

Problem of heroin addiction and its treatment



Heroin is a highly addictive both physically and psychologically drug of an opiate group. Its usage has serious effects on body such as destruction of bone tissues and teeth, (opiates wash-out calcium), hepatocholecystitis (heroin is transformed into morphine in liver), acute hepatic failure, collapsed veins, infection of the heart lining and valves, abscesses and pneumonia. It also may lead to hepatitis and HIV due to usage of dirty syringes, tuberculosis and fetal effects. It changes person's perception of reality and might cause a destructive, violent and criminal behavior which have a devastating impact on society. When opiate drugs are taken they change into morphine which has a similar structure to endorphins which are normally used for reduction of pain. They stimulate the brain and are responsible for lifting a person's mood, helping that person feel motivated for everyday purposes by blocking receptors in synapses between neurons. When a drug is taken the receptors are blocked with morphine instead, however it takes more time to decompose and an organism stops produce endorphins. As a result an addict dies within six months to one year after beginning to use the opiate. If a drug is not being taken, an addict feels a phantom pain which is very difficult to bear, this is an abstinence syndrome. At this time his or her organism goes through detoxication which includes diarrhea, muscles pain (cramp), headache, vomiting, fever and insomnia. Heroin is a relatively cheap drug and therefore can be easily obtained by young people and its usage often causes fatality from both physical effect and actions during altered consciousness.

Treatment of heroin addiction is a difficult, lengthy and complex process, consisting of three main components: removal of physiological addiction,

removal of psychological addiction and social rehabilitation. Nowadays there is no clear position on medical treatment of heroin addiction and scientists are trying to find a solution.

1. 2 ab

At present Opiate replacement therapy (ORT) is one of possible solutions for physiological removal. Essentially, the method is to provide a substance abuser with a drug with the similar biochemical effects on the body but having the lowest possible narcotic effect. A dose of replacement drug is slowly and gradually decreased. The therapy may take 5 – 8 years. At the expense of this metabolic state of physiological of non-drug users is achieved. The most common drug used as a replacement is methadone and a therapy is known as methadone maintenance treatment (MMT). Methadone is an agonist (substance or drug that can interact with receptors and initiate a physiological or pharmacological characteristics of the response of the receptor, triggering a chain of intracellular biochemical processes in the body) taken orally and rapidly absorbed to plasma within thirty minutes of being ingested. It is also stored in body tissues and gradually released when needed. It creates tolerance so a patient cannot feel a narcotic effect. A dose (25-150 mg to avoid tolerance) of methadone reduces withdrawal symptoms and at the same time and craving for a drug stabilizing rate of metabolism. The effect lasts for from 24 to 36 hours. The goal of methadone maintenance treatment is socialization of addicts, the abolition of their intravenous drug use, conducted strictly under the supervision of specialists.

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The graph clearly shows that theoretically methadone detoxication is effective and fast. It shows best result when used in long-term.

Studies show that methadone maintenance treatment drastically reduces illegal opiate use, criminal behavior, risky sexual practices, and the transmission of HIV.

Methadone is not harmful for any major organs even when taken for many years. . However the skin becomes waxy or yellowish color because the methadone completely deprives the body of calcium (osteoporosis). A person feels pain in the bones, they become brittle and break easily

In addition, every person has unique dosage needs. People metabolize methadone differently, and therefore doses should not be capped by maximum recommendations. To avoid overdose the healthcare provider should evaluate cessation of drug cravings and the reduction of withdrawal symptoms to determine the ideal methadone dosage. In 2005, more than 4, 000 people fatally overdosed on methadone or methadone and other drugs together. Many of these people were using high doses of methadone in an unsupervised effort to treat pain, or were illicitly using methadone for recreational purposes.

When methadone is used in complex with social rehabilitation it gives good results. Psychotherapy largely determines the stability of the effect of drug therapy, duration and quality of remissions. Psychotherapy will not be effective in the absence of an addict desires to get rid of drug addiction.

2. 1

One of the implications to the problem is that patients are selected strictly to enter the program. In Sweden, for example, there are strict criteria for methadone treatment: a minimum of four years of opiate addiction confirmed by medical records, an indication of a history of unsuccessful passage of many other forms of therapy, presence of medical indications for methadone maintenance therapy, must be older than 20 and not have any other addictions except for opiate. It is very difficult to overcome the addiction and follow all of the rules without any support. As a result an intense social rehabilitation is a very important on a long way of getting better. However some countries where heroin addiction is common do not poses such social program. If a full complex is used 10-20% of people overcome the addiction, however 10-15% return to uncontrolled drug abuse.

If the replacement therapy is used commonly as the only solution for treatment of all opiate dependencies, it would decrease efficiency of prophylactic actions and would be seen as an easy way to escape responsibilities and implications after using a drug by beginner drug abusers. This consequently would increase usage of drugs overall.

In many countries methadone is forbidden due to its narcotic effect when used not for medical purposes. If Federal Drug Control service makes a mistake, it will raise illegal methadone traffic. For example while methadone maintenance therapy in Lithuania number of drug addicts increased 8 times. Furthermore, when methadone treatment became very popular in Belorussia in 2004, as a result 3. 5times more of methadone was withdrawn by the police from illegal traffic and 2 times less of heroin. Recently, The Independent raised a question of drug addiction in Russia. It is forbidden to

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use replacement therapy especially methadone to treat addicts, the government is against this however the scientists are sure in the need to run the program. Researches state that the rate of HIV spread would decrease drastically (around 55% if the MMT is used).

The treatment has advantages and disadvantages.

MMT is relatively cheap (\$13 per day) but effective at the same time. (Office of National Drug Control Policy, 1998a). MMT reduces the spread of HIV/AIDS infection, hepatitis B and C, tuberculosis, and sexually transmitted diseases (COMPA, 1997). Heroin users are known to share needles and participate in at-risk sexual activity and prostitution, which are significant factors in the spread of many diseases. Research suggests that MMT significantly decreases the rate of HIV infection for those patients participating in MMT programs (Firshein, 1998).

The patient remains physically dependent on the opioid, but is freed from the uncontrolled, compulsive, and disruptive behavior seen in heroin addicts.

Withdrawal from methadone is much slower than that from heroin. As a result, it is possible to maintain an addict on methadone without harsh side effects. There is a huge risk if a person stays on methadone for longer than 14 days; there is an 80 percent chance that he or she will stay with their methadone maintenance treatment for six months or longer. A lot of patients need a treatment over a period of years.

There are some alternative solutions which should be mentioned:

Buprenorphine maintenance treatment. It has its advantages :

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Low likelihood of overdose.

Relatively easier withdrawal

Less side effects.

Some patients may be taken every other day in an appropriate dosage.

The optimal dose blocks the action of other opiates (but not for such a long period, such as methadone) because of which it becomes impossible to supplementation of illegal drugs

However there are some disadvantages to consider:

“ Withdrawal syndrome” is not always eliminated, not all drug addicts, can occur when the “ transition” from heroin and other opium derivatives.

Enhances the side effects of tranquilizers, antipsychotics, which may lead to overdose if their joint application.

High cost of medication.

2. Apomorphine treatment