

Running head: SUCCOR THROUGH SUBOXONE TREATMENT

**Succor Through Suboxone Treatment**

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**Dedicated to my Ancestors on whose shoulders I stand.**

**Smart Robinson**

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### Abstract

Opioid misuse has created a National health crisis. Thousands of opiate abusers die each year from drug overdose. Prescription painkillers have become the source of addiction for millions of Americans. Individuals are becoming addicted to the medication used to treat pain and are overdosing and dying as a result. Finding a solution for the treatment of this chronic disease is essential because its widespread use is reaching pandemic proportions. This paper will explore the use of Buprenorphine (Suboxone) as a medical-assisted treatment response. This qualitative study provides first-person accounts of the struggle with opiate addiction, and the impact that Buprenorphine has on the quality of life of the participant.

*Keywords: Buprenorphine, Suboxone, opiate, withdrawal, painkillers, addiction, dope sick*

### **Succor Through Suboxone Treatment**

An opiate addicted person is in a state of suffering. The power of the disease causes mass destruction in the life of the addicted person. The power of the addiction is often all-consuming, and permeates all areas of living. Finding relief for the disease is problematic and often leads to criminal activity, illicit drug use, overdose and death. The purpose of this literature review is to explore Buprenorphine (Suboxone) as a viable response to opioid (opiate) treatment and recovery. The office of the President of the United States reports, “prescription drug abuse is the Nation’s fastest-growing drug problem” (ONDCP, 2011, p.1). Painkillers are at the center of this health crisis. The opiate epidemic is as prevalent in suburbia and rural regions as it is in urban areas. Opiate addiction does not discriminate, it can happen to anyone regardless of ethnicity, economic or social status. Individuals are becoming addicted to the medication used to treat pain and are overdosing and dying as a result. Finding a solution for the treatment of opiate addiction is imperative because its widespread use is presenting in epidemic proportions (AATOD, 2014; CDC, 2011; Green, Bratberg, Dauria & Rich, 2014,).

The Harvard Medical School Family Health Guide reported that for decades, methadone maintenance treatment has been used to combat opiate drug addiction (2005). However, there are some drawbacks for this method of treatment. This type treatment is not accessible to all that seek pharmacological treatment. Methadone is administered in a specialized clinic-setting. The participant must report to the clinic on a daily basis to receive treatment. This is an inconvenience for individuals who may not have access to transportation or are challenged physically. Persons not living in or near an urban city may not have access to this type of treatment clinic (AJPSY, 2007). There are concerns regarding safety as well. The Center for Disease Control reported that “methadone contributed to nearly 1 in 3 prescription painkiller

deaths in 2009” (CDC, 2012, p. 1). In light of these safety concerns, alternative treatments must be examined. Naltrexone (Naloxone) is also used in the treatment of opiate addiction as it relates to relapse and the repression of cravings, but it will not prevent or relieve the symptoms of withdrawal. Suboxone has been able to transcend both the logistical and safety concerns, and is able to combat symptoms of withdrawal. Nevertheless, there is still much debate surrounding this medical response. There is a school of thought that purports that Suboxone is not treatment but rather a substitution of drugs. The contenders also argue that drug addiction is not a disease, but rather a personal choice. This literature review will explore opiate addiction, Suboxone treatment, attitudes surrounding medical assisted treatment, and the quality of life for individuals receiving Suboxone treatment.

### **Opioid Addiction**

Opiates are a derivative of opium poppy (plant), but the human body also produces a type of opioid known as endorphins. All other types of opiates are produced from morphine (purified extract of opium) or other compounds. The endorphins that are produced by the human body enable the body to control pleasure and pain, (Julien, Advokat & Comaty, 2011). The endorphins also provide a natural and essential sedation that allows the body to relax (Hanson, Venturelli & Fleckenstein, 2009). In essence opioids make an individual feel good. It is the occurrence of this good feeling that creates the complexity of addiction. Addiction is defined in this manner; abuse, (taking more than was prescribed, or taking medication that was not prescribed) tolerance (the need for more to produce the desired effect) and withdrawal (psychological and physical symptoms that occur when the drug is not present in the body) (Hanson et al., 2009; Julien et al., 2011).

Opioid misuse is rampant in part because opiates are easy accessible. According to the CDC, 9 million persons reported prescribed use of opiates and 5 million persons reported illicit opiate use (MMWR, 2012). Many sought-after opiates are as near as a medicine cabinet located in a home's bathroom. Opiates are controlled substances that are often obtained through a physician's prescription. Opiates are prescribed for pain control. However, they also produce feelings of euphoria, which for many, produces "feelings of contentment, and well-being" (Julien et al., 2011, p. 332.). The elimination of emotional distress is another effect that opiates produce (Julien et al., 2011). These are the effects that the opiate user longs and searches for. Unfortunately, tolerance for the drug develops and more drugs are required to reach the desired effect. At this point, the opiate user has become dependent on the drug. The individual's sense of wellness is determined not only by use of an opiate, but also the drug dosage.

