

Healing at Home



A First Nations Guide to Home Detox

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TABLE OF CONTENTS

Acknowledgements	1
Key definitions	2

INTRODUCTION



About The Author	5
Why Is This Manual Necessary?	6
Overview of Home Withdrawal	7
Home withdrawal roles	10
Is home withdrawal a safe option?	11
What do I need to know before beginning a home detox?	12
Individual Pathway	13
Overview For Health Care Professionals	15
Risks factors of home detox	15
Home withdrawal roles	16
Head-to-toe assessment	18
Appendices	20

CHAPTER 1: ALCOHOL HOME WITHDRAWAL



Introduction to Alcohol Use	21
Alcohol Withdrawal - Overview	22
Individual Pathway	24
Alcohol Withdrawal - Support Roles	26
What Are Some Possible Problems During Alcohol Withdrawal?	27
Alcohol Withdrawal Medications	30
Alcohol Withdrawal Forms and Checklists	31
Checklist for Home Based Alcohol Withdrawal	33
Home Detox Contract	34
Emergency Plan	35
Head-to-Toe Assessment	36
Alcohol and Drug Use History (Sample)	38
Alcohol and Drug Use History	39
CIWA (Clinical Institute Withdrawal Assessment) form	40
Home Detox Vital Signs Record	42
Over-the-Counter Medications	43
Daily Checklists (Day 1, Day 2 to 3, Day 3, Day 4 to 7)	44-47

CHAPTER 2: BENZODIAZEPINE HOME WITHDRAWAL



Introduction to Benzodiazepine Use	48
Benzodiazepine Withdrawal - Overview	49
Individual Pathway	52
Benzodiazepine Withdrawal - Process	54
Benzodiazepine Withdrawal Forms and Checklists	57
Checklist for Home Based Benzodiazepine Withdrawal	59
Home Withdrawal Contract	60
Emergency Plan	61
Head-to-Toe Assessment form	62
Alcohol and Drug Use History (Sample)	64
Alcohol and Drug Use History	65
Home Detox Vital Signs Record	66
Over-the-Counter Medications	67
Daily Checklists (Day 1 to 3; Day 4 to 10)	69-70

CHAPTER 3: OPIATE HOME WITHDRAWAL



Introduction to Opiate Use	71
Opiate Withdrawal - Overview	72
Individual Pathway	74
Opiate Withdrawal - Process	76
Opiate Withdrawal Forms and Checklists	81
Checklist for Home Based Opiate Withdrawal	83
Home Detox Contract	84
Emergency Plan	85
Opioid Withdrawal Observation Chart	86
Head-to-Toe Assessment	87
Alcohol and Drug Use History (Sample)	88
Alcohol and Drug Use History	89
Home Detox Vital Signs Record	91
Over-the-Counter Medications	92
Daily Checklists (Day 1, Day 2, Day 3, Day 4 to 7)	93-96

CHAPTER 4: STIMULANTS HOME WITHDRAWAL



Introduction to Stimulant Use	97
Crystal Methamphetamine	99
Stimulant Withdrawal - Overview	102
Individual Pathway	104
Stimulant Withdrawal - Process	106
Stimulant Withdrawal Forms and Checklists	108
Checklist for Home Based Stimulant Withdrawal	110
Home Withdrawal Contract	111
Emergency Plan	112
Head-to-Toe Assessment	113
Alcohol and Drug Use History (Sample)	114
Alcohol and Drug Use History	115
Home Detox Vital Signs Record	117
Over-the-Counter Medications	118
Daily Checklists	119-120
APPENDICES	
Appendix A: Special Populations	121
Appendix B: Treatment and Recovery Programs	122
REFERENCES	127



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KEY DEFINITIONS



abscess- A skin abscess is a collection of pus and infected material in or on the skin.

adrenal glands - are triangular-shaped glands located on top of the kidneys. They produce hormones such as estrogen, progesterone, steroids, cortisol, and cortisone, and chemicals such as adrenalin (epinephrine),(norepinephrine) and dopamine. When the glands produce more or less hormones than required by the body, disease conditions may occur.

adrenaline - a hormone produced by the adrenal glands that plays a central role in short term stress reaction by creating a number of effects in the body, for example, increasing heart rate.

antidepressants - are medicines used to help people who have depression. Most people with depression get better with treatment that includes these medicines.

ataxia - Un-coordination; Inability to coordinate the muscles in voluntary movement.

bennies - another name for "benzodiazepines"

benzos - another name for "benzodiazepines"

benzodiazepines - a group of drugs used as mild tranquilizers

CHN - community health nurse

CHR - community health representative

CIWA - Clinical Institute Withdrawal Assessment for Alcohol - a form used to record and assess alcohol withdrawal in order to measure withdrawal severity. If the CIWA score is more than 20 a doctor or the nearest medical facility must be notified immediately as the patient is in severe danger.

clonic movement - violent rhythmic muscle tightening and relaxation usually lasting for one to two minutes

dehydration - means your body does not have as much water and fluids as it should. Dehydration can be caused by losing too much fluid, not drinking enough water or fluids, or both. Vomiting and diarrhea are common causes.

delusions- A false, fixed, odd, or unusual belief firmly held by the patient. The belief is not ordinarily accepted by other members of the person's culture or subculture. There are delusions of paranoia (others are plotting against them), grandiose delusions (exaggerated ideas of one's importance or identity), and somatic delusions (a healthy person believing that he/she has a terminal illness).

detox - is the process of allowing the body to rid itself of a drug while managing the symptoms of withdrawal.

divided doses - see p. 4 benzo withdrawal chapter

"drug talking" - constantly talking about using a drug, for example, trading war stories.

endorphins - neurotransmitters that have opiate-like behavior and produce an inhibitory effect at opiate receptor sites; probably responsible for pain tolerance.

enkephalins - chemical substances, polypeptides, produced in the brain. They act as opiates and produce pain relief by binding to opiate receptor sites involved in pain perception.

hallucinations- A sensory perception (seeing, hearing, feeling, and smelling) in the absence of an outside stimulus. For example, with auditory hallucinations, the person hears voices when there is no one talking.

inpatient settings - hospitals, medically-managed detox centres or medically-monitored detox centres where the individual can withdraw from alcohol or drugs (alternatives to home detox)

medically-managed detox centres - an **inpatient setting** for withdrawal from alcohol or drugs where 24-hour nursing staff are available

medically-monitored detox centres - - an **inpatient setting** for withdrawal from alcohol or drugs where symptoms can be supervised by a nurse, and a doctor is on call for medical consultations

mini-withdrawals - when the body gets used to the dose of a drug, the effects can wear off before the next dose is to be taken. Mini withdrawals symptoms may occur between doses. (see individual chapters for withdrawal symptoms for particular substances)

NAADAP - Native Alcohol And Drug Abuse Program

'nodding off' - a term used to describe the involuntary movement of the head falling forward while using opiates.

nystagmus - constant, involuntary, cyclical movement of the eyeball. Movement may be in any direction.

opiate - any drug containing or derived from opium.

opioids- are a family of related drugs that relieve pain.

overdose - a dose of a drug, especially a drug of abuse, sufficient to cause an acute reaction such as coma, mania, hysteria or even death.

over-medicating - the practice of taking more medication than are needed.

paranoia - is a term for individuals who show suspiciousness and guardedness that is unrealistic and often accompanied by grandiosity.

psoriasis - is a skin disease that causes scaling and swelling.

scabies - a highly communicable skin disease caused by an itch mite.

self-medicating - medicating oneself without professional supervision so as to alleviate an illness or a condition.

social detox (or community supported detox) - an inpatient setting where there is social peer support 24/7, when an individual has no safe, stable environment and no support person.

support person - a person, whether family member, elder or friend, who stays with the person withdrawing 24 hours a day around the clock, either at the person's home or in another safe, quiet location for approximately 5 to 7 days or until the individual has been seen by a nurse or doctor who confirms the withdrawal has ended. The support person offers emotional support, can help administer medications, and calls for medical assistance if the person withdrawing is in danger.

tonic posture - loss of consciousness, general muscle tightening and rigidity usually lasting 15 to 20 seconds

Wernicke's Encephalopathy- a brain disorder involving loss of specific brain functions. It is caused by a thiamine deficiency.

withdrawal - is the variety of symptoms that occur after use of some addictive drugs is reduced or stopped.



INTRODUCTION



ABOUT THE AUTHOR

My name is Pamela O'Donaghey. My heritage on my father's side is from Fountain, BC, the Stl'atl'Imx Nation and on my mother's side from the Boston Bar reserve, Nlaka'pamux Nation. I grew up in Gibson, BC.

After graduating from Elphinstone Secondary, I went to Langara College. I took general studies for a couple of years. During this time I had the opportunity to do volunteer work with the Canossian Daughters of Charity in the Philippines. I stayed in New Mexico for a couple of months, volunteering with sick and poor, getting prepared for the overseas mission. While in the Philippines, I spent two years living and working there with the poor and homeless. I helped the people of Ormoc after a typhoon devastated their homes, took their loved ones and stripped them of their livelihood. I learned one the greatest lessons in life, perseverance when nature becomes an obstacle.

Upon returning to BC, I decided to enter the nursing program at Douglas College. I decided to volunteer with the Franciscan Sisters of the Atonement in the

Downtown Eastside of Vancouver (DTES). My first experience was as a front line worker, handing out sandwiches to the homeless and working in the clothing room. I graduated in 1997 from Douglas College with my diploma in general nursing. After graduation, I worked at Riverview hospital for a few years and then was hired on at Cordova Detox in the DTES. I spent five and a half years working with both men and women who abuse alcohol and drugs. Most were homeless, many were our relations, and all were fighting for their lives. I completed my degree in nursing at the University of British Columbia in 2007.

I am writing this manual to bring awareness to the plight of alcohol and drug abuse among Aboriginal peoples of all ages. There is a lack of culturally sensitive addiction services for peoples living on reserves. Since most counseling, treatment programs and support recovery programs are far from a lot of rural reserves, what is a resource to one group can be inaccessible to a whole community. I want to empower these same communities to continue to help our people. By providing education and tools to our people, the healing can begin.

WHY IS THIS MANUAL NECESSARY?

There is an urgent need for health care professionals in rural Aboriginal communities. The current lack of professional support for the caregivers who end up taking on the responsibility of assisting those who are withdrawing from alcohol or drugs, has a devastating affect on the health and wellness of our peoples. Providing caregivers with the most up-to-date information as well as giving them an opportunity to develop their knowledge and skills through education and support will enable individuals to heal at home with a safe, traditional delivery of care.

For individuals wishing to take the important step in drastically limiting or living without alcohol and drug use, this manual will help guide them and their community through the steps of drug and alcohol withdrawal, and provide direction to ongoing treatment options after the initial detoxing is completed.

This manual is a necessary part in the renewal of Aboriginal culture and traditions. I believe we should be able to incorporate and practice

our own beliefs, culture and traditions to better balance what has been taught to us, what is wanted and needed in our right to growth as individuals and within our communities.

I feel humbled at the prospect of contributing to the empowerment of First Nations peoples. Our people, with their knowledge of our past and present can continue to strive to live in harmony with nature and mankind and reach out to those young and elderly who are still suffering.



OVERVIEW OF HOME WITHDRAWAL

Why do people choose home-based withdrawal?

A home-based detox is one of several options for withdrawing from alcohol or drugs. Detoxes can also be done in inpatient settings such as hospitals, medically-managed detox centres, where 24-hour nursing staff are available, or medically-monitored detox centres where symptoms can be supervised by a nurse, and a doctor is on call for medical consultations.

A person may choose a home detox over detox in an inpatient setting because they have no transportation or money for an inpatient facility, because they feel that an inpatient setting will not provide culturally sensitive care, or because they are not able to find someone to care for children or elders while they are in an inpatient setting. In addition, the moral support and inclusion of traditional healing practices that can be available in a home detox can strengthen a person's ability to withdraw from alcohol and to stay sober once they have completed the first stages of withdrawal.

What are the first steps in deciding to do a home detox?

1. *First, you must make sure that a home detox will be safe.*

Many people only experience mild or moderate withdrawal symptoms. These can be handled in the person's home, providing it is free from other alcohol or drug use and there are no elders or children who need taking care of. It is also important to work with your community health professionals, which include your doctor, the community health nurse (CHN), the community health representative (CHR), to set up a withdrawal and post-withdrawal plan.

2. *You must also have the commitment of someone close to you that they will support you during the home detox.*

Having an elder, family member or good friend, (also called a 'support person') present will increase the likelihood that withdrawal will be successful. Getting moral support and including traditional healing practices can help you through the most difficult times during your detox and strengthen your

commitment to staying well once your detox is finished.

Who is suitable for a home withdrawal?

Any person who is dependent on alcohol or drugs that wishes to stop drinking and/or using can do a home detox if they:

- have clearly stated a desire to detox, and agree to follow the prescribing doctor's orders and plan of care
- have a safe, quiet, home environment free of alcohol and drugs
- have a reliable non-drinking, non drug-misusing supportive person, be it an elder, friend or family member, available to help them 24 hours a day, throughout the detox
- have no untreated or unstable medical conditions such as diabetes or severe liver disease
- have no untreated or unstable psychiatric conditions such as extreme agitation or confusion
- have no suicidal feelings
- have no previous history of complicated withdrawals such as seizures, or DTs
- are not physically isolated

- have not had any serious head injuries or loss of consciousness

What are the warning signs of alcohol or drug misuse?

If you are not sure whether you, or someone you know, is misusing drugs or alcohol, look for the following warning signs:

- abrupt changes in work or school attendance or performance
- unusual temper tantrums
- general attitude changes
- association with the wrong crowd or friends
- disregarding responsibilities
- borrowing or stealing money
- secretive or odd behavior
- loss of interest in grooming, hygiene and appearance



HOME-WITHDRAWAL ROLES

Successful withdrawal from alcohol and drugs involves a community of people, not just the person who is withdrawing.

Your most important first step is to commit to making a change. If there is a doctor available, tell them of your plans to do a home detox. Below the roles of the doctor, patient, support person and community health representative (CHR), community health nurse (CHN) or NAADAP worker are outlined. If there is not a CHR/CHN/or NAADAP worker in your community, this role can be taken on by an elder or other support person.

Role of the Doctor

- meet with patient, support person and nurse to discuss and assess patient for home detox
- provide information and prescribe withdrawal medication
- treat and monitor any other medical problems with medication
- perform physical exam on patient

Role of Person Withdrawing

Inform the doctor, nurse and support person of:

- all types and amounts of alcohol and drugs or pills you use - whether they are prescribed or not
- any medical conditions you have
- any mental health issues you have whether or not they are being treated
- any feelings you have of harming yourself or others
- **most importantly** - clearly say that you want to stop drinking or misusing drugs

Role of Support Person

When a person decides to stop using alcohol and drugs, it is the first and biggest step in healing. Having a caring and compassionate person to stay and give their support is the most important service. Your role as a support person is to:

- stay with the person withdrawing from alcohol **24 hours a day around the clock**, either at the person's home or in another safe, quiet location for approximately 5 to 7 days or until the individual has been seen by a nurse or doctor

-
- who confirms the withdrawal has ended
- monitor the person, give them medications and measure the condition of their withdrawal every day
 - care for the person, provide encouragement and emotional support, and encourage safe behaviour of everyone involved during withdrawal process

Role of the Nurse/or Support Person

The following outlines the role of the community health nurse (CHN). If you do not have a CHN in your area, this role can be taken on by the support person, working with the medical doctor.

- complete the initial assessment of the individual withdrawing to determine if they are suitable for home-based withdrawal
- provide information and support on medications and their side effects (nurse)
- clearly describe the withdrawal process to the patient and support person, including how long the process will probably take (nurse)
- complete any withdrawal observation charts



IS HOME WITHDRAWAL A SAFE OPTION?

When a person expresses a need to withdraw, and is motivated to follow through with a home withdrawal, it is very important to check out any risks that may be present. You will want to think about the following things:

Does the individual who is wishing to withdraw have a history of suicide attempts?

Many times when a person decides to stop drinking or using drugs they experience feelings of extreme sadness. Having a history of suicide attempts makes the person withdrawing at risk to attempt again.

Are there other people in the home who are actively drinking or using drugs?

If so, it would be an unsafe and an unpredictable environment for both the individual withdrawing and the support persons helping with his/her withdrawal.



Is there medical help close by if it's needed?

