Caregiver's Corner

Navigating The Opioid Treatment Landscape From The Caregiver's Perspective

(NAPSA)—"It's just not anything we expected," explained Ohio resident and nurse Lisa Roberts. "She was a typical, happy kid who did well in school—a straight-A student. Then, for eight years, that all changed."

Lisa is referring to her daughter Mary's addiction to opioids, an issue plaguing millions of individuals in our country.[1] Opioid addiction can have devastating consequences for those in the throes of addiction as well as their friends and family. Despite increased awareness around the issue of opioid dependence, caregivers may not recognize signs of addiction before the problem spins out of control. And worse, most are unprepared for the downward spiral that ensues.

Mary's addiction began when she started using pain medications to manage back and knee pain caused by spending long hours on her feet as a waitress. The medications were not prescribed to her, but rather provided to her by a co-worker. Mary didn't see the potential danger in using them, since they were prescribed by physicians to people every day. Sadly, the danger was very real, and before long, Mary found herself physically dependent on the medications, spending almost her entire paycheck on opioids.

"I started noticing that Mary was less concerned with her appearance. She stopped fixing her hair or putting on makeup—things she had always been very picky about," explained Lisa. "Then she became very withdrawn, moody and evasive. She just wasn't herself."

After Lisa received a warning from one of Mary's friends about her pain medication use, she confronted her daughter one night in her room after she was acting suspiciously. Mary broke down in tears, admitted to having an issue and promised to stop taking pills.

"I really think she meant it," said Lisa, looking back on that moment. "But at that point, it was too late—she was addicted."

Historically, opioid dependence had been viewed as a failure of motivation, willpower or character.[2] More recently, however, scientists have proven that addiction has a biological basis whereby the repeated use of opioids may lead to physical changes in the brain. Over time, science has shown a person's brain can adapt to the regular use of opioids, leading the individual to need these drugs to function.[3]

Lisa witnessed this firsthand as her daughter spiraled further into addiction. As an adult living on her own, Mary needed pain medications just to function day to day. Unfortunately, this often meant being late to work when she ran out of gas—all her money was spent on pain pills at this point—or taking long lunch breaks to go out in search of opioids to keep from getting sick.

"She was in complete misery," recounted Lisa. "She would get sick to the point where she couldn't even get out of bed if she didn't have opioids in her system. She would do anything to get her hands on pain medication—sometimes even literally selling the shoes off her feet to have money to feed her addiction."

Mary was 19 when she went to rehab for the first time. After 30 days in the program, she was discharged, but relapsed shortly after returning home. This was the first of seven voluntary admissions to various inpatient residential treatment facilities in an attempt to enter recovery over the course of the next six years. Some stays lasted as long as 10 months. Each time, Mary relapsed upon release.

"Many of the programs were focused on abstinence alone and didn't treat my daughter's addiction as a medical condition, and she relapsed every time," said Lisa. "Some would not even discuss medication. I worried about her tolerance levels going up and down and her risk of overdose being increased if she relapsed. I kept an overdose reversal kit just in case, and I was vigilant in watching for any signs of relapse. It was very stressful and disappointing to watch her try so hard and relapse every time."

Research has shown that combining medication with psychosocial support is a comprehensive way to help patients with addiction, and including medication with psychosocial support is now considered the optimal evidence-based approach to treatment.[4] Treatment options include naltrexone, buprenorphine and methadone, as well as psychological support such as cognitive or behavioral therapy.[5] Some medications, such as buprenorphine and methadone, mimic opioid use. Other options, such as naltrexone, block the effects of opioids.[6] Treatment plans should be tailored to the individual, and people should discuss with their providers what's best for them.[7]

"For years, I hoped that rehab would work for her, but my hopes and dreams were crushed many times. Mary was using heroin at that point and had started to give up on herself, but I refused to," stated Lisa.

Lisa found an outpatient program that offered medication coupled with counseling. After seven previous attempts at recovery, Mary tried one more time and finally found success with the program. As of today, Mary is off opioids and is continuing on her path to recovery.

"We were lucky in many ways—I know many people who have lost loved ones to opioid addiction," said Lisa. "It is so difficult to watch someone you care about go through something as terrible as addiction, but you can't give up. No matter how dire things may seem, there are options out there that can help."

For more information about opioid dependence and treatment options, please visit www.endopioiddependence.com.

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4 Power, E.J., Nishimi, R.Y., Kizer, K.W. Evidence based practices for substance use disorders. National Quality Forum, Washington, DC; 2005.

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