The developed tolerance for an opiate can quickly escalate to overdose which often leads to death. There were 16,917 deaths reported in 2011 as a direct result of opiate overdose (Green et al., 2014) Prescription medication overdose claim the lives of more Americans than cocaine and heroin united (CDC, 2011). It is estimated that 46 people die daily from opiate overdose (CDC, 2014).

Knowledge of opiate withdrawal is crucial to understanding the continued use of the drug. Opiate withdrawal is the result of the user not having enough of the opiate to meet the body's physiological need for the drug. The fear of withdrawal creates a major obstacle that perpetuates the drug use. These symptoms include, restlessness, itchiness, tension, agitation, restless leg syndrome, nausea, diarrhea, drug craving, anxiety, irritability, depression, dysphoria, cramping, severe body aches (Hanson et al., 2009; Julien et al., 2011). Person's addicted to opiates fear withdrawal. Fear of being "dope sick" perpetuates the cycle of opiate use. To prevent a

withdrawal episode, the opiate addicted person has no other option than to locate the proper amount of opiate that the body requires to feel “normal.” At this point in the addiction, obtaining the amount of opiate to meet the physical need may be extremely difficult. It is important to note that opiate addiction is a disease that is manageable but not curable. Pharmacological intervention is one method of treating the disease of opiate addiction (SAMHSA, 2011).

### **Buprenorphine (Suboxone)**

Suboxone is a mixture of Buprenorphine and Naloxone. The combinations of these two drugs provide a safeguard against abuse. When Suboxone is injected it produces intense, immediate withdrawal for the opiate user (Maurer, Fraser & Gill, 2014). Naloxone also prevents the euphoric effect of opiates, which also guards against abuse (Orman & Keating, 2009).

Buprenorphine has a “ceiling effect.” In other words, more of the drug does not increase its effectiveness. This component makes an overdose less probable (Westreich & Finklestein, 2008), and the medical assisted treatment more desirable than methadone. Suboxone is not prescribed for pregnant or breastfeeding women. Under these circumstances, Buprenorphine (Subutex) is used alone (Kraus et al., 2011). When the correct measure of Suboxone is administered, it will relieve the physical need for opiate use rendering abstinence possible (Kraus et.al).

The literature reports a high success rate for Suboxone as a medical-assistance treatment for opiate addiction for the general population and vulnerable populations. This includes persons with co-occurring mental health concerns, adolescents, and geriatrics, and with immune compromised and liver disease (Kraus, et.al.).

Suboxone is patient friendly. Opiate addicted persons may receive treatment at a physician’s office providing the physician has been certified to prescribe Suboxone. Currently, doctors are restricted to the number of patients that receive Suboxone treatment. During the initial year of

certification, the physician is allowed to prescribe Suboxone for 30 patients. After the first year, they may treat up to 100 patients (NAABT, 2014; Sample, 2013). Unfortunately, with such tight restrictions placed on prescribers, many persons seeking treatment will not be able to find it. In the face of an opiate epidemic, an adequate number of prescribing providers are required to meet the treatment need (Green et al., 2014).

Suboxone has proven to be a viable pharmacological intervention in the treatment of opioid addiction. It has a high efficacy rate, (Westreich & Finklestein, 2008), and it is safe with very few side effects (Mauger, Fraser & Gill, 2014; Wesson & Smith, 2010). Suboxone treatment can be applied using two methods; detoxification or maintenance (Wesson & Smith, 2010; Westreich & Finklestein, 2008). Detoxification is the removal of the opiate drug from the system with abstinence as the goal. Suboxone is used temporarily. With maintenance, the goal is not abstinence, but rather acknowledgement that opiate addiction is a chronic disease and to provide medically monitored treatment which will reduce relapse, and restore normalcy to the life of the opiate addicted person. Suboxone may be used long-term in this situation. The goal of Buprenorphine treatment when used in detoxification is to provide the opiate addicted person with a way to withdraw from the opiates without having to suffer withdrawal symptoms, and gradually the patient will be weaned off Suboxone. Maintenance is treatment of the changes in the brain that has been caused by opioid addiction.

The disease model of addiction is not accepted by all. The concept of addiction as a chronic illness has not quelled the controversy surrounding addiction as being a matter of choice to use drugs or abstain from use. There are many opponents of pharmacological intervention, who in spite of the scientific evidence, still perceive addiction to be an indicator of moral failure. This ideology purports that the addicted person can simply choose not to use drugs (Precoraro, Ma, &

Woody, 2012; Nutt, 2013). These proponents hold abstinence to be the only solution for addiction, and contend that medication assisted treatment give the addicted person a legal means to obtain and use drugs.

It is this controversy that drives this qualitative study. Attitudes and beliefs concerning opiate addiction are important because of their impact on policies, laws and funding for treatment program. The literature highlights the evidence-based Suboxone medication assisted treatment, but it does not include the experiential lens of the opiate addicted person. This qualitative study will allow this voice to enter the dialogue. The voices of this study will give their response to the question; does Buprenorphine (Suboxone) treatment improve the quality of life for patients addicted to opioids? This study will provide for the reader, a first-person account of the impact that Suboxone treatment has had on the quality of life for these seven individuals.

