



Heroin is a Game Changer

For many people, especially those closest to the current heroin epidemic the following information is sadly already painfully obvious. Anyone working in the substance abuse treatment field or in another “front line” position such as police and emergency responders, emergency room staff, etc. can personally attest to how serious things have gotten when heroin is involved. Frequently the mass media may often over-hype and over-dramatize issues to generate attention and publicity but in the case of this current heroin/opiate crisis in many areas, the media may not even be fully emphasizing the full impact of what is actually occurring behind the scenes. In addition to all of the various service providers affected by this situation, there are countless family members and friends of those who have fallen victim to the paralyzing aftermath of what heroin and other opiate abuse is doing to devastate and systematically destroy lives, communities and families.

Personally speaking, when I first broke into the substance abuse counseling field over 20 years ago, the prevailing wisdom was “a drug is a drug is a drug...” which implied that all intoxicating substances are equivalent in the vast world of addiction. It is true that in one way or another many different kinds of substances can adversely affect people’s lives to varying degrees if abused and misused. However, the heroin of today has inexplicably taught the world a revised lesson that *not all drugs are created equal*. This recent heroin/opiate disaster has instead become the modern thermonuclear explosion in the proverbial decades-long “war on drugs”

When it comes to the substance abuse treatment field, the heroin epidemic has had a multi-faceted impact and thus proved to be a true “game changer” throughout the entire continuum of care. For example, due to the sheer numbers of individuals using heroin, in most areas, detoxes and rehabs are vastly overfull, similar to an oversaturated sponge that cannot absorb any more liquid. As a result, outpatient and intensive outpatient programs are often flooded with IV heroin and other opioid users who meet criteria for higher levels of care but have no other available treatment opportunities. Thankfully medication assisted treatment options have bolstered outpatient substance abuse providers working tirelessly to address the increased influx of heroin addicted clientele. In addition, the increased availability of overdose prevention medications (Narcan) have also had a lifesaving impact with this challenging at-risk group. Harm reduction approaches have also been critical and essential to adapting to the significantly changed landscape of heightened risks associated with this deadly substance.

Nevertheless, in spite of these advances, there are multiple complications faced with when working with the heroin-addicted client, particularly in an outpatient setting. Relapse has always been a challenge in substance abuse treatment but the intense physical and psychological cravings associated with heroin takes relapse prevention planning to a new unprecedented level of difficulty that has increased in direct correlation to the increased availability and potency of heroin and other opiates in most areas across the US. In addition, the risks associated with these increased relapse rates have been staggering to outpatient providers. Nowadays, substance abuse counselors are well aware that heroin relapse in itself is a “game changer” as a one-time slip with this calamitous substance can so easily and tragically be someone’s downfall. The insidious pervasiveness of opioid overdose has plagued most treatment settings as few have been spared the catastrophic experience of an untimely death caused by this nondiscriminatory substance. Yes, overdose does not discriminate in any way based on background, origin, race, or socioeconomic status as anyone using heroin knows that each fix is a potentially fatal pull of the trigger in a Russian Roulette-like reality. Heroin is not the only drug that can kill, but with heroin, there are figuratively many more bullets in the revolver in comparison to most other available substances.

Once again, sadly for many who have read up to this point, this is nothing new as we are now several years into this crisis with no clear way out. The question of “what do we do now” is a valid one with no easy answer requiring the cooperative input and collaboration of the wide variety of parties involved from families, to counselors, doctors, courts, first responders, researchers, etc. Fortunately the world has learned a few things, such as: we cannot simply incarcerate our way out of this problem as jailing everyone who suffers from this



scourge generally doesn't help people get better. However, fewer substance abusers in jail means there is an increased responsibility and obligation for the treatment community to adapt, adjust and change our paradigm to respond appropriately and effectively during this critical hour of decision. Even a few people still holding on to the prohibitive mentality of "This is how we have always done things" in this case can serve as a time-consuming and resource-draining barrier across the critical road to progress and survival. Alternatively, a better place to move forward, at least from a treatment perspective, is first acknowledging that heroin has indeed changed the "game" thus indicating a need to consider progressively tweaking the "rules" based on sound research and evidence for the benefit of those in need who we are so desperately trying to help.



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