

the road to **recovery**



When it comes to drugs and other compulsive behaviors, admitting that you have a problem is the first step to recovery. However, while this first step may be the most important, for heroin addicts especially, the most difficult steps lie ahead. ➔

Part 2 of a 2-part series on Heroin

By Claudia S. Copeland, PhD

Once a heroin addict realizes that he has a problem and decides to seek help, he must figure out how to kick the drug—get it out of his system and allow his body to readjust to a drug-free state.

Heroin relieves stress, and admitting addiction and deciding to quit is stressful, creating even more powerful cravings for the drug. At the same time, the addict must go through a physical state of sickness (withdrawal) that generally lasts from a few days to a week. Like any drug taken regularly, heroin causes the body to compensate for its actions in order to maintain homeostasis (and protect the body from dangerous effects like fatal respiratory depression). With regular administration of the drug, the body uses these compensation mechanisms to maintain a state of balance; in other words, the user will no longer get “high” from a regular dose of heroin, just “normal”. One addict, who was respected as a conscientious employee in his house painting job, took non-increasing “maintenance” doses throughout the day. He called it “his medicine” and claimed that he did not get high from the heroin at all, but he needed it to continue to function.

When an addict decides to quit, her body will be thrown out of balance, into a state that is in general the opposite of the normal effects of the drug. (For example, one of the effects of taking heroin is constriction of the pupils, giving a characteristic “pinned” look to the eyes. During withdrawal, the opposite is seen: her pupils will become dilated.) In the case of mild dependence, such as a person

on regular painkillers during an extended hospital stay, this will be like a case of the flu. (Patients often don’t know they are going through withdrawal; they simply think they caught a bug.) Most addicts, however, have built up to very high doses, often regularly taking heroin doses that would be lethal to non-addicted people. For these addicts, withdrawal can be very serious. It is not deadly, but is extremely unpleasant.

Heroin withdrawal has two main physical stages. In the early phase, about 12 hours after the last dose of heroin, addicts will experience agitation, anxiety, muscle aches, increased tearing, insomnia, runny nose, sweating, and yawning. This phase is followed by the late symptoms of withdrawal, including abdominal cramping, diarrhea, dilated pupils, goose bumps, nausea, and vomiting. While there is no way to make withdrawal easy, there are ways to make it less painful. One of the best is leaving the place of addiction—going on vacation to withdraw. (The more remote, the better—a tropical island or mountain cabin would do nicely.) If this option is available, it will not only make it much more difficult to break down and get some of the drug, but can actually make the symptoms of withdrawal milder. This is because the body uses cues as warning signs that it is about to be poisoned—not only the familiar tools of heroin



use, but also the familiar environment and people who tend to be around when the drug is used. This is all part of the body's survival mechanism, and is based on conditioning. (Just as you might start salivating and feeling hungry when you walk into your favorite restaurant, a heroin addict's body will start taking physiological actions to prepare for an influx of heroin when it "expects" a dose.) If an addict is able to go on vacation to "detox", the withdrawal symptoms can be substantially milder because heroin-associated environmental cues are absent. One word of warning, though: this method may actually lead to two phases of withdrawal. Addicts who have detoxed completely on vacation have been known to experience new withdrawal symptoms as soon as they enter their old environment. These will be much milder than the initial withdrawal, but they can take a recovering addict by surprise, and the intense cravings he feels can lead to relapse, even if he has completed a full withdrawal. (This is also a potentially deadly time—if the addict has gone through withdrawal, his body cannot counteract the drug as well as when he was addicted. Not understanding this, many addicts die of overdose from the same daily dose that barely affected them before detoxing.)

If leaving town is not an option, medication is available to help with withdrawal. Buprenorphine and clonidine are two modern pharmaceuticals prescribed for this purpose. There are also traditional medicines. (Remember, while heroin is a relatively newly invented drug, opium has been used by humans for thousands of years.) Withdrawal symptoms are similar for all opiates, so it should not be surprising that traditional herbal remedies exist that can help with heroin withdrawal. As of 2006, ten traditional Chinese medicines for the treatment of opiate addiction had been approved by the Chinese State Food and Drug Administration, and at least six are in clinical trials. Acupuncture has



also been used in China and other countries.

