

# Beyond Opiates

Presented by

**CNS Productions, Inc.**

© 2013, CNS Productions, Inc.

**I hate pain. When I had moderate back pain years ago, I tried a number of things to alleviate it such as aspirin, and ibuprofen, and exercise, but the doctor prescribed Vicodin, a prescription opiate. A year later I was still using it and other opiates as well. I stopped using but I will always have the problem of controlling any pain I might have without triggering my compulsion to use.**

## THE PROBLEM

**Brandon** “For me it started off for pain because I went through a surgery. It then went from pain to, I had really bad anxiety...social anxiety, and I realized that when I took this medication, I didn’t have it anymore.”

**Jason:** “Like Vicodin to Oxycontin and then ended up on methadone because the pain was so long and intense. That’s the only thing that really numbed it at all.”

**I found that the Vicodin not only relieved the pain in my back but also made my worries and anxieties fade away.**

**Michael:** “I got injured and the doctor prescribed me Vicodin and I took that then after a little while I realized that it had a nice effect I liked how I felt and so I figured if I took more, the effect would be stronger.’

**The relief from my anxieties and worries had me thinking, ‘Where has that feeling been all my life.’”**

**Claudia:** “I felt euphoria from using the drug ok, but if I wasn’t on the drug, I was in some type of pain. I was in physical pain, psychological pain, emotional pain, some type of pain.”

**“Relief from pain feels like a high because it works through the nucleus accumbens, that part of the brain that tells us we’re doing something to aid our survival. It is the core of what’s called the reward/reinforcement pathway.**

**Mary:** “Relief from pain feels very good, yeah. ...I’m a sissy when it comes to pain! Any pain at all....”

**Dallas:** “Today the craze is pharmaceutical...Oxycontin, oxycodone and that’s what you’ll see a lot of young kids coming in detox for now. More so than heroin, but when they run out of the resource to get the pills, then they start shooting dope.”

**Claudia:** “Opiate addiction is from hell, I mean, you know...it’s from hell. It really is. You know, it’s a thief. It’s a promise thief. It’s a dream robber.

**Dr. Mendenhall:** “Now we have millions of patients between 2 million heroin addicts and at least 4 million prescription drug addicts that are deeply dependent on opioids and there are simply not enough clinicians with experience to take care of this ever growing population in our country.”

**Mary-** “I turned blue, stopped breathing, had foam coming out of my mouth, and uh, woke up in the emergency room, getting several doses of Narcan.”

**Dr. Mendenhall:** “Unintentional opiate prescription opiate, opioid overdose death has become the #1 cause of preventable death in America.”

**So that’s the problem. Opiate use starts out as a way to control physical and emotional pain, to satisfy curiosity, or simply feel high . . . but it takes on a life of its own.**

**Mary:** “It was at some point that I was taking the drug to control whatever or relieve whatever pain that was going on at the time then the drug took over and started controlling me. And it dictated what I was feeling.”

**What helped me to stop using was to first understand the science of pain, pleasure, and addiction processes, and then use that understanding to guide my own recovery.**

## **THE SCIENCE**

### **NATURAL INTERNAL PAINKILLERS**

**Our immediate instinctive reaction to pain is to protect ourselves from further damage by addressing the cause whether**

- **it’s a burn,**
- **a twisted ankle,**
- **or a verbal assault.**

**The brain chemical substance P, that’s P for pain, transmits the pain message from damaged tissue, through a network of nerve cells, until it reaches the brain, impelling us to take some further action to lessen that pain.**

**Then the brain starts reacting by releasing its own internal painkillers, brain chemicals called endorphins and enkephalins.**

**Darryl:** “Your brain was never meant to continue to suffer pain, just to alert you that there’s some damage going on.

**Endorphins and enkephalins, are internal opiates which first stop transmission of substance P, and then block substance P receptor sites on the next nerve cell.**

**Claudia:** “You’ve got to walk through that pain. I mean, you do. You have to know that if you keep putting one foot in front of the other, you’re going to walk right through it and then past it.”