Looking at where the individual plans to withdraw is another area for concern. Often a person withdrawing can have many other health related illnesses such as diabetes or a mental illness. If medical support is hard to reach because it is far away, or because there is no transportation available to get there, it may not be possible for a person to safely withdraw at home.

Are other people in the community involved and aware of the home detox?

It is important to include as many supportive people such as elders, mother, father, close friends as possible in the withdrawal process. By involving the community and elders, a person will have that added support with looking after their child(ren) or an elder they normally help care for, while they are going through the withdrawal process. Also, this helps to keep other drinkers or using friends away, so they will not to disrupt the person withdrawing.

WHAT DO I NEED TO KNOW BEFORE BEGINNING A HOME DETOX?

1. Previous withdrawal problems

- Has the person previously attempted and failed to withdraw at home? If so, they may need extra support and possibly a medical environment would be more suitable for their withdrawal.

2. Home environment

- The home environment should be quiet, free of other people using alcohol and drugs, and have an identified support person, such as an elder, family member, close friend available at all times during the withdrawal process.

3. Mental state

- Has the person attempted suicide (tried to overdose, hang themselves, cut their wrists) at any time in the past or do they currently want to harm themselves or others? **Ask them.**
- Do they have any signs of serious mental disturbances such as

seeing/hearing/ feeling things, or paranoia?

- Are they confused? For example, are they unsure of their environment, confused about the date or year or who they are?
- Do they have any noticeable extreme agitation?
- **If the answer is yes to any of these questions, it might be safer for the person to withdraw in an inpatient withdrawal setting than do a home detox.**

4. Physical state

- Does the person have any serious medical conditions such as untreated diabetes, chest pains, or an extremely poor diet? If so, try to arrange for inpatient detox where medical staff can monitor their condition while they detox.

INDIVIDUAL PATHWAY

While each person's path to withdrawal is unique, the following is a general outline of the steps of withdrawal, and the roles of the individuals involved.

First Steps

1. Individual tells an elder, family member, local doctor, or friend(s) that he/she wants to stop drinking and/or using drugs.
2. A community health representative (CHR), elder, paramedic or community member is contacted and assesses substance use, predicted withdrawal, medical/mental health issues - both present and past - and any previous withdrawals including their outcomes.
3. Information and options are provided by an elder, health worker or counselor who will be involved in and support the individual's post withdrawal plans.
4. An appointment is made with local or family doctor for initial assessment. Support person should accompany individual to this appointment.
5. Medical assessment is made by doctor and information regarding options discussed with individual. Medication for withdrawal is prescribed by doctor at this time.
6. If home detox is agreed upon, the CHR, Native Alcohol And Drug Abuse Program (NAADAP) worker or community health nurse (CHN) will explain any medication that is prescribed and its side effects, the withdrawal process, including length and time of withdrawal, the roles of the doctor, support person, CHN, CHR, or NAADAP worker and individual, and post detox options.
7. Date for home detox is agreed upon by doctor, CHN/CHR/NAADAP worker, support person and individual.

Two Days Before Home Detox

1. CHN/CHR/NAADAP worker notifies local inpatient facility of date of home detox in case individual needs to be transferred at any point during the detox.

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2. Medication for detox and post detox, such as benzodiazepines, any over-the-counter medication, like Gravol, and Epson salts for baths, is obtained from nearest pharmacy.

Home Detox - Day 1-4

1. CHN/CHR/NAADAP worker gives individual and support person contact numbers of nearest inpatient setting for after-hours help and information. Information is taped onto fridge, or by the telephone.
2. CHN/CHR/NAADAP worker visits daily during withdrawal process. He/she provides support and education for both individual and support person and assesses individual's withdrawal progress.
3. Withdrawal medication given out by support person or CHN/CHR/NAADAP worker - either daily or as decided by the prescribing doctor. CHN/CHR/NAADAP worker may decide to come in daily to administer medication, or to leave enough medication for a 24-hour period and the

support person will administer it.

4. CHN/CHR/NAADAP worker communicates daily with doctor and anyone else involved with the individual such as counselor or elder.

Day 5 of Home Detox

1. The worst of the physical withdrawal is probably over. Post detox options are explored and/or created with individual.
2. CHN/CHR/NAADAP worker or support person books follow-up appointment with local doctor for individual (up to one week after completion of home detox).



OVERVIEW FOR HEALTH CARE PROFESSIONALS

Many health care professionals in outlying areas may not have had experience supervising or assisting in a home detox. This manual is designed to help guide you through the process, and to assist the elders and support people who will be assisting with the detox in the individual's home.

Each chapter provides some medical assessment and monitoring tools which can be used by health care professionals and support people to assist the individual to experience a medically, emotionally, and psychologically safe withdrawal.

The Appendices at the end of the manual provide information about Aboriginal support services to further support the detox process.

This chapter provides an overview and introduction to home withdrawal outlining some of the risks of home detox and the roles of people involved.

RISKS FACTORS OF HOME DETOX

With any detox, whether in a home, a social detox or a medical detox, there are always risks. The risks of home detox can be lessened when everyone involved (the doctor, person detoxing, support person, elders, NAADAP worker, and CHR/CHN) is aware and informed of possible complications and solutions. This takes a great deal of organization and communication among all parties involved.

Some increased risk factors associated with home detox are:

Isolation

Not everyone who wants to detox at home will be close to a hospital, have access to emergency personnel, or have accessibility by land.

Lack of medical support

In isolated communities an individual detoxing may not have nurse or doctor nearby.

Medical problems

It may not be possible to monitor conditions such as diabetes,

possibilities of strokes or dehydration.

Psychiatric/Mental issues

An individual may have an undiagnosed, untreated and/or an underlying psychiatric condition that he/she may or may not be taking medication for. It is important to have a doctor, CHR/CHN, and NAADAP worker involved and a thorough history completed on the individual prior to the start of home detox.

HOME-WITHDRAWAL ROLES

Successful withdrawal from alcohol and drugs involves a community of people, not just the person who is withdrawing.

Below the roles of the doctor, patient, support person and community health representative (CHR), community health nurse (CHN) or NAADAP worker are outlined. If there is not a CHR/CHN/or NAADAP worker in your community, this role can be taken on by an elder or other support person.

Role of the Doctor

- meet with patient, support person and nurse to discuss

and assess patient for home detox

- provide information and prescribe withdrawal medication
- treat and monitor any other medical problems with medication
- perform physical exam on patient

Role of Person Withdrawing

Inform the doctor, nurse and support person of:

- all types and amounts of alcohol and drugs or pills you use - whether they are prescribed or not
- any medical conditions you have
- any mental health issues you have whether or not they are being treated
- any feelings you have of harming yourself or others
- **most importantly** - clearly say that you want to stop drinking or misusing drugs

Role of Support Person

When a person decides to stop using alcohol and drugs, it is the first and biggest step in healing. Having a caring and compassionate person to stay and give their support is the most important

service. Your role as a support person is to:

- stay with the person withdrawing from alcohol **24 hours a day around the clock**, either at the person's home or in another safe, quiet location for approximately 5 to 7 days or until the individual has been seen by a nurse or doctor who confirms the withdrawal has ended
- monitor the person, give them medications and measure the condition of their withdrawal every day
- care for the person, provide encouragement and emotional support, and encourage safe behaviour of everyone involved during withdrawal process

Role of the Nurse/or Support Person

The following outlines the role of the community health nurse (CHN). If you do not have a CHN in your area, this role can be taken on by the support person, working with the medical doctor.

- complete the initial assessment of the individual withdrawing to determine if they are suitable for home-based withdrawal

- provide information and support on medications and their side effects (nurse)
- clearly describe the withdrawal process to the patient and support person, including how long the process will probably take (nurse)
- complete any withdrawal observation charts



HEAD-TO-TOE ASSESSMENT

Each chapter in this manual contains a Head-to-Toe Assessment form to be completed by the doctor, NAADAP worker, CHR, CHN, elders and support worker. The Assessment form and its introduction follow:

The head-to-toe assessment is a tool to gather information. Everyone involved in the home detox, such as the doctor, NAADAP worker, CHR, CHN, elders and support worker, can work together to provide safe and reliable care to the individual withdrawing. Ask the following questions to help identify if the individual is appropriate for a home detox.

Date of assessment:
Do you have any allergies to food or drugs? (for example allergies to eggs or penicillin)? If yes, please specify and give type of reaction.
Have you ever had a seizure? If yes: how many times, when was your last seizure, and was related to alcohol or drug withdrawal?
Have you recently hurt your head in any way, such as falling and hitting your head?
Have you or anyone in your family had a history of diabetes/ heart problems like, strokes, angina, heart attacks/ high blood pressure?
Have you had any surgeries in the past or are awaiting one?
Have you ever been diagnosed by a doctor with depression/ anxiety/bi polar disorder or schizophrenia? If yes, give date and list any medication you may have been prescribed and include the last time the medication was taken on a regular basis.

Have you ever attempted suicide? If yes, please state how many times attempted, describe the method used and the last time you attempted.

Are you feeling like harming yourself or others now?

Have you ever tested positive for HIV HEP TB ?
If no, when were you last tested?

Are you at risk for contacting sexually transmitted diseases such syphilis, gonorrhea, chlamydia, herpes?

WOMEN ONLY: Is it possible that you might be pregnant? If no, please give date of last known menstrual period.

Do you get dizzy, have headaches or migraines, have any numbness, tingling sensation?

Do you have any problems with you ears, eyes, nose or throat?

Do you have or have you had any chest pains or any other heart problems, swelling of your hands or feet?

Do you have any shortness of breath? Asthma? If yes, do you use any puffers such as ventolin or flovent? Have you had any recent chest infections such as pneumonia or bronchitis?

Do you have any ulcers, bleeding, distended stomach or any tenderness of your stomach area?

Do you have loose bowel movements? Constipation? Are you eliminating without difficulty such as painful, foul smelling, or frequent urination?

Do you have any skin problems such as rashes, psoriasis, and abscesses from using needles, skin infections, or scabies?

Take the blood pressure____, pulse____, and heart rate____

APPENDICES

Appendix A - Special
Populations

Appendix B - Treatment and
Recovery Programs

INTRODUCTION TO ALCOHOL USE

What is Alcohol?

Alcohol is a central nervous system depressant. It is rapidly absorbed from the stomach and small intestine, passes into the bloodstream, and is then widely distributed throughout the body.

Why do people misuse alcohol?

People drink for various reasons or no apparent reason at all. For some, it's part of how they socialize, others want to relax, many want to escape their problems of the past and present. Some have grown up watching everyone they know drink, while others want to fit in. There are others that get sick if they don't drink. People drink out of boredom, anger, or just wanting to celebrate. Often, it's not about why people drink as much as it is about how much they drink.

How do you know if you are dependent on alcohol?

Some of the things that indicate you have a drinking problem are if you:

- have difficulty controlling drinking

- have a strong urge to drink
- drink to avoid or reduce withdrawal feelings and symptoms
- continue to use alcohol even though you are aware of its effects on your liver and heart
- experience a decrease in interests or activities that once were pleasurable

How can alcohol misuse affect you?

The effects of alcohol on the body are directly related to the amount you drink. In small amounts, alcohol can have a relaxing effect.

Some of the negative effects of alcohol can include impaired judgment, reduced reaction time, slurred speech and unsteady gait (i.e., difficulty walking). When consumed rapidly and in large amounts, alcohol can also result in coma and death.

Alcohol can interact with a number of prescription and non-prescription medications in ways that can intensify the effect of alcohol, of the medications themselves, or both.

Alcohol use by pregnant women can cause serious damage to the developing fetus.

ALCOHOL WITHDRAWAL - OVERVIEW

What is alcohol withdrawal?

If a person who is addicted to alcohol stops drinking or cuts back, it can lead to alcohol withdrawal. Alcohol withdrawal can vary from mild discomfort such as sweating, crankiness and other physical symptoms, to severe, possibly life-threatening symptoms such as extreme mental distress, which can include hallucinations and depression, violent stomach upset, and a dangerous increase in blood pressure.

Many people who withdraw from alcohol experience only mild or moderate symptoms, but a small percentage of people experience severe withdrawal. People who experience severe alcohol withdrawal should only withdraw from alcohol in a hospital or a licensed detox facility, with medical personnel there to supervise the process.

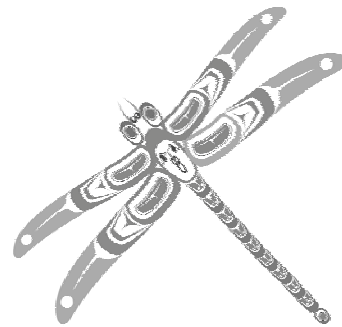
To avoid serious and possible fatal outcomes, it's safest to do

alcohol withdrawal in a closely monitored environment with 24 hour support person for at least the first three days.

When is it safe to withdraw from alcohol at home?

A person can withdraw from alcohol at home if they

- are not confused or experiencing hallucinations
- have no history of seizures or epilepsy
- are not at risk for suicide
- have had no previous complications with home detox
- do not have an acute physical or psychiatric condition
- have a safe, supportive home environment



Signs and Symptoms of Alcohol Withdrawal

MILD (onset 8 to 24 hrs)	MODERATE (onset 12 to 24 hrs)	SEVERE* (onset 24 to 36 hrs)
Mild nervousness	Moderate nervousness	Extreme nervousness
Depression	Mild shakes	Extreme tremors/seizures
Some sweating/ slight thirst	Moderate sweating/ thirsty/ dried out	Extremely sweaty/ thirsty/ dried out
Upset stomach	Feeling of getting sick/ loose bowel movements	Throwing up/ loose bowel movements
Increased pulse/temperature	Bottom number of blood pressure more than 100 mmHg	Bottom number of blood pressure more than 120 mmHg
Headache	Panic attacks	Sees/feels/hears things (hallucinations)

(Adapted from VCH, 2004)

*** NOTE:** A person suffering **SEVERE** withdrawal symptoms may be in extreme medical danger. If the person shows **ANY** of these symptoms, **CALL A DOCTOR IMMEDIATELY**. This is a medical emergency.



INDIVIDUAL PATHWAY

While each person's path to withdrawal is unique, the following is a general guideline to the steps of withdrawal and the roles of the individuals involved.

First Steps

1. Individual tells an elder, family member, local doctor, or friend(s) that he/she wants to stop drinking and/or using drugs.
2. A community health representative (CHR), elder, paramedic or community member is contacted and assesses substance use, predicted withdrawal, medical/mental health issues - both present and past - and any previous withdrawals including their outcomes.
3. Information and options are provided by an elder, health worker or counselor, who will be involved in and support the individual's post withdrawal plans.
4. An appointment is made with local or family doctor for initial assessment. Support person should accompany individual to this appointment.

5. The doctor makes a medical assessment and discusses options with individual. Medication for withdrawal is prescribed by the doctor at this time.
6. If home detox is agreed upon, the CHR, Native Alcohol And Drug Abuse Program (NAADAP) worker or community health nurse (CHN) will explain any medication that is prescribed and its side effects, the withdrawal process, including length and time of withdrawal, the roles of the doctor, support person, CHN, CHR, or NAADAP worker and individual, and post detox options.
7. A date for home detox is agreed upon by the doctor, CHN/CHR/NAADAP worker, support person and individual.

Two Days Before Home Detox

1. CHN/CHR/NAADAP worker notifies local inpatient facility of date of home detox in case individual needs to be transferred at any point during the detox.
2. Medication for detox and post detox, such as benzodiazepines, any over-the-counter medication, like Gravol, and

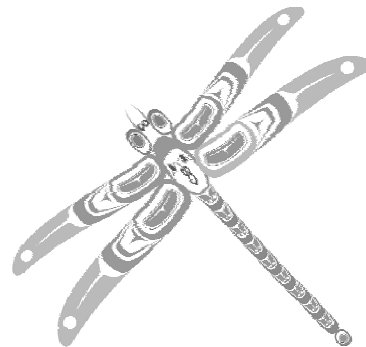
Epsom salts for baths, is obtained from nearest pharmacy.

Home Detox - Day 1-4

1. CHN/CHR/NAADAP worker gives individual and support person contact numbers of nearest inpatient setting for after-hours help and information. Information is taped onto fridge, or by the telephone.
2. CHN/CHR/NAADAP worker visits daily during withdrawal process. He/she provides support and education for both individual and support person and assesses individual's withdrawal progress.
3. Withdrawal medication given out by support person or CHN/CHR/NAADAP worker - either daily or as decided by the prescribing doctor. CHN/CHR/NAADAP worker may decide to come in daily to administer medication, or to leave enough medication for a 24-hour period and the support person will administer it.
4. CHN/CHR/NAADAP worker communicates daily with doctor and anyone else involved with the individual such as a counselor or elder.