In New Orleans, Maypop Community Herb Shop offers both herbal remedies and acupuncture for detox. Maypop sells a variety of herbal products (they offer culinary herbs and spices, teas, oils, and creams in addition to medicinal herbs) but as an herbalist-owned shop, an important part of their mission is health consultation and classes in self-care. According to Amy Seifert, one of three herbalists who run the shop collectively, "Herbal medicine can be used in addiction recovery. There is unfortunately no magic herbal pill that reduces cravings and makes recovery a cake walk, though I wish there was. Herbs can be a helpful tool in easing symptoms, increasing comfort and restoring the body to a healthier state. I look to the "nervine"

herbs that affect the nervous system, herbs for the gut and digestive discomfort, those that can help relax the body, and whatever else is appropriate for the individual. After the crisis of detox, herbs can be used in the journey of restoring health."

Maypop also offers an acupuncture treatment to help with detoxing. Known as NADA, the procedure involves insertion of sterilized needles just under the skin at five designated points in each outer ear. Seifert, a trained practitioner of the procedure, emphasizes that "In the spirit of NADA, we offer a calm, quiet, and safe space for people to receive the treatment with no questions asked." She continues, "People may use the NADA protocol to aid their own healing process or regimen. Those I've spoken to in the shop have volunteered the feedback that it has helped with stress, anxiety, insomnia, PTSD, and many other mental and physical imbalances. People react in different ways. Some fall asleep, some sit quietly, and all appear more calm and peaceful when they leave. Even sitting in the room without receiving needles has a calming and focusing effect." For heroin addiction specifically, she thinks that "in crisis state people react more dramatically to many situations and interventions. I've seen people in detox fall into the heaviest sleep, but on another day feel very little effect." In spite of this variation, people do in general find that it helps. "People have said they've found it helpful for relieving agitation, muscle aches, and other symptoms and, used daily, in helping to stay committed

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to their process. At times I've organized several NADA practitioners to give the treatment daily to someone who is detoxing. It's been done at the person's home or in the corner of the shop while we are open. It can be a very empowering tool for people in addiction recovery—for several reasons: In a crisis time having a daily goal can be helpful, and meeting that goal (going to receive the treatment) is an accomplishment that feels good, and of course for the benefits of the treatment itself. In the same way that NADA can help people in their detox process, I think it has a place in anyone's healing process, be it with addiction recovery, healing past trauma, emotional health, or healing physical ailments with methods that require long-term dedication." In Baton Rouge, NADA ear acupuncture is offered at St. Anthony's Catholic Church in the Mid City North neighborhood.

Of course, some addicts are simply unable to detox in an outpatient setting. For them, a residential program can provide the structure, discipline, and intensive support needed to get through the initial stages of recovery. Several such residential programs exist in southern Louisiana, including O'Brien House in Baton Rouge and Bridge House, Grace House, and Odyssey House in New Orleans. Amy Bosworth, LCSW, the Senior Program Manager for Adult Residential Services at Odyssey House, describes it as "a behavioral healthcare

facility with an emphasis on addiction treatment". As such, the treatment offered there is intended to help addicts not only quit the drug, but build a strong foundation for a healthy lifestyle, including practical skills such as vocational and life-skills training. In addition to medically assisted detox, their short-term residential program focuses on drug rehab basics, including harm reduction skills and life skills. To address the high rate of relapse among addicts after they have gone through withdrawal, Odyssey House also offers a long-term housing support program that employs a 4-6 month relapse prevention model "with an intensive outpatient component that combines therapeutic interventions with housing and employment skill building." Odyssey House strives to be inclusive as well; it is one of the few programs that accepts pregnant women and postpartum women and their babies, and offers a residential program as well as services not directly related to addiction, such as a reintegration program for ex-offenders, HIV case management services, and a primary care community medical clinic. Ms. Bosworth explains that "OHL empowers individuals to become active participants in their treatment and recovery to reclaim functional, productive lives. OHL's philosophy is to treat the whole person, not just the addiction." She emphasizes that treating the whole person also means treating clients as the individuals they are. "Some interventions (e.g. 12 step and Motivational Interviewing) work well for the majority of people, but even within that treatment track, a treatment plan does have to be personalized for each individual. A strengths perspective, which offers service providers a work practice which focuses on strengths, abilities, and potential rather than problems, deficits, and pathologies, is essential ... each client has experienced different circumstances that ultimately led to their substance abuse. While there may be common themes for the majority of clients, each personal story is unique and the same circumstances may affect individuals in different ways." Of course, at the core of a residential program is a supportive environment in which addicts can focus on the



