



## Toronto clinic offers addicts “rapid detox”

Drug addicts attending a methadone clinic in North Toronto are being offered a speedy new detoxification treatment that proponents say eliminates cravings while they sleep. The procedure, which is not covered by provincial health care systems, costs \$4000.

About 100 patients have undergone rapid opiate detoxification since the procedure was introduced at the clinic last fall. The cleansing therapy has been widely used elsewhere in the world to treat patients addicted to heroin and methadone. It received wide publicity in the spring when it was featured on the popular TV drama *ER*.

With the treatment, addicts receive general anesthesia and then are injected with “blocking medications”

that purge opiates from the nervous system. Naltrexone and naloxone are narcotic antagonists that block the effects of opiates by preventing them from attaching to receptor sites in the brain and nervous system.

Although rapid detoxification is not a cure for addiction, Dr. Peter Garber says it offers a powerful step toward a drug-free life. “We don’t in any way consider this a cure for addiction,” said Garber, who runs the clinic with Dr. Mark Greenberg. “If patients think they’re going to come in here and clean up and walk out of here cured, they’re sorely mistaken.”

However, he said the process does encourage more addicts to attempt detoxification and enables them to complete the process. All wake up detoxified within 5 to 6 hours. Un-

aided, the process takes about 40 hours. Patients continue receiving oral naltrexone therapy for up to a year after the rapid-detoxification procedure and must undergo counselling or join a self-help group.

Anesthesia is needed because naltrexone makes patients violently ill if it is administered to opiate-dependent patients who are awake or sedated. If they are only sedated, patients would be at risk of vomit aspiration.

Garber said no inferences can be drawn about long-term abstinence from narcotics following rapid detoxification. However, the procedure at least gives addicts “clean time” and implants a notion of life without opiates. “I don’t think it matters how you detox — whether this procedure or cold turkey,” he said. “The big advantage is that people complete the detox.”

Garber thinks rapid detoxification is particularly suited to methadone users who want to avoid a lengthy tapering-off period and to people who abuse narcotics orally. Those 2 groups account for one-third of the clinic’s rapid-detoxification patients, with heroin addicts accounting for the rest. The latter must have begun to turn their lives around before undergoing the procedure.

Although the 1-day treatment costs \$4000, Garber says the price tag is “far and away the cheapest in North America” and probably less than the cost of a month’s supply of illicit drugs. About half of the clinic’s rapid-detoxification patients come from outside Toronto. Every patient receives care from a 3-member team: an anesthetist, a critical-care nurse and either Garber or Greenberg.

Side effects and withdrawal symptoms include leg cramps, diarrhea, fatigue and disturbed sleep, which can persist for up to 2 weeks. — © Janet Rae Brooks

### Cool sites

[www.squirreltales.com/index.html](http://www.squirreltales.com/index.html)

When their 2-year-old daughter Morgan was diagnosed with acute lymphocytic leukemia, Mike and Colleen O’Brien found it hard to cope, just as most parents of a child with cancer do. They could find no single source of practical information to address the myriad new problems they faced, so they created one. The Never-Ending Squirrel Tale gathers practical tips and encouraging stories to help parents and their families confront this devastating diagnosis. The title comes from their daughter’s favourite stuffed toy — a constant companion throughout her seemingly endless ordeals. A glossary lays out the new vocabulary parents will have to learn, explaining in simple terms concepts such as Hodgkin’s lymphoma, adjuvant therapy and neutropenia. Tidbits of pragmatic advice deal with subjects such as anorexia, vomiting, alopecia, fevers, xerostomia and how to share attention with jealous siblings. Numerous links are provided to other online resources, including sites dealing with pediatric oncology, bone marrow transplant and bereavement. Finally, there is a collection of encouraging stories submitted by other parents of children with cancer. This site is an excellent example of a way for parents to channel their grief and energy into a positive enterprise. Any physician who deals with pediatric oncology patients can recommend it to their patients’ families without hesitation. — Dr. Robert Patterson, [robpaterson@email.msn.com](mailto:robpaterson@email.msn.com)