



When a Loved One is Addicted to Opioids

What to Do and What to Avoid: A Guide for Supporters

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Introduction

Our Supporters' Guide will give you the knowledge and confidence to help your loved one — while avoiding the mistakes that trap family members in the vortex of addiction.

When someone you love is addicted to opioids, you may find yourself angry, hurt, fearful, and emotionally drained.

You may feel helpless and hopeless, especially if your loved one is spiraling downward and refusing to get help.

Maybe your daughter — once a promising athlete, now lethargic and withdrawn — has dropped out of school and repeatedly stolen your money to buy heroin.

Maybe your son developed an opioid addiction after being prescribed pain medication for an injury,

draining your bank account and devastating your family in more ways than you can count.

Maybe your sister is living on the streets, having lost her job and her kids after relapsing three times.

At Ideal Option, we work with these folks every day — people from all walks of life who suffer from opioid use disorder (OUD) and behave in ways that once seemed unthinkable.

The opioid epidemic has delivered a crushing blow to American families, leaving parents, spouses, and siblings to wonder: *What can I do? How can I get them into treatment before they destroy our family and die of an overdose?*

No one wants to sit by and watch loved ones suffer and throw away their lives. At the same time, you can't allow yourself to get mired in their suffering.

"Their addiction is not your addiction," says social worker Skyler Glatt, Ideal Option's director of special projects.



What To Do



DO accept that addiction is a medical condition, not a moral failing



Lying, stealing, neglecting young children — people addicted to opioids behave in ways that would seem to violate the most basic sense of morality. It's easy to assume they lack the scruples, or the will, to straighten themselves out.

But neuroscience proves otherwise.

Opioid use disorder (OUD) has nothing to do with a moral deficit or lack of willpower. It's a chronic disease — a fact proven over and over again.

Once a person has become addicted to opioids, whether prescription painkillers or heroin, they are no more able to “just stop” using than a person with type 1 diabetes can “just stop” needing insulin.

Opioid use rewires brain circuits in ways that drive appalling behavior. People in active addiction will use drugs no matter the consequences.

“Sometimes family members will say, ‘You can stop this any time’ or ‘You’re purposely hurting us,’ but the

behaviors are symptoms of the addiction, which must be treated as a medical condition,” says Penny Bell, a chemical dependency counselor at Ideal Balance. “Nobody wakes up and says, ‘I want to become a heroin addict.’”

Addiction happens gradually. Opioids trigger an enormous surge of dopamine, a chemical messenger responsible for feelings of pleasure. But over time, dopamine surges alter the brain, so the user gets less pleasure but requires more opioids, more frequently, simply to avoid feeling miserable.

And make no mistake, withdrawal symptoms are miserable: vomiting, insomnia, muscle spasms, nausea, hot and cold flashes, goosebumps, insomnia, anxiety.

It is the desperate urge not to go into withdrawal that drives people with OUD to raid neighbors’ medicine cabinets and steal from their employers or grandmothers.

“They have no other agenda,” says Penny. “They’re not trying to get high. They’re just trying to survive.”

People with OUD may not even realize they’re addicted until they try to stop. Within a few hours they feel so miserable that they use again just to feel normal.

If you’ve never experienced addiction yourself, all this may be hard to comprehend. But if you research opioid addiction, you will recognize that moral fortitude is no match for a brain that has been fundamentally rewired.



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DO learn about medication-assisted treatment (MAT)

No one would deny insulin to a person with diabetes or antidepressants to someone with severe depression. Yet more than 80% of Americans struggling with OUD are not being treated with life-changing, FDA-approved medication that has been proven to bring relief from the disease of addiction.

That medication is buprenorphine.

Buprenorphine, the key component of a combination medication known as Suboxone®, dramatically eases withdrawal symptoms and cravings — without bringing on euphoria. As decades of research have demonstrated, buprenorphine also reduces the risk of overdose and helps restore the brain's circuitry.

