

The basics of addiction

Commentary

Addiction touches the lives of most Americans either directly or through our friends and/or family members. All addictions share a common definition of a behavioral syndrome characterized by the repeated, compulsive seeking or use of a substance despite adverse social, psychological, and/or physical consequences, along with the physical need for an increased amount of a substance, as time goes on, to achieve the same desired effect. Addiction is often (but not always, as with an addiction to gambling) accompanied by physical tolerance, dependence and withdrawal syndrome.

In my upcoming articles, I have chosen to specifically talk about opioid (prescription/illicit narcotics) addiction since this is one of the fastest growing addictions in the United States. Opioid dependence is much more common than you may think. Men and women of all ages, races, ethnic groups and education levels become dependent on opioids. Misuse of narcotic pain medications has increased dramatically from 1970 to the present date. More young people than ever under age 18 are experimenting with opioids. In Williamsburg alone, I have seen many young people abusing prescription narcotics such as Vicodin, Percocet and Oxycontin for recreational use. Many of these young people have gotten their drugs off the street, on line and/or from the medicine cabinets of family and friends. I have also been seeing many young people using heroin which is readily available off the street and is now relatively inexpensive and of high purity. Sadly, many of the youth who start using heroin early in their lives quickly move to injecting it to maximize their high creating an additional set of problems including; hepatitis C, serious skin infections, blood clots and/or death. Surprisingly, many of my local heroin addicted patients come from gated communities and/or affluent families.

Initially, opioids cause an intense euphoria (a high) in susceptible individuals leading to a high reinforcement potential, increasing the likelihood of repeated use. If you are one of those individuals who has a genetic predisposition and the right social environment to addiction, even minimal experimentation with opioids can quickly lead to full blown addiction. Clearly, people who have other blood relatives with specific addiction disorders are at a much higher risk of addiction. The initial reaction you get from taking opioids is another important determinant in those patients who become addicted. People who report feeling “energized” and “the best I ever felt” when taking opioids are at much greater risk for addiction compared to those people who do not experience these feelings when taking opioids.

It is important to understand the difference between physical dependency and addiction. Physical dependency is a normal expected reaction to prolonged use of narcotics. Any patient who takes opioids for extended periods of time will develop tolerance (need for more drug to achieve the same effect). Also, all patients taking opioids for prolonged periods will experience a withdrawal syndrome (adverse physiological effect) if the blood/tissue concentration of the opioid

declines to quickly. Physical dependence is normal physiology and does not require any treatment other than slow tapering off the drug once the pain condition has subsided. Addiction is the next step beyond physical dependence and occurs when opioid use continues after the pain subsides and/or despite negative consequences, such as loss of a job, legal consequences, etc. Addiction causes intense cravings and a compulsive need to use narcotics without a therapeutic indication. Unlike physical dependence, addiction requires long term treatment aimed at changing compulsive behavior and convincing patients that they do not need narcotics for survival. The physical withdrawal of opioid addiction is relatively easy to treat but the strong cravings and compulsion for continued opiate use are the most challenging aspects of treatment.

Addiction is never intentional but rather an insidious process of rationalization and self denial that slowly causes a patient to lose control and to become totally pre-occupied with acquiring and using their opiate of abuse. As the disease progresses, patients will do whatever it takes to acquire their drug, even if it involves criminal and/or socially unacceptable behaviors. The general public labels these behaviors as weakness, immoral, destructive, manipulative and selfish where the addicted patient sees it as survival.

Many opioid addicted patients feel trapped because they feel intense shame fostered by the stigma and public ignorance of this disease. Therefore, if we wish to effectively deal with opioid addiction (or for that matter any addictive disorder), we must eliminate the stigma by educating the public on the disease model of addiction and emphasize the significant breakthrough treatments that are currently available in treating opioid addiction.

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