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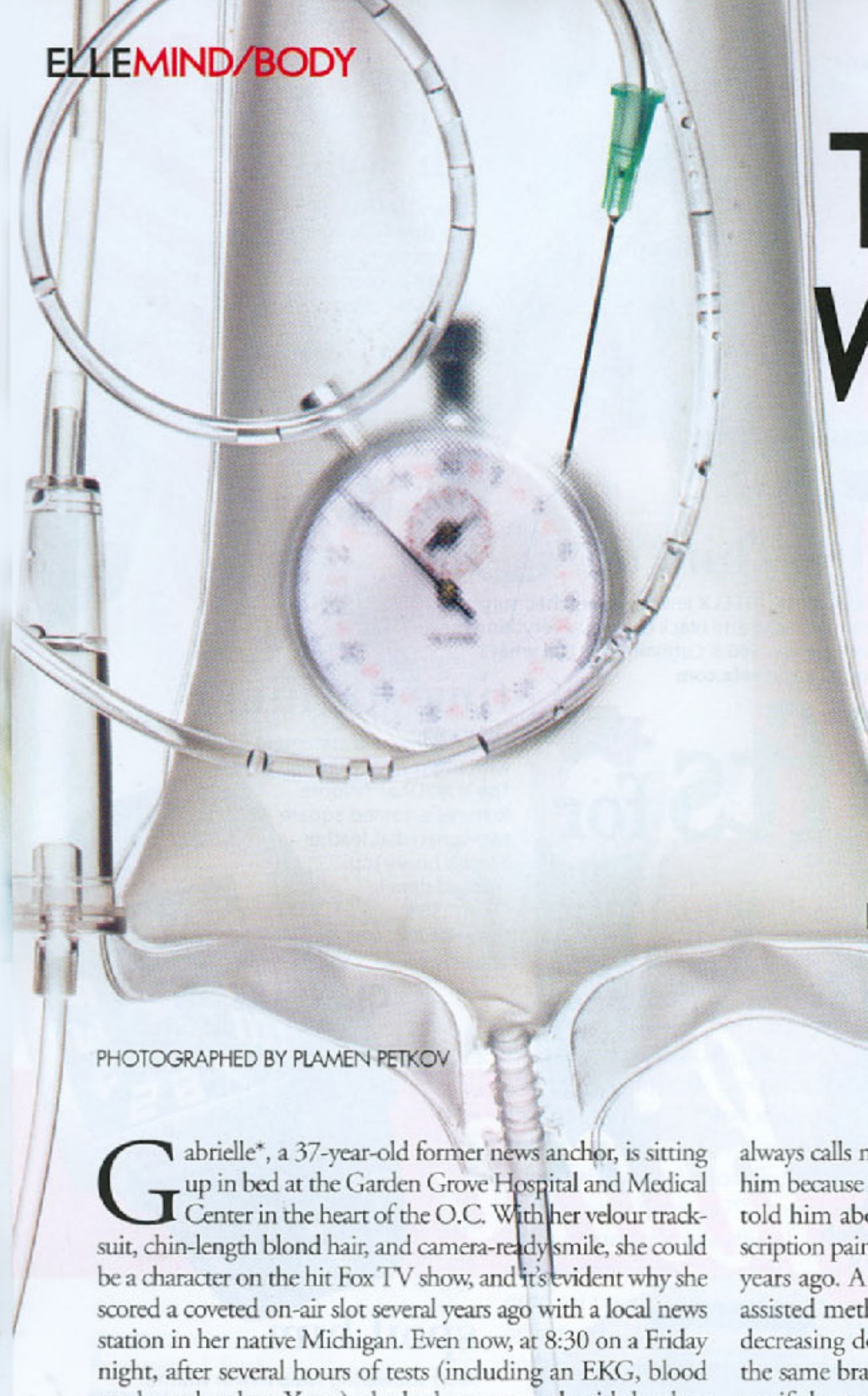

PHOTOGRAPHED BY PLAMEN PETKOV

The Busy Woman's Detox

CALL IT DETOX FOR THE BOTOX SET: MORE PRESCRIPTION-PAINKILLER ABUSERS ARE EMBRACING A PRICEY PROCEDURE THAT CLEANS THEM OUT IN A DAY AND RETURNS THEM TO WORK WITHOUT ANYONE'S RAISING AN EYEBROW. BUT IS RAPID DETOX JUST A WAY TO AVOID CONFRONTING THE UGLY TRUTH OF ADDICTION?

