

# Mulberry 1

## Opiate detoxification information

### Patient Advice and Liaison Service (PALS)

If you have any concerns about any of CPFT's services, or would like more information please contact: Patient Advice and Liaison Service (PALS) on freephone 0800 052 1411 or e-mail [pals@cpft.nhs.uk](mailto:pals@cpft.nhs.uk)

### Out-of-hours' service for CPFTservice users

**0800 052 22 52**

Mondays to Fridays from 5pm to 8pm;  
Saturdays, Sundays and Bank Holidays from 8am to 8pm.

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**FOR MORE  
INFORMATION:**

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**This leaflet gives information about the process of opiate detoxification in Mulberry 1. It is designed for both patients and carers to prepare them for what they can expect.**

## Detoxification

Most people come off their substitute opiate medication (Methadone and Buprenorphine) by gradually reducing it until they discontinue it. For some, this process is very difficult and more rapid detoxification helps you get through this period quickly.

When the body is used to having opiates in and they are suddenly stopped most people will start to withdraw. Common symptoms are agitation, muscle aches, insomnia, yawning and sweating. As this progresses people may experience abdominal cramping, diarrhoea, vomiting and goose bumps. Although these are unlikely to lead to long-term harm, they are often very difficult to deal with psychologically.

During detoxification, the opiate medication is rapidly reduced and other medication is added to help with the symptoms of withdrawal.

Detoxification will work best when patients are determined to remain completely abstinent from all drugs, and where they have not been using illicit drugs recently.

## Mulberry 1

Opiate detoxification can be a stressful process and we will attempt to make your detoxification the last one.

The ward has single-room accommodation and has three beds allocated to patients undergoing detoxification.

In addition to providing detoxifications, Mulberry 1 also is an acute psychiatric assessment unit with patients usually staying up to five days. Please be mindful that some of these patients may be struggling with acute mental health difficulties and we ask that all patients are respectful of this'

There are nursing staff on the ward 24 hours a day. There is a specialist medical team during the working week and there is also on-call medical cover out of hours

## Medication

**Lofexidine:** This medication is designed to help reduce the symptoms of withdrawal. It acts on the brain chemical Nor-adrenaline to reduce the withdrawal symptoms. As a side effect it may lower your blood pressure so nursing staff will monitor this. The medication needs to be gradually increased over a few days, kept at the treatment dose and then reduced over a few days.

**Methadone or Buprenorphine (Subutex):** This will continue for a few days into the detoxification. It is usually decreased over three to four days.

**Metoclopramide:** Metoclopramide is used, if needed, to help reduce any nausea or vomiting.

**Loperamide:** Loperamide is used if loose stools are symptoms of withdrawal.

**Mebeverine:** This helps with stomach cramps if they are a symptom of withdrawal.

**Pain killers:** Ibuprofen and Paracetamol are used to help with muscle cramps or aches.

**Sedative medications:** At times sedatives such as benzodiazepines or chlorpromazine are used to help manage anxiety.

**Sleeping tablets:** Some have difficulty sleeping whilst detoxifying. Often we will suggest natural methods for getting to sleep but some will need a sleeping tablets. If these are necessary we would not continue these after hospital. Therefore we recommend that you try not to use these towards the end of your stay. We will usually continue, without change, other medications you are prescribed by your GP.

## Medication after detoxification

There are a tablet medications that are now recommended to help with post-detoxification abstinence. These will be discussed whilst you are on the ward. The main medications are:

**Naltrexone (Nalorex):** An anti-opiate

medication that blocks heroin or other opiates after detoxification. It is non-addictive. It is often started on the last few days of treatment as there needs to be a gap between the substitute opiate and the Naltrexone.

## Process of detoxification

### Admission

Admission to the ward is on a Wednesday morning. Sometimes keyworkers accompany you to the ward. You should have your usual dose of Methadone or Buprenorphine that morning.

When you arrive on the ward you will be shown the detoxification contract. You will need to sign this to continue the detoxification in Mulberry 1. For safety, staff will usually go through your belongings with you when you are admitted to the ward. We therefore ask you only bring one bag/suitcase of belongings with you. Please bring cash with you if you would like staff to purchase extra items on your behalf from Tesco during your stay. There is a safe in each bedroom for your use if you wish to lock valuables away.

On the ward a doctor and a nurse will see you for the initial assessment, which will cover information relating to alcohol, physical and mental health. They will also ask you about your life to get a complete picture.

After having a blood test and physical examination, the doctor will prescribe the appropriate medication for you. For most people this starts at around midday. On Wednesday afternoon the consultant will see you in the ward round.

After detoxification your body will not be tolerant to opiates. If you use heroin at this time, it will be very easy to overdose and this can be fatal. Your inclusion keyworker will provide psychological support to help you remain drug free. Medication that may help you is outlined below.

### Treatment

Whilst on the ward the medication treatment will continue. In addition to this there is an allocated primary nurse who will see you on a one-to-one basis through your stay. If you are having difficulties, approach one of the staff and they will help resolve your concerns. There is also a

ward programme that can help address issues such as anxiety management and also keep you occupied in the daytime.

During the period of detoxification we ask you to remain on the ward or in the ward garden. If you are having a two-week detox, when the medication is finished you may leave the ward, but we would usually suggest for the first time that you are escorted by staff or family. Visiting hours are 17.30-20.30 on weekdays and 09.00-20.30 at weekends. Due to the strength of the detoxification medication you will taking, we ask that you don't invite visitors to the ward for the first three days of your detox.

Whilst an in-patient we will also offer psychiatric evaluation for those who have mental health issues. If you are concerned about this, discuss this with the ward doctor. During the treatment we keep in close contact with your inclusion keyworker or nurse to feedback about your progress.

### Discharge

Most people leave the ward on the Tuesday afternoon 13 days after admission. We will arrange for you have a two-week supply of all your medications if you have completed a one-week detox this will include a small amount of chlordiazepoxide. You will need to get in touch with your GP afterwards for this medication to continue. We will give you a brief discharge summary when you leave and then send a more comprehensive letter to your GP and inclusion keyworker so they know of your progress.

After hospital, follow-up is with the inclusion keyworker you saw before going into hospital. For most people, the relapse prevention work is vital for making progress and an important part of proper treatment.

### Information for carers

Caring about someone with a dependency on alcohol can be challenging. Carers can play an important role in successful abstinence. However, it is important that, as a carer, you look after yourself and feel supported and informed along the way.

Inclusion keyworkers can give support to carers or there are national organisations such as Families