Day 5 of Home Detox

1. The worst of the physical withdrawal is probably over. Post detox options are explored and/or created with individual.
2. CHN/CHR/NAADAP worker or support person books follow-up appointment with local doctor for individual (up to one week after completion of home detox).



ALCOHOL WITHDRAWAL - SUPPORT ROLES

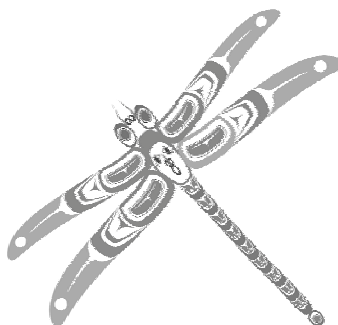
How can I assist in an alcohol home withdrawal?

Withdrawal from alcohol can be a very difficult, frightening, and sometimes, dangerous process. A person going through alcohol withdrawal can experience a number of physical, emotional, and psychological symptoms such as extreme shakiness, agitation and depression. Your role as a support person is very important, and can make the difference in whether or not the individual is successful in withdrawing from alcohol.

As the support person, you will:

- help increase comfort and minimize withdrawal symptoms
- try to maintain a quiet, peaceful environment (low stimuli)
- help increase comfort and minimize withdrawal symptoms

- try to maintain a quiet, peaceful environment (low stimuli)
- make sure the home environment is always safe
- make sure there are no people drinking or using drugs in the home
- make sure that other family members, such as elders and children, are being taken care of
- help by following medication schedules or providing traditional healing/ alternative therapies when they feel sick
- keep a record of their symptoms and contact emergency medical personnel/NAADAP worker/ Community Health Representative (CHR)/ Community Health Nurse (CHN) if their symptoms become severe
- provide emotional support and encouragement



WHAT ARE SOME POSSIBLE PROBLEMS DURING ALCOHOL WITHDRAWAL?

Symptoms of alcohol withdrawal can come on more quickly and become more severe every time a person withdraws. The following are the most serious symptoms of alcohol withdrawal and can be very dangerous for the person withdrawing. If a person develops **ANY** of the following symptoms, has had past withdrawals that were difficult or has a Clinical Institute Withdrawal Assessment (CIWA) greater than 20 (see CIWA chart later in this chapter), contact a NAADAP worker/ CHR/CHN or go to the nearest emergency **immediately**.

Delirium tremens (DTs)

- DTs are the most severe alcohol withdrawal symptom.
- A person with the DTs can experience extreme anxiousness, paranoia, confusion and hallucinations
- **When can DTs occur?**
DTs can occur 2 to 5 days after the last drink

Hallucinations

- Hallucinations are when a person believes they are seeing, hearing, or feeling things that are not really there.

- **When can hallucinations occur?**

Hallucinations can occur at any stage of withdrawal.

- **CAUTION:**

If individual has DT's they need immediate medical attention. *Call a doctor immediately!*

Seizures

Symptoms of alcohol withdrawal seizures can include:

- a loss of consciousness, with general muscle tightening and rigidity (tonic posture), usually lasting 15 to 20 seconds
- violent rhythmic muscle tightening and relaxation (clonic movement), usually lasting for one to two minutes
- during a seizure it is not uncommon for the person to urinate
- **When can a seizure occur?**
Either type of seizure can begin 8 to 24 hours after the last drink but can start as late as 72 hours after the last drink.

MEDICAL SERVICES NEEDED FOR SEIZURES

- If the person begins to have seizures, **call for help from the people around you.**

- Do not try to put anything in the individual's mouth.
- Clear away any objects that may harm the individual such as chairs.
- If individual is sitting, move them to the floor and put a pillow or jacket under his/her head to help keep it from banging on the floor or other objects.
- **As soon as the person is safe, notify local doctor/NAADAP worker/CHR/CHN or nearest emergency facility**

Dehydration

- Dehydration, or loss of bodily fluids, can occur due to excessive sweating, difficulty drinking much water or juice because of feelings of nausea, and/or throwing up during alcohol withdrawal.
- **Signs of dehydration:** Look for signs of dehydration in the mouth: the tongue can be very swollen and the lips can be dry and chapped.
- Encourage and monitor fluid and nutritional intake frequently.

- Provide the client with Gatorade and encourage them to take frequent sips

- **When can dehydration occur?**

Dehydration can begin within the first couple of days after the last drink.

Wernicke's Encephalopathy

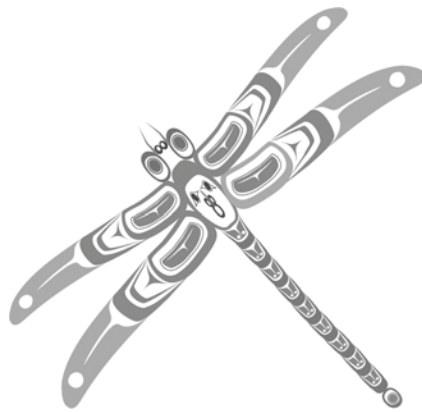
- Wernicke's encephalopathy is a form of a brain injury that comes from a deficiency of thiamine.
- If not treated early it can lead to permanent brain damage and memory loss.
- It is often difficult to diagnose when a person is intoxicated because the signs and symptoms may be due to the consumption of alcohol.
- A person may seem confused, complain of numbness/tingling sensation of their hands and feet, eye signs like nystagmus and ataxia.
- As soon as the detox begins, it is strongly recommended to give the individual thiamine 100mg 3 times/day for a week.

Note: The above are common withdrawal symptoms but

they may be delayed or may not happen at all if the individual is taking other medications or has other illnesses.

Caution: If a person develops *ANY* of the above symptoms, has had

past withdrawals that were difficult or has a *CIWA* greater than 20, contact a health care provider or go to the nearest emergency **IMMEDIATELY.**



ALCOHOL WITHDRAWAL MEDICATIONS

Medication is sometimes used, but not always needed, to control a person's alcohol withdrawal symptoms. One of the most common medications used is diazepam. The dose schedule depends on things such as the person's age, and the type of

alcohol they consume and how frequently. Check with the doctor to find out if medication is needed, and if so, the appropriate schedule for this individual.

The following is an example of a diazepam schedule for an individual in **mild withdrawal**.

SAMPLE DIAZEPAM (VALIUM) SCHEDULE

- **Day 1:** Diazepam 10 mg (by mouth) 4x a day, with up to 2 extra doses when needed.
- **Day 2:** Diazepam 5 mg (by mouth) 4x a day
- **Day 3:** Diazepam 5 mg (by mouth) 3x a day
- **Day 4:** Diazepam 5 mg (by mouth) 2x a day
- **Day 5:** Diazepam 5 mg (by mouth) once (1x) a day, then STOP

NOTE: Diazepam may cause drowsiness, dizziness, dry mouth, headache, and at times confusion.

(Adapted from VCH, 2004)

Warning: Drinking alcohol while taking diazepam can increase these symptoms and is very dangerous to your health.

ALCOHOL WITHDRAWAL FORMS AND CHECKLISTS

In this section you will find a number of forms and checklists that will assist you in doing a safe alcohol home withdrawal. These are all very important. Read them before you begin the withdrawal, and place them in an easy-to-reach location, as you will be using them throughout the home withdrawal process. They are:

1. Checklist for Home Based Alcohol Withdrawal

This checklist outlines everything you need to do *before* you begin the home withdrawal, and all the checklists you will need to use *during* the withdrawal. Keep it in a safe, convenient place, for example, taped to the fridge.

2. Home Withdrawal Contract

It is very important to make sure the person doing the withdrawal is doing so freely and willingly, and understands what they are doing. The Home Withdrawal Contract lets the individual take another opportunity to think carefully about what they are doing and make a commitment to the process.

3. Emergency Plan

Withdrawing from alcohol can be very dangerous to a person's health. You must *always* have a doctor's approval before you begin the process, and the doctor must be available, at least by phone, during the withdrawal. The Emergency Plan contains emergency contact information and information about the individual withdrawing that you will need if the individual begins having severe symptoms during withdrawal. *Before* you begin the detox, **fill this out and keep it by the phone or taped to the fridge throughout the withdrawal process. The information on this sheet could save a person's life.**

4. CIWA (Clinical Institute Withdrawal Assessment)

The CIWA is an assessment tool used by addiction nurses, NAADAP workers, CHN/CHR's and doctors to record the individual's symptoms during alcohol withdrawal. In each section of the CIWA, the individual is given a score based on how strong their symptoms are - from not at all to severe. The scores in each section are then added together to get an

overall score. It is a very important tool and can let you know if the individual is in medical danger.

Note: If the CIWA score is greater than 20 notify local doctor/NAADAP worker/ CHR/CHN or nearest emergency facility immediately.

5. Head-To-Toe Assessment and Alcohol & Drug Use History

The answers to the questions on the Head-To-Toe Assessment and the Alcohol and Drug Use history forms will give you a better understanding of any health issues the individual presently has, what type of alcohol and drugs the individual has been using, if they have any serious mental health issues such as suicidal feelings or if they are very depressed. This information will help you to assess whether or not the individual is appropriate for home detox.

If the individual has had seizures during previous withdrawal(s), has attempted suicide in the past, and/or has serious physical problems such as untreated diabetes or severe liver problems, it would be in

their best interest to first try to have them go through the withdrawal in the nearest hospital or medical detox.

6. Home Detox Vital Signs Record

A person's "vital signs" are blood pressure, pulse, and temperature. These indicate whether a person is healthy or in medical difficulty. Record the vital signs on the Home Detox Vital Signs Record throughout the withdrawal process. If the individual begins to experience severe symptoms, the Vital Signs Record will help the local doctor/NAADAP worker/ CHR/CHN know what to do to help them.

7. Over-the-Counter Medications

A list of suggested over-the-counter medications to relieve withdrawal symptoms.

8. Daily Checklists

The Daily Checklists will show you what to prepare and what to watch for while the individual is withdrawing. There are four daily checklists:

- Day 1 Checklist
- Day 2 Checklist
- Day 3 Checklist
- Days 4 to 7 Checklist

CHECK LIST FOR HOME BASED ALCOHOL WITHDRAWAL

Before you begin this home withdrawal, make sure you have done the following:

DATE:	Done (√)
Home Site/Hazard Assessment <ol style="list-style-type: none"> 1. Is the home environment stable/safe? 2. Is the environment free from domestic tensions or other relatives needing care? 3. Is the environment quiet and comfortable? 4. The individual has no major commitments planned? 	
Home Detox Contract - reviewed and signed by individual and support person	
Emergency Plan - filled out, reviewed with individual and taped to fridge or by telephone	
Head-to-Toe Assessment - completed with individual	
Alcohol and Drug Use History - completed with individual	
Doctor Notified - local or family medical doctor notified of person's intent to detox and when detox is scheduled to begin	
Medications <ol style="list-style-type: none"> 1. Possible side effects of any medications to be taken have been discussed with individual and support person 2. Medication schedule reviewed with individual & support person 	
All Forms and Schedules on Hand <ol style="list-style-type: none"> 1. CIWA forms on hand for use during withdrawal process 2. Home Detox Vital Signs Record on hand and first entry made 3. Daily Checklists on hand 	

HOME DETOX CONTRACT

Before signing this contract, please be sure you read, understand and agree to the following:

- I agree to follow all medical and non-medical orders
- I agree not to take any non-prescribed drugs or drink alcohol during my withdrawal
- If I drink or take drugs during this time, my withdrawal will stop
- I agree to report any concerns or problems
- I understand the Emergency Plan
- I have provided an honest description of what I am withdrawing from

Name and signature of detoxifying person

Name and signature of support person

DATE

(Adapted from VCH, 2004)

EMERGENCY PLAN

Patient's name: _____

Address: _____

Phone number: _____

Date of Birth: _____ Personal Health Number: _____

Doctor's name: _____ Phone number: _____

Support person's name: _____ Phone number: _____

Allergies:

What is the person detoxing from?

What medication is being given to the person?

Medical information: (for example, high blood pressure, heart problems, HIV, diabetes, liver problems, seizures)

Mental Health issues: (for example, hospitalization due to suicide attempts, briefly outline when and how it happened, also include any diagnoses like depression)

(Adapted from VCH, 2004)

*** COMPLETE THIS FORM AND TAPE TO YOUR FRIDGE OR HAVE BY THE PHONE THROUGHOUT THE WITHDRAWAL PROCESS IN CASE OF EMERGENCY**

HEAD-TO-TOE ASSESSMENT

The head-to-toe assessment is a tool to gather information. Everyone involved in the home detox, such as the doctor, NAADAP worker, CHR, CHN, elders and support worker, will work together to provide safe and reliable care to the individual withdrawing. Ask the following questions to help identify if the individual is appropriate for a home detox.

Date of assessment:
Do you have any allergies to food or drugs? (for example allergies to eggs or penicillin)? If yes, please specify and give type of reaction.
Have you ever had a seizure? If yes, how many times, when was your last seizure, and was it related to alcohol or drug withdrawal?
Have you recently hurt your head in any way, such as falling and hitting your head?
Have you or has anyone in your family had a history of diabetes or heart problems like strokes, angina, heart attacks, or high blood pressure?
Have you had any surgeries in the past or are you waiting for one? If yes, explain.
Have you ever been diagnosed by a doctor with depression/ anxiety/bi-polar disorder or schizophrenia? If yes, give date of diagnosis and list any medication you may have been prescribed, including the last time the medication was taken on a regular basis.
Have you ever attempted suicide? If yes, please state how many times attempted, describe the method used and the last time you attempted.
Do you feel suicidal or homicidal presently?

HEAD-TO-TOE ASSESSMENT

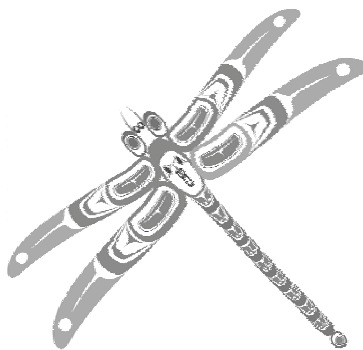
Have you ever tested positive for H ₁ N ₁ <input type="checkbox"/> HEP <input type="checkbox"/> TB <input type="checkbox"/> ? If no, when were you last tested?
Are you at risk for contacting sexually transmitted diseases such syphilis, gonorrhea, chlamydia, herpes?
WOMEN ONLY: Is it possible that you might be pregnant? If no, please give date of last known menstrual period.
Do you get dizzy, have headaches or migraines, or have any numbness, tingling sensation?
Do you have any problems with your ears, eyes, nose or throat?
Do you have or have you ever had any chest pains or any other heart problems, or swelling of your hands or feet?
Do you have any shortness of breath? Asthma? If yes, do you use any puffers such as ventolin or flovent? Have you had any recent chest infections such as pneumonia or bronchitis?
Do you have any ulcers, bleeding, or distended stomach or any tenderness of your stomach area?
Do you have loose bowel movements? Constipation? Are you eliminating without difficulty? Do you have painful, foul smelling, or frequent urination?
Do you have any skin problems such as skin infections, scabies, or rashes, psoriasis or abscesses from using needles?
Take the blood pressure___ __, pulse___ __, and heart rate_ _ _

(Adapted from VCH, 2004)

ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin	IV	1 gram/day x 4 years	14 yrs	10 yrs ago	Today
Cocaine					
Crack	Smk	2 grams/day x 14 months	15 yrs	9 yrs ago	Today
Speedball (cocaine/heroin)					
Pot	Smk	3 joints /day x yrs	8 yrs	16 yrs ago	Today
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan	By mouth	2 (10mg tabs valium) daily for 1 week	1 wk ago	None	Today
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)



ALCOHOL AND DRUG USE HISTORY

(Adapted from VCH, 2004)

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin					
Cocaine					
Crack					
Speedball (cocaine/heroin)					
Pot					
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan					
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)

