



Waiting for a simple reply from Home Office for my diamorphine script had drained nearly all of my life's energy. My consultant had helplessly watched my mental and physical health deteriorate over the last two and a half years as my methadone had simply stopped working on me.

Four years before, after a meeting with a past consultant and my GP, the Home Office/Department of Health instructions were, 'we don't want to go down the diamorphine road yet, so raise his methadone from 150 to 200ml, then if that doesn't work 250ml, and if that doesn't work he can have a diamorphine script.' Or words to that effect.

Eighteen months later I was feeling ill on 250ml of methadone. In the past, methadone had saved my life by getting me off shooting up street heroin, most of the time in filthy conditions. It had given me time to get my head together (well as together as it can get) by becoming a trained drug advocate working for a voluntary 'open drug clinic' in Cardiff called Inroads. I was writing a

newsletter for drug users called the *Heroin Herald*, which seemed to be well accepted, all of which could not have been done without methadone.

However, now I was at the end of my rope. The diamorphine was not happening and I was becoming clinically depressed – so much so, that I was admitted into St Madocs psychiatric hospital as a mentally ill patient suffering from a dual diagnosis depression and anxiety caused, I think, by a physical and mental reaction to my methadone. I was a desperate, lucky man – lucky because there were only two detox beds in this hospital, which happened to be empty.

I was so relieved that I would no longer have to suffer this living hell my life had become; at last I was given a chance to make my life better. But to do it, I had to become opiate/opioid free. Seeing as I was on around half a pint of methadone a day, things were not going to be easy. However I was in for a pleasant surprise.

The last time I did an opiate detox

Turning off the tap

Many drug users want to detox but can't face a difficult withdrawal from methadone. *David Wright* shares the difficult journey from his decision to become drug free.

in this hospital, eight or nine years ago, I was under a different consultant. He relied heavily on a drug called Lofexidene, which in theory slows the brain from producing adrenaline. You see, when you are taking opiates daily (heroin, codeine, morphine) or methadone which is an opioid, your body stops producing endorphins, its natural pain killer, because you are putting external painkillers into your body. When you stop taking the heroin or methadone it takes the brain around nine days to realise you have no painkillers inside you and that it must start producing the natural endorphins once again. During this time you have at least nine days of the sheer hell of being in a body with no painkillers, so your nerve endings just throb with that terrible pain.

Because opiates suppress your brain's production of adrenalin, people who get stoned on gear sit still and generally don't move around too much. But when you stop, the brain's adrenalin floodgates open and you can't sit still. The drug Lofexidene is supposed to help by slowing down the adrenalin rush. But methadone is such a strong drug that I find all the Lofexidene does is prolong the rush so you still end up agitated and not being able to sleep or keep still. My last detox I was doing laps round the TV room at 2.00am to help burn up the adrenalin. The night staff ignored me when I was going through this hell.

My new consultant did things a different way, so I would not need to fight a noradrenalin storm. He told me that we had 80mls of valium to play with, but I must leave some for PRN ('pro re nata', meaning 'as the occasion arises') – ie when the patient needs medication outside the four medication times, which would be 8.00am, 1.00am, 5.00pm and finally 10.00pm bedtime medication.

So I thought from past experiences of methadone reduction that I was OK with my meth holding me till around 4.00pm. Therefore I decided to have a high dose of 40ml of valium at teatime and leave out morning and lunchtime meds, which would give me 40ml of PRN left over. After a lot of juggling around, the consultant wrote me up for 20ml for around 7.30pm and 20ml for 9.30pm PRN, if I needed it.

As for my methadone, the consultants gave me the power to choose my own reduction rate. I had been on 250ml so I decided to come

down 5ml every two days, which is just over 15ml per week. This at first was no trouble at all. In fact the first couple of weeks I was gouching out all day in the baking hot weather, lying on a hospital sheet and with a pillow, outside in their lovely garden. I had a room to myself so I could read (if I could keep my eyes open enough) write and meditate. Things were looking good and I felt very positive.

