Draft v01

**Where can I get help?**

* Your GP can assist you to manage a home-based alcohol detox’.
* In the metro area, the Drug and Alcohol Withdrawal Network (DAWN) is also available to assist clients & carers through home-based alcohol withdrawal. Contact phone – 9388 5000

**What is alcohol withdrawal? How can treatment help?**

Alcohol withdrawal is when your body is getting used to not having alcohol in your body after a longperiod of heavy drinking.

During this time most people report that they have got tremors (shakes), sweating, hot and cold flushes, nausea and vomiting, diarrhoea, stomach cramps, anxiety, poor sleep, mood swings, and cravings.

Some people suffer from severe problems during withdrawal such as severe anxiety and agitation, fits (seizures), severe confusion (delirium), or seeing, feeling or hearing things that are not there (hallucinations).

Withdrawal usually starts 6 to 24 hours after your last drink, can become more severe on the second or third day, and generally settles down within a week, although some symptoms, such as poor sleep, mood swings and cravings, can take several weeks to improve.

The aims of treatment for alcohol withdrawal are:

* to make it easier for you to complete withdrawal treatment
* to prevent or make it easy to deal with the problems during withdrawal
* to connect you with ongoing help to stay off alcohol, and with services to help with any other social or health problems.

**Getting through alcohol withdrawal**

Much of getting through withdrawal successfully is about being prepared. Talk to your health worker about what to expect, especially how you coped when you stopped drinking last time or your past experience of withdrawal, current medical and social circumstances, and things that can help you get through withdrawal safely.

Some things you need to consider include being in a safe environment, having support people, and perhaps taking medication and vitamins. You also need to focus on your diet and nutrition, getting enough sleep, exercise and relaxation.

**A safe environment**: Many people can safely withdraw at home if (a) their home is free from alcohol and other drugs, (b) the withdrawal is not expected to be too severe, and (c) there are people to help support through the first few days. Some people may need to go to either a detoxification unit, or a hospital for a few days.

**Supports**: It is important to have people to help you during withdrawal. They can check how well you are coping, how severe the withdrawal symptoms are, and help with basic things, such as preparing meals, shopping, keeping drinking 'friends' away.

**Medications**: Not everyone needs medication to get through withdrawal, but most people do better with medication. The most commonly used medication is diazepam (a sedative benzodiazepine drug), usually used for up to 4 or 5 days to help prevent or treat anxiety, fits and hallucinations. Diazepam should usually not be taken for more than this period of time, or in combination with alcohol. Talk to your health worker about the role and safe storage of medication. Diazepam is not a treatment for alcohol problems, it is only useful in managing withdrawals for the first 4 or 5 days.

**Vitamins**: Many heavy drinkers have thiamine (Vitamin Bl) deficiency, which if severe can cause confusion and unsteadiness (part of a condition called Wernicke's encephalopathy). We recommend that people take thiamine supplements during withdrawal. If you have been eating well in the weeks leading up to withdrawal you can take thiamine orally as tablets. If you have not been eating well, you may need thiamine injections.

**Drink lots of fluids**: Drink at least 2 litres of fluids (water, fruit juices, flat cordial) a day - more if you have diarrhoea, vomiting or are sweating a lot.

**Avoid large heavy meals early in withdrawal**: Eat small light meals or snacks (such as toast, salads, soups, yoghurt, vegetables, fruit) throughout the day and stay away from fried and fatty foods. If nausea, vomiting or diarrhoea is severe, stop eating solid foods and consume only liquids for a while. If you can keep fluids down for a few hours, try a small amount of light food (such as a piece of toast). If the problem continues talk to your doctor or pharmacist about taking medications to control the symptoms.

**Sleep**: Most people experience poor sleep patterns during withdrawal. Medication such as diazepam can help during the first few days, but it only delays the return of normal sleep, and other non-drug approaches are more important in the long-term. Ask your health worker for advice about better sleep, or visit:

* <https://www.sleephealthfoundation.org.au>
* <https://sleepcouncil.org.uk/>
* [www.beyondblue.org.au/index.aspx?link\_id+7.980](http://www.beyondblue.org.au/index.aspx?link_id+7.980)

**Exercise**: Gentle exercise (e.g. walks) can help with symptoms of agitation, restlessness and sleep. Avoid strenuous exercise in the first few days of alcohol withdrawal.

**Relaxation**: Anxiety and irritability are common during withdrawal, so it is important to do things that will help you relax. Everyone has simple ways to relax - watching TV or movies, listening to music, warm baths, light exercise, meditation, reading - do whatever works for you. Ask your counsellor or health worker about other relaxation approaches such as relaxation tapes, muscle relaxation and breathing exercises. For relaxation tips visit:

* <https://www.ptsduk.org/?s=relaxation>
* <https://confident1.com/10-top-tips-for-relaxation>
* <https://insighttimer.com/meditation-topics/mindfulnessmeditation>

**Coping with cravings**

Everyone gets the urge to drink alcohol during withdrawal. But cravings come and go, and are usually severe for short periods (usually less than 1 hour), then settle down to a level that is easier to deal with. A useful approach for dealing with cravings might be to:

* *Delay the decision* for 1 hour as to whether you will have a drink - you may or may not, but accept that you will not make the decision now.
* *Distract yourself* with some activity during this hour
* *Decide*: After an hour - ask yourself "what do I have to lose if I get back into drinking?" Make a list of the reasons you wanted to stop drinking at the beginning of withdrawal and keep this list handy to remind you why you are trying to stop drinking.

A useful website: <https://www.hellosundaymorning.org/daybreak/>

**High-risk situations**

Everyone has triggers that make them feel like drinking. These are often linked to past drinking patterns (people, places, times of day) or to emotions (e.g. after an argument with a partner). Not coping with these triggers is a common reason for people giving up on withdrawal and drinking again - so be prepared - think about your high risk situations and triggers and how to best deal with them. This may include

* Avoiding the situation wherever possible: stay away from certain people, places or events.
* Have a plan ready in case you do find yourself in a high-risk situation. What will you do or say? Having support people with you or who you can call can really help.
* Remember the coping strategies you have used before to cope with cravings, and ways of relaxing

**Coping with emergencies**

Things can go wrong during withdrawal, and it is important to be prepared. This might include:

* Having someone to talk to if you feel as though you are not coping. This can include support people, health workers, or a 24 hr telephone counselling or crisis line.
* Have contact numbers for support people, health workers or telephone support line available and ready to use.
* Dealing with a lapse. Many people attempting withdrawal lapse and have a drink - this does not mean the entire withdrawal attempt has been a waste of time, and most people can get back on track. Talk to support people and health workers.

**After withdrawal:what next?**

Many people relapse to drinking unless they continue in some form of treatment. Options include counselling, self-help support groups (e.g. AA, Smart Recovery), Medication (e.g. naltrexone, disulfiram, acamprosate) or residential rehabilitation programs.

Talk to your health worker about options that will best suit you.

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