



I N S T I T U T E

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From Heaven to Hell: Heroin's Double-Edged Sword

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Opium, it would seem, was placed on this earth to alleviate suffering. A soldier, injured in battle, is given two grains of morphine intra-muscularly to reduce the pain of his shattered leg. Or a cancer victim sips a "Brompton's cocktail" (containing mostly heroin) throughout the day to reduce the intense and chronic pain produced by tumors throughout her body. Modern medicine has changed the morphine molecule to produce heroin and codeine, and has produced synthetic drugs, including hydrocodone, oxycodone, meperidine, and methadone, which the brain interprets as morphine. Chemists have even produced drugs such as Fentanyl, a narcotic 1,000 times as potent as morphine. But modern chemistry has never improved on the pain relieving effects of one of nature's oldest remedies, opium. Once consumed, these opiate drugs are indistinguishable to the brain. They move from the bloodstream into the brain and bind with receptor sites on specific cells. The brain responds by shutting off its response to pain, reducing anxiety and allowing the recipient to relax and feel peace. Pain relievers that work in this manner are called narcotics. A narcotic does not decrease the response at the site of the injury, but rather fools the brain into thinking that the pain is less.

Pain researchers tell us that the reduction in the brain's perception of pain is an important effect of the narcotic drugs like heroin, but that it is in some ways incidental to the true value of narcotics in the management of pain. What seems to be just as important is the ability of narcotics to reduce anxiety, produce a sense of well being, and even euphoria. These effects counteract the crisis of the situation that produced the pain; the soldier rests easier and is less panicked about his battle injury, and the cancer ridden patient is less grief stricken with her slow, painful death.

Human suffering is not limited to these situations, however. Suffering is part of every person's life, from the grief of losing loved ones to the loss of physical health, to the pain of social and political injustice. Every one of us has or will endure suffering at some point in our lives. How one responds to this suffering is often the key to a successful life. If we have the tools to move through the suffering, we become stronger and better able to endure the next blow that comes our way. If we lack the tools to endure suffering, either by our genetic nature or by our upbringing, we may wind up susceptible to becoming addicted, especially to a drug like heroin.

Let's examine the case study of an individual who has become addicted to heroin. Michael is a 30-year-old man who, from outward appearances, seems fine. He grew up in

suburban America, the product of parents who tried to give him more than they had when they were young. Michael's father worked hard and was not home much. His mother retreated into a bottle, becoming an alcoholic by the time Michael was in high school.

As an adolescent, Michael thought he was having fun. He began experimenting with alcohol and marijuana at age 15, and tried hallucinogens at age 17. He thought that the fact that he was not noticed by his parents was a blessing. He was able to stay out later than many of his friends, and began spending time with a rougher crowd. But the inattention of his parents produced a subtle emptiness, a lack of direction. One night, jilted by his girlfriend, he tried snorting heroin. That night Michael was feeling pain, pain that felt deep and enduring. Drifting in life, without a place in his parents' life, and grieving the loss of his girlfriend, Michael knew what suffering was. But that night he also learned of the tremendous sense of inner peace that narcotics produce. After snorting the drug, he suddenly felt that everything was going to work out. He was able to look at his recent loss without wrenching in pain. He felt that maybe the loss of his girlfriend was for the best. He laughed again, and in speaking of his recent loss to the guys he was using with, he felt a comforting sense of comradeship and belonging. He went home late, thinking that he had charted a new course for his life, and fell into a dream-filled slumber.

Michael's use of heroin might seem on the surface rather inconsequential when compared with the overall picture of his drug abuse. After all, he simply used a new drug with a few friends, experienced no toxic effects, and talked over his problem with sympathetic ears. The reality is, Michael's use of heroin would dramatically alter the course of his life.

The heroin alleviated Michael's psychic pain as effectively as it would alleviate physical pain in the cancer victim. It short-circuited the process of working through loss and grief and produced a welcomed sense of peace. The drug produced a false sense of understanding that appeared to solve the problem through anxiety-less eyes. This is the subtle but powerful damage that heroin produces in its victims. Unlike cocaine, heroin does not produce paranoia or agitation. It does not cloud thinking, slur speech and disorient, like alcohol. In fact, in many users who are anxious, heroin removes the anxiety and seems to produce clear thinking. But removing anxiety has its costs. Human beings use anxiety and other emotional experiences to make wise choices and to plot routes through life that are careful and balanced. The real damage produced by heroin and similar narcotics is that, with repeated use, they rob us of the experience of emotional pain and the growth that pain produces.

