

The drug experience: heroin, part 9

In his latest Background Briefing, Professor David Clark continues to describe Patrick Biernacki's research with 101 people who had recovered from heroin addiction without treatment.

People who have been addicted to heroin report experiencing cravings for the drug long after they have given up using. Many people who have gone back to using the drug after a period of abstinence attribute their relapse to their cravings for the drug.

A craving for heroin is used to describe a strong desire or need to take the drug. Craving is often brought about by the appearance of a cue that has repeatedly been associated with past heroin use. These cues may be associated either with the withdrawal from heroin (conditioned withdrawal), or with the pleasurable effects of the drug (conditioned reward).

Wikler first claimed that the relapse of abstaining heroin addicts can be attributed to conditioned withdrawal. Thus, people who have stopped using heroin can crave the drug if they are exposed to certain stimuli that they have learned, as result of their past withdrawal experiences, to associate with the withdrawal syndrome.

People returning to an area where they have previously withdrawn may experience withdrawal symptoms, and as a result of the discomfort, begin to think about the drug again, obtain it, and relapse.

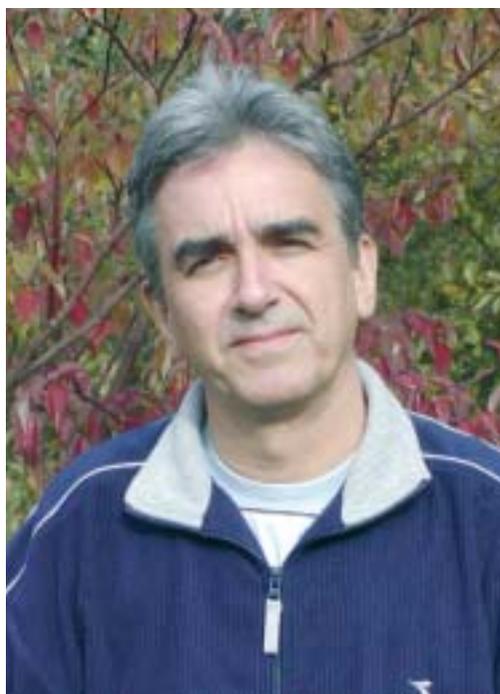
Lindesmith has postulated that in people who have repeatedly used heroin to prevent the onset of withdrawal symptoms, withdrawal distress can become generalised to all forms of stress. When they become abstinent, former users may experience a craving for heroin in non-drug related stressful situations.

Contrary to these ideas, Biernacki reported that only a small number of people in his sample described their cravings as being linked to withdrawal distress. Though they sometimes reported that problematic life situations during abstinence led to thoughts about the drug, they did not report any specific symptoms of withdrawal.

In this study, cravings were commonly described as emanating from associations made in past experiences of using heroin, and the associated drug effects. The cravings were 'experienced and interpreted as akin to a low-grade "high". The person feels a "rush" through the body and by feelings of nausea located in the stomach or throat, and he thinks about enhancing the feeling by using the addictive drug.'

This second type of craving was to be of short duration, generally 15-20 minutes, and rarely lasted longer than an hour. The frequency with which these cravings occurred diminished over time, generally appearing rarely, if at all, after a year.

Biernacki pointed out that these cravings can be



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managed in two basic ways, employed individually or together: drug substitution, and a rethinking of a person's experiences.

As described in our last Briefing, the initial step in breaking away from heroin use – to minimise temptations to use – commonly entails a literal or symbolic move away from the drug scene. However, this move away does not necessarily negate the influence of drug cues, since many cues are present in

a variety of environments. Moreover, a move away from the drug scene does not necessarily help the person manage the cravings once they do occur.

The first strategy that participants in the Biernacki study used to overcome heroin cravings was simply to substitute some other non-opiate drug. The most popular substitutes were marijuana, alcohol and tranquillisers such as valium. While some of the sample subsequently developed serious problems with alcohol, most who adopted this strategy used other non-opiate drugs only on an occasional basis.

A second strategy that was used to manage cravings involved a subjective and behavioural process of negative contexting and supplanting. 'When people experienced heroin cravings, they reinterpreted their thoughts about using drugs by placing them in a negative context and supplanted them by thinking and doing other things.' The foundation enabling the negative contexting and supplanting is provided by new relationships, identities and perspectives of the abstaining individual.

To illustrate the above, some people who overcome their dependence to heroin become very health conscious and concerned about their physical well-being. When they experience heroin cravings, they may place the thoughts about using the drug in a negative context by thinking about a physical illness that can arise from injecting the drug, eg hepatitis.

Furthermore, they may replace the thoughts of using the drug by thinking of the personal benefits that can be gained from some physical activity, such as cycling. The basis for these alternative thoughts comes from the social world of participatory sports. The person may then go cycling and the psychological and physical aspects of the craving can be masked by the physical exertion, or can be reinterpreted as an indication of exertion.

Biernacki provided examples, of other ex-users who became religious converts, or who engaged in political activity. He emphasised that, 'an effort such as this must be made each time the cravings appear, until the power of various cues to evoke the cravings diminishes and the cravings are redefined as the ex-addict becomes more thoroughly involved in social worlds that are not related to the use of addictive drugs'.

[to be continued]

Recommended Reading: Patrick Biernacki (1986) Pathways from heroin addiction: Recovery without treatment. Temple University Press, US.