

To detox or not to detox: whose choice is it anyway?

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What do people say they want?

- **Luty J (2004)**
 - 104 people attending a community drug service in London
 - 2/3 participants believed that detoxification was better than maintenance therapy
- **McKeganey N et al (2004)** - Drug Outcome Research in Scotland (DORIS) study
 - 56.6% of drug users interviewed at the beginning of a new drug treatment episode said that 'abstinence' was their only goal.
 - 19.8% sought both harm reduction and abstinence
 - 19.6% wanted harm reduction only





... but there are risks involved

Strang et al (2003) Loss of tolerance and overdose mortality after inpatient opiate detoxification BMJ 326:959

- 137 consecutive opiate addicts receiving opiate detoxification
- 5 patients died within 12 months, 3 of whom had died after a drug overdose within 4 months of discharge
- All deaths had lost tolerance i.e. completed detox

... and outcomes are poor

- Outcomes for detoxification consistently worse than for those who received MMT, therapeutic community, or outpatient drug-free treatment (DARP - Simpson, 1990)



What do we really mean?

- We use the term ‘detoxification’, but we really mean ‘abstinence’
- *Detoxification refers to the process by which the effects of (opiate) drugs are eliminated from dependent (opiate) users in a safe and effective manner, such that withdrawal symptoms are minimised*

‘Opiate detoxification for drug misuse’ – NICE Clinical Practice Guideline

- How should (medically-assisted) detoxification fit into the treatment pathway?



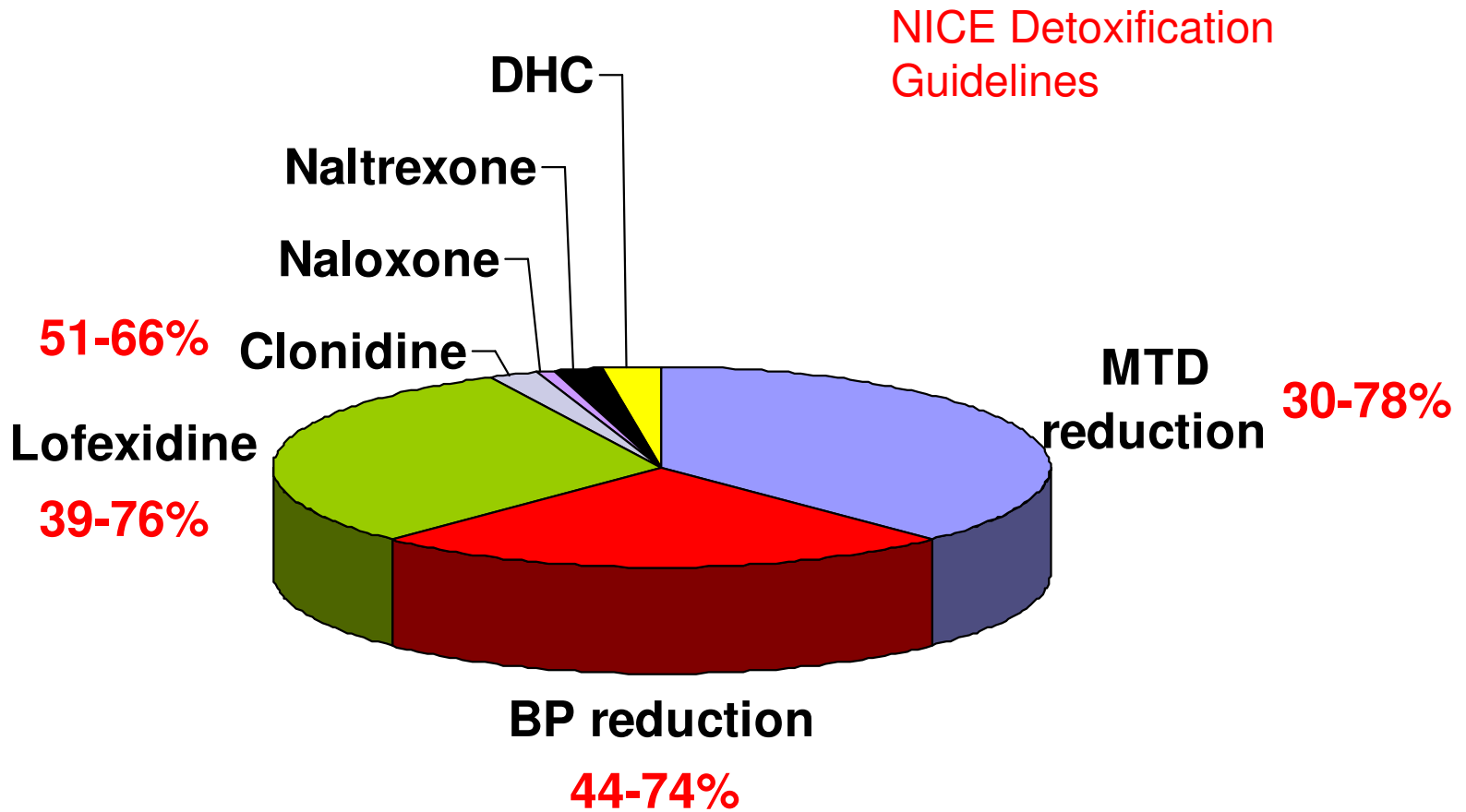
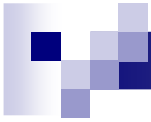
Detoxification not slow reduction