## **METHOD**

### **Study Design and Sample**

The researcher recruited seven patients (six Caucasian and one ‘Other’ race/ethnicity), 21 years of age and older, from those who were receiving Buprenorphine (Suboxone) treatment modality at a substance abuse treatment center in the northeastern United States. Flyers announcing the research topic, and search for patients who were receiving Suboxone treatment, and who were willing to share their story as part of research were placed in the patient waiting room and also in two group rooms. The flyer listed the name of the researcher, title, and contact information. No responses were received as a result of the posting.

The researcher then recruited two patients from an opiate group at the clinic site. The other five patient recruits were a result of chain referral sampling. Patient confidentiality was

explained as well as the process of protection of anonymity, shredding of notes and erasure of audio recordings. The patients gave signed informed consent, and were interviewed and audio taped for approximately one-hour at the clinic site. The interviews resulted in the patient participants' sharing lived experience of their struggle with opiate addiction and finding treatment and relief from the addiction through Suboxone treatment. Patient anonymity has been maintained by the use of pseudonyms.

Specific interest was given to how their life changed as a result of receiving Suboxone treatment. The interviews were guided by nine grand tour questions;

- (1) What was it like to be you in active addiction? What was a typical day like?
- (2) What have you lost as a result of your addiction?
- (3) Do you perceive addiction to be a disease?
- (4) Have you experienced an overdose? Please describe the experience.
- (5) Have you experienced being dope sick? If so, please describe the experience.
- (6) When was your first use? What was your longest period of abstinence prior to Suboxone treatment? What worked for you? What did not work for you during this period?
- (7) What is it like to be you now? What is a typical day like now?
- (8) What have you gained as a result of Suboxone treatment?
- (9) What rebuttal would you give regarding the perception that you and others that have chosen Suboxone treatments are merely substituting one drug for another?

Profiles depicting the lived experience of suffering with an opiate addiction and then finding succor through the Suboxone treatment modality was created for each participant. The

participants' exact words are used as transcribed from the individual interviews and presented in first-person voice.

## RESULTS

### *Melena*

My addiction to opiates started when I was around 15 years old. I mean I was smoking weed at age fourteen, but then I broke my foot, and the doctor prescribed painkillers. I really liked how the painkillers made me feel. So I wanted to keep feeling that way. I started buying hydrocodone's from different people. The painkillers made me feel happy. I was in such a dark place at that time in my life. I was living in a foster home with my sister and she was able to go home but I had to remain at the foster home. I was hurt that she could go home and I could not. The painkillers made me feel happy and then someone gave me a morphine pill. It was a very intense high and it made me feel really, really good. I finally returned home to my Mom and by that time I was dependent on the painkillers. I started stealing my mother's hydrocodone's. I was taking about 15 per day. My mother found out and threatened to send me to rehab. I didn't want to be a part of the system again so I cold-turkey off the painkillers. I was 17 years old.

Then I met a boy.....he was doing heroin, and he would buy Suboxone off the street when he could not find heroin. Suboxone would keep him from going into withdrawal. I don't know what made me try the Suboxone, but I did. It made me feel up, it gave me energy. I liked it. So I started buying Suboxone off the street. Suboxone put me in a good mood. I always struggled with depression and it was hard for me to find my own natural energy. Suboxone did that for me. When I was doing Suboxone I saw life differently. I did the drugs to find my emotions. My boyfriend was not kind to me. He abused me emotionally and the Suboxone helped me to feel better and I was not bothered by the things that he said to me.

Things changed. I needed the Suboxone to live. I needed the Suboxone to get up in the morning. I needed the Suboxone to go to work. I needed the Suboxone to do my work. I needed the Suboxone. The Suboxone became my life, not just a part of my life but it really became my life, but I no longer felt happy. I was miserable with myself. I could not live without being high. I could not remember my life before I started getting high. The withdrawals were the worst, I would get so sick without the Suboxone. I am not sure if I lost myself in addiction or was it that I could never find myself. I became someone that I did not want to be. I was selfish. I needed help. Someone told me about this clinic.

I am much better now. I am receiving medical-assisted treatment. I am on Suboxone, but the doctor monitors my intake. I am on a regimented dose which means that I do not feel high. I just feel normal. I do not have urges or cravings. I am no longer consumed with thoughts of the drug. I am free to think of other things. Medical-assisted treatment gave me my life back. My life is no longer chaotic. I can make decisions as to how I want to live my life. I can do things without having something control me. Now I have time to live my life.

### *Jasmine*

I have been addicted to opiates for five years. I was grimy. I was not kind to people. I fought and started arguments with everyone. I just completely lost myself. I lost my inner self. I do not know where it went, it just disappeared. I was addicted to heroin. Each morning I felt like crap. My body hurt. My mind hurt. I didn't want to do anything. I needed my heroin fix. I would just sit there and dwell on how I was going to get high.

I started stealing. I stole from my family and friends. I lost everything. I lost family. I lost jobs. I lost God. The biggest thing is that I didn't even think about God then. Heroin took my spirituality. I felt hopeless and empty. It was like I didn't even matter anymore. But then I would

shoot up and feel like I could do anything. When I was high I felt “high and mighty.” But when I was dope sick I wanted to go back to how I was when I was normal....before I started getting high. I would think about being a regular person out in the community. I tried to stop numerous times, but it was too hard.

