

Stopping Heroin Addiction in its tracks The “Just Ask” Program

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Summary:

Many of us have seen ads on TV or social media talking about the horrors of opioid (heroin) addiction and \$1000 a day *rehab* (*rehabilitation*). Much of what people believe about opioids¹ are falsehoods and exaggerations, inciting fear of using opioid pain medicines used effectively for 50 centuries, so prevalent that pain becomes the lesser of two evils.

The National Pain Council has created the “Just Ask” campaign designed to educate both doctors and the public about the truths regarding opioids, and why this unusual addiction occurs in so few people.

While heroin addiction (opioids) leads to a difficult life, we now know more about what triggers it and how the horrors of this unusual but genuine medical disease can be avoided by catching it on the first day.

The “Just Ask” campaign will aid in doing just that. The simple question, “Have you ever had opioids before,” can effectively head off heroin addiction before it begins to evolve into the disaster, we are all familiar with.

Yes, heroin addiction is scary. But doctors² asking the right question, and patients knowing the score can then begin an open, honest, and informative conversation on what to do when an opioid addiction is triggered to allow treatment at home.

Join the National Pain Council in the “Just Ask” campaign to stop the progression to street life and subsequent overdose deaths. Imagine no more narcotic/opioid overdose deaths.

¹- There is much confusion about what pain medicines are. There are only two pain medicine groups, opiates and Tylenol. When people speak of pain medicines they are usually talking about opiates, narcotics, opioids, pain killers, pain medicines, or analgesics. The terms are interchangeable. We prefer analgesics because the term covers all drugs for serious pain (not Tylenol). The new word opioids is more confusing, many do not know what it means. We will use all the words interchangeably to mean the same thing - MEDICINES that relieve serious pain.

²- PHYSICIANS or “Doctors” have MD or DO degrees, Nurse Practitioners have Masters degrees, and Physician Assistants have master's degrees. All are considered “practitioners, or clinicians,” licensed to practice medicine. All can prescribe pain medications with DEA certificates. When you see the word “doctor” think of the whole group.

The Just Ask Campaign:

All the falsehoods, half-truths, and fears about heroin (opiate) addiction have all come to a head. The truth has been staring us in the face all along. Opiate addiction does not follow the rules of “addictions” caused by brain circuit changes after long exposure to agents like cocaine and methamphetamine³.

At the National Pain Council, we spoke with heroin addicts and found something interesting. When asked when their addiction began, they said with the first pill! This was unexpected. We had come to expect addiction to develop over time following the standard concepts by allowing new brain pathways to develop.

Could heroin addiction be genetic, explaining the *immediate* addiction triggered by any opioid pain medicine, from heroin to codeine cough syrup? No other addictions work like this. Only opiate (heroin) addictions⁴.

In 1920, the prevalence⁵ of heroin addiction was the same as it is today. Less than 1%⁶. Epidemiologists will usually classify an unknown disease showing a stable prevalence over time, e.g., hemophilia and sickle disease, as genetic. Non-genetic disease tends to have a fluctuating prevalence, e.g., methamphetamine and cocaine addictions.

There are several minor genetic mutations (polymorphisms) associated with heroin addiction that have taken decades to identify. This means if you do not have these genetic mutations, you cannot addict, ever, to any opiate including heroin. More than 99% of the population does not have these mutations.

Not having these genetic changes means your protective genes are intact⁷. Inherited genetic changes that drop the protective shield are found in people with heroin addiction. The final proof that heroin addiction is largely genetically based came in December 2023 with the approval of AvertD, a DNA test for the potential of heroin addiction⁸.

It is impossible to stop any genetic disease, but if caught on day one the effects can be mitigated. The horrors of heroin addiction can stop. People do not need to live under bridges. Street drugs will dry up when medications are supplied by doctors. Crime will stop. People with this relapsing biochemical disease can work, have children, and not live as untouchables on the edges of society. Just ask the question.