CIWA

Client: _____ Date: _____ Time: _____

Pulse or heart rate taken for one minute: _____ Blood Pressure: _____

1. Nausea and Vomiting (0-7) Ask, "Do you feel sick to your stomach?"; "Have you vomited?"		2. Agitation (0-7)	
No nausea and vomiting.....	0	Normal activity.....	0
Mild nausea with no vomiting.....	1	Somewhat more than normal.....	1
.....	2	2
.....	3	3
Intermittent nausea with dry heaves.....	4	Moderately fidgety and restless.....	4
.....	5	5
.....	6	6
Constant nausea, frequent dry heaves and vomiting	7	Pacing back and forth/ thrashing.....	7
3. Tremor (0-7) Observe person's arm extended and fingers spread apart		4. Tactile disturbances (0-7) Ask about any itching, pins and needles, burning, numbness:	
No tremor.....	0	None.....	0
Not visible, but felt in fingertips.....	1	Very mild itching, or sensations.....	1
.....	2	Mild itching, pins & needles etc.....	2
.....	3	Moderate sensations.....	3
Moderate, with arms extended.....	4	Moderate hallucinations.....	4
.....	5	Severe hallucinations.....	5
.....	6	Extreme hallucinations.....	6
Severe, even with arms not extended.....	7	Continuous hallucinations.....	7
5. Sweats (0-7)		6. Auditory (hearing) disturbances (0-7) Ask about sounds, content, etc & observe	
No sweats visible.....	0	Not present.....	0
Barely noticeable, moist palms.....	1	Very mild sensitivity.....	1
.....	2	Mild harshness / or fright.....	2
.....	3	Moderate harshness / or fright.....	3
Beads of sweat on forehead.....	4	Moderate auditory hallucinations.....	4
.....	5	Severe hearing things/voices.....	5
.....	6	Extreme hearing things/ voices.....	6
Drenched with sweat.....	7	Continuous hearing things/ voices.....	7

(Adapted from VCH, 2004)

CIWA

7. Anxiety (0-7) Observe and ask, "Do you feel nervous?"		8. Visual Disturbances (0-7) Ask about sensitivity to light, colour, seeing things.....	
No anxiety, at ease.....	0	No disturbance.....	0
Mildly anxious.....	1	Very mild sensitivity.....	1
.....	2	Mild sensitivity.....	2
.....	3	Moderate sensitivity.....	3
Moderately anxious or guarded.....	4	Moderate visual hallucinations.....	4
.....	5	Severe visual hallucinations.....	5
.....	6	Extreme visual hallucinations.....	6
Acute panic states - as seen in severe delirium or acute paranoid reactions	7	Continuous visual hallucinations.....	7
9. Headaches, fullness in head (0-7) Ask about any changes, headaches, tightness. <u>Do Not rate dizziness or light headedness</u>		10. Orientation and clouding of senses (0-4) Orientation to person/time/place.	
No changes.....	0	Oriented and can do serial additions.....	0
Very mild.....	1	Cannot do serial additions or is uncertain about the date.....	1
Mild.....	2	Disoriented for date less than 2 days.....	2
Moderate.....	3	Disoriented for date more than 2 days.....	3
Moderately severe.....	4	Disoriented for place and /or person.....	4
Severe.....	5		
Very severe.....	6		
Extremely severe.....	7		

To calculate the CIWA score:

- Add up the scores from all ten different areas
- The maximum CIWA score is 67 points
- The CIWA score will give you an idea of what to watch for and lets you know what stage the person is in their withdrawal.

Withdrawal Severity

- Mild** CIWA = less than 10
- Moderate** CIWA = 10 to 20
- Severe** CIWA = more than 20

NOTE: If score is greater than 20 notify local doctor or nearest emergency facility *immediately*.

(Adapted from VCH, 2004)

HOME DETOX VITAL SIGNS RECORD

Date	Time	Blood Pressure	Pulse	Temperature	CIWA Score

OVER-THE-COUNTER MEDICATIONS

Known Drug Allergies:

Client's Name: _____

The following over the counter medications can be used as needed to relieve withdrawal symptoms.

Symptom	Alternative Medication
Headache Increased temperature	Acetaminophen 325mg 1-2 tabs po every 4-6 hours, as necessary Max 8 tabs in 24 hours <i>Use with caution if impaired liver function</i>
Bone aches	Ibuprofen 400mg, 1 tab PO every 4-6 hours as necessary. <i>Do not give if allergic to ASA or has stomach ulcer</i>
Nausea/ Vomiting	Gravol (dimenhydrinate) 50-100mg po every 4-6 hours as necessary <i>Max 300mg in 24 hours</i>
Diarrhea	Imodium 2mg. 2 tabs po at first loose bowel movement, then 1 tab after each loose bowel movement. <i>Max 16 mg in 24 hours</i> Kaopectate 60 mls po every 2 hours as necessary. <i>Max 6 doses in 24 hours.</i>
Indigestion	Tums 2 po 4 times a day as necessary Or antacid of choice.
Bone aches/ Muscle cramps	Calcium carbonate 500mg, 1 tab po 4 times a day for 5 days.

Physician will delete any of the above which would not be recommended for the individual

(Adapted from VCH 2005)

Physician's Signature

Date

DAY 1 CHECKLIST

Date:	Done (√)
1) Home Hazard Assessment completed.	
2) CIWA form completed. NOTE: If score is greater than 20 notify local doctor or nearest emergency facility immediately.	
3) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded on Vital Signs Record every time medication is given.	
4) Emergency Plan form completed and taped on fridge or by phone.	
5) Ensure plenty of fluids such as water, juices, popsicles, soups, and jello are available for the individual to drink to maintain hydration.	
6) After hours numbers of nearest medical centre taped to fridge or by phone.	
7) Alcohol and Drug Use History - completed with individual.	
8) Head-to-Toe Assessment - completed with individual	
9) Medications - check that individual is taking medication as prescribed.	

DAY 2 to 3 CHECKLIST

Date:	Done (√)
1) Complete CIWA form. If score is greater than 20 notify local doctor or nearest emergency facility immediately.	
2) Blood pressure, pulse and temperature taken and recorded on the Vital Signs Record every time medication is given.	
3) Withdrawal symptoms: watch for these symptoms: Moderate nervousness (yes/no) Shakes (yes/no) Moderate sweating (yes/no) Increase in temperature (yes/no) Increase in blood pressure and pulse (yes/no) Feel like throwing up (yes/no) Loose bowel movements (yes/no)	
4) Medications: individual is taking medication as prescribed, and assessed for side effects.	
5) Alternative options to help treat withdrawal symptoms, such as Epsom salts baths, hot jello for nausea, vitamins provided.	

Refer individual to nearest emergency center or call local paramedics/doctor/NAADAP worker/CHN if they are experiencing ANY of the following (check (√) if yes):

- ___ Seizures
- ___ Uncontrolled vomiting
- ___ Uncontrolled diarrhea
- ___ Suicidal/homicidal ideations
- ___ Confusion

DAY 3 CHECKLIST

The symptoms described on the Day 2 and Day 3 checklists can take up to two weeks to settle. It is safest and therefore recommended that the individual be monitored in an inpatient setting because of the danger of complications of severe alcohol withdrawal such as extreme dehydration, seizures, and the possibility of DT's.

Date:	Done (✓)
1) Complete CIWA form. If score is greater than 20 notify local doctor or nearest emergency facility immediately.	
2) Blood pressure, pulse and temperature taken and recorded on the Vital Signs Record every time medication is given.	
3) Withdrawal symptoms: watch for these symptoms Seizures (yes/no) Extreme nervousness (yes/no) Distress/shakiness (yes/no) Extreme sweating/thirst (yes/no) Throwing up (yes/no) Loose bowel movements (yes/no) Bottom number of blood pressure(diastolic) may be greater than 120mmHg (yes/no) Seeing , hearing, feeling things that are not there. (yes/no) Notify local or family doctor or arrange to take individual to nearest emergency facility immediately if they are experiencing any of the above withdrawal symptoms	(Yes/No)
4) Medications: check that individual is taking medication as prescribed, assess for side effects.	
5) Alternative options to help treat withdrawal symptoms, such as Epsom salts baths, hot jello for nausea, vitamins provided.	

DAYS 4 to 7 CHECKLIST

Use this check list if individual's CIWA is 15 or less. This can last up to 5-7 days. Usually an individual will not require a medication regime that lasts more than 7 days, however, it is best to follow the prescribing doctor's orders. Once the individual does not show signs of withdrawal - for example, is able to take in food and fluids, blood pressure is in his/her normal range, increase in physical activity - then the detox is successful. Look in Appendix B for treatment and healing centers in BC.

Date:	Done (√)
1) Complete CIWA form. Score should be 10 or less. If score is greater than 20 notify local doctor or nearest emergency facility immediately.	
2) Blood pressure, pulse and temperature taken and recorded on the Vital Signs Record every time medication is given.	
3) Withdrawal symptoms: watch for these symptoms: Moderate nervousness Mild shakes Mild sweats/thirst Some anxiety Slight increase still in blood pressure, pulse and temperature. Headaches	
4) Medications: check that individual is taking medication as prescribed, assess for side effects.	
5) Alternative methods to help with withdrawal symptoms like drinking gingerroot tea for nausea, meditation for relaxation provided.	

INTRODUCTION TO BENZODIAZEPINE USE

What are benzodiazepines?

Benzodiazepines are a group of drugs used as mild tranquilizers. Best known as benzos or bennies, they slow down the workings of the brain, making you feel relaxed and at ease. There are many different types of benzos and they all work in the body differently. Some benzos include Xanax[®] (alprazolam), Librium[®] (chlordiazepoxide), Valium[®] (diazepam), and Ativan[®] (lorazepam), among others.

Why do people use benzodiazepines?

Benzos are often initially prescribed by a doctor to lower anxiety, help with sleep problems or manage seizures. Benzos should only be prescribed for short periods of time because a person can become addicted after as little as four weeks.

How do you know if you're dependent on benzodiazepines?

Anyone can become dependent on benzodiazepines. If you are dependent, you spend a lot of time

thinking about using benzos and looking for them. It is difficult for you to stop using them or to control your use. Often this has negative effects on your money, work, relationships with family and friends, social activities, your attitude and your health.

How can benzodiazepine misuse affect you?

If you use benzodiazepines often, and for a long period of time, you may:

- have no energy or interest in normal activities
- feel sad
- be cranky
- feel sick in the stomach
- have headaches
- have bad dreams
- have increased appetite and weight gain
- get skin rashes

WARNING!

Never use excessive amounts of alcohol, heroin, or methadone - with benzodiazepines, it is very dangerous. IT CAN CAUSE YOU TO STOP BREATHING, STOP YOU FROM WAKING UP AND CAUSE YOU TO DIE.

BENZODIAZEPINE WITHDRAWAL - OVERVIEW

What is benzodiazepine withdrawal?

People who are dependent on benzos find it hard to stop using or cut down their use because when they do they start experiencing withdrawal symptoms. Withdrawal symptoms can begin from as early as 3 to 6 hours after the last dose was taken to after more than 5 days after the last dose, depending on the type of benzo you are using. How long your withdrawal symptoms will last can depend on:

- how much you are using
- how long you have been taking the drugs
- the type of drug used
- any current injuries or illnesses
- any use of other drugs or alcohol

When is it safe to withdraw from benzodiazepines at home?

Benzodiazepine home detox is normally only suitable for low dose users, but can also be suitable for people who are using higher doses

if they are placed on a 'taper' schedule (see 'Sample Benzo Dose Reduction Schedule' in this chapter).

You can do a benzodiazepine home withdrawal if you

- are not confused or experiencing hallucinations
- have no history of seizures or epilepsy
- are not at risk for suicide
- have had no previous complications with home detox
- do not have an acute physical or psychiatric condition
- have a safe, supportive home environment

Guidelines for benzodiazepine withdrawal - low dose users

- The withdrawal process should be a joint effort between the individual, the doctor, the Native Alcohol And Drug Abuse Program (NAADAP) worker, the community health nurse (CHN) or community health representative (CHR) and the support person as well as other individuals involved in his/her care.

-
- If the individual is taking more than 100mg diazepam equivalent per day they should be referred to the nearest inpatient detox facility in order to taper safely to where the dose is below 50mg diazepam equivalent per day. Once the individual is stable, the taper schedule can be continued in their own community with help and support of NADAAP worker, CHN/CHR, doctor and support person.
 - The speed of withdrawal should be tailored to the individual's needs and their response to the taper of medications. Tapering may take from several weeks or months to more than one year.
 - A written contract between the doctor, individual, and support person as well as any instructions for the individual withdrawing should be completed before beginning withdrawal.
 - Preferably, prescriptions should be for short periods, or dispensed in small quantities to limit the risk

of self-medicating and over-medicating.

- Individuals withdrawing are strongly encouraged to use divided doses to help minimize mini-withdrawals.



Signs and Symptoms of Benzodiazepine Withdrawal

COMMON SYMPTOMS	UNCOMMON SYMPTOMS
Shakiness	Nightmares
Feeling nervous or tense	Panic attacks
Being confused or sad	Feeling like throwing up
Poor memory	Decreased appetite
Poor sleep	Sweating
Aches and pains	Blurred vision
Feeling afraid	Fear of going outside
Light headedness/ dizziness	Think people want to hurt you
Sweating	Convulsions

Between dose withdrawal and mini-withdrawals

A person can also have withdrawal symptoms even when they are taking benzodiazepines. This is because the body gets used to the dose and the effects wear off before the next dose is to be taken. Withdrawal symptoms and

problems like anxiety and inability to sleep may occur. At this time people are often prescribed more benzodiazepines or other medications like antidepressants because they feel like they are getting worse.



INDIVIDUAL PATHWAY

While each person's path to withdrawal is unique, the following is a general guideline to the steps of withdrawal and the roles of the individuals involved.

First Steps

1. Individual tells an elder, family member, local doctor, or friend(s) that he/she wants to stop drinking and/or using drugs.
2. A community health representative (CHR), elder, paramedic or community member is contacted and assesses substance use, predicted withdrawal, medical/mental health issues - both present and past - and any previous withdrawals including their outcomes.
3. Information and options are provided by an elder, health worker or counselor, who will be involved in and support the individual's post withdrawal plans.
4. An appointment is made with local or family doctor for initial assessment. Support person should accompany individual to this appointment.

5. The doctor makes a medical assessment and discusses options with individual. Medication for withdrawal is prescribed by doctor at this time.
6. If home detox is agreed upon, the CHR, Native Alcohol And Drug Abuse Program (NAADAP) worker or community health nurse (CHN) will explain any medication that is prescribed and its side effects, the withdrawal process, including length and time of withdrawal, the roles of the doctor, support person, CHN,CHR, or NAADAP worker and individual, and post detox options.
7. Date for home detox is agreed upon by doctor, CHN/CHR/NAADAP worker, support person and individual.

Two Days Before Home Detox

1. CHN/CHR/NAADAP worker notifies local inpatient facility of date of home detox in case individual needs to be transferred at any point during the detox.
2. Medication for detox and post detox, such as benzodiazepines, any over-the-counter medication, like Gravol, and

Epsom salts for baths, is obtained from nearest pharmacy.

Home Detox - Day 1-4

1. CHN/CHR/NAADAP worker gives individual and support person contact numbers of nearest inpatient setting for after-hours help and information. Information is taped onto fridge, or by the telephone.
2. CHN/CHR/NAADAP worker visits daily during withdrawal process. He/she provides support and education for both individual and support person and assesses individual's withdrawal progress.
3. Withdrawal medication given out by support person or CHN/CHR/NAADAP worker - either daily or as decided by the prescribing doctor. CHN/CHR/NAADAP worker may decide to come in daily to administer medication, or to leave enough medication for a 24-hour period and the support person will administer it.
3. CHN/CHR/NAADAP worker communicates daily with doctor and anyone else involved with

the individual such as counselor or elder.

Day 5 of Home Detox

3. The worst of the physical withdrawal is probably over. Post detox options are explored and/or created with individual.
4. CHN/CHR/NAADAP worker or support person books follow-up appointment with local doctor for individual (up to one week after completion of home detox).



BENZODIAZEPINE WITHDRAWAL - PROCESS

Overview of the withdrawal process

Benzodiazepine home detox is normally only suitable for low dose users. However, people who use higher doses can also do a home withdrawal if they are placed on a 'taper' schedule.

Low Dose Users

**(currently using less than 50 mg
valium equivalent per day)**

Low dose users can proceed with the detox by following the Daily Checklists provided in this chapter.

High Dose Users

**(currently using 50 mg or more
valium equivalent per day)**

High dose users use a taper schedule to gradually decrease the dose over several months. This slow decrease is done to prevent the return of withdrawal symptoms, which sometimes occur several times while a person is withdrawing from benzos.

If a person is not able to quit using benzos completely, then the goal is to decrease the

amount used to a level where it is tolerable and the person is not in any harm. This means the dose is tapered to an amount where the individual is not overly sedated, is aware of him/herself and their surroundings and is not in danger of seizures or experiencing withdrawal symptoms.