My boyfriend beat me every day. Sometimes he would beat me until I passed out on the floor. I felt so low that I thought it was okay to be beat. I felt like that’s all I deserved because the drugs made me feel so low. And when my boyfriend wasn’t beating me the withdrawal symptoms were. When I would withdraw, I hurt everywhere. I would have restless arms and legs. I would have the “creepy crawlers,” those made me feel like things were crawling all over me. I couldn’t eat for days sometimes for weeks. Even when I was high, I didn’t think about eating. I only thought about getting more drugs. When I was finally arrested, I weighed 80 pounds. I did 9 months in county jail and then I was released and able to remain sober for another year. It didn’t last. This time is different. I have help. The Suboxone keeps me from wanting to use. I don’t even think about getting high now. It takes those thoughts away. I mean once in a while I will remember about being high, but I don’t follow through with the thought. I didn’t have to go through withdrawal. Suboxone helped me with that. This is a big deal. I had a \$300.00/day habit. There were times I hoped my last shot would kill me. I didn’t want to live that way anymore. Suboxone saved my life.

### ***Don***

I am a prescription addict. I broke a bone in my shoulder and was prescribed Vicodin. I took large doses of Vicodin for eleven years. I took large doses to get started in the morning and I took large doses in the afternoon to complete the day. I had to take sleeping medicine at night to go to sleep. I developed a tolerance for the medication and I began to take more and more of the

painkillers. I eventually lost everything. I lost my business, family and home. I became suicidal. My prescription was stolen and I started buying street drugs to cover me until it was time for me to refill the prescription. I ran out of money and started going through withdrawal. I felt like I was going out of my mind. I started shooting heroin. It was cheaper and it took care of the withdrawal symptoms from the painkillers.

I stopped taking the painkillers for pain relief I was taking them to prevent myself from going into withdrawal. Everything became about not going into withdrawal. It took a constant dose of opiates on a daily basis to not suffer the symptoms of withdrawal. Withdrawal was hard on my body. When I would first go into withdrawal everything that was broken on me was made evident. I began to hurt where I am broken. My shoulder is broken in half. I have hip pain and back pain, shooting pain down my legs. I never learned to deal with the pain. I didn't have to the painkillers took care of it for me. Pain hits my psyche hard. Withdrawal was the worse for me. It would first start with the onset of pain, then the diarrhea and vomiting. Then for me, comes the spasms; restless leg syndrome throughout my whole body. And then as it goes in reverse, it reduces. It goes from those spasms back into full body pain, and back into diarrhea and vomiting phase and then just extreme exhaustion. When it's all said and done, I'm lying there half dead.

I knew that if I didn't make a change that I would die. I've seen all of my friends die because of drugs. Some died because of drug sales, drug use or drug money. Drugs lead to death. I was on a road to death. Suboxone has helped me get on the road to life. I take my Suboxone daily. I have pain relief and no euphoria. I am using Suboxone as a treatment for my addiction. I feel relief from pain. I've lost the insane attitude towards life. I've regained pride. I've regained a clear path toward God's way for me to live. All of that has been given back to me because I made the right choice at the right time. Suboxone gave me my life back.

*Craig*

At the highest point of my addiction, I was no longer a human being. I was an empty shell; spiritually, mentally, physically and emotionally. Everything was gone. I had no character. No anything. Sick, very sick. I didn't even know how sick I was until I got clean. I used opiates and benzo's. I was taking Colonapin for anxiety, and panic attacks. I was taking opiates for chronic pain. I started using heroin when I was fifteen years old. I fell in love with it. Later in life I was in a car accident and began taking prescription painkillers. I left the heroin alone when I started taking the painkillers. I felt safer with the painkillers. I didn't have to worry about getting a bad batch.

I was haunted by my addiction for seventeen years. It took me some place I never want to be again. I would wake up in the morning and stick a needle in my arm before washing my face and brushing my teeth. I had to because I would be sick with withdrawal symptoms. I would wake up with my body getting physically sick. Everything revolved around using. I was to the point where I remember sticking a needle in my arm and shooting Dilaudid's and sniffing Opianas. I would be so high that I would be nodding off with the spoon in my hand, spilling the Dilaudid because I would crush them and melt them down so that they would draw through the syringe. My tolerance grew. I started shooting heroin again. At one point I was shooting ten \$10.00 bags at one time. It was so bad that when I had to have surgery the anesthesiologist almost had to kill me so that the surgeon could operate.

I have endured the worst possible pain that a human can endure. But withdrawal is even worse than my worst day of pain. I cannot handle being dope sick. I can handle being shot or stabbed but I can't handle dope sick. I would psychologically lose it. I would start to hallucinate. I would be on my knees crying. I would not know where to turn. I can't handle the

pain, physically and mentally. I was pushed to the point of being suicidal. If I had had a gun I would have shot myself in the mouth. I was so dependent on the drug that it kept me alive. It's like a normal human needing water. Suboxone saved my life. I feel good now. I feel like I'm not going to fail. Suboxone takes away the hollow, empty, craving for opiates. It took away my obsession for medicine, my impulse. It changed my life. Suboxone has returned my sanity.

