

Drug Abuse Management - Withdrawal

Table of contents

01

Alcohol

03

Cannabis

02

Opioids

04

Nicotine

01

Alcohol

Alcohol Withdrawal Timeline

Onset

Within 6-8 hours
of cessation /
reduction in
prolonged use

Peak

Within 2-3 days,
necessitating
vigilant clinical
monitoring

Resolution

Begins by day 4-5,
indicating
progression
towards remission

Types of Withdrawal Manifestations

Simple

Tremors, insomnia, anxiety, and autonomic hyperactivity

Complicated

Seizures and delirium tremens

Assessment of Withdrawal

History

Physical and Mental Status
Examination

Comorbidities

Past Withdrawal
Complications

Types of Management

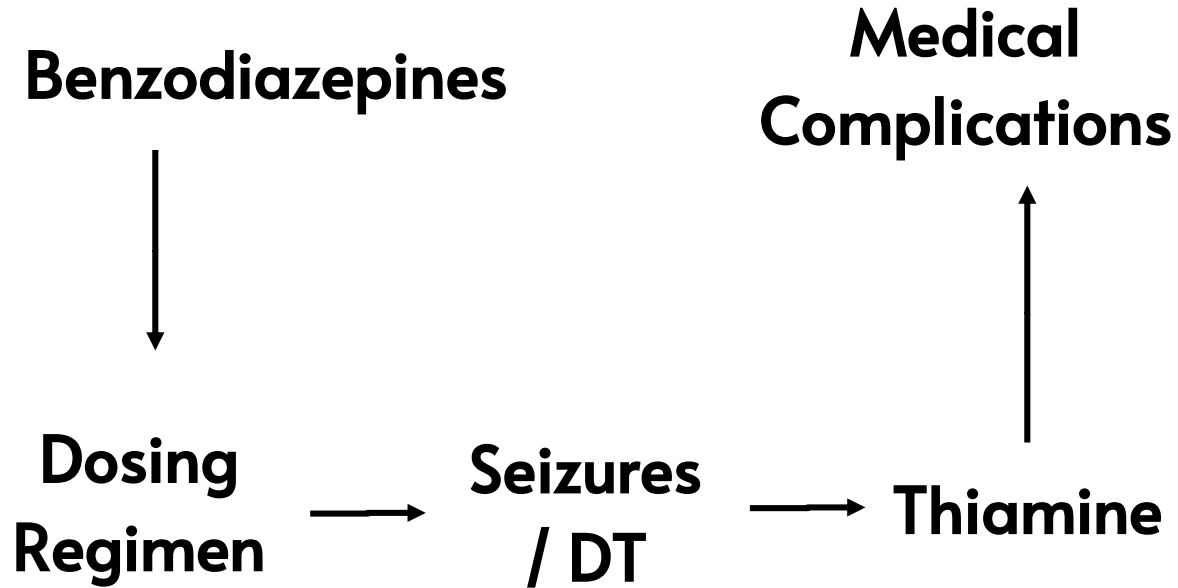
Pharmacological

Medical management of withdrawal, and complications

Non-pharmacological

Supportive measures and therapy

Pharmacological Management



Benzodiazepines

- Cross tolerant with alcohol
(**mainstay**)
- **Long acting** ones preferred e.g.,
chlordiazepoxide, diazepam
- **Short acting** reserved for special
cases e.g., lorazepam, oxazepam

Dosing Regimen

- **Fixed dose:** Standard schedule, taper 20% daily
- **Symptom-triggered:** Based on CIWA-Ar scores
- **Front-loading:** High initial dose followed by taper

Seizures and Delirium Tremens

- Intravenous **diazepam** or **lorazepam** for acute control of withdrawal seizures and delirium tremens.
 - Delirium tremens has high morbidity and mortality, may require liaison with general medicine
 - No long term anti-epileptic medications required for withdrawal seizures

Thiamine and Hypo- glycemia



Medical Comorbidities

- Chronic Liver Disease
- Cirrhosis
- Portal Hypertension
- Hemoptysis and Ascites
- Hepatic Encephalopathy

Non-pharmacological Management

Group Therapy & Family Support



Non-pharmacological Management

Peer Support & Lifestyle Modification



Key Points

- Alcohol withdrawal can be **life-threatening** → prompt recognition is vital
- **Benzodiazepines** are first-line; choose regimen based on setting
- Always give **parenteral thiamine** before glucose
- **Non-pharmacological** interventions enhance outcomes
- **MET and family involvement** key in long-term abstinence

