

Supporting Someone through Detox

Withdrawal from a drug is called detoxification (detox) and is part of the recovery process. It is important not to see this step as a “pass or fail” test.

Home detoxification is not recommended for every drug or every person, and is not really the best choice when a person is taking several drugs together (for example, tranquilizers, alcohol and heroin).


Symptoms

Withdrawal symptoms may be mild or severe, depending on the drug, the amount used and how long the person has been taking the drug.

As the person stops using the drug their body has to readjust. This takes time for both the physical body and mind. Withdrawal is the body’s attempt to find balance again in the absence of a drug. A person can expect during detox to experience the opposite side effects of their drug of choice. For example, an effect of heroin use is constipation; from withdrawal, diarrhea. An effect of cocaine is euphoria and from withdrawal, depression.

The detoxing person may –

- ◆ be sweaty and hot and then get cold and have goosebumps
- ◆ appear to have a cold: runny eyes and nose, and sneezing
- ◆ be grumpy and irritable
- ◆ be anxious
- ◆ be tired and have no energy
- ◆ be unable to sleep even though they are tired. The body’s sleeping pattern is re-adjusting and this may take several weeks.
- ◆ have mood swings
- ◆ be aggressive at times, so ensure you and others are not at risk.
- ◆ be unable to concentrate
- ◆ have aches and pains from the tenseness in their muscles and joints
- ◆ experience stomach or bowel upsets. They may vomit and have diarrhoea and not feel like drinking or eating

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- ◆ talk about urges or cravings to use the drugs that will come and go (cravings are normal and not a sign of lack of willpower or failure)
 - ◆ sometimes seem paranoid or disturbed (most often the case with amphetamine withdrawal). Try not to take any upsetting things they say personally.

Your support role during withdrawal in your home

A support person succeeds by remaining positive and calm and creating a safe atmosphere in the home. The person who can help the most is the one who knows the addicted individual and has done a bit of preparation.

First of all, organize with a doctor or drug and alcohol worker to provide advice.

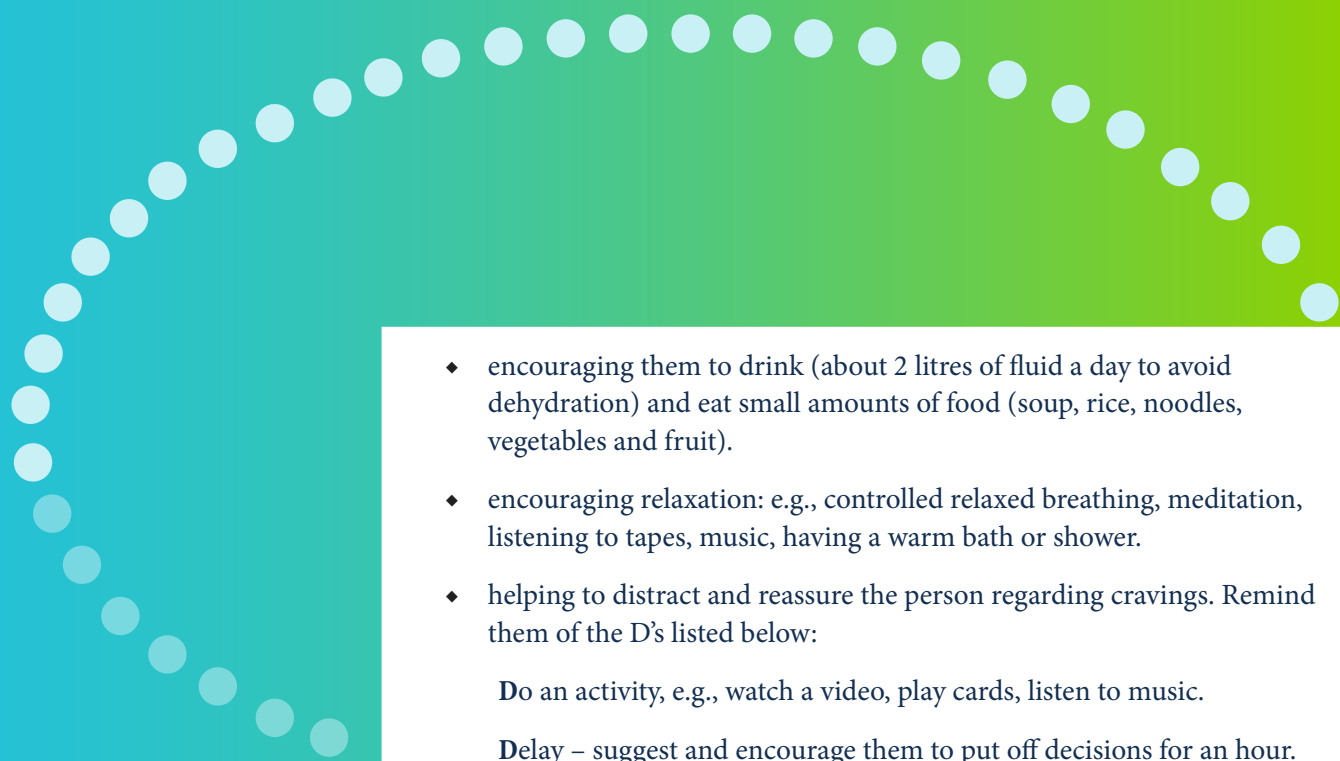
You may have to take time off work and get some additional assistance for looking after other family members such as younger children or elderly parents, explaining to them what is happening.

