

Substance Misuse Inpatient Detoxification Appendix 1 – Supporting clinical guidelines

For patients detoxifying from opiates the guideline recommends that community based programmes should be routinely offered to service users considering detoxification. Exceptions to this may include service users whoⁱ:

- Have not benefited from previous formal community based detoxification
- Need medical and/or nursing care because of significant comorbid physical to mental health problems
- Require complex poly drug detoxification, for example concurrent detoxification from alcohol or benzodiazepines
- Are experiencing significant social problems that will limit the benefit of community based detoxification.

Residential detoxification is available as an option to appropriate individuals detoxifying from opiates via the in-city providers of residential rehabilitation. Usually service users would attend the residential rehabilitation unit for both the initial detoxification, and the ongoing 'recovery' based support programme. Inpatient, rather than residential, detoxification should normally only be considered for people who need a high level of medical and/or nursing support because of significant and severe comorbid physical or mental health problems, or who need concurrent detoxification from alcohol or other drugs that require a high level of medical and nursing experience.

Patients detoxifying from alcohol should usually be offered a community based programme, which should vary in intensity according to the severity of the dependence, available social support and the presence of comorbidities. Outpatient based assisted withdrawal programmes should be offered toⁱⁱ:

- People with mild to moderate dependence. Contact between staff and the service user will average between 2 to 4 meetings over the first week
- People with mild to moderate dependence and complex needs, or severe dependence. An intensive community programme should be offered following assisted withdrawal in which the service user may attend a day programme lasting between 4 and 7 days per week over a three week period.

Inpatient or residential assisted withdrawal should be considered if a service user meets one or more of the following criteria:

- Drink over 30 units of alcohol per day
- Have a score of more than 30 on the Severity of Alcohol Dependence Questionnaire (SADQ)
- Have a history of epilepsy, or experience of withdrawal-related seizures or delirium tremens during previous assisted withdrawal programmes
- Need concurrent withdrawal from alcohol and benzodiazepines
- Regularly drink between 15 and 30 units of alcohol per day and have:
 - Significant psychiatric or physical comorbidities (for example, chronic severe depression, psychosis, malnutrition, congestive cardiac failure, unstable angina chronic liver disease) or
 - A significant learning disability or cognitive impairment

The evidence base is relatively limited for novel psychoactive substances, as treatment of these drugs is much newer, and there is currently no consensus on the best setting for detoxification.ⁱⁱⁱ

ⁱ Drug Misuse in over 16s: opioid detoxification. NICE Clinical Guideline. Published: 25th July 2007. Nice.org.uk/guidance/cg52

ⁱⁱ Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline. Published: 23rd February 2011. Nice.org.uk/guidance/cg115

ⁱⁱⁱ Novel Psychoactive Treatment UK Network (NEPTUNE). Guidance on the clinical management of acute and chronic harms of club drugs and novel psychoactive substances. The Health Foundation Inspiring Improvement. March 2015 <http://www.neptune-clinical-guidance.co.uk/>