**For those with more severe pain, chronic pain, or an extra sensitivity to pain, the brain’s internal pain-killing ability isn’t enough.**

## **EXTERNAL PAIN KILLERS**

**External opiates are extracted from the opium poppy or are synthesized. Some are legal and some are not. They can lessen the transmission of substance P even more quickly than the internal opiates. The more well known are Vicodin, OxyContin, morphine, methadone, buprenorphine, and heroin.**

**Nicole:** “I can remember getting hurt a lot through my teenage years and going to the doctor and getting prescribed Vicodin and Percocets and I remember really liking the feeling of numbness that you get from taking those.”

**“Opiates are also depressants. They slow breathing and heart rate while alleviating physical pain. They are most effective with pain from tissue damage, but not effective for straight nerve pain. Emotionally they can be more powerful than endorphins.**

**Mary:** “I believe my mind was looking for myself being sensitive to pain as an excuse to take something to get rid of it.”

**Problems with opiates don’t develop until we use them for more than a few days, more frequently than prescribed, or the they graduate to a stronger painkiller such as heroin.**

**Brandon:** “I lived those 3 years on pain killers, taking them every single day, so it wasn’t normal...I didn’t feel right.”

**Endorphins and enkephalins, the natural internal opiates, also trigger the release of dopamine. It is this brain chemical that sends the survival message, ‘This is good for you . . . Do it again.**

**It’s the dopamine release that actually feels like a reward. Unfortunately, external opiates over amplify this process: instead of saying, “do it again,” it says “do it again, and again, and again.”**

**Dr. Mendenhall:** “Our brains are used to releasing, from an evolutionary perspective, relatively small amounts. So we may say

- that a full belly releases is this much opiate,
- and a five mile run releases this much natural opiate and
- reproductive activity may release this much natural opiate.

But in truth, when people are exposed to what we call exogenous, or outside of the body opioids, we know that the brain responds by releasing boatloads of dopamine, as if there was a gigantic natural opioid release.

**Darryl:** “The overall situation that results is that your brain turns off its natural endorphins when you’re putting in external opiates and as it turns off, eventually if you take too much and take it too long, you end up with no endorphins. You don’t have any brain capacity to produce it. That means your brain is now in an allostasis condition, meaning that in order to maintain functionality, you have to keep taking the opiates.”

**Nicole:** “No matter how much I was doing towards the end, I wouldn’t get high. I wouldn’t get that nod that I was looking for, when you just sit there and are nodded out, I didn’t get that any more . . - I got well. I got to where I would feel good enough to be able to go out and figure out how to get more.”

**Angie:** “Well once you start abusing pain medications, dependent on them, and so I would get to the point where if I didn’t have them I couldn’t touch my skin, like it would be painful. Things like headaches and things like that where a normal person would take Tylenol for, I would, the only thing that would works for me is pain pills.”

**Dr. Mandenhall:** “So over time as people become more physically dependent on the opioid for their pain management, they experience greater levels of pain including pain from regions of the body that didn’t used to hurt before and they begin to experience a significant distress intolerance for emotional distress and physical distress.”

**Darryl:** “Actually, when you take an external opiate to replace your natural endorphins, your body adapts by creating a greater sensitivity to pain. You actually become...your pain threshold actually lowers and you actually feel more and more pain and the external opiates can’t relieve it as much, so you start taking more and more.”

**Angie:** “ You take it for the pain ‘cause you’re in a lot of pain, so you take the pain medication, then you become dependent on it, and what happens is you forget what pain feels like because you don’t feel it anymore, so as soon as the pain pill wears off, and you start to feel a little bit of something, and you’re so used to not feeling anything at all that it hurts, you start to get sick, you have to have it.”

**Darryl:** “It’s a little bit different from actual tolerance. It’s actual adaptations of your pain receptors and your pain neurons.”

**Mary:** “I thought what I was taking was relieving pain. It wound up in the long run creating more pain and more problems. And it really wasn’t taking anything.”

**What's surprising about these adaptations of the brain to opiates is that they can occur so quickly.**

**Nicole:** "Oxycontin . . . it took about a week before I was 100% dependent on it and had to use it every single day or I would get sick."