BY GINNY GRAVES

Gabrielle*, a 37-year-old former news anchor, is sitting up in bed at the Garden Grove Hospital and Medical Center in the heart of the O.C. With her velour tracksuit, chin-length blond hair, and camera-ready smile, she could be a character on the hit Fox TV show, and it's evident why she scored a coveted on-air slot several years ago with a local news station in her native Michigan. Even now, at 8:30 on a Friday night, after several hours of tests (including an EKG, blood work, and a chest X-ray), she looks composed, with her legs folded gracefully in front of her—"Years of yoga," she says. But when she lifts a plastic water bottle from the metal table next to her bed, it trembles so violently that she has to steady it with her other hand. "Am I going into withdrawal already?" she asks.

Deborah, the nurse who will be at her side for the next 48 hours, pats her shoulder and replies, "No, sweetie, that's just from all the Vicodin in your system."

This morning Gabrielle caught a flight here from Detroit, where she lives with her husband, the CEO of a high-tech company. At the moment he is traveling too and has no idea that his wife is hundreds of miles from home preparing to undergo a procedure known as rapid detox, a controversial process of opiate withdrawal that, with the help of medication and anesthesia, condenses the usual three to 10 days of shaking, sweating, abdominal cramping, and extreme anxiety into a few hours of seemingly blissful unconsciousness.

"I'm hoping my husband won't know I'm gone since he always calls me on my cell," she says. "I didn't want to worry him because he's under a lot of stress at work right now." She told him about her longtime addiction to Vicodin, a prescription painkiller, shortly after they were married nearly three years ago. A year later she completed a 12-month doctor-assisted methadone taper program, during which she took decreasing doses of the synthetic narcotic, which plugs into the same brain receptors as Vicodin and kills any buzz she'd get if she took the drug. Though her husband thinks she's clean, Gabrielle relapsed within three months of going off the methadone, and since then her use has escalated from one pill a day to five. "I feel so helpless to stop it," she says tearily. "It would break his heart to know I'm using again. I feel guilty about going behind his back, and I know there are risks with this treatment, but I feel like it's my last chance."

Introduced to the United States in the mid-'90s, rapid detox developed a bad reputation early on when seven people, all at one now-defunct clinic in New Jersey, died after undergoing the procedure. In spite of that, as many as a dozen rapid detox facilities have since opened in at least eight states, including New York, Illinois, and Florida, with no reported fatalities (some clinics offer the technique under the name UROD, or ultrarapid opiate detoxification). Their promises are summed up succinctly on the website of a facility in Rochester Hills, Michigan: "We can help you detoxify comfortably and rapidly. You can return to your former activities

Name has been changed to protect the subject's privacy.

without anyone knowing about the problem you once had."

Such claims are especially enticing to white-collar addicts who can afford the cost of treatment—Gabrielle has paid $15,000 to undergo the Waismann Method, offered by the Beverly Hills–based Waismann Institute—but not the time, emotional effort, or social stigma of traditional 28-day rehab. Nowhere is that demographic pool deeper than in nearby Hollywood, where the notion of making messy problems disappear quickly and easily—no Narcotics Anonymous meetings, no shamefaced press conferences—is particularly seductive. Not surprisingly, E! Entertainment Television featured the approach two years ago, and Clare Waismann, the founder of the institute, acknowledges that its patient roster reads like the reservations list at Nobu. "We have lots and lots of patients in the entertainment industry and professional sports, because they know we're discreet and that we treat people with drug dependency like human beings, not like addicts who are somehow abnormal," she says.

One fortysomething film actress had been taking 10 Vicodin a day to alleviate chronic back pain until she went through Waismann's program last year. The approach was the only thing that made sense for her. "It's anonymous and nonjudgmental. I don't consider myself an addict, so I didn't need a 30-day treatment program," she says. "Rapid detox gets the narcotics out of your system quickly. After that, it's up to you whether you take the drugs again."