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task of getting clean. "A safe environment, one where the client is away from drugs and alcohol and people who are actively using, is also an essential part of ongoing successful recovery. Part of OHL's philosophy is to operate as a family. The community space of OHL is intended to be an open environment where clients are encouraged to share their thoughts and feelings with their counselors and fellow clients without feeling judged. Our clients will have to deal with stress while in treatment and in recovery, but stress is a part





do, and the neglected relationship between them needs to be rebuilt. “Even if the parents are good providers for the children,” says Danielle Kleiman-Pizzolatto, a former director of the program, “they often have bonding and attachment disorders. Very little eye contact, a lack of nurturing—when you’re high, you’re so detached that you can’t recognize someone else’s affect.” A big part of the program, therefore, is “learning bonding and attachment; learning how to parent.” Fathers are also included. While they can’t live at Family House, they come in for family work, and there are also parenting groups for other family members. Whoever comes to visit the clients must first attend a family education and parenting session, including understanding addiction and how to nurture children. Kleiman-Pizzolatto notes that “women tend to be motivated by different things than men. Their biggest motivation is their children, but their biggest triggers

are also their children.” Any parent knows the stress of a baby who won’t stop crying or a toddler throwing a tantrum.

This kind of behavior can be a very strong trigger, as heroin is such an efficient—and instant—reliever of stress. The women often require a lot of therapy; the past trauma experienced by many is “atrocious, such as sexual trauma from young ages—4, 5 years old” and abuse that went on for most of their childhoods.

The mothers in Family House tend to be women in great pain who used heroin to get some relief, rather than having tried the drug to get “high” in the sense of having fun.

Like their mothers, many of the children have experienced serious trauma. Kids have seen “serious beatings in front of them, prostitution, food deprivation”. In addition, these children, explains Kleiman-Pizzolatto, “are wired and programmed to become addicts because of their lack of nurturing”. It’s well-known that children of addicts are at risk of addiction themselves, so this is a big focus in the program—they want to be proactive in preventing the children from following in their mothers’ footsteps later in life. For the youngest children, this involves play therapy,

music therapy, and expressive arts therapy. For school-aged children, the focus is on education—understanding addiction—and therapy to help them understand their feelings and express them.

While the challenges for addicted mothers are steep, the challenges for pregnant addicts are practically insurmountable. This is because, while the sickness of heroin withdrawal will not kill an adult addict, it can be fatal for a fetus. Therefore, a pregnant woman addicted to heroin cannot simply quit; if she does, it could kill her baby. On the other hand, Louisiana law states that if any baby is born drug-exposed, the Department of Children & Family Services must be notified and the baby can be taken away. Add to this catch-22 that most obstetricians will not take heroin-addicted mothers, making it very hard for these women to get any prenatal care at all.

Among the few obstetricians who will take heroin-addicted mothers, the most common advice is for the mother to stay on heroin until the baby is born, as this is seen as the only option available. There is an alternative, though—replacement of the heroin with methadone or Suboxone/Subutex (buprenorphine and naloxone), long-acting opiates that will prevent withdrawal but are much less addictive than heroin. The baby will still be born opiate-addicted, and will need to be slowly withdrawn (about 5 weeks in the hospital), but it is much better for baby and mother than either prenatal heroin withdrawal (potentially lethal for the fetus) or the mother’s staying on heroin. Kleinman-Pizzolatto and others have only recently been able to “start the conversation” with DHH authorities, and build rapport with local OBs to get them to take these patients. They have also made some headway with DCFS. Meanwhile, though, the conundrums and difficulties faced by pregnant heroin addicts remain. Kleiman-Pizzolatto laments, “It is really hard for these women to get off heroin.”

