to success is going to be your desire to cope without opiates.

If you were using for a long time you may find that the 'emotional roller-coaster' takes a couple of years to settle down. Sometimes people feel bad about themselves for a long time too, and this can be made worse by people close to you taking time to accept that you have changed.

You will probably find that the more problems you have, the stronger the urge to use becomes, and the more difficult it is to resist. If you want to stay off it is easier if you are clear with yourself that whatever happens you won't use. That way instead of asking yourself if things are bad enough to justify using, you'll be asking yourself how you are going to cope.

People who you can turn to are going to help you more than drugs, and talking things through is usually much better for you than keeping them bottled up or blotted out with drugs.

Building yourself a support network so that you don't have to cope alone will be a big help.





Detoxing or detoxed?

Make this promise to yourself:

**“If I use heroin again,
I’ll chase until
I’ve got a tolerance”**

If you inject without a tolerance,
**a fraction of what you used
to take could kill you!**

The **Detox** Handbook has been revised and updated for its 8th edition.

It takes you through the three stages of detox: planning the detox, coming off and staying off.

Essential reading for anyone trying to get off opiates.

Handbooks available in this series:

Methodone

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Detox

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Safer Injecting

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