Those words could just as easily have been uttered by Waismann herself. A slender, feisty Brazilian businesswoman, she imported the technique to the U.S. from Israel almost 10 years ago. "Why should Gabrielle go through 10 days of anxiety, vomiting, and diarrhea?" she asks. "What will that suffering teach her? Traditional rehab is a punishment, a judgment."

> "Why should you go through 10 days of anxiety and vomiting? Traditional rehab is a punishment, a judgment."

HEALERS OR DEALERS?

Although rapid detox centers treat dependency on all types of opiates including heroin, the recent explosion of prescription-painkiller addiction is driving the treatment's popularity. Seventy-five percent of Waismann's patients are on scripts like Vicodin, Percocet, and OxyContin (several years ago, 75 percent were heroin addicts), and many, including Gabrielle, are so-called accidental addicts—people who began taking the drug for a legitimate medical reason. "In our culture, we believe we should take a pill for everything, especially pain," Waismann says. "You can go in for a dental cleaning and get a prescription for Vicodin, for God's sake. No one should be surprised that opiate dependence is so widespread."

Between 1990 and 2002, the number of people using prescription pain medication for nonmedical reasons soared from 573,000 to 2.5 million, according to the government's 2003 National Survey on Drug Use and Health. Indeed, prescription addiction à la Courtney Love, Rush Limbaugh, and presidential niece Noelle Bush is the fastest-growing category of drug abuse in the country—a statistic that some experts, including Clifford A. Bernstein, MD, the medical director of the Waismann Institute, blame at least partly on doctors' fast and loose prescribing. Bernstein is a tanned, boyish-looking 44 and as enthusiastic about rapid detox as Waismann is. But when the subject turns to pain medicine, his animated features rearrange into a scowl.

"Prescription painkillers can be great for short-term problems, but they don't work in the long term because people build up a tolerance and need to take more and more," he says. "There are too many physicians saying we should prescribe opiates more often because we're not treating patients' pain adequately and not enough saying, 'Hold up a minute—these drugs can be dangerous.'"

That comment would sound like heresy to some pain medicine doctors, who for the past 20 years have looked to opiates as a wonder drug. But the addiction epidemic that has occurred since OxyContin was introduced for chronic pain in 1996—and not just among the minority who grind and snort their pills for a bigger buzz—brought even some of the most fervent opiate advocates up short.

"OxyContin was a splash of cold water to people like myself," admits Russell Portenoy, MD, the chairman of the department of pain medicine and palliative care at Beth Israel Medical Center in New York and a leader of the pain management movement that began in the 1980s. "Studies [back then] seemed to indicate that people could take opiates for a long time without abusing them or developing a resistance. Unfortunately, the perspective was skewed to show opiates were safe."

Thanks to brain-imaging studies, doctors now know that opiates plug into the brain's endorphin receptors, slowing the body's own production of endorphins, the chemicals that produce feelings of well-being. The more opiates the brain is exposed to, the more receptors it produces and the greater the backlash, physically and emotionally, when the drug is withdrawn.

Women may be especially at risk for opiate abuse—half of prescription abusers are women, whereas an estimated 24 percent of alcoholics are female—because they're more likely to suffer from depression and anxiety, maladies the drugs can soothe, and to seek medical attention (and as a result have ready access to prescriptions). In a 2004 Waismann Institute study, more than half their female patients said a doctor's prescription marked the beginning of their problem.

Gabrielle, whose addiction began with a prescription for kidney stones, says that her physician didn't warn her of Vicodin's addictive potential, nor did he follow up when she refilled her prescription—which she did more than a dozen times over two and a half years. "He never asked me how many I was taking a day. He just wrote the prescription," she says.

In fact, within weeks she began needing more than one pill a day to dull her pain. More worrisome, she craved the charge Vicodin gave her. "The moment I took the first pill, I knew it was trouble," she says. "It felt so good, and it gave me the energy to get through my 15-hour workdays."

