

## Dr. Russ' Six Steps To Successful Opiate Addiction Treatment

Russell Ferstandig, M.D., Board Certified In Addiction Medicine.

Successful treatment of opiate addiction, even daily high dose opiate consumption with prescription medications (in excess of 1500 mg/day of oxycodone) and heroin (in excess of 25 bags/day of heroin) is possible for anyone who truly wants to live a sober lifestyle. The only reasonable goal for treatment should be PERMANENT cessation of opiate use for the balance of the individual's life.

Sadly the chances of a permanent successful opiate treatment outcome approaches zero when people merely *think* that that should quit or only desire to quit for a period of time and not permanently. In many ways, short-term cessation, especially multiple episodes of brief abstinence, or attempts at dose reduction, is worse than no treatment because it almost always leads to a resumption of opiate use in quantities greater than prior to the cessation. Even worse, this almost always promotes the belief within the individual that they will never be able to permanently recover from opiate addiction, frequently promoting thoughts of suicide.

It is my professional opinion that unless the following six steps are part of an opiate treatment plan and administered in the listed order, eventual failure in the form of relapse is virtually guaranteed. Fortunately, if one participates in a program that contains at a minimum these six steps and they TOTALLY follow the program guidelines, success is likely, if not close to guaranteed.

### The Six Essential Steps

1. A careful personal history is necessary to determine pre-existing mental health and behavioral health conditions that could trigger relapse, as well as an accurate drug, psychiatric and medical history to help customize the treatment for each individual's needs. All active medical problems must be addressed at the beginning of the treatment process.
2. It is essential that an individual in treatment have their opiate withdrawal symptoms **totally** stopped using Suboxone. The single most common cause of treatment failure is allowing some symptoms of withdrawal to persist during treatment because the last symptom of withdrawal to go away with treatment is craving. Craving always includes illogical thinking and rationalizations, followed by impulsive destructive behaviors, especially relapse. Therefore if craving is present in any form, it is not a matter of **IF** someone will relapse, but rather **WHEN** the relapse will occur and its degree of severity.
3. Since withdrawal can mimic any mental health symptom, it is essential to totally stop withdrawal in order to correctly identify genetically and environmentally driven symptoms, and then use the necessary medications and therapy to correct

any pre-existing or ongoing conditions, such as depression, anxiety, ADD, impulse control disorders, etc., that could and likely will trigger relapse.

4. Therapy to learn how to deal with addiction-related problems is necessary to help the patient insure better ability to read and react to the unavoidable realities of life. Studies repeatedly demonstrate that permanent success without a therapy component is essentially impossible.
5. Once Suboxone is used to 100% stop withdrawal and all of its symptoms including craving, the Suboxone dose must be tapered no faster than the quickest rate that body can tolerate without ANY return of craving. Since withdrawal symptoms persist until the brain has totally recovered from the changes in the brain that occurred during opiate use, it is essential that Suboxone is used in sufficient doses to insure 100% suppression of all withdrawal symptoms at all stages of the taper. When an individual's brain is totally healed from its opiate-induced changes, then they can safely terminate their use of Suboxone. Only at this point is withdrawal truly over and Suboxone no longer necessary. This can easily take up to one year. Sadly terminating Suboxone treatment before the brain healing is complete virtually insures a relapse.
6. Once off of Suboxone when the withdrawal is totally over, the patient needs addiction related therapy to help them adjust to their "new normal" existence without mind-altering substances.

While there are no short-cuts to properly complete each of these six steps, the reward of a happy and productive life with loved ones who truly care is priceless.