3- Studied at the National Institute of Drug Abuse (NIDA) and its Director Nora Volkow, esteemed brain researcher

4- NPC uses the term “heroin” addiction for all narcotic addictions as it is the most recognizable, but it is same as the terms opioid addiction, opiate addiction, narcotic, pain pills, painkillers, and fentanyl addictions. Addiction can start with all opioid pain pills to the same degree, it matters not which one.

5- Prevalence is the number of cases of a disease expressed as a rate; i.e. 4:1,000

6- The Drug manufacturers (“Pharma”) were correct and the detractors were incorrect, heroin addiction is rare, not 25% but rather 0.5%.

7- It is a misnomer that opiates are used recreationally to get high since this euphoria will not occur in 99% of people.

8- In December 2023, the FDA approved the first genetic cheek swab test for heroin addiction disease (AvertD, expected to be marketed by the end of 2024). Yes, heroin addiction is a treatable medical disease.

If the much-spouted rhetoric that more pills equal more addiction applies to heroin addiction, there should be a significant increase in the rate of addiction.

Despite the increase in the number of opiate pain medicine prescriptions, there is no increase in opiate (heroin) addiction. The prevalence of heroin addiction is, and always has been less than one percent⁹, never affected by the amount of legal and illegal prescription opiates.

Who, then, is responsible when a 16-year-old football player is injured, given a prescription for an opioid, and goes on to become addicted and die of an overdose?

The answer is ignorance. Ignorance of the medical facts of heroin addiction and how it is different from all other addictions.

Given what we now know about opiate addiction being genetically controlled, we can no longer blame physicians. The genetic component means the patient cannot be blamed either. "Just Ask" absolves guilt and starts us on the road to preventing the horrible consequences of heroin addiction.

Extreme cosmic, go to the moon on a magic carpet ride type euphoria only occurs in those with the genetic makeup for the potential development of heroin addiction. This is what causes this type of addiction. The euphoria is a biological life force that few can resist. This is how the addiction occurs, not after long exposure like the other addictions.

Why don't people just say no? Talk to doctors and movie stars who became addicted to their first opiate pain medicine pill. They could not say no. It is like not being able to say no to fatally drinking salt water when dehydrated at sea¹⁰.

People with heroin addiction disease uniformly report "becoming energized" with the first pill ¹¹. The National Pain Council (NPC) calls these new diagnostic criteria for heroin/opioid addiction: first pill euphoria. This is the basis for the questions to be asked in the new paradigm "Just Ask"

A Clinic Example:

Tory is 16 years old, a field hockey attacker, and has come to the doctor with a possible ankle fracture. Her ankle is very swollen and an X-ray shows a chip fracture. She is in agony. This is an indication for opiate pain medication.

The nurse practitioner, Maxwell, is prescribing oxycodone. She looks up at Tory and her mother and asks, "Before I give you this prescription to control your pain and allow you a good night's sleep, I need to ask you a question. Have you, Tory had an opiate pain medicine before?"

Tory: "No, I have not.

Maxwell: "Do you have a genetic family history of anyone with drug or alcohol problems?"

⁹⁻ The pharmaceutical companies who claim that heroin addiction was rare were actually correct, less than one percent.

¹⁰⁻ You will be warned of addiction with euphoria on the first pill. If this occurs do not take the second tablet. This is when the addiction will begin with "intense seeking without regard for consequence." NPC is working on an early intervention program detailing what to do if your teen shows euphoria. Only people at risk for Heroin addiction will become euphoric. Only a few will experience this intense euphoria if certain inherited gene patterns are in place, 99% will not become euphoric with opiates.

¹¹⁻ If this does not happen, the chances of addiction to any opioid are near zero.

Tory: "No I don't think so."

Now that Maxwell has a better understanding of Tory's family history concerning opioid pain medicines and addiction, she can explain what Tory's risks are.

Maxwell: "Tory, you are what we call *opiate naïve*, meaning you have never had an opioid pain medicine before. You have a very low risk of addiction to the oxycodone I am prescribing."

Tory: "So what are the odds without anyone in the family?"

Maxwell: "The odds of you addicting to the oxycodone, being opiate naïve, are 1 in 1000¹²."