Despite surgery to remove the kidney stones, Gabrielle's pain still didn't go away, and her doctor represcribed the medication. Soon she was taking as many as 15 pills a day, often for a boost before work or a party, and suffering terrifying

withdrawal symptoms when she cut back. "I would wake up in the middle of the night to take a pill to prevent myself from going into withdrawal," she says. To score more Vicodin, she began doctor shopping, telling her gynecologist, for instance, that she had migraines, and eventually she turned to the Internet to buy pills. "I was spending $300 for a bottle of 60 that would've cost just $5 through my insurance, but I didn't care," she says. "No one ever asked for verification from a doctor or refused to fill the prescription."

Gabrielle was able to maintain her habit for five years, but gradually her work started to suffer. "The network started getting calls asking if I was stoned, so in 2002 my bosses pulled me off the air." Devastated and fearing she was about to be fired, she resigned, telling everyone she was burned out and wanted to spend more quality time with her husband.

While addiction like Gabrielle's is increasingly common, Portenoy admits, the risk is still fairly small. "In 2002, there were 900,000 people addicted to prescription opioids. That's a lot, but when you consider that there are probably more than 2 million people in chronic pain who aren't being adequately treated, it can put that number into perspective," Portenoy says.

Bernstein offers a less sanguine view. "This affects more people than anyone realizes," he says.

"Rapid detox makes scientific sense to me. It's like a colonic for your brain," says one patient.

CLEAN AND SOBER

By 9 A.M. Saturday, Gabrielle has been transferred to the hospital's intensive care unit, where all of Waismann's rapid detoxes are performed, so patients are under 24-hour supervision. Bernstein says the institute sometimes has as many as six patients on the floor at once. He administers the carefully calibrated cocktail of medications while a nurse—usually the ever-present Deborah—watches over the patients.

Gabrielle is dressed in a white hospital gown and appears to be fast asleep—the result of propofol, a short-acting anesthetic. "It's light sedation, similar to what you'd receive during plastic surgery," Bernstein says. "She can't feel anything, and she won't remember anything. I've also given her clonidine, a high–blood-pressure medication, to blunt the physical effects." She looks completely peaceful for someone in the midst of accelerated opiate withdrawal—no twitching, no sweating, no gut-wrenching cramps, or at least none that are evident. According to the monitor, her heart rate and blood pressure are normal. She's intubated, so if she vomits in reaction to the anesthesia, she won't inhale it. Naltrexone, an opiate antagonist and the key to rapid detox, is dripping from a hanging bag into the IV in her arm, where it will enter her system and replace the opiates currently occupying millions of receptor sites in her brain like unwelcome squatters.

"Naltrexone works on the brain receptors like a broken key in a lock—it fits into the lock, but it can't activate the receptor, so it doesn't give you a buzz," Bernstein says. "By pushing the opiates out and then plugging the receptors, naltrexone helps reverse the problem of chemical dependence in a few hours. Once that's over, we'll give Gabrielle some Ambien to help her sleep for the rest of the day." After she leaves tomorrow, the institute's staff psychologist will be in touch with her twice a week for at least six weeks, and she'll take oral naltrexone for up to a year. That kills the craving for opiates, and if she takes the drugs while she's on it, she won't get high. "That's a pretty good deterrent for most people," Bernstein says.

The Waismann Institute claims an impressive success rate: In its own survey of 200 patients, up to 75 percent who had been addicted to painkillers said they were opiate-free after one year—far more than the 20 percent who are drug-free after detoxing with methadone, the most common technique. Bernstein believes the approach is controversial partly because its image is being tarnished by a growing number of ineffective, even dangerous knockoffs. "There are maybe one or two other centers that do a good job, but most don't run any tests to make sure the patient is healthy before the procedure, or they do the procedure on an outpatient basis, which is just asking for trouble," he says. Since most deaths occur not during the detox, when patients are under constant surveillance, but within 48 hours, when many are released, careful monitoring during the postwithdrawal period can mean the difference between life and death. (The seven patients who died in New Jersey, most of whom succumbed within hours of the procedure, had been sent home with a guardian. One victim, a wealthy 43-year-old contractor, died of pulmonary edema; another, a 20-year-old woman, had a heart attack. The judge in the 2002 trial couldn't link rapid detox to the deaths but fined the doctors and revoked their licenses for six months.)