Compared with OUD patients who don't take medication, those prescribed buprenorphine are half as likely to die from their addiction, are more likely to stay in treatment, and have better long-term health.

In fact, when France allowed all primary-care doctors to prescribe buprenorphine, greatly easing access,

heroin overdoses plummeted by 79% in just four years.

Yet many Americans have never heard of this medication. Or they've heard myths like "medication is a crutch" or "it's just trading one drug for another."

"In fact, what you're replacing are unknown and potentially deadly substances that have been cut with bathroom cleaners and ammonia and fatal doses of fentanyl for a medication that is safe, has low risk of abuse, and is proven without a doubt to successfully treat OUD," says Skyler.

Buprenorphine is classified as a partial opioid agonist, which means it activates opioid receptors but to a far lesser degree than prescription painkillers, morphine, or heroin. At the same time, the medication blocks these other opioids from attaching to the receptors, limiting their ability to trigger a high.

Medication, alone, won't deliver long-term sobriety. Patients prescribed buprenorphine or similar medications will ideally also be offered psychological counseling, such as behavioral therapy and or mental-health services.



“With medication, you’re not giving the person a way out, you’re giving psychosocial services a chance to work.”



The combination of medication and counseling is called medication-assisted treatment (MAT), and it’s what we offer at Ideal Option, an outpatient program.

“With medication, you’re not giving the person a way out,” says Skyler. “You’re giving psychosocial services a chance to work.”

Medication like Suboxone® can practically eliminate the pain of withdrawal, which can halt the cycle of opioid misuse and allow underlying mental-health issues such as depression, anxiety, PTSD, or bipolar disorder to be addressed.

In some cases, addiction triggers mental-health symptoms; in others, untreated mental-health conditions are what prompts someone to start misusing drugs. Either way, eliminating use of addictive drugs while undergoing counseling will help your loved one find alternative ways of coping with life.

All of this can be accomplished in an outpatient setting. Though the public has been led to believe expensive inpatient rehab is necessary for recovery from addiction, this is not borne out by facts.

The core of treatment is taking medication — for years, or even a lifetime at low doses. OUD can permanently rewire the brain, making people vulnerable to relapse even decades into sobriety. Just as some patients with diabetes will always need insulin, some patients with OUD will always need buprenorphine.

What is Buprenorphine?

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DO offer your love and support.

When you feel fed up, offering encouragement to a person with OUD can be a tall order. But your support and compassion are critical.

Addiction is a disease of isolation and secrecy. People struggling with OUD need to know you won't give up on them, no matter what. Try: "I'm here for you when you're ready."

It's also important to have a plan at the ready. Though you can't push your loved one into treatment, you can be prepared for the moment you hear, "I don't want to wake up every day to a needle anymore."

That's a cue for you to respond with: "That's wonderful. How can I help? Do you think treatment is an option? I know of a place we can go."

You never know when someone's going to feel ready for sobriety or recovery, and the inspiration to seek treatment can be fleeting. "When someone expresses the thought," says Skyler, "it's imperative that they get help without delays or barriers to access. At Ideal Option, we pride ourselves on doing whatever it takes to provide treatment quickly to those who want it."

Reinforce the reasons your loved one has given for seeking sobriety, whether it's regaining custody of their kids, getting a stable job, or simply, "I want to get married someday."

Advises Skyler: "Remind them of their mooring lines – things that keep them from drifting away: a stable job, housing, employment, job retraining, children, spouses.

If they've already drifted so far from their former lives that they can't see a way back, you might ask: "What did you like in your sobriety?" or "What is something you'd like to gain from recovery?"



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DO take care of yourself.

If someone you loved got pushed off a boat, would you dive in after them or find a rope?

If you allow yourself to plunge into despair yourself, due to your loved one's addiction, you won't have the wherewithal to provide a lifeline.

"Often family members will retreat inward or become depressed themselves," says Skyler. They may avoid friends out of embarrassment or because they feel no one will understand what they're facing.

