**What it is Like to be Addicted**

***…only to discover they have exchanged a pain problem for an addiction.***

For many years we as a society have assumed that those who become addicted to drugs or alcohol do so out of character weakness and or moral depravity.While choices and judgment make up a part of why some people become addicted, it does not account for all people. Many people are treated with prescription painkillers for legitimate pain only to discover they have exchanged a pain problem for an addiction.

Once addiction sets in certain behaviors quickly develop to sustain the need for more and more drugs to get the same effect, and ultimately just to stop the agony of withdrawal symptoms. The rest of the world sees these behaviors of survival as cunning, devious, ugly, covert, and very dangerous and destructive.

Opiate addiction is a brain disease characterized by increased tolerance leading to more and more substance needed to achieve the same effect. Also, there is continued use of substance despite negative consequences, which is baffling to the non-drug user.

The opioid-addicted individual experiences unpredictable mood swings, exhibits manipulative behaviors, lying, inability to keep appointments, neglecting important relationships and responsibilities. Often bills go unpaid in favor of buying drugs, which leads to utilities being turned off, families being angry and frustrated and even bankruptcy.

Addiction to opioids is a cycle of highs and lows. The highs begin with feelings of extreme euphoria and comfort unlike any feeling that can be obtained naturally. In the beginning the lows are just a return to normal. This why heroin and other opioids are often called a *trap*; it appears to have no down side, when someone takes the opioids they feel euphoric and content and do not suffer any negative side effects.

However, this does not last for long.  Soon they notice the level of euphoria is not as great as it was the first few times and they start to feel less than normal without the drug. This condition escalates and eventually life becomes so unbearable without the opioid; they take it whenever possible. The feelings of euphoria have diminished over time. Now the opioid only causes feelings of *normality* not *euphoria*.

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The process has completely reversed itself, before they felt normal without the drug now they only feel normal with it. But it doesn’t end there. As time goes on they need more and more to feel normal and to prevent withdrawal. Eventually a depression starts to take over even while taking the drugs, no matter how much they take, signs of depression are still there. They are just medicating themselves to lower the depression. To stop would mean being overwhelmed with depression and feelings of despair not to mention the extreme physical effects of withdrawal.

This is why it is so hard to quit. They are trying to do the hardest thing they have ever done in their lives, while feeling worse then they ever had. It’s very difficult to discuss feelings and review painful circumstances that led to addiction while fighting depression, intense physical withdrawal symptoms, and cravings.

Only 5% report remaining drug free after quitting "cold turkey". The rest need some kind of treatment. Buprenorphine treatment can eliminate these symptoms of withdrawal and allow an addicted person to address the root problem without the distraction of withdrawal. The root problem (the reason for drug use in the first place) must be addressed if they are to remain abstinent.

***The important thing to note is that it can happen to anyone. The emotional addiction begins almost instantly upon using opiates.***

How then does addiction to opiates happen in the first place?. It may occur as a result of treatment for chronic pain, peer pressure, self- medication for an undiagnosed psychiatric disorder or post- traumatic stress disorder such as rape, incest, abortion, poor judgment, the loss of someone very important such as a child, parent, or spouse. There may be an unknown genetic predisposition to addiction. One thing for certain is that opiate addiction is unintentional. The important thing to note is that it can happen to anyone.

The emotional attraction can begin almost instantly upon using opioids. Many young people think they are safe because they aren’t using heroin or putting a needle in their arm. They use prescription painkillers, which they believe, are safe because they are pharmaceutical. *"If they are FDA approved, they must be safe."* This just is not the case. Misusing these pharmaceuticals can be just as deadly as heroin. Furthermore, buying Oxycontin, Vicodin, Percocet, etc., on the street is very expensive. Soon it becomes cheaper to maintain an expensive addiction by switching to heroin, which is about 5-10 times cheaper on the street.

Why is it so difficult to stop? Once addicted, the patient continually seeks to prevent the withdrawal symptoms, others seek the euphoria they felt in the beginning – before they developed a tolerance – but they are never able to achieve it again. Some overdose and die trying. Others are self- medicating by constantly taking the opioid only to prevent the withdrawal symptoms.

Some will do almost anything to prevent withdrawal. The symptoms of withdrawal are described by thousands of patients as "The flu times 100." The symptoms include prolonged nausea, vomiting, diarrhea, chills, sweats, painful goose bumps, uncontrolled leg movement, dilated pupils, anxiety, irritability, depression, insomnia for several days on end, anger, stomach pain, cramps, muscle and joint pain, tremors, nasal congestion, tearing eyes, and feeling like they are going to die. Some patients have reported that they keep toughing it out but after two weeks or more they just can’t fight the depression any longer, and just need an escape from quitting. They know that just a pill or a little white powder will take away the agony, and they feel compelled to do it.

***"Denial is not denying they have a problem but denying that they have lost control of it."***

Denial is such an imposing part of the illness that it is difficult, even impossible to get through to the addicted person with what the rest of us know to be simple common sense. The addicted person is aware they have a problem; they *deny* that they have lost control of it. The only time they think about the gravity of their problem is when they are nearing withdrawal. At that time their focus narrows to just getting the substance to prevent the withdrawal. Once they take the substance, they feel they have no problem, or it just doesn’t seem that bad anymore. This cycle doesn’t leave much time for a rational review of one’s life. Often it is said someone must hit rock bottom before they seek help. A devastating shock is often what it takes before someone ascends from the cloud of denial. Research has shown hitting "rock bottom" is not entirely necessary. Patients can benefit from treatment at any time. Patients incarcerated and forced into treatment unwillingly have still benefited. What is consistent is the sooner treatment begins the better the chances of surviving addiction.