

## **Medical Treatment of Addiction**

Addiction diseases such as addiction to alcohol, various drugs and other activities such as sexual activity, over-eating and gambling have long plagued humanity. The frequency and severity of these diseases seem to be worsening in recent years. One of the key diagnostic criteria for addiction diseases is a history of *relapse*, this is because its such a common occurrence in addictive diseases.

Alcoholics Anonymous has approximately 12.5% long-term success rate at achieving lasting sobriety. The highest recorded success rate reported in the scientific literature is up to 93% in an article published by the Florida Physicians Recovery Network. The keys to the success of their program are long-term contracts lasting 5 years with random urine monitoring, weekly attendance in special therapeutic groups as well as frequent (often daily) attendance at 12 step meetings mandated in the contract. Failure to fulfill the contract specifications can lead to loss of professional licensure-which is a *very* steep price to pay!

Addiction is also a *progressive* disease; the addiction generally worsens over time. Addiction is not determined by *how much* substance/behavior abuse is going on, but more on the motivation as to *why* it's happening. Consequences of the addictive disease are also generally progressive. The disease is marked by loss of control and failure to "live life on life's terms".

By far the best success rate in the addictive diseases occurs in the 12 step programs that maintain that addiction is a spiritual disease, not simply a weakness or lack of moral fortitude on the part of the addict. Overeaters Anonymous ([www.aa.org](http://www.aa.org)), Gamblers Anonymous ([www.gamblersanonymous.org](http://www.gamblersanonymous.org)), Narcotics Anonymous ([www.na.org](http://www.na.org)), Sex Addicts Anonymous ([www.sexaa.org](http://www.sexaa.org)), Sex and Love Addicts Anonymous ([www.slaafws.org](http://www.slaafws.org)) are "12 Step Programs" modeled after the Alcoholics Anonymous ([www.aa.org](http://www.aa.org)) program.

Another key concept to remember is that addiction is a "family disease". Addiction affects all members of the family. Furthermore, family members frequently "enable" the addict, generally in an unintentional manner. It's very advisable that family members and close friends of the addicted person also attend the "-Anon" meetings such as Al-Anon ([www.al-anon.alateen.org](http://www.al-anon.alateen.org)) and Co-Dependents Anonymous ([www.codependents.org](http://www.codependents.org)) organizations dedicated to helping those family members suffering from the trials of living and interacting with addicted persons. These sites are instrumental in helping to recognize the co-dependent behaviors that enable and prolong the addicts addiction. Enabling behavior is essentially doing things that are thought to be helpful but are actually harmful for the addict. Often things that a "good spouse" would do for another are counter-productive in the face of addiction.

The first substance to address will be Alcoholism. Vivitrol (Naltrexone) is an injectable drug given every month by injection. It works as an opiate blocking agent. It turns out that folks with the disease of alcoholism have genetic and brain structural differences.

The disease is passed thru families. The alcoholic has a "high" more akin to what a non-alcoholic would get from using opiate type narcotics. Naltrexone blocks this effect.

Campral (Acamprosate) is thought to work on the GABA & Glutamate neurotransmitters in the brain to reduce alcohol craving.

Antabuse (Disulfiram) inhibits the breakdown of Acetaldehyde which is a metabolic byproduct of alcohol (ethanol) metabolism.

Detoxification from alcohol, benzodiazepines (Eg Valium, Xanax) and barbiturates can be lethal. Sometimes outpatient detoxification protocols can be done with a tapering schedule of benzodiazepines or anti-seizure medications. Catapres (Clonidine) can also help with the withdrawal symptoms.

Marijuana is relatively nontoxic in terms of acute problems but persists in the body for days to weeks after last dose depending on how much was used and duration of use. Anxiety issues are common during withdrawal. Serotonin antidepressants can help to correct the underlying brain chemistry imbalance and are safe without risk of addiction.

Cocaine addiction can be treated with use of Wellbutrin (Bupropion) and Provigil (Modafinil) to help reduce cravings. These drugs work on the neurotransmitters norepinephrine and dopamine. Clonidine can also help with the agitation involved with toxicity and withdrawal; it works by modulating the sympathetic outflow in the central nervous system.

Benzodiazepine & barbiturate (tranquillizer) addiction is generally treated the same as alcohol addiction.

Opiate addiction used to be treated predominantly with long-term Methadone (Methadone) treatment continued indefinitely. Clonidine can be used to help the withdrawal syndrome of sweats/runny nose/diarrhea/aches/pains/chills/cramps/aches. The most amazing drug that I've prescribed in years recently hit the market: Subutex or Suboxone (Buprenorphine) is a mixed-agonist/antagonist. An agonist acts "like" the original compound for the receptor (in this case, the endorphins or morphine), the antagonist "blocks" the receptor thus turning it "off". There are about 3 major receptors for opiates in the brain, some cause pain relief, others cause euphoria, others nausea; they all have different functions. This drug requires special training and licensure. Practicing physicians must have a DEA number to prescribe controlled substances. A *separate* DEA number is needed for this one drug! It actually blocks the "high" and induces the withdrawal syndrome for somebody foolish enough to use opiates while on this drug. It has a long half-life; it's in the body for a long time after it's taken. It prevents cravings which are so common to opiate addicts and trigger so many relapses. It must be given in conjunction with a therapist's care to help deal with the addiction and other personality/mental health issues (per US Federal Law). It has saved countless lives of many "hidden" or "functional" addicts.

Behavioral (sex/gambling/food/relationship) aspects of addiction generally respond well to the Serotonin class of antidepressants in conjunction with mental health therapy.

If you or a loved one suffer from this terminal illness, seek help! Denial is the biggest cause of death in these diseases!

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