Don't shoulder the burden alone. Your life shouldn't stop because of someone else's addiction. You need not — and should not — suffer their consequences.

Support groups for family members, such as Nar-Anon, Al-Anon, CoDA or Smart Recovery (a support group you can attend online) offer a place to vent, find empathy, and learn more about addiction. If you don't connect with folks in one group, try another. The more you go, the more you gain.

In fact, according to one Al-Anon survey, 88% of respondents said they only understood the seriousness of addiction after they'd attended several meetings.

You may also want to seek private counseling.

In addition, keep up activities you enjoy, whether it's hiking or listening to music. Rejoin your book club, yoga class, softball league, or jazz band, to have fun and stay connected with others. You can't control your loved one's behavior, but you can control your own.



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DO know relapse is a part of recovery.

For family members who have invested so much emotional energy, and perhaps money, into a loved one's sobriety, little is more infuriating and crushing than watching the person relapse.

Yet relapse is common.

For some people, lasting sobriety, even with MAT, can take 5, 10, or even more attempts. This is not because your loved one prefers active addiction to sobriety — hardly.

It's because opioid addiction rewires the brain so profoundly that the jumbled circuitry can persist for years, even decades, after abstinence.

Merely showing images of drug paraphernalia to a person with OUD in recovery can trigger that flow of dopamine and drive someone to seek opioids. Before they know it, they're consumed by a vicious cycle of pursuing the next “fix” to ward off the inevitable misery of withdrawal.

Relapse is maddening for family members, but if you understand addiction, it's not surprising. Anyone who's ever lost weight on a diet and gained it back,

despite being motivated to keep it off, should be able to relate.

For your loved one, temptation may never completely vanish, though medication such as buprenorphine can dramatically reduce cravings and boost the odds that their next attempt at long-term recovery will last.

If your loved one relapses, it's critical to remain supportive, but you're also entitled to hold them accountable for their actions. For example, you can insist on more frequent drug screens and access to their bank account. You can say, “You want me to trust you, but I need to see what you're doing.”

The good news about relapse: with each attempt, sobriety periods last longer, as the patient amasses the tools to overcome addiction.

If your loved one relapses, try hard to view the episode as a learning opportunity and a building block, not a failure.



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What To Avoid



DON'T enable your loved one's addiction.

It's human nature to protect our loved ones, but when you take on their responsibilities or cover for them, as family members often do, you're doing more harm than good.

In the short run, actions like these may shield you both from embarrassment and confrontation. But ultimately, you're supporting the addiction and preventing your loved one from facing the consequences.

Penny recommends taking a hard line: "Don't allow behavior from your loved one that you would not allow from anybody else. Would you allow a complete stranger to steal your debit card or come into your house and shoot up heroin?"

Enabling takes many forms. For example:

- Calling in sick to work for your partner who partied all night and overslept
- Doing your loved one's chores because she's too strung out to do them herself
- Letting your child use the car when you know he's going to meet his dealer
- Ignoring a locked cabinet in the garage or all the time your spouse spends in the bathroom
- Paying your brother's bills or court fines because he's spent his money on drugs



Change your debit-card password. Open a new bank account and transfer joint funds into it. Insist your loved one live elsewhere.

"Slam all the doors shut, because they can't maintain their addiction without those things," says Penny. "Drug dealers don't give away their product."

Make it clear that you are aware of their drug use. For example: "You're loaded. I can tell from your pupils, and you haven't paid your bills."

In short: Let natural consequences play out — let them lose their job, their credit, or custody of their kids — but emphasize that you are setting boundaries out of love, not to punish or exact revenge.

Say, "I can't help you maintain a drug-using lifestyle, but I'm here to help when you are ready to get sober and change."

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behavior from
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DON'T use shaming language.

“You’re just a hopeless junkie.”

“You’re a piece of trash.”

“You idiot — we keep trying to help you and you never let us. You’re never going to get sober.”