- MMT vs psychosocially-enriched 180-day MTD reduction
- MMT resulted in
 - greater treatment retention (439 vs 174 days)
 - lower rates of heroin use

Sees et al (2000)

- 3 detox periods: 4-8 weeks, 8-12 weeks, 12-16 weeks
- 19/82 (23.2%) opiate-free
- Rate of reduction made no difference to likelihood of completion

Day et al (2003)



Methods used for inpatient opiate detoxification

Day E *et al* (2005) National Survey of Inpatient Drug Treatment Services in England, NTA



Predictors of detox completion

- Lower anxiety and depression (Arajuo 1996)
- Better family functioning (Murphy 1999)
- Greater lifestyle stability (Murphy 1997)
- Greater social integration before detox (Westreich 1997, Hattenschwiler 2000)
- More positive beliefs about self (Murphy 1997)
- Less severe drug and medical problems (Franken 1999)
- Less crack cocaine use (Westreich 1997, Broers 2000)
- Regular contact with a counsellor (Backmund 2001)
- Plans for abstinence-based follow-up treatment (Backmund 2001)



Other adjunctive factors

- Psychological and social factors have a large impact
 - opioid users report feeling frightened of the prospect of withdrawal (Milby, 1986, 1987)
 - anxiety ↑ severity of the withdrawal response (Phillips et al 1986)
 - accurate but reassuring information about the expected symptoms during the process can alter the nature of the withdrawal response (Green et al, 1988)
- **Therapeutic alliance** (e.g. Simpson, 2004)
- **Readiness to change** (e.g. Connors 2000)
- **Engagement of social network** (e.g. Perez de los Cobos 1997)
- Contingency management (NICE Clinical Guidelines)



