



AEGIS
MEDICAL SYSTEMS, INC.

Extended Methadone Detoxification *(Defined as 22 days - 180 days)*

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Extended Methadone Detoxification **(Defined as 22 days-180 days)**

Goals: To allow patients who either choose to enter detoxification only or are not eligible for narcotic replacement maintenance to be in treatment for a longer time than the traditional “21 day” detoxification familiar to California treatment providers. Research studies have demonstrated better treatment outcomes with longer term detoxification compared to the shorter 21 day period.

Objectives;

- To induct patients onto methadone and to achieve a “stable dose”. “Stable dose”, for purposes of this protocol, is defined as a dose that successfully suppresses opiate withdrawal symptoms and decreases drug cravings for 24 hrs.
- Following stabilization, to gradually taper the patients dose of methadone to the point where patient is no longer on medication.
- To offer counseling and ancillary services at a level and frequency sufficient to allow behavior change to occur and begin repairing damaged to the domains of a patient’s life.
- To work with patients in exploring alternative, appropriate treatment options. Such options might include, but not be limited to, narcotic maintenance , post detoxification naltrexone treatment, intensive drug free outpatient treatment(IOP or residential treatment.

Importance of Counseling/Ancillary Services

Group/Individual counseling, while always a critically important component of treatment for all addictions become increasingly important when dealing with patients who will be in treatment for shorter, more finite time periods. Creating positive change in addictive behavior often requires more time than is allowed in shorter detoxification treatment.

Patients, generally, require more intensive counseling at two points during the treatment episode; during the early stages of treatment and during the “treatment termination” phase. Because in outpatient methadone detoxification treatment these phases are temporally very close together they represent two of the most vulnerable times when counseling should be maximized.

It is suggested that counseling sessions begin immediately upon entering treatment and be scheduled twice a week at best or once per week at the very least for the first and last third of the treatment episode.

Counseling during detoxification should focus on several major areas :

- Setting realistic, short term treatment goals
- Clarifying previous treatment attempts and exploring, as well as moving patients, toward appropriate treatment options

- Working on stabilizing the patient's addictive behavior and assisting the patient to understand the mechanisms which reinforce that behavior
- Making appropriate referrals for necessary ancillary services

Treatment "contingency planning" should begin very early in the detoxification episode affording the patient a number of alternative treatment and discharge options contingent upon the course of the detoxification.

Definition – Any methadone detoxification lasting 22-180 days

Eligibility – Same as 21 day detoxification

Differences and similarities compared to 21 day detoxification

1. Differs in that each case requires individual temporary exception request to ADP (form 8045)
2. As with 21 day detoxification, requires federal exception for additional detoxification if two unsuccessful detoxification within previous 12 months in the same clinic.
3. As with 21 day detoxification, 7 day wait required between detoxifications.
4. As with 21 day detoxification may be discharged for 3 consecutive absences or more without notifying program.
5. Differs in that take homes will be allowed using same criteria as in maintenance.

How to proceed in clinical setting

Exception Request – apply for 180 day exception, even if detoxification elected a lesser amount of time. This allows flexibility to extend the duration of the dose taper in detoxifications of less duration than 180 days.

Stabilization/Taper formula should be 1: 3, no matter what the length of elected detoxification. Examples: A 90 day detoxification would have a 22 day induction and stabilization period and a 68 day taper. A 180 day detoxification would have a 45 day induction and stabilization period and a 135 day taper.

Induction and Stabilization Period – this period should incorporate achieving stabilization as quickly as patient safety will allow and intense counseling.

1. Weekly physician visits x 3 to supervise and adjust dosage for quick stabilization plus patient education.
2. Twice weekly counseling to build coping skills

Taper – formula – dosage at end of stabilization period divided by weeks left for taper will give total dose reduction needed per week. This total should be divided into a Monday and a Thursday dose reduction.

Example – 90 day detoxification elected. At end of 22 day stabilization period patient dose is 80 mg. 80 mg divided by 9.7 weeks equals 8.2 mg to be reduced per week. Round off to 8-mg. and split this number into Monday and Thursday doses. Your order would read: *Reduce dose Q Monday and Thursday 4 mg until off with first dose commencing on (write starting date.)*

Extended Detoxification treatment Contingencies

1. Patient unable to continue detoxification schedule due to discomfort.

Options

- a. Offer to convert patient to methadone maintenance.
 - b. Give order to hold patient at current dose or go to higher dose where patient comfortable.
Advise patient taper will not recommence until patient elects to restart or until time for taper runs out.
If not a 180 taper, advise patient taper period can be extended up to the 180 day limit. If extension of time not elected, the alternative would be to recalculate the taper with the time remaining from the original plan.
2. Ancillary Medications – with the exception of non- addicting sleepers such as Trazadone, Vistaril, Benadryl, etc which can be given at any time in the taper, dependency-producing medications such as Clonidine or Diphenoxylate best not be started before the final 2-3 weeks of the taper.