Insults like these are dehumanizing and will only drive your loved one to think: *To hell with it — I’m done trying. Nobody believes in me.*

Of course you’re frustrated — you have every right to be. But it’s important to direct your disappointment and anger at your loved one’s actions, not their value as a human being. In other words: “You’re not horrible, but your behavior is.” or “We love you but we hate what you are doing to yourself and this family.”

People with OUD feel more shame and guilt than you probably imagine. They are embarrassed that they’ve stolen from your medicine cabinet, shoplifted, sold drugs to others, drained their education fund, or relapsed after you sacrificed everything to put them through rehab.

They are well aware of how awful their behavior has been. Piling on the insults will not help.

“No one responds well to anger and insults,” says Skyler. “Every human being will instantly become defensive.”

Shaming language perpetuates the stigma of addiction, which is a major reason people with OUD avoid seeking treatment and instead continue to risk their lives every day.

Even labels like “drug abuser” and “addict” can contribute to the stigma and shame. Terms such as “person with opioid use disorder” emphasize the medical nature of addiction rather than defining a person by their behavior.



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DON'T stage an intervention.

Interventions make for dramatic TV, but they rarely help a person with OUD get sober. Individuals who are in the grips of addiction must come to the decision to seek help and enter treatment of their own volition; a surprise confrontation can often backfire.

“Interventions can seem to work in the moment as many people will go into treatment under pressure from their family,” says Penny. “But there’s so much resentment from the addicted person. In the end, it can ruin families. Most go back to addiction, and some die.”

Similarly, don’t bring a loved one to a treatment center under false pretenses.

“If you trick them, you lose them,” says Penny. “We had a family member bring someone into one of our clinics on a different premise. The person had no idea they were coming to an addiction clinic. Once they realized, they got up and left.”



*If you trick them,
you lose them.*

DON'T accuse, blame, or lecture your loved one.



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*After all, no one can dispute
how you are feeling.*

It may be obvious that your loved one is neglecting his kids, missing work, giving up hobbies, and hurting close friends and family members with his moodiness and erratic behavior.

But scolding him for all that will only invite argument and defensiveness. Expect to hear, “You’re crazy — you’ve blown it out of proportion.”

Instead of demanding an explanation or listing the many ways your loved one’s addiction is harming himself and others, explain how his drug use is affecting you. After all, no one can dispute how you are feeling.

Stick to “I” statements, such as:

“When you didn’t show up to my graduation, I felt so abandoned and hurt.”

“When you didn’t pick up the kids, I got worried and anxious.”

“When you use drugs, I fear I am going to lose you. You may see it differently, but this is how I feel.”

DON'T give up hope.

People with opioid use disorder can and do fully recover, regaining their lives, their family, their jobs, and their self-worth.

Buprenorphine plus counseling is a powerful combination. MAT decreases the risk of relapse significantly. So does strong family support.

Every day at Ideal Option we work with folks who have rebounded from the lowest of lows, only to return to college and graduate, regain custody of their children, find satisfying jobs, get married — experience all of the joys in life that once seemed out of reach.

The more encouragement you can offer throughout treatment, the more likely your loved one is to find lasting sobriety.

Don't ever think, *Enough already. I'm done.* Maintain hope and remember that people can and do recover from addiction.

With patience, understanding, and professional help, you can get your loved one back.



Maintain hope and remember that people can and do recover.





Ideal Option is one of the nation's largest providers of evidence-based medication-assisted treatment and behavioral health services for individuals with substance use disorders.

Founded in 2012 by two emergency medicine physicians, Ideal Option's mission is to provide underserved populations with low-barrier access to evidence-based addiction treatment – saving lives, healing families, and helping communities.

Today, Ideal Option operates a network of more than 60 suburban and rural outpatient treatment clinics across 10 states staffed by licensed providers trained in addiction medicine. More than 25,000 individuals suffering from substance use disorder – a chronic, relapsing medical condition – have been treated by Ideal Option.

To learn more about Ideal Option,
visit my.idealoption.org/supporters or call **1.877.522.1275**

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