**Dr. Mendenhall:** "In most patients, usually two weeks worth of medication after a small operation or something like that will lead to a certain level of physical dependency where there will be a mild withdrawal that happens. If somebody was just beginning starting to use heroin they may start to experience withdrawal within 4-5 days."

**For others it takes longer, initially, to become physically dependent.**

**Gina:** "The first time it took several months, but once you've been physically dependent on heroin, the next time you use, it only takes 1 or 2 times and you're dependent again."

**Look at how this works. I take an opiate to lessen pain or feel high, but because of these adaptations and increased tolerance, I have to take more. But the more I take, the more I need, and I then start to lose the ability to lessen my own pain without drugs.**

**The opiates that I take helps remedy the imbalance caused by the opiates I take which then causes more imbalance, and so on and so on and so on.  
What a marketing scheme !**

**Gina:** "You know you have to get well and then you have to get enough dope to get high, so you know, it's a dog chasing his tail!"

**If I'm physically dependent and I can't get more or if I try to stop, the drugs start to leave my system causing intense withdrawal symptoms.  
My body has become dependent on external opiates in order to function. (S)**

**Nicole:** "Every muscle in your body hurts. Every joint in your body hurts. You cannot stop throwing up. You have diarrhea. Hot and cold. . . you can't sleep. You have anxious legs. I mean, it's awful. It's awful. It's really. . . it's unbearable."

**Think about that . . . if someone wants to stop using, the withdrawal symptoms, make quitting incredibly difficult, something to avoid, especially with heroin, and particularly without emotional support or medications. (T)**

**George:** "The psychological and the emotional pain was so bad where at one point I felt as though I was powerless and that I wanted to commit suicide."

**If we only use prescription opiates, we can think, “Oh, prescription opiates don’t cause withdrawal problems like heroin....so they’re not as dangerous as heroin or methadone or any other strong opiate. (U)**

**Kimberly:** “I found out that the Dilaudids was making me in the state that it did when I used heroin. It was the same effect.”

## **GENETICS, ENVIRONMENT, & PSYCHOACTIVE DRUGS/BEHAVIORS**

**Most people who develop a problem with one substance or behavior have usually had a problem with another because the basic problem is addiction, which is considered a disease. Research shows that it is changes in the brain before we ever use and more changes after we start using, that makes us vulnerable to any addictive substance or behavior. The initial vulnerability, is caused by heredity and environment.**

**Claudia:** “I grew up with 2 addicts, you know, so I thought that’s the way people lived anyway. I thought that was okay, you know. And because they were addicts, they were self centered to the extreme, so there really wasn’t any room for me and I was left on my own a lot.”

**Darryl:** “Many addicts, regardless of the drug and especially so with alcoholics and opiate addicts, have a history of heavy trauma and early childhood stress conditions, unavoidable stress when you are a child. You had no coping mechanisms, you had no point of reference...you don’t know how to react to an abuse...a sexual abuse, a physical abuse, a...you know, just being excluded and not included and being rejected by other kids growing up, being bullied.”

**This stress often leads to problems with self-esteem when users don’t recognize that addiction is a disease and not a moral or personal failure.**

**Kendall:** “I still have this belief that I have, you know, no heart and black blood running through my veins and once you get to know me, you’ll realize that I’m truly evil and dark and you know, I’ll suck the life out of you or something because my depression is so strong that eventually people don’t want to be around me anymore.”

**No matter how vulnerable we are, we will not become dependent on opiates or any other psychoactive substance, unless we actually use them. This dependence is also true of addictive behaviors such as gambling, shopping, game playing, or internet use.**

**Jim** “I was living with my father who was an outlaw, an old-time outlaw from the 60s and selling heroin on the streets and when I went to him and told him I didn’t have my Ritalin he gave me my first shot of heroin which relieved me of all the pain and suffering and turmoil in my life.”

**Nicole:** “My little brother and I were both born addicted to heroin. I spent the first 3 months of my life coming off of heroin in the hospital.”

