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சுகாதார அமைச்சு
**Ministry of Health**

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Date ) 7.07.2023

All
DDGs
Provincial Directors of Health Services,
Regional Directors of Health Services,
Directors of Teaching Hospitals/General Hospitals/District General Hospitals,
Medical Superintendants of Base Hospitals,
MOOIC,

**Guideline for the management of patients presenting with opioid, cannabis, methamphetamine or polysubstance withdrawal at primary health care settings**

Substance abuse has become a public health concern in Sri Lanka. A guide has been prepared by the Sri Lanka College of Psychiatrists for the management of patients presenting with opioid, cannabis, methamphetamine or polysubstance withdrawal at primary health care settings.

Please use this guide to train medical officers working at primary medical care institutions in your districts.

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Dr. Asela Gunawardena
Director General of Health Services

Dr. ASELA GUNAWARDENA
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Cc. DDG/NCD
Director/Mental Health
Consultant Psychiatrists

## Guideline for the management of patients presenting with opioid, cannabis, methamphetamine or polysubstance withdrawal to primary health care settings

All patients presenting to primary health care settings with heroin, cannabis and methamphetamine use should be given support at same settings. Following management guidelines are recommended.

Medications that could be prescribed for symptomatic management of withdrawal symptoms in outpatient settings

| Symptom | Medication | Dose | Frequency | Duration |
|---|---|---|---|---|
| Restlessness, anxiety | Diazepam | 5-10 mg | QID or PRN (40 max/ 24 hrs0 | 7 days |
| Nausea | Metoclopramide | 10-20 mg | TDS or prn | 7 days |
| | Domperidone | 10mg | TDS or prn | 7 days |
| Muscular pain, body aches | paracetamol/ | 1g | QDS | 7 days |
| | NSAIDS e.g. Diclofenac sodium | 50mg | TDS | 7 days |
| | Paracetamol +Codeine combined tablets | 1 g | QDS | 7 days |
| Diarrhoea | Loperamide | 4mg initially then 2mg after each loose stool; maximum 16 mg daily | | 5 days |
| Agitation and/ or poor sleep | promethazine | 25-50 mg | TDS (max 75 mg/24 hrs) | 7 days |
| | and/ or | | | |
| | chlorpromazine | 50-100 mg | TDS (max 300 mg/24 hrs) | 7 days |
| | and/ or | | | |

| | | | | |
|---|---|---|---|---|
| | olanzapine | 5-10 mg | BD (max 20 mg per 24 hrs | 7 days |
| gastritis | omeprazole | 20 mg | TDS (max 80 mg/24hrs) | 7 days |
| Nasal congestion | Chlorpheniramine | 4mg | TDS/ QDSmax.24mg/daily | 5days |

The following basic clinical support should be offered

1. Support without discrimination and stigmatization. Please do not reject or blame the person with substance use problem or their family members.
2. Advise on harm-reduction strategies (e.g; if the patient is taking multiple drugs, advise on availability of treatment programs, not taking with prescribed medicines, not mixing alcohol, benzodiazepines and opiates).
3. Clearly point out medical, psychological and social problems caused by drugs.
4. Make a future appointment to reassess health (e.g STD services, well-woman checks for female drug users, immunization) and discuss drug use.

For patients willing to quit substance use during the visits

1. Set a definite day to quit
2. Discuss strategies to avoid or cope with high-risk situations (e.g social situations or stressful events).
3. Make specific plans to avoid drug use (e.g how to respond to friends who still use drugs)
4. Identify family or friends who will support stopping drug use
5. Consider referring options for counselling or rehabilitation or both.
6. For patients who do not succeed or who relapse:
   Identify and give credit for any success
   Discuss situations which led to relapse
   Return to earlier steps.

Self-help organizations such as Narcotics Anonymous are often helpful; however, such services are not commonly available in the Sri Lankan setting.

Other points to be mindful

1. Refer following patients to area psychiatrist after initiating treatment
   a. Patient with risk to self and/ or others
   b. Patients refusing medications
   c. Aggressive patients
   d. Patients requesting abstinence maintenance treatment
   e. Repeated medication requests (after 2-3 prescriptions)

f. Presence of abnormal behaviours like overtalkativeness, suspiciousness or irritability
g. Support carers. If needed provide knowledge on legal support i.e. domestic violence act, drug rehabilitation act
h. Refer to local agencies for continuous support

2. Supervision and the guidance of the are psychiatrist of respective units can be take
3. Director/ RDHS should make steps to make necessary steps to ensure medications availability