

With its use of a short, sharp bombardment of drugs on patients, rapid opiate detox – which sparked fierce debate when it was used to treat three opiate users for a reality TV show – is the heavy artillery of the opiate treatment arsenal. Sam Hart reports on a quick fix for heroin addiction.

EARLIER this year, 1.5m viewers watched as three people withdrew from heroin on national television. Reviews of Channel 4's *Going Cold Turkey* programme ranged from 'exploitative' to 'boring' to 'fantastic'. But underneath the ethical debate around the exploitation of vulnerable people for what was essentially a reality TV show, lies another question. How effective are the kind of rapid opiate detox methods used on the programme in curing addiction in the long run?

Detox 5 – the clinic which treated the patients – runs a five-day detox programme using a barrage of sedation, pain relief and opiate-blocking drugs to flush out heroin from the system. It is one of very few clinics in the country that employ rapid opiate detox methods to free opiate addicts from their addiction.

The front page of the Detox 5 website features a healthy young woman leaping in the air with an invitation to 'Get Your Life Back.' But critics have accused the organisation of offering a quick fix to a long term problem and that at just under £3,000 the Detox 5 programme is way beyond the reach of most addicts.

KNOCKED OUT

Under the system, patients are sedated and drugged against pain for three days – effectively sleeping through the worst ravages of the body's withdrawal process.

On the fourth day, patients are given a 'challenge' dose of Naltrexone. This antagonist drug flushes out remaining opiates from the system and wraps itself around the body's opiate receptors blocking the effects of heroin and other opiates. On day five, following a pre-discharge briefing, most patients are released on condition that they will remain under the care of a suitable drug treatment agency, a doctor who is willing to prescribe Naltrexone for the next

12 months and a significant other who will administer the dose for a year.

The physical and mental state of patients at this stage varies considerably, but the most common symptoms are vomiting, diarrhoea and stomach cramps.

Martin, now a drugs worker, went through a rapid detox programme seven years ago at a London clinic to help him withdraw from morphine, after more conventional detox methods had failed.

"When they sedated me I slipped into classic heroin dreams where I was trying to get my stuff together for a fix but I couldn't find everything I needed," he explains, "When I came round I felt incredibly, incredibly, incredibly weak, but not like I was withdrawing."

The most distressing symptoms for Martin were the severe vomiting, diarrhoea and stomach cramps after the Naltrexone had been administered. "It was like someone had put a key in my ear and opened up my body," he explains "My bodily functions just exploded."

Detox 5 has treated more than 6,000 people since opening in 1996. It claims around half of its patients remain opiate free in the 12 months following the programme – a success rate which they claim is as good as or better than other forms of opiate treatment.

QUICK FIX?

"£3000 may seem like a lot of money," says Malcolm Carr, Clinical Director of Detox 5, "but if my children were addicted to heroin I would cancel my family holiday to get them on the programme." Carr says Detox 5 is not like most rapid opiate detox programmes as it does not administer opioid blockers from the first day.

Martin says that although his initial outlay was expensive, it has worked out economical for him in the long term. "If you take into account the fact that I didn't have a major relapse, then it wasn't too pricey," he says.

Detractors point out that the safe environment of the clinic is far from the raw reality faced by most users when they leave rapid opiate detox programmes.

"In every way possible your show is unrealistic," read a comment from Channel 4's website, which generated a fierce debate during *Going Cold Turkey*. "The 5-day programme is easy... with the drugs they

Rapid detox under fire

will hardly feel anything except weak. They will be in a warm, safe environment, fed and looked after. "The reality faced by most addicts when they leave is a cold, damp bedsit, no money for heat or electricity because you've spent your last on your last hit, little food, no help because all your acquaintances are junkies, and nothing except aspirin and ibuprofen to take away your pain."

And some drug professionals have misgivings about the use of rapid detox methods: "The people it works for do not have complex needs and could be dealt with by mainstream services – so why send them to an expensive clinic?" said one senior manager in substance misuse treatment in Kent who asked not to be named. "It just seems like a way to make money."

In the first five years of its existence, around a quarter of Detox 5's patients were referred by statutory drug agencies. But this figure plummeted to around two per cent after the launch of the National Treatment Agency in 2001.

The NTA said it could not comment on Detox 5 specifically, but said: "It would be unusual for a private clinic to get referrals when there are other appropriate services available in the public sector."



NOT FOR ALL

"We have been accused of cherry-picking. If that means we have a good assessment system, then yes, we are cherry picking," says Carr. "Motivation is a key factor in whether people will be accepted on the programme or not. We turn down seven per cent of applicants each year on medical grounds or lack of motivation."

Others argue that the detox is the 'easy' part of coming off drugs and that rapid opioid detox does not prepare people for the harsh reality of life without heroin. One angry mother, whose son had relapsed after going through the Detox 5 programme, denounced it on the Channel 4 website as a "cruel way to extort money from vulnerable families".

The clinic offers three months aftercare, phone support and a 24/7 helpline. And Detox 5 is careful to point out that while it does all it can to prepare patients for the difficult months following detox it is not a rehab clinic – its input is therefore limited once a patient is discharged. And Carr believes that there needs to be more dedicated after-care in the wider community.

"If someone relapses 12 months later it does not mean we did not do our job properly," he argues. "Many of the people who come to us are reluctant to go to drug treatment agencies because they do

not want to go back into that kind of environment. If someone has moved into abstinence they want to be in an environment that supports that."

NALTREXONE

The success of the programme is largely dependent on patients continuing to take their Naltrexone after discharge. But this drug itself has come under scrutiny in recent years with research in Australia pointing out that the mortality rate for recovering opiate users taking Naltrexone is four times higher than for methadone. Because the drug removes tolerance to opioids the dangers of overdose are greater, the researchers argue.

"Because Naltrexone blocks the action of opioids it rapidly removes a person's tolerance to opioids so that a given dose would have more effect than previously," according to an Australian study *Mortality Related to Naltrexone in the Treatment of Opioid Dependence: A Comparative Analysis*.

And the side effects of the drug make it unpalatable for some. Naltrexone not only blocks the effects of opiate drugs but also deadens the effects of naturally occurring opioids in the body. Andrew Constantine, who wrote about his experience of attending the Detox 5 clinic in *The Guardian* last year decided not to take the drug again after an exercise session that left him without the usual sense of well-being:

"Afterwards, drenched in sweat, there is something missing. A sensation almost as familiar as the air I breathe, that feeling of serenity that comes from endorphins. Instead, my joints ache slightly and my stomach is churning."

"Naltrexone can make life seem a bit grey and oppressive," says Martin, "But then if you didn't find life a little bit oppressive at times you wouldn't be drawn to opiates in the first place."



'a cruel way to extort money from vulnerable families'

TV turkey:
Above left A patient is checked on
Above right Guru-Murthy in front of the 'cold turkey' counter.

ONE IN TEN

Proponents of rapid opioid detox do not claim that it is the answer for everyone, but say it can help a sizeable minority of the drug-using population to lead a drug-free life. "Detox 5 does not see itself as a magic bullet – it is a service that is perhaps appropriate for about one in ten of the opiate using population," admits Carr. And the participants of *Going Cold Turkey* were still opiate-free at the time Druglink went to press.

"There is no such thing as an easy detox," says Martin, "But that was the easiest I've done." •

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