

YOUR GOOD HEALTH

Staying alive

How to fight an opioid addiction

By Emily Bazar

Kaiser Health News

Rule No. 1: Stay alive

If you or a loved one wants to beat an opioid addiction, first make sure you have a handy supply of naloxone, a medication that can reverse an overdose and save your life.

"Friends and families need to keep naloxone with them," says Dr. David Kan, an addiction medicine specialist in Walnut Creek who is president of the California Society of Addiction Medicine. "People using opioids should keep it with them, too."

More than 42,200 Americans died from opioid overdoses in 2016, victims of a crisis that's being fueled by the rise of a powerful synthetic opioid called fentanyl, which is 30 to 50 times more potent than heroin.

Rock stars Prince and Tom Petty had fentanyl in their systems when they died.

People can become addicted to opioids through long-term use, or misuse, of prescription painkillers. In most cases, that leads to heroin use, according to the National Institute on Drug Abuse.

If you're ready to address your own addiction, or that of a loved one, know that you may not succeed — at first. You probably won't be able to do it without outside help or medications. And you'll probably have to take those medications for years — or the rest of your life.

"Getting over a drug addiction is a process. There are going to be ups and downs," says Patt Denning, director of clinical services and training at the Center for Harm Reduction Therapy in San Francisco and Oakland. "We need to hang with people while they're struggling. It might take awhile."

That's why Denning and others suggest you start with having naloxone on hand, which can help you stay alive through the process.

Naloxone, which can be administered as a nasal spray or injection, is avail-

able without a prescription in more than 40 states. Ask your pharmacy if it stocks the drug.

Rehab alone doesn't work

People addicted to opioids face staggering relapse rates of 80 to 90 percent within 90 days if they try short-term rehab or detox programs that wean them off the drugs without assistance from medications, says Richard Rawson, a UCLA psychiatry professor emeritus.

Rawson warns that rehab can also increase the risk of an overdose, because your body's tolerance to opioids is lower after you withdraw from them.

"If you leave rehab and take the same dose you used to take, you're not just going to get high, you're going to be dead," he says.

Instead of treating opioid addiction like a curable illness, he and other experts liken it to lifelong, chronic conditions such as diabetes that require ongoing management.

"This isn't going to be one visit. If you have an addictive disorder, this is going to be the rest of your life," says Dr. Stuart Gitlow, an addiction specialist in New York City who is past president of the American Society of Addiction Medicine.

Chronic illnesses often require medication. Rawson and others point to two drugs in particular that may help break your addiction: buprenorphine and methadone.

There is some unwarranted stigma attached to these drugs, along with a belief that "you're just exchanging one addiction for another," Kan says.

While these medications are actually opioids themselves, they control craving and withdrawal — and help prevent the compulsive and dangerous behavior often associated with addiction.

They also reduce your chances of an overdose, Rawson says. And they protect you from other risks that come with opioid addiction, such as exposure to

blood-borne infections from sharing needles, including HIV and hepatitis C.

Essentially, the medications make you "comfortable enough physically" to confront the issues behind your addiction, from anxiety and depression to post-traumatic



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stress disorder, Denning says.

The federal government agrees.

"Abundant scientific data show that long-term use of maintenance medications successfully reduces substance use, risk of relapse and overdose, associated criminal behavior, and transmission of infectious disease, as well as helps patients return to a healthy, functional life," according to the Surgeon General's 2016 report on addiction in America.

To obtain methadone, you must visit a clinic governed by state and federal rules.

"These clinics are not particularly patient-friendly. You have to go every day. You can't travel," Denning says. "It takes over your life."

Buprenorphine, on the other hand, can be obtained from doctors, including primary care physicians, who have undergone training and received federal approval.

To find a doctor who prescribes buprenorphine, go to the Substance Abuse and Mental Health Services Administration website at www.samhsa.gov and click on the "Find Help & Treatment" link from the home page. You can search by state and ZIP code.

Though you can receive care from your primary care physician, Gitlow recommends that you also consult with an addiction specialist.

After you start the medication

Once patients start one of the medications, it's not clear how long they should stay on — a question that deserves further research, Rawson says.

"The longer people stay on treatment, the lower the death rate is and the more they're able to function," he says.

Often patients face pressure from family members, who badger them to get off the medications even though it would be better for them to stay on them, Kan says.

"We don't say to patients who suffer from diabetes ... 'Have you changed your diet enough so you can get off insulin?'" he says.

Kan and other addiction specialists generally don't encourage medication treatment alone, no matter how long you stay on it.

Pairing the medication with therapy or other support, including 12-step programs such as Narcotics Anonymous, can reduce relapse rates further, they say.



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