It is important to encourage the person to take the medication on a fixed schedule rather than as soon as they feel like they need another dose. If they take the medication based on how they are feeling, there is a danger of taking too much.

What is my role as a support person?

Your role as the support person is to minimize as much discomfort, seizures, or delirium as possible, and to provide emotional support. Because benzo withdrawal can take a long time, the individual may continue to be emotionally dependent on benzos after the withdrawal process. Be prepared to support the individual frequently and regularly for some months after withdrawal is completed.

What are some possible problems during benzodiazepine withdrawal?

If a long time benzo user tries to quit abruptly, or too quickly, they may experience severe reactions. Watch for the following symptoms:

Severe Benzodiazepine Withdrawal Symptoms					
Seizures		Uncontrolled vomiting		Unnecessary sweating	
Uncontrolled shaking		Very fast pulse		Chest pains	
Unable to wake up		Shortness of breath		Uncontrolled diarrhea	

If you are experiencing one or more of the above symptoms go to the hospital immediately or call your local emergency number.



Sample Benzo Dose Reduction Schedule*

If you have been using benzos for a long period of time, a slow dose-reduction schedule is highly recommended.

Benzo reduction schedules are designed to suit the individuals withdrawing and are based on things like what type of benzo you are using, the length of time you have been using benzos, how much you are currently using, your age and your general health. **Your doctor will design a reduction schedule that suits you.**

Benzo dose reduction or 'tapering' can take weeks, months or more than a year. In the sample schedule below, each decrease might be a week or two apart.

	8am	1pm	9pm
Starting dose	5mg	5mg	5mg
1st decrease	5mg	2.5mg	5mg
2nd decrease	2.5mg	2.5mg	5mg
3rd decrease	2.5mg	2.5mg	2.5mg
4th decrease	2.5mg	---	2.5mg
5th decrease	---	---	2.5mg
6th decrease	---	---	---

* For more examples of tapering schedules go to www.benzo.org.uk

BENZODIAZEPINE WITHDRAWAL FORMS AND CHECKLISTS

The following forms and checklists will assist you in doing a safe benzodiazepine home withdrawal. These are all very important. Read them before you begin the withdrawal, and place them in a easy-to-reach location, as you will be using them throughout the home withdrawal process.

1. *Checklist for Home Based Benzodiazepine Withdrawal*

This checklist outlines everything you need to do before you begin the home withdrawal, and all the checklists you will need to use during the withdrawal. Keep it in a safe, convenient place, for example, taped to the fridge.

2. *Home Withdrawal Contract*

It is very important to make sure the person doing the withdrawal is doing so freely and willingly, and understands what they are doing. The Home Withdrawal Contract lets the individual take another opportunity to think carefully about what they are doing, and make a commitment to the process.

3. **Emergency Plan**

Withdrawing from benzos can be very dangerous to a person's health. You must *always* have a doctor's approval before you begin the process, and the doctor/NAADAP worker/CHR/CHN must be available, at least by phone, during the withdrawal. The Emergency Plan contains emergency contact information and information about the individual withdrawing that you will need if the individual begins having severe symptoms during withdrawal. *Before you begin the detox, fill this out and keep it by the phone or taped to the fridge*, throughout the withdrawal process. *The information on this sheet could save a person's life.*

4. **Head-To-Toe Assessment and Alcohol & Drug Use History**

The answers to the questions on the Head-To-Toe Assessment and the Alcohol and Drug Use History forms will give you a better understanding of any health issues the individual presently has, what type of drugs they have been using, if they have any serious mental health issues such as suicidal feelings or if they are

very depressed. This information will help you to assess whether if the individual is appropriate for home detox.

If the individual has had seizures during previous withdrawal(s), attempted suicide in the past and/or has serious physical problems like untreated diabetes or severe liver problems, it would be in their best interest to first try to have them admitted to the nearest hospital or medical detox.

5. Over-the-Counter Medications

A list of suggested over-the-counter medications to relieve withdrawal symptoms.

6. Daily Checklists

The Daily Checklists will show you what to prepare and what to watch for while the individual is withdrawing. They are:

- Day 1 to 3 Checklist
- Day 4 to 10 Checklist



CHECKLIST FOR HOME BASED BENZODIAZEPINE WITHDRAWAL

*Before you begin this home withdrawal, make sure you
have done the following:*

DATE:	Done (√)
Home Site/Hazard Assessment 1. Is the home environment stable/safe? 2. Is the environment free from domestic tensions or other relatives needing care? 3. Is the environment quiet and comfortable? 4. The individual has no major commitments planned?	
Home Withdrawal Contract - reviewed and signed by individual and support person	
Emergency Plan - filled out, reviewed with individual and taped to fridge or by telephone	
Head-to-Toe Assessment - completed with individual	
Alcohol and Drug Use History - completed with individual	
Doctor Notified - local or family medical doctor notified of person's intent to detox/taper and when detox/taper is scheduled to begin	
Medications 3. Possible side effects of medication to be taken have been discussed with individual and support person 4. Dose Reduction Schedule reviewed with individual and support person	
All Forms and Schedules on Hand: 4. Daily Checklists on hand	

HOME WITHDRAWAL CONTRACT

Before signing this contract, please be sure you read, understand and agree to the following:

- I agree to follow all medical and non-medical orders
- I agree to not take any non-prescribed drugs or drink alcohol during my withdrawal
- If I drink or take drugs during this time, my withdrawal will stop
- I agree to report any concerns or problems
- I understand the Emergency Plan
- I have provided an honest description of what I am withdrawing from

Name and signature of detoxifying person

Name and signature of support person

DATE

(Adapted from VCH, 2004)

EMERGENCY PLAN*

Patient's name: _____

Address: _____

Phone number: _____

Date of Birth: _____ Personal Health Number: _____

Doctor's name: _____ Phone number: _____

Support person's name: _____ Phone number: _____

Allergies:

What is the person detoxing from?

What medication is being given to the person?

Medical information: (for example, high blood pressure, heart problems, HIV, diabetes, liver problems, seizures)

Mental Health issues: (for example, hospitalization due to suicide attempts, briefly outline when and how it happened, also include any diagnoses like depression)

(Adapted from VCH, 2004)

*COMPLETE THIS FORM AND TAPE TO YOUR FRIDGE OR KEEP BY THE PHONE THROUGHOUT THE WITHDRAWAL PROCESS IN CASE OF EMERGENCY

HEAD TO TOE ASSESSMENT

The head-to-toe assessment is a tool to gather information. Everyone involved in the home detox, such as the doctor, NAADAP worker, CHR, CHN, elders and support worker, can work together to provide safe and reliable care to the individual withdrawing. Ask the following questions to help identify if the individual is appropriate for a home detox.

Date of assessment:
Do you have any allergies to food or drugs? (for example allergies to eggs or penicillin)? If yes, please specify and give type of reaction.
Have you ever had a seizure? If yes, how many times, when was your last seizure, and was it related to alcohol or drug withdrawal?
Have you recently hurt your head in any way, such as falling and hitting your head?
Have you or has anyone in your family had a history of diabetes or heart problems like strokes, angina, heart attacks or high blood pressure?
Have you had any surgeries in the past or are you waiting for one? If yes, explain:
Have you ever been diagnosed by a doctor with depression/ anxiety/ bi-polar disorder or schizophrenia? If yes, give date of diagnosis and list any medication you may have been prescribed and include the last time the medication was taken on a regular basis.
Have you ever attempted suicide? If yes, please state how many times attempted, describe the method used and the last time you attempted.
Do you feel suicidal or homicidal presently?

HEAD TO TOE ASSESSMENT

Have you ever tested positive for HIV <input type="checkbox"/> HEP <input type="checkbox"/> TB <input type="checkbox"/> ? If no, when were you last tested?
Are you at risk for contacting sexually transmitted diseases such syphilis, gonorrhoea, chlamydia or herpes?
WOMEN ONLY: Is it possible that you might be pregnant? If no, please give date of last known menstrual period.
Do you get dizzy, have headaches or migraines, or have any numbness or tingling sensation?
Do you have any problems with you ears, eyes, nose or throat? If yes, explain.
Do you have or have you ever had any chest pains or any other heart problems, swelling of your hands or feet?
Do you have any shortness of breath? Asthma? If yes, do you use any puffers such as ventolin or flovent? Have you had any recent chest infections such as pneumonia or bronchitis?
Do you have any ulcers, bleeding, distended stomach or any tenderness of your stomach area?
Do you have loose bowel movements? Constipation? ? Are you eliminating without difficulty? Do you have painful, foul smelling, or frequent urination?
Do you have any skin problems such as rashes, psoriasis, and abscesses from using needles, skin infections, or scabies?
Take the blood pressure____, pulse____, and heart rate____

(Adapted from VCH, 2004)

ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin	IV	1 gram/day x 4 years	14 yrs	10 yrs ago	Today
Cocaine					
Crack	Smk	2 grams/day x 14 months	15 yrs	9 yrs ago	Today
Speedball (cocaine/heroin)					
Pot	Smk	3 joints /day x yrs	8 yrs	16 yrs ago	Today
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan	By mouth	2 (10mg tabs valium) daily for 1 week	1 wk ago	None	Today
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)



ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin					
Cocaine					
Crack					
Speedball (cocaine/heroin)					
Pot					
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan					
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)

HOME DETOX VITAL SIGNS RECORD

Date	Time	Blood Pressure	Pulse	Temperature

OVER-THE-COUNTER MEDICATIONS

Known Drug Allergies:

Client's Name: _____

The following over the counter medications are recommended for symptomatic relief of withdrawal symptoms.

Symptom	Alternative Medication
Headache Increased temperature	Acetaminophen 325mg 1-2 tabs po every 4-6 hours, as necessary Max 8 tabs in 24 hours <i>Use with caution if impaired liver function</i>
Bone aches	Ibuprofen 400mg, 1 tab PO every 4-6 hours as necessary. <i>Do not give if allergic to ASA or has stomach ulcer</i>
Nausea/ Vomiting	Gravol (dimenhydrinate) 50-100mg po every 4-6 hours as necessary <i>Max 300mg in 24 hours</i>
Diarrhea	Imodium 2mg. 2 tabs po at first loose bowel movement, then 1 tab after each loose bowel movement. <i>Max 16 mg in 24 hours</i> Kaopectate 60 mls po every 2 hours as necessary. <i>Max 6 doses in 24 hours.</i>
Indigestion	Tums 2 po 4 times a day as necessary Or antacid of choice.
Bone aches/ Muscle cramps	Calcium carbonate 500mg, 1 tab po 4 times a day for 5 days.

Physician will delete any of the above which would not be recommended for the individual

(Adapted from VCH 2005)

Physician's Signature

Date

Day 1 to 3 Checklist

Most likely an individual will not experience any withdrawal symptoms in the first three days of withdrawal because of the length of time it takes for benzos to be released from an individual's body. Often withdrawal will not start until after 72 hours (3 days).

Date:	Done (√)
1) Home/hazard assessment completed.	
2) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded on Vital Signs Record every time medication is given.	
3) Emergency Plan form completed and taped on fridge or by phone.	
4) Ensure plenty of fluids such as water, juices, popsicles, soups, and jello are available for the individual to drink to maintain hydration.	
5) Alcohol and Drug Use History - completed with individual	
6) Head-to-Toe Assessment - completed with individual	
7) After hours numbers of nearest medical centre taped to fridge or by phone.	
8) Medications: Individual is taking medication as prescribed	

Day 4 to 10 Checklist

Benzo withdrawal is not always finished in 10 days. A sign that withdrawal is improving is when the individual has become less anxious, they have minimal body discomfort, they have an increased ability to tolerate taking in food and fluids and are returning to normal activities.

Date:	Done (√)
1) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded on Vital Signs Record every time medication is given.	
2) Medications: check that individual is taking medication as prescribed	
3) Withdrawal symptoms: watch for these symptoms: Shakiness (yes/no) Feeling tense and angry (yes/no) Sweating (yes/no) Body aches and pains (yes/no) Poor memory (yes/no) Difficulty sleeping (yes/no) Headaches and lightheadedness (yes/no) Feeling like throwing up (yes/no) Feeling afraid (yes/no)	
4) Offer light exercises, meditating, listening to music to help relax.	



OPIATE HOME WITHDRAWAL



INTRODUCTION TO OPIATE USE

What are opiates?

Opiates are derived from a white liquid in the seed pod of the poppy plant "papaver somniferum." They're also referred to as narcotics. Opiates can produce a quick, intense feeling of pleasure followed by a sense of well-being and a calm drowsiness.

Opiates include raw opium, opium, codeine, morphine, heroin, hydromorphone (dilaudid), oxycodone (percocodan), oxymorphone (numorphan), hydrocodone (vicodin), meperidine (demerol), fentanyl, methadone (dolorphine), darvon, talwin.

Why do people use opiates?

Some people use opiates to manage physical pain, others use to experience a "rush," to reduce feelings of hunger, or to numb emotions. Like alcohol misuse, people can use opiates to block out trauma or loneliness. The sudden loss of feelings of wellbeing as the drug leaves your system can make a person continue use.

How do you know if you have an opiate misuse problem?

Some of the things that can indicate you have a drug problem are if you spend much of your time searching for the drug, if you get into criminal activity or participate in high risk behaviors such as selling your body so that you can get the drug, if you stop caring about personal hygiene, or if people around you tell you that have a problem with opiates.

How can opiate misuse affect you?

Opiates can have many affects on your body. They can cause your skin to itch, constipate you, slow down your heart rate, lower both blood pressure and body temperature, and cause overdoses. Due to the sharing of needles for injection use, health problems such as HIV and Hep C have become more and more common among opiate users.

Some general effects of opiates are slowed breathing, raspy speech, sluggish movements, cold skin, "nodding off" and slow reflexes. Other effects can include a euphoric feeling, pain reduction and lessened withdrawal symptoms.

It is important to remember that a person who has developed a tolerance to the drug will need a larger dose to get the same effects.

OPIATE WITHDRAWAL - OVERVIEW

What is opiate withdrawal?

The brain produces natural opioids such as endorphins and enkephalins, which can make people feel relaxed or euphoric, or reduce pain. When a person uses opiates over a period of time, the body stops making its own natural opioids. It begins to rely on the opiate (heroin, morphine, methadone) to handle the job of the brain cells that make you feel relaxed, euphoria or pleasure, or to compensate for pain.

When opiate use is reduced or stopped the body is in a hurry to recreate these feelings and this is when a person goes into withdrawal. Opiate use can cause dependence, which can vary depending on the amount the person is using and length of time they have been using.

When is it safe to withdraw from opiates at home?

A person can withdraw from opiates at home if they

- are not confused or experiencing hallucinations
- have no history of seizures or epilepsy
- are not at risk for suicide
- have had no previous complications with home detox
- do not have an acute physical or psychiatric condition
- have a safe, supportive home environment



STANDARDS AND GUIDELINES FOR OPIATE WITHDRAWAL

It is rarely life threatening or linked with seizures or psychotic symptoms. Home withdrawal can be managed if:

- there is a support person who does not drink or use drugs
- the home environment is safe and quiet, with no other persons using alcohol or drugs
- the individual withdrawing has had no previous failed home withdrawals.

(Adapted from VCH, 2004)

SIGNS AND SYMPTOMS OF OPIATE WITHDRAWAL

Signs and symptoms of withdrawal appear from 8 to 12 hours after the individual's last use. They lessen over 5 to 7 days.

Early	Advanced
Watery eyes	Wakefulness
Restlessness	Nausea and throwing up
Sweating	Stomach cramps
Yawning	Muscle and joint pain
Goose bumps on the skin	Increased heart rate
Runny nose	Increased blood pressure
Anxiousness	Loose bowel movements
Increased breathing rate	Muscle twitching
Headaches	Hot / cold flashes
Cravings	

INDIVIDUAL PATHWAY

While each person's path to withdrawal is unique, the following is a general guideline to the steps of withdrawal and the roles of the individuals involved.

First Steps

1. Individual tells an elder, family member, local doctor, or friend(s) that he/she wants to stop drinking and/or using drugs.
2. A community health representative (CHR), elder, paramedic or community member is contacted and assesses substance use, predicted withdrawal, medical/mental health issues - both present and past - and any previous withdrawals including their outcomes.
3. Information and options are provided by an elder, health worker or counselor who will be involved in and support the individual's post withdrawal plans.
4. An appointment is made with local or family doctor for initial assessment. Support person should accompany individual to this appointment.