Setting

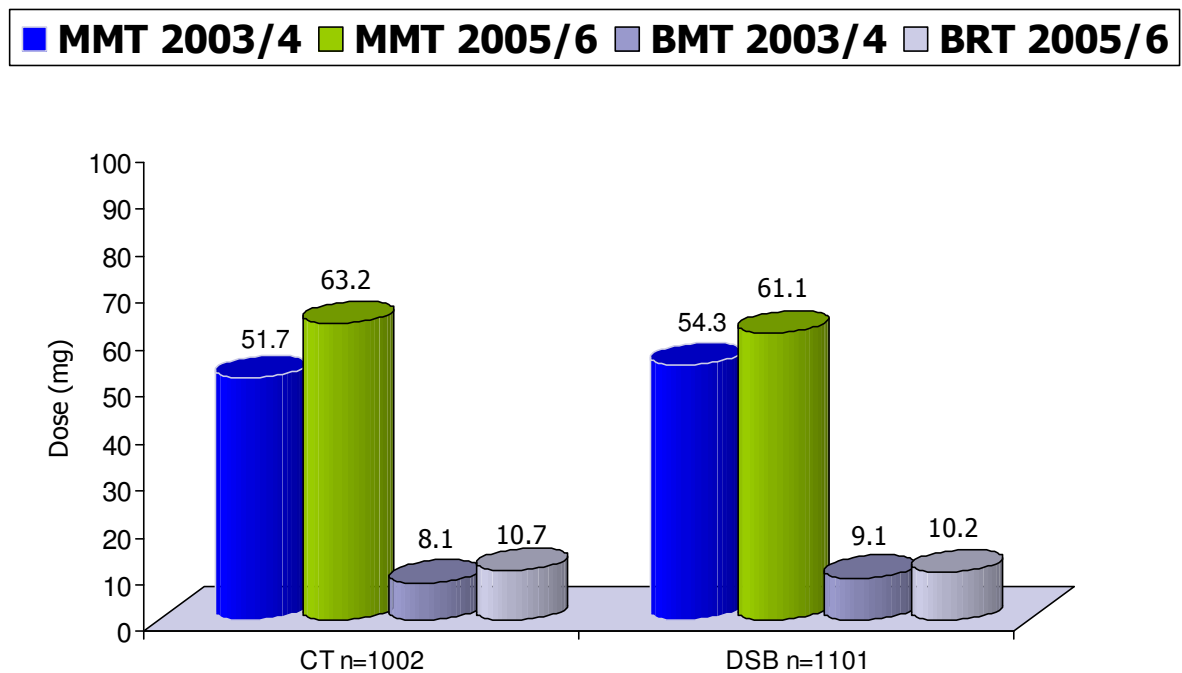
- Outcomes in inpatient settings are better than outpatient
 - Completion of detox: 53% IP vs. 36% OP
 - Better longer term outcomes
 - OPIOiD Trial

Links to on-going care

- Detoxification is the first step in a path to recovery
- Better treatment outcomes in group who completed detox and then spent at least 6 weeks in a recovery and/or residential rehabilitation unit (Ghodse 2002)
- ‘Critical period’ of 28 days for inpatient/short-stay residential programmes predicts likelihood of abstinence from opiates at 1 year

The treatment pathway

- We are getting better at maintenance
- Need increased awareness of detox and a route to abstinence





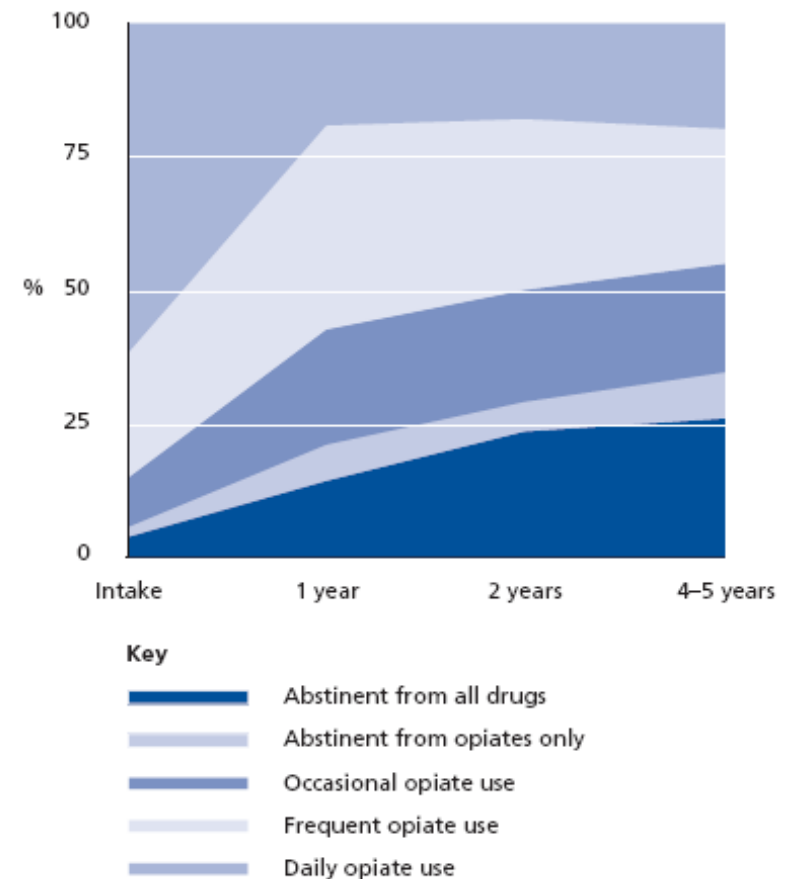
People do recover...