**Actor:** **Once the brain structure and its neurochemistry have been altered by heredity, environment, and drug use or practicing compulsive behaviors and we**

- **become obsessed with acquiring and using the drug,**
- **lose control over the use of the drug, and**
- **continue using despite severe consequences.**

**Then we have developed the disease of addiction.**

**Kimberly:** “The drugs were just the symptoms of the disease. I used all kinds of things. I used gambling. I spent about a few thousand dollars gambling in a couple of days.. I used sex. I’ve used food.”

**Each substance or behavior has its own unique problems. For opiates, the relationship between pain and severe physical withdrawal are crucial factors in recovery.**

**Gina:** “You become emotionally attached to the heroin because like, it’s such a stress and pain reliever because when you do it, you just feel so warm and so comfortable and nothing bothers you and you know, you always think you’re going to quit when you do that last one and then when it starts to wear off you change your mind.”

**Brandon:** “No matter what I did, I had no control. Once I got that first drug and I got high, I immediately hated it. I regretted it. Everything I did...it’s like...what did I just do to get this? I can’t believe it. And then once the high went away, it went straight back to what am I going to do to get more, who do I have to rob, what am I going to do.”

## **THE RECOVERY**

**Michael:** “I literally hit my knees right in the middle of the sidewalk and I said...I prayed to my higher power and I said, ‘I’m done. Help me. I don’t want to do this anymore. I don’t want to be this person anymore.’”

**Because it is so difficult to quit using opiates, outside help and support are necessary.**

**Laurel:** “I’ve noticed you can’t try and help someone to stop. They have to want it for themselves, whether you hit a bottom or not, you just have to...you have to really want it yourself. And, you know, I wanted it.”

**Dr. Mendenhall:** “It is about brain ownership, responsibly owning our brains and understanding that these are just biological experiences that we’ve conditioned the brain to get used to and the brain becomes naturally very attached to these reward experiences.”

**Recovery is the goal in a process that involves detoxification, initial abstinence, and long-term abstinence.**

**Ellora:** “I would get a few days clean and sober via using benzos and Suboxone, so I wasn’t really clean and sober, I was just so desperate to get off of heroin.”

**Darryl:** “That’s the initial detox phase – getting the basic toxins out of the body, going through the withdrawal. Medical treatments aimed at suppressing those have been developed and are very effective in preventing that withdrawal.”

**To make detoxification easier, the user needs to taper off the opiate. Methadone and buprenorphine, long-acting opioids, are most often used for this purpose. They can be taken for a few days or weeks or longer.**

**Kendal:** “I’m doing this program with Suboxone where I taper down over the course of 6 months and so I’m about halfway down now.”

**In addition, a number of drugs can soften the withdrawal symptoms including Benedryl, for insomnia or sleep problems, Compazine for nausea, hydroxyzine for anxiety, ibuprofen or a muscle relaxant for pain, and especially clonidine for a variety of symptoms.**

**One drug that has been used extensively is naltrexone, used to block the effects of opiates.**

**Darryl:** “Addicts have just as many underlying medical problems and mental health problems as non-addicts do and if you don’t address the of the person’s health, you can’t expect them to get any better.”

**“One thing that must be addressed is “How does a recovering addict handle physical pain?”**

**Dr. Mendenhall:** “Very little has been published on patients with co-occurring pain and addiction. We know of patients who attend methadone treatment for opiate addiction, 40 percent report moderate to severe chronic pain.”

**Many recovering addicts with legitimate pain are seen as drug seekers and are not taken seriously when honestly looking for pain relief. The flip side is a doctor will often prescribe an opiate without knowing the susceptibility of the patient to relapse.**

**Dr. Mendenhall:** “It is deeply gratifying to see that patients can accept limitations meaning. ‘gosh I understand that I can’t get high anymore, that that is not going to be safe for me.’”



