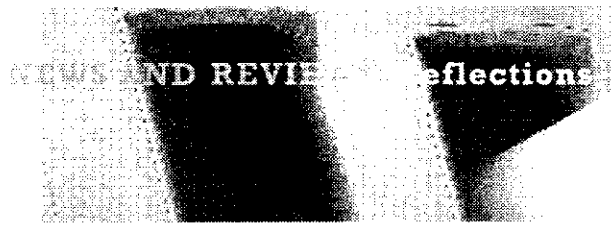

The heroin addict!

A personal view

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Heroin beckons like the sweet seductive calls of Ulysses' sirens. The alluring nectar of the poppy seed, once experienced is not easy to escape. The greed for pleasure is endless. Gratification begets gratification.

This paper explores issues and complications of treatment intervention in heroin addiction. The author is a general practitioner with 25 years experience and special interest in substance abuse medicine.

In the mind of the user

Most addicts appear not to trust doctors no matter how open to helping or skilled in addiction medicine they may be. Most addicts seem to believe their condition is reversible. Most expect that with a little detoxification medication they will return to their premorbid states in 1–2 weeks, even if they have been abusing heroin for years. Most believe addiction is a state of mind and that they have enough knowledge, or in fact more reliable knowledge uncontaminated by the 'pseudo mumbo-jumbo' of medical science. They appear to have the same disregard for evidence based medicine that the physician has for anecdotal opinion.

People using heroin come from all walks of life: the intelligent and the stupid, the rich and the poor; from every continent, every country and every race; the loved and the abandoned, from good homes and from fractured dysfunctional families. They come in the tens of thousands. They come, they fall and many die in their youth.

How are we to understand the 'young' addict in full flight, the collapsing of time, the annihilation of patience, psychological 'catastrophising', the abandonment of a civilised perspective, and the creation of raw egos — little hurricanes disrupting the social order wherever they fall.

Dealing with the physical side of the addiction alone is usually insufficient or inadequate to affect a lasting result. Personality is a blend of nature and nurture, a mix of temperament, intelligence, creativity and cunning acted upon by our experiences: love versus abandonment; understanding versus violation; strokes versus beatings; opportunities versus limitations.

All these factors enter the room when the patient says: 'Hi Doc I want to stop heroin.' It is not always said in the same voice — it may be meek, aggressive, desperate, and/or seductive or even a means of deception to stretch for time, money or reduction of chemical tolerance to afford more heroin.

And in our minds

Little wonder so few physicians are prepared to play. This game is too dangerous, humiliating, there are not enough wins. Rather than loss of face, anger at the victim is a far superior posture. Perhaps this is really a meeting of minds, fear versus fear, ignorance versus ignorance. Physicians often blame themselves or their patients for lack of recovery. Yet all we need are special tools to enter the world of the heroin addict.

We need to gauge the level and depth of addiction, readiness for change, the physical and psychiatric comorbidity and ongoing risk factors that may contribute in sabotaging the plan for recovery.

Trust is an integral component of effective intervention and should not be taken for granted nor assumed to exist. This is truly a two way street, for the physician must also decide on the level of readiness or unreadiness of the patient. Many a patient is masquerading readiness for a dip into the doctor shoppers' vending machine of delicious licit drugs. Like stepping on snakes, the room is filled with tension, both patient and doctor in readiness to escape.

The myths and my concerns for safety are in time shared with each patient. The 'pre-contemplators and the contemplators'[1] present a greater risk to themselves for accidental overdose of prescribed medication. Another area of misadventure is the poly-drug user. These people may be genuinely ready to stop using heroin but persist in using amphetamines or other illicit recreational stimulant drugs. Perhaps

they covertly wish tranquillisers and hypnotics to bring them down, but others want these drugs to stretch the effect of heroin.