Then, when addicts finally reach their goal of getting clean, it’s not over. After going through all the suffering of the withdrawal/detox stage, they must face the hardest stage of all—staying clean for the rest of their lives. One of the oldest and most effective

of daily life. It is important that we teach our clients coping skills so that they can navigate stress and other daily life obstacles without drugs and alcohol.”

Teaching coping skills is also a cornerstone of Family House, the first program in the state to accept pregnant women and women with children. Family House, which only accepts women and their children, is intensively focused on the unique issues faced by addicted mothers and their kids. The children need help as much as the mothers

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organizations for this stage of recovery is not a medical group at all; rather, it is a non-hierarchical group of addicts helping each other. Narcotics Anonymous, or NA, officially defines itself as a “fellowship” of men and women who have struggled with addiction. It is a global (129 countries), community-based organization that provides help from peers and offers an ongoing support network for addicts who wish to pursue and maintain a drug-free lifestyle. Membership is free, and there is no affiliation with any organizations outside of NA. It does not employ professional counselors or provide residential facilities or clinics. According to the Narcotics Anonymous World Services, “NA has only one mission: to provide an environment in which addicts can help one another stop using drugs and find a new way to live.” Furthermore, as one member from the New Orleans NA chapter explained, NA is not about heroin or any specific drug. On the contrary, the first of the 12 steps that form the basis of their recovery program puts the focus of recovery on the problem of addiction and not any specific drug. In the words of former addict CT (all NA members from the New Orleans and Baton Rouge chapters spoke on condition of anonymity, and will be identified by initials only), “We have one problem: addiction. The compulsive use of drugs is a symptom of our disease (alcohol and heroin are just other drugs).”

According to the local members interviewed, in the New Orleans Area, there are several members with 30-plus years clean and numerous members with over 20 years clean. Regarding NA and heroin specifically, one member emphasizes that “it is a program of complete abstinence from all drugs.” Another elaborates, “It is my opinion that there are some differences in withdrawal symptoms from each different type of drug or combination of drugs. As for types of treatments, that’s basically a question better answered by a doctor of medicine. However... after detoxification, recovery from the disease of addiction is similar for all drugs.” Recovery, in fact, goes far beyond giving up a drug: “It is my experience that recovery from addiction is an ongoing process of change. I followed the suggestions we give

to all members: change your “playgrounds”, “playmates” and “play-things”. Yes, I have found this has become a whole life changing process; one day at a time.”

The story of member DJ illustrates the delusion of thinking that addiction is about a particular drug: “Even though I didn’t like to drink, I found drugs were easily available in many all-night bars in the French Quarter. And I could stay high until dawn. However, I didn’t think I had a problem. I was on time at work every day. I didn’t shoot up with a needle. So I wasn’t an addict. The only addiction I could admit to, was tobacco. And I wasn’t even that heavy of a smoker. However, to ‘prove’ that I was not an addict, I quit smoking tobacco. It was easy. I simply switched to pot. To prove that I was not a “pot-head”, I quit smoking pot. It was easy. I simply started using cocaine. But I was sure I was not addicted. So I quit using cocaine and substituted crystal-meth. And on-and-on.