5. The doctor makes a medical assessment and discusses options with individual. Medication for withdrawal is prescribed by the doctor at this time.
6. If home detox is agreed upon, the CHR, Native Alcohol And Drug Abuse Program (NAADAP) worker or community health nurse (CHN) will explain any medication that is prescribed and its side effects, the withdrawal process, including length and time of withdrawal, the roles of the doctor, support person, CHN, CHR, or NAADAP worker and individual, and post detox options.
7. Date for home detox is agreed upon by doctor, CHN/CHR/NAADAP worker, support person and individual.

Two Days Before Home Detox

1. CHN/CHR/NAADAP worker notifies local inpatient facility of date of home detox in case individual needs to be transferred at any point during the detox.
2. Medication for detox and post detox, such as benzodiazepines, any over-the-counter medication, like Gravol, and

Epsom salts for baths, is obtained from nearest pharmacy.

Home Detox - Day 1-4

1. CHN/CHR/NAADAP worker gives individual and support person contact numbers of nearest inpatient setting for after-hours help and information. Information is taped onto fridge, or by the telephone.
2. CHN/CHR/NAADAP worker visits daily during withdrawal process. He/she provides support and education for both individual and support person and assesses individual's withdrawal progress.
3. Withdrawal medication given out by support person or CHN/CHR/NAADAP worker - either daily or as decided by the prescribing doctor. CHN/CHR/NAADAP worker may decide to come in daily to administer medication, or to leave enough medication for a 24-hour period and the support person will administer it.
3. CHN/CHR/NAADAP worker communicates daily with doctor and anyone else involved with

the individual such as counselor or elder.

Day 5 of Home Detox

1. The worst of the physical withdrawal is probably over. Post detox options are explored and/or created with individual.
2. CHN/CHR/NAADAP worker or support person books follow-up appointment with local doctor for individual (up to one week after completion of home detox).



OPIATE WITHDRAWAL - PROCESS

Overview of opiate withdrawal process

The duration and severity of withdrawal can be affected by:

- the type of opioid you use
- how much of the drug you are currently using
- how long you have been using opioids
- your physical health
- rate of dose decrease

Generally, the more a person uses, the greater the severity of their withdrawal symptoms. This does not necessarily mean that it will be unsafe to try a home withdrawal, but the people who are supporting you should be more aware of the risks in order to be most helpful.

Normally, withdrawing from opiates can take from 5 to 10 days. Most people find that the hardest part of withdrawing is the inability to sleep because of body aches, diarrhea, nausea and vomiting. Opiate withdrawal can become dangerous because of the risk of dehydration and the difficulty the individual has taking in water or juices. In most cases, with the guidance and support of the doctor/NAADAP worker/ CHR/

CHN and support person, an individual will be able to safely withdraw from opiates without threatening their health.

What is my role as a support person?

Your role as a support person is very important, and can make the difference in whether or not the individual is successful in withdrawing from opiates. You can help increase their comfort and minimize withdrawal symptoms.

As the support person, you will:

- make sure the home environment is always safe
- make sure there are no people drinking or using drugs in the home
- make sure that other family members, such as elders and children, are being taken care of
- help by following medication schedules or providing traditional healing or alternative therapies when they feel sick
- keep a record of their symptoms and contact emergency medical personnel/NAADAP worker/

CHR /CHN if their symptoms become severe

- provide emotional support and encouragement

What problems can occur during opiate withdrawal?

Normally, withdrawal from opioids is far less severe than withdrawal from sedatives or alcohol. However, some things you should watch for are:

Overdosing

Overdosing is one of the biggest concerns during opiate withdrawal. If the individual begins drug use again after or during withdrawal it can be extremely dangerous because withdrawal reduces a person's tolerance levels and puts the individual at greater risk of overdosing on a much smaller amount of drug than they normally would take.

IF THE INDIVIDUAL DOES RETURN TO DRUG USE HE/SHE SHOULD BE WARNED OF OVERDOSE POSSIBILITIES.

Depression

Depression is another concern. It is very important to assess an individual withdrawing for

depression and have them treated appropriately by a medical doctor. This will help lessen the chances of relapsing or returning to drug use.

NOTE

If a person was prescribed antidepressants before they started using opiates, they will often stop using them while they are using opiates.

If the individual has used antidepressants in the past, discuss with the doctor if there is a need to re-order the antidepressants BEFORE they begin withdrawal. Although one of the symptoms of opiate withdrawal is depression, DO NOT ASSUME THEIR DEPRESSION IS FROM WITHDRAWAL. Have the antidepressants ready and give them to the person withdrawing if they request them or if they are prescribed by the attending doctor.

Dehydration

Dehydration can happen during withdrawal as a result of fluid loss from diarrhea, throwing up, and sweating. It is important to encourage the individual to drink as much as they can handle without throwing up. If they are

having a hard time drinking water or juices, have plenty of popsicles on hand to help them take in more fluids.

If a person becomes extremely dehydrated and is unable to take in any fluids, or is sweating or vomiting profusely, **CALL THE DOCTOR, CHR/CHN OR AMBULANCE IMMEDIATELY!**



Opiate withdrawal medications

CLONIDINE

Clonidine is the most commonly used medication in opiate withdrawal. It belongs to a group of medications called antihypertensives and is used to treat high blood pressure. It also helps reduce the following withdrawal symptoms:

- watery eyes
- runny nose
- body aches and muscle pains
- upset stomach
- restlessness

CAUTION

Extreme low blood pressure may occur if an individual uses opiates and clonidine together

Prior to giving clonidine, take the individual's blood pressure and heart rate.

DO NOT give clonidine if the individual:

- has a blood pressure reading less than 80/50
- has a heart rate less than 50 beats per minute
- shows evidence of impaired circulation such as swollen ankles, puffy hands, kidney disease

- is experiencing extreme dizziness/ light headedness

Test dose

A test dose should be given to check how the individual's blood pressure responds to clonidine. Record the individual's blood pressure just prior to giving them clonidine, then take it again 1 hour after the clonidine is given.

If blood pressure is below 80/50, DO NOT continue to give clonidine. CONTACT THE DOCTOR, NAADAP WORKER, OR CHR/CHN IMMEDIATELY.



SAMPLE CLONIDINE SCHEDULE

	8 am	1 pm	5 pm	9 pm
Day 1	0.1 mg	0.1mg	0.1 mg	0.1 mg
Day 2	0.1 mg	0.1 mg	0.1 mg	0.1 mg
Day 3	0.1 mg	0.1 mg	0.1 mg	0.1 mg
Day 4	0.1 mg	0.1 mg	nil	0.1 mg
Day 5	0.1 mg	nil	nil	0.1 mg
Day 6	nil	nil	nil	0.1 mg

Additional medications may be used to treat anxiety, muscle aches, stomach cramps, diarrhea, nausea and vomiting. (See the 'Over-the-Counter Medications' section at the end of this chapter.)

Alternative therapies such as acupuncture or Epsom salt baths for both anxiety and body aches, and hot jello for nausea can help relieve symptoms of withdrawal.

IMPORTANT: Remember to re-evaluate the individual at least one hour after medication is given to ensure the individual is responding well to the treatment provided. Check to see if the medication is working or if they are having bad side effects such as dizziness, lightheadedness or if blood pressure is less than 80/50.

(Adapted from VCH, 2004)

OPIATE WITHDRAWAL FORMS AND CHECKLISTS

The following forms and checklists will assist you in doing a safe opiate home withdrawal. These are all very important. Read them before you begin the withdrawal, and place them in an easy-to-reach location, as you will be using them throughout the home withdrawal process.

1. Checklist for Home Based Opiate Withdrawal

This checklist outlines everything you need to do *before* you begin the home withdrawal, and all the checklists you will need to use *during* the withdrawal. Keep it in a safe, convenient place, for example, taped to the fridge.

2. Home Withdrawal Contract

It is very important to make sure the person doing the withdrawal is doing so freely and willingly, and understands what they are doing. The Home Withdrawal Contract lets the individual take another opportunity to think carefully about what they are doing, and make a commitment to the process.

3. Emergency Plan

Withdrawing from opiates can be very dangerous to a person's health. You must *always* have a doctor's approval before you begin the process, and the doctor must be available, at least by phone, during the withdrawal. The Emergency Plan contains emergency contact information and information about the individual withdrawing that you will need if the individual begins having severe symptoms during withdrawal. *Before* you begin the detox, **fill this out and keep it by the phone or taped to the fridge** throughout the withdrawal process. *The information on this sheet could save a person's life.*

4. Opiate Withdrawal Observation Chart

The Opiate Withdrawal Observation Chart lists symptoms to look for and will help guide the support person on the needs of the individual withdrawing.

5. Head-To-Toe Assessment and Alcohol & Drug Use History

The answers to the questions on the Head-To-Toe Assessment and the Alcohol and Drug Use History forms will

give you a better understanding of any health issues the individual presently has, the type of drugs they have been using, if they have any serious mental health issues such as suicidal feelings or if they are very depressed. This information will help you to assess whether or not the individual is appropriate for home detox.

If the individual has had seizures during previous withdrawal(s), has attempted suicide in the past, and/or has serious physical problems like untreated diabetes or severe liver problems, it would be in their best interest to first try to have them admitted to the nearest hospital or medical detox.

6. Home Detox Vital Signs Record

A person's "vital signs" are blood pressure, pulse, and temperature. These indicate whether a person is healthy or in medical difficulty. Record the vital signs on the Home Detox Vital Signs Record throughout the withdrawal process. If the individual does begin to experience severe symptoms, the Vital Signs

Record will help the supervising medical practitioner know what to do to help them.

7. Over-the-Counter Medications

A list of suggested over-the-counter medications to relieve withdrawal symptoms.

8. Daily Checklists

The Daily Checklists will show you what to prepare and what to watch for while the individual is withdrawing. There are four daily checklists:

- Day 1 Checklist
- Day 2 Checklist
- Day 3 Checklist
- Day 4 to 7 Checklist



CHECKLIST FOR HOME BASED OPIATE WITHDRAWAL

Before you begin this home withdrawal, make sure you have done the following:

DATE:	Done (√)
Home Site/Hazard Assessment 5. Is the home environment stable/safe? 6. Is the environment free from domestic tensions or other relatives needing care? 7. Is the environment quiet and comfortable? 8. The individual has no major commitments planned?	
Home Detox Contract - reviewed and signed by individual and support person	
Emergency Plan - filled out, reviewed with individual and taped to fridge or by telephone	
Opioid Withdrawal Observation Chart - completed with individual	
Head-to-Toe Assessment - completed with individual	
Alcohol and Drug Use History - completed with individual	
Doctor Notified - local or family medical doctor notified of person's intent to detox and when detox is scheduled to begin	
Medications 5. Possible side effects of medication to be taken have been discussed with individual and support person 6. Medication schedule reviewed with individual and support person	
All Forms and Schedules on Hand 5. Home Detox Vital Signs Record on hand and first entry made 6. Daily Checklists on hand 7. Opiate Withdrawal Symptoms Record on hand	

HOME DETOX CONTRACT

Before signing this contract, please be sure you read, understand and agree to the following:

- I agree to follow all medical and non-medical orders
- I agree to not take any non-prescribed drugs or drink alcohol during my withdrawal
- If I drink or take drugs during this time, my withdrawal will stop
- I agree to report any concerns or problems
- I understand the Emergency Plan
- I have provided an honest description of what I am withdrawing from

Name and signature of detoxifying person

Name and signature of support person

DATE

(Adapted from VCH, 2003)

EMERGENCY PLAN

Patient's name: _____

Address: _____

Phone number: _____

Date of Birth: _____ Personal Health Number: _____

Doctor's name: _____ Phone number: _____

Support person's name: _____ Phone number: _____

Allergies:

What is the person detoxing from?

What medication is being given to the person?

Medical information: (for example, high blood pressure, heart problems, HIV, diabetes, liver problems, seizures)

Mental Health issues: (for example, hospitalization due to suicide attempts, briefly outline when and how it happened, also include any diagnoses like depression)

(Adapted from VCH, 2004)

* COMPLETE THIS FORM AND TAPE TO YOUR FRIDGE OR KEEP BY THE PHONE
THROUGHOUT THE WITHDRAWAL PROCESS IN CASE OF EMERGENC

OPIOID WITHDRAWAL OBSERVATION CHART

Client Name: _____

DOB: __/__/__

Date: _____

Date:									
Time:									
Observations									
Blood Pressure									
Pulse									
Temperature									
Respiration									
Objective signs (yes/no)									
Watery eyes									
Runny nose									
Goose bumps									
Sweating									
Fine tremors									
Muscle twitching									
Vomiting									
Loose bowel movements									
Poor sleep									
Subjective signs (yes/no)									
Nausea									
Stomach cramps									
Muscle/joint pain									
Hot/cold flashes									
Clonidine regime									
Other meds?									

(Adapted from VCH, 2003)

HEAD-TO-TOE ASSESSMENT

The head-to-toe assessment is a tool to gather information. Everyone involved in the home detox, such as the doctor, NAADAP worker, CHR, CHN, elders and support worker, will work together to provide safe and reliable care to the individual withdrawing. Ask the following questions to help identify if the individual is appropriate for a home detox.

Date of assessment:
Do you have any allergies to food or drugs? (for example allergies to eggs or penicillin)? If yes, please specify and give type of reaction.
Have you ever had a seizure? If yes, how many times, when was your last seizure, and was it related to alcohol or drug withdrawal?
Have you recently hurt your head in any way, such as falling and hitting your head?
Have you or has anyone in your family had a history of diabetes or heart problems like, strokes, angina, heart attacks or high blood pressure?
Have you had any surgeries in the past or are you waiting for one? If yes, explain.
Have you ever been diagnosed by a doctor with depression, anxiety, bi-polar disorder or schizophrenia? If yes, give date of diagnosis and list any medication you may have been prescribed, including the last time the medication was taken on a regular basis.
Have you ever attempted suicide? If yes, please state how many times attempted, describe the method used and the last time you attempted.
Do you feel suicidal or homicidal presently?

HEAD-TO-TOE ASSESSMENT

Have you ever tested positive for HIV <input type="checkbox"/> HEP <input type="checkbox"/> TB <input type="checkbox"/> ? If no, when were you last tested?
Are you at risk for contacting sexually transmitted diseases such syphilis, gonorrhea, chlamydia or herpes?
WOMEN ONLY: Is it possible that you might be pregnant? If no, please give date of last known menstrual period.
Do you get dizzy, have headaches or migraines, or have any numbness, or tingling sensation?
Do you have any problems with you ears, eyes, nose or throat? If yes, explain.
Do you have or have you ever had any chest pains or any other heart problems, or swelling of your hands or feet?
Do you have any shortness of breath? Asthma? If yes, do you use any puffers such as ventolin or flovent? Have you had any recent chest infections such as pneumonia or bronchitis?
Do you have any ulcers, bleeding, distended stomach or any tenderness of your stomach area?
Do you have loose bowel movements? Constipation? Are you eliminating without difficulty? Do you have painful, foul smelling, or frequent urination?
Do you have any skin problems such as rashes, psoriasis, and abscesses from using needles, skin infections, or scabies?
Take the blood pressure _____, pulse _____, and heart rate _____

(Adapted from VCH, 2004)

HEAD-TO-TOE ASSESSMENT

Drug Name	Method of use IV/smkn/snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin	IV	1 gram/day x 4 years	14 yrs	10 yrs ago	Today
Cocaine					
Crack	Smk	2 grams/day x 14 months	15 yrs	9 yrs ago	Today
Speedball (cocaine/heroin)					
Pot	Smk	3 joints /day x yrs	8 yrs	16 yrs ago	Today
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan	By mouth	2 (10mg tabs valium) daily for 1 week	1 wk ago	None	Today
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)



ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin					
Cocaine					
Crack					
Speedball (cocaine/heroin)					
Pot					
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan					
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)

HOME DETOX VITAL SIGNS RECORD

Date	Time	Blood Pressure	Pulse	Temperature

OVER-THE-COUNTER MEDICATIONS

Known Drug Allergies:

Client's Name: _____

The following over the counter medications are recommended for symptomatic relief of withdrawal symptoms.

