

Treatment for Heroin Abuse and Addiction

WHY IS HEROIN SO ADDICTIVE?

Heroin is a derivative of opium and stimulates the reward centers of the brain. Heroin is a member of the opiate family, natural or synthetic chemicals that stimulate specific receptors in the brain. Commonly, these compounds relieve pain and give a sense of well-being. When injected, there is an intense effect almost immediately, often a feeling of pleasure, energy and relief, sometimes described as “the way I was always meant to feel.” Some people are more sensitive to these effects and are driven to these sensations over and over, while others hardly feel them. It appears that a vulnerability to opiate addiction runs in some families. Heroin’s effects are short lived, and users are driven to recapture the initial ecstasy over and over again. The brain becomes tolerant, and over time, people take more and more to try to feel the positive effects. Everything else in life becomes secondary.

Heroin’s initial effects include a “rush” followed by drowsiness, cloudy thinking, slowed breathing and low body temperature. Coma or death can occur if the drug is overdosed, a common event since potency is inconsistent from supply to supply. With continued use, the heroin user is at risk for blood borne diseases such as HIV or Hepatitis C, and suffers chronic problems such as poor dental health, constipation, itchy skin, weakened immunity, respiratory illness, muscle weakness, sexual impotence, depression and skin pustules. Regular users neglect everything except obtaining the next dose. Heroin abuse also poses increased risks for many serious diseases, being the victim of violent crime, having legal troubles, being incarcerated and premature death.

With effects and consequences like those, it can be hard for non-users to understand how anyone can start using heroin, or why they can’t seem to stop despite the awful consequences. Once opiate addiction begins, the urges are as strong or stronger than the need to eat or sleep, and intelligent people can have difficulty recognizing what is happening to them. People will do anything to obtain their next high. Withdrawal is painful, although not usually life-threatening, and nerve receptors must adapt to the absence of the drug, causing withdrawal symptoms such as restlessness, pain, nausea, diarrhea, agitation, hot and cold flashes and vomiting.

Opiate dependence like other addictions is a medical condition, a change in the wiring of the brain, and few are immune. Rather than a foolish choice, it is better seen as a chronic, life-threatening illness like heart disease. Treatment is not 100%, and often requires multiple interventions, just like any other chronic disease.

DETOXIFICATION

Medically, there are two main approaches to opiate dependence—withdrawal off of all opiates, or maintenance on a long-acting compound that does not cause euphoria, but prevents withdrawal or craving. Withdrawal is straightforward; staying off of opiates is not, and the great majority of dependent individuals relapse after withdrawal alone.

Supervised detoxification is most effective, either with the synthetic opioid, methadone, or buprenorphine, in decreasing dosages. As an inpatient, this is usually done over a few days, but can be done more gradually as an outpatient. Many, if not most individuals who are opioid addicted take other habit-forming medications, such as benzodiazepines or alcohol, and it is best to come off of these as well. Some individuals are prescribed habit-forming medications, and claim they never abuse them, but continuing them rarely helps, and may increase the risk of adverse outcomes. Discomfort is rarely intense, and a number of medicines help with withdrawal symptoms.

Detoxification alone does not treat addiction. For long-term results, the ongoing treatment is key.

METHADONE MAINTENANCE

First introduced as a treatment for heroin addiction in the 1960s, methadone activates opioid receptors in the brain, which alleviates withdrawal symptoms. Due to the potential for abuse and resale associated with narcotic medications like methadone, it is administered once per day in liquid form by specialized clinics. Both the oral route of administration and the action of the medication itself make its effects less intense and more lasting than heroin. The recovering person avoids the highs and lows of street drug use and has more success keeping a job, maintaining a healthy lifestyle and avoiding the negative consequences of continued heroin use. Some would say that doctors are just continuing addiction, but the evidence is that methadone maintenance normalizes a changed brain, and allows individuals to focus on everything except getting high.

Treatment for Heroin Abuse and Addiction

SUBOXONE MAINTENANCE (BUPRENORPHINE AND NALOXONE)

Depending on individual treatment plans determined with their doctors and counselors, people in methadone maintenance programs may continue that way for a long time, or may gradually reduce the dosage of methadone until it is stopped completely. Both of these approaches have been successful in keeping people off heroin who may not have been able to stay drug-free without medical help.

A newer medication available for heroin addiction, buprenorphine, partially activates opioid receptors, which means it relieves drug cravings without producing much of a "high." At high enough dosages, buprenorphine also blocks the effects of any injected heroin or other opioid. Buprenorphine can be prescribed in doctor's offices, so it is more available and easier to obtain without the possible stigma of attending a methadone clinic.

Due to the risk that it could be abused, buprenorphine is now available in combination with naloxone, which is an opioid antagonist, and branded as Suboxone, given sublingually. Unlike methadone and buprenorphine, which activate the brain's opioid receptors, opioid antagonists interfere with the activation of those receptors, neutralizing the narcotic effects of opioids. If Suboxone is injected, naloxone blocks the high an abuser is seeking. As a result, Suboxone does not have to be supervised every day, and longer prescriptions may be given, making it more convenient than methadone.

Methadone or Suboxone don't work well alone. They work better as part of a comprehensive treatment plan, which includes medical and recovery treatment, frequently 12 steps, a support system and a plan for change.

NALTREXONE

Naltrexone is an opioid antagonist that, under the brand name Vivitrol, is given once a month by injection. It blocks the action of opiates such as heroin, making it ineffective and thereby unappealing. Naltrexone is non-addictive and non-sedating. Highly motivated individuals, such as doctors or nurses who do not want to lose their license, often do well with naltrexone.

BEHAVIORAL TREATMENT

Whether in conjunction with medical therapies or on its own, behavioral treatment for heroin addiction may be the most critical piece in the recovery plan. Often, childhood trauma or poorly developed coping strategies are part of what brought someone to heroin in the first place. Many individuals, and perhaps most women who abuse heroin, have post traumatic stress disorder. Further, months or years of heroin abuse will likely have wreaked havoc on the addicted person's life. Relationships are in need of repair, self-esteem is damaged, jobs have been lost or are in danger, and the recovering person feels depressed, anxious and discouraged.

Help for these and other serious issues can be found in inpatient and outpatient treatment programs including multiple psychotherapies, but especially group support, family therapy, Cognitive Behavioral Therapy and/or reward-based methodologies in a combination of group and individual counseling sessions. An assessment of the addicted person's physical and psychological needs will enable a treatment professional to recommend a plan that best fits each individual's unique case.

No one recovers alone, and a support system is essential, especially for people who have succeeded in maintaining recovery. It helps to accept needing help, to reach out to others, and to be honest with them. Slips happen; what is important is getting back into recovery.

With so many evidence-based treatment options for recovering from heroin addiction, no one needs to be stuck on a destructive path of continued use. A professional drug counselor can help an addicted person find the approach that best suits his/her needs. All it takes is the first step to start on the road to lasting recovery.

For more information, visit www.EastMountainHospital.com