
Detoxification – an Overview of the Process

What is detoxification?

Detoxification is a word that is thrown about in lay press. It has a sense of cleansing and purification. It is not always clear what the body is being purified from, but to the author it does not matter. It is seen as good.

In medicine, however, detoxification is a technical term with a specific meaning.

Medications and drugs are removed from the body by a variety of bodily processes, such as being passed out in the urine or the faeces or chemically altered by the liver.

However, the process of removal of the drug from the body is not always a safe procedure. When it involves risk, doctors will supervise the process and do things that will make the removal of the drug safer.

When someone drinks large quantities of alcohol on regular and frequent occasions over months and years, the brain gets used to the constant presence of alcohol in the bloodstream and adapts to this.

In this state, where the brain is tolerant of alcohol, the brain then responds when alcohol is not present. The amount of alcohol in the bloodstream varies in the course of the day, increasing at times the person drinks more alcohol and decreasing as the body removes alcohol. At the times when the level of alcohol in the blood decreases, the person experiences a number of unpleasant symptoms, referred to by the term "withdrawal symptoms".

Doctors refer to this state as the "alcohol withdrawal syndrome". It lasts between 48 and 72 hours, and the person may feel anxious and / or depressed, nauseous (and may vomit), may shake, sweat, have difficulty sleeping and lose his appetite.

But when people have had the alcohol withdrawal syndrome for years, they can also have alcohol-withdrawal epileptic fits or delirium tremens, in which he or she may become confused, not know where they are, start seeing things that are not there, and shake. Both epileptic fits and delirium tremens are potentially fatal conditions, and it is to protect the person who is alcohol dependent from dying while in withdrawal that doctors offer treatment. Medication is offered over a five-day period, usually in reducing doses. Usually doctors will use valium or a medication that acts in a similar way (a benzodiazepine) and, if there is thought to be a serious risk of a withdrawal epileptic fit, an anticonvulsant (a medication that protects the brain from epileptic fits) may also be prescribed.

At the end of the 48-72 hours, the person is usually well, happy, starts eating and has a clear head. There is no need for further medication at this stage and the process of detoxification is complete.

So detoxification is the process where a doctor, or other healthcare professional, recognises that a person who has used a drug, such as alcohol, to such an extent that they will experience withdrawal symptoms when they stop and takes steps to reduce the risk of death in the course of the withdrawal syndrome.

But it is important to be aware that many people who drink alcohol heavily do not experience withdrawal symptoms or, if they do, experience them mildly. They may suffer no ill effects from stopping alcohol and it may not be necessary to provide any treatment other than to be around to support them through the withdrawal syndrome.

Is detoxification a cure for addiction?

The purpose of detoxification is to ensure that the drug leaves the body of the patient safely. At the end of the process, the person may not have any alcohol in his body, but this does not mean that he will not want to take more alcohol.

Detoxification does not address the reasons why the person started drinking heavily in the first place. It is therefore not uncommon for the person to start drinking again soon after detoxification is over. Other treatments are necessary to address the reasons why the person drinks so heavily and to help him stop drinking again.

It is therefore illogical to think that detoxification is a waste of time if the person drinks again after it. The only valid outcome of detoxification is a safely detoxified patient¹.

Indeed, if the person relapses to drinking, it may be necessary to repeat the detoxification process if and when he stops again.

Detoxification is therefore not a cure for addiction and should not be expected to be so. However, it is often an essential component of treatment, giving the person the opportunity to have another attempt at getting their life back without the use of alcohol.

Life often gives us second and third chances, such as repeating school exams that we did not do so well in the first time round or marrying for a second time after an unsuccessful first marriage. We should allow people with the alcohol dependence syndrome as many chances as possible to get better, providing detoxification as many times as we can afford to do so.

How long after stopping should a person have a detoxification?

Detoxification covers the 48-72 hours after the person has stopped drinking. It is complete after this period.

Detoxification therefore starts the minute a person stops drinking and, if 4 or 5 days have already elapsed since the person stopped, there is no point in then starting a formal detoxification programme.

¹If a person had a chest infection that got better with a course of antibiotics, and then got another chest infection, would you expect the doctor to say that they should not have another course of antibiotics? Remember that the addictions are illnesses – see our paper [Why drug addiction is an illness, not a lifestyle choice](#).

Are there other drugs for which detoxification is necessary?

Detoxification is offered for drugs that cause a dependence syndrome, namely nicotine (tobacco), alcohol, benzodiazepines (valium and drugs like it) and heroin. It is not offered for amphetamine, cocaine or other drugs, which do not cause a dependence syndrome.

Only withdrawal from alcohol or benzodiazepines has the potential for death. Nicotine and opiate withdrawal do not so.

Technical details of how to withdraw people from these other medications will not be included here.

In the case of opiates (heroin and drugs in the same group as heroin, such as methadone, buprenorphine, dihydrocodeine, codeine etc) it is important to remember the following.

Opiate overdose kills, opiate withdrawal does not.

Opiate withdrawal is very unpleasant and people addicted to opiates tend to tolerate discomfort particularly poorly. So they will often claim in an exaggerated fashion that "I'm going into withdrawal. I'll die if you don't get me something to stop the withdrawal."