- ‘Natural recovery’ or self-change is a well known route to recovery for some addictions e.g. 80-90% who stop smoking tobacco do so without treatment
- Winick proposed the concept of ‘maturing out’ of addiction in 1962
- Natural recovery population likely to be larger than the population in treatment
- Individuals with skills and abilities + those who can rely on social networks have greater likelihood of achieving and sustaining abstinence (Granfield & Cloud, 2001)

Treatment evidence

- **DATOS:** 28% of intake sample defined as 'recovered' 5 years after the start of the index treatment (no use of opioids or cocaine and no criminality)
- Combining UK and US evidence:
 - 10-15% of treatment seekers achieve abstinence at 1 year
 - more than 25% by five years
 - 66% twelve years after initiating treatment

FIGURE 3 Drug use outcomes – community



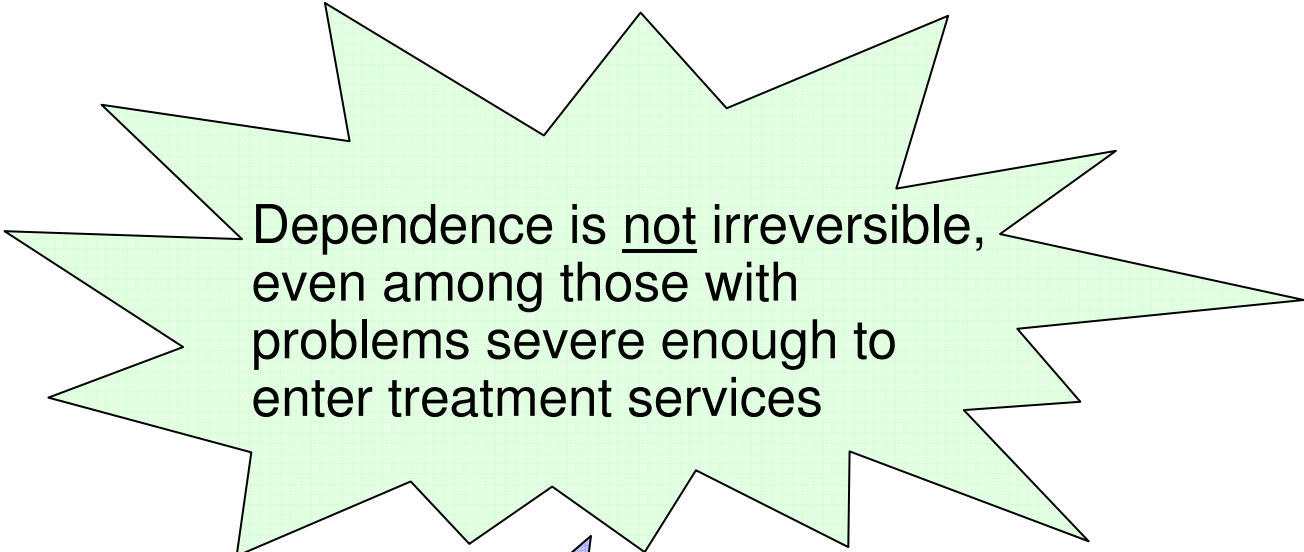


Vaillant's predictive factors

- Compulsory supervision or a negative consequence of use
- Substitute dependencies
- New social networks
- Inspirational group membership and a 'new non-stigmatized identity'
- Having 2 or more of these factors suggests an improved likelihood of still being abstinent 5 years later



