

# **UNDERSTANDING OPIATE ADDICTION & TREATMENT**

***HOW IS OPIATE ADDICTION  
SIMILAR TO OTHER ADDICTIONS  
AND HOW IS IT DIFFERENT?***

***HOW TO CONSIDER IF TREATMENT  
IS RIGHT FOR YOU OR A LOVED ONE.***



Charlotte Hungerford Hospital  
**Behavioral Health**

# HOW IS OPIATE ADDICTION SIMILAR TO OTHER ADDICTIONS AND HOW IS IT DIFFERENT?

## SIMILARITIES

Opiate addiction has many of the same characteristics of other addictions:

**Tolerance:** When a person requires more of a substance to achieve the feeling they want

**Dependence:** When a person requires having a substance in their system for a sense of physical or psychological wellbeing

**(Negative) Goal Oriented Behavior:** Negative actions a person takes to obtain their drug of choice, use their drug of choice, or conceal the use of their drug of choice.

## SPECIFIC TO OPIATES

**Heroin** and other opiates are derived from opium. Opiate medications are molecularly similar to create similar effects. Opiates fall under an analgesic (pain relieving) category and are an effective means to treat acute and chronic pain conditions.

**Prescription opiates of common abuse are:** Hydrodone (Vicodin and Lortab), Oxycodone (OxyContin), Percocet, Dilaudid, Meperidine, and Fentanyl. Methadone and Suboxone are commonly prescribed in the treatment of opiate addiction but may be abused, as well.

**Abuse** of these medications may be in several forms. Abuse could be taking them if they are not prescribed to you, taking them “not as prescribed such as prescribed” by taking more than is ordered, taking them in shorter time intervals as ordered, or not taking them by the ordered route e.g. sniffing them rather than taking them orally.

**Heroin** is an illicit substance, not regulated by the FDA. It may be in the form of black, tar-like substance or in an off-white powder. Methods of abuse are predominately sniffed (in the case of powder) or either form may be intravenously (IV) injected.

**Heroin** and other opiates act as a central nervous system depressant. They act on endorphins (naturally occurring opiate peptides) and neurotransmitters such as dopamine, GABA, and glutamate resulting in pain relief and euphoria.

## WITHDRAWAL

Acute withdrawal from opiates (the process people go through when they abstain abruptly), occur 6-12 hours after last use. Symptoms peak (approximately) 24-48 hours after use but may persist for a few days.

**Withdrawal presents as severe flu-like symptoms:**

- Runny nose and eyes
- Muscle and joint pain
- Discomfort and restlessness
- Nausea/ vomiting
- Diarrhea

People going through opiate withdrawal do not experience fever. Generally, opiate withdrawal symptoms are not considered life-threatening but can exacerbate other medical conditions.

## RISKS OF ABUSE

**Infection:** Intravenous heroin users are at risk for local infection at injections sights. IV use also places people at risk for blood borne infections such as Hepatitis B, Hepatitis C, and HIV.

**Pain:** Chronic use of opiates can cause hyperalgesia (acute sensitivity to pain).

**Narcotic Bowel Syndrome:** Increase opiate use is correlated to increased abdominal pain

**Overdose:** Opiates act on the central nervous system and depresses respiration. This can occur to the point where all breathing stops and may be fatal.

Overdose death is possible with heroin or prescription pain medication abuse. “Recent epidemiologic studies have shown that overdose is more common with nonmedical use of prescription opioids than with heroin.” - Opioid use disorder: Epidemiology, pharmacology, screening, assessment, and diagnosis, 2013 Author Eric Strain, M.D., <http://www.uptodate.com>.

## HOW TO CONSIDER IF TREATMENT IS RIGHT FOR YOU OR A LOVED ONE

*Entering into opiate treatment is a committed action step that supports a decision to stop abusing heroin, opiates, or other prescription pain medications. Before taking that step, individuals must often consider how opiates may be affecting the different areas of their life.*

### THINGS TO CONSIDER, OPIATE ADDICTION MAY NEGATIVELY IMPACT...

#### **Your ability to keep up with personal responsibilities:**

Responsibilities such as attending work or school – or the quality of work may be diminished.

#### **Your social life:**

You may lose interest in things that you used to enjoy or be passionate about. You may avoid family and social events or attend them under the influence.

#### **Emotional or mental health:**

You may be mentally preoccupied with your drug of choice during times of “non-use,” and you may not be able to focus. You may feel shame or guilt surrounding your opiate abuse. You may experience depression or anxiety when you do not have a history of these conditions. Also, pre-existing symptoms may be becoming worse.

#### **Your physical health:**

Your substance abuse may interfere with your diet and sleep patterns. Or you may have experienced an accident or injury while under the influence. Also, people who suffer with dependencies often neglect self-care, such as, preventative doctor and dental visits.

#### **Your behavior:**

You may do things under the influence that you would not normally do. These behaviors may go against your religious or moral upbringing. Such things might include lying, stealing, concealing drug use, or breaking the law. These actions may have resulted in legal involvement or strained family/ social relationships.

*Or, perhaps, your behavior is out of control because you have made previous attempts to stop or limit your use – without success. All of these situations may leave you feeling as overwhelmed, out of control, or unsafe.*

### FIRST STEPS YOU CAN TAKE...

#### **Confide in someone you trust:**

A doctor, religious leader, or a professional counselor may be able to point you in a direction for help and change. You may also confide in a close relative or friend. You might know someone who has had a similar problem. Ultimately, it is anyone you feel safe with.

#### **Attend a 12 Step meeting or peer support group:**

There are many types of support groups for addiction recovery. Alcoholics Anonymous and Narcotics Anonymous are two of the oldest, most well-known, and easiest to find and access. There are also meetings such as SMART Recovery or Celebrate Recovery. This informational packet does not support or oppose any of these programs; many of these meetings are open to people who are questioning if they have a problem with chemical dependency.

### WAYS TO INTERVENE ON BEHALF OF SOMEONE ELSE...

*There are things you can do if you suspect a friend, co-worker, or loved one has a substance use disorder. At all times try to use non-judgmental comments and questions. Someone may be very guarded or secretive about their drug abuse.*

#### **Report back observations:**

If you have noticed a change in behavior, mood, or attitude, simply reflect back what you have observed and inquire about any underlying stressors. When confronted with facts without judgment, some people will become more open. But be aware someone may become defensive.

#### **Ask open ended questions and make kind requests:**

“I have been worried about what I have seen. What is the matter? I am very concerned and this is worrying me.”

*If you are absolutely sure drugs are negatively impacting your loved one’s life and this is affecting you.*

#### **Attend a 12 Step meeting or support group:**

Alcoholics Anonymous and Narcotics Anonymous often hold “open meetings” These meetings are not limited for people who have an addiction. These are open to the public and may offer insight into addiction, relapse, and recovery.

#### **Other meetings include:**

Family Anonymous, Co-Dependents Anonymous, Al-Anon and Nar-Anon. These are 12 Step based groups that are for people that have had their lives impacted by the self-destructive behaviors of their loved ones.

#### **Seek counseling for yourself:**

To help establish boundaries and exercise control in your own life, you may benefit from formal therapy/ counseling. You could benefit from informed advice and confiding in someone you can trust.

If you or someone you know has a possible problem with opiates, please call to arrange for a confidential individual meeting to receive more information and review treatment options.

**Opiate Referral Program, Partial Hospital Building**  
**540 Litchfield Street, Torrington, CT (860) 496-6381**



Charlotte Hungerford Hospital  
**Behavioral Health**