Medical: WPIC Ambulatory Detox, 11/2012
Ambulatory Detox Program
Center for Psychiatric and Chemical Dependency Services
Western Psychiatric Institute and Clinic
3501 Forbes Avenue, Suite 900
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412-246-5278

Frequently Asked Questions

Do you detox people from alcohol?
- Yes.
Are there any patients who shouldn’t be detoxed from alcohol on an outpatient basis?
- Yes, they include patients with the following medical history or medical conditions:
o History of delirium tremens
o History of withdrawal seizures
o History of seizure disorder
o Aneurysm
o Arrhythmia (e.g., atrial fibrillation, supraventricular tachycardia)
o Severe heart disease (e.g., recent MI, cardiomyopathy)
o Esophageal varices

Do you detox people from benzodiazepines?
- Yes.
Are there any patients who shouldn’t be detoxed from benzodiazepines on an outpatient basis?
- Yes, they include patients with the following medical history or medical conditions:
o History of delirium tremens
o History of withdrawal seizures
o History of seizure disorder
o Aneurysm
o Arrhythmia (e.g., atrial fibrillation, supraventricular tachycardia)
o Severe heart disease (e.g., recent MI, cardiomyopathy)

Do you detox people from opiates?
- Yes.
Are there any patients who shouldn’t be detoxed from opiates on an outpatient basis?
- Not really, most people qualify for outpatient detoxification if medically stable.
- A history of withdrawal seizures or seizure disorder does not exclude a patient from outpatient opiate detoxification (unless he/she is also detoxing from alcohol/benzodiazepines).

Do you detox people from opiates using Suboxone or methadone?
- No, our main medication for opiate detoxification is Clonidine. We also give other medications to help with anxiety (Vistaril), insomnia (Trazodone), and diarrhea (Lomotil).

Do you detox people from more than one substance at a time?
- Yes, we will detox people from all three substances at once if needed. Below is the percentage of patients who we saw in 2010 who were detoxing from the following substances at the same time:
o Opiates and benzodiazepines (8.9%)
o Alcohol and opiates (7%)
o Alcohol and benzodiazepines (1.3%)
o Alcohol, benzodiazepines, and opiates (1.9%)
Do you detox people off of alcohol or benzos who are in a methadone maintenance program?
- Yes.
If someone wants to detox from methadone, what dose should they be at when they start detox?
- Patients on methadone maintenance should be at 40 mg of methadone daily or lower for the most comfortable detox, however, a taper from the methadone clinic is best option.
- If someone is using methadone “off the street” we will detox them from any dose.
If someone tapered off of methadone or Suboxone and is still having withdrawal symptoms a few days later, will you see them?
- Yes.
If a patient is abusing opiates and alcohol but only wants to be detoxed from the alcohol will you see them?
- No. We detox people from alcohol using Librium, a benzodiazepine. It is very dangerous to give benzodiazepines to a person who is abusing opiates, the combination can be lethal. Therefore if a patient is unwilling to stop using opiates, we cannot safely detox them from alcohol.
If a patient is taking a prescribed benzodiazepine as directed and wants to be detoxed from opiates only, will you see them?
- While we generally discourage patients from continuing on benzodiazepines, we will work with patients who are taking benzodiazepines as prescribed as long as they are not coming to the clinic appearing intoxicated.
If a patient is taking a prescribed benzodiazepine as directed and wants to be detoxed from alcohol only, will you see them?
- The patient should be instructed to discontinue the prescribed benzodiazepine while in detox as he/she will be given Librium (another benzodiazepine) for alcohol withdrawal.
If a patient is at a pain clinic and wants to continue on opiate pain medication and detox off of alcohol or benzodiazepines will you see them?
- Maybe. Please call us to discuss the patient’s case.
What should I tell the patient to expect when they go to the detox program?
- When patients arrive at the office they need to sign in on a list starting at 7:30 am.
- Patients are seen in the order in which they arrive.
- Patients should be encouraged to arrive as early as possible and should arrive no later than 10:30 am.
- Some days there are 4 patients, other days there are 10 patients, so the time to be seen varies. Patients should expect to be at the clinic for at least one hour, and possibly longer.
- Patients will first be assessed by the nurse who discusses the patient with the doctor.
- The patient will then be seen by the doctor.
- The patient will then pick up medication for the day and be able to leave.
- The patient will need to return the next day for a medication check until the detox process is complete.
How many days does the detox process take?
- The length varies between individuals but typically ranges from 3 to 6 days.
Is there anything else patients should know?
- Patients should not drive while taking the detox medications as they make them sleepy and impair their concentration and coordination.
- Patients are not to drink alcohol or use any drugs while in the detox program.
- If patients have symptoms that are not controlled by the detox medications, they should go to the nearest ED or the DEC at WPIC.
What if I have questions?
- From 7:30 am – 3 pm, please call the Ambulatory Detox Coordinator at 412-246-5278.
- After hours, please page Julie Kmiec, DO, at 412-958-7240.