## Impaired Cognition

**In addition to physical health problems that hinder recovery, a client in recovery has thinking problems brought on by the abuse of opiates.**

**Jason:** “ 2 weeks out of inpatient and my brain was just still muddled with...with, you know, old thoughts and everything and so, it took about 6 weeks before I actually started thinking clearly. ”

**Extended opiate use disrupts the neurochemical balance of the brain,**

- **over-activating the “go” switch in the emotional, primitive brain,**
- **disrupting the stop switch in the thinking brain,**
- **and crippling communication between the two, thus disrupting clear thinking.**

**Darryl:** “Your cognitive abilities, your ability to make plans and understand temporal processing, your ability to participate and understand things are so impaired because your brain is turned off and it remains that way. It can be impaired, we measure, anywhere from 40 to 80% of your cognitive abilities are wiped out and it remains that way for several months before the brain starts to come back.”

**Gina:** “To me it felt abnormal and really weird not to be under the influence. That was strange to me. So, for the first year I struggled. I had some relapses and then, you know, I slowly...after the first 6 months, I slowly started to get it.”

**Pat Knox:** “Knowing that this is what it is like for everybody in early recovery. That’s just part of the process and again knowing that your thinking is impaired right now. It’s going to get better. Your brain is healing.”

## Initial Abstinence & PAWS

**After somebody’s been through acute detox, then they’re dealing with the initial abstinence phase. But they can still get sporadically, a process called post acute withdrawal syndrome or PAWS.**

**Darryl:** “It’s almost a PTSD, a posttraumatic stress disorder phenomenon where they’re fine for a few days and then all of sudden they wake up sick and they’re not sick the next day and another couple of weeks and all of a sudden they’re sick again.”

**Kagan:** “I don’t like post-acute withdrawal syndrome at all. It is by far my least favorite part about going through recovery because it’s like...all of a sudden my hands will be clammy or just even internally, I’ll feel like something is off.”

**PAWS symptoms include insomnia, nightmares, memory and thought problems, anxiety, coordination difficulties, and a feeling of being back in active withdrawal.**

**Mary:** “Total, from head to toe muscle aches, cramping, restless legs, this is after withdrawals. This is after the throwing up, not sleeping, I mean just totally miserable. For a long time and it was almost like it was in my head.”

**Some say that we can overcome PAWS and recover without learning why we used. Others say that we can't truly change until we understand our heredity, environment and neurochemical reactions to drugs.**

**George:** “When I finally had the power to believe that I could quit, I started researching why did I begin to continue to self: “destruct? It goes back to my childhood. I was a little fat kid, no self: “esteem. My dad was an alcoholic.”

**Darryl:** “Many people look at it as pleasure seeking, many people look at it as willfulness conduct or something that's enjoyable by the addict. Well, if you look at addicts when they come in for treatment, they score to be the most heaviest depressed and suicidal anybody could ever experience”

**Dr. Mendenhall:** “I think that the most important message to any new recovering person, particularly an opiate addicted person is the first step which is to surrender to one's powerlessness over their drug. I have seen people try to rationalize their way into their recovery. Every time I have seen that happen people find a new bottom.”

**Kimberly:** “I relapsed with 8 years clean. I allowed my thinking to get the best of me and my disease began to tell me that I'm really not an addict, that I really don't suffer from a disease of addiction.”

**Darryl:** “There's going to be cravings, there's going to be these types of craving that are endogenous or interpersonal cravings due to the imbalances that are still occurring in the brain. It takes a long time before the endorphins or the natural homeostasis is going to return, probably 8 to 10 months before you get some functionality in your own endorphin system.”

**The time it takes to heal varies from person to person. Endorphin depletion, level of depression, one's living situation, and legal problems all have an effect. True recovery is a lifetime process.**

**Dr. Mendenhall:** “It is going to take a full two years for the brain to reach a place where it has forgotten most of what the opioids used to be doing for that brain.”

**Brandon:** “Emotions definitely set me off. I'm not used to dealing with emotions. I usually cover those up with drugs”.

**Mary:** “Certain areas of town that...that, where you could readily get drugs. Certain music that was popular during the time that I was using. Even today, 11 years clean and sober, when I hear certain songs, my stomach starts turning and I get upset and it even feels like I’m going to throw up.”