### *Terry*

The hardest part of being an addict was that I didn't want to be one. Addiction is hard because you don't know who you are. The lying, cheating and stealing...that's not who I am. I don't like stealing but when you're in active addiction that consequence comes later. You lose a lot of yourself along the way. You lose what made you happy. You lose what made you sad. You forget about the things and people that you once loved. It becomes all about the getting high and then getting the next high. When you're an addict, there's no feeling. No emotion. Maybe there is after but you don't give a shit about who you are hurting to get what you want. I did not feel as if I was human at all. It just takes over your whole life. Drugs make you a different person.

At first I was an alcoholic. My addiction to opiates began after I had surgery. After the surgery the doctor gave me painkillers. It was amazing. They made me feel good without the hangover. I stopped drinking and started taking Lortabs and then Oxycodone's. I was taking these drugs for medical reasons so it was not a big deal. I soon realized that I was no longer taking the medicine for pain, but I was taking them so that I wouldn't get sick. If I did not take the medicine I would feel dope sick. I would have rather died than be dope sick. When I was dope sick, I was not comfortable. There is no relief for dope sickness except to get some dope. You don't feel comfortable in your own skin. It's horrible. My mind felt crazy. I was always working my mind trying to figure out how to get something. Drugs made me a different person. Suboxone does

not do that to me. The course that I am now on is completely different from when I was in active addiction. Suboxone took me back to being a person.

### *Callie*

I did not wake up one day and say “I want to become a drug addict.” Nobody does that. It starts out slow. Some people are able to use drugs recreationally, but not me. I have an addictive personality and if I find something that I like I’m going to continue to do it because it makes me feel good. Nobody chooses to be addicted to something. It’s not a conscientious choice that someone makes. It just happens. Like with me, I had surgeries on both of my shoulders and my doctor prescribed painkillers. I was on painkillers for eight years and then me and my doctor had an argument and he refused to continue to see me. It was hard getting in to see a new doctor. I started to have withdrawal symptoms. I started buying pills off the street. That didn’t last long because I could not afford it. I Heroin was much cheaper and I started shooting up. I was sick and desperate. Withdrawal is a horrible, horrible feeling. It is like the flu times ten. That’s what any opiate addict tries to avoid. My whole life revolved around opiates. I didn’t care about anything else. I didn’t care about where I slept, or how I was treated. It just mattered that I didn’t get sick. Once I got into it I used to wonder why I couldn’t be “normal.” Like, why can’t I not be addicted? Why can’t I just be normal and live like other people and not have to live addicted?

I found Suboxone and now I feel normal. I have a completely different mindset. I am happy now. The Suboxone has taken the symptoms away. The symptoms made me depressed. I struggle with depression any way, but the sickness itself has its own part in depression. The Suboxone takes away all that stuff. A huge weight has been lifted off of my shoulders. I am able

to think, function, and process things like a normal person would be able to do. I was a rat on a wheel, but not anymore thanks to Suboxone.

### *Allie*

I turned into a hermit. I am usually a fun person. I would always take my kids to do things but I could not stay for a long period of time because I knew my drugs were back at my house and I did not want to be away from them. In the mornings I would feel like crap. As soon as I woke up I needed something. If I did not have something I would not be happy and chipper. I did not feel good without the opiates. I did not feel good physically or emotionally. I was angry and anxious when I did not have the opiates. I worried how I was going to get something for the day. I had all kinds of emotions bundled up together. So physically, my nose was running, my legs hurt, I felt like I was going to crawl out of my skin. I would be sick without my drugs. Even waking up in the morning knowing that I had something to use I would not be as sick when waking up knowing I didn't have something to use. So, it was psychological.

My husband was injured and he was prescribed painkillers. At first it was not big deal. Sometimes I would get a headache and if there were no Tylenol or something like that I would just take one of his painkillers. I would feel so much better, almost immediately. It just kind of progressed. The painkillers made me feel "warm and fuzzy." I had a lot of stress when I first started taking them. After taking a painkiller everything went out the window. I was not stressed anymore. I was just happy. I just felt much better about everything. I wanted to go out and play with the kids and do thing. I wanted to clean the house. My house was spotless. Things began to change. The energy that it had given me was no longer there. Maybe it wasn't energy, maybe it was really motivation. I guess it just made me "want" to do these things as opposed to "have" to do them. As the addiction progressed, I didn't need the opiate for the "warm and fuzzy"

anymore. I needed the painkiller so that I would not get sick. So, when that started to happen the addiction started to take more hold and eventually I wasn't just feeling like crap for one day, I was feeling like crap for a lot of days and had to use.

I feel like it was one big circle, it just kept going around and around. I mentally felt bad because I used, and I used because I felt bad, and I felt bad because I used. Being dope sick is horrible. Physically, my legs cramped, my nose ran. I would have a pounding headache with vomiting and diarrhea. My skin would crawl. Getting a glass of water drained all of my energy. Mentally, I felt so worthless. And then the moment that I would take a pill I would feel good. It was back to being normal. Being sick is like having the flu times ten.

