

**Addiction and Recovery:
Do You Need "Detox" After Relapse?
By Peggy L. Ferguson, Ph.D.**

Addiction is appropriately treated as the chronic disease that it is. Recovery is a process that occurs over time. It often involves progress in an inconsistent series of starts and stops. Relapse is a symptom of addiction and a common piece of the recovery experience. Relapse is a symptom of most chronic diseases. Addiction is no exception. Although relapse is predictable and preventable, it is nevertheless, a fact of life, in the dynamics of addiction and recovery.

For those in relapse, it may be difficult to re-engage in recovery groups and support systems because of guilt or shame, but the very life of an alcoholic or addict depends on that. For those in relapse or returning to recovery, questions about what to do about detox, are common.

For some people, depending upon their drug(s) of choice, dosage(s) and period of time in relapse, it may be appropriate or even necessary for formal detox assistance. For some, outpatient or inpatient treatment should be used during or after detox assistance. Detox services could involve supervision by your primary care physician, a social detox, where you check in and stay until you are physically detoxed, or a medically assisted detox, that involves medication and possible other medical treatments.

Each person should be assessed for detox severity, possible complications and need for services based on individual conditions. One indicator of the probability for need for medical detox assistance is a prior detox history that was problematic. Any historic or current symptoms of DTs, seizures, or hallucinations (tactile, visual, or auditory) indicate a need for professional supervision. Anyone experiencing these symptoms should be taken to the hospital. Delirium and seizures can be very dangerous and can ultimately be life threatening. Taking into account previous detox history is important in assessing need for a variety of services. Detox experiences tend to get worse as the disease progresses.

Most people would be appropriately advised to consult with their primary care physician about their history of chemical abuse and their current detox situation. Although detox is not something to take lightly, many people do not require formal or medical detox services. Many people have flu-like symptoms with detox. Although not fun and not pleasant, most people do not go to the hospital for the flu.

When recovering people have a history of several attempts at formal inpatient treatment, followed by relapse, a long term inpatient treatment facility may be the most appropriate level of care.

For others, again depending upon length of time in relapse, drugs and dosage used during relapse, an appropriate course of action could be to return to outpatient counseling and 12 step group involvement. Some people in relapse may need only to return to their 12 step involvement.

It is crucial to keep in mind that addiction requires personal attention throughout a lifetime. It often requires professional attention off and on throughout a lifetime. If you are a recovering person and you have relapsed, do not be so hard on yourself to the point that you just give up. Recovery as a process is often discouraging and frustrating. Recovery is rarely smooth sailing. Do not give up.

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