

Rapid Opiate Detox

Presented

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Introduction

- Addiction of pain killers drugs (Opiate)is a common chemical and physical disease.
- Up to 7% of patients of prescribing narcotic analgesics for chronic pain are addict.
- **Addiction** : continuous taking of medication and physical dependent upon the drug.
- The brain respond to the pain medicine by increasing number of receptors for the drug.
- Nerve cells in the brain stop to function normally.
- The body stops producing endorphins (natural painkillers) because it is receiving opiates instead.
- Reduction or stopping drug intake leads to a painful physical changes called the withdrawal syndrome.

- Patient continues taking the pain medication to avoid the withdrawal symptoms and become to be dependent on or addicted to the prescription pain medicine.
- Sudden discontinues of opiates is associated with severe and prolonged withdrawal symptoms, can be lasting up to 2 to 3 weeks.

Withdrawal Symptoms of Opiate :-

runny nose, eye tearing, yawning, sweating, agitation, restlessness, twitching and tremors, diarrhea, abdominal pain and cramping, vomiting, back and bone pain, and intense craving for the drug.

Detox

- Detoxification is removal of toxic substance from human body . (physiological or medicinal).
- Is period of withdrawal during which body returns to homeostasis after long-term use of an addictive substance.
- **Detoxification can be achieved by:-**
 1. Decontamination of poison ingestion.
 2. Use of antidotes
 3. Dialysis
 4. Chelation therapy

Drug Detoxification

- It is used to reduce or relieve withdrawal symptoms.
- It is not treatment of addiction but an early step in long-term treatment.
- Detoxification may be achieved drug free or may use medications as an aspect of treatment.
- Drug detoxification lasts several months and takes place in a residential rather than medical center.
- The ideal opiate detoxification method should be safe, brief, with a minimum withdrawal symptoms, providing patients with the ability to achieve and maintain abstinence and to return to healthy, productive lives.
- Drug detoxification varies depending on the location of treatment, but most detox centers provide treatment to avoid the symptoms of physical withdrawal.

- Addict of narcotic pain medications need a detoxification program.
- Methadone was first used to control withdrawal. It is a substitute for the drug of dependence, Now other drugs, like buprenorphine.
- Naloxone and naltrexone are opiate receptor antagonists and used in detoxification because:-
 1. it competitively bind with opiate receptors in the brain .
 2. it blocks the ability of opiates to have any effect on the brain .
- 1. it blocks the opiate craving .

Disadvantages of Traditional Methods of Detoxification

- Patients suffer from intense and extreme discomfort of withdrawal , so many individuals have not any attempt for detoxification.
- There is a significant dropout rate.
- The success rates are poor .
- The majority of patients return to the drug within a few months.

Rapid Opiate Detoxification

- Painful symptoms of drug withdrawal persist for many days and stand as a barrier to the treatment of a drug abuse problem.
- Use of "rapid" or "ultra rapid" detoxification under anesthesia induce rapid detoxification while blocking severe withdrawal opiate symptoms at shorter period of time, about two hours, while the addict is asleep.
- Rapid detox patients placed under anesthesia while given drugs, such as naltrexone, can avoid pain associated with such treatment.
- According to Australia's National Drug and Alcohol Research Centre, rapid opioid detoxification is only most effective method and the first step of many on the road to recovery,

Characters of Patients for Rapid Detoxification

1. Physically dependent patients for narcotic drugs (methadone, heroin, or other medications containing codeine or morphine)
2. No use of any other drugs such as cocaine or alcohol .
3. No history of any serious medical problems (diabetes, pneumonia, lung, heart, kidney or liver disease)
4. No history of psychiatric illness
5. No history of allergic reaction to anesthesia, naltrexone or clonidine
6. Not pregnant or breastfed patient.

Procedures

- It detoxifies the body of active opiates in 6 hours or less.
- The process (detox under anesthesia) requires a licensed and well trained Anesthesiologist (MD) and two nurses who will be present at bedside throughout the entire process.
- Patient is put under deep sedation for 4 to 6 hours with general anesthesia.
- Administration of the opiate antagonist and cocktail of drugs to accelerate the process of detox and flush out the existing active opiates from the patient's opiate receptor sites.
- Use of high doses of naltrexone to shorten the duration of acute withdrawal to hours

- Monitoring of vital signs at all times, checking for blood pressure, temperature, heart rate and oxygen intake.
- Patient discharges the following morning after the procedure (24-48 hours of admission), after a medical examination and ongoing recovery care program has been arranged.
- Patient awakes at the end of the sedated detox with no memory of any pain and The brain and body are completely cleared of opiates.
- Follow-up and support for one year after discharge.
- Oral naltrexone maintenance can be initiated immediately and continued to reduce the risk of relapse.
- Patient begins a six-month regimen with drug taken daily orally or as a Naltrexone injection implant, which is replaced every two months.

Advantages

- Rapid detox is a promising treatment, it is a one day cure.
- Safe and effective method. Relative safe side effects and complications are relatively rare.
- Effective outcomes is much higher than traditional methods.
- Reduction of severity and length of withdrawal symptoms.
- Hospital stay is shorter than traditional rapid opiate detox.
- Patient return to work, family, and normal activities much sooner than traditional detoxification methods.
- Complete end of detox pain within a day and a complete cure over a weekend.
- In the long term, costing is less than other methods of opiate treatment.

The Risk

- Detox is tough on the body and a rapid detox is tougher.
- There is a number of deaths related to the procedure.
- The same risk associated with sedation and anesthesia in general.
- Rare risk such as chipped teeth, sore throat, nausea and vomiting, dehydration, scratched eye, pneumonia, and rare organ failure .
- The risk of a serious complication is a small fraction of 1%.
- **Side effects of procedure:-**
lack of energy, diarrhea , nausea and vomiting.

Costs

- Addiction recovery is big business so, rapid opiate detox clinics are striving for a piece of that lucrative pie and while there is nothing wrong with seeking a fair profit.
- The price tag of a one day rapid opiate detox ranges from \$15 000 to \$20 000 on average and this price is not inclusive of any aftercare therapies towards relapse avoidance.
- The costs are comparable to the expenses of a month of private drug and if the two programs offered an equal chance at sobriety, the price would be reasonable.

videos



Rapid Detox - Drug Detox - Rapid Detoxification.avi



Rapid Detox - Drug Detox.avi



Rapid Detox.avi

Critical Notes

- Rapid detox was developed in 1980.
- It is known as ultra-rapid detox or neuro-regulation.
- It has many critics.
- It is not FDA approved
- National Institute of Drug Abuse (NIDA) report notes that "detoxification is not a cure for opiate addiction.
- The NIDA report says patients may be at risk of choking or cardiac complications when given large quantities of detox drugs in combination with anesthesia.
- Detoxing under a general anesthetic is a major medical procedure. The body undergoes extreme trauma during the detox and general anesthetics (especially of such long duration) are risky procedures.

- Current rapid detox protocols keep patients asleep for some hours of withdrawal and when patient wakes up they present most of the withdrawal symptoms. These symptoms slowly improve, although some like nausea last from weeks to months.
- Withdrawal from opiates has two phases:-
- **acute withdrawal and residual withdrawal.**
- **Residual withdrawal symptoms** include: insomnia, restlessness, depression and drug craving.
- Rapid detox does not treat residual withdrawal symptoms .
- Administration of naltrexone after rapid detox procedure does not diminish drug craving.



Thank you