Drug-using friends of the person detoxing should be discouraged from visiting, as well as anyone who might cause stress or arguments.

If the person should have a seizure, experience chest pains, become unconscious, hallucinate or have other worrying symptoms, call an ambulance immediately. Dial 911.

You can help by:

- ◆ understanding that detox does not mean a cure.
- ◆ understanding that physical withdrawal symptoms (mostly associated with heroin, alcohol or prescription pill withdrawal) do get worse before they get better. Day three or four is usually the peak of opiate withdrawal.
- ◆ being patient and willing to listen (try not to argue at this time.)
- ◆ helping the person to manage any physical pain and discomfort. Ask the doctor in advance if she or he is prepared to prescribe any pain medication. Acupuncture pressure points can be used to help the stomach to settle.



*“It is
agonizing to
watch somebody
struggling to
overcome their
addiction.”*

- ◆ encouraging them to drink (about 2 litres of fluid a day to avoid dehydration) and eat small amounts of food (soup, rice, noodles, vegetables and fruit).
- ◆ encouraging relaxation: e.g., controlled relaxed breathing, meditation, listening to tapes, music, having a warm bath or shower.
- ◆ helping to distract and reassure the person regarding cravings. Remind them of the D's listed below:

Do an activity, e.g., watch a video, play cards, listen to music.

Delay – suggest and encourage them to put off decisions for an hour.

Drink plenty – especially water.

Discuss and remind them to look at their reasons for stopping the drug.

Do some gentle exercise, e.g., go for a walk, do some stretching exercises, yoga, Tai Chi.