Tory's mother: "I thought it was much more common. Even though the chances of addiction are low, how will we know? Will I find my daughter dead?"

Maxwell: "I have teens too, so I understand your fears. This form of addiction is peculiar in that it starts right away, with what we call *first pill euphoria*. That becomes the warning bell that the potential for opiate addiction is just around the corner."

Maxwell to Tory: "This early warning would allow us to treat the addiction before it begins. Like other chronic diseases, you will be stuck with it but we can treat it and you can remain with your family, date, spend time with your friends, and continue with your field hockey while we treat it."

Tory: "Mom, we got to talk about this before I agree. Maxwell, I do have one question. Suppose I had taken opiate pain medicines before and had no problems, no euphoria, no nothing."

Maxwell: "If you do not experience euphoria, you lack the gene pattern that runs in families and cannot addict to oxycodone. You would never addict even if you took heroin. This is the good thing about opioid addiction being a genetically influenced disease. More than 99% of people cannot addict to pain medicines."

Tory: "So if I take my first oxycodone and nothing happens, I will be good forever?"

Maxwell: "Yes."

Tory: "Can my mom and I talk first?"

Maxwell: "Yes, you can talk in my consultation room."

Early intervention is now possible for heroin addiction. Because opioid addiction is genetic, it can't be stopped any more than we can change red hair.

12- 1/1000 incidence heroin addiction: The risk of acquiring heroin addiction is based on the annual surveys by SAMHSA (Substance Abuse and Mental Health Services Administration) called NSDUH (National Survey of Drug Use and Health). In 2013 162,000 people over age 12 initiated the use of Heroin tabulated in the section of "past year initiation of heroin" or incidence or risk of addiction at the rate of 1 person per 1500 population over age 12. In 2014 there were 212,000 people initiating heroin use was also 1/1500. In 2018 130,000 initiation heroin use for an incidence (risk factor) of 1/1900. In subsequent years the data was similar. We will use a more conservative incidence or risk of developing heroin addiction at 1/1000. The prevalence (total cases) of heroin disease is 4/1000, steady for 100 years, a pattern that strongly suggests genetic factors.

We can stop all street deaths related to opioid analgesics¹³, the horrors of heroin addiction, living in the streets without family or friends, without medical care, subject to arrest, and having to depend on an unreliable subculture for all needs.

This is a bona fide disease, not a moral failing.

This uncommon form of addiction can occur in any normal, healthy individual with inherited genetic traits that allow a rare euphoric response that is 1000 times the normal response from our own endorphin¹⁴ high¹⁵.

At the National Pain Council, our opinion is that this intensified endorphin-like euphoria is linked with human survival. If we did not have our own opioids (endorphins) stimulating the mu receptors for the release of pleasure chemicals, we would never have children again. It would be too painful. We would never eat nice meals, or eat at all. We would not exercise, or have sex. The species would die out. Our brain narcotics are essential for life.

Conclusion

At the National Pain Council, we strongly believe that the horrors of opiate (heroin) addiction can largely be prevented with one simple question. This question has a dual purpose. It can help the doctor assess the person's addiction risk while opening an honest, informative conversation.

Heroin addiction is genetically driven. While more than 99% of the population is safe from addiction, those who have genetic anomalies need to be aware of the risks.

This is why we have created "Just Ask." The doctor only needs to ask, "Have you had an opiate before?" One simple question begins the conversation. One simple question allows the doctor to reassure the person of the risks. One question allows for a better, more complete treatment plan while reducing the risk of addiction to zero.

One simple question protects the patient and doctor. One simple question alone can greatly reduce the number of opiate-addicted people. One simple question can change lives for the better.

Isn't it time we start asking?

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Disclaimer: We provide you with general information, it is not individual medical advice.

13- In spite of what you hear, 99% of street overdose deaths attributed to opioids are heroin addicted people either committing suicide (20%), or overdosing on 5 or more drugs, which include stolen opioid prescription drugs. It is not legal prescription drugs from doctors causing the problem...

14- Brain narcotics

15- After childbirth, sex, during running a marathon, or speeding down a ski slope at 85 miles per hour.