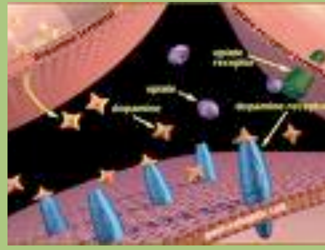
Challenges Helping the Opiate Addict



WWW.RECOVERYHAPPENS.COM Jon Daily, LCSW, CADC II 916-966-4523 ext 4

Adolescent & Young Adult Opiate Abuse: The Unique Challenges...

Challenge #1 (Abusing a good thing): On October 8th, 2002 the FDA announced the approval of Buprenorphine (trade names *Suboxone* and *Subutex)* for the treatment of opiate abuse. This medicine has been an invaluable tool in the treatment of opiate addiction. You can read the recent newsletter I co-authored with Dr. Claude Arnett, "Understanding the Treatment of Opiate Addiction: Buprenorphine (Suboxone, Subutex) & Support", on my website at http://www.recoveryhappens.com/buprenorphin.pdf to learn more about the opiate system and this medicine as a treatment tool. While this treatment offers tremendous help for opiate addicts, some opiate addicts use it to support their addiction, not their recovery. Many clients have shared with me that they seek this drug on the street or from doctors and use it to simply avoid withdrawal until they can find more oxycontin, heroin, etc. Once they are able to get more of their drug of choice, they then discontinue the medicine so that they can experience the opiate intoxication once again. In this situation the medicine is being used to enable their addiction by preventing the opiate user from experiencing the painful withdrawal that can sometimes be the " rock bottom" that motivates change, openness, and a willingness to work a program of recovery. It prevents their recognition of a need for change in their life. Seeking suboxone for these purposes can sometimes be the motivation for clients entering treatment. Hence, this poses a unique challenge in the treatment of the opiate addicted client and warrants a more thorough examination of their motives for treatment and more of a structure of accountability incorporated into their treatment plan.

Challenge #2 (I'm only addicted to opiates): Taking 3 - 5 "Oxys" a day at a price tag on the street of $40.00 a pill quickly adds up. In addition, after just a few days the opiate addict experiences physical withdrawal symptoms if they stop using. The peak of opiate intoxication offers them the best feeling they've ever had, and the peak of withdrawal is absolutely the worst. They are quickly motivated to avoid the pain and seek the intoxication at any cost which usually ruins their finances, employment, friendships, family relationships, health, etc. This pain has motivated many opiate addicts to seek treatment.

The challenge for these clients is that they typically have a long drug use history prior to opiate use and a varied pattern of other drug use during their opiate addiction. However, they don't view the other drugs besides opiates as a problem. They really struggle with the idea of being "addicted to intoxication." They will state, "I'm only addicted to Oxy." Therefore, these clients can be more prone to "minimizing" other drugs and "bargaining" with their recovery. If denial about their addiction to "intoxication" can't be broken in treatment, they will ultimately experience consequences occurring from the non-opiate drugs and/or eventually return back to the opiates.

Challenge #3 (It really is harder for them to see):

While many addiction treatment professionals will recognize the dynamics mentioned in "Challenge #2" (minimizing) can occur with addicts abusing ecstasy, meth, cocaine, etc., I have certainly come to realize that because the opiate addiction was so quickly devastating to their life, *it really is that much harder for the opiate addict* to view "the other drugs", i.e., marijuana, alcohol as a part of their addiction.

Challenge #4 (Family members and professionals "minimize" too):

The dynamics just mentioned can also occur with the family and other helping professionals. When these individuals are active in "minimizing," then they too are participating in the illness by not challenging the users' denial or holding them accountable. They are doing family or professional enabling, "co-dependency."

Challenge #5 (dual diagnosis: valid & an excuse): Often times, opiate addicted teens and young adults have co-occurring disorders. Many of my clients struggle with anxiety, social insecurities, schizoid components of their personality and an overall lack of relational skills. It is a valid part of their struggle. Many either long to connect with others but are either too afraid to reach out or they just don't have the necessary social skills. Others somewhere along the way reached a point where they just defensively stuffed away their desire to connect with others. While these are completely valid issues which force the clinician to focus on a slower process, more comprehensive assessment, and scaffolded treatment plans, the challenge here is when the client uses their valid issues as an "excuse" for avoiding their recovery. These are the clients who avoid group therapy, 12-step meetings, etc in treatment when they are actually at a place in therapy where they could do it if they tried. These are also the clients who seek benzodiazepines to ameliorate their legitimate anxiety and abuse it at the same time.

My hope is that this newsletter illuminates some common challenges when working with this clientele. Being mindful of these challenges might help when we are assessing the client's motives for treatment, developing treatment plans, educating the client, family, etc. I also believe that the more we learn and share with the client, their family and our colleagues the faster we can advance our practices and the more effective we can be at creating the outcomes we all desire: sobriety, good mental health and wellness..

Outpatient Treatment for Adolescents & Young Adults with Substance Use Disorders

Recovery Happens Counseling Services
Clinically Directed by
Jon Daily, LCSW, CADC II
7996 Old Winding Way #300
Fair Oaks, CA 95628
(916) 966-4523 Ext. #4
WWW.RECOVERYHAPPENS.COM
info@recoveryhappens.com
LCSW #lcs20952, CADC#a3819299