I never was a thief, liar, or a sneaky type of person. Drugs turned me into a whole other person. I became a liar. I became a thief. I was never who I was before. I turned into all of those when I started to use. I was selfish. I was only worried about me. In my mind, my life depended upon me using that pill. I would be on the couch all day and not do anything but think about how I was going to do drugs. How am I going to get drugs? That is literally all that I thought about.

My days are much better now. I still don't like the fact that I still have to wake up and use a substance to get myself to go throughout the day but I only need one pill per day. I do not have urges or cravings for opiates. I can go out and do things and not have to worry about getting back home to the pills. I laugh more and I'm happy now. I'm much happier with myself. Suboxone is a big help because I am not sick and I am not needing to use. Suboxone gave me my life back; my life before use. My life is so much brighter. I'm a better mother, a better daughter, granddaughter and wife. Suboxone has helped me so much to realize that I don't have to use to be okay. I don't have to use to be a good mother, a good wife or to clean my house. Suboxone helped me to stop going around in that circle of using and feeling bad because I was

using and using because I was feeling bad that I was using. I wouldn't be where I am today that's for sure. It's an amazing feeling to know that I do not need to use anything. That's the "warm and fuzzy" feeling that I get now. That's the feeling that I used to get. Now I get that from knowing that I don't need to use. It's wonderful!

There were six themes that were dispersed in nearly all of the interviews. The themes identified were as follows: *Opiate was initially used as a pain relief* (6 out of 7). *A desire to be normal* (6 out of 7). Each participant shared a *loss of self*. All of the interviewees reported *fear of withdrawal which made drug use all-consuming*. All participants experienced *Suboxone succor*. All interviewees felt a *need for talk therapy* in addition to their Suboxone treatment.

### **Initial Use of Opiate as Pain Relief**

Six of the seven participants shared that their initial encounter with an opiate was related to medical treatment for pain relief. Don shared:

"I broke a bone in my shoulder and was prescribed Vicodin."

Callie stated:

"Like with me...what started it all was that I had two shoulder surgeries and I started on them painkillers."

Allie shared:

"It began by...my husband was getting pain medication for a accident that he had gotten hurt in. So say I had a headache, instead of taking a Tylenol, I would take one of his pills."

In addition to the pain relief, the participants discovered that there were some consequential, pleasurable, resultants of taking the prescription painkillers. Melena shared:

“I really liked how the painkillers made me feel. So I wanted to keep feeling that way.”

Allie described the pleasure that she received from the painkiller in this way:

“Oh yeah. It made you feel warm and fuzzy. I mean anxiety and stress that you may have had, kind of went out the window.”

### **A Desire to be Normal**

Six out of seven of the participants described a desire to be normal during their active addiction. There was the sense that the drug altered their feeling of being “normal.” Allie explained:

“My normal wasn’t my normal anymore.”

Jasmine shared:

“I wanted to be back to what they say normal...being a person out in the community. You know...like working, not being in legal trouble, not stealing uhm...having my own place or living with my family still and working and doing what normal people do.”

Melena described:

“The regimented dose of Suboxone that I take now and is monitored by the doctor makes me feel normal. I’m not withdrawing.”

### **Loss of Self**

All of the participants reported a loss of self. This loss was physical, emotional, and material. It was total loss. Callie’s sense of loss of self manifested in this manner:

“I was basically on pause. You’re not going forward and you’re not going backward either. You’re like stuck in that one place.”

Craig described his sense of loss of self as such:

“I can say that at the highest point of my addiction, I was no longer a human being inside of a man. I was an empty shell spiritually, mentally, physically and emotionally. Everything just gone. I had no character. No anything.”

Don describes his loss of self in this manner:

“I owned my own business, so what I lost as a result of my addiction was my business, my family, my home. I almost ended up losing my life. I got to a suicidal state.”

Jasmine reported:

“I just completely lost myself. The inner me.”

### **Fear of Withdrawal Which Made Drug Use All-Consuming**

All of the participants expressed a deep profound fear of withdrawal. Being dopesick played a major factor in continued use during active addiction. The participants expressed a dread of withdrawal and it was often juxtaposed with the idea of dying, skin crawling, excruciating pain, and mental torment. This attempt to avoid the physical experience of withdrawal made drug use all-consuming. The participants' thoughts were occupied with obtaining the drug. This dread or fear of withdrawal highlights the disease element of addiction. The participants were no longer using the drug to “get high” or for the feeling of euphoria, but rather there was a genuine physical need for the drug.

Craig shared his fear:

“I've been in so much physical pain from accidents and getting beat up. But to be dopesick I can't handle that kind of pain. To be shot, I can handle that kind of pain. Stabbed. But to tell me that you're going to go without heroin or narcotic

pills and get sick, I can't handle that kind of pain. I couldn't handle it. I would psychologically lose it.”

Callie explained:

“My life revolved around opiates. I didn't care about anything else. I didn't care about where I slept, how I was treated. It didn't matter to me as long as I wasn't sick.”