Then I heard the message of NA – We are powerless over our addiction. When I heard this, I realized I was not powerless over the

chemicals. I was the one putting them into my body. They didn’t jump in there on their own. I was just switching one drug for another to continue staying high. I had been around 12-step programs and seen close friends get better. I saw the ‘lights’ come on in their brains and smiles appear on their faces. Once I knew this is what I wanted, I could see that whatever drug I was using was getting in the way of my efforts to have a good life. I began to consider that, maybe, I had a problem with addiction. I got clean for one day and went to my first NA meeting. I have never lost the desire to stay clean since that day. With the support from a number of sponsors (one at a time), many long term friendships, lots of hard work, I’ve stayed clean for over 25 years. During this time I got a fantastic job with great benefits. Which would have been impossible without my recovery in NA. And I was then able to get additional help with a mental illness. Despite being clean for many years, there was still a sense of (sometimes)





able to hold down a job, pay my bills, take care of my kids and use drugs all at the same time. Needless to say, all of those other functions suffered as a result of my drug use, but I didn't see it that way at the time. My marriage dissolved in the early 90s and by the late 90s things were rapidly falling apart. I still had not accepted that drugs or addiction were my problems, but by that time I had what are referred to as "moments of clarity," instances when I knew at some level the drugs were the problem." His drug abuse eventually led to a conviction that required residential treatment as part of the sentence, and through this, he was introduced to NA. After getting clean, relapsing, and then getting clean again, he decided to continue his education, which "my drug use robbed from me so many years earlier. I started at the local community college, transferred to California State University, Sacramento and graduated magnum cum laude in 2007 with a BA in government-journalism. After writing news part-time and freelance for a few months, I decided that the best thing to do would be to earn an MA in communications studies and then use it to teach at the community college level. While working on my MA, my major professors convinced me to apply for a Ph.D. program. I was accepted with funding at LSU for the fall of 2011. I can say with complete certainty that without NA, none of that would have been possible."

overwhelming dread. I was diagnosed with chronic major depression. And with long term professional support, I finally dealt with the underlying problems that probably led to my seeking drugs in the first place." DJ fully credits NA with saving his life. "Without NA, nothing would have been possible. I am finally happy with life and look forward to each new day. I firmly believe that, without NA, I would have been found dead in a gutter somewhere in that same French Quarter that I had loved so much."

Denial is a common theme in the stories of addiction. Baton Rouge member MK has been clean for 10 years, after doing drugs since he was a young teenager in the 1970s. "For most of my active addiction, I was what many refer to as a "functional addict." I was

Why is NA, an organization not made up of professional treatment providers or built on the basis of science or medicine, so powerfully effective? Member CT credits NA's respect for members' individuality and

emphasis on members working with each other and for each other: "I feel that one of the reasons this program works, is it is so flexible. The steps are guidelines so they are open to individual interpretation. For me, this has allowed me to figure out what works for me and use that, rather than attempting to fit my personality into a 'mold' made by someone else. While I was using, my main goal was to avoid how I felt when I wasn't loaded. I think only other addicts really understand this. And I could relate to their problems and saw how they had worked out solutions. If they could do it, so could I. The other strong attraction to NA for me is the idea of a 'fellowship'. The way we work together without having a particular 'leader' may seem strange to others. For me, I have found this means my opinion and suggestions are just as important and valid as anyone else's. And having to work out our common goals with each other has been a keystone in my continued recovery." MK also credits the sense of fellowship and support in NA: "Twelve-Step programs are not therapy per se, but we are therapeutic communities. Our 'Basic Text' (the book's title is 'Narcotics Anonymous,' but we refer to it as the Basic Text), states, 'The therapeutic value of one addict helping another is without parallel.' While our 'program' of recovery entails much more than our community and our meetings, this aspect that we are all in this together and we are there to help and support one another works, for me, like nothing else could have."

NA is fundamentally about addicts helping each other. But, what about family and friends? For those close to someone struggling with addiction, the urge to help the one they love can be overpowering, but attempts to help are often futile and extremely frustrating. The responses of two members to this were striking: "I think addicts are very sensitive to their problems and may be very insensitive to the problems of others," said one, "so I think family and friends should not get overly involved with the addicts' problems and attempting to fix them for the addict. Co-dependency is a disease in itself." Another member concurs that the role of loved ones should be minimal: "My family helped me get to NA meetings and basically got out of the

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way. They were able to give me plenty of room to work out my problems using the NA program and a sponsor.”

