DIY detox Cleansing the body of chemicals doesn't always put users on the road to recovery

By Elana Gordon Kaiser Health News

y the time Elvis Rosado was 25, he was addicted to opioids and serving time in jail for selling drugs to support his habit.

"I was like, 'I have to kick this, I have to break this, he said.

For Rosado, who lives in Philadelphia, drugs had become a way to disassociate from "the reality that was life." He'd wake up physically needing the drugs to function.

His decision to finally stop using propelled him into another challenging chapter of his addiction and one of the most intense physical and mental experiences he could have imagined: detoxing.

The symptoms are horrific," Rosado said.

There are recovery and treatment centers that can help people quit using drugs — in fact, it's a multibillion-dollar industry. But this help can be expensive, and waiting lists for state and city-funded programs are often extremely long.

So can detoxing on your own be the solution? In most cases, the answer is no

In fact, a growing movement within the field of addiction medicine is challenging the entire notion of detox and the assumption that when people cleanse themselves of chemicals.

they're on the road to re-

covery. "That's a really pernicious myth, and it has erroneous implications," said Dr. Frederic Baurer, president of the Pennsylvania Society of Addiction Medicine.

Most people can't tolerate detoxing from opioids without support or medications to ease the withdrawal symptoms, said Dr. Kyle Kampman, a psychiatrist who specializes in addiction at the University of Pennsylvania.

Diarrhea and vomiting from withdrawal can make a person dehydrated, and that can lead to severe complications, even death in some cases.

And Kampman worries about the big risks of patients trying to self-medicate to avoid these side effects or drug cravings.

"If you're going to use the medications that a doctor would use to do detoxification, which might be methadone or buprenorphine, or even a blood pressure medicine like clonidine or sedatives, all those medications are dangerous," said Kampman.

They can have adverse interactions with other drugs, and in the case of methadone, he said, there is a possibility that a person could overdose without physician oversight.

But Kampman's biggest concern when it comes to detoxing is the extremely detoxing is ... low success rate. "What both-

ers me most in thinking detox is adequate treatment is that we know that it just doesn't work," he said. "We have a long history of putting people into detox, followed by drugfree treatment that results in relapse in an



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National Substance Abuse Helpline

Asking for help is the first important step. Visiting your doctor for a possi ble referral to treatment is one way to do it. You can ask if he or she is comfortable discussing drug abuse screening and treatment. If not, ask for a referral to another doctor. You can also contact an addiction specialist. If you or your medical specialist decides you can benefit from substance abuse treatment, you have many options. You can call this helpline – a confiden tial, free, 24-hour-a-day, 365-day-a-year, information service (in English and Spanish) for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups and community-based organizations. Callers can also order free publications and other information.

1-800-662-HELP (4357) (This service is supported by the U.S. Department of Health and Human Services.)

Source: Substance Abuse and Mental Health Services Administration

overwhelming number of cases.

And if the patient goes back to using, there's a higher risk of overdose because their tolerance has gone down.

Addiction, Kampman said, isn't something you can just flush out of your body.

It's a disease.