Don asserted:

“Everything became about not going into withdrawal. Which took a constant dose of opiates on a daily basis to not suffer the symptoms of withdrawal.”

Allie recounted being consumed by these thoughts:

“Can I go over to my Mom's house and find something? Can I call this person? How am I going to come up with a little bit of money to get me some pills? What am I going to do? That is literally all that you thought about. How were you going to find medicine or pills?”

### **Suboxone Succor**

All of the participants reported that receiving Suboxone treatment had a positive impact on their quality of life. The Suboxone gave the participants the a chance to regain their equilibrium with self and the world around them as evidenced by these statements.

Jasmine asserted:

“Suboxone saved my life. It really did. It's made me stop using. You know.”

Allie said:

“Suboxone has given me my whole life back. Everything that I was ruining by using I am gaining all that by getting on the Suboxone and getting myself all better.”

Melena shared:

“Now I have time to live my life. I can make decisions as to how I want to live my life.”

Terry reported:

“Suboxone took me back to being a person.”

Don asserted:

“Suboxone gave me my life back.”

Callie explained:

“The rat race, that’s what I would call it. You’re in the rat race. Not anymore thanks to Suboxone.”

Craig shared:

“Suboxone has given me my sanity back.”

### **Need for Talk Therapy**

Six out of seven interviewees testified to the need for a complete program that is inclusive of talk therapy which includes groups and individual sessions. Jasmine expressed her need in this manner:

“The groups are very important to listen to how other people stay clean in the group. The individual sessions are important because I am just finally learning how to communicate with someone.”

Callie shared:

“I really enjoy the groups because I really like being in a room with other people who know what I have been through and going through. Just listening to other people’s stories, and being able to say what’s bothering me and getting feedback from other people.”

## DISCUSSION

The purpose of this phenomenological study was to invite the voices of individuals who have suffered with an opiate addiction to give response to whether Suboxone treatment improved their quality of life. The experiences of these seven participants’ struggle with opiate use reveal the powerlessness they experienced with increased opiate use and the downward spiral of their lives. These seven shared stories evidence the disease model of addiction which is characterized as chronic and progressive (Hanson et al., 2009). When the participants were asked whether they perceived their addiction to be a disease, six out of seven responded affirmatively. The seventh participant wavered in this respect:

“I guess I never really thought about it. Alcoholism to me is a disease of addiction. I guess you can go either way. I guess. I never really entertained it.”

All of the participants confirmed that it was their choice to use the drug the first time, but soon their choice to use was diminished by the power of the addiction. Allie responded:

“I think you start off with a choice. You make that choice to use..uhm...but once you become addicted you don’t have that choice anymore. It just takes over your whole mind and body, and you absolutely need help in order to stop. I absolutely think it’s a disease.

The participants felt they had the choice of first-use, but they did not have the choice to stop using the opiate. It is this experience of powerlessness over one’s ability to choose that demands

that help be provided for the opiate addict from an outside source. Suboxone has served these participants well in restoration of the power of choice.

The participants' shared experiences provided a powerful response to the proponents that contend that medical assisted modalities are merely substituting one drug for another. All of the participants reported no feeling of euphoria from the regimented doses of Suboxone. Don stated:

“Suboxone does not get me high.”

Craig noted:

“You don't get high off of Suboxone. I'm not sure of the whole dynamics of Suboxone, but I get no feelings of getting high.”

Suboxone has had a powerful impact on the participants' recovery. The participants reported relief from withdrawal, cravings and negative behaviors that accompany the addicted lifestyle. Their stories give a panoramic view of how Suboxone has improved their quality of life.

### **Implications**

For the participants of this study, Suboxone is not merely an opiate substitute, but rather a medical intervention that is being used for recovery from a life debilitating disease. Suboxone allows a physician to address the chemical, biological and neuronal changes that occurs in the brain of the opiate addicted individual. Opioid misuse has created a National health crisis. Thousands of opiate abusers die each year from drug overdose. In light of the fact that individuals are becoming addicted to the medications used to treat pain, and are overdosing and dying as a result, it is imperative that the medical community respond to this pandemic with the same urgency as with other debilitating diseases.

Drug Addiction Treatment Act of 2000 (SAMHSA, 2015) which outlines the procedures for waiver authority for physicians, restricts the total amount of patients during the first year of

certification to only thirty patients at any given time. After completion of the first year the physician may apply for an increase of up to one hundred patients total. Currently, in the United States, there are 8,9410 physicians who are certified to treat one hundred patients, and 20,078 who are certified to treat thirty patients (SAMHSA, 2015).

In the face of a National health crisis, are these restrictions in the interest of best practice for patient care? Are these medicinal restrictions, a form of discrimination against those suffering with an opiate addiction? These two questions pertain to social justice and medical equity. The voices of this qualitative study are challenging individuals of all helping professions to examine this practice of restricting medical treatment from this population.

### **Limitations**

This study was limited by the sample size. This study could have been enhanced had a sample been taken from neighboring substance abuse clinic sites. The sample represented the population that the clinic served which was primarily White individuals living in rural/semi-rural areas. Inclusion of other races and ethnicities would have given voice to other experiences of finding relief from an opiate addiction. These experiences would have produced additional themes and sub-themes regarding Suboxone Treatment.