**Jason:** “for me, is just , stress and not being aware of it and letting it build up.”

**For me, becoming frustrated or bored were real triggers that could lead to relapse.**

**Darryl:** “Treatment of opiate addiction is a process. It’s not going to be an event. You’re not going to get cured. We don’t cure diabetes. We don’t cure addiction. And what we do ,we treat it and we manage it and you use the tools that are given you, sometimes medications that are necessary, and you do all the things that promote the best health you can be...it results in tremendous amount of quality of life.”

**I spent the first part of long-term abstinence re learning how to cope with feelings I didn’t like, and how to find satisfaction and enjoyment in my life through teaching and helping others.**

**Pat Knox:** “There’s a lot of emptiness in early recovery. Ah, you lose your old friends, and you gotta start new relationships.”

**Darryl:** “Every time an addict an opiate addict is able to resist picking up and using opiates when their brain is in a craving or triggered reaction, it weakens that trigger for the next experience.”

**Mary-** “Cravings, they are not good. But guess what? They don’t rule me anymore. I master the cravings. The cravings don’t master me.”

**Dallas:** “I lost my father, his brother (my uncle) and a child at 5 years sober and I didn’t use. So, I feel like the foundation that I built to working the steps, doing the work that is outlined in the big book, helped me save my life. And even to this day, it’s life 101, I’d rather do it sober now.”

**Darryl:** “After initial abstinence, then you’re going through a long term abstinence and you’re dealing with a lot of crap in your life. I mean, you’re dealing with the, you know, you’re dealing with the wreckage of what you did and what your life had been because of your addiction and you’re trying to make amends, you’re trying to find out about everyone you hurt, you’re trying to have everybody trust you again and believe you again.”

**Angie** “It’s an inside job. I have to work on me, so I have to start figuring out why I wanted to use these drugs in the first place. Why do I like to I have to be dead inside? Why don’t I want to participate in my own life.”

**Brandon:** “You know, I’ve come to realize this last time in treatment that I’ve never wanted to admit to myself before, that this is something I’m going to have to deal with for the rest of my life; every single day, every hour, every minute.”

**Margaret:** “I believe we’re all miracles because we survived something horrific, something that we did for a long time, you know, and if we survived that and we’re still here, then there’s something about that life that needs to come over here and be used for helping someone else.”

**Dallas:** “If I can do it, anybody can do it, because I was a back in the alley, doorway doping fiend and alcoholic for almost 40 years.”

**Darryl:** “One of our biggest challenges in treating opiate addicts is to instill hope in them.”

**Cheyene:** “Hope just comes with time. It doesn’t come right away. It doesn’t come 30 days sober. You have to work it. You have to work for it.”

**Michael:** “I didn’t have hope in the beginning, but I was clean, so I knew that there was possibly a possibility for hope. I got clean and my grandma started talking to me more and helping me out. And I think that was my first ray of hope – when my grandma started associating with me again.”

**Angie:** “I have to put just as much into my recovery as I put into my drug use.”

**Nicole:** I can’t do it no more. You know I can’t. I know I’m only 25-years old but I don’t have another relapse in me. I have better things to do with my life. I’m not just existing any more, I’m living.”

**Gina:** “You know the one thing I can do to make up to my children for what their life was like growing up today, is today my children know one thing. They have a mother that’s clean and sober and I have a home. So they always have a clean and sober place to go when they get ready.”

**Angie:** “I’m living a life beyond my wildest dreams. I really am. I have the best friends. I have my family back. I have a really great job. You know, all the things I’ve lost I’ve gotten back plus some.”

**Dallas:** “For me to walk in that treatment center and stay there? I wanted to leave there every day for the first 30 days because when I walked in there they was laughing and hugging and crying and I knew I was in the wrong place ‘cause I was used to prison and you don’t go to prison crying and huggin and you don’t do that there. Because you’ll get taken advantage of that, but that’s what they was doing at the treatment center, and I stayed there through that and 30 days later, I was laughing and hugging and crying too.”

**Just as important is having and maintaining a sense of being connected to something bigger than myself. Sure, I still don’t like pain, who does? But I know I don’t need opiate drugs to face it.**