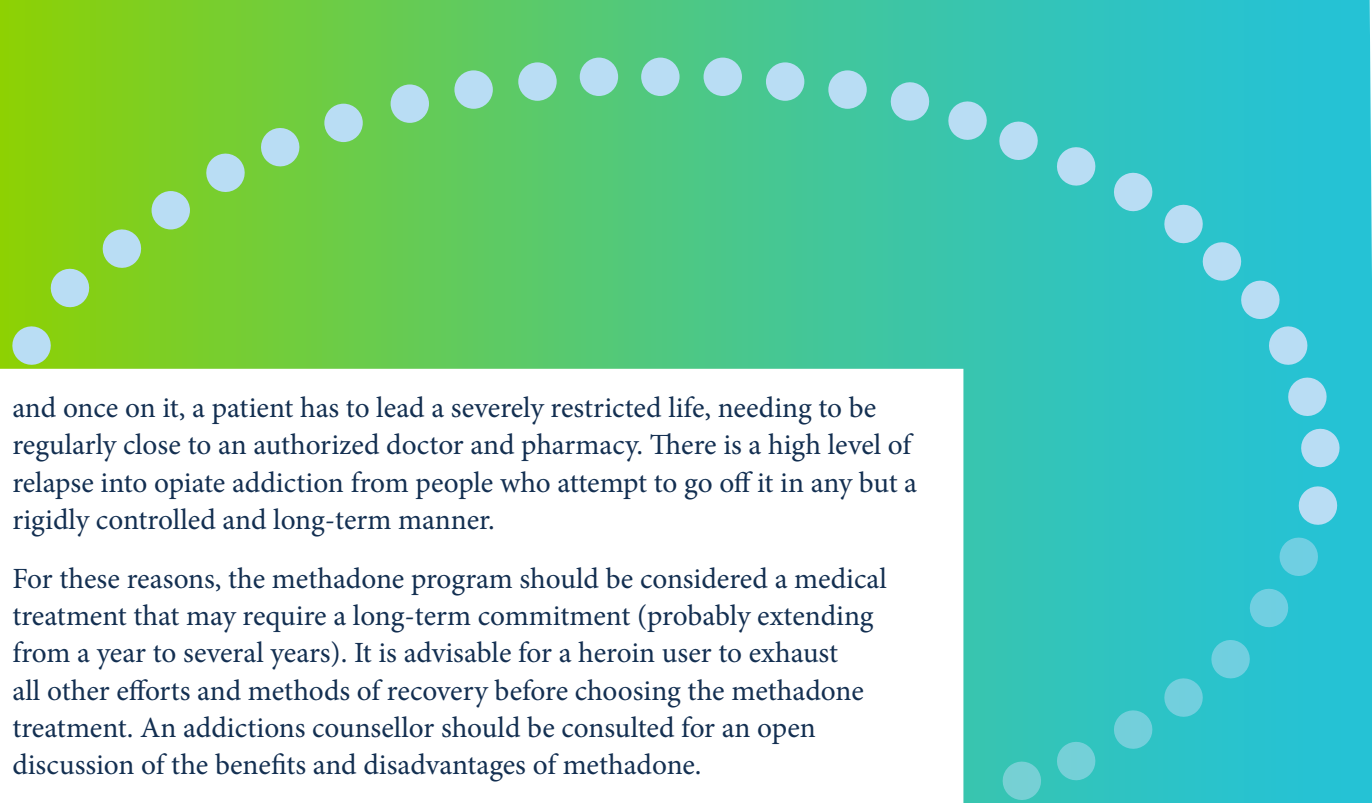
THE METHADONE PROGRAM

At some point, the person in your family suffering from dependence on heroin may be counselled to go on the methadone program. (Methadone only blocks opiates, and therefore is not a harm reduction method for any other kind of drug.)

The advantages of methadone begin with its being a legal drug (originally developed in World War II when Nazi scientists, running low on morphine, developed it as a form of pain relief) and as such can be administered in reliably measured doses; secondly that it is long-acting (needed only once a day); and thirdly that it can be swallowed (thus avoiding the risks surrounding needle injection).

The methadone program allows people whose lives were previously chaotic to hold down jobs and develop relationships and lead almost normal lives. Society also benefits from a lessening of the crime committed to feed addictions and a reduction in the risk of HIV/AIDS transmission.

Methadone is far from a cure. In fact, the program substitutes one addiction (legal) for another (illegal). Withdrawal from methadone is extremely difficult,



and once on it, a patient has to lead a severely restricted life, needing to be regularly close to an authorized doctor and pharmacy. There is a high level of relapse into opiate addiction from people who attempt to go off it in any but a rigidly controlled and long-term manner.

For these reasons, the methadone program should be considered a medical treatment that may require a long-term commitment (probably extending from a year to several years). It is advisable for a heroin user to exhaust all other efforts and methods of recovery before choosing the methadone treatment. An addictions counsellor should be consulted for an open discussion of the benefits and disadvantages of methadone.