Symptom	Alternative Medication
Headache Increased temperature	Acetaminophen 325mg 1-2 tabs po every 4-6 hours, as necessary Max 8 tabs in 24 hours <i>Use with caution if impaired liver function</i>
Bone aches	Ibuprofen 400mg, 1 tab PO every 4-6 hours as necessary. <i>Do not give if allergic to ASA or has stomach ulcer</i>
Nausea/Vomiting	Gravol (dimenhydrinate) 50-100mg po every 4-6 hours as necessary Max 300mg in 24 hours
Diarrhea	Imodium 2mg. 2 tabs po at first loose bowel movement, then 1 tab after each loose bowel movement. Max 16 mg in 24 hours Kaopectate 60 mls po every 2 hours as necessary. Max 6 doses in 24 hours.
Indigestion	Tums 2 po 4 times a day as necessary Or antacid of choice.
Bone aches/ Muscle cramps	Calcium carbonate 500mg, 1 tab po 4 times a day for 5 days.

Physician will delete any of the above which would not be recommended for the individual

(Adapted from VCH 2005)

Physician's Signature

Date

DAY 1 CHECKLIST

Date:	Done (√)
1) Home hazard assessment completed.	
2) Emergency plan form completed and taped on fridge or by phone.	
3) Vital Signs Record: Blood pressure, pulse and temperature recorded every time medication is given.	
4) Ensure plenty of fluids such as water, juices, popsicles, soups, and jello are available for the individual to drink to maintain hydration.	
5) Opiate Withdrawal Observation Chart on hand to record symptoms during the day.	
6) Alcohol and Drug History form completed with individual.	
7) Head-to-Toe Assessment completed with individual.	
8) Medications: individual is taking medication as prescribed and assessed for side effects.	

DAY 2 CHECKLIST

Date:	Done (√)
6) Vital Signs Record: Blood pressure, pulse and temperature recorded every time medication is given.	
7) Opiate Withdrawal Observation Chart on hand to record symptoms during the day.	(Yes/No)
8) Medications: individual is taking medication as prescribed and assessed for side effects.	
9) Alternative options to help treat withdrawal symptoms, such as Epsom salts baths, hot jello for nausea, vitamins are on hand.	
10) Emergency plan form still taped on fridge or by phone.	

Refer individual to nearest emergency center or call local paramedics/doctor/NAADAP worker/CHN if any of the following are present (check (√) if yes):

- Seizures
- Uncontrolled vomiting
- Confusion
- Uncontrolled diarrhea
- Suicidal/homicidal thoughts

DAY 3 CHECKLIST

Date:	Done (√)
1) Vital Signs Record: Blood pressure, pulse and temperature recorded every time medication is given.	
2) Opiate Withdrawal Observation Chart on hand to record symptoms during the day.	
3) Medications: individual is taking medication as prescribed, and assessed for side effects.	(Yes/No)
4) Alternative options to help treat withdrawal symptoms, such as Epsom salts baths, hot jello for nausea, vitamins are on hand.	
5) Emergency plan form still taped on fridge or by phone.	

DAY 4 to 7 CHECKLIST

Opiate withdrawal symptoms can last from 5 to 10 days. Once the individual begins to feel healthy again, e.g., no nausea, diarrhea, dizziness, no body aches and they are eating and drinking fluids again, the detox has been successful and daily monitoring can be discontinued. Please see Appendix B: Treatment Programs for help in developing a plan for the long term health of the individual.

Date:	Done (√)
6) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded on every time medication is given.	
7) Opiate Withdrawal Observation Chart on hand to record symptoms during the day.	
8) Medications: individual is taking medication as prescribed, and assessed for side effects.	
9) Alternative methods to help with withdrawal symptoms like drinking gingerroot tea for nausea, meditation for relaxation provided.	
10) Emergency plan form still taped on fridge or by phone.	

STIMULANTS HOME WITHDRAWAL

INTRODUCTION TO STIMULANT USE

What are stimulants?

Stimulants belong to a group of drugs that generally increase alertness, productivity and weight loss. The most commonly used stimulants are cocaine and methamphetamines, also known as "crystal meth."

While there are many similarities among stimulants, there are some key differences as well. Some of these differences are in the duration of the effects; for

example, crystal meth can last for hours, whereas cocaine usually lasts from 20 to 30 minutes. Another noted difference is the amount of the drug needed to get the same euphoric effect. After prolonged use, crystal meth requires increased doses to achieve the same high. Because of the short duration of cocaine high, on the other hand, individuals using cocaine usually continue using the same amount.

Below are some other noted differences between cocaine and methamphetamine.

Cocaine	Methamphetamine
<ul style="list-style-type: none">• plant derived	<ul style="list-style-type: none">• man-made
<ul style="list-style-type: none">• smoking produces a high that lasts 20 to 30 minutes	<ul style="list-style-type: none">• smoking produces a high that lasts 8 to 24 hours
<ul style="list-style-type: none">• eliminated from the body in approximately 1 hour	<ul style="list-style-type: none">• eliminated from the body in approximately 12 hours
<ul style="list-style-type: none">• used as a local anesthetic in some surgical procedures	<ul style="list-style-type: none">• limited medical use

Why do people use stimulants?

Some people use stimulants to help keep weight off, to stay alert for longer hours, or to curb one's appetite, therefore aiding in weight loss. Stimulants can also give a euphoric sensation to the user of the drug and may give an individual a sense of fearlessness.

How do you know if you are dependent on stimulants?

As with many addictions, stimulant dependence is often characterized by chronic drug seeking and "drug talking" behavior, even when the drug has negative consequences. Prolonged use leads to drug tolerance, drug craving, physical dependence and relapse. Often people close to the user notice changes in behavior, in job performance and in school grades, and a deterioration of relationships.

How can stimulant misuse affect you?

Stimulant misuse has many affects on an individual. These can include:

- increased anxiety, which in some cases can lead to a panic attack
- cravings, especially for sweets

- defects in decision-making and judgment
- changes in food selection and intake, leading to a decrease in calorie and protein intake. The resulting malnutrition is related to anorexia, intensity of drug dependence to stave off hunger pangs, and disturbance of social and family relationships.
- there often is a rapid decline in an individual's mental wellbeing, where the user may have a mental break (e.g., paranoia or hallucinations) due to excessive and or prolonged use of stimulants



CRYSTAL METHAMPHETAMINE

What is crystal meth?

Crystal methamphetamine, or crystal meth, affects the body similar to adrenaline by over-stimulating the adrenal glands to give a temporary high (i.e., a rush or feeling of excitement).

Stimulants copy our body's adrenal glands by increasing the heart rate, blood pressure, breathing rate, and releasing sugar and fat into the blood stream. This results in feelings of increased alertness, anger, pleasure, and a sense of well-being. Sometimes these feelings go too far, and panic, hallucinations (seeing/hearing/ feeling things that are not there), seizures and strokes can occur.

Why do people crave crystal meth?

Crystal meth has long term effects on the body due to its chemical structure and its ability to be stored in a person's body fat and other tissue. As a person ages and the body fat breaks down, crystal meth that has been stored in the fat can be released, and the individual can be re-triggered to use again. More importantly, when

using, a person may have a sense of wellbeing, but when the drug wears off the opposite effect sets in because the drug has stopped the body from producing its own adrenalin. The user then becomes irritable as the body begins to demand more drugs to bring back the pleasure and high.

How can crystal meth misuse affect you?

Crystal meth use burns up the nutrients, vitamins and minerals the body needs to function properly, putting a user at risk of infections such as pneumonia and abscesses. Users are at higher risk of diseases such as hepatitis and HIV because of sharing needles and engaging in unprotected and rough sex. Continued use can cause brain damage, malnutrition, kidney disorders and decrease the immune system.

Other effects can include:

Cardiovascular effects

The continued use of crystal meth can cause a user to have an accelerated heart beat, elevated blood pressure, chest pains and can damage the blood vessels that lead to the brain. All of these can lead to a heart attack, stroke and even death.

Central Nervous System (the brain and spinal cord) effects

The continued use of crystal meth can decrease a user's appetite, and increase alertness and physical activity. The drug turns off the hunger signal and gives a feeling of satisfaction even though no food has been eaten. After drug use has stopped, appetite increases as the body realizes it has been feeding off itself. Often irritability, jerky movements, paranoia, inability to sleep and rapid speech are the results of excessive use.

Psychological effects

Continued use of crystal meth can bring on symptoms similar to mental illness. Individuals can experience panic attacks, anger, as well as depression and paranoia, and sight and hearing difficulties.



SIGNS OF CHRONIC STIMULANT ABUSE

Regular use of stimulants can lead to dependence. The following symptoms are often a result of continued use of stimulants over a long period of time.

<ul style="list-style-type: none">• nose bleeds among snorters
<ul style="list-style-type: none">• dental problems including missing teeth, bleeding and infected gums
<ul style="list-style-type: none">• skin lesions
<ul style="list-style-type: none">• muscle cramping from a lack of water and intake of minerals potassium and magnesium
<ul style="list-style-type: none">• serious constipation due to lack of water and intake of fiber
<ul style="list-style-type: none">• excessive activity, jitteriness
<ul style="list-style-type: none">• loss of desire to eat or sleep
<ul style="list-style-type: none">• talkativeness but not making sense
<ul style="list-style-type: none">• possession of spoons, razors, drinking straws, little mirrors and swizzle sticks

(Adapted from Vancouver Coastal Health, 2005)



STIMULANT WITHDRAWAL - OVERVIEW

What is stimulant withdrawal?

The first time a person uses a stimulant is often the most intensely pleasurable. In many cases, each use after the first is an attempt to recreate the original experience.

An individual may seek to obtain the same intense rush sensations felt during the first use by increasing the dose and frequency of use. The user may also switch the way the drug is administered to get a more rapid response. It is during this time the individual discovers higher doses of the drug produce greater effects.

Phases of stimulant withdrawal

Four phases of withdrawal have been identified after an individual stops using cocaine or crystal methamphetamine.*

1. Early crash phase

This phase may last one or two days and the user are often described as anxious, agitated, depressed, hungry and having an intense desire to sleep. These

symptoms usually replace the drug cravings.

2. Middle crash phase

Following the early crash phase the user experiences symptoms of low energy, depression, possible aggressive outbursts and sometimes paranoid thinking and believing they see, hear, feel things that are not there. Drug cravings may emerge at this time. These symptoms may increase dramatically over one to four days.

3. Late crash phase

This phase is often distinguished by an increased desire for sleep. An individual can sleep from 1 to 2 days. Cravings and intense hunger are also noted at this time.

4. Withdrawal phase

The individual is very tired, often feels depressed, may not respond to pleasant events like he/she did before, and has an increased potential for suicide. Over time these symptoms will decrease but the relapse rate is high.

*(Vancouver Coastal Health, 2005).

When is it safe to withdraw from stimulants at home?

A person can withdraw from stimulants at home if they

- are not confused or experiencing hallucinations
- have no history of seizures or epilepsy
- are not at risk for suicide
- have had no previous complications with home detox
- do not have an acute physical or psychiatric condition
- have a safe, supportive home environment

Symptoms of Stimulant Withdrawal

Withdrawal from stimulants such as cocaine and methamphetamines is generally not life threatening. However, depression is one of the withdrawal symptoms and can lead to suicidal thoughts and /or attempts.

In comparison to the other three identified drug classes: alcohol, benzodiazepines and opiates, withdrawal from stimulants like cocaine and methamphetamines does not have the physical

symptoms, rather it is the psychological symptoms that are more present. The following is an outline of the different stimulant withdrawal symptoms.

COCAINE

Withdrawal begins one hour after last dose and symptoms can include:

- depression
- difficulty sleeping
- tiredness
- decreased appetite
- irritability
- restlessness
- intense drug cravings that can last weeks

METHAMPHETAMINES

Withdrawal begins 8 to 20 hours after last use and symptoms can include:

- depression
- difficulty sleeping
- intense tiredness
- decreased appetite
- irritability
- restlessness
- **amphetamine psychosis:** feelings of persecution, compulsive behaviour, seeing/feeling/hearing things that are not there and paranoia.

INDIVIDUAL PATHWAY

While each person's path to withdrawal is unique, the following is a general outline of the steps of withdrawal, and the roles of the individuals involved.

First Steps

1. Individual tells an elder, family member, local doctor, or friend(s) that he/she wants to stop drinking and/or using drugs.
2. A community health representative (CHR), elder, paramedic or community member is contacted and assesses substance use, predicted withdrawal, medical/mental health issues - both present and past - and any previous withdrawals including their outcomes.
3. Information and options are provided by an elder, health worker or counselor who is involved in and supportive of the individual's post withdrawal plans.
4. An appointment is made with local or family doctor for initial assessment. Support person should accompany individual to this appointment.

5. Medical assessment is made by doctor and information regarding options discussed with individual. Medication for withdrawal is prescribed by doctor at this time.
6. If home detox is agreed upon, the CHR, Native Alcohol And Drug Abuse Program (NAADAP) worker or community health nurse (CHN) will explain any medication that is prescribed and its side effects, the withdrawal process, including length and time of withdrawal, the roles of the doctor, support person, CHN, CHR, or NAADAP worker and individual, and post detox options.
7. Date for home detox is agreed upon by doctor, CHN/CHR/NAADAP worker, support person and individual.

Two Days Before Home Detox

1. CHN/CHR/NAADAP worker notifies local inpatient facility of date of home detox in case individual needs to be transferred at any point during the detox.
2. Medication for detox and post detox, such as benzodiazepines, any over-the-counter medication, like Gravol, and

Epson salts for baths, is obtained from nearest pharmacy.

Home Detox - Day 1-4

1. CHN/CHR/NAADAP worker gives individual and support person contact numbers of nearest inpatient setting for after-hours help and information. Information is taped onto fridge, or by the telephone.
2. CHN/CHR/NAADAP worker visits daily during withdrawal process. He/she provides support and education for both individual and support person and assesses individual's withdrawal progress.
3. Withdrawal medication given out by support person or CHN/CHR/NAADAP worker - either daily or as decided by the prescribing doctor. CHN/CHR/NAADAP worker may decide to come in daily to administer medication, or to leave enough medication for a 24-hour period and the support person will administer it.
4. CHN/CHR/NAADAP worker communicates daily with doctor and anyone else involved with

the individual such as counselor or elder.

Day 5 of Home Detox

1. The worst of the physical withdrawal is probably over. Post detox options are explored and/or created with individual.
2. CHN/CHR/NAADAP worker or support person books follow-up appointment with local doctor for individual (up to one week after completion of home detox).



STIMULANT WITHDRAWAL - PROCESS

Most often no treatment other than support is needed during the first phase of withdrawal from stimulants. The use of medications is determined by the symptoms presenting, and prescribed by a doctor. Some doctors prescribe antidepressants for depression during withdrawal but it should be cautioned that there is a potential for the individual to use the medication for suicide attempts. New anti-psychotic medication, such as seroquel, are being used to help decrease irritability and agitation.

What are some possible problems during stimulant withdrawal?

Stimulant psychosis

Individuals who use large doses of stimulants can experience paranoia and hallucinations (seeing/hearing/ feeling things that are not really there), which is also called psychosis. If the individual is experiencing stimulant psychosis, to avoid any physical harm to the user or caregiver:

- maintain a calm, non-threatening environment
- reinforce date, time, place and people to individual

- explain all procedures to reduce any continued paranoia
- speak in a normal tone
- reduce amount of objects around individual to decrease harm to self and others
- limit bright lights and extreme loud noises

One of the greatest risks during psychosis is that the individual may do harm to themselves or others. Ask the following questions if you have concerns:

- Are you feeling suicidal? Do you feel homicidal?
- Do you have a plan? How would you do it?
- Have you ever tried to commit suicide before? When? How often? Who found you?
- What was going on in your life then?

IF THE INDIVIDUAL ANSWERS "YES" TO ANY OF THESE QUESTIONS CONTACT YOUR LOCAL DOCTOR OR NEAREST EMERGENCY SERVICES.

STIMULANT WITHDRAWAL MEDICATIONS

Known Drug Allergies
Do not give if allergic to anti-
psychotics

Client Name: _____

SAMPLE STIMULANT WITHDRAWAL MEDICATIONS

NB: DO NOT INTERCHANGE THESE MEDICATIONS

Delete the ones which will not be used.

Medication	Date/ Time	Date/ Time	Date/ Time	Date/ Time	Date/ Time	Date/ Time	Date/ Time
Seroquel 12.5-25mg PO 3 X daily as necessary Up to 7 days							

OR

Trazodone 50-100mg PO At bed time As required							
---	--	--	--	--	--	--	--

OR

Nozinan 10mg PO 3 X daily as necessary Up to 7 days							
---	--	--	--	--	--	--	--

Vancouver Coastal Health Authority (2005)

Physicians' Signature: _____

Date: _____

STIMULANT WITHDRAWAL FORMS AND CHECKLISTS

The following forms and checklists will assist you in doing a safe stimulant home withdrawal. These are all very important. Read them before you begin the withdrawal, and place them in an easy-to-reach location, as you will be using them throughout the home withdrawal process.