All of the participants of the study reported that Suboxone treatment returned to them their sense of normalcy. However, the participants of this study were less than a year in recovery. Future research directed toward individuals who have experienced longevity with their Suboxone treatment will give researchers a more in-depth lens in which to view Suboxone treatment.

### **CONCLUSION**

This phenomenological study has highlighted the suffering that surrounds an opiate addiction. This first person account of opiate addiction gives the reader an astute depiction of the

participants' physical, mental, emotional and spiritual decline. For these seven participants, succor through medical assisted treatment is much more than a drug substitution. The participants have found Suboxone to be life restoring. The voices of this research have affirmed that Suboxone treatment has improved the quality of their lives.

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## Appendix A

### STATEMENT OF INFORMED CONSENT

The purpose of this research project is to examine the opiate experience in adults and the process of finding succor through a Suboxone Treatment Modality. The areas for study will include life history, opiate experience, opiate withdrawal, clinical treatment. This research project is also being conducted in order for me to complete my master's capstone project for the Department Counselor's Education at the College at Brockport, SUNY.

Thank you for your interest in the Suboxone study. I am in need of participants that have a desire to share their struggle with opiate addiction and finding treatment and relief from the addiction. In particular, I am interested in knowing how the participants' life has changed as a result of receiving Suboxone treatment. The interview is not a part of the treatment that is offered by [REDACTED]. The interview will solely be used in the interest of the research study that I am conducting regarding Suboxone treatment for opiate addiction. The contents of the interview will not be shared with any staff member of [REDACTED].

The data that I collect from each participant's interview may be used in written form but it will be presented anonymously. Your participation in the interview is strictly voluntary. If you choose to participate in the study, and then at some point during the interview you decide that you no longer wish to continue, the interview will stop at that point. I have prepared nine questions for the interview however you will be free to answer or to not answer any question. If you decide to participate in this study you will be in full control of what your story. Only share what you are comfortable sharing.

In order to participate in this study, your informed consent is required. You are being asked to make a decision whether or not to participate in the project. If you want to participate in the project, and agree with the statements below, please sign your name in the space provided at the end. Your treatment services will not be affected or impacted by participating or refusing to participate in this study. You may change your mind at any time and leave the study without penalty, even after the study has begun.

I understand that:

1. My participation is voluntary and I have the right to refuse to answer any questions.
2. I will be audio taped, or I may opt to give the interview without being taped. The researcher will instead take extensive notes during the interview. The researcher will transcribe the audio tapes. There will be no way to connect me to my responses. If any publication results from this research, I would not be identified by name.
3. There is no benefit to participating in, or not participating, in this study. There is a minor risk in the time that it takes to complete the interview.
4. My participation involves being audiotaped or I may opt to not be taped during an interview answering 10 primary questions (other questions may arise during the interview session) regarding my substance addiction and treatment. It is estimated that it will take 60 minutes to complete the interview.

5. Approximately 8 people will take part in this study. The results will be used for the completion of a master’s capstone project by the primary researcher.
6. Data, audio tapes, notes, and transcribed notes will be kept in a locked filing cabinet by the investigator. Only the primary investigator will have access to the tapes and corresponding materials. Data, audio tapes, transcribed notes and consent forms will be destroyed by shredding when the research has been accepted and approved.
7. Emotional and physical fatigue, and emotional distress may be experienced as a result of the interview. The participant (you) may stop the interview at any time. The researcher will assume a “counseling” role during the interviewing session and the participant will be referred to his/her primary therapist.

I am 18 years of age or older. I have read and understand the above statements. All my questions about my participation in this study have been answered to my satisfaction. I agree to participate in the study realizing I may withdraw without penalty at any time during the survey process.

If you have any questions you may contact:

Primary researcher	Faculty Advisor
Name: Shiela Campbell	Name: Pat Goodspeed
Phone Number: [REDACTED]	Department and phone number Counselor Education [REDACTED] [REDACTED]
Email address:scamp2@u.brockport.edu	Email address: pgoodspe@brockport.edu

I agree to participate and understand that I will be audio taped.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to participate, but do not agree to be audio taped. The researcher will take extensive notes during the interview.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B

### SCRIPTED RECRUITMENT STATEMENT

Thank you for your interest in the Suboxone study. I am in need of participants that have a desire to share their struggle with opiate addiction and finding treatment and relief from the addiction. In particular, I am interested in knowing how the participants' life has changed as a result of receiving Suboxone treatment. The interview is not a part of the treatment that is offered by [REDACTED]. The interview will solely be used in the interest of the research study that I am conducting regarding Suboxone treatment for opiate addiction. The contents of the interview will not be shared with any staff member of [REDACTED]. The data that I collect from each participant's interview may be used in written form but it will be presented anonymously. Your participation in the interview is strictly voluntary. If you choose to participate in the study, and then at some point during the interview you decide that you no longer wish to continue, the interview will stop at that point. I have prepared nine questions for the interview however you will be free to answer or to not answer any question. If you decide to participate in this study you will be in full control of what your story. Only share what you are comfortable sharing.