



G Addiction, Dependency, Withdrawal and Detoxification:

GHB and its precursors are highly addictive. Reports over the last few years demonstrated that relatively short periods of use can cause a strong dependency (four doses a day for two or more weeks); withdrawal symptoms are severe, resulting in users requiring a consistent maintenance dose to keep withdrawal at bay. Withdrawal starts very quickly, 1-6 hours after the last dose, and can last between one and three weeks. Withdrawal symptoms are similar to those experiences in other CNS depressants such as alcohol and Valium: tremor, seizure, delirium, hallucinations, heart palpitations and extreme sleep disturbance. It is the inability to sleep during withdrawal that is often the first sign of dependency with users feeling that they 'need G to sleep'. G-dependent research participants have described the experience of G withdrawal as just as severe as Heroin and alcohol withdrawal. As with both of these dependencies, a sudden cessation can cause life-threatening complications, and therefore, a medically supervised and gradual weaning process may be necessary.

The numbers of those seeking treatment for G dependency has rapidly increased over the last decade. The most common route of support is through monitored administration of benzodiazepines (Valium). However, the paradoxical effects of GHB in the brain seem to make treating withdrawal with benzodiazepines a very hit or miss process; in some patients, the GHB withdrawal remains unbearable. Anti-seizure and anti-psychotic medication is also indicated. Treatment with Baclofen – which is a skeletal muscle relaxant and anti-spasticity drug – has shown to be effective in one case whereby slight reductions in the dose of GHB was causing extreme and unbearable withdrawal even with high doses of benzodiazepines. Research is currently being carried out to test the efficacy of Baclofen in an NHS trial in the UK. In the Netherlands, the treatment protocol for GHB detoxification mimics that of Heroin treatment with Methadone (a similar opiate): A pharmaceutical grade GHB is used to replace the illicit GHB at the same dose the patient is accustomed to, and then tapered very gradually. This treatment appears to be successful, with 90% of patients achieving GHB detoxification – however the clinical efficacy has not been tested with the gold standard Randomised Control Trial as of yet. Relapse appears to be very high with only one third of patients managing to abstain from G use after a three month follow-up.

If you find yourself addicted to G, do not attempt to treat the dependency alone; seek medical help. Because this is a relatively novel occurrence, and due to the lack of clinical trials on any large scale, it is possible that when seeking treatment, particularly in the UK, the medical establishment may not be aware of the treatment options, and therefore self-advocacy may be necessary to receive the best treatment.

References

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