1. Checklist for Home Based Stimulant Withdrawal

This checklist outlines everything you need to do *before* you begin the home withdrawal, and all the checklists you will need to use *during* the withdrawal. Keep it in a safe, convenient place, for example, taped to the fridge.

2. Home Withdrawal Contract

It is very important to make sure the person doing the withdrawal is doing so freely and willingly, and understands what they are doing. The Home Withdrawal Contract lets the individual take another opportunity to think carefully about what they are doing and make a commitment to the process.

3. Emergency Plan

Withdrawing from stimulants can be very dangerous to a person's health. You must *always* have a doctor's approval before you begin the process, and the doctor must be available, at least by phone, during the withdrawal.

The Emergency Plan contains emergency contact information and information about the individual withdrawing that you will need if the individual begins having severe symptoms during withdrawal. *Before* you begin the detox, **fill this out and keep it by the phone or taped to the fridge throughout the withdrawal process. The information on this sheet could save a person's life.**

4. Head-To-Toe Assessment

The answers to the questions on the Head-To-Toe Assessment will give you a better understanding of any health issues the individual presently has, the type of drugs they have been using if they have any serious mental health issues such as suicidal feelings or if they are very depressed. This information will help you to assess whether

or not the individual is appropriate for home detox. If the individual has had seizures during previous withdrawal(s), has attempted suicide in the past, and/or has serious physical problems like untreated diabetes or severe liver problems, it would be in their best interest to first try to have them go through the withdrawal in the nearest hospital or medical detox.

5. Home Detox Vital Signs Record

A person's "vital signs" are blood pressure, pulse, and temperature. These indicate whether a person is healthy or in medical difficulty. Record the vital signs on the Home Detox Vital Signs Record throughout the withdrawal process. If the individual begins to experience severe symptoms, the Vital Signs Record will help the local doctor/NAADAP worker/CHR/CHN know what to do to help them.

6. Over-the-Counter Medications

A list of suggested over-the-counter medications to relieve withdrawal symptoms.

7. Daily Checklists

The Daily Checklists will show you what to prepare and what to watch for while the individual is withdrawing. There are two daily checklists:

- Day 1 Checklist
- Day 2 to 7 Checklist



CHECKLIST FOR HOME BASED STIMULANT WITHDRAWAL

Before you begin this home withdrawal, make sure you have done the following:

DATE:	Done (√)
Home Site/Hazard Assessment 5. Is the home environment stable/safe? 6. Is the environment free from domestic tensions or other relatives needing care? 7. Is the environment quiet and comfortable? 8. The individual has no major commitments planned?	
Home Withdrawal Contract - reviewed and signed by individual and support person	
Emergency Plan - filled out, reviewed with individual and taped to fridge or by telephone	
Head-to-Toe Assessment - completed with individual	
Alcohol and Drug Use History - completed with individual	
Doctor Notified - local or family medical doctor notified of person's intent to detox and when detox is scheduled to begin	
Medications 7. Possible side effects of medication to be taken have been discussed with individual and support person 8. Medication schedule reviewed with individual and support person	
All Forms and Schedules on Hand 8. Home Detox Vital Signs Record on hand and first entry made 9. Daily Checklists on hand	

HOME WITHDRAWAL CONTRACT

Before signing this contract, please be sure you read, understand and agree to the following:

- I agree to follow all medical and non-medical orders
- I agree not to take any non-prescribed drugs or drink alcohol during my withdrawal
- If I drink or take drugs during this time, my withdrawal will stop
- I agree to report any concerns or problems
- I understand the Emergency Plan
- I have provided an honest description of what I am withdrawing from

Name and signature of detoxifying person

Name and signature of support person

DATE

(Adapted from VCH, 2004)

EMERGENCY PLAN*

Patient's Name: _____

Address: _____

Phone number: _____

Date of Birth: _____ Personal Health Number: _____

Doctor's name: _____ Phone Number: _____

Support person's name: _____ Phone Number: _____

Allergies:

What is the person detoxing from?

What medication is being given to the person?

Medical information (for example, high blood pressure, heart problems, HIV, diabetes, liver problems, seizures)

Mental Health issues (for example, hospitalization due to suicide attempts, briefly outline when and how it happened, also include any diagnoses like depression)

(Adapted from VCH, 2004)

* COMPLETE THIS FORM AND TAPE TO YOUR FRIDGE OR KEEP BY THE PHONE THROUGHOUT THE WITHDRAWAL PROCESS IN CASE OF EMERGENCY

HEAD-TO-TOE ASSESSMENT

The head-to-toe assessment is a tool to gather information. Everyone involved in the home detox, such as the doctor, NAADAP worker, CHR, CHN, elders and support worker, can work together to provide safe and reliable care to the individual withdrawing. Ask the following questions to help identify if the individual is appropriate for a home detox.

Date of assessment:
Do you have any allergies to food or drugs? (For example, allergies to eggs or penicillin)? If yes, please specify and give type of reaction.
Have you ever had a seizure? If yes, how many times, when was your last seizure, and was it related to alcohol or drug withdrawal?
Have you recently hurt your head in any way, such as falling and hitting your head?
Have you or has anyone in your family had a history of diabetes or heart problems such as strokes, angina, and heart attacks or high blood pressure?
Have you had any surgeries in the past or are you waiting for one?
Have you ever been diagnosed by a doctor with depression, anxiety, bi-polar disorder or schizophrenia? If yes, give date and list any medication you may have been prescribed and include the last time the medication was taken on a regular basis.
Have you ever attempted suicide? If yes, please state how many times attempted, describe the method used and the last time you attempted.
Do you feel suicidal or homicidal presently?

HEAD-TO-TOE ASSESSMENT

Have you ever tested positive for HIV <input type="checkbox"/> HEP <input type="checkbox"/> TB <input type="checkbox"/> ? If no, when were you last tested?
Are you at risk for contacting sexually transmitted diseases such syphilis, gonorrhea, chlamydia, or herpes?
WOMEN ONLY: Is it possible that you might be pregnant? If no, please give date of last known menstrual period.
Do you get dizzy, have headaches or migraines, or have any numbness, or a tingling sensation?
Do you have any problems with your ears, eyes, nose or throat?
Do you have or have you ever had any chest pains or any other heart problems, or swelling of your hands or feet?
Do you have any shortness of breath? Asthma? If yes, do you use any puffers such as ventolin or flovent? Have you had any recent chest infections such as pneumonia or bronchitis?
Do you have any ulcers, bleeding, distended stomach or any tenderness of your stomach area?
Do you have loose bowel movements? Constipation? Are you eliminating without difficulty? Do you have painful, foul smelling, or frequent urination?
Do you have any skin problems such as skin infections, scabies, or rashes, psoriasis or abscesses from using needles?
Take the blood pressure____, pulse____, and heart rate____

ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smkn/snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin	IV	1 gram/day x 4 years	14 yrs	10 yrs ago	Today
Cocaine					
Crack	Smk	2 grams/day x 14 months	15 yrs	9 yrs ago	Today
Speedball (cocaine/heroin)					
Pot	Smk	3 joints /day x yrs	8 yrs	16 yrs ago	Today
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan	By mouth	2 (10mg tabs valium) daily for 1 week	1 wk ago	None	Today
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)



ALCOHOL AND DRUG USE HISTORY

Drug Name	Method of use IV/smk/ snort	Amount and frequency	Age first tried	Problem since what date?	Date last used?
Alcohol					
Heroin					
Cocaine					
Crack					
Speedball (cocaine/heroin)					
Pot					
Other opiates T#3's, morphine					
Stimulants Speed, crystal meth					
Inhalants					
Illicit methadone					
Benzodiazepines Valium, ativan					
Prescription meds					
Ecstasy					

(Adapted from VCH, 2004)

HOME DETOX VITAL SIGNS RECORD

Date	Time	Blood Pressure	Pulse	Temperature

OVER-THE-COUNTER MEDICATIONS

Known Drug Allergies:

Client's Name: _____

The following over the counter medications are recommended for symptomatic relief of withdrawal symptoms.

Symptom	Alternative Medication
Headache Increased temperature	Acetaminophen 325mg 1-2 tabs po every 4-6 hours, as necessary Max 8 tabs in 24 hours <i>Use with caution if impaired liver function</i>
Bone aches	Ibuprofen 400mg, 1 tab PO every 4-6 hours as necessary. <i>Do not give if allergic to ASA or has stomach ulcer</i>
Nausea/ Vomiting	Gravol (dimenhydrinate) 50-100mg po every 4-6 hours as necessary <i>Max 300mg in 24 hours</i>
Diarrhea	Imodium 2mg. 2 tabs po at first loose bowel movement, then 1 tab after each loose bowel movement. <i>Max 16 mg in 24 hours</i> Kaopectate 60 mls po every 2 hours as necessary. <i>Max 6 doses in 24 hours.</i>
Indigestion	Tums 2 po 4 times a day as necessary Or antacid of choice.
Bone aches/ Muscle cramps	Calcium carbonate 500mg, 1 tab po 4 times a day for 5 days.

Physician will delete any of the above which would not be recommended for the individual

(Adapted from VCH 2005)

Physician's Signature

Date

DAY 1 CHECKLIST

Date:	Done (√)
1) Home/hazard assessment completed.	
2) Emergency Plan form completed and taped on fridge or by phone.	
3) After hour's numbers of nearest medical center taped to fridge or by phone.	
4) Head-to-Toe Assessment: completed with individual	
5) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded every time medication is given.	
6) Medications: check that individual is taking medication as prescribed.	
7) Ensure plenty of fluids such as water, juices, popsicles, soups, and jello are available for the individual to drink to maintain hydration.	

DAY 2 to 7 CHECKLIST

Withdrawal from stimulants can take anywhere from 5 days to 2 weeks or longer, depending on the individual. Once an individual is able to take in food and fluids, has no evidence of paranoia, no cravings to use stimulants, and is able to participate in his/her regular activities, the withdrawal process is complete and a follow up appointment should be made to see the doctor and/or NAADAP worker.

Date:	Done (√)
1) Vital Signs Record: Blood pressure, pulse and temperature taken and recorded every time medication is given.	
2) Withdrawal symptoms: watch for these symptoms: Depression Difficulty sleeping Intense tiredness Decreased appetite Irritability Restlessness Amphetamine Psychosis: Feelings of persecution, compulsive behaviour, seeing/feeling/hearing things that are not there, and paranoia	(Yes/No)
3) Medications: individual is taking medication as prescribed and assessed for side effects.	
4) Alternative options provided to help treat withdrawal symptoms, such as Epson salts baths, hot baths, hot jello for nausea, vitamins.	

Refer individual to nearest emergency center or call local paramedics/doctor/NAADAP worker/CHN if they are experiencing ANY of the following (check (√) if yes):

- Seizures
- Uncontrolled vomiting
- Confusion
- Uncontrolled diarrhea
- Suicidal/homicidal thoughts



APPENDIX A



Special Populations

Withdrawal from alcohol and drugs may be more dangerous or affect people with varying needs differently. Be especially aware of the needs of the following special populations.

Elders

Due to age and a slower metabolism, elders may need to have their detoxification medication lowered. A thorough head-to-toe assessment is needed to identify any other medical problems are present such as untreated diabetes, liver and kidney problems, to name a few.

Pregnant Women

Opiate withdrawal can bring about premature labor or even a miscarriage. The fetus during this time can also experience opiate withdrawal. For best outcomes, encourage good prenatal care, such as taking vitamins, getting rest, eating healthy, as well as an opiate replacement therapy.

Youth

Youth generally have a faster drug and alcohol withdrawal than adults and elders. They do require an environment that is supportive, structured and nurturing. Youth often leave drug and alcohol treatment before their treatment is complete. If this happens try to ensure they have a safe environment to go to, that they are not at risk for potential suicide (refer to Appendix D for assessment techniques).

Psychiatric Co-morbidities

It is difficult to get a clear picture of any underlying psychiatric conditions when an individual is going through detox. Individuals withdrawing from cocaine and methamphetamines can mimic some psychiatric disorders. Any medication an individual may be on for treatment of a psychiatric disorder, if stopped abruptly, may bring on withdrawal symptoms or bring about the underlying symptoms.

Adapted from Vancouver Coastal Health, 2003



APPENDIX B



Treatment and Recovery Programs

Treatment is where one lives in a facility that has its own programs, such as 12-Step or wellness programs; amenities such as food; and meal preparations and housekeeping are provided for the individual. Treatment facilities are more structured than recovery facilities and tend to be used by individuals who have never been in treatment before.

A recovery center is much like a treatment center but there may not be qualified professionals available; individuals may have to prepare their own meals and clean up after themselves; it may be less structured than a treatment center and may or may not be funded by the health authority.

Below are some programs that are listed on the Health Canada Website.

Carrier Sekani Family Services (Najeh Bayou)

1112 - 6 Avenue
Prince George,
B.C. V2L 3M6

Phone: 250) 562-3591
Fax:(250) 562-2272

Haisla Support and Recovery Centre

Box 1018 Haisla Post Office
Kitamaat Village, British Columbia
V0T 2B0

Telephone: (250) 639-9817
Fax: (250) 639-9815
E-mail: mgreen@sno.net

Ktunaxa / Kinbasket Wellness Centre Society

Rural Route. 2, # 5A, Highway 21
Creston, British Columbia
VOB 1G2

Telephone: (250) 428-5516
Fax: (250) 428-5235
E-mail: kkwc@kootnay.ca

Namgis Treatment Center

Post Office Box 290
Alert Bay, British Columbia
VON 1A0

Telephone: (250) 974-5522
Fax: (250) 974-2736

Nenqayni Treatment Centre

Post Office Box 2529
Williams Lake, British Columbia
V2G 4P2

Telephone: (250) 989-0301
Fax: (250) 989-0307
E-mail: Nenqayni@wlake.com

Nenqayni Treatment Centre Society

Youth and Family Inhalant Program
Post Office Box 2529
Williams Lake, British Columbia
V2G 4P2

Telephone: (250) 989-0301
Fax: (250) 989-0307

North Wind Healing Centre (Treaty 8 Healing Centre)

Box 2480 Station A
Dawson Creek, British Columbia
V0C 4T9

Telephone: (250) 843-6977
Fax: (250) 843-6978
E-mail: t8heal@pris.bc.ca

Round Lake Treatment Centre

Rural Route #3, Comp 10, Grandview Flats North
Armstrong, British Columbia
V0E 1B0

Telephone: (250) 546-3077
Fax: (250) 546-3227
E-mail: rltc@roundlake.bc.ca
Website: www.roundlake.bc.ca

Tsow-Tun Le Lum Treatment Centre

Box 370 - 699 Capilano Road
Lantzville, British Columbia
V0R 2H0

Telephone: (250) 390-3123
Fax: (250) 390-3119
E-mail: info@tsowtunlelum.org
Website: www.tsowtunlelum.org

Vanderhoof Office: Addiction Recovery Program

240 West Stewart Street
(P. O. Box 1219)
Vanderhoof,
B.C. V0J 3A0

Fax:(250) 567-2975
Email: arp@csfs.org
Website: <http://www.csfs.org>

Wilp Si' Satxw House of Purification

Box 429 Cedarvale - Kitwanga Road
Kitwanga, British Columbia
V0J 2A0

Telephone: (250) 849-5211
Fax: (250) 849-5374
E-mail: wilpchc@navigata.net
Website: www.wilpchc.ca

Other Support Services and Organizations

Aboriginal Canada Portal

<http://www.aboriginalcanada.gc.ca/>

Aboriginal Healing Foundation

<http://www.ahf.ca/>

Assembly of First Nations

<http://www.afn.ca/>

Canadian Harm Reduction Network

<http://canadianharmreduction.com/>

Chee Mamuk

<http://www.bccdc.org/download.php?item=1608>

Downtown Eastside Women's Center

<http://www.dewc.ca/msg3.htm>

Health Canada- Online

<http://www.hc-sc.gc.ca/>

Indian and Northern Affairs Canada

<http://www.ainc-inac.gc.ca/>

Indian Residential School Survivors Society

<http://www.irsss.ca/>

The Red Road HIV/AIDS Network

<http://www.red-road.org/>

Vancouver Native Health Society

<http://www.vnhs.net/>

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