Things started to feel uncomfortable when I was down to 190ml. I began to struggle with the withdrawals, which started around 4.00pm with the wave of sweats running through my body. I then started to get the cramps in my stomach and my mood was agitated. So the nice nurses not only gave me the medication for the cramps, but also gave me my 40ml of diazepam an hour early. At this time I found that I needed one PRN of 20ml of diazepam about 7.30pm. So I had 60 ml of diazepam inside me, which did the trick.

Then it was 10.00pm and time for my nighttime meds, which at first consisted of one 5ml tablet of Nitrazepam, and 15ml of the antidepressant Mirtazapine. I was also given Ibuprofen to help with the aches and pains – although when your legs are aching to the bone with opiate withdrawals, Ibuprofen does not scratch the surface. Only one opiate-based drug would stop the aches, which of course would defeat the object of the detox.

When I hit the difficulties at 190ml my consultant doubled my nitrazepam to 10ml, which made sure I got a good night's sleep. I also froze the methadone dose for a period until my body caught up with the reduction.

At St Madocs they have two detox beds. The rest of the beds are for the mentally ill having psychotic episodes. Most are on some kind of restraining order that means if they leave the ward grounds the police are informed and sometimes they even send the helicopter to find them. I am classed as a voluntary patient, which means I can discharge myself if I want to. This in a way makes it harder for me when I am going through a bad time knowing I can walk out at any time – and believe me there have been times where I have had to get out of the place for a few hours.

Being in one of the only two detox beds, I was at the time the only patient that did not suffer from psychotic episodes. Because of the lack of specialised detoxification

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wards, we drug users have to make do with trying to detox on acute psychiatric wards surrounded by psychotic patients. If that's not bad enough, for a while I was surrounded by psychotic patients stoned out of their minds on dope. There was one patient bringing in the weed and she was totally open about it: 'I have smoked weed everyday for over 30 years and they ain't gonna stop me now.' The typical hospital small dingy smoking room got full of dope smoke, so people were getting stoned without even having a toke. Passive smoking was the order of the day.

This had serious implications for me; if I gave a positive urine sample for cannabis I would be discharged. So I tried to avoid the smoking room as much as possible and smoke in the garden. I was not always able to, as sometimes we were locked in if a patient had gone off their head.

I am in total control of the rate of reduction of my methadone. When I start to hurt I can either stop the reduction or slow it down. If I feel on top of things I can speed up the reduction. Making me the controller is just pure common sense: I am empowered to make my detox as comfortable as possible, therefore I have far more chance of having a successful detox than if I had no input. Twenty-first century medicine in practice, at last.

I am now at the intermediate stage of my detox, which I am doing as an outpatient. I will still be reducing, but at a much slower rate. Here again the choice is mine on how fast I come down. At the moment I am on 120ml

which is just below the halfway mark I started from. In hospital I have managed to reduce 130ml in just under four months.

The plan is to stay on 120ml for a couple of weeks until I adapt to living on the outside. You see, at the hospital I had everything done for me, I was fed good food, cups of tea were brewed up every few hours and I had my drugs brought to me. On the outside I have to do my own shopping, adapt to being on my own in my flat and walk into town everyday to pick up my script. Getting back to the very basics of survival is a drastic culture shock.

The hardest thing is creating a new life for yourself and you have something to do everyday. So I have gone back to my voluntary work in Cardiff as a drug advocate and am gathering stories for my next Heroin Herald newsletter.

There is so much us drug users have got to fight for: adequate pain relief; making sure people don't have their methadone scripts stopped for using heroin; getting better treatment for hepatitis C. But I know that if I can achieve what I have done in the last six years, other drug users can as well.

David Wright is a freelance drug advocate in South East Wales and volunteer with WIRED. DDN published his 'diary of a heroin user' from 21 March–30 May 2005, which can be viewed in back issues on our website, www.drinkanddrugs.net To get in touch and see the latest issue of Heroin Herald online, enter 'Heroin Herald' in your search engine.