The lure and the snare

Triggers and cues haunt the addict and stimulate their craving for heroin — pushers, fellow users, nightclubs, sounds, perfumes, all opening the floodgates to nirvana. Heroin brings an immediate peace, an instant transportation to the heavens, thus providing an escape from pain, anguish, torment, degradation, violation, grief and shame. The constant demand is like an overheating motor leading to heightened anxiety, and collapsing of time. Everything becomes a major disaster or threat. Clinically, alcoholics are forty-something going on fourteen, while the heroin user is twenty-something going on two.

The addict's sense of immediacy, lack of patience, acute sense of boredom, and proneness to depression render them like de-pinned grenades waiting to explode. Consequently any factor raising the emotional temperature, be it real or perceived, will incite the user to search out heroin to put out the fire. Arousal is interpreted as craving.

Sooner than later tolerance happens, bringing with it a lessening of the response. The motor won't kick over.

'Is there a hole in the gas tank?'
'The dose is wearing off.'

There is insufficient effect.

'I will control it! I'll be careful!'

'I will be sparing!'

'It [addiction] won't happen to me!'

'I will not become addicted!'

'My old friends are calling me a junkie. I'm not really like that...'

These are the frequent recurrent calls I hear from these patients. Conceit is the forgotten side effect. Soon the twice a year user uses monthly. The months turn into fortnights, then into weeks, days, to several times per day. Pawning one's possessions turns to stealing from the family to shoplifting to burglary and prostitution. The transformation from civilised to pure ego, stripped of its executive powers may take 6–12 months, for others it may take two to three years, and for a few maybe longer.

Anarchy

There is a fuzzy boundary between chasing 'utopia' and avoiding physiological discomfort. With the ebb of effect, in rushes a tidal wave of symptoms: pain, more pain and greater pain; local pain to everywhere pain, followed closely by sweat, cramps, diarrhoea, vomiting, tears, yawning, anguish, frustration, and a sense of hopelessness. Peace is lost, only anarchy prevails. The compulsion for the big hammer, smack, 'H' — it crosses from the will of the frontal cortex to the lesser quarters, the drives of the hindbrain. Like oxygen, food and water the appetite requires quenching. Reason becomes irrelevant. All becomes fair in love and war. And folks this is a war!

'I had/ have low self esteem. I didn't think of the consequences.'

'I tried to stop my lover from using till I got hooked myself.'

'I tried it and I felt so good.'

'My life's always been shit.'

'I can't cope in social situations.'

Checkov said: 'When there are several remedies there is no cure.' Clearly there are many options for the treatment of chemical dependency:

- going 'bush'
- incarceration
- home based detoxification (opiate and nonopiate)
- residential detoxification
- substitute programs utilising methadone and buprenorphine, and
- antagonists such as naltrexone programs

are the standard options, each with variations in time and dosage used.

The complexity of treatment

For success to be achieved, the vast majority of heroin addicts require simultaneous treatment for the comorbid physical, psychiatric, psychological and social conditions that have occurred predating and consequent to the addiction. Treatment is not easy nor without frequent lapses and relapses. Unfortunately, most addicts shift their focus from heroin being the 'enemy' to the treatment being so. The impatience to be 'drug free' and 'back to normal' is naively assumed and expected by patients and doctors alike.

Some patients do achieve periods of abstinence and return to 'normal life'. My record holding patient has remained opiate-free for 26 years. Others may lapse from hours to days, weeks, months and years. Some have relapsed to return to full fledged addiction after 20 years abstinence. Letting go of heroin addiction brings with it much grief, the loss of a friend, companion, the 'elixir of Utopia'. Elizabeth Kubler-Ross' description of the stages of grief and ways to address it[2] are as relevant to addiction as to death and dying.

Drug treatment is more about the journey than the destination. It is about the quality of life. The capacity and trials of each patient is different; the end point likewise is different. The 'successful patient' must leave behind their drug society and culture if there is to be any chance of overcoming their struggle to use heroin. They must learn to handle stress. They must come to terms with themselves. And they must accept addiction as a lifetime phenomenon with the hope that in the future their options for cure may become a reality.

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