PROTOCOL FOR MANAGEMENT OF OPIATE ABUSE IN GENERAL PRACTICE

First Presentation

History

Daily consumption. Method of administration. Hypodermic needle sharing. Period of current abuse. Date original abuse started.

Reason for wanting to stop

Positive and adverse household members
Employment - lack of
Legal problems
Financial problems
Housing

Previous Treatment

Any explicit psychiatric symptoms
Medical problems
Sexuality ?

Consider checking history with other agencies given by patient.

Examination

Needle marks
Sites of infection
Assessment of withdrawel

Do not treat in General Practice

- those requesting referral to hospital
- those with psychotic features
- those relapsing having been treated before by M R S
- difficult/unpleasant/hazardous patients
- those requesting maintenance medication

- **BUT** do provide holding medication until seen in out-patients department (see below)

Treat all others in general practice - especially those strongly requesting this.

Investigations

Consider pre-prescription - urine test of drugs

? LFTs and HIV if patient injects
FBC, ESR

Management

Explain plan to patient. Explain rights and responsibilities of medication and apppointments ie the same as any other patients.

Explain legal requirement for notification if evidence that dependency on controlled drug will continue. (Forms completed by secretary).

Cont'd/....

needs updating, please send new e-version to ram

Explain that reasonable detoxification with methadone is what is on offer.

Consider referral to Eric Wright, Psychologist, Waddiloves, health visitor (if parent) Bridge Project (especially if Asian and family need counselling).

Consider withholding medication until urine test back.

Try to involve spouse/family. Request they attend.

Consider offering practical help with letter for housing, solicitor.

Enter "Opiate Dependency" on computer priority 1.

Methadone Dose

Give daily dose according to following calculations:

£80 street heroin = 1g

1g street heroin = 80mg pharmaceutical heroin =

80mls (= mg) methadone mixture = 80 30mg dihydrocodeine tablets

Reduce dose of substitute medication proportionate to reduced consumption.

If injecting consumption increase medication by 20%.

Maximum daily dose 110ml methadone

Prescription on form FP10 MDA blue daily dispensing form. Hand written. Quantity in words and figures. Specify "daily dispensing - Saturday for Sunday" and "to be taken under chemist's supervision".

Consider bd regime.

Enter prescription on computer, although it will not print it out.

Consider adjuvant therapy with :-

- hypnotics (usually requested) - TABLETS not capsules Temazepam. Refuse day time sedation.
- Sedative anti-depressants - Dothiepin 25mg nocte.
- Clonidine 100 mcg, nocte for physical withdrawal symptoms.
- Mega - dose Ascorbic Acid (5g/day) and also active against withdrawal symptoms.
- Prescribe 5 days therapy in first instance.

When stable on starting dose, reduce by 10mls per 10 days until approximately 25ml methadone, then reduce 5ml every 10 days.

If at lowish doses, progress reduction rather slow, ask the question "who am I treating here, the patient or the doctor"?

Below 10mg methadone, switch to Didydrocodeine.

- 1mg methadone = x 1 30mg tablet DHC (but shorter acting).

Contd/....

When psychologically stable offer:

Check up
LFTs
HIV - Hepatitis B

Underlying Philosophy

FIRM, REASONABLE, COHERENT, FAIR.

The opiate abuser is a valuable human being with both rights and responsibilities.