02

Opioids

Opioid Withdrawal Timeline

Onset

Within 6-24 hours

Peak

Within 2-4 days

Resolution

Within 4-20 days

Assessment of Withdrawal

History

Physical and Mental Status
Examination

Comorbidities

Past Withdrawal
Complications

Withdrawal Symptoms

Early-phase

*Yawning, lacrimation,
rhinorrhea, perspiration*

Later-phase

Craving

Mid-phase

*Cramps, vomiting,
diarrhoea, piloerection,
mydriasis, muscle aches*

Conditioned Withdrawal

Types of Management

Pharmacological

Medical management of withdrawal, and complications

Non-pharmacological

Supportive measures and therapy

Pharmacological Management

Opioids

Buprenorphine (preferred) 2-4 mg upto 10-12 mg, OST

Non-opioids

Clonidine (0.1-0.2 mg every 4 hours)
NSAIDs, loperamide, benzodiazepines, etc

Medical Comorbidities

- Dehydration and electrolyte disturbances
- HIV, Hepatitis B, TB, etc

Non-pharmacological Management

Individual Therapy



Non-pharmacological Management

Group Therapy & Family Support



Non-pharmacological Management

Peer Support & Lifestyle Modification



Key Points

- Opioid withdrawal is uncomfortable but manageable
- **Buprenorphine** is preferred pharmacological agent
- **Clonidine** can be used when opioids not available
- Non-pharmacological support essential
- Use withdrawal period to initiate **long-term treatment planning (eg OST)**

03

Cannabis

Cannabis Withdrawal

Onset

Within 24-48 hours

Symptoms

Restlessness,
Irritability,
Anxiety,
Insomnia,
Dreams,
Tremors

Severity

Mild

No medical
complications

Types of Management

Pharmacological

Medical management of withdrawal, and complications

Non-pharmacological

Supportive measures and therapy

Pharmacological Management

Avoid long term sedatives

Benzodiazepines, melatonin, etc

Symptom-based Approach

Non-pharmacological Management

Individual Therapy



Non-pharmacological Management

Group Therapy & Family Support



Non-pharmacological Management

Peer Support & Lifestyle Modification



Key Points

- Cannabis withdrawal is **mild and self-limiting**
- No need for specific detox
- Treat insomnia and anxiety **symptomatically**
- Educate about **non-life-threatening** nature
- Use withdrawal as window for behaviour change

04

Nicotine

Nicotine Withdrawal Timeline

Onset

Within 4-6 hours

Peak

Within 2-3 days

Resolution

Within 2-4 weeks

Withdrawal Symptoms

Irritability, Anxiety,
Restlessness

Craving

**Difficulty
concentrating**

Decreased sleep, Increased appetite

Types of Management

Pharmacological

Medical management of withdrawal, and complications

Non-pharmacological

Supportive measures and therapy

Pharmacological Management

Nicotine Replacement Therapy

2-4mg gums OR 21mg patch

Other Medications

Bupropion 150-300mg; Varenicline 1mg To
be started at least 1 week prior to quit date

Non-pharmacological Management

5 A'S OF TOBACCO CESSATION

5 A's Model for Helping Patients Quit Using Tobacco



Ask

Ask all patients about tobacco use at every visit and record their status

Assess

Ask if tobacco user is willing to quit within the next 30 days

Advice

Advise in a clear, strong & personalized manner every tobacco users to stop using tobacco and non-tobacco users to remain tobacco-free


















































Assist

Help all tobacco users to stop based on their willingness to quit with a quit plan

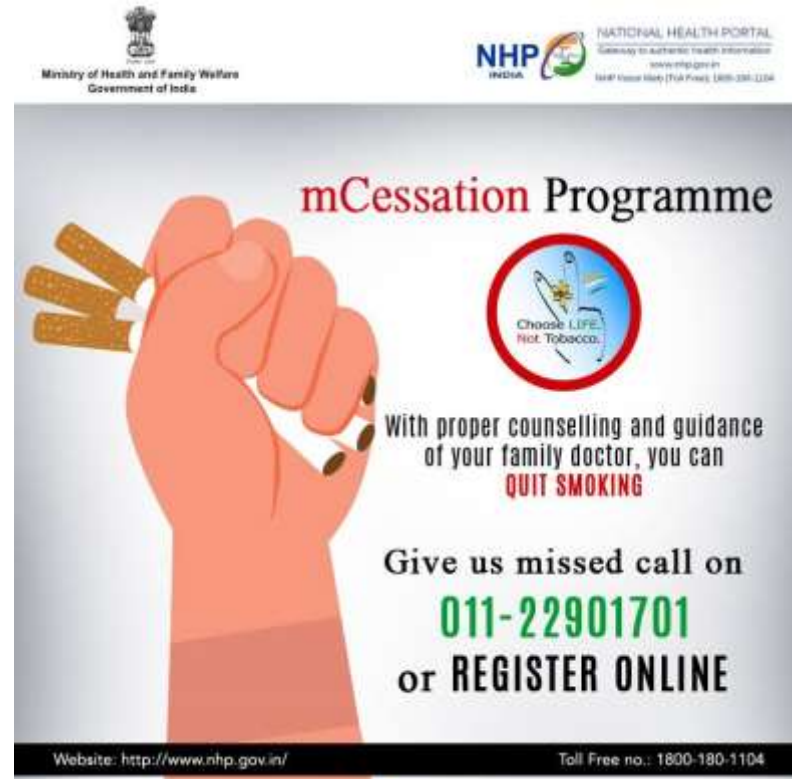
Arrange

Schedule follow-up contact, either in person or by telephone

Non-pharmacological Management

	06:00	08:30	11:00	13:30	16:00	18:30	21:00
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							

Non-pharmacological Management



Thanks!

Do you have any questions?

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