Michael did not immediately enter into a daily, downhill course of demonic heroin use, but a seed was planted. He knew from that day forward that if things became too painful, he had a friend to turn to. He continued to drink too much alcohol, but managed to find a good job and move out on his own when he completed high school. He had inherited his mother's predisposition to lose control when he consumed addicting substances such as alcohol and marijuana. He began a predictable pattern of drinking, 4 or 5 beers on week nights, with heavier use on the weekends.

At the age of 26, Michael was re-introduced to heroin. A friend at work told him of his "casual" use of the drug, and invited Michael to try injecting the drug with him. After several weekend binges on heroin, Michael found himself suffering withdrawal symptoms on Mondays and Tuesdays. One Monday night, in an attempt to ward off the

effects of the drug withdrawal, Michael began a daily drug habit. He continued to work, but more and more of his thoughts and plans centered around obtaining heroin. At first, the drug seemed to have little effect on his ability to work, think, and plan for the future. Soon however, he developed the short sightedness and emotional immaturity of the full fledged narcotic addict. The very effects that the addict finds so appealing about heroin, the calm and peace that it brings, reprograms the brain of the heroin addict from enduring and learning from pain to using narcotics to quell pain and stunt emotional growth. The addict moves from his pre-addicted level of emotional maturity to avoiding and evading pain. He develops a thin skin to his emotions progressively narrowing his lifestyle to allow a shallow range of emotional experiences. He becomes obsessed with preventing the withdrawal effects, because withdrawal feels like all the emotions he wishes to avoid, only 100 times more intense. He develops a web of lies, deception, and distortion to insure that he can keep using the drug, because his body and mind have become habituated to heroin's effects.

The heroin addict's experience in withdrawal is exactly the opposite of the experience of a heroin high. He is filled with pain, anxiety, remorse, and grief. In addition, his heroin habit has seriously crippled his ability to tolerate the normal ups and down so of life. This double-edged sword is the crux of heroin addiction. In using narcotics to fight normal human strife, the addict has lost all of the internal skills needed to manage and fight the creeping return of drug withdrawal.

Michael can't quit because heroin has robbed him of the emotional skills he needs to tolerate life without the drug. At first it seems that heroin withdrawal, with its agitation, restlessness, sleeplessness and emptiness, is the difficulty to overcome. As painful as opiate withdrawal is, it is the experience that occurs after withdrawal that is the problem. Addicts like Michael may go on for days, even weeks, feeling as if each movement is filled with physical pain. Slowly, this pain subsides and the addict wants to believe that the worst is over.

Shrouded in a heroin cocoon, Michael has not only been able to avoid the emotional dilemmas of a 30-year-old man, he has regressed to being avoidant of almost any emotional experience. Recovering heroin addicts who relapse will often say: "It's like someone has turned up the volume on all my feelings, good and bad, and I can't stand the noise!"

In a perfect world, recovery from opiate addiction, including heroin, might best be served by a slow, persistent reacquaintance with one's emotions. Unfortunately, no physical setting can prevent the addict from the worst of feelings, the pain that comes from within. Every addict has to face what they have become, and the shame from this realization can be unbearable. This produces the frequent "drop-out" that we see when heroin addicts enter a treatment setting. Not understanding that his dilemma is internal, he often blames his external surroundings for his problems and leaves the treatment setting.

In order to stay on the road to recovery, the heroin addict will need to come to grips with his life and what he has become. Even though it seems unbearable, looking at the wreckage of one's life is the beginning of reclaiming one's life. Every addict has a tendency to avoid feelings and to repress the strife of everyday living; but the heroin addict will need to develop better than average life skills to keep himself from retreating

from the day to day pains of life into drugs. The heroin addict needs emotional conditioning that is similar to the physical conditioning of the athlete. Treatment is the coach, ever pushing him to observe his pain, engage with it, wrestle with the internal turmoil it produces and, with each repeated exposure, develop the strength to triumph over life's traumas.

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