TO ANY EMERGENCY MEDICAL STAFF CALLED TO ATTEND PATIENTS EXPERIENCING GHB/GBL WITHDRAWAL SYMPTOMS

Urgent symptoms being:

- Unmanageable anxiety/panic
- Difficulty breathing
- Confusion (delirium)

INFORMATION ON GHB/GBL

Known as 'G' it is used for effects similar to alcohol. GHB/GBL is typically taken in liquid form using a pipette. Most users buy the drug from websites which advertise the substance as 'Alloy cleaner - not for human consumption'. Users will often buy large amounts of the drug, which is delivered to them by post. Most users will consume the drug at weekend dance parties.

As consumption becomes problematic, the frequency of dosing increases dramatically. Dependence is typically associated with dosing 1-2mls of GHB/GBL every 1-2 hours. Users need to dose themselves continuously and so wake regularly through the night to take their next dose.

GHB/GBL withdrawal is a serious and potentially fatal medical emergency. Research has suggested that a significant number of patients need invasive medical support including admission to Intensive Care if withdrawals become uncontrolled. Early treatment of withdrawals appears to reduce the incidence of severe delirium.

Cessation of use leads to a rapid onset of withdrawal symptoms including sweating, agitation, tremor and intense craving. As the symptoms develop, users can experience severe delirium, paranoia, respiratory depression and convulsions.

Treatment of GHB/GBL withdrawals have typically included the use of benzodiazepines in high doses (often > 100mg/24hrs). A number of studies have supported the use of baclofen as an adjunct to benzodiazepines. The theoretical value of baclofen is through the stimulation of GABA-B receptors. Typical Baclofen doses begin at 10mg tds.

There is rapidly developing clinical evidence that patients find baclofen helpful in the context of GHB/GBL withdrawals both in terms of reducing anxiety/agitation and reducing cravings.

For further information regarding the management or potential harms of GBL withdrawals please contact consultant psychiatrist Dr Owen Bowden-Jones at the CNWL Club Drug Clinic on 0203 315 6111, Club Drug Clinic, Chelsea and Westminster Hospital, London SW10 9NH.

Guy's and St Thomas' Poisons Unit

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Guidelines on when to call an ambulance to take recreational drug users to A&E

Call an ambulance if ANY of the following are present:

1. AVPU assessment graded as either P or U

   A=Alert

   V=Responds to voice i.e. talking to

   P= Responds to painful stimuli only

   (e.g. pressure across a finger nail)

   U=Unconscious

2. Chest pain similar to a 'heart attack' (i.e. like a pressure on the chest, like a band around the chest).

3. Any history of seizures (i.e. a convulsion similar to an epileptic fit) during this episode

4. More than 2 'poisoned clubbers' per 'club medic'

5. Temperature >38°C not settling after 15 minutes of rest

   OR a temperature >40°C at any time

6. Heart rate >140 beats per minute not settling within 15 minutes

7. Blood pressure Systolic <90 or >180, Diastolic >110 on 2 readings 5 minutes apart

8. Confusion, significant agitation (e.g. pacing around the room) or significant aggression not settling within 15 minutes

9. Any concerns on behalf of the medical personnel involved

10. IF IN DOUBT CALL AN AMBULANCE

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