Ways to Detox when suffering from CHS

"Acute Physical" Admission

1. Go to a large regional medical center (e.g., Duke, UNC, or Atrium) during an active CHS episode.

2. Show and tell: Hospital admissions staff will see the inability to keep fluids down and the severity of the panic. In NC, hospitals are more likely to admit if there is a "co-occurring" mental health crisis (the panic attacks) alongside the physical CHS.

3. The Benefit: Once admitted, you can receive IV fluids and IV benzodiazepines (like Ativan). These treat both the CHS symptoms and the panic attacks simultaneously, providing a medical buffer while the THC levels begin to drop.

The "Medical Detox" Admission

1. If you're not currently vomiting but cannot stop using due to panic, a general hospital may turn you away. In this case, you need a Facility-Based Crisis (FBC) unit or a Non-Hospital Medical Detox.

2. How to Access: You must call the LME/MCO (Local Management Entity) for your specific NC county. They act as the gatekeepers for state-funded and specialized detox beds.

- Alliance Health: (Wake, Durham, Johnston, Cumberland) – 800-510-9132

- Vaya Health: (Western NC/Asheville) – 800-849-6127

- Trillium Health: (Eastern NC/Coast) – 877-685-2415

- Partners Health: (Central/Gastonia/Winston-Salem) – 888-235-4673

3. Tell the person you speak with that your therapist recommended you ask for a Level 3.7 Medical Detox or Facility-Based Crisis bed. Mention that you have a comorbid medical condition (CHS) that makes outpatient quitting dangerous due to dehydration risks.

Critical Support Tools

While waiting for admission, two specific treatments are commonly used in NC hospitals for this exact scenario:

- Capsaicin Cream (0.025%): Applied to the abdomen or back, it can often stop the CHS "scromiting" cycle without the need for more drugs. Read this article, if you're interested: https://pmc.ncbi.nlm.nih.gov/articles/PMC7718060/