Implications for treatment



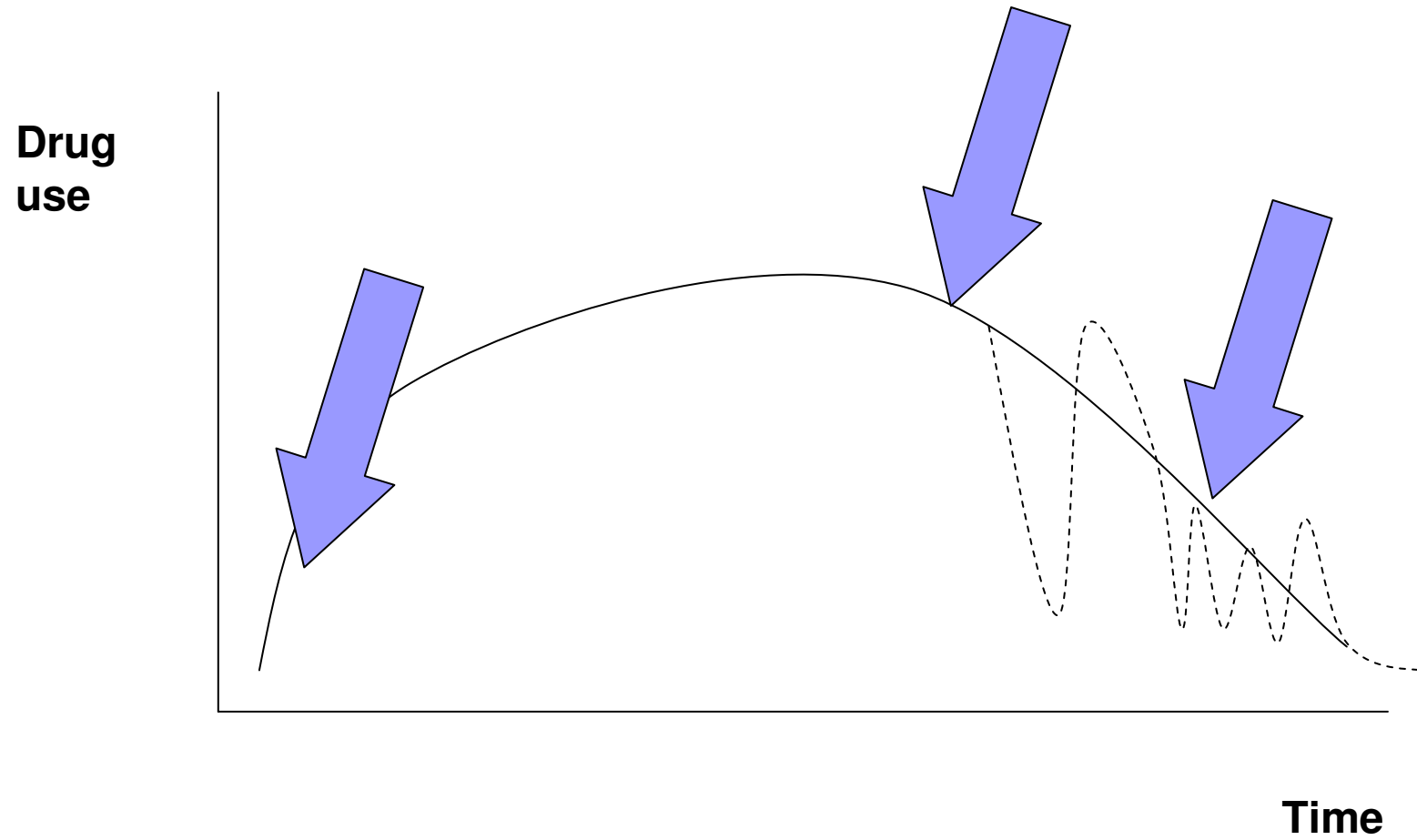
Dependence is not irreversible, even among those with problems severe enough to enter treatment services



Services must aim to have appropriate exit routes from treatment

“While the average length of the opiate using career may be around 20 years, for those with lower severity and higher motivation, much shorter drug using careers are likely” (Best et al 2006)

Target detox more effectively





Overall message

- Don't forget abstinence!
- Medically-assisted detoxification works, if the outcome is being drug-free at the end of the treatment
- Always keep detox in mind, but consider in context of the addiction career – do more, target it better
- Don't think of just detox...more effort needed to support abstinence once it is achieved