

Drug Addiction, Relapse and Recovery

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The illegality of drug use has prevented obtaining accurate assessment of the extent of their use and of the adverse effects in individuals and communities. The Centers for Disease Control estimates that approximately 10.2% of the population is involved in illicit drug use, and that among young adults between the ages of 18 and 25 years, illicit drug use is as high as 22% [1]. Recently, the increase in deaths from illicit drug overdose, particularly involving heroin, has become alarming. In 2013 alone, almost 44,000 deaths were related to opioid overdose from both prescribed and illegal sources [2]. From 2010 through 2013, the age-adjusted death rate from heroin overdose nearly tripled [2]. Moreover, the Center on Budget and Policy Priorities estimates that there are 2.8 million people with substance use disorders who currently receive coverage from the current Affordable Care Act (ACA). This coverage allows integrating addiction treatment programs into primary care clinics and health care systems nationwide, making a critical difference in the treatment and recovery from addiction [3]. These programs are needed to address harm reduction and drug prevention to focus as much on relapse reduction as on abstinence.

The use of Methadone as treatment for opioid addiction had already encountered mixed successes, particularly at the advent of the HIV epidemic. The fear of HIV transmission through the use of illicit drugs made medication treatment more politically acceptable and changed the focus of treatment from solely abstinence towards the prevention of relapses.

In Europe, new policies on needle exchange and long-term pharmaceutical treatment became the norm as an accepted strategy for HIV prevention [4]. In the United States, the needle exchange strategy is still controversial in spite of its proven effectiveness. Most of the new strategies entail the “chronic relapsing brain disorder” model [4], accompanied by the development of new pharmaceuticals as the strategy of choice, an approach that has been better accepted.

The stated goal of treatment has evolved from abstinence into “recovery,” which may include longer periods between relapses with the end-goal of potential abstinence. Recovery as a process integrates counseling and other psychological strategies

accompanied by the use of pharmaceuticals, entailing a more holistic approach to the problem of addiction.

Prevention, especially targeted to adolescents, the most vulnerable age to become addicted to illicit drugs [5], is probably the most cost-effective and harm-reducing strategy; however, our nation needs to address established addiction in almost a quarter of the national group in the most productive age, and promote recovery as a constant fight against relapses, identifying addiction as a chronic and costly disease.

Therefore, to solve or alleviate the problem of addiction will take fostering political will for long-term investment of resources at a national level. The successful application of the changing paradigm for addiction treatment will depend on the economic and political environment, the evidence on its effectiveness, and the strength of the perception of the threat that illicit drug use poses to health, survival, and social stability.

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