

9.1 Rapid opiate detoxification feasible at home

Findings For suitable patients, rapid detoxification from opiates can be done at home without on-site professional supervision. A benzodiazepine is used to induce light sedation sufficient to control discomfort and to prevent recall of the worst of the experience. Using this procedure, 1368 patients at one public and one private clinic in Spain were detoxified before transfer to the opiate antagonist naltrexone. They had been advised to abstain from heroin for at least 12 hours but this was not essential. After joint patient/carer assessment and instruction, the carer was given the medication and the pair returned home, where the patient was sedated with midazolam and given clonidine and other drugs to control the withdrawal symptoms precipitated by naltrexone. The procedure was supervised by the carer (usually a family member) who maintained phone contact with the clinic. Typically patients remained rousable and could walk with assistance but were confused and restless for 4–6 hours. Vomiting and diarrhoea were the most common withdrawal effects (each affecting under 15% of patients) but by 24 hours symptoms were moderate. Just 24 patients had to be taken back to the hospital. The most they needed was brief admission for rehydration and generally only advice and reassurance. All but three of the 1368 patients returned to the clinic to start naltrexone maintenance.

In context These results must be seen in the context of a young patient group less severely addicted and problematic than typical addict patients in Britain and in close contact with their families, many of whom could afford private care. Well over twice as many opted instead for inpatient detoxification, an indication that the study dealt with a selected if substantial minority. Typically patients smoked (a less efficient route than injecting) modest doses of heroin. Those also heavily using cocaine, alcohol or benzodiazepines were excluded. The procedure is similar to that trialed successfully in Australia on a general medical ward, an alternative for patients unsuitable for home detoxification which also avoids the need for intensive care and specialist nursing [Additional reading](#). This work also showed that the procedure is feasible for patients leaving methadone maintenance. However, rapid procedures of any kind have yet to demonstrate that their main short-term advantage (virtually 100% completion and induction on to naltrexone) carries through to a higher proportion of patients maintaining long-term recovery. Much seems to depend on the availability of intensive clinical and social support.

Practice implications The study shows that for some patients rapid withdrawal can be achieved at home at a fraction of the cost of inpatient detoxification or rapid withdrawal under deep sedation or anaesthesia. However, given their family support and a good prognosis, many of these patients may have done just as well if detoxified as outpatients. Those who would have dropped out as outpatients may also be the ones who relapse after rapid procedures. Where relapse is anticipated a high level of monitoring and support is advisable to minimise the risk of overdose. **LINKS** Nugget 7.1

After the study the clinics switched to injected octreotide to control vomiting and diarrhoea, sometimes administered by a trained family member. This could instead be done by clinic staff at the assessment visit (if detoxification starts soon after) or through a home visit by a nurse. Using lofexidine instead of clonidine would reduce the risk of complications from low blood pressure such as collapse and injury. Bearing these considerations in mind, there seems no reason why rapid home detoxification should not be considered for a limited group of patients. Primarily these will be relatively low-dose heroin users not also dependent on benzodiazepines who have suitable home environments with families who will closely monitor their progress and respond appropriately.

Featured studies Carreño J.E. *et al.* "24-hour opiate detoxification and antagonist induction at home – the 'Asturian method': a report on 1368 procedures." *Addiction Biology*: 2002, 7, p. 243–250. Copies: apply DrugScope.

Additional reading Glasgow N.J. *et al.* "Accelerated withdrawal from methadone maintenance therapy using naltrexone and minimal sedation: a case-series analysis." *Drug and Alcohol Review*: 2001, 20 (2), p. 13–22. Copies: apply DrugScope.

Contacts Colin Brewer, Stapleford Centre, 25A Eccleston Street, London SW1W 9NP, England, dr.brewer@staplefordcentre.co.uk.

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