Herbert Kleber, MD, the director of the Division on Substance Abuse at Columbia Medical School, who has studied rapid detox's effectiveness, is incredulous of Waismann's success claims. "Their data was based on telephone interviews with former patients. Without hair and urine samples, there's no way of knowing if people are telling the truth," he says. Indeed, researchers at the University of Miami School of Medicine found just a 55 percent abstinence rate six months after rapid detox. Plus, Kleber adds, "Most of the deaths after rapid detox have been from pulmonary edema—the patients' lungs fill up with fluid—and no one is quite sure why that happens. That makes it very scary."

Portenoy agrees: "I get that some people are desperate to get off opiates, but when you weigh the potential for catastrophe against the benefit of detoxing quickly, I don't think it's worth it."

A bigger problem, many experts argue, is that without psychotherapy or a 12-step program to help patients stay on track, the relapse potential is great. "Rapid detox is seen as the quick and easy way to get cleaned up without the hard work of rehab," says Karen Miotto, MD, an associate professor of psychiatry at the UCLA Neuropsychiatric Institute. "Too often people think, I'm not really addicted. I just ran into some problems with pills, and if I detox I'll be fine. That's usually not true."

Once there's a compulsive pattern of drug use, traditional rehab thinking goes, an addict needs to develop skills to cope with negative emotions and identify the factors that trigger cravings. Although Narcotics Anonymous (NA) doesn't conduct studies, a 2003 survey of 6,500 members at its annual conference

found that more than half had been drug-free for more than six years. In 2004, Italian researchers published a scientific review to determine if psychosocial programs, when combined with a detox program, increased drug abstinence in heroin users and found that the combination helps people stay in treatment and makes them slightly less likely to use the drug again.

Amanda, 34, who detoxed at Waismann nearly a year ago, doesn't agree that everyone needs support after detox. An operating room nurse who became addicted to Vicodin several years ago when a case of plantar fasciitis made it painful to stand during her 14-hour shifts, she felt that going to Promises Malibu, the treatment center her husband wanted her to visit, would have been not only career suicide but unnecessary. "I don't have a particularly addictive personality, so I didn't feel I needed lots of support," she says. "Rapid detox makes scientific sense to me. It's like a colonic for your brain."

Bernstein acknowledges that some people need psychotherapy after the procedure and says the Waismann doctors recommend it to patients. In addition, the institute recently began offering a post-detox retreat, where patients can stay for as long as they need, or can afford, to: It costs $7,000 to $10,000 a week and includes individual therapy, a personal trainer and chef, massage, biofeedback, and art therapy. "We're trying to help patients see that there are many things other than drugs that can help them feel good," Waismann says.

Both she and Bernstein believe that patients are better off seeing a psychotherapist than attending NA meetings, an approach they dismiss as outdated and even risky. "Everyone shares stories about the good old days of getting high, and it's like a Pavlovian response—talking about it makes the cravings kick in," Bernstein says. "A 12-step approach can be fine for alcoholism or cocaine addiction because we haven't discovered the medical causes of those conditions," he adds. "But with opiates we know how dependence happens—and we have a treatment to reverse it." (A spokeswoman for NA responds, "We've been around since 1953 and have 33,500 meetings every week in 116 countries, so something is working for a lot of people.")

When Gabrielle awoke groggy and thirsty several hours after her detox, she said she noticed a difference in the way she felt right away. "The cravings were gone," she says simply. Now, with nearly a year of drug-free life under her belt, she's a walking testimonial to the Waismann way. "I'm a believer," she says. "This worked when nothing else did." She has chosen to see a psychiatrist, who is treating what she now recognizes as long-standing depression and helping her to find better ways to cope with the stressors in her life.

After Gabrielle returned from Orange County, she confided in her husband about having gone through the treatment. He was angry and hurt at first but eventually came around. "I'm working hard to let him know he can trust me again," she says. She's even starting to plan for the future, an exercise that until recently had seemed futile. She's decided not to vie for another job in television—too much stress, too many burned bridges—and is studying to be a life coach instead. "I've learned so much through this experience that I feel like I have a lot to offer others," she says. "I've lost a lot of time, but I'm only 37. I want my life back." □