While their discomfort is real, their statement is not accurate.

If you are not sure what to do about an opiate addict going into withdrawal, do nothing.

Do not give opiates to an addict who claims to be in withdrawal unless you have significant expertise in such situations. If you are a parent, do not buy street opiates. If you are a GP or casualty doctor, seek specialist advice. On no account should you accept the misleading claim that as the addict knows more about drugs than you do you should do what he or she says. It is never shameful to seek the advice of an independent expert, however much the addict will disparage you for doing so.

Detoxification can take place in a number of settings

If a person decides that he or she wants to stop using a drug like alcohol, it is preferable that they should plan to stop drinking, so that a detoxification programme can be organised and plans can be made for what will happen after the alcohol is out of the patient's system (ie, how to help the person who has stopped drinking to remain abstinent).

This does not always happen, as the person can go into withdrawal whenever access to alcohol is prevented. For example, if a person runs out of money, or becomes unconscious for a period of time, or has his alcohol stolen, or finds himself in a place where alcohol is either not around or where there are people (such as family or friends) who obstruct his access to alcohol, then the person who is dependent on alcohol can go into the alcohol withdrawal syndrome.

Or, a person may experience an illness, which may or may not be alcohol-related, that causes him or her to go into hospital.

In either case, the person may need an urgent detoxification, and there may be no plan, so those helping the person may have to use whatever help is around.

Medical input is only needed if withdrawal symptoms are severe.

Where the person plans a detoxification, along with medical or other healthcare advisers, the location will depend on the anticipated severity and complexity of the withdrawal syndrome.

Where it is felt that the person is unlikely to have a withdrawal fit, often the person can stay at home.

In a *community detoxification*, the patient will visit the clinic daily for approximately 5 days, and on each occasion the clinic worker, usually a suitably trained nurse, will assess the withdrawal symptoms, confirm that the patient has not relapsed to drinking, and then give a supply of medication to cover the patient for the next 24 hours.

In a *home detoxification*, the clinic worker will visit the patient in his or her home once or twice a day, to check on withdrawal symptoms, ensure that the patient has not started drinking again, and provide medication for the next 24 hours. The clinic worker can administer some of the doses of medication at the time.

For both types of detoxification, the doctor can try to detoxify a slightly more ill patient in the community if there is someone at home to look after him or her. This might be partner, spouse, adult children or good friend. If the clinician is planning to do this, he or she must be clear that the patient will not start blaming or criticising the carer; it is up to the patient, not the carer, to decide whether to continue the detoxification. The only function of a carer is to alert the clinician to any problems and leave the clinician to sort them out. If there is no easy means of communication between the carer and the clinician, then this becomes not possible.

For people who are more ill, who have a risk of serious or dangerous withdrawal symptoms, who have other illnesses (such as liver failure), or who have no satisfactory support, some form of residential care may be necessary.

Various non-statutory agencies are able to offer supervised detoxification (*residential detoxification*) in their building. They may have doctors on call, but not on site.

For the most ill or most complex patients, admission to hospital, either a general hospital, or a general psychiatric ward, often occurs (*inpatient detoxification*). It is, however, preferable to admit to a specialist detoxification ward, as there is better understanding of the overall condition (addiction) and the place of detoxification in the management of the addiction. Specialist detoxification wards are better equipped to help people proceed to aftercare (treatments to help people remain abstinent) and to think about their alcohol or drug use at a time when their head is clear.

Ideally, when there is time to make a proper treatment plan, detoxification should be followed immediately by proceeding straight to rehabilitation. Some centres offer a programme of detoxification followed by rehabilitation.

However, it is important not to be rigid about the plan. Some people who require detoxification may feel unable to stay in a residential accommodation for aftercare, perhaps because of childcare responsibilities. A proper treatment plan will take all these issues into account and be personalised for the individual patient.

In view of the damage caused by continuing high levels of alcohol intake, sometimes it is a relief to the brain simply to stop (supported a detoxification programme)

However, detoxification may also be used a motivational technique, giving a person the opportunity to think about their alcohol or drug use in a brief period of lucidity.

How many detoxifications can a person have?

Given the cost of detoxification, some commissioners (or, in the private sector, patients and/or those close to them) are understandably keen to limit the amount of financial expenditure.

Because of the prolonged course of the addictions (up to 40 years or more in some cases), there is no research data that can help answer the question what each episode of detoxification contributes to the overall recovery.

However, clinical experience suggests that patients should have as many detoxifications as necessary, as recovery does occur in a significant number of patients and the role of detoxification is to support the person and help them avoid death in prolonged the period when the psychological processes of recovery have not had time to occur.

End Note

This leaflet is full of detail to help members of the public be aware of some of the issues that relate to the process of detoxification. It is not intended as a guide of how to undertake the process.

If you are trying to assist a spouse / partner, close relative or friend who needs a detoxification, **NEVER TRY TO TREAT THEM YOURSELF**. Always seek the guidance of a healthcare professional who has the experience and knowledge to carry out the procedure properly. Be aware that many healthcare professionals have very limited knowledge of addiction and detoxification. Do not be afraid to challenge anyone offering help and ensure that you have conversations only with healthcare professionals who know what they are talking about.