Perhaps the best thing a loved one can do is pass on the encouragement of those who have recovered using NA, and direct them to the nearest chapter. In the words of MK, “I have been doing this long enough to be convinced that anyone can do it, but for the addict still out there, still using, still suffering, if he/she doesn’t know about us, we can’t help. To find Narcotics Anonymous in the Baton Rouge area (officially, we are the “Bayou Recovery Area of Narcotics Anonymous) we can be reached via our hotline number at (225) 381-9609 and via our website at : www.larna.org/brareana.” The New Orleans chapter can be reached at www.noana.org.

NA is powerful, but it does not work for all addicts. One alternative is methadone maintenance, in which the longer acting and less addictive opiate methadone is substituted for heroin at specialized walk-in clinics. Some methadone clinics in Southern Louisiana are: DRD New Orleans in New Orleans proper, New Orleans Narcotic Treatment Center in Marrero, Choices of Louisiana, Inc. in La Place, and Hope for Life Recovery Center in Baton Rouge.

However, according to Dr. Bruce Alexander, who conducted the Rat Park morphine addiction experiments described in Part 1 of this series (<https://www.healthcare-journalno.com/journal-categories-and-departments/1533-dealing-with-the-devil>) and who spoke with me for this article, this

does not address the fundamental problem of addiction. After years of scholarly research on the history of addiction, he has concluded that humans behave much as the rats in

the Rat Park experiment—we also need a rich life, full of the natural things that are fulfilling to our species, like friendship, culture, and a sense of belonging to something greater than ourselves. If this is missing, people turn to drugs like heroin to fill the void. Essentially, Dr. Alexander explained, the “experiment has been replicated hundreds of times through history. When a civilization is crushed, addiction follows.” In dealing with a heroin addiction epidemic, “We’ve got to deal with the underlying social problems. If we can’t afford to look at them we can’t afford to solve our problem with addiction.” In his home city of Vancouver, Canada, this view has helped to change an addiction crisis into a managed social problem. “Prior to about 1950, Vancouver was in a heavy punitive phase. We had laws that were draconian, medieval—judicial whipping as a penalty for heroin use, deportation for Chinese, which destroyed the family, life sentences, mandatory minimums. We had all that stuff. We worked this approach to the point where we realized by 1950 that it just wasn’t working. [These measures] were not solving the problems they were intended to solve. In fact, the problem appeared to be out of control. So we went into a human phase. We put tons of money into treatment. We built an entire prison outside the city as a site of treatment for incarcerated users, and opened it up to non-incarcerated users. That didn’t work out too well, either. We’re currently in a

harm reduction phase. Heroin maintenance, methadone maintenance, needle exchange. Legal injection rooms, a nurse there in case anything goes wrong, subsidized housing for addicts, psychologists...” Wait, heroin maintenance? Legal injection rooms?! Yes, that’s right. Vancouver provides social support to addicts, and leaves it up to the addicts whether they want to quit, go on methadone maintenance, or continue with maintenance doses of pharmaceutical heroin (currently, as part of a clinical trial recently upheld by the Supreme Court of British Columbia), given under medical supervision with new needles. The truth is, addicts everywhere make this choice for themselves anyway; they just have to get their heroin on the street if they choose not to quit, which involves the risk of HIV, overdose, and violence, and supports and strengthens criminal networks. As the New Orleans NA members pointed out, outsiders, even family and close friends, are limited in their power to get an addict to quit; she must choose to commit to that path herself. Encouraging addicts to quit, but giving them the drug in a safe environment if they choose not to, addresses many of the sources of harm from heroin use. In fact, heroin clinics were used quite successfully in New Orleans and Shreveport in the early 20th Century, until the clinics were shuttered by court order in the 1920s. It seems shockingly radical, but so far, this approach of focusing on social support for addicts, and harm reduction until they’re ready to quit, has worked better than any other, according to Dr. Alexander. It’s no magic bullet, but “between treatment, harm reduction, and enforcement, we have achieved a kind of stability.” ■