

Pair plan state's first at-home detox service

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SUMMARY: Wellness | No Worries Corp. is for those people without the time or resources for residential treatment centers

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Nurse practitioners Alysa Hilton and Kerry Pioske worked for years in residential recovery programs, helping people break their addictions to alcohol and drugs.

But the two knew they weren't reaching everyone who needed treatment: mothers who didn't want to leave their children, professionals who feared taking time off from work, airline pilots or nurses or teachers worried about their privacy.

And there were the costs: \$25,000 and more for a month of residential treatment.

For some addicts, the risks and costs of recovery --real or imagined --kept them from treatment.

Hilton and Pioske took their knowledge of how to treat addicts and the hope of reaching more in need to No Worries Corp. The 10-year-old Beaverton-based home health-care company plans to start an at-home detox program Feb. 1, becoming the first in the state and one of the first in the nation to treat addicts at home. Treatment will include 24-hour care during the three to five days of physical withdrawal, as well as an extensive recovery program.

Hilton and Pioske, who created the treatment protocol, will oversee the program. A medical director will be in place in January.

"If you can help people get clean and sober, it's one of the biggest impacts you can make on society," Hilton said. "It's a true nursing model. It's a biological, social, spiritual model. The end goal is to get people sober and to get them into recovery."

The program bloomed before it even opened. No Worries Corp., founded by nurse Melinda Reed, initially planned to start with just alcohol detox, but added treatment for opiates and benzodiazepines --sedatives such as Xanax, Valium and Ativan. The No Worries offices in Beaverton also underwent a major expansion to add rooms for medical assessments, individual and group therapy and an area for socializing.

Students from the new Pacific University School of Pharmacy will measure and study results of the program.

The success rate of at-home detoxification has not been studied in the United States, said Dr.

Paul Berger, a psychiatrist specializing in substance-abuse treatment at the Portland Veteran Affairs Medical Center and an assistant professor of behavioral neuroscience at Oregon Health & Science University.

Berger said the lack of scientific research made him cautious about at-home detoxification. "The questions would be, one, if it's cost-effective," he said, "and, two, if it is supported by evidence-based clinical practice.

"If it were a research project where the people involved had a track record in publishing and it was peer-reviewed by researchers, that would be wonderful," he added. "It would be innovative."

Detoxification from alcohol or drugs often is accompanied by anxiety, vomiting, headache, flulike symptoms and the shakes. Severe cases can include seizures, hallucinations and delirium tremens. At its worst, detox can be life-threatening. Medication can help with many of the symptoms.

Detox usually takes several days and often is undertaken as part of a medically supervised residential-care program that could last as long as 30 days. For example, the David P. Hooper Detox Center, run by the nonprofit Central City Concern, has been a first step toward sobriety for patients with alcohol and drug addictions since 1971.

The No Worries program will cost about \$5,000.

At-home detox is used in Europe and Australia but still is rare in the United States.

Patients will undergo an intake exam at the No Worries offices. The nurse practitioners can prescribe medications and will work closely with pharmacist Mike Douglas of Mike's Medical Pharmacy in Newberg. The patient must agree to undergo counseling --individual or in a group -- as part of a recovery plan.

"This is not the Beverly Hills model --come in, detox, go home," Reed said. "We think the recovery part is so important to get started at the beginning."

Detox can begin almost immediately with 'round-the-clock supervision by certified nursing assistants in the patient's home or, if the patient is from out of the area, at a nearby hotel. Patients might have to take a couple of days off from work but shouldn't have to completely disrupt their lives.

"Not only can a lot of people not afford to go to full treatment, but a lot of women don't want to leave their children," Reed said. "We think health care is going to the home."

The program isn't for everyone. Medically fragile patients probably would be better served in residential care, Reed said. Others may need the structure and distance of a residential program.

"It's providing the patient with another option," Pioske said. "Not every patient needs 30-